NPAIHB Weekly Update

September 8, 2026

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- Environmental Public Health Updates: Rebecca Washakie
- Introduction of New Area Diabetes Consultant: CDR Alyssa Fine, PAIHS
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Questions & Comments

Please sign in, using the chat box, with your full name and tribe or organization

Upcoming Indian Country ECHO Telehealth Opportunities

- **Indian Country Elders, Knowledge Holders & Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
  - Tuesday, September 8th at 12pm PT
  - Didactic Topic: *Healing from Walking: Resetting Back to Balance*
  - To join via Zoom: https://echo.zoom.us/j/82466510555?pwd=JPP3b5k9wU2dFHTxyDs7Pn7CWl5Bba.1

- **Trauma Rounds ECHO** – 2nd Wednesday of every month at 6:30am PT
  - Wednesday, September 9th at 6:30am PT
  - Didactic Topic: *Trauma Care in Gaza*
  - To join via Zoom: https://echo.zoom.us/j/93729666650?pwd=bFhTZnA4NnlqTmR6Ylg4bnM1R1lZQT09

- **Adolescent Health ECHO** – 2nd Wednesday of every month at 12pm PT
  - Wednesday, September 9th at 12pm PT
  - Didactic Topic: *Autism and Neurodivergence in Indigenous Communities*
  - To join via Zoom: https://echo.zoom.us/j/88393600100?pwd=Amim4GLLWnPrPj1nhlm3K6q2ricsUj.1

Upcoming Indian Country ECHO Telehealth Opportunities

- **Clinical Dementia ECHO** – 2nd Thursday of every month at 11am PT
  - Thursday, September 10th at 11am PT
  - Didactic Topic: *Medications and emerging pharmacology in treatment of dementia*
  - To join via Zoom: https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGlldklmVDRWUT09

- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
  - Thursday, September 10th at 11am PT
  - Didactic Topic: *Cultural Considerations in working with Native Communities*
  - To join via Zoom: https://zoom.us/j/91887405371?pwd=ekFJTUJiV2hWQ0ZPZEwrUDQ4eGxTZz09

Healthy Native Youth Community of Practice

Next Session

September 9: Community Mapping: Identify Stakeholders & Advocates

Upcoming Topics

October 14: Tap into Community Needs

November 4: Native It's Your Game 2.0 (NIYG)

December 9: Winter Storytelling: Being a Good Relative

Register at: healthynativeyouth.npaihb.org/community-of-practice

September is Suicide Prevention Awareness Month

Download, print, and post the **Native Youth Support Resource Guide** wherever youth and community gather.

Find it at healthynativeyouth.npaihb.org

HEALTHY NATIVE YOUTH
A Project of NPAIHB

NPAIHB Weekly Update Schedule

- September 15: N CREW Research Focus
- September 22: WA Regional Tribal Health Profiles
- September 29: Legislative & Policy Updates
- October 6: State Partner Updates

Northwest Tribal Public Health Emergency Preparedness Conference & Training

May 17-21, 2027

Wildhorse Resort & Casino

Pendleton, OR

Save The Date!

Become a Sponsor! Support our upcoming conference and showcase your organization to attendees, community leaders, and industry professionals.

Contact the NPAIHB planning team at tphep@npaihb.org

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Indian Leadership for Indian Health

Washington State Department of HEALTH

OREGON HEALTH AUTHORITY

Who should attend?

- Tribal Health Directors and Program Staff
- Tribal Public Health Professionals
- Tribal Emergency Preparedness
- Tribal Emergency Management
- Tribal Leaders
- Tribal Public Safety
- Other Tribal Program Staff: Natural Resources, Youth, Elders, Social Services, etc.
- Local, State, and National Partners

Topics of interest include:

- Tribal public health emergency preparedness
- Cross-jurisdictional collaboration
- Emergency Management strategies
- Community resilience & Response
- Lessons learned from recent public health events

Your experience matters. Share your story. Strengthen our collective preparedness.

Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org
Information on last year, go to: NPAIHB.ORG/TPHEP2026

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Possible upcoming pre-conference trainings:

- Water safety CPR certification
- FEMA Incident command

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- EPH & FEMA Emergency Management Training Opportunities – Rebecca Washakie

NPAIHB Environmental Public Health Division

WEBINAR UPDATES

SEPTEMBER 2026

NPAIHB
EPH

Intersection of Climate Resilience, Wildfire, and Environmental Health

Presented by

Daniel Stone, Shoshone-Bannock Tribal Member

Thursday, September 17, 2026

2:00 PM PST

MGT-326 DEVELOPING EMERGENCY MANAGEMENT PROGRAMS FOR TRIBAL NATIONS

IN-PERSON FEMA TRAINING (25 MAX)

DATES:

NOVEMBER 17 & 18, 2026 (TENTATIVE)

LOCATION:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
920 NW 17TH AVENUE
PORTLAND, OR 97209
CONFERENCE AREA 1ST FLOOR

IN COLLABORATION WITH THE NATIONAL CENTER OF DISATER PREPAREDNESS (NCDP) COLUMBIA UNIVERSITY

MGT-326: Developing Emergency Management Programs for Tribal Nations
Tribal Nations Readiness and Resilience Training

Course Description

This management-level, in-person, seven-hour course focuses on developing and improving emergency management programs within Tribal Nations. It reviews the unique challenges faced by Tribal Nations in emergency preparedness and response, and the opportunities to integrate Tribal knowledge and resiliency into these programs. Participants will gain practical insights into crafting effective Emergency Operations Plans, leveraging Incident Command Systems, fostering collaboration with internal and external partners, and synthesizing the key components for building resilient emergency management programs.

Course Learning Goals

By the end of this training, learners will be able to:

- Synthesize the components for building a solid and effective emergency management program within Tribal Nations.
- Analyze the needs for emergency response within Tribal Nations.

PER-315 USING COMMUNITY ENGAGEMENT TO ENHANCE EMERGENCY PREPAREDNESS IN TRIBAL NATIONS

PER-315: Using Community Engagement to Enhance Emergency Preparedness in Tribal Nations
Tribal Nations Readiness and Resilience Training

Course Description

This eight-hour, in-person course will focus on preparing community members Tribal Nations for hazards to help enhance community resilience. It will also highlight how appropriate communication, messaging, and partnerships can promote awareness and encourage participation in the preparedness process. Among other methods, it will review storytelling and how to use it to raise awareness and commitment to community preparedness activities. Participants will explore strategies to seamlessly integrate emergency preparedness into their community engagement initiatives, discovering practical tools and case studies along the way. The participants will be equipped with the skills to inspire and mobilize your community for effective emergency preparedness. The content covered by this course is important because it equips individuals in Tribal communities with the necessary knowledge and skills to respond effectively to emergencies, thereby safeguarding lives, preserving cultural heritage, and enhancing the overall resilience of these communities.

Course Learning Goals

By the end of this training, learners will be able to:

- Analyze how preparing community members for hazards can enhance community resilience.
- Discuss how appropriate communication, messaging, and partnerships can promote awareness and encourage community participation in the preparedness process.

IN-PERSON FEMA TRAINING (25 MAX)

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THANK YOU

For questions, or if you would like to be added to our Tribal Environmental Public Health Listserv for future education, trainings, and conferences, feel free to reach out to us at:

Environmental Public Health Division
ehteam@npaihb.org
Melino Gianotti, EPH Emergency Manager mgianotti@npaihb.org
Rebecca Washakie, EPH Coordinator
rwashakie@npaihb.org

NPAIHB
EPH

Introducing

CDR Alyssa Fine, RN, MSN, CDCES

Hello, Portland Area!

Introducing your new ADC

September 8, 2026

Indian Health Service
CDR Alyssa Fine, RN, MSN, CDCES

About Me

- Seven years with the Cowlitz Indian Tribe as the Wellness & Diabetes Program Coordinator
  - SDPI
  - Chronic disease management
  - Food sovereignty/garden
  - Cancer screening and prevention
  - Tobacco cessation
  - Employee wellness
- Experienced in healthy policy, quality improvement, infectious disease
- USPHS Commissioned Corps officer

Now serving as your Area Diabetes Consultant (ADC)

Started August 2026. Here to support SDPI programs across Idaho, Washington, and Oregon

My job: be a bridge between individual SDPI programs and the resources, training, and policy support available at the regional and national level

- **Think of me as an extension of your own program**. I don't run it for you, but I help make sure you have what you need to run it well
- **This isn't a compliance or oversight role**. I'm here in a support capacity: coordination, resource-sharing, and advocacy on your behalf

Understanding Before Acting

Right Now

- Currently reaching out to every SDPI coordinator across the Portland Area to introduce myself directly
- Conducting a brief needs assessment with each program: what's working, what's hard, what support would help most
- I want to understand your context before I set the agenda, not the other way around
- What I learn from these conversations will directly shape my priorities going forward

My Initial Priorities

Coming Soon

- **Restart monthly SDPI coordinator meetings**: a consistent space for area coordinators to connect, troubleshoot, and share what's working
- **Launch a regular area newsletter**: keeping everyone current on SDPI updates, deadlines, and resources
- **Conduct site visits**: I want to see your programs in person and understand your specific context

My Initial Priorities

Coming Soon

- **Support accurate audit data**: especially critical given how many tribes are transitioning off RPMS right now
- **Coordinate with NPAIHB** on trainings and other initiatives, so our efforts complement rather than duplicate each other
- **Support the continuation application process**: I want to be a resource well before deadlines hit, not just during crunch time

Let’s work together!

I'm genuinely excited to get to know each of your programs. Please reach out! My door (and inbox) is open.

alyssa.fine@ihs.gov
(503)414-5595


INDIAN HEALTH SERVICE
PHS · 1955 ·

IHS Communicable Disease

Updates Dr. Tara Perti

Questions
&
Comments

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

September 8, 2026

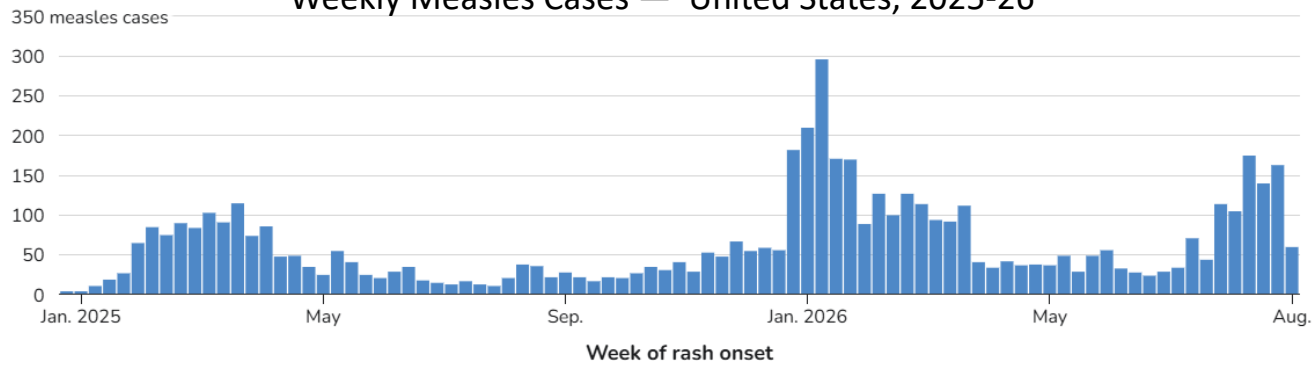
Outline

- Measles
- COVID-19/Influenza

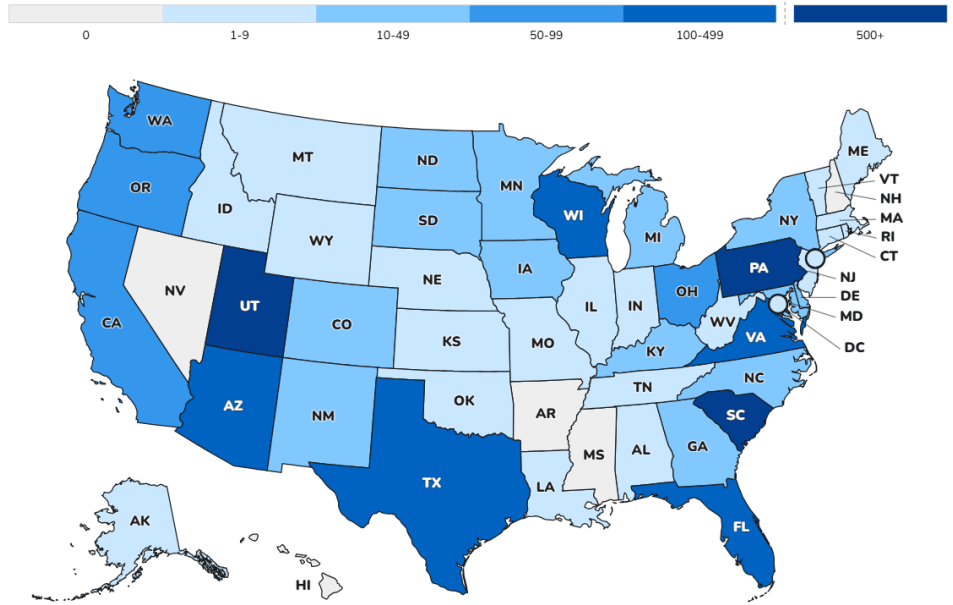
Measles — United States, 2026

- 3,134 confirmed cases during 2026 as of 9/3, exceeding the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 95% of cases are outbreak-associated (≥3 related cases).
- Age: 18% <5 years-old, 45% 5-19 years-old, 36% ≥ 20 years-old.
- 8% hospitalized.
- Two deaths reported in Pennsylvania among persons with measles, including one infant; the other individual was also unvaccinated (during 2025, 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 94% unvaccinated or with unknown vaccination status, 3% one MMR dose, 3% two MMR doses.

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Washington, 2026 (N=56)

- Current outbreak in **Clark County:** 11 unvaccinated children with measles reported since July 22 (19 cases this year to date). The case reported on 7/22 had an unknown source of exposure. Most recent case reported on 8/26.

Cases to date this year in Washington: 56

- 98% of cases unvaccinated or with unknown vaccination status.
- Four people (7%) have been hospitalized.

Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
Clark County Public Health. Measles Investigation. Available at: https://clark.wa.gov/public-health/measles-investigation

Measles — Oregon, 2026 (N=54)

- **Ongoing outbreak in Clackamas and Multnomah counties.**

- Recent possible public exposure locations:
  - 8/29 (10:31 AM-6:07 PM): Kaiser Permanente Mt. Talbert Medical Office, Clackamas. Anyone at this location should monitor for symptoms through 9/19. For more information: https://www.oregon.gov/oha/ERD/Pages/Kaiser-Permanente-Mt.-Talbert-Medical-Office-is-latest-measles-exposure-location-09.02.2026.aspx
  - 8/30 (10:04 AM-1:49 PM): Legacy Mount Hood Medical Center ER, Gresham. Anyone at this location should monitor for symptoms through 9/20.
  - 8/28 (3:21-5:23 PM): Randall Children's Hospital ER Waiting Room, Portland. Anyone at this location should monitor for symptoms through 9/18.
  - 8/25 (1:20-4:11 PM): Randall Children's Primary Care Clinic, Legacy Emanuel Medical Center, Portland. Anyone at this location should monitor for symptoms through 9/15.
  - ➢ For more information: https://www.oregon.gov/oha/ERD/Pages/Legacy-Mount-Hood-Medical-Center-Randall-Childrens-Hospital-are-latest-measles-exposure-locations-09.01.2026.aspx

  - 8/18 (7:30-11 PM): Canby Rodeo. Anyone at this location should monitor for symptoms through 9/8. For more information: https://www.oregon.gov/oha/ERD/Pages/Canby-Rodeo-is-latest-measles-exposure-location-08.26.2026.aspx

  - Measles virus was detected in wastewater during the 6-week period from 7/19/26-8/29/26 in the following counties:
    - Klamath, Lincoln, Washington, Douglas, Marion, Columbia, Yamhill, Jackson, Malheur, Coos, Umatilla, Clackamas, Tillamook, Deschutes, Hood River, Wasco, Josephine, Multnomah, Polk, and Lane Counties.

- Four people (7%) with measles have been hospitalized this year in Oregon. 93% of people with measles in Oregon were unvaccinated or with unknown vaccination status.

Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx
Oregon Health Authority. Oregon Health Authority : Oregon reports measles outbreak; new wastewater dashboard tracks measles virus by county; Respiratory Viral Pathogen Wastewater Monitoring Dashboard. Available at: https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRVPWastewaterMonitoring/Mainpage?publish=yes&utm_medium=email&utm_source=govdelivery;

Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=120)	
Washington	Total: 12	Total: 56	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		19	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 54	
Idaho	Total: 14	Total: 10	2 additional cases among travelers to Idaho (Bonneville and Cassia Counties) in 2025. 1 case in a traveler in 2026.
Canyon (Southwest District Health		6	
Madison (Eastern Idaho Public Health)	1	2	
Kootenai (Panhandle Health District)	1	1	
Teton (Eastern Idaho Public Health)		1	
Boundary (Panhandle Health District)	6		
Bonneville (Eastern Idaho Public Health)	5		
Bonner (Panhandle Health District)	1		

Washington State Department of Health. Measles Cases in Washington State. Available at: https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles/measles-cases-washington-state
Idaho Department of Health and Welfare. Tracking Measles in Idaho. Available at: https://public.tableau.com/app/profile/idaho.division.of.public.health/viz/TrackingIdahoMeasles/StatewideSummary?publish=yes
Oregon Health Authority. Measles / Rubeola (vaccine-preventable). Available at: https://www.oregon.gov/oha/ph/diseasesconditions/diseasesaz/pages/measles.aspx

MMR Vaccine Coverage Among Kindergartners – Washington, Oregon, Idaho and the United States, 2025-26

	2 MMR Doses	Exemption from ≥ 1 vaccine
Washington	90.6%	5.3%
Oregon	89.6%	11.0%**
Idaho	75.2%*	17.5%**
National	92.4%	4.2%

Vaccine Effectiveness:
1 dose: 93%
2 doses: 97%

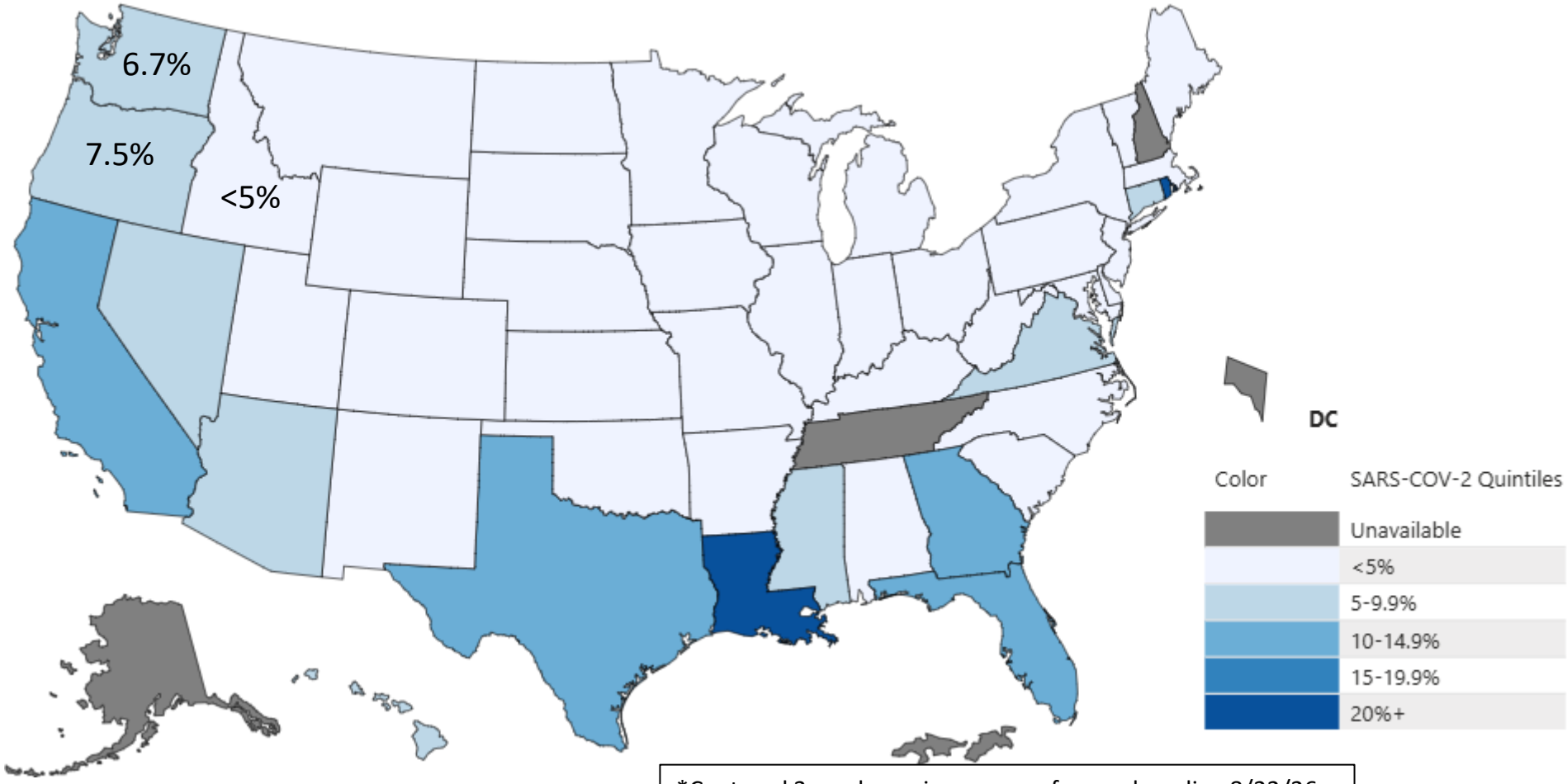
≥95% coverage is needed to prevent outbreaks in communities!

MMR Vaccine Coverage for all states in the Portland Area is below the national median (91.5%).

* Idaho has the lowest MMR vaccine coverage rate among all states in the U.S.
** Idaho and Oregon have the highest and 3rd highest exemption rates in the country.

Centers for Disease Control and Prevention. Vaccine Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html

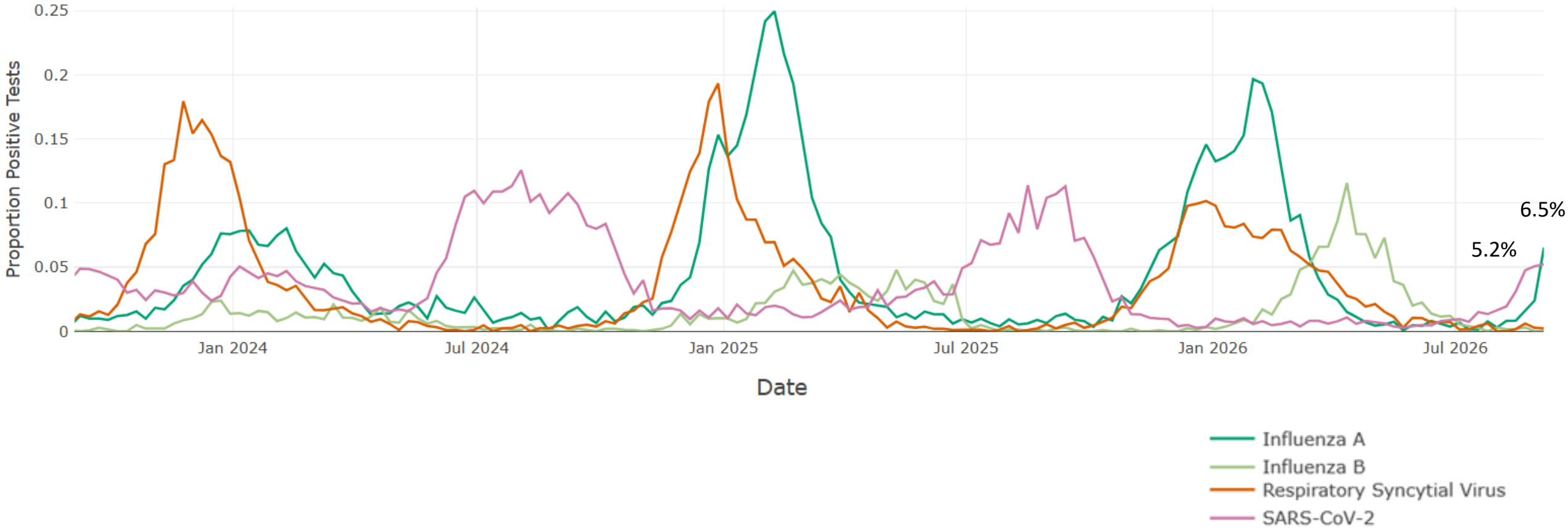
Percent of Tests Positive for COVID-19 — United States, Week Ending 8/29/26*



*Centered 3 week moving average for week ending 8/22/26

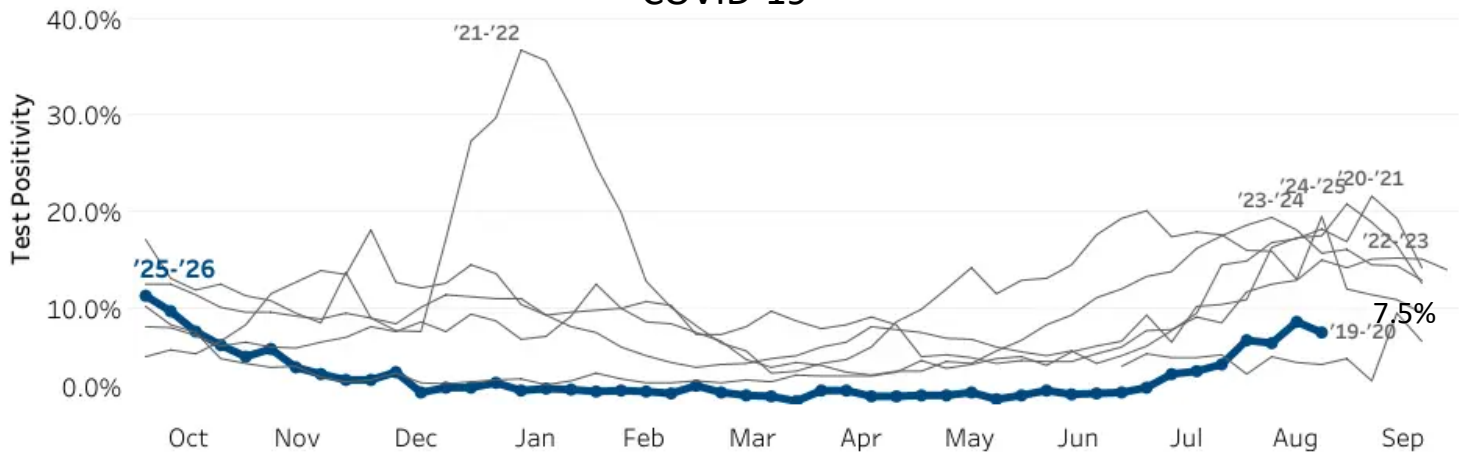
CDC. NREVSS Dashboard. Available at: https://www.cdc.gov/nrevss/php/dashboard/index.html

Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 9/5)

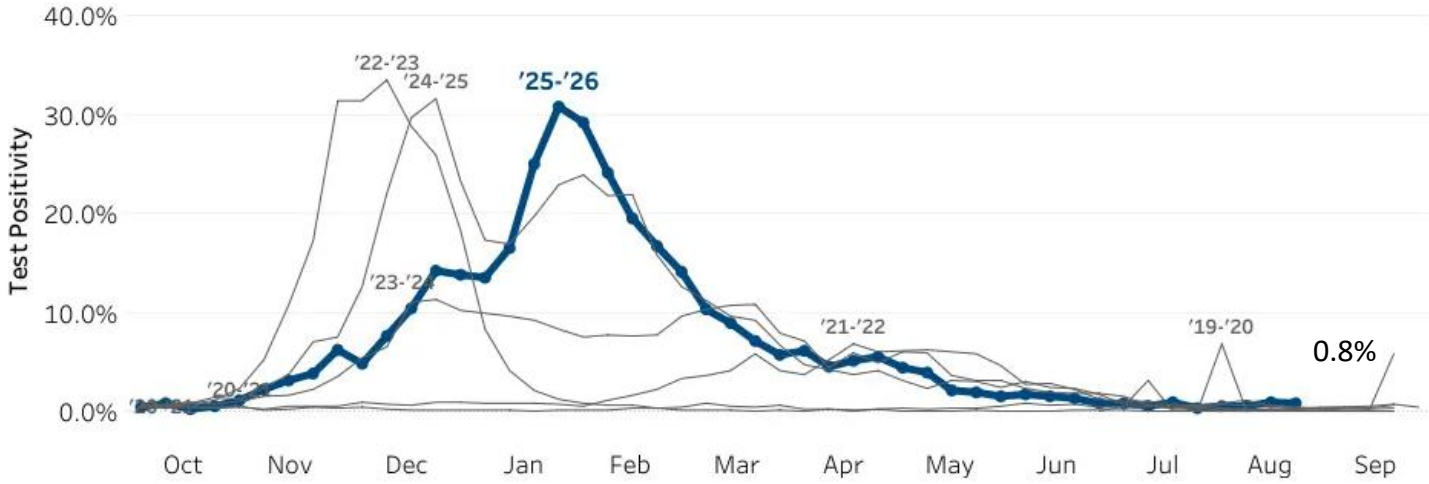


Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2025-26 vs. Prior Seasons (through 8/29/26)

COVID-19

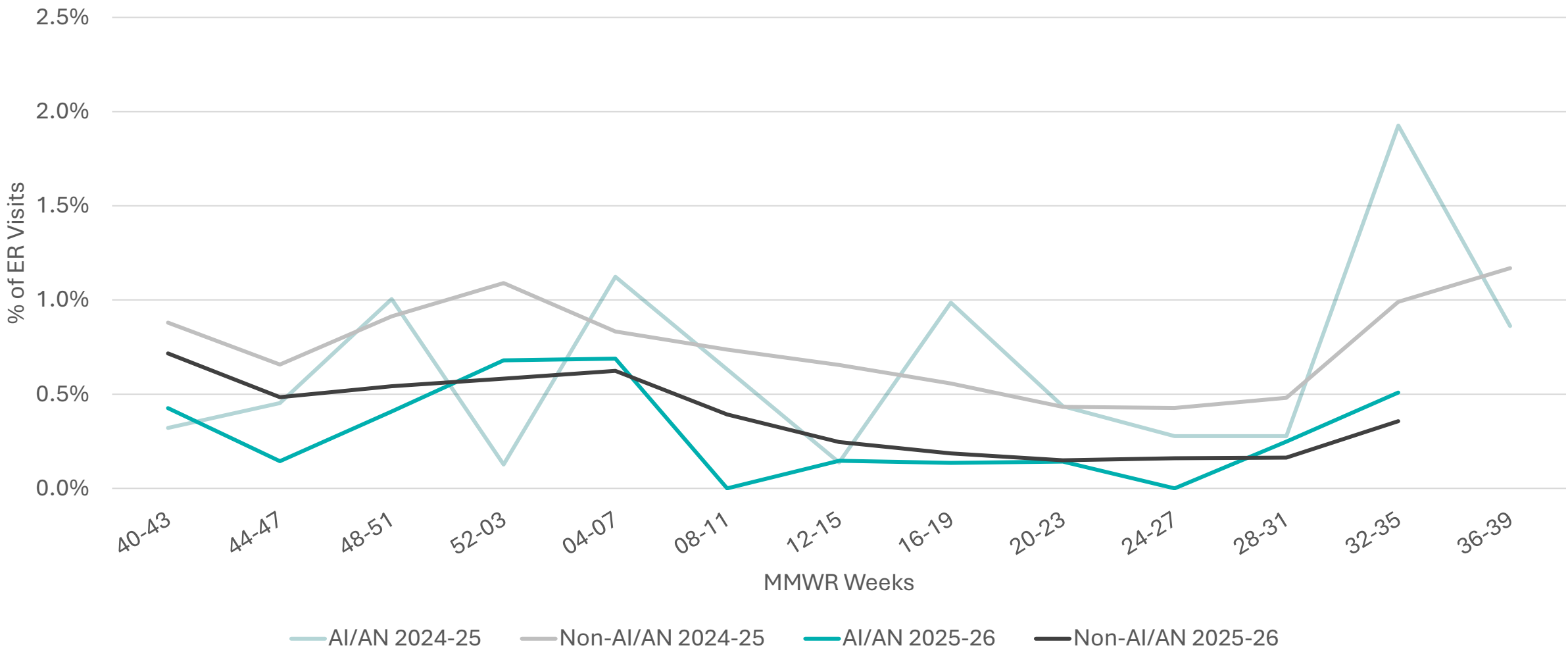


Influenza



Oregon Health Authority. Oregon's Respiratory Virus Data. https://public.tableau.com/app/profile/oregon.public.health.division.acute.and.communicable.disease.pre/viz/OregonsRespiratoryVirusData/TestPositivity

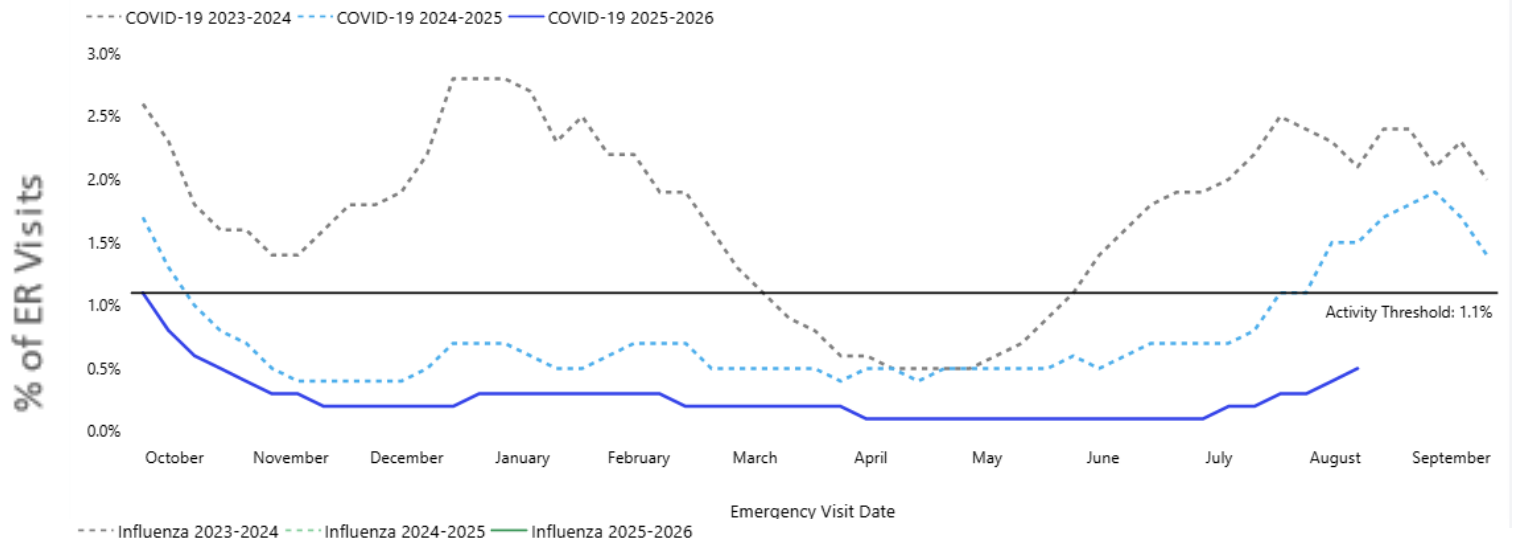
% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Idaho**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



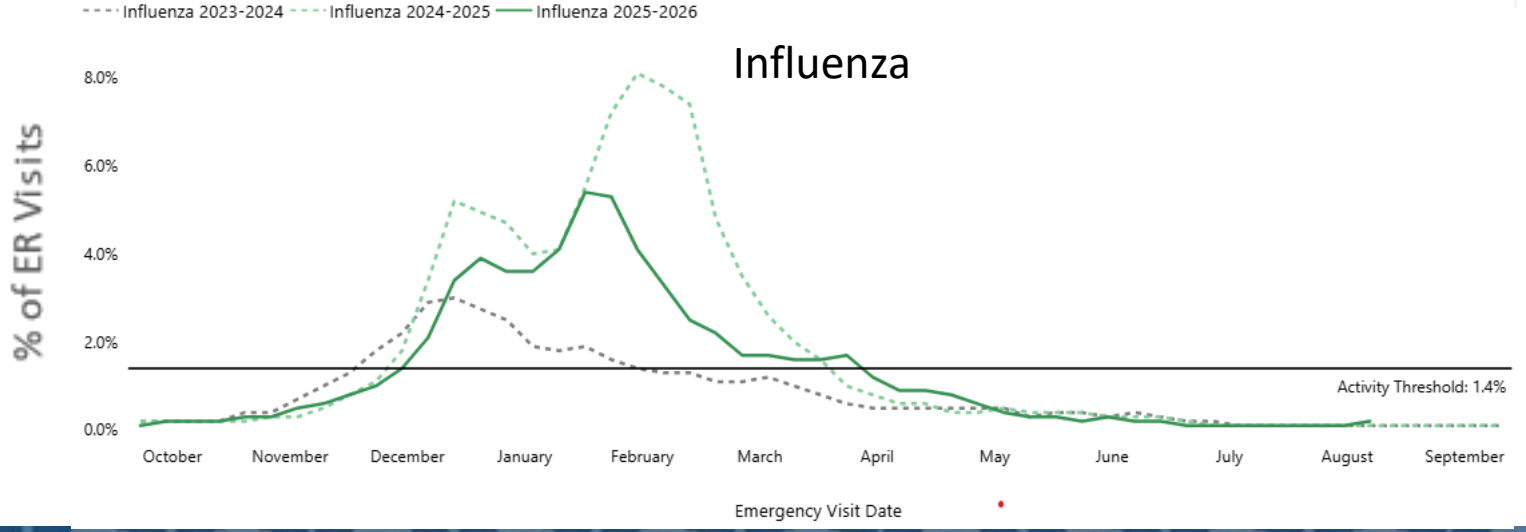
Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

Percent of Emergency Room Visits for COVID-19 and Influenza — Washington, 2025-26 vs. Prior 2 Seasons (through 8/29/26)

COVID-19

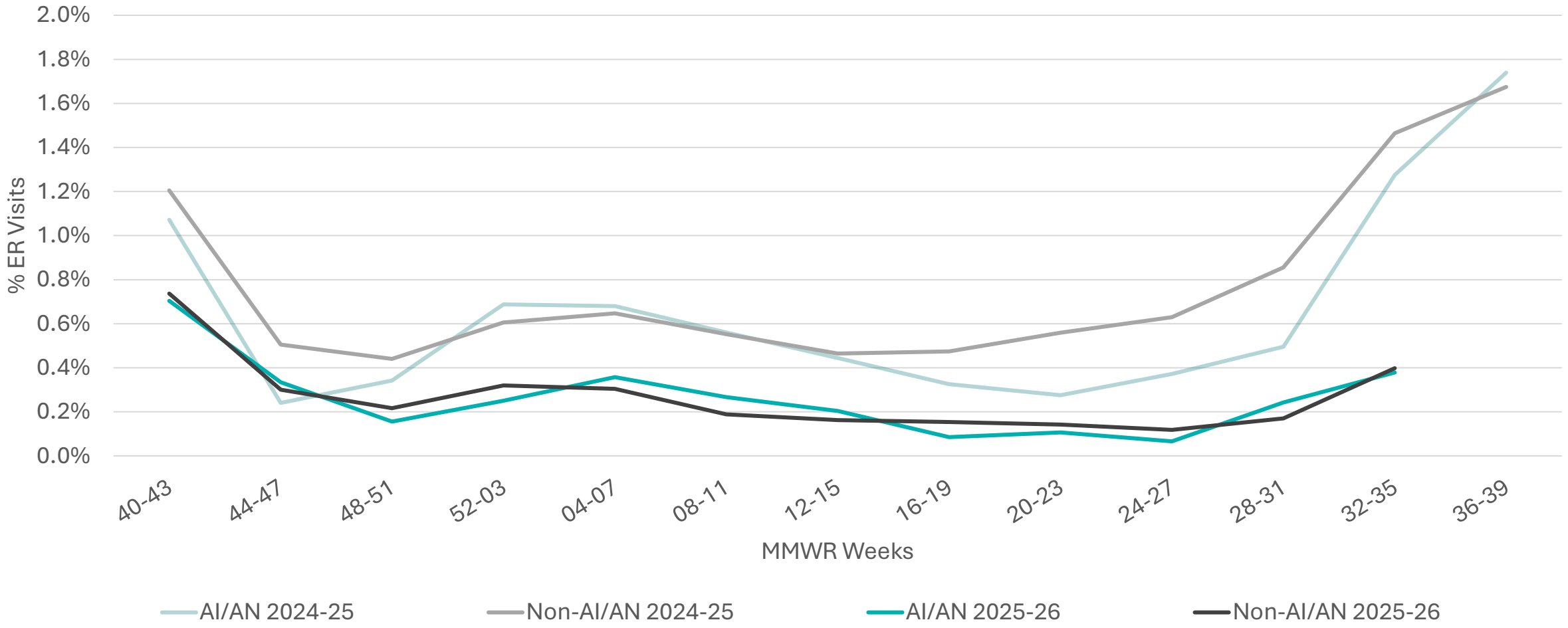


Influenza



Washington State Department of Health. Respiratory Illness Data Dashboard. Available at: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Washington**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



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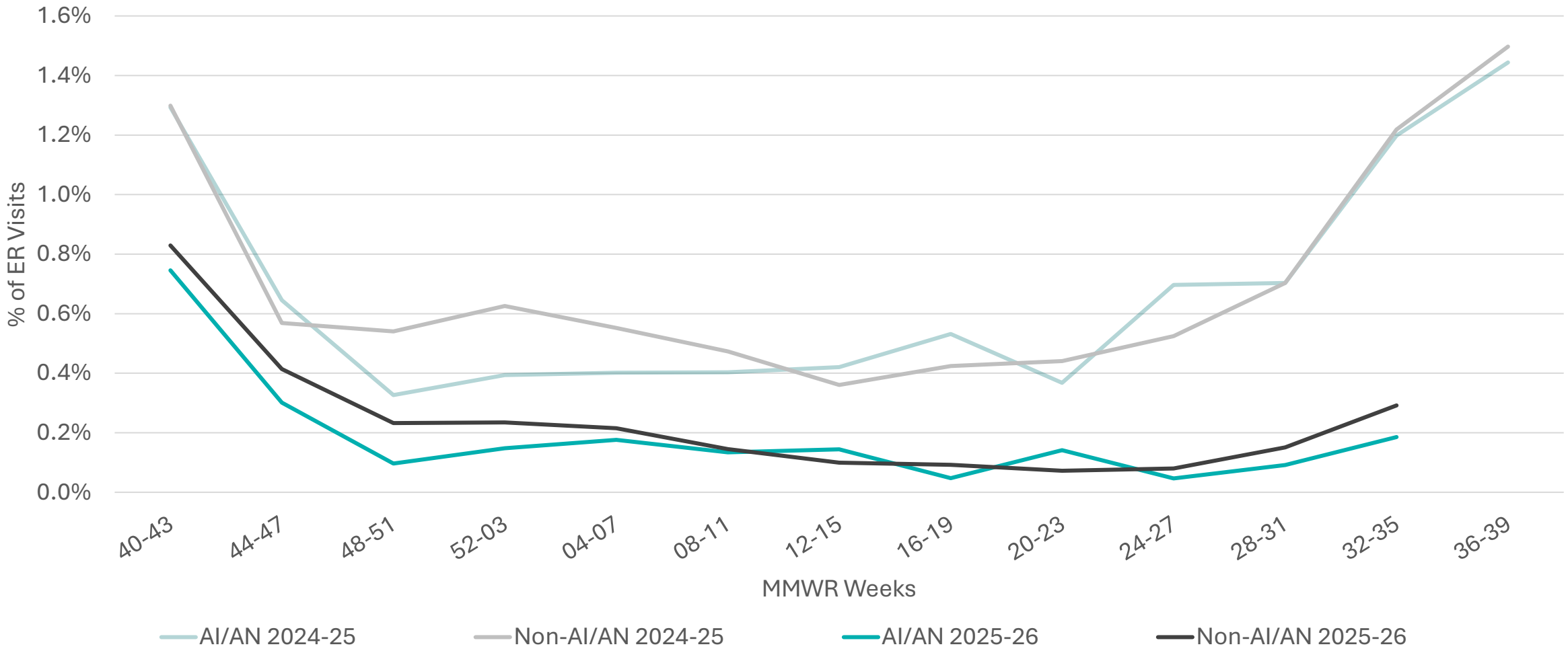
% ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — **Oregon**, 2025-26 (through week 34, ending 8/29) vs. 2024-25



Data Source: ESSENCE
Courtesy Kacey Little, MPH, NPAIHB

FDA Approvals for 2026-27 COVID-19 Vaccines

Manufacturer	Trade Name	Type	Target	FDA Approvals	Minimum Age
Moderna	SPIKEVAX	mRNA	XFG	≥ 65 years old 6 months – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert - SPIKEVAX	6 months
Pfizer-BioNTech	COMIRNATY	mRNA	XFG	≥ 65 years old 5-64 years old with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert and Patient Package Insert - COMIRNATY	5 years
Moderna	MNEXSPIKE	mRNA	XFG	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert - MNEXSPIKE	12 years
Novavax	NUVAXOVID	Adjuvanted protein subunit	XFG	≥ 65 years old 12 – 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19 Package Insert and Patient Package Insert - NUVAXOVID	12 years

Underlying Conditions and the Higher Risk for Severe COVID-19 | COVID-19 | CDC

COVID-19 Vaccine Recommendations from Professional Medical Organizations

Age	American Academy of Pediatrics (AAP) 2026-2027	American Academy of Family Physicians (AAFP)	American College of Obstetricians and Gynecologists (ACOG)
Children 6-23 months	Everyone (without contraindications)		
Children 2-18 years	• High-risk for severe COVID-19 • Residents of long-term care facilities or other congregate settings • Never been vaccinated against COVID-19 • Household contacts at high risk for severe COVID-19 • Parent/guardian desires their protection against COVID-19		
Adults ≥ 19 years		Everyone, with particular emphasis for the following groups: • ≥ 65 years-old (should receive a 2nd dose 6 months after the first (minimum interval 2 months) • Increased risk for severe COVID-19 infection • Never received a COVID-19 vaccine All health care personnel	
Pregnant women			All pregnant women (any gestational age) and lactating women

HHS: All individuals are encouraged to consult with their health care providers to understand their options regarding vaccinations.

American Academy of Pediatrics. Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. Available at: https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-079045/208785/Recommendations-for-COVID-19-Vaccines-in-Infants?autologincheck=redirected
American Academy of Family Physicians. 2026-2027 influenza, RSV and SARS-CoV-2 immunization recommendations. Available at: https://www.aafp.org/assets/image/upload/v1788277985/pdf_2026_through_2027_influenza_rsv_sars_covid_2_guidance.pdf
American College of Obstetricians and Gynecologists. 2026 Maternal Immunization Schedule. Available at: https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/programs/immunization/maternal-immunization-schedule.pdf?rev=69fa35f9cf3d4080b3ec8a6210031b2e&hash=716663FDEE4675D6A88003173C725B09

Respiratory Virus Immunization Recommendations

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP · American Academy of Pediatrics · AMA · Vaccine Integrity Project · ACOG · IDSA

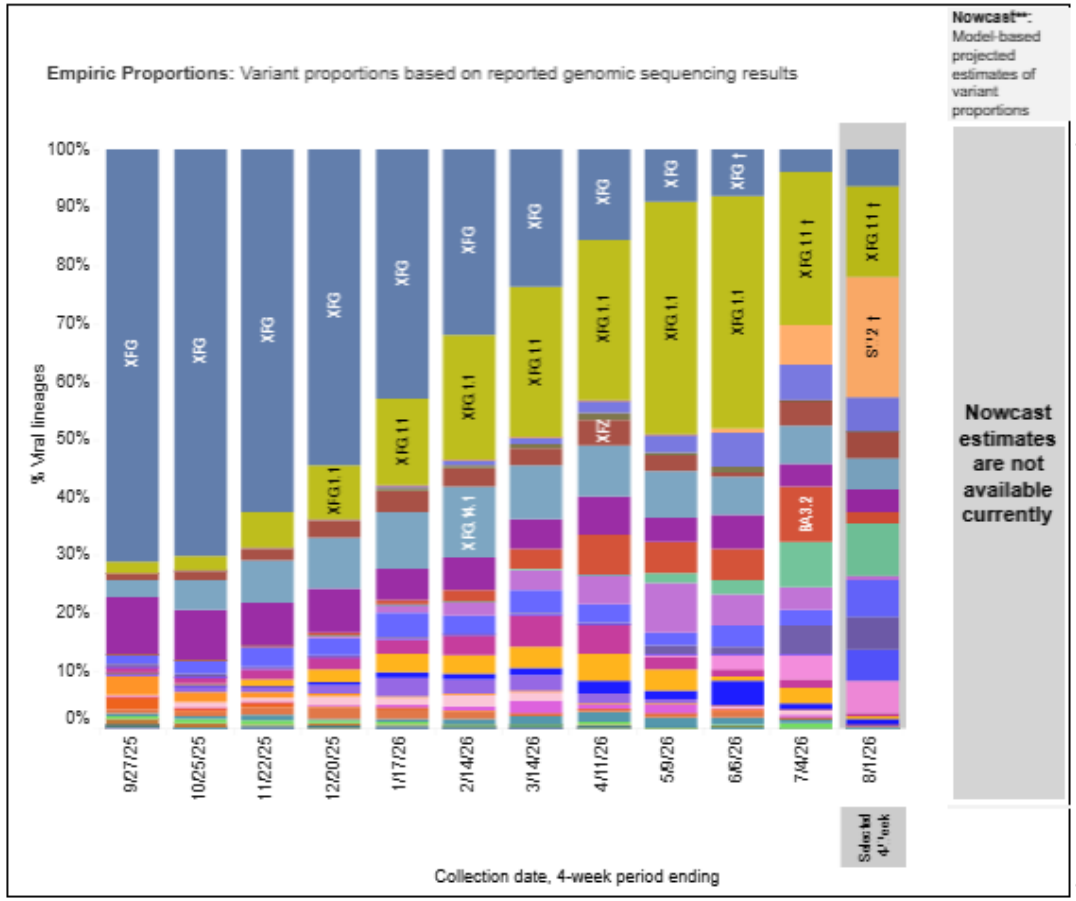
	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
Older Adults 65+ years	Annual flu vaccine for all adults, high dose for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

American Medical Association. Respiratory Virus Immunization Recommendations. Available at: https://www.ama-assn.org/system/files/respiratory-virus-immunization-recommendations.pdf

COVID-19 Variants — United States, 2025-26

Empiric Proportions in United States for 4-Week Periods in 8/31/2025 – 8/1/2026

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



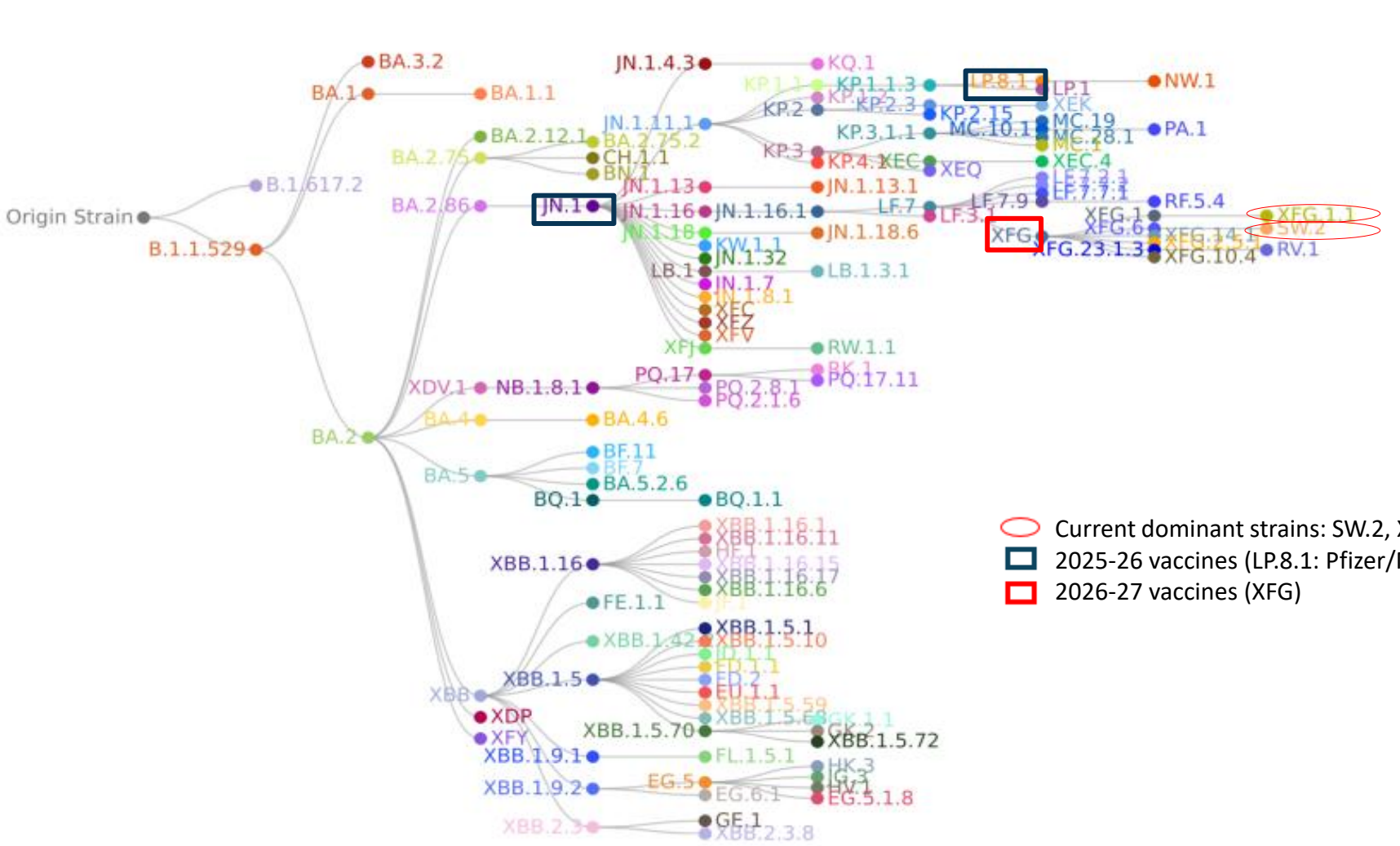
Empiric Proportions in United States for 7/5/2026 – 8/1/2026

USA

Lineage #		Share	95%PI/CI
SW.2	†	21%	16–26%
XFG.1.1	†	16%	12–20%
RW.1.1	†	9%	6–13%
XFG	†	6%	4–10%
XFG.6	†	6%	4–10%
RV.1	†	6%	4–9%
LF.7.9	†	6%	3–9%
RF.5.4	†	6%	3–9%
RK.1	†	6%	3–9%
XFG.14.1	†	5%	3–9%
XFZ	†	5%	3–8%
NB.1.8.1	†	4%	2–7%
BA.3.2	†	2%	1–4%
XFG.23.1.3	†	1%	0–3%
LF.7	†	1%	0–3%
PQ.2.8.1	†	1%	0–3%
XFG.2.5.1	†	1%	0–3%

CDC. COVID. Variants and Genomic Surveillance. Available at: https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html

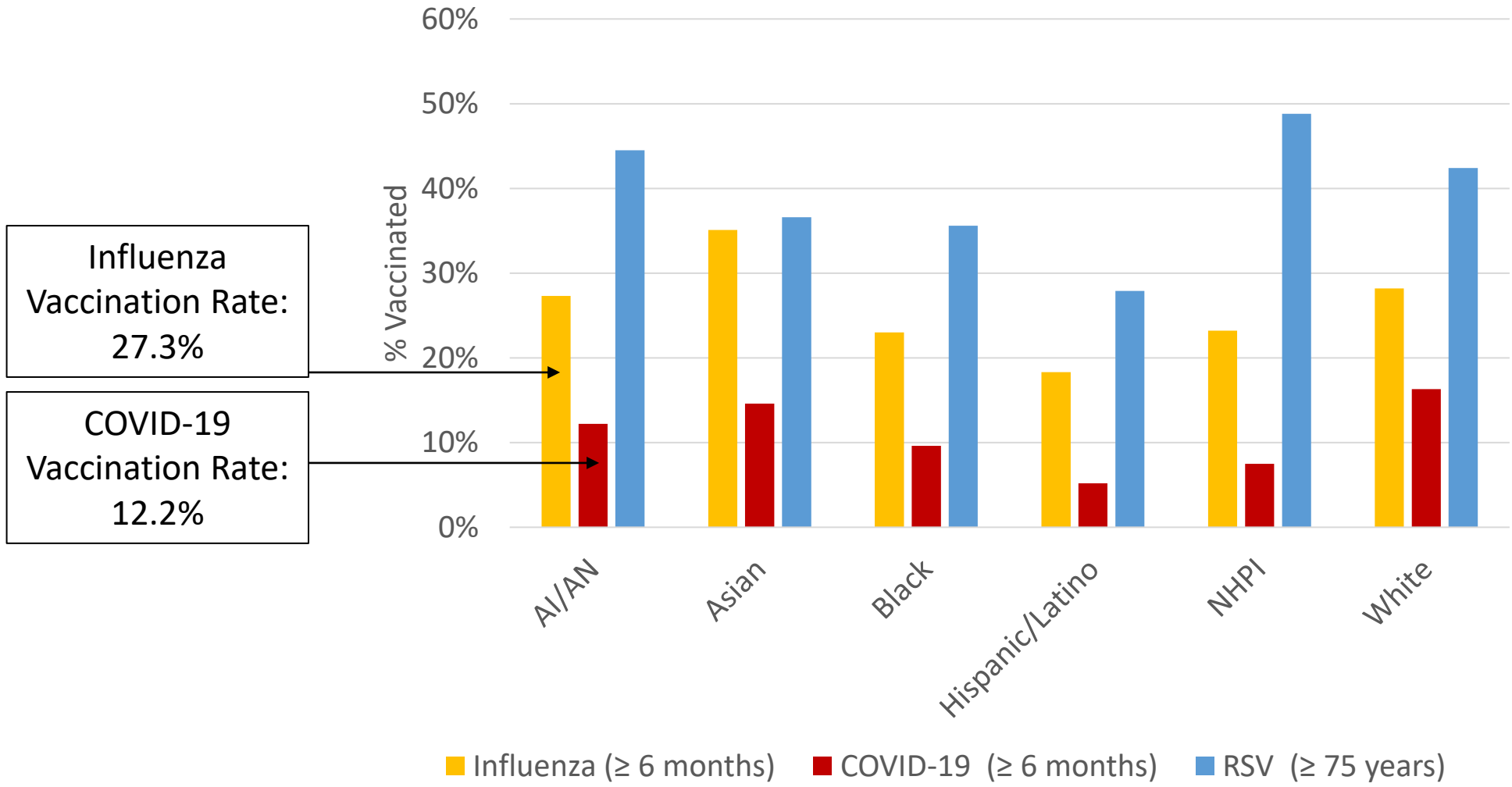
COVID-19 Phylogenetic Tree



Current dominant strains: SW.2, XFG.1.1
2025-26 vaccines (LP.8.1: Pfizer/Moderna; JN.1: Novavax)
2026-27 vaccines (XFG)

CDC. COVID. Variants and Genomic Surveillance. Available at: https://www.cdc.gov/covid/php/variants/variants-and-genomic-surveillance.html

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State , 2025-26 (through 6/29/26)



Washington DOH. Respiratory Immunization Data. Available at https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/respiratory-immunization-data

Strategies to Increase Vaccination Rates

- Clinic processes
  - Reminder/recall: Contacting patients when due/overdue via their preferred communication method.
  - Electronic prompts to remind the provider and patient when vaccines are overdue.
  - Standing orders to allow immunizations by others without direct provider involvement (e.g. nurses or medical assistant).
  - Access: Extended hours, walk-in vaccinations, pharmacy-based immunization, transportation, home visits.
  - Provider audit and feedback with benchmarks (e.g. Healthy People 2030).

- Provider communication
  - Presumptive (assume that the patient is going to receive due vaccines today) recommendations (e.g. Tommy is due for his 12 month shots today). Also recommended for other team members to use this approach.
  - Provide clear, strong recommendations.
  - Motivational interviewing for those with vaccine hesitancy.
    - Explores individuals' reasons for vaccination to help reinforce.
    - Open-ended questions, reflective listening, affirmation of the individual, their strengths, and respect for autonomy.
    - "Elicit-provide-elicit," asking for their understanding or if they have questions, then, after asking permission to share information you have learned, providing relevant information, and then asking what they think about that information, whether it addresses their concerns, and whether you can give them or their child vaccines.
    - CASE Method: C: Corroborate (find some points you can agree on to establish respect), A: About me (tell them about you and how you developed knowledge in the area), S: Science (provide information relevant to the patient), E: Explain (give your recommendation based on science). See Indian Country ECHO/UNM Project ECHO for more info.

Cataldi JR, et al. Evidence-based strategies to increase vaccination uptake: a review. Curr Opin Pediatr. 2020.
O'Leary S. Strategies for Communicating With Parents About Vaccines. JAMA. 2025.
O'Leary ST, et al. Strategies for Improving Vaccine Communication and Uptake. Pediatrics. 2024;153. Available at: https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and
Community Preventive Services Task Force. Guide to Community Preventive Services. Vaccination. 2025. Available at: https://www.thecommunityguide.org/topics/vaccination.html.
Kettering C. Indian Country ECHO/UNM Project ECHO Project ECHO "Making a Strong Vaccine Recommendation: Vaccine Communication." Available at: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup

Strategies to Increase Vaccination Rates (cont.)

- Public Health
  - Mass vaccination events
  - Alterative vaccination sites
  - Reviewing/addressing vaccination status with WIC beneficiaries
  - Communication (e.g. public service announcements disseminated by local tribal radio stations; tribal newspapers; social media; posters)
  - Messaging utilizing trusted messengers
- Schools
  - School-based vaccination programs or referrals for vaccinations
  - Education
- Laws
  - Vaccine requirements for school entry and child care: removal of non-medical exemptions

MMR Vaccine Coverage Among Kindergartners in States without non-Medical Exemptions, 2024-25

State	2 MMR Doses
California	96.1%
New York	97.8%
Connecticut	98.2%
Maine	97.6%
West Virginia	NR (98.3% for 2023-24)

Cataldi JR, et al. Evidence-based strategies to increase vaccination uptake: a review. Curr Opin Pediatr. 2020. Community Preventive Services Task Force. Guide to Community Preventive Services. Vaccination. 2025. Available at: https://www.thecommunityguide.org/topics/vaccination.html.
O'Leary ST, et al. Strategies for Improving Vaccine Communication and Uptake. Pediatrics. 2024;153. Available at: https://publications.aap.org/pediatrics/article/153/3/e2023065483/196695/Strategies-for-Improving-Vaccine-Communication-and
Kettering C. Indian Country ECHO/UNM Project ECHO Project ECHO "Making a Strong Vaccine Recommendation: Vaccine Communication." Available at: https://projectecho.app.box.com/s/piod28mg2rv66c7zpbf13u9lr3hzhiup
Centers for Disease Control and Prevention. Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations. 2020. Available at: https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf.
Centers for Disease Control and Prevention. Vaccine Coverage and Exemptions among Kindergartners. Available at: https://www.cdc.gov/schoolvaxview/data/index.html

COVID-19: Outpatient Treatment of Mild-Moderate Infection and Post-Exposure Prophylaxis

- Consider **treatment of mild-moderate infection** (O2 Sat ≥ 94% on RA) for patients with risk factors for more severe disease:
  - **Paxlovid** (nirmatrelvir/ritonavir), dosed according to eGFR (if ≥ 60 ml/min: nirmatrelvir (two 150 mg tablets) + ritonavir (one 100 mg tablet) twice daily X 5 days). Check for drug interactions (Liverpool COVID-19 Interactions). Start within 5 days of symptom onset.
    - Decreased risk of hospitalization, RR 0.17 (95% CI, 0.10-0.31) and shortened duration of symptoms (median time to resolution 16 days vs. 19 days).
  - **Remdesivir** 200 mg IV X 1 followed by 100 mg IV daily for 2 days. Use if drug interactions prevent use of Paxlovid. Start within 7 days of symptom onset.
    - Decreased risk of hospitalization, RR 0.28 (95% CI, 0.10-0.75) and COVID-19 related medical visits, RR 0.19 (95% CI, 0.07-0.56).
- Consider **post-exposure prophylaxis** for contacts at increased risk:
  - **Ensitrelvir (Xocova):** Three 125 mg tablets on day 1, one 125 mg daily on day 2-5.
    - RCT of ensitrelvir vs. placebo, provided to household contacts (≥ 12 years old) of a patient with COVID-19 (given within 72 hours after symptom onset of case; tested negative COVID-19).
    - Confirmed COVID-19 with at least one symptom for ≥ 48 hours [2.9% vs. 9.0%; RR: 0.33 (95% CI, 0.22-0.49)]
  - Check for drug interactions (Liverpool COVID-19 Interactions) before prescribing.

Bhimraj A. IDSA Guidelines on the Treatment and Management of Patients with COVID-19. 2025. Available at: https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/
Hayden FG, et al. Ensitrelvir for Covid-19 Postexposure Prophylaxis in Household Contacts. NEJM. 2026. Available at: https://www.nejm.org/doi/full/10.1056/NEJMoa2509306

Summary

- 3,134 confirmed cases of measles in the U.S. during 2026 as of 9/3, exceeding the total number of cases during 2025 (n=2,289); the number of weekly cases has been rising since mid-July.
- 94% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Washington: 56 cases (current outbreak in Clark County); Oregon: 54 cases (current outbreak in Multnomah and Clackamas Counties), Idaho: 10 cases (stable).
- ≥ 95% vaccine coverage is needed to prevent measles outbreaks in communities.
- In 2025-26, MMR coverage among kindergartners continued to decline and is below the national median for all states in the Portland Area. Nationally: 92.4%, Washington: 90.6%, Oregon: 89.6%, and Idaho: 75.2%. Idaho and Oregon have the highest and 3rd highest exemption rates in the country.
- Elevated COVID-19 activity in Idaho, Washington, and Oregon though levels are currently lower than last year.
- % test positivity for Influenza A increasing in Washington to 6.5% (University of Washington and Seattle Children's Hospital).
- AI/AN have a higher risk of more severe disease due to Influenza and COVID-19 but vaccination coverage has significantly dropped (for WA, as of 6/29/26: 27.3% had been vaccinated for influenza and only 12.2% had received at least one 2025-26 COVID-19 vaccine).

Recommendations: Protection from Seasonal Respiratory Viruses

- Updated Influenza and COVID-19 vaccinations decrease risk of ER visits and hospitalizations; recommend ensuring patients are up to date.
- September 1-March 1: RSV vaccination with Pfizer's Abrysvo (only RSV vaccine approved for pregnancy) recommended for those 32-36 weeks pregnant who did not receive RSV vaccine during a prior pregnancy.
- October 1- March 31: RSV monoclonal antibody recommended for AI/AN children ≤ 19 months [infants < 8 months whose mother did not receive the maternal RSV vaccine before or during current RSV season or received it <2 weeks before delivery (nirsevimab or clesrovimab) and for all children age 8-19 months (nirsevimab)].
- RSV vaccinations for adults: One time vaccine for those ≥ 75 years-old or age 50-74 at increased risk.

Recommendations: Measles

- Ensure your patients, families, and community are up to date on their measles immunizations (goal ≥95% up to date) and immunizations for other vaccine-preventable diseases.
- Ensure all health care workers have presumptive evidence of measles immunity and that Respirator Fit Testing has been done in the past year.
- Consider measles in anyone with a fever and generalized maculopapular rash with recent international travel or travel to an area with a measles outbreak, exposure to a measles case, or who meets clinical criteria and is unvaccinated. Recommend testing performed in collaboration with local health jurisdiction.
- Train staff (e.g. Project Firstline: Measles Infection Control Microlearn with discussion guide), including front-desk to recognize possible measles, immediately mask and bring back to a designated room (e.g. airborne infection isolation room if available).
- If a measles case is identified in your community, recommend signage and a protocol to screen patients for possible measles (e.g. fever and rash, with international travel, travel to a community with a measles outbreak, or known exposure to measles in the past 21 days).
- Immediately report suspected cases to local or Tribal public health and recommend testing performed in collaboration (nasopharyngeal or throat swab for measles PCR, urine for PCR particularly if ≥ 72 hrs after rash onset, sent to state PHL if possible; blood for measles IgM and IgG sent to a commercial laboratory).
- Advise patients with suspected measles to isolate at home, away from others through 4 days after rash onset (for severely immunocompromised persons, the infectious period is through the illness duration) or measles has been ruled out.

Patient Education Resources for Respiratory Viruses/Immunizations

IHS Division of Epidemiology and Disease Prevention Educational Resources;

National IHS Public Health Council Public Health Messaging

Northwest Portland Area Indian Health Board (NPAIHB): VacciNative; Native Boost

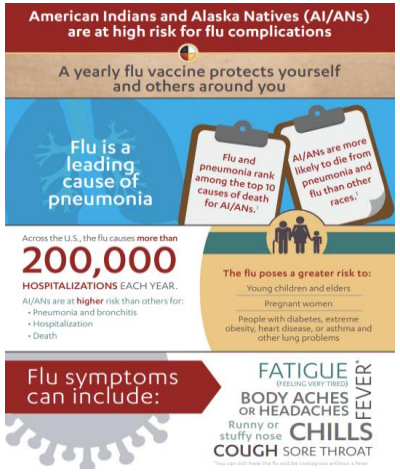
National Council of Urban Indian Health

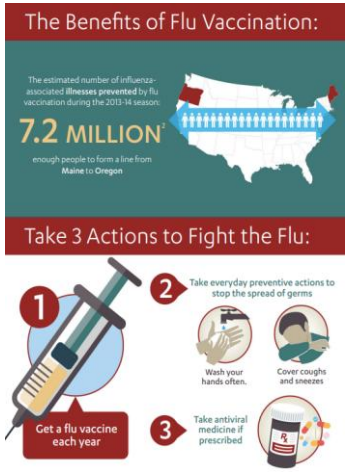
Johns Hopkins Center for Indigenous Health. Knowledge Center: Resource Library

Indian Country ECHO/UNM Project ECHO: Making a Strong Vaccine Recommendation: Vaccine Communication, MMR Vaccine Outreach Strategies, Current Measles Response and Clinical and Prevention Best Practices

American Academy of Pediatrics:
Recommended Child and Adolescent Immunization Schedule, https://www.aap.org/immunization; https://www.healthychildren.org/immunizations (e.g. COVID-19 What Families Need to Know)

American College of Obstetricians and Gynecologists. Maternal Immunization Schedule





Children's Hospital of Philadelphia: Vaccine Education Center; Vaccine and Vaccine Safety-Related Q&A Sheets (e.g. Q&A COVID-19 Vaccines What You Should Know; Protecting Babies from RSV: What You should Know; RSV & Adults: What You Should Know; Influenza: What You Should Know); Vaccines and Infectious Diseases in the News

Immunize.org: Clinical Resources A-Z; Influenza (Flu)

Boost Oregon: Videos and Resources

Personal Testimonies: Families Fighting Flu: Our Stories

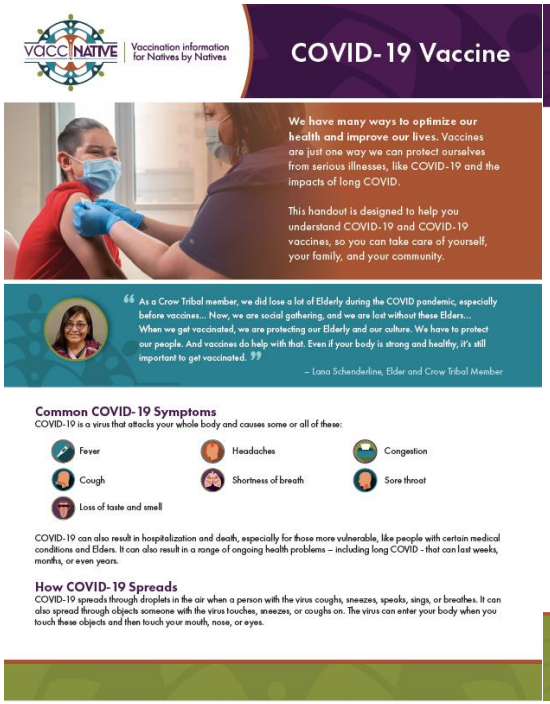
Washington State Department of Health: Immunizations and Vaccines | Washington State Department of Health; Flu Overview; Materials and Resources; Influenza (Flu) Information for Public Health and Healthcare; Measles Communications Toolkit for Washington State Partners; Measles | Washington State Department of Health; COVID-19; DOH COVID-19 Vaccine Schedule; Washington State Statewide Standing Order for COVID-19 Vaccine FAQs for the Public; West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health; Respiratory Illness Data Dashboard.

Oregon Health Authority: Immunization Resources; Flu Prevention; Measles / Rubeola (vaccine-preventable) : Diseases A to Z : State of Oregon; Oregon's Respiratory Virus Data.

Idaho Department of Health & Welfare: Child and Adolescent Immunization and Adult Immunization; Flu (Seasonal and Pandemic); COVID-19; Measles | Idaho Department of Health and Welfare; Idaho Weekly Statewide Viral Respiratory Disease Indicators.

Centers for Disease Control and Prevention: Preventing Seasonal Flu; Flu Resources; Preventing Spread of Respiratory Viruses When You're Sick; RSV; About Measles | Measles (Rubeola) | CDC; Measles Resources | Measles (Rubeola) | CDC; Measles Videos | Measles (Rubeola) | CDC

Examples of Patient Education Resources from the Northwest Portland Area Indian Health Board (NPAIHB)



https://www.indiancountryecho.org/vaccinative/
https://www.indiancountryecho.org/native-boost/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