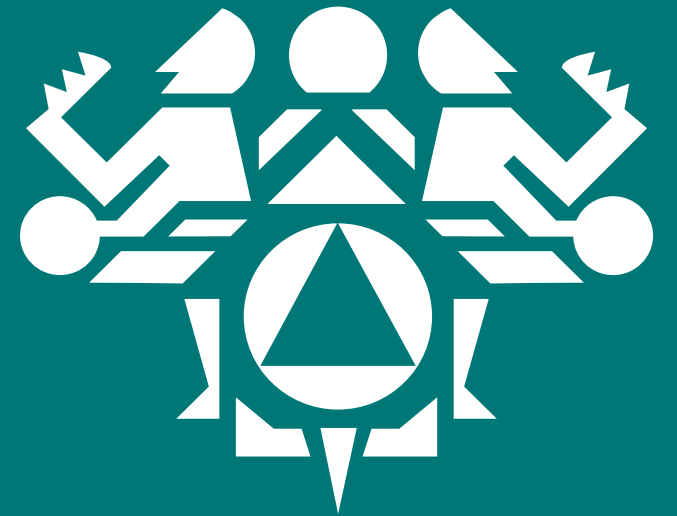


NPAIHB

Weekly Update

September 22, 2026





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS
- Washington Regional Community Health Profiles (CHP): Alexis Harris
- Questions & Comments

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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Care & Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, September 22nd at 11am
 - Didactic Topic: *Preventable maternal mortality: Suicide and overdose*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpL0J0ODNidz09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, September 23rd at 11am PT
 - Didactic Topic: *MASLD Screening and Treatment*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Early Relational Health (ERH) ECHO** – 4th Wednesday of every month at 12pm PT
 - Wednesday, September 23rd at 12pm PT
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Opioid Treatment Program (OTP) ECHO** – 4th Wednesday of every month at 3pm PT
 - Wednesday, September 23rd at 3pm PT
 - To join via Zoom: <https://echo.zoom.us/j/81911033551?pwd=aRRXX1lGQ8lQLuilA9CV7mBKXb2m4k.1>
- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, September 24th at 11am PT
 - Didactic Topic: *Managing Firearms*
 - To join via Zoom: <https://echo.zoom.us/j/99454243940?pwd=NG9aWGUvRTdKSmgwTGllcklmVDRWUT09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am / 12pm PT
 - Thursday, September 24th at 12pm PT
 - Didactic Topic: *MOUD and Criminal Justice*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUmF0TEY5QT09>

Mind 4 Health

Start the conversation with Native youth about mental health today!

Text 'MIND4HEALTH' TO 65664

Respond



Heal



Grow



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



HEALTHY
NATIVE
YOUTH
A Project of NPAIHB

Mind4Health was designed to prepare caring adults to support and refer Native youth in crisis to appropriate services.

Start the conversation about mental health today and text **MIND4HEALTH** to 65664.



HEALTHY
NATIVE
YOUTH
A Project of NPAIHB



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





Census Changes & Public Health

US Census Bureau: Proposed Restrictions on the Inclusion of Certain Demographic Questions in the Decennial Census Operation

- Federal Register Notice published September 10, 2026: [2026-18481.pdf](#)
- US Census [Dear Tribal Leader Letter](#)
- Virtual Tribal Consultation: Friday, October 2, 2026, 3:00 – 5:00 PM Eastern / 12 – 2 PM Pacific [Registration Link](#)
- Tribal comments due by Monday, November 2, 2026 by mail or at www.regulations.gov – enter USBC-2026-0628 in the search box

Please join us on the NPAIHB Weekly Update on Tuesday, September 29, for a discussion on the US Census Bureau proposed changes and implications for public health

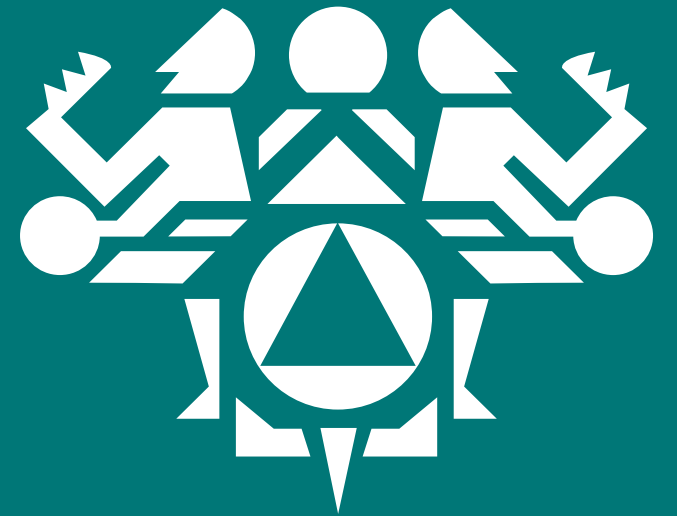
NPAIHB Weekly Update Schedule

- September 29: Legislative & Policy Update – Census Changes & Public Health
- October 6: State & Federal Partner Updates
- October 13: TBD
- October 20: N CREW Research Topic – Grants Budgeting



Washington Regional Community Health Profiles (CHP)

Epidemiology & Surveillance Unit
Northwest Tribal Epidemiology Center (NWTEC)





Data Sources

- US Census: ACS 5-year estimates
- Centers for Disease Control and Prevention (CDC): National Center for HIV, Viral Hepatitis, STD, and Tuberculosis (NCHHSTP) AtlasPlus
- Washington State Cancer Registry (WSCR)* 2000-2022
- Washington State Death Certificates* 2000-2022



Northwest Tribal Registry



A database of AI/AN patients who have received services at Indian Health Service (IHS), Tribal, and Urban Indian clinics in Idaho, Oregon, and Washington

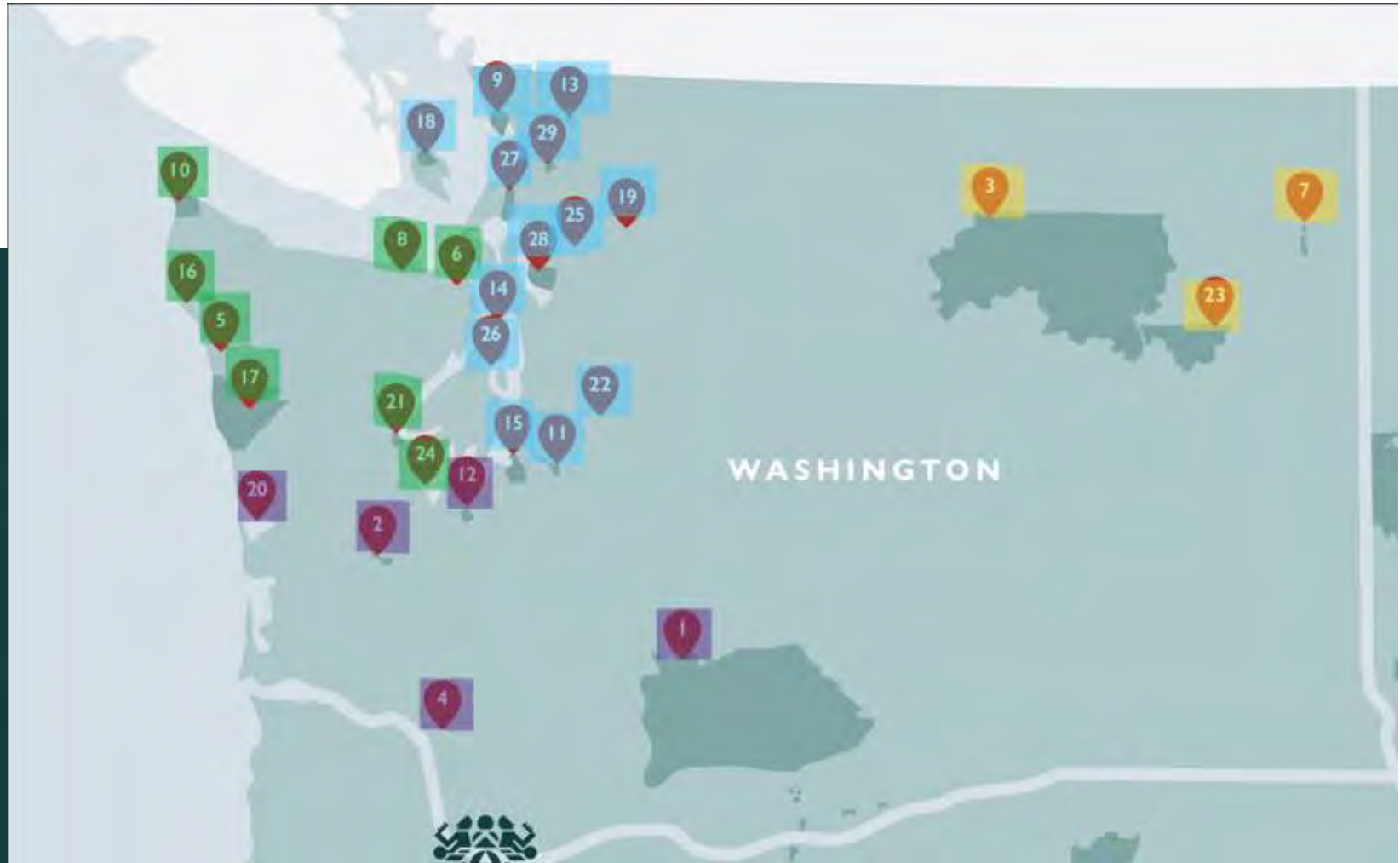


Tribal enrollment data or a list of all Northwest AI/AN people

Washington State Tribal Regions

WASHINGTON

- | | |
|--|--------------------------------------|
| 1 Confederated Tribes and Bands of the Yakama Nation | 15 Puyallup Tribe of Indians |
| 2 Confederated Tribes of the Chehalis Reservation | 16 Quilleute Tribe |
| 3 Confederated Tribes of the Colville Reservation | 17 Quinault Indian Nation |
| 4 Cowlitz Indian Tribe | 18 Samish Indian Nation |
| 5 Hoh Indian Tribe | 19 Sauk-Suiattle Indian Tribe |
| 6 Jamestown S'Klallam Tribe | 20 Shoalwater Bay Indian Tribe |
| 7 Kalispel Tribe of Indians | 21 Skokomish Indian Tribe |
| 8 Lower Elwha Tribal Community | 22 Snoqualmie Indian Tribe |
| 9 Lummi Nation | 23 Spokane Tribe of Indians |
| 10 Makah Indian Tribe | 24 Squaxin Island Tribe |
| 11 Muckleshoot Indian Tribe | 25 Stillaguamish Tribe of Indians |
| 12 Nisqually Indian Tribe | 26 Suquamish Indian Tribe |
| 13 Nooksack Indian Tribe | 27 Swinomish Indian Tribal Community |
| 14 Port Gamble S'Klallam Tribe | 28 Tulalip Tribes |
| | 29 Upper Skagit Indian Tribe |



❖ Eastern Sound

❖ Western Sound

❖ Northeast

❖ Southwest

Northeastern WA

- **Confederated Tribes of the Colville Reservation**
- **Kalispel Tribe of Indians**
- **Spokane Tribe of Indians**

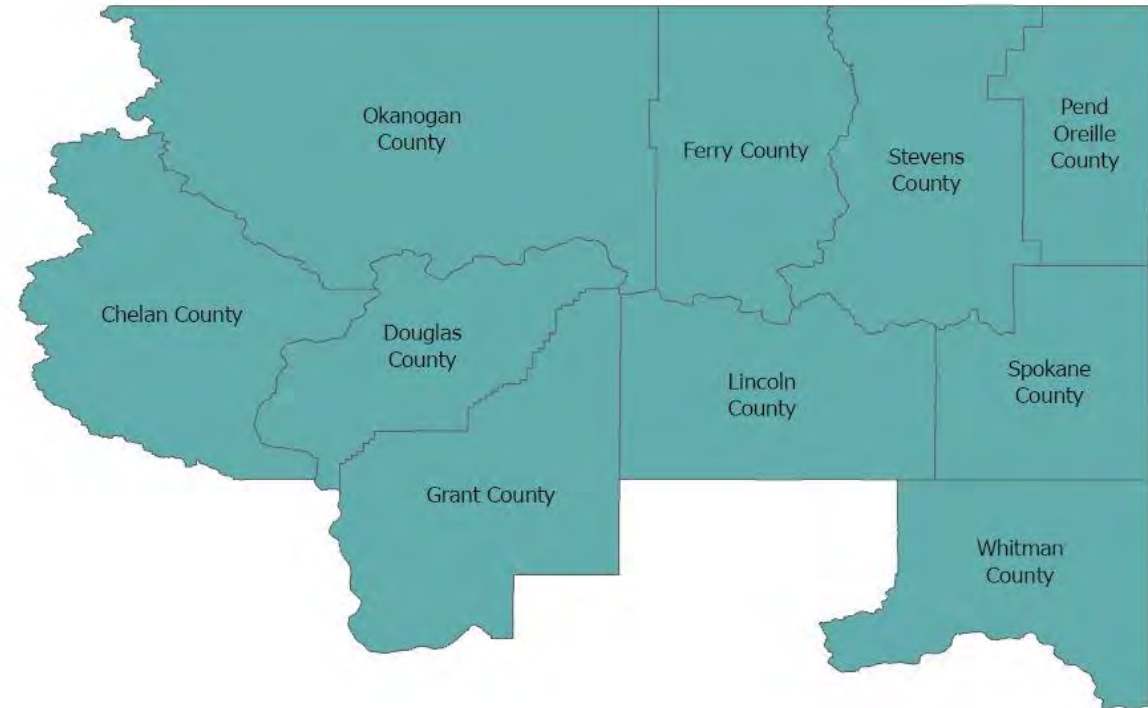


Fig. A.1. Map of Northeastern Washington Tribes Service Area By IHS Purchased/Referred Care Delivery Area (PRCDA) County

Southwestern WA

- **Confederated Tribes of the Yakama Nation**
- **Confederated Tribes of the Chehalis Reservation**
- **Cowlitz Indian Tribe**
- **Nisqually Indian Tribe**
- **Shoalwater Bay Indian Tribe**



Fig. A.2. Map of Southwestern Washington Tribes Service Area By IHS Purchased/Referred Care Delivery Area (PRCDA) County

Note: The Southwestern Washington Tribes Service Area includes one county in Oregon.

Eastern Sound WA

- **Lummi Nation**
- **Muckleshoot Indian Tribe**
- **Nooksack Tribe**
- **Port Gamble S’Klallam Tribe**
- **Puyallup Tribe**
- **Samish Indian Nation**
- **Sauk-Suiattle Indian Tribe**
- **Snoqualmie Indian Tribe**
- **Stillaguamish Tribe of Indians**
- **Suquamish Tribe**
- **Swinomish Indian Tribal Community**
- **Tulalip Tribes**
- **Upper Skagit Indian Tribe**

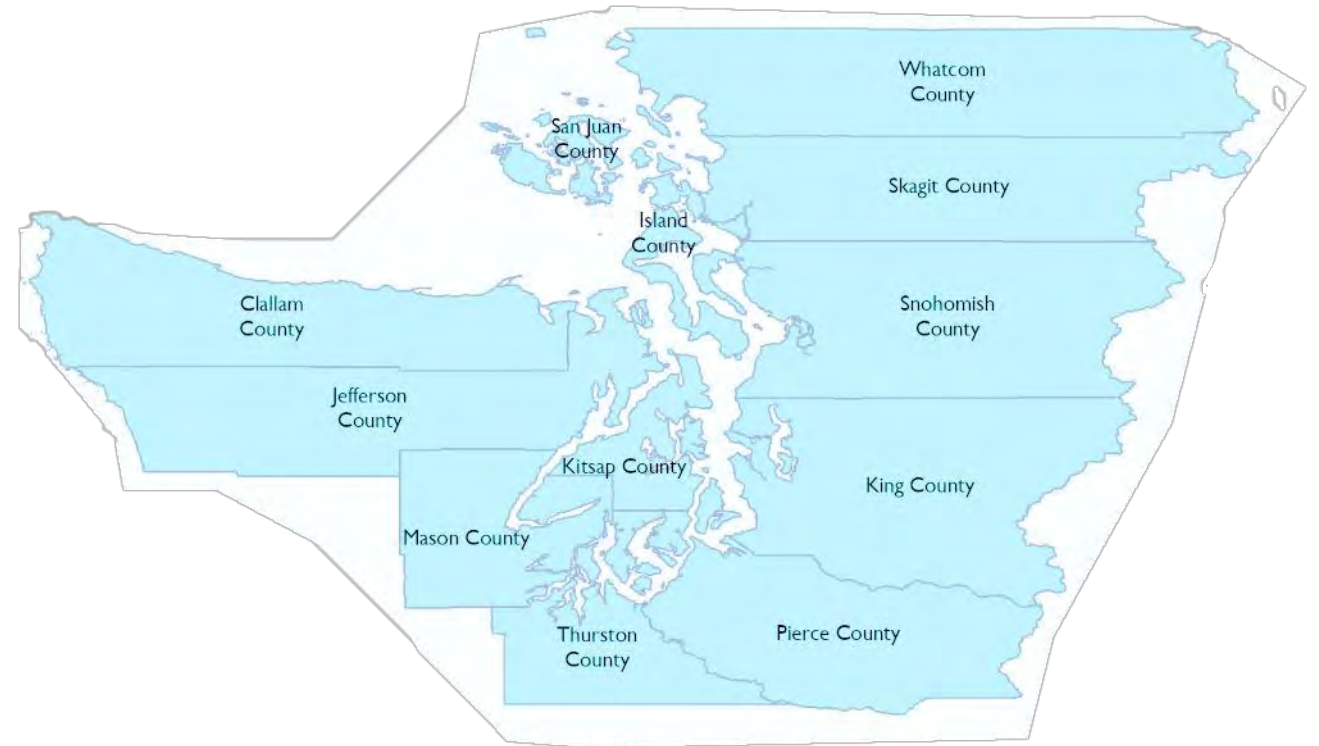


Fig. A.3. Map of Eastern Sound
Washington Tribes Service Area
By IHS Purchased/Referred Care
Delivery Area (PRCDA) County

Western Sound WA

- **Hoh Tribe**
- **Jamestown S’Klallam Tribe**
- **Lower Elwha Klallam Tribe**
- **Makah Tribe**
- **Quileute Tribe**
- **Quinault Indian Nation**
- **Skokomish Indian Tribe**
- **Squaxin Island Tribe**

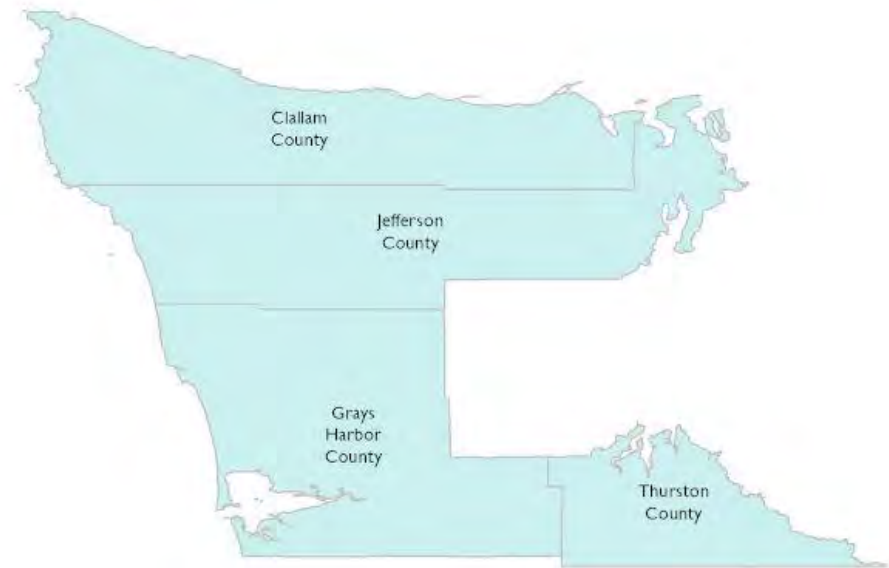


Fig. A.4. Map of Western Sound Washington Tribes Service Area By IHS Purchased/Referred Care Delivery Area (PRCDA) County



WA CHP Content

- **Demographics**

- Population Estimates
- Age Distribution
- Educational Attainment
- Economic Indicators

- **Chronic Disease**

- Cardiovascular Disease
- Heart Disease
- Stroke
- Diabetes

- **Cancer**

- All-Site Incidence
- All-Site Mortality
- Top 5 Cancer Incidence Sites
- Top 5 Cancer Mortality Sites
- Breast Cancer
- Prostate Cancer
- Colorectal Cancer

- **Communicable Diseases**

- COVID-19
- Pneumonia & Influenza
- Chlamydia
- Gonorrhea
- Syphilis
- Human Immunodeficiency Virus

- **Substance Use**

- Alcohol
- Drug Overdose
- Opioid Overdose

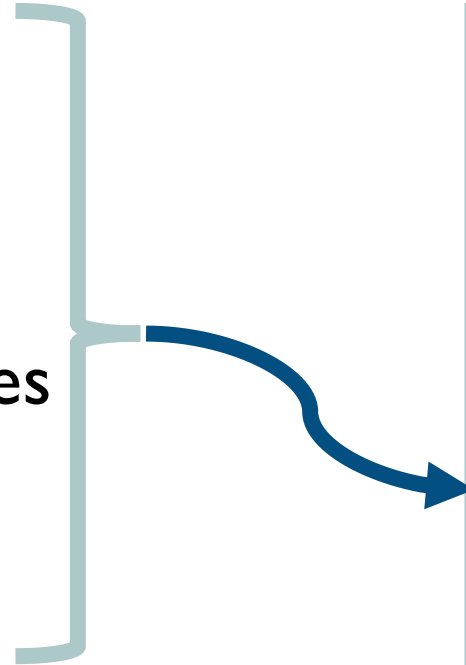
- **Injury**

- Suicide
- Homicide
- Unintentional Injury
- Motor-Vehicle Accidents
- Falls



Indicators & Methods

- Demographics
- Chronic disease
- Cancer
- Communicable diseases
- Substance Use
- Injury



- Age adjusted rates per 100,000 persons with 95% confidence intervals (CI)
- Trends of 3- or 4-year rolling averages
- AI/AN alone or in combination with another race compared to Non-Hispanic White
- Grouped bar charts and trend line charts

Fig. A.2. Example Column Chart

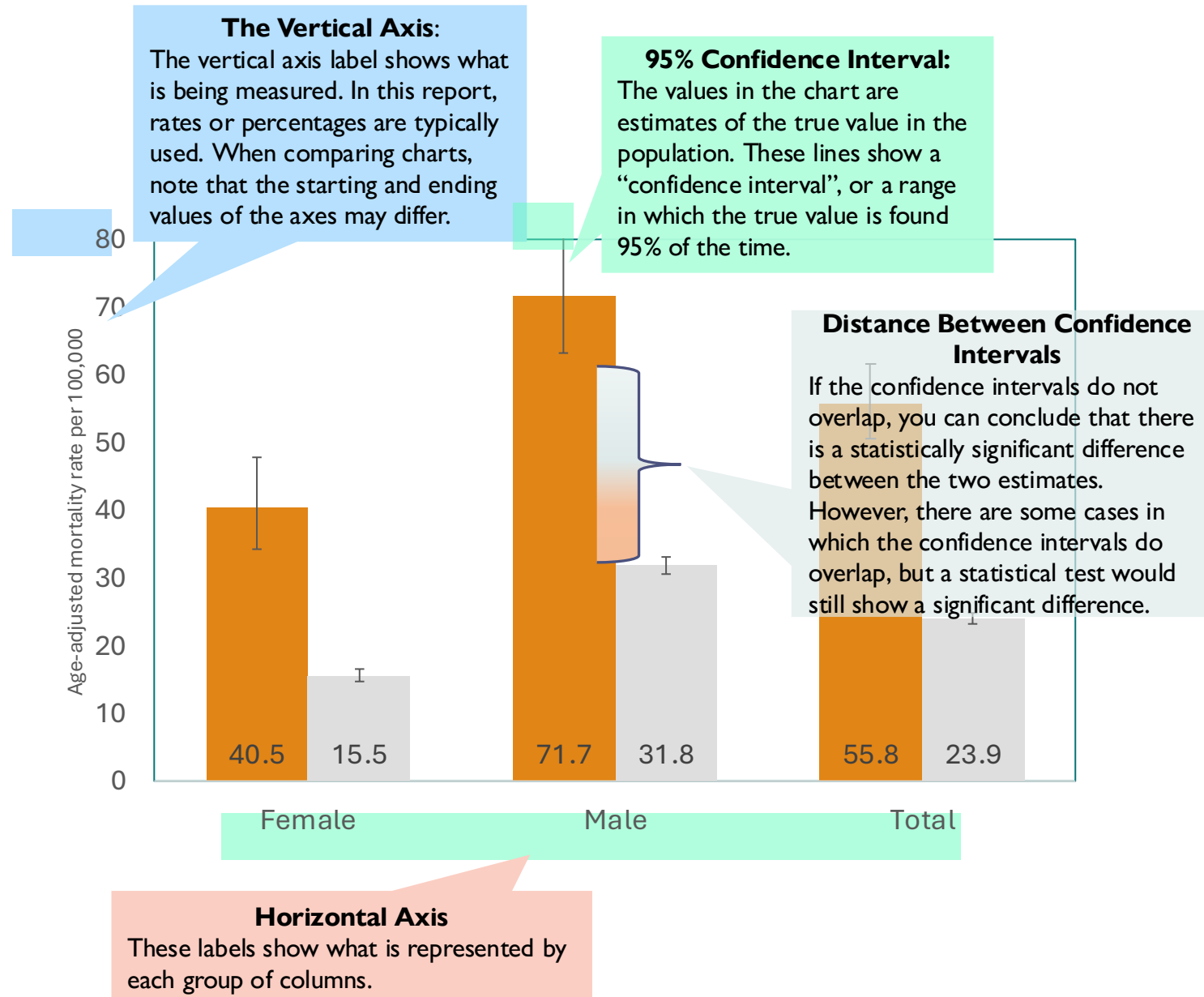
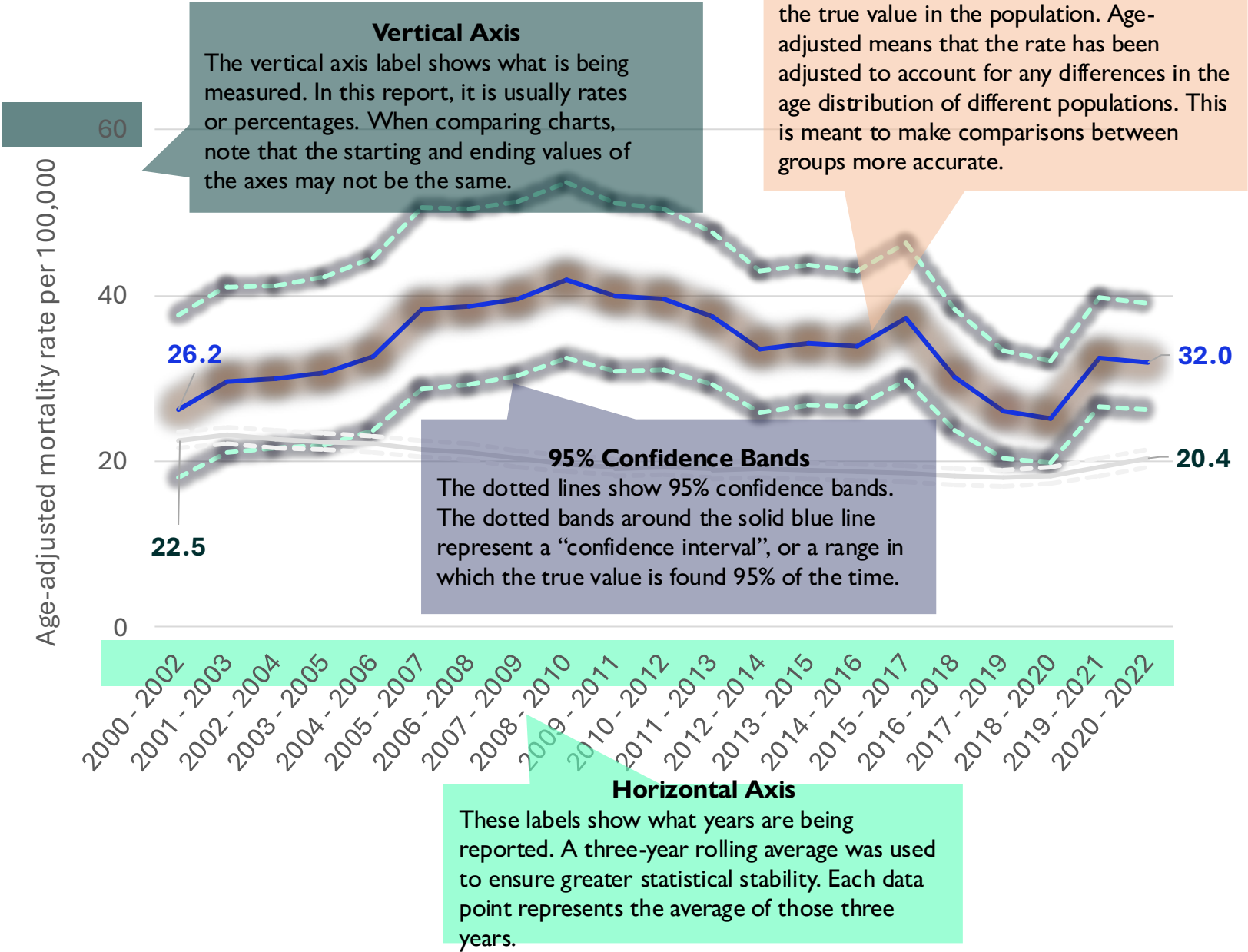


Fig. A.3. Example Line Chart





How to get the WA Regional CHP

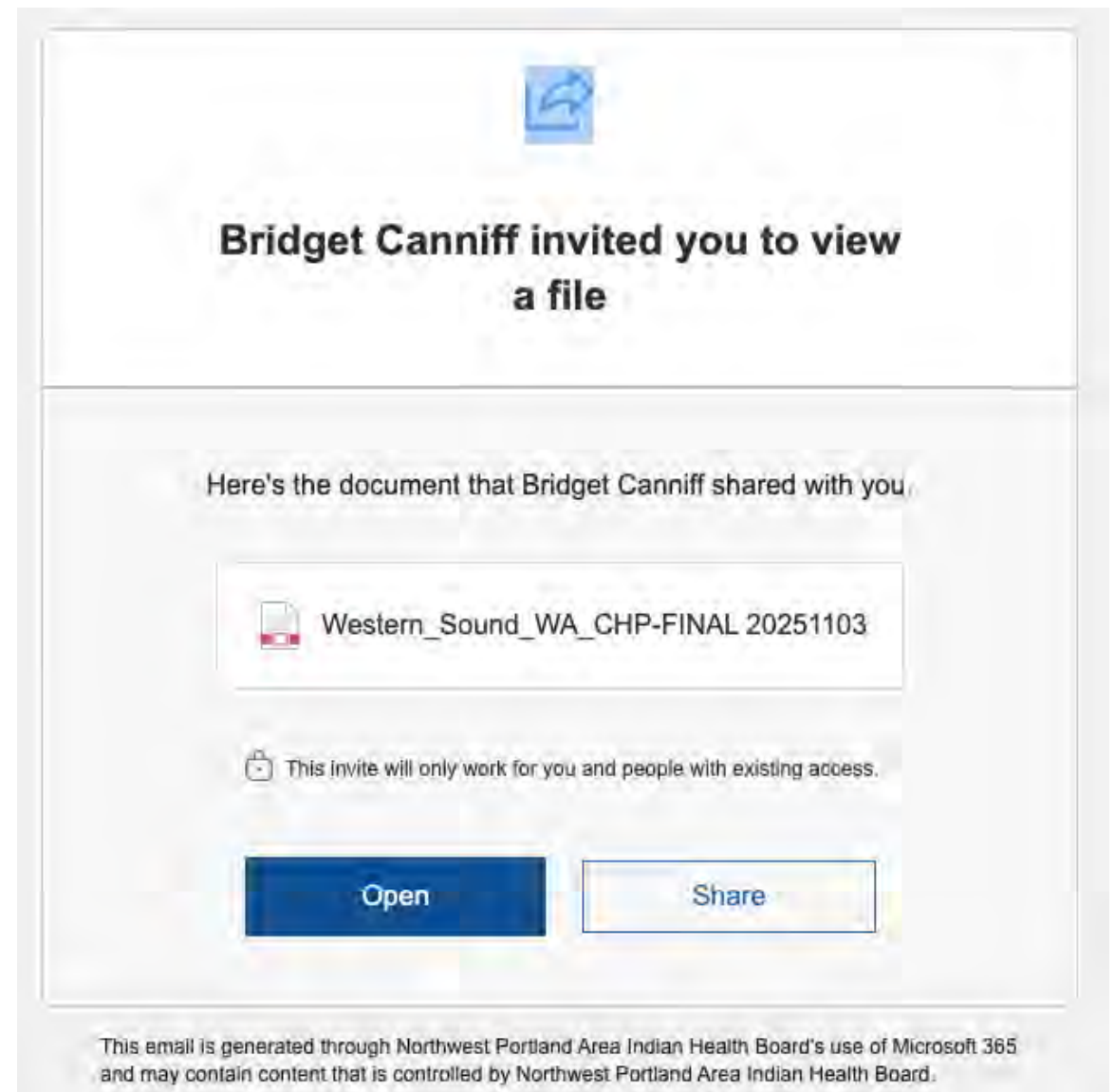
Approved Tribal leaders, staff, and representatives can download the reports via NPAIHB's External SharePoint. Invitations to access reports were sent to all NPAIHB WA Delegates and Tribal Health Director by Bridget Canniff, bcanniff@npaihb.org, on Monday 9/21.

Each regional CHPs is available only to the Tribes included in that region.

For more information, or if you are a Delegate or Health Director who did not receive an email or invitation to download your report, please contact Nancy Bennett, Washington Tribal Public Health Improvement Manager, at nbennett@npaihb.org.

All NPAIHB WA Delegates and Tribal Health Directors should have received an email invitation to view and download the relevant WA Regional CHP report.

The messages were sent by Bridget Canniff on Monday 9/21, with a link as shown here. 



Data Requests and Technical Assistance



Data Request & Technical Assistance Form (DRTA)

Description/Instructions:

The Northwest Tribal Epidemiology Center (NW TEC) Epi & Surveillance Unit provides data analysis and technical support to tribal communities, partners, and public health organizations.

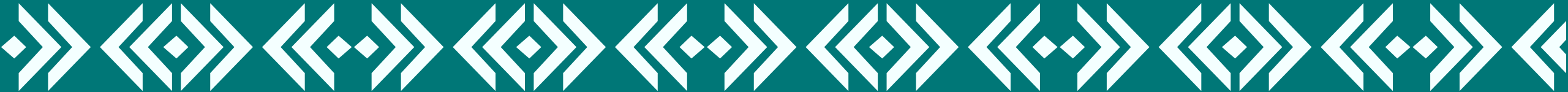
To submit your request:

1. Complete all required fields below
2. Click Submit
3. Our team will review and respond within 5 business days.

For questions or assistance with your submission, our team is here to support you.

Email us at DRTA@npaihb.org.

Access the online form at www.npaihb.org/drt



Questions & Comments

Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
September 22, 2026



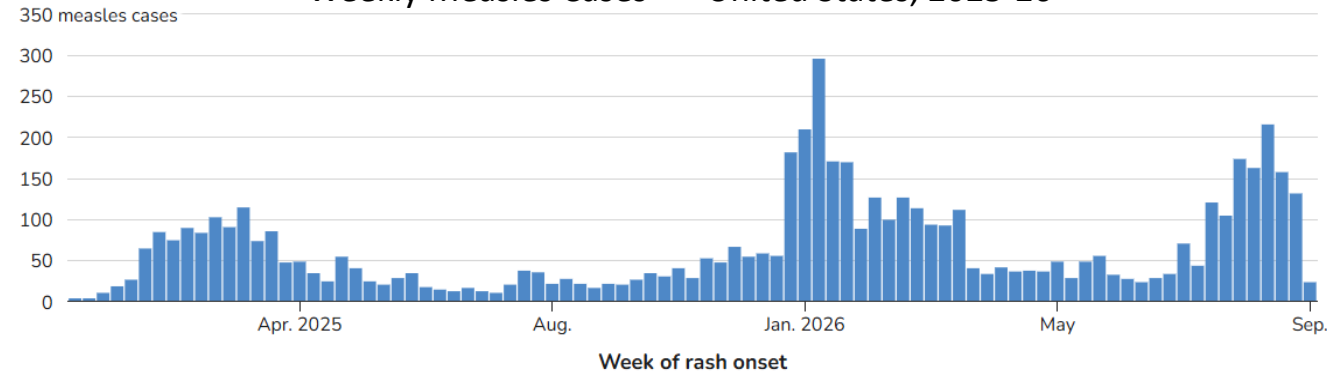
Outline

- Measles
- Seasonal Respiratory Viruses (COVID-19, Influenza, RSV)

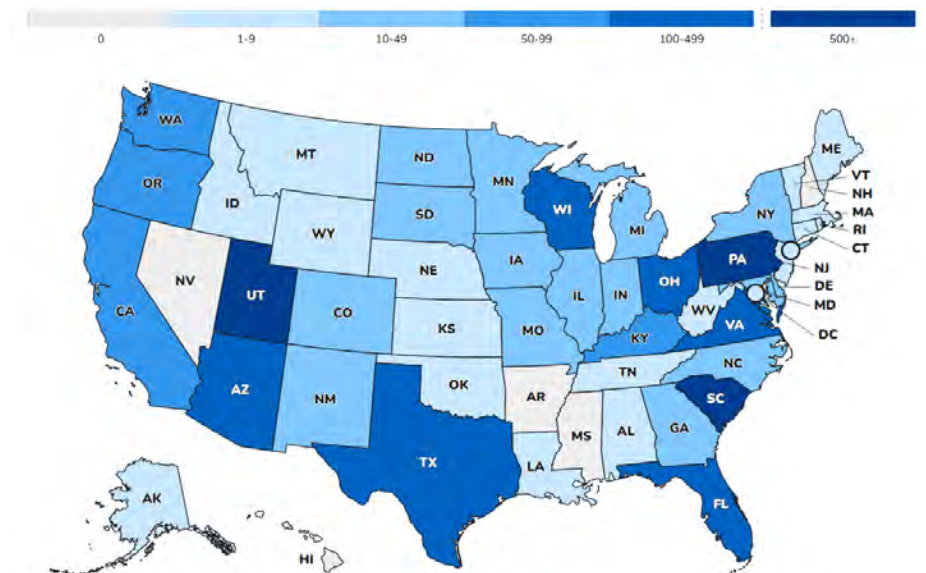
Measles — United States, 2026

- 3,471 confirmed cases during 2026 as of 9/17, 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, 44% 5-19 years-old, 38% ≥ 20 years-old.
- 9% hospitalized.
- Four deaths reported in Pennsylvania among persons with measles, including two infants too young to be vaccinated and two unvaccinated adults (during 2025, there were 3 deaths among unvaccinated individuals, including 2 healthy school-aged children).
- 95% 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 — Oregon, 2026 (N=58)

- **Ongoing outbreak in Clackamas and Multnomah counties.**
- No recent possible public exposure locations, for which the monitoring period has not yet passed.
- Measles virus was detected in wastewater during the 6-week period from 8/2/26-9/12/26 in the following counties:
 - Benton, Klamath, Wasco, Josephine, Lincoln, Lane, Washington, Jackson, Douglas, Umatilla, Marion, Tillamook, Deschutes, Multnomah, Columbia, Yamhill, Malheur, Coos, Clackamas, and Hood River Counties.
- Five people (9%) with measles have been hospitalized this year in Oregon. 93% of people with measles in Oregon were unvaccinated or with unknown vaccination status.

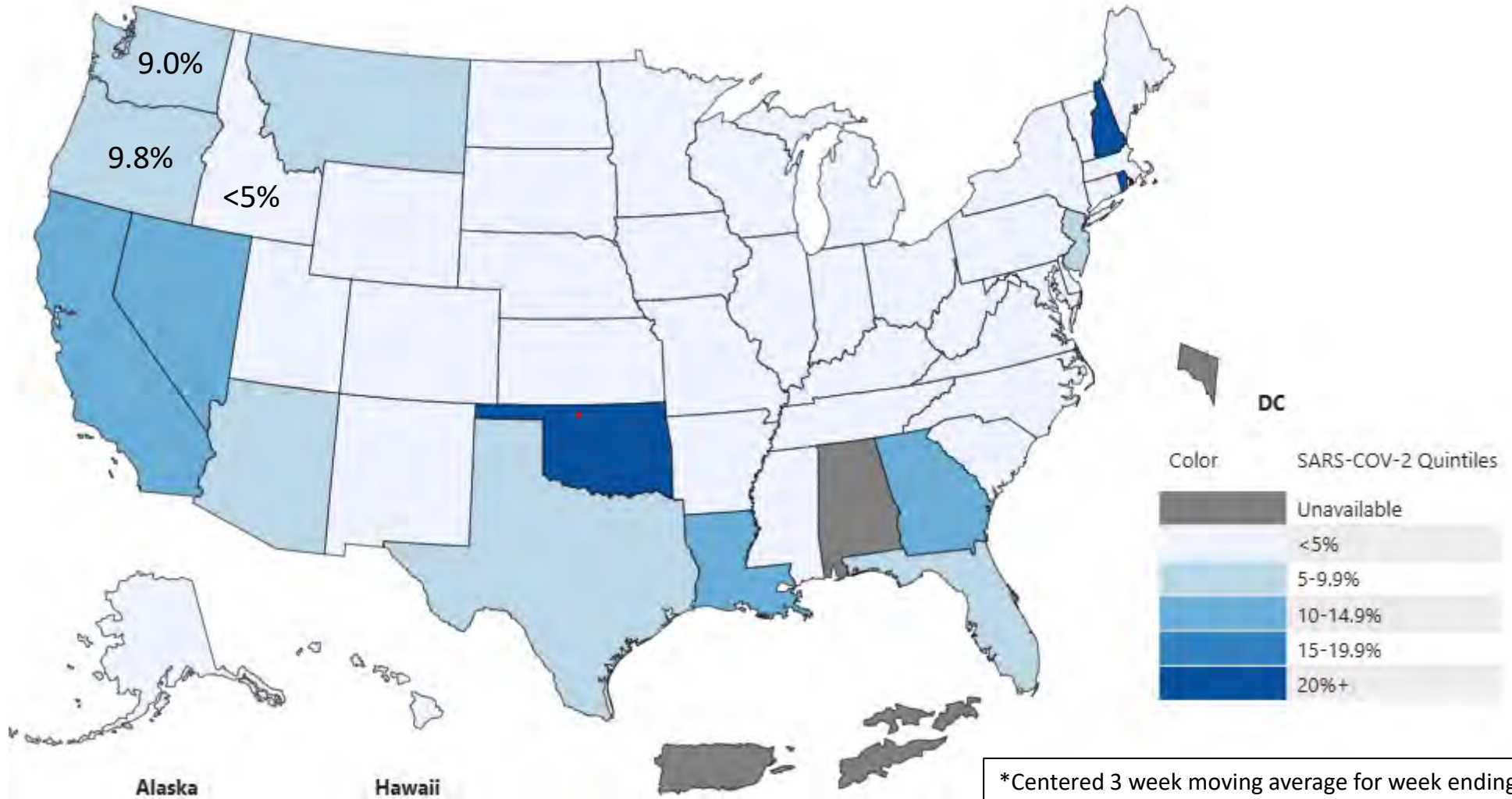
Measles — Washington, 2026 (N=56)

- 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.
- Four people (7%) with measles in Washington have been hospitalized.
- 98% of people with measles in Washington were unvaccinated or with unknown vaccination status.

Measles — Portland Area, 2025-26

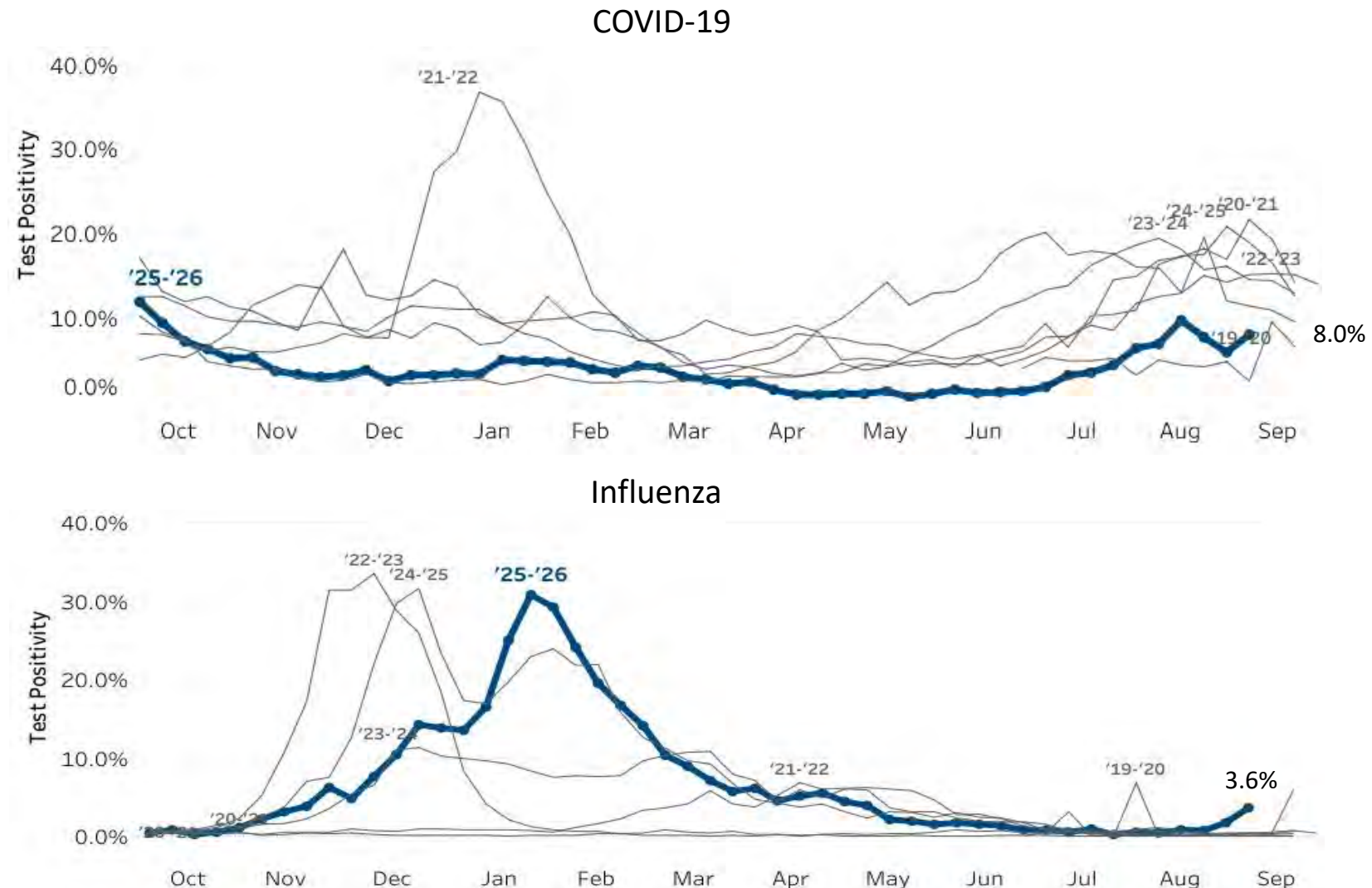
Location (State/County)	Number of Cases		Additional Cases (e.g. Among Travelers)
	2025 (N=26)	2026 (N=124)	
Washington	Total: 12	Total: 56	9 additional cases among travelers to Washington (King and Snohomish Counties) in 2025. 2 travelers in 2026 (King).
Clark		19	
Snohomish	2	14	
Kittitas		7	
Walla Walla		7	
Stevens		3	
King	7	3	
Grant		2	
Spokane	1	1	
Whatcom	2		
Oregon	Total: 1	Total: 58	
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		

Percent of Tests Positive for COVID-19 — United States, Week Ending 9/12/26*

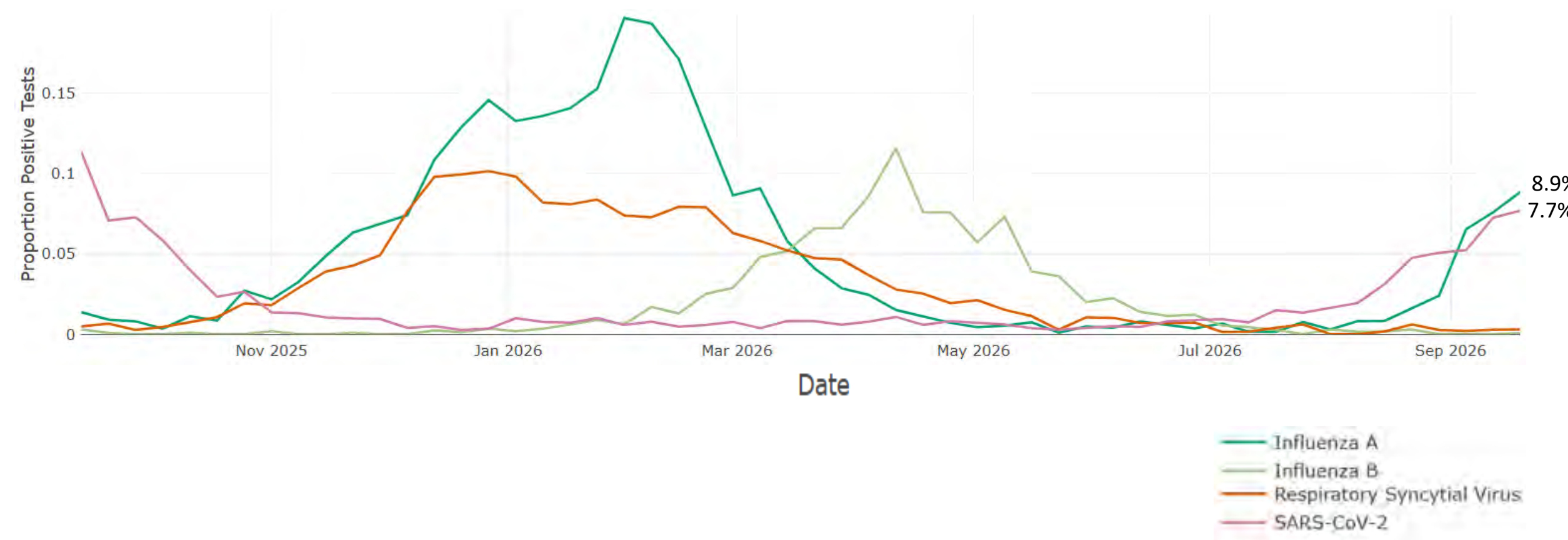


*Centered 3 week moving average for week ending 9/12/26

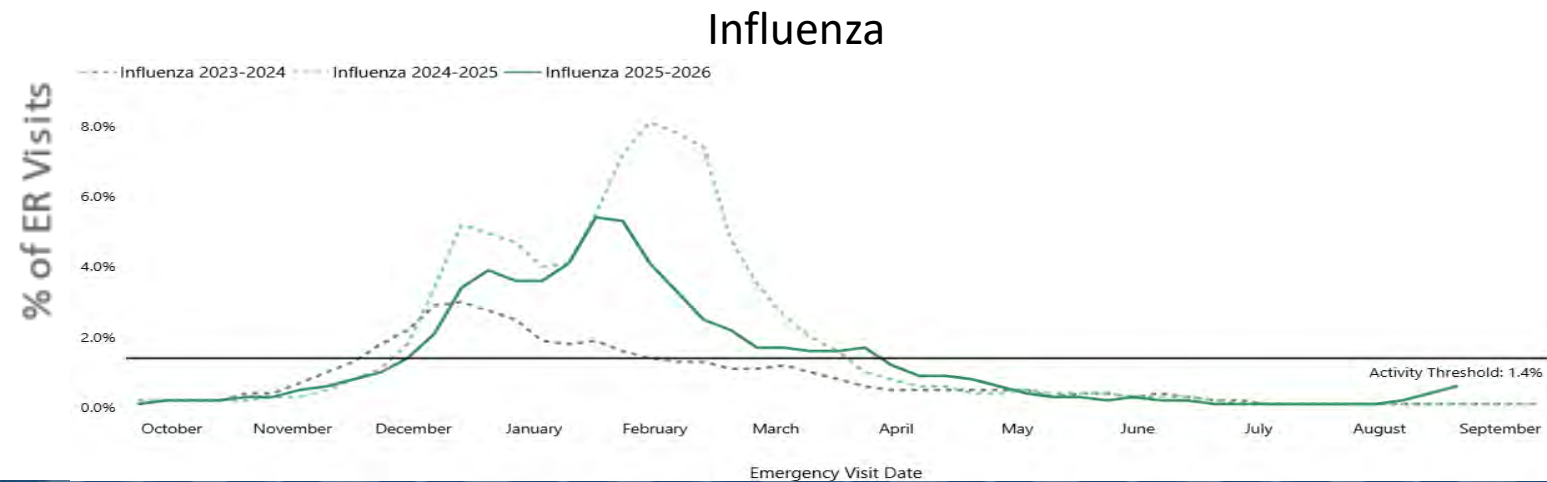
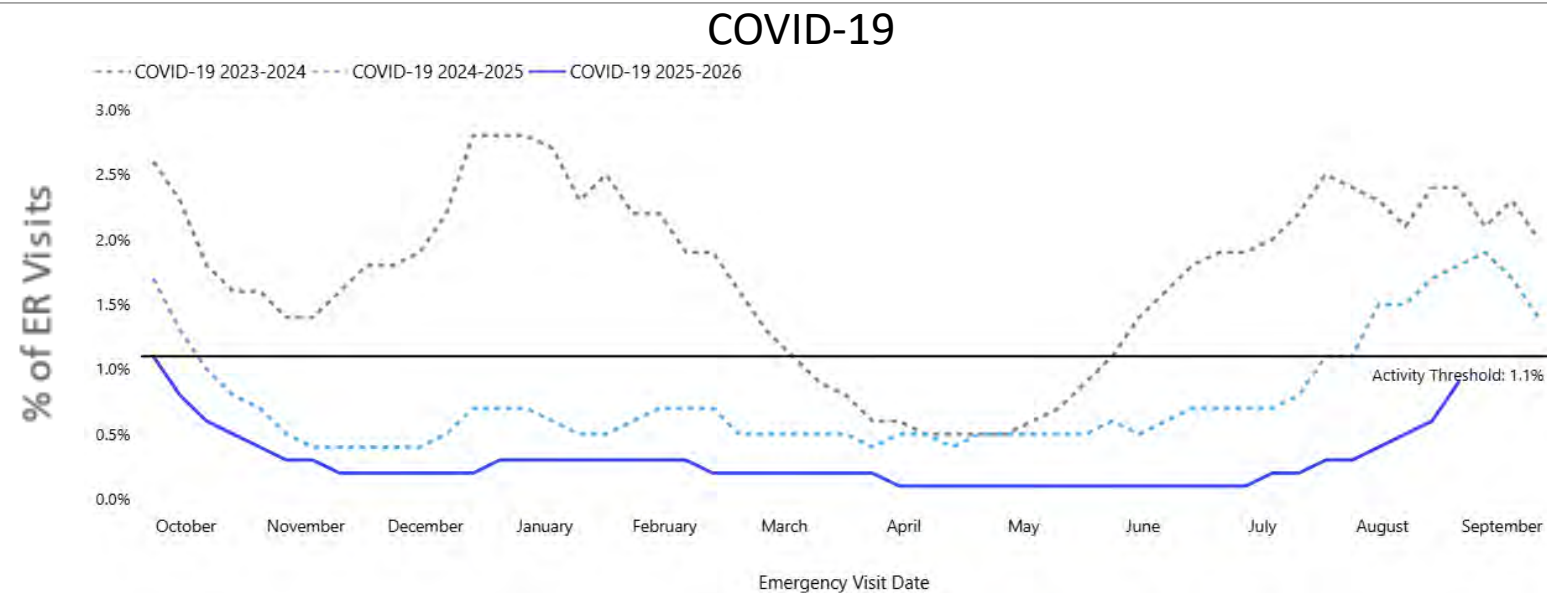
Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2025-26 vs. Prior Seasons (through 9/12/26)



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

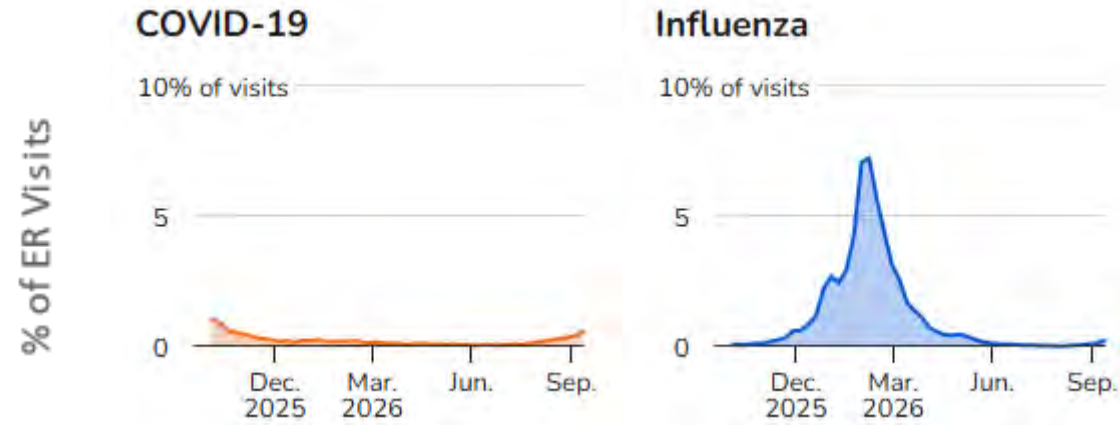


Percent of Emergency Room Visits for COVID-19 and Influenza — Washington, 2025-26 vs. Prior 2 Seasons (through 9/12/26)

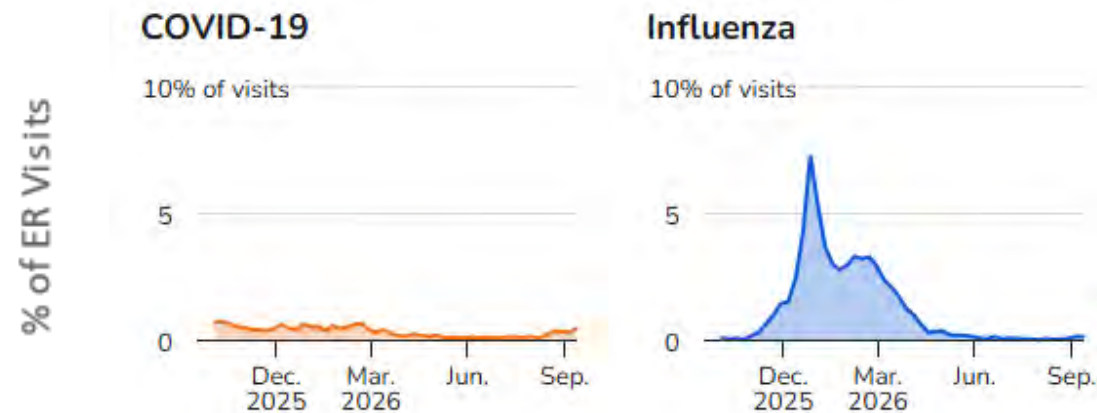


Percent of Emergency Room Visits Associated with COVID-19 and Influenza — Oregon and Idaho, 2025-26 (through 9/12/26)

Oregon

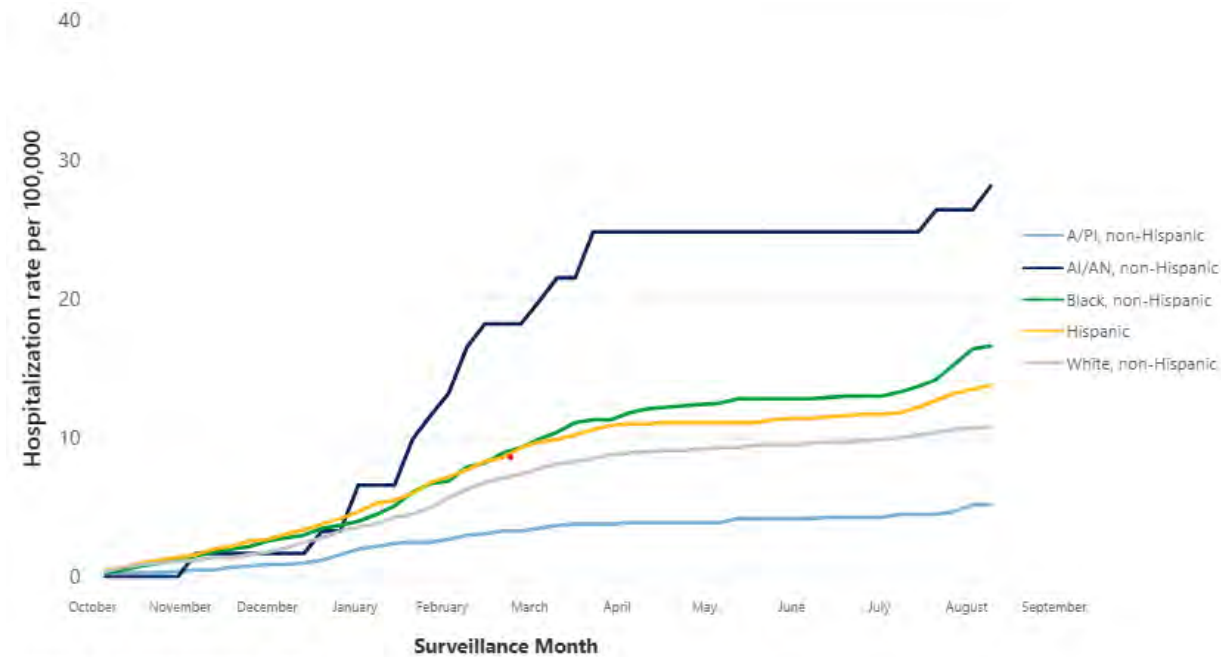


Idaho



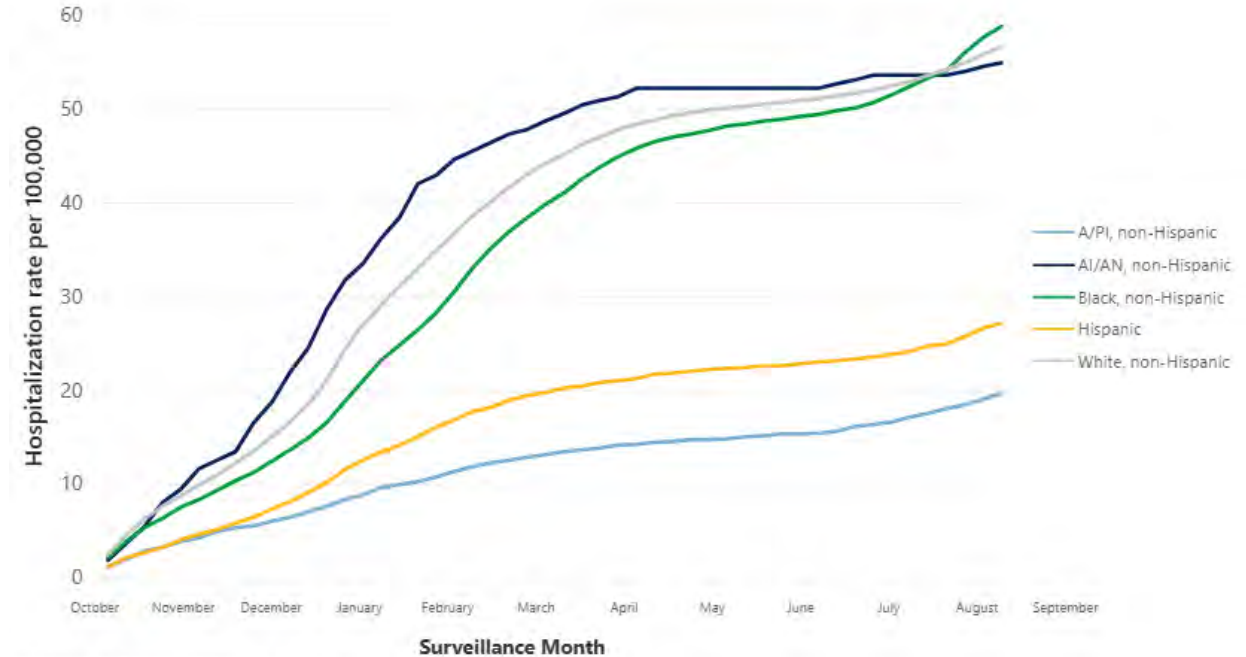
Cumulative COVID-19 Hospitalization Rates Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



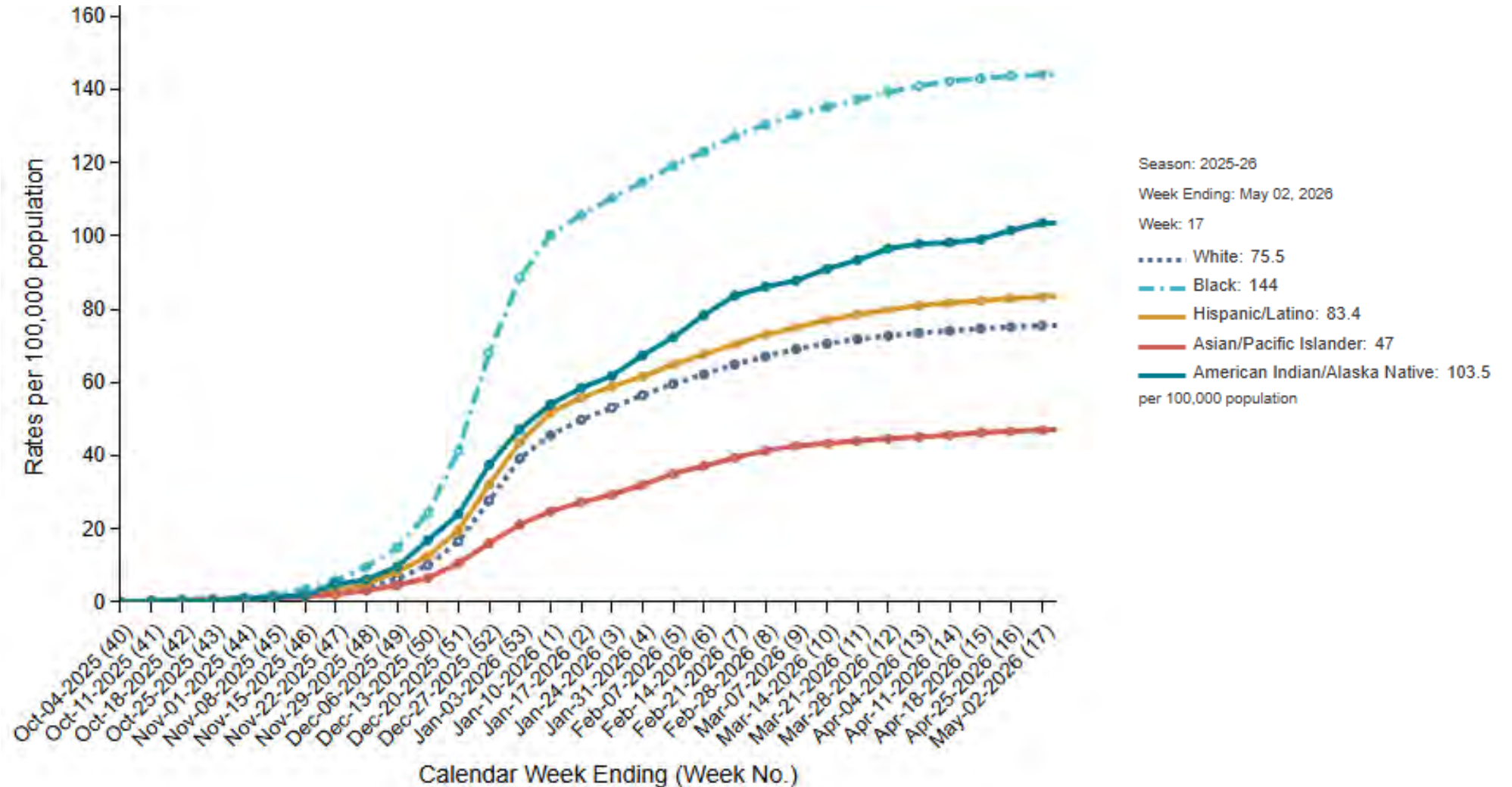
Data Last Updated: September 17, 2026

Adults, ≥ 18 Years



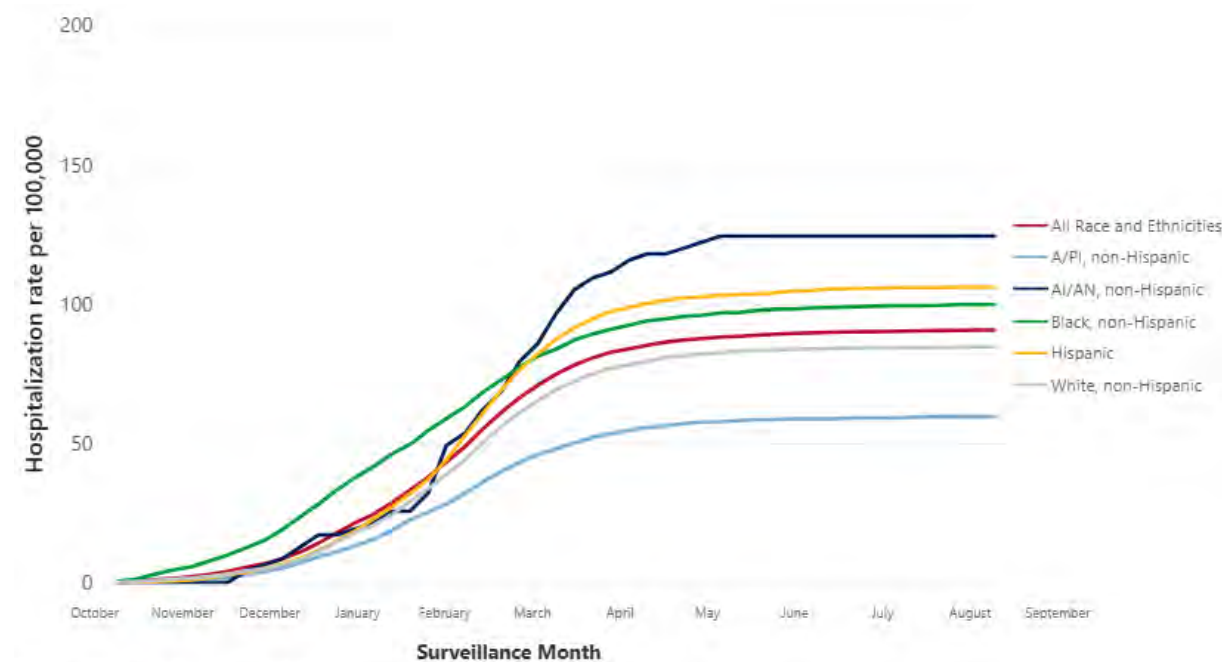
Data Last Updated: September 17, 2026

Cumulative Age-adjusted Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States, 2025-26



Cumulative RSV Hospitalization Rates Among Children and Adults by Race/Ethnicity — United States, 2025-26

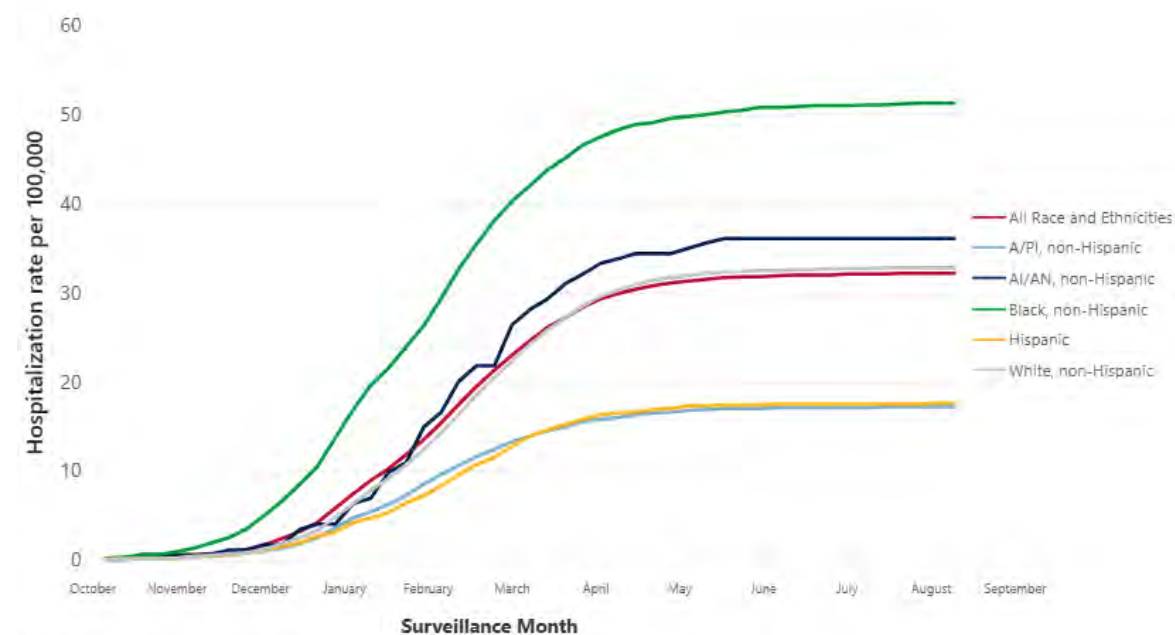
Children, Age 0-17 Years



Data Last Updated: September 10, 2026

Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

Adults, ≥ 18 Years



Data Last Updated: September 10, 2026

Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

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 19 years or older - Particular emphasis for the following groups: ≥ 65 years-old (should receive a <u>2nd dose 6 months after the first</u> (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.

Influenza Vaccines: Key Points

- Influenza vaccination is recommended for everyone age 6 months or older who do not have contraindications.
- AI/AN are included in list of groups at risk for severe complications from influenza by ACIP and CDC.
- Children <9 years who have not previously received a lifetime total of ≥ 2 doses need 2 doses this season. First dose should be given as soon as possible to allow 2nd dose (administered ≥ 4 weeks later) to be given by end of October.
- Women who are pregnant or within 2 weeks post-partum are at increased risk for severe complications from influenza. Any age-appropriate inactivated influenza vaccine (IIV3) or recombinant influenza vaccine (RIV3) may be used in any trimester.
- Adults ≥ 65 years old are recommended to preferentially receive a high dose or adjuvanted influenza vaccine (i.e. HD-IIV3, RIV3, or aIIV3) or mRNA vaccine by the American Academy of Family Practice; another age-appropriate influenza vaccine should be used if not available.
- Be aware of contraindications/precautions for Flumist, a live attenuated influenza vaccine (LAIV3) administered as a nasal spray, approved for persons age 2 through 49 years of age.
 - LAIV3 should not be given to pregnant or immunocompromised persons, close contacts and caregivers of severely immunosuppressed persons, children < 2 years-old, children age 2-4 years with asthma or history of wheezing in the past 12 months (asthma in persons ≥ 5 years is a precaution), or children receiving aspirin or salicylate containing therapy, persons with cochlear implants or cranial CSF leak.

Respiratory Virus Immunization Recommendations

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



	 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

Summary

- 3,471 confirmed cases of measles in the U.S. during 2026 as of 9/17, exceeding the total number of cases during 2025 (n=2,289); the number of weekly cases started rising again since mid-July. Large outbreak in Pennsylvania with 792 cases as of 9/21.
- 95% of cases unvaccinated or with unknown vaccination status.
- Portland Area: Oregon: 57 cases (current outbreak in Multnomah and Clackamas Counties), Washington: 56 cases (current outbreak in Clark County); Idaho: 10 cases (stable).
- $\geq 95\%$ 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.
- COVID-19 activity has been increasing in all three states. Influenza A increasing in Washington and starting to increase in Oregon.
- 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: Influenza, COVID-19 and RSV

- 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 $\leq$ 19 months [infants < 8 months whose mother did not receive the maternal RSV vaccine during pregnancy (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 $\geq 95\%$ 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.

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



Vaccination information for Natives by Natives

COVID-19 Vaccine



We have many ways to optimize our health and improve our lives. Vaccines are just one way we can protect ourselves from serious illnesses, like COVID-19 and the impacts of long COVID.

This handout is designed to help you understand COVID-19 and COVID-19 vaccines, so you can take care of yourself, your family, and your community.

“As a Crow Tribal member, we did lose a lot of Elders during the COVID pandemic, especially before vaccines... Now, we are social gathering, and we are lost without these Elders... When we get vaccinated, we are protecting our Elders and our culture. We have to protect our people. And vaccines do help with that. Even if your body is strong and healthy, it's still important to get vaccinated.”

— Lana Schendelina, Elder and Crow Tribal Member

Common COVID-19 Symptoms

COVID-19 is a virus that attacks your whole body and causes some or all of these:

- Fever
- Cough
- Loss of taste and smell
- Headaches
- Shortness of breath
- Congestion
- Sore throat

COVID-19 can also result in hospitalization and death, especially for those more vulnerable, like people with certain medical conditions and Elders. It can also result in a range of ongoing health problems – including long COVID – that can last weeks, months, or even years.

How COVID-19 Spreads

COVID-19 spreads through droplets in the air when a person with the virus coughs, sneezes, speaks, sings, or breathes. It can also spread through objects someone with the virus touches, sneezes, or coughs on. The virus can enter your body when you touch these objects and then touch your mouth, nose, or eyes.



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How to Protect Yourself

To be fully vaccinated against COVID-19, you need to complete the vaccine series and get boosted. For most people, the vaccine series consists of two shots. You get the first shot, then the second one about 25 days later. Five months after completing the vaccine series, you get boosted. We may also need additional boosters after that. Why? Booster shots contain the most up-to-date instructions for fighting against the latest versions of COVID-19.

How the Shots Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. When we get the COVID-19 shots, the ingredients tell our warrior cells how to recognize and fight COVID-19. That's why if you get the COVID-19 vaccine series and get boosted, you are less likely to get sick with COVID-19. It can also reduce the seriousness of illness if you happen to get sick.

Shot Side Effects

You may experience side effects from the COVID-19 shots. This does not mean you are getting sick with COVID-19. Most side effects are mild and go away within a few days. Mild side effects are a good sign that your warrior cells are preparing to recognize and fight COVID-19.

Common side effects of the COVID-19 shots include:

- Soreness, redness, or swelling where you got the shot
- Fatigue
- Muscle aches
- Headache
- Shortness of breath
- Congestion
- Sore throat

Shot Safety

Millions of Americans have safely received the COVID-19 shots. This includes American Indians and Alaska Natives. Like all vaccines in the U.S., the COVID-19 shots are monitored for safety.

Who Should Get Vaccinated

Generally, anyone 6 months and older should get vaccinated against COVID-19, including pregnant people. For more information, talk to your provider.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

Vaccinative

This handout was developed by Vaccinative – a project dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

All of our materials are reviewed by the Vaccinative Alliance, a collaboration of staff from Tribal Epidemiology Centers across the nation.

Additional Information

For additional information, including info on long COVID, check out www.IndianCountryEcho.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.

“We work together, using modern and traditional medicines to help keep our tribe safe from COVID-19. I got vaccinated to protect my family, my tribe, and I from COVID-19. COVID vaccines are safe, and the benefits of getting a COVID vaccine outweigh the risk of getting COVID-19 infection.”

— Dr. Frank Anishewski, M.D. (LTS), Red Wing (Gibson), (TPB) Eastern Shoshone Tribal Clinic, Medical Director/TPB Medical Physician



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

How Vaccines Work

Within our bodies, each of us has warrior cells that stand guard and attack diseases. Vaccines help our warrior cells see and fight disease. For example, when we get the flu shot, the ingredients in the shot tell our warrior cells how to recognize and fight the flu. That's why if you get a flu shot, you are less likely to get sick with the flu. Getting vaccinated can also reduce the seriousness of illness if you happen to get sick.

Vaccines Protect You and Baby During Pregnancy

When you get vaccinated during pregnancy and your warrior cells learn to recognize and fight a particular illness, this information gets shared with your unborn baby. However, the protection offered to your baby starts to fade in the weeks and months after birth. That's why it's important to talk with your health provider about what vaccines both you and your newborn need to stay healthy.

Vaccines to Get When You're Pregnant

Several vaccines are recommended for pregnant people. These include:

- Tdap (whooping cough) vaccine
- Flu vaccine
- COVID-19 vaccine

Depending on your history, you and your doctor may decide that you need additional vaccines.

“As a new parent, I know that I'm not only responsible for my health, but for my baby's health too. Making sure our whole family is up to date on our vaccines gives me peace of mind that we are all doing what we can to stay healthy. I also feel like I am honoring our ancestors who did not always have access to these medicines.”

— Tame Eagle Staff, Muscogean & Ojibwa Lakota, Northern Arapaho, and Northern Cheyenne, Project Manager at the Northwest Portland Area Indian Health Board



Vaccination information for Natives by Natives

Vaccines When You Are Pregnant or Breast/Chestfeeding



Pregnancy and parenthood are sacred times when we make plans to care for ourselves and our babies. Part of this preparation includes keeping up to date on our vaccines.

While getting vaccinated is always something to discuss with your health provider, there are some important things to consider if you are pregnant or breast/chestfeeding.

Vaccines and Breast/Chestfeeding

Breast/chestfeeding is one of the best ways to nourish, comfort, and connect with your baby. When you are vaccinated, breast/chestfeeding can also help you pass on important instructions for recognizing and fighting serious illnesses, like COVID-19. Likewise, getting vaccinated as a new parent makes it less likely that you will get sick and make your baby sick.

Talk with your health provider to learn what specific vaccines are recommended for you while you are breast/chestfeeding.

The Choice is Yours

As you think about getting vaccinated, read up and bring any questions or concerns you have to your health provider. They can talk with you and help explain why certain vaccines are safe and effective and which vaccines you may want to temporarily avoid. They will also share other tools to keep you and your family healthy.

Where to Get Vaccinated

To get vaccinated contact your local Tribal clinic, IHS facility, or visit a local pharmacy or clinic.

Vaccinative

This handout was developed by Vaccinative – a campaign dedicated to creating accurate vaccine information for Native people by Native people. We do this by gathering info from trusted Elders, Native health professionals, and other experts.

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Additional Information

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Protecting Your Kids from Respiratory Illnesses

Respiratory Illnesses
Respiratory illnesses are the leading cause of pneumonia, flu, RSV, and COVID-19 can be extremely dangerous for kids.

Who Should Get Vaccinated

Whooping Cough (Diphtheria)	Infants 2 mos., 4 mos., and 6 mos. AND kids 4 yrs. and 6 yrs. old
Pneumonia	Infants 2 mos., 4 mos., and 6 mos. AND kids 2 yrs. and 6 yrs. old
RSV	Infants less than 6 mos. old AND kids 6 yrs. and older
COVID & Flu	Everyone 6 mos. and older every year

Why Buggy Buddies?
COVID and flu quickly change from their look. We need updated vaccines, so our bodies know how to fight these diseases.

Vaccines are Safe
Serious reactions are rare. People are more likely to get sick by ignoring plans than by someone taking a reaction to any vaccine.

Don't Have Regrets
The more shots kids get, the more they know. Missing vaccines puts your child in and others at risk for serious illness.

Learn more
www.IndianCountryEcho.org/NativeBoost



<https://www.IndianCountryEcho.org/vaccinative/>
<https://www.IndianCountryEcho.org/native-boost/>

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](#)

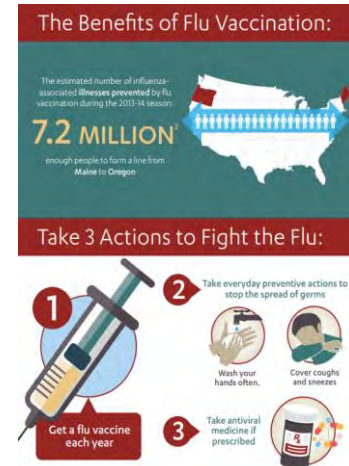
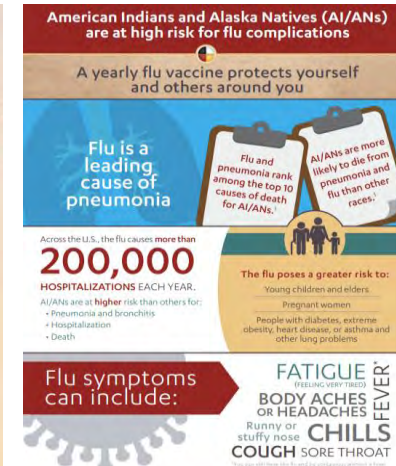
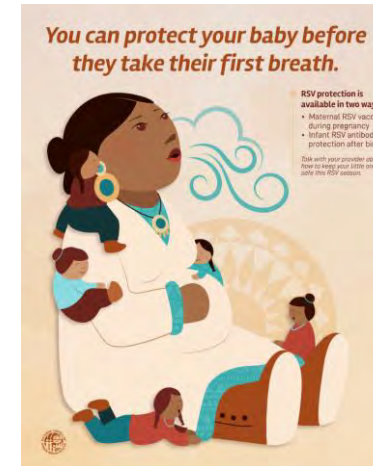
Personal Testimonies: [Families Fighting Flu: Our Stories](#)

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](#)



Funding Opportunity to Strengthen Vaccine Uptake



SPECIAL ANNOUNCEMENT

Deadline: October 9, 2026

Request for Applications: Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity, *Advancing Evidence-Based Strategies to Strengthen Vaccine Uptake and Confidence in High-Risk Communities*. Selected local health departments (LHDs) will identify, implement, and evaluate an evidence-based intervention to improve vaccine uptake, access, and confidence within high-risk populations. Through this funding opportunity, **NACCHO will issue up to eight awards in fixed priced contracts equaling \$40,000 each to LHDs selected to participate**. For full details and instructions, please review the [Request for Applications](#).

Informational Webinar: NACCHO will host an optional webinar on **Wednesday, September 23 at 1:00 PM EST**. If you would like to attend, please [register here](#). Questions may be submitted in advance during registration or to immunization@naccho.org. The webinar will be recorded and sent to all registrants and posted to the [NACCHO website](#).

Applications must be submitted through the [online submission form](#) **no later than October 9, 2026, at 11:59 PM EST**. In fairness to all applicants, NACCHO will not accept late submissions. Questions about the RFA and application process can be directed to NACCHO's Immunization Program at immunization@naccho.org.

If you are not the appropriate point of contact for this funding opportunity, please forward on to local or tribal health department staff members that may be interested in applying.

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-elicited,” 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.

Strategies to Increase Vaccination Rates (cont.)

- Public Health

- Mass vaccination events
- Alternative 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)



