

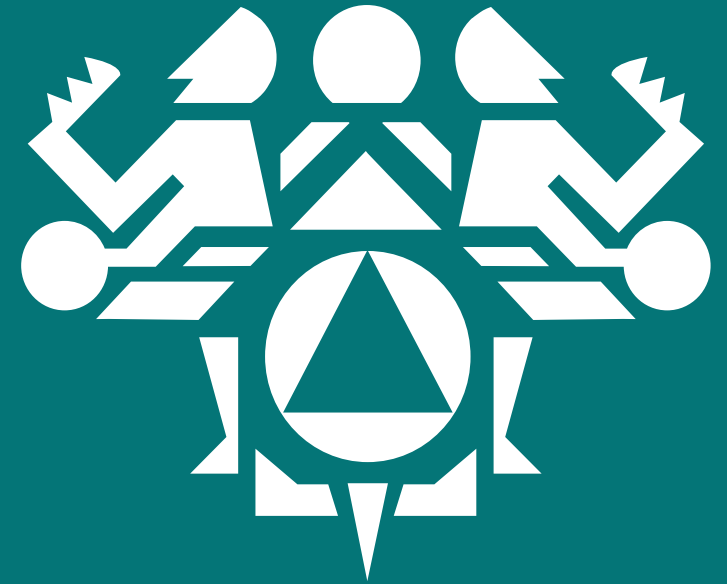
NPAIHB Weekly Update

October 20, 2026



Agenda

- Welcome & Introduction: Bridget Canniff
- NPAIHB Announcements, Events, & Resources
- Update on Proposed Census Changes for 2030 Census: Impacts on Public Health and Funding: Dr. Victoria Warren-Mears, NWTEC
- Communicable Diseases Updates: Dr. Tara Perti, PAIHS & Kacey Little, NWTEC
- Questions & Comments



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

Upcoming Indian Country ECHO Telehealth Opportunities

- **Virtual Care Implementation (VCI) ECHO** – 3rd Tuesday of every month at 12pm PT
 - Tuesday, October 20th at 12pm PT
 - Didactic Topic: *Evaluation of Telemedicine for Chronic Disease Specialty Care in the Alaska Tribal Health System*
 - To join via Zoom: <https://us06web.zoom.us/j/87854787166?pwd=T0Z1aWhYRFIKdVdzUTkvcUtCZ1hpQT09>
- **Hepatitis C ECHO** – 1st, 3rd & 4th Wednesday of every month at 11am PT
 - Wednesday, October 21st at 11am PT
 - Didactic Topic: *My Patient is Hepatitis B Virus Surface Antigen Positive: Now What?*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Month in Virology ECHO** – 3rd Wednesday of every month at 12pm PT
 - Wednesday, October 21st at 12pm PT
 - Didactic Topic: *Month in Virology – Focusing on RSV, Measles & Other Emerging Topics*
 - To join via Zoom: <https://echo.zoom.us/j/807187455?pwd=cG1rcGhMVGtnTGdqdSdhKmlhGVFI2QT09>

Upcoming Indian Country ECHO Telehealth Opportunities

- **Dementia Caregiver Support ECHO** – 4th Thursday of every month at 11am PT
 - Thursday, October 22nd at 11am PT
 - Didactic Topic: *ABCs of Behavior*
 - 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, October 22nd at 12pm PT
 - Didactic Topic: *Tribal Opioid Response Community Resources*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUhF0TEY5QT09>
- **Indian Country Spondyloarthritis ECHO** – 5-week series held every Thursday at 12pm PT
 - Thursdays, weekly from October 22nd - November 19th at 12pm PT
 - Description: *In partnership with the IHS Chief Clinical Consultant for Rheumatology and distinguished faculty from UCSF and other leading institutions, these sessions will provide practical, case-based learning and expert discussion designed to strengthen clinicians' ability to recognize, differentiate, and manage the four major subtypes of spondyloarthritis: psoriatic arthritis, reactive arthritis, axial spondyloarthritis, and inflammatory bowel disease-associated arthritis.*
 - To join via Zoom: <https://echo.zoom.us/j/99475693462?pwd=NGlaMjBrNHZkcIBOSXRySHNHMzB4Zz09>



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

UPCOMING TRAINING OPPORTUNITIES WITH NPAIHB

In Partnership with
**Columbia Climate School Center
for Disaster Preparedness & FEMA**

COURSES & DATES

- November 10th AWR-307-V: Identifying Community Preparedness Resources for Tribal Nations (Online)
 - Registration: <https://training.ncdpcourses.org/browse/instructor-led-v/tribal-awr-307/courses/awr-307-npaihb>
- November 17th MGT-326: Developing Emergency Management Programs for Tribal Nations (In-person)
 - Registration: <https://training.ncdpcourses.org/browse/instructor-led-ilt/tribal-mgt-326/courses/mgt-326-npaihb>
- November 18th PER-315: Using Community Engagement to Enhance Emergency Preparedness in Tribal Nations (In-person)
 - Registration: <https://training.ncdpcourses.org/browse/instructor-led-ilt/tribal-per-315/courses/per-315-npaihb>

In-person trainings will take place at NPAIHB - 920 NW 17th Ave,
Portland, OR 97209 in the 1st floor conference area

Emergency Management & Preparedness Training Dates & Topics

November 10: Online

[Identifying Community Preparedness for Tribal Nations](#)

November 17: In-Person - Portland

[Developing Emergency Management Programs for Tribal Nations](#)

November 18: In-Person - Portland

[Using Community Engagement to Enhance Emergency Preparedness in Tribal Nations](#)



To filter and view only the Weekly Update posts, click on the **Weekly Update** button

News & Updates

From the main npaihb.org page, click on **News & Updates** in the navigation bar

For media inquiries or requests for more information, please contact [✉ communications@npaihb.org](mailto:communications@npaihb.org).

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WEEKLY UPDATES | OCTOBER 13, 2026

**N CREW Research Focus:
Budgeting for NIH Grants |
Communicable Diseases Updates**

This weekly update featured
presentations by Tom B...



WEEKLY UPDATES | OCTOBER 6, 2026

**COVID-19 and Influenza Data | OR
School Immunization Dashboard |
WA DOH Vaccine & Tribal Office
Updates**

This weekly update featured
presentations by ...



WEEKLY UPDATES | SEPTEMBER 29, 2026

**Proposed Changes for the 2030
Census: Impacts on Public Health &
Funding**

This weekly update featured a
presentation by Vict...



WEEKLY UPDATES | SEPTEMBER 29, 2026

**Washington Regional C
Health Profiles | Comm
Diseases Updates**

This weekly update feature
presentations by ...

Use the **search** box to further refine your search by keyword(s)



COVID-19 and Influenza Data | OR School Immunization Dashboard | WA DOH Vaccine & Tribal Office Updates

Weekly Updates | October 6, 2026

This weekly update featured presentations by Alexis Harris from the Epidemiology & Surveillance Unit of the Northwest Tribal Epidemiology Center (NWTEC) at NPAIHB on COVID-19 and influenza data for ID, OR, and WA; by Karen Pelland, Oregon Immunization Program Communications Manager at the Oregon Health Authority (OHA) Public Health Division, on the Oregon School Vaccination Data Dashboard including information on measles and tools for clinics and communities; and by Jessica Haag, Office of Immunization Liaison, and Rosalinda Fivekiller, Tribal Engagement Director, at the Washington State Department of Health (WA DOH).

About NPAIHB

NPAIHB hosts a variety of reports, legislative

Topics covered in

- NPAIHB
- NPAIHB
- Environmental
- North
- Communicable Disease Updates
- Federal & State Partner Updates
- Northwest Regional Research Center Topics: Series: 3rd Tuesdays
- Legislative & Policy Updates: 4th Tuesdays

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NPAIHB program updates, health data

Promotion & Disease Prevention,

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DOWNLOAD SLIDES

Previous post

[Proposed Changes for the 2030 Census: Impacts on Public Health & Funding](#)

Next post

[Health News & Notes August/September 2026](#)



NPAIHB Weekly Update Schedule

- October 27: No Weekly Update – NPAIHB QBM
- November 3: State & Federal Partner Updates
- November 10: Veterans Administration (VA)
Office of Rural and Tribal Health
- November 17: N CREW Research Focus
- November 24: Legislative & Policy Updates

Update on Proposed Census Changes for 2030 Census: Impacts on Public Health and Funding

Education on proposed changes and discussion

Victoria Warren-Mears
Director, Northwest Tribal Epidemiology Center

For a copy of the full presentation, please email weeklyupdate@npaihb.org.





US Census Proposed Changes

- [Notice of Proposed Rulemaking](#) issued on September 10, 2026.
- Written Comments are due by **November 2, 2026**.
 - **Submit comments electronically:** At [Regulations.gov](#), search docket number [USBC-2026-0628](#), select the “Comment” option, and enter or attach your comments.
 - **Submit comments by mail:**
U.S. Census Bureau
4600 Silver Hill Road
Designation:ADDEMO/FRN
Washington, DC 20746

Questions may be directed to Census Bureau Tribal Affairs Coordinator Dee Alexander at [\(301\) 763-9335](tel:3017639335) or Dee.A.Alexander@census.gov.

Thank you for your candid input

If you have additional questions/comments, please reach out to:

Victoria Warren-Mears, Division Director,
Northwest Tribal Epidemiology Center
vwarrenmears@npaihb.org or 503-998-6063

Questions & Comments



Portland Area IHS

Communicable Diseases Update

TARA PERTI, MD, MPH
MEDICAL EPIDEMIOLOGIST
OFFICE, PORTLAND AREA IHS
October 20, 2026



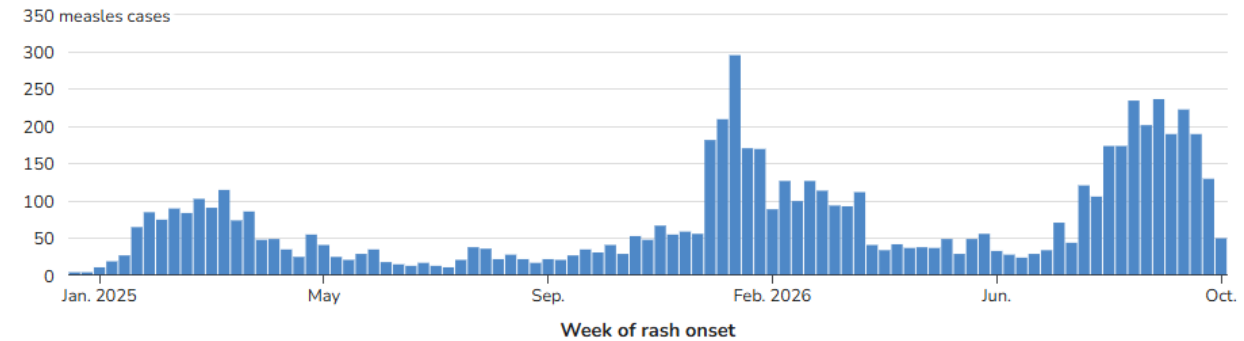
Outline

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

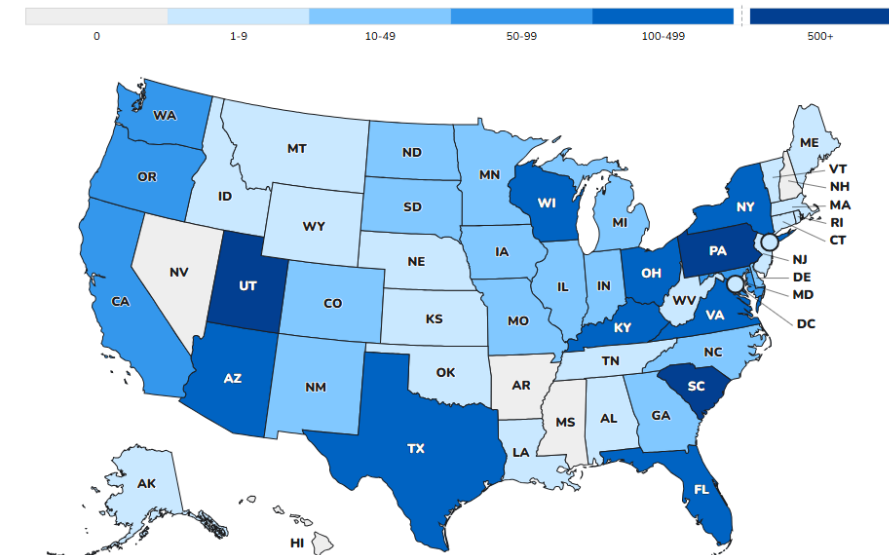
Measles — United States, 2026

- 4,410 confirmed cases during 2026 as of 10/15, nearly twice the total number of cases during 2025 (n=2,289).
- Cases in U.S. residents among 47 jurisdictions.
- 96% of cases are outbreak-associated (≥ 3 related cases).
- Age: 17% <5 years-old, 42% 5-19 years-old, 41% ≥ 20 years-old.
- 10% hospitalized.
- 96% unvaccinated or with unknown vaccination status, 2% one MMR dose, 2% two MMR doses.
- 1,286 cases in measles outbreak in Pennsylvania as of 10/19.
- Five deaths reported in Pennsylvania among persons with measles ([Pennsylvania Department of Health](https://www.pa.gov/agencies/health/diseases-conditions/infectious-disease/measles))

Weekly Measles Cases — United States, 2025-26



Measles Cases Among U.S. Residents, 2026



Measles — Oregon, 2026 (N=60)

- **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 8/30/26-10/10/26 in the following counties:

Marion, Multnomah, Benton, Yamhill, Douglas, Lincoln, Clackamas, Jackson, Tillamook, Lane, Klamath, Morrow, Columbia, Linn, Washington, Umatilla, Deschutes, Josephine, Clatsop, Polk, Coos, and Wasco Counties.
- Five people (8%) with measles have been hospitalized this year.
- 93% of people were unvaccinated or with unknown vaccination status.

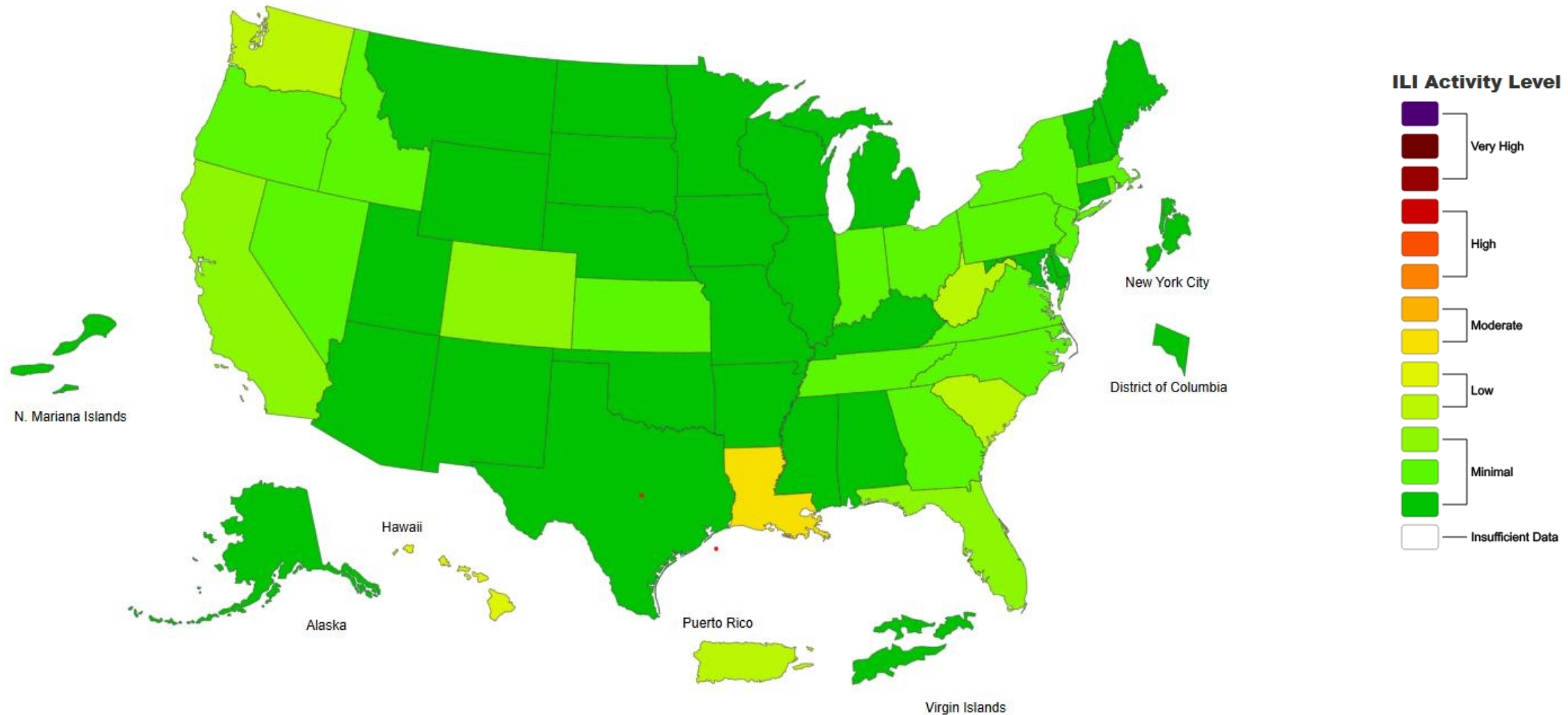
Measles — Washington, 2026 (N=58)

- Current outbreak in **Clark County**: 13 unvaccinated children with measles reported since July 22 (21 cases this year to date). The case reported on 7/22 had an unknown source of exposure. Most recent cases reported on 9/23.
- Four people (7%) with measles in Washington have been hospitalized.
- 98% of people with measles in Washington were unvaccinated or with unknown vaccination status.

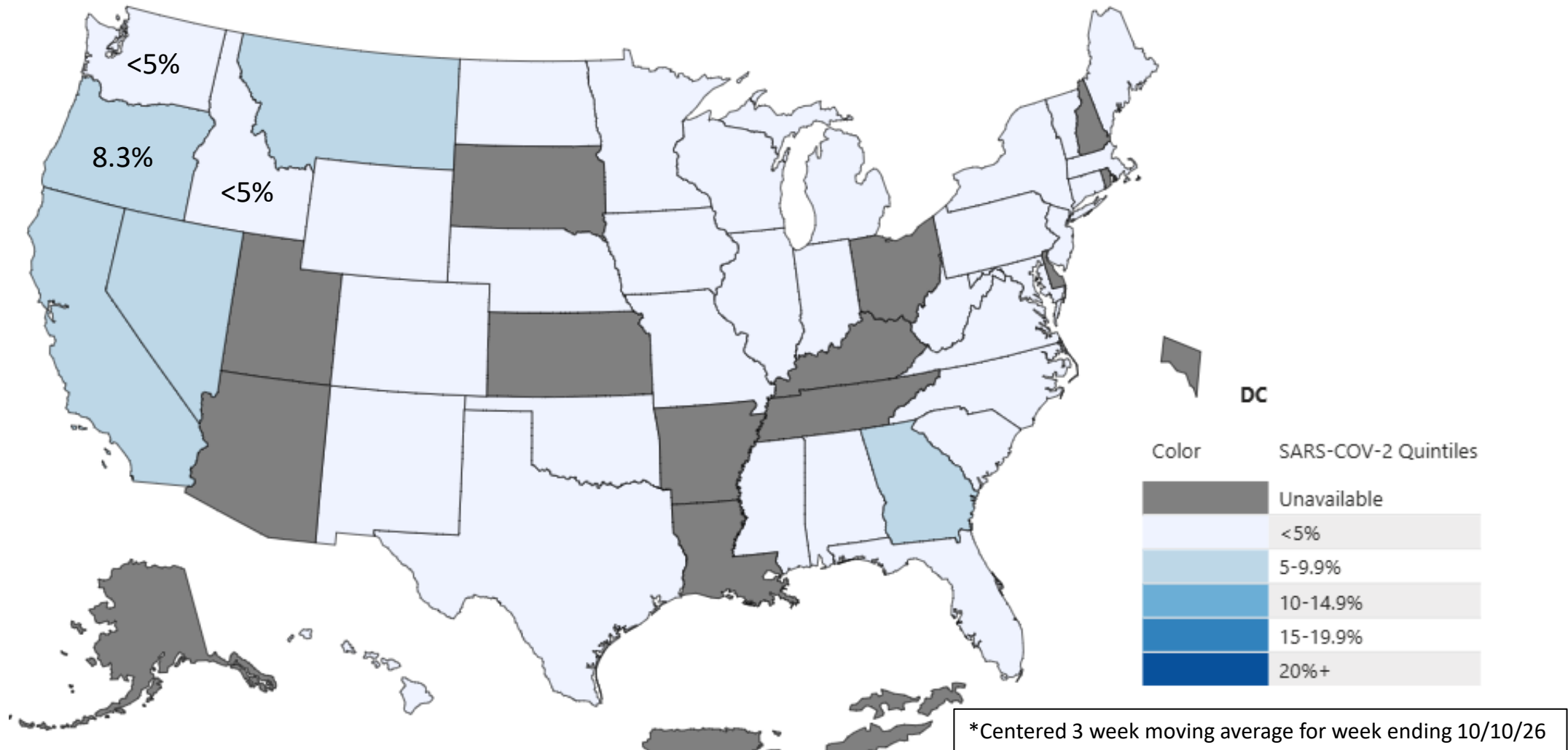
Measles — Portland Area, 2025-26

Location (State/County)	Number of Cases	
	2025 (N=26)	2026 (N=128)
Oregon	Total: 1	Total: 60
Washington	Total: 12	Total: 58
Clark		21
Snohomish	2	14
Kittitas		7
Walla Walla		7
Stevens		3
King	7	3
Grant		2
Spokane	1	1
Whatcom	2	
Idaho	Total: 14	Total: 10
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	

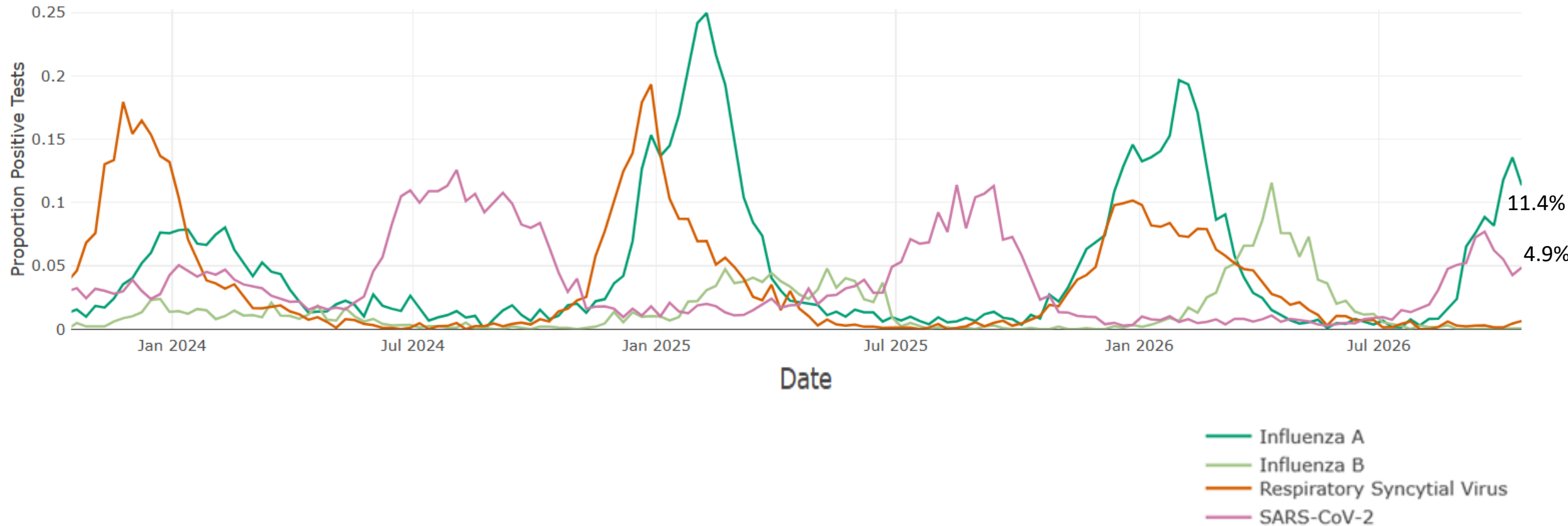
Influenza-like Illness (ILI) Activity — United States, 2026-27 (week 40, ending 10/10/26)



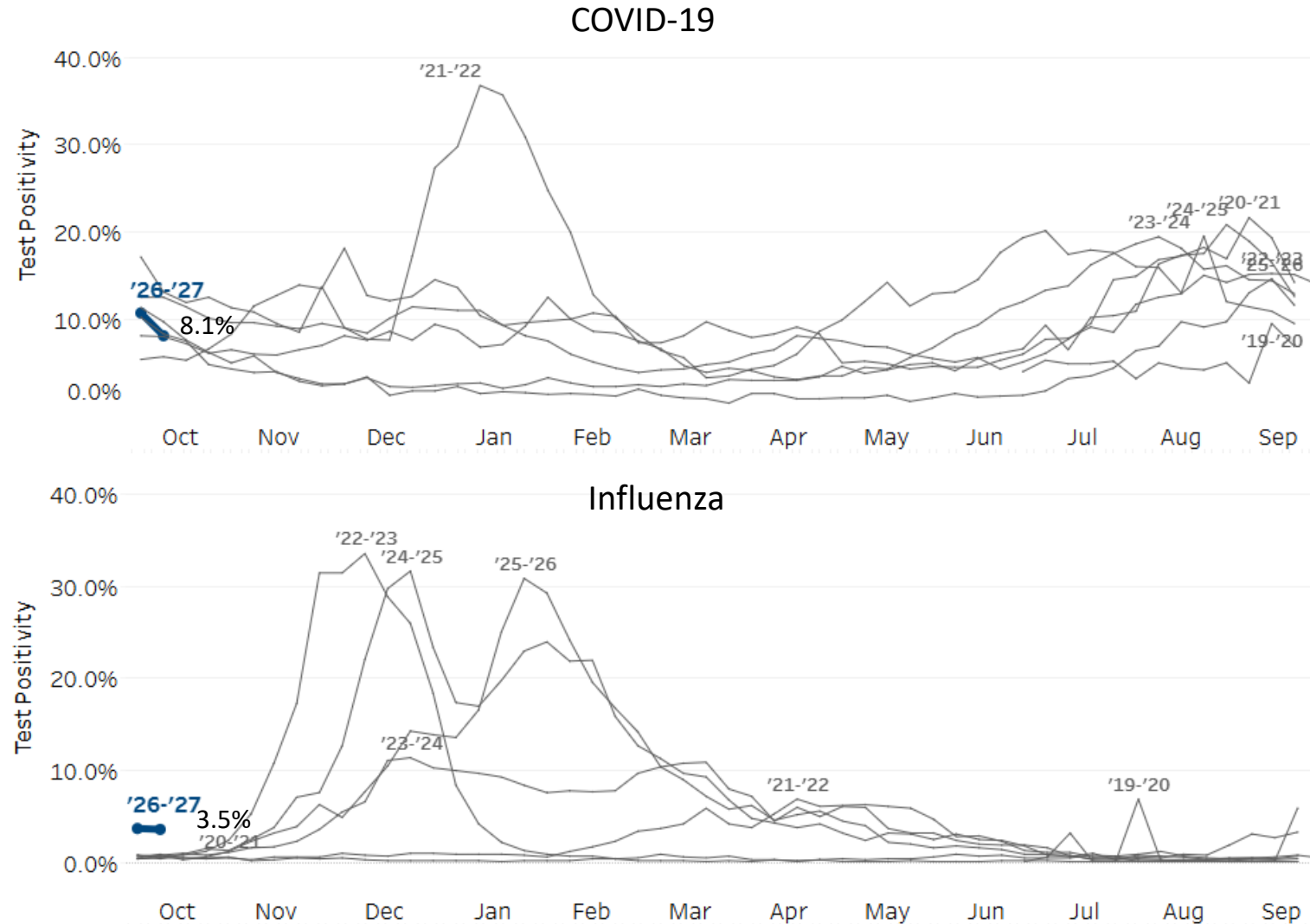
Percent of Tests Positive for COVID-19 — United States, Week Ending 10/10/26*



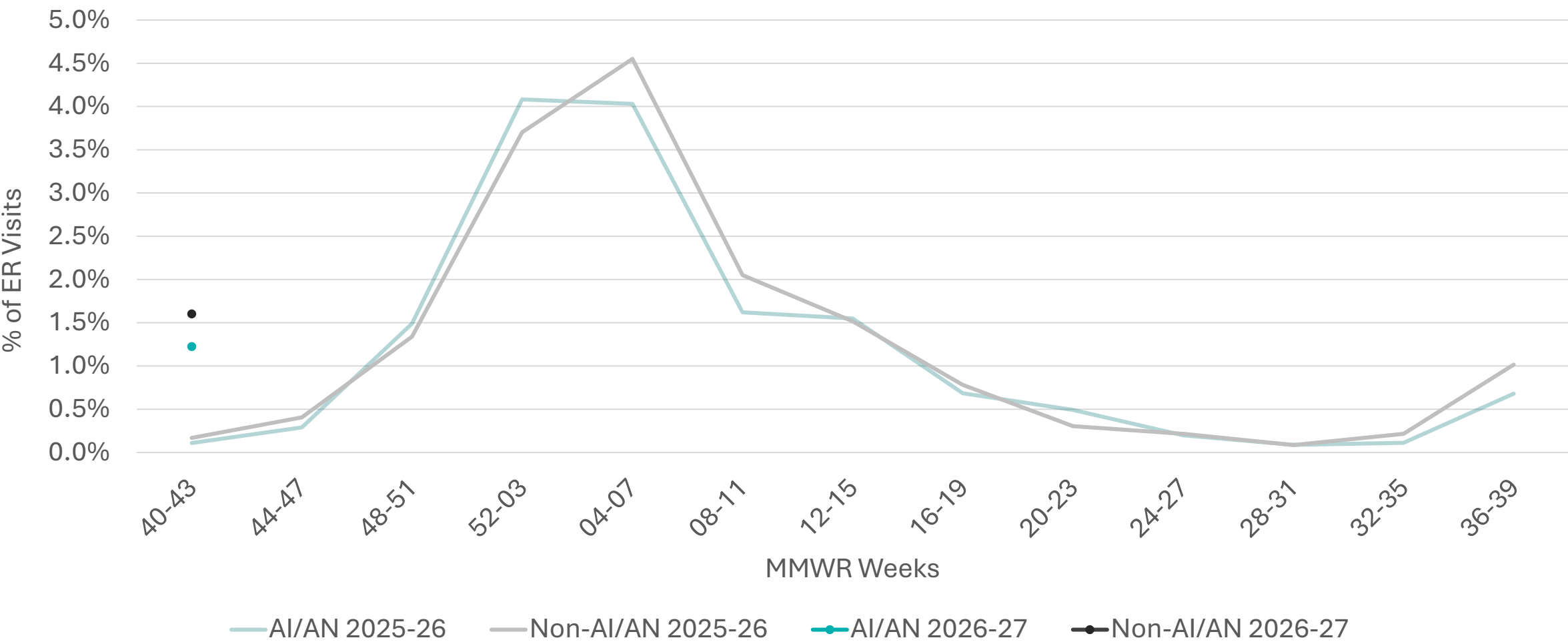
Proportion of Tests Positive for COVID-19, Influenza and RSV in the Northwest — University of Washington and Seattle Children's Hospital, 2025-26 (through 10/17)



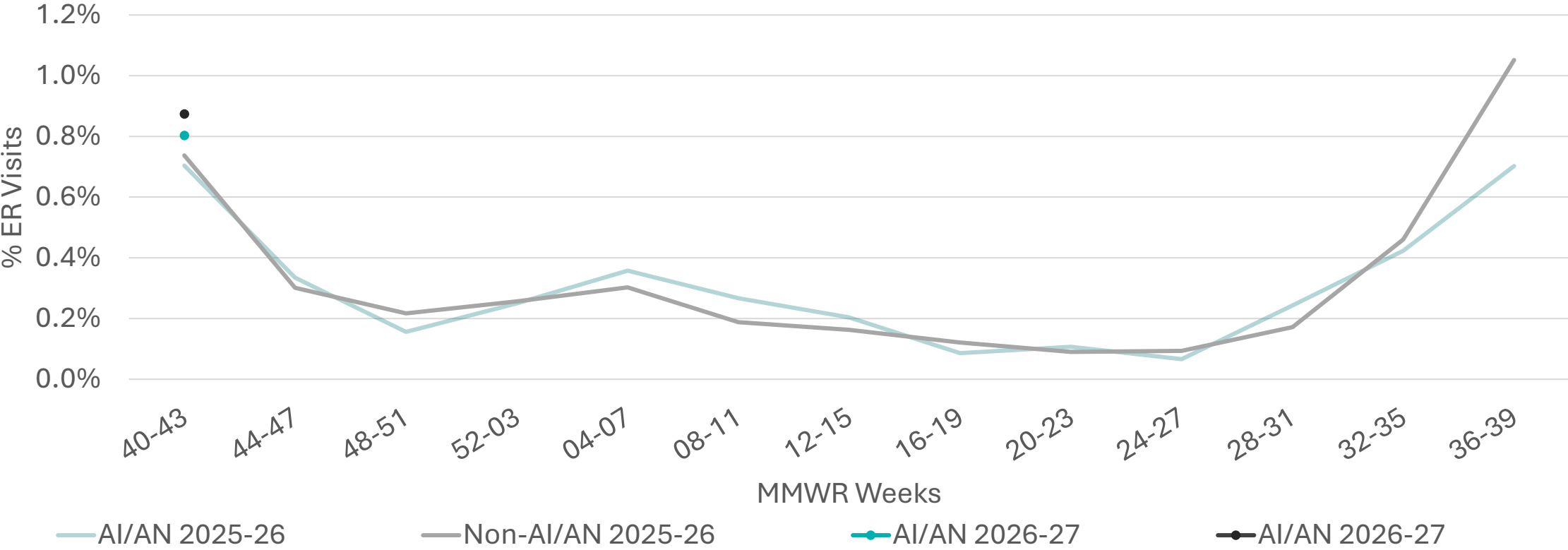
Percent of Tests Positive for COVID-19 and Influenza — Oregon, 2025-26 vs. Prior Seasons (through 10/10/26)



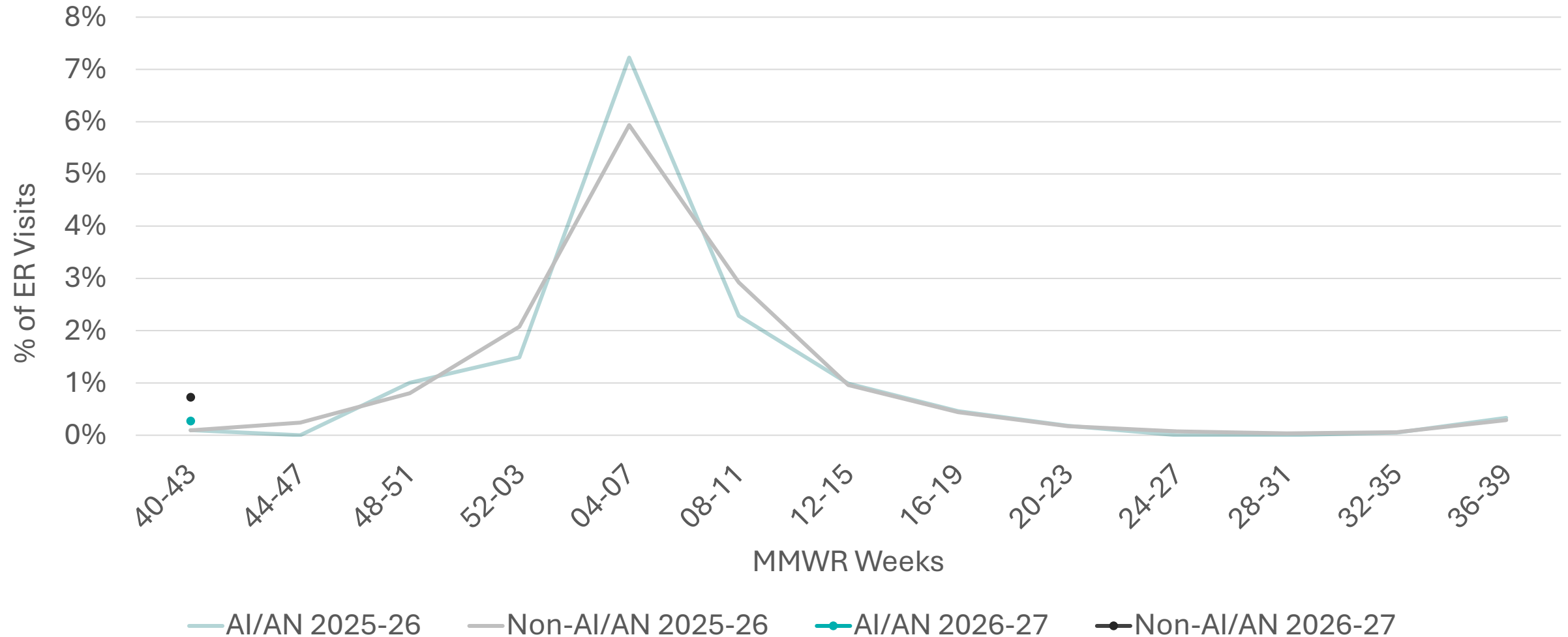
% Weekly ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Washington, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)



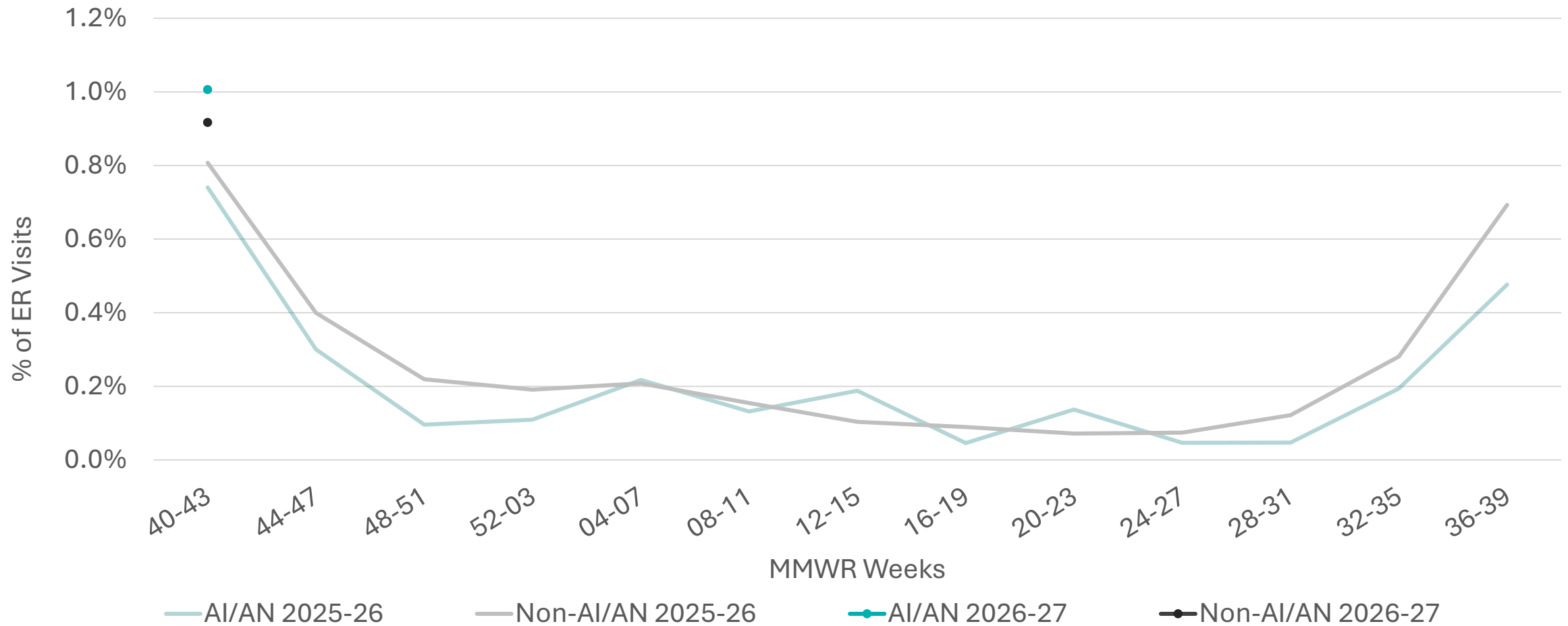
% Weekly ER Visits Associated with COVID-19, AI/AN vs. non-AI/AN — Washington, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)



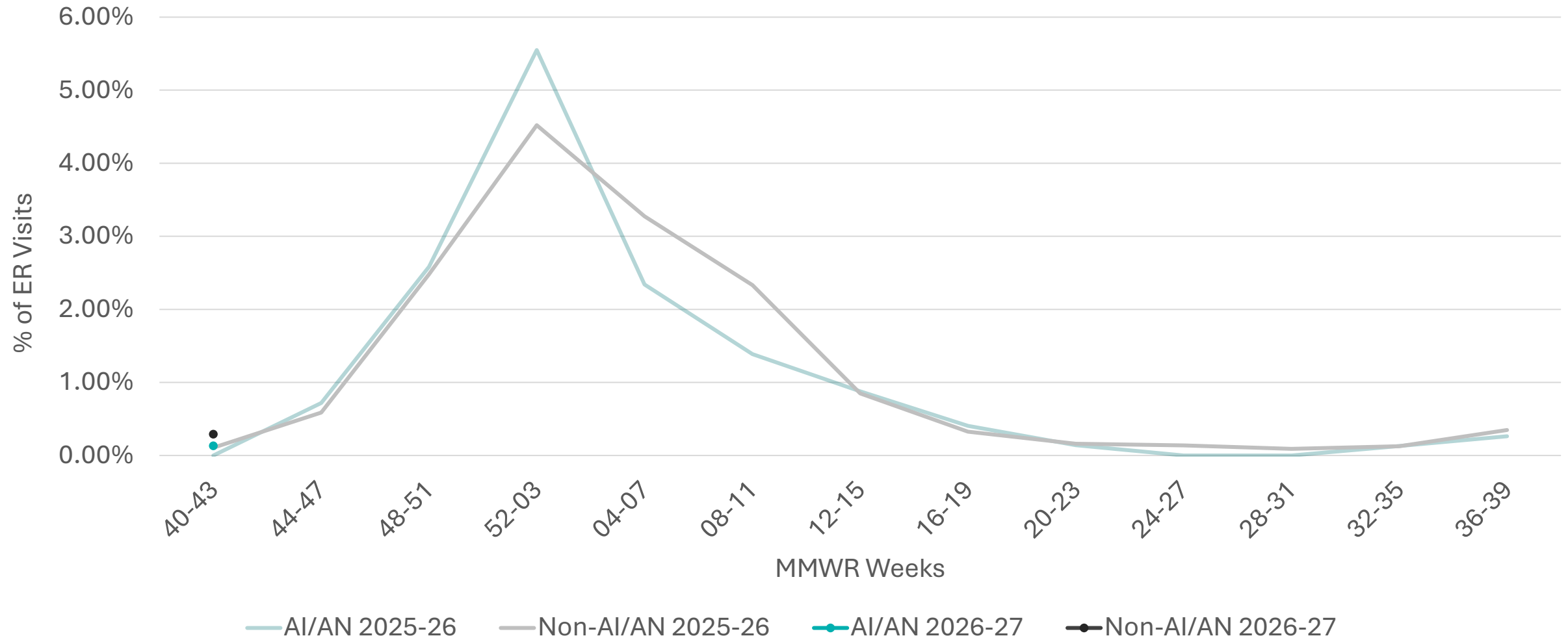
% Weekly ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Oregon, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)



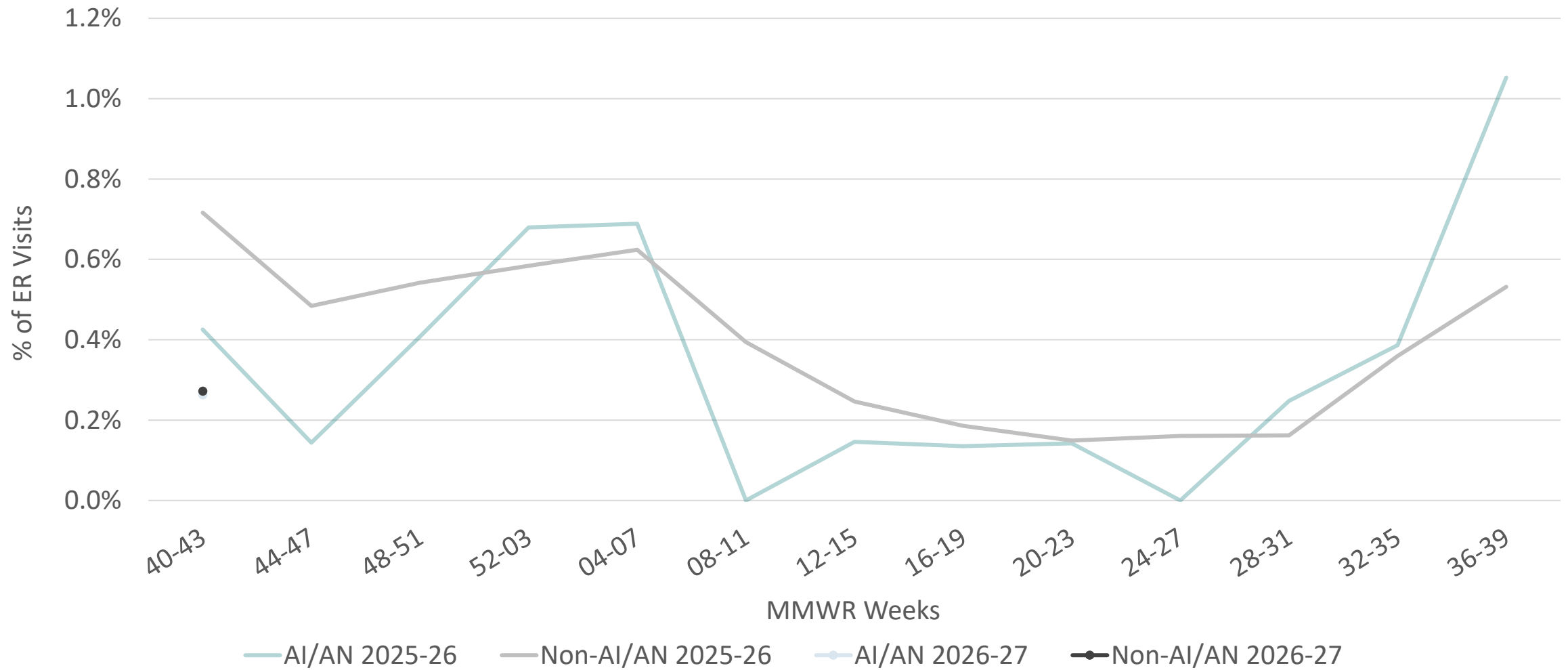
% Weekly ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — Oregon, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)



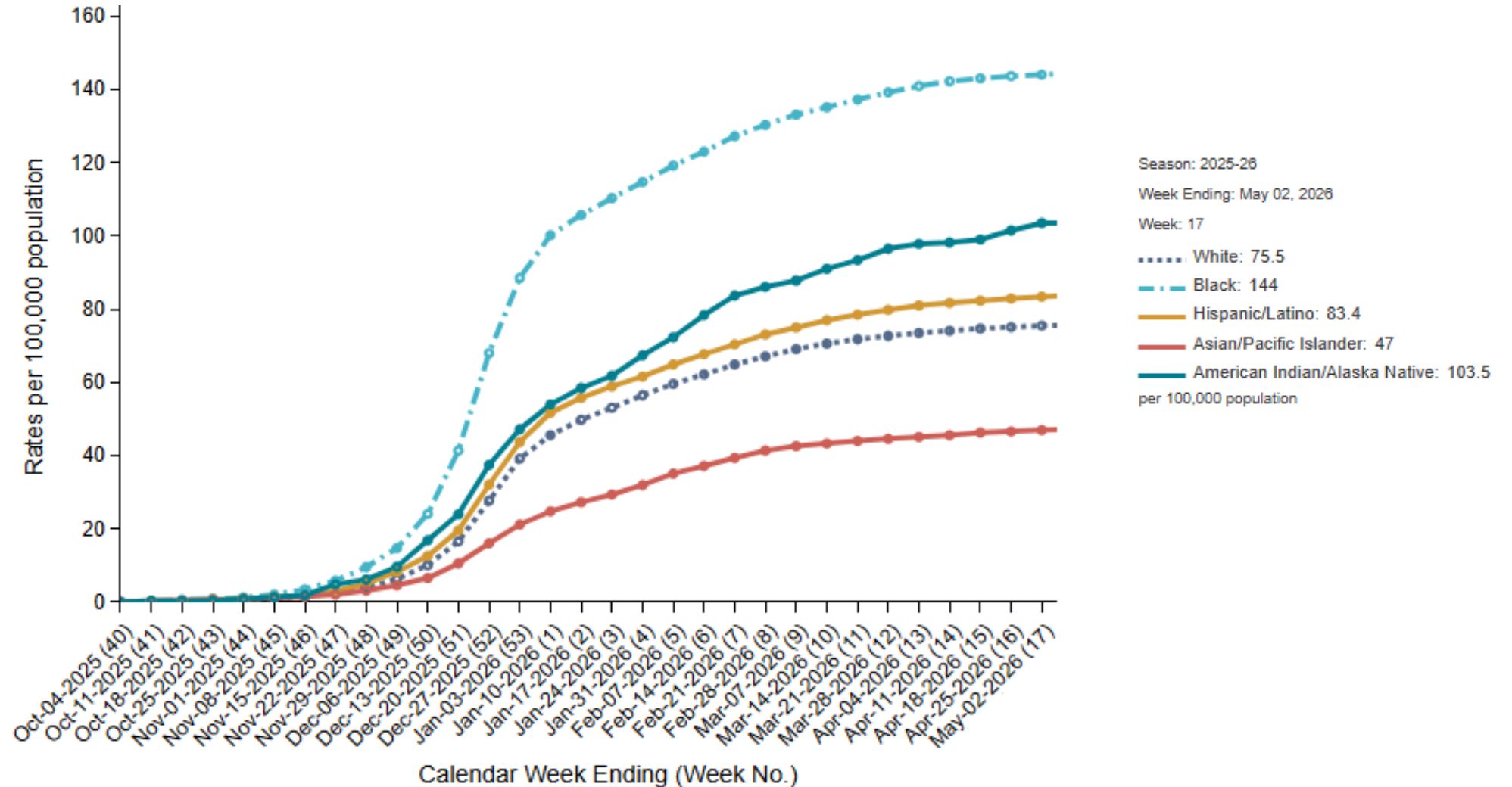
% Weekly ER Visits Associated with Influenza, AI/AN vs. non AI/AN — Idaho, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)



% Weekly ER Visits Associated with **COVID-19**, AI/AN vs. non AI/AN — Idaho, 2026-27 vs. 2025-26 (through week 41, ending 10/17/26)

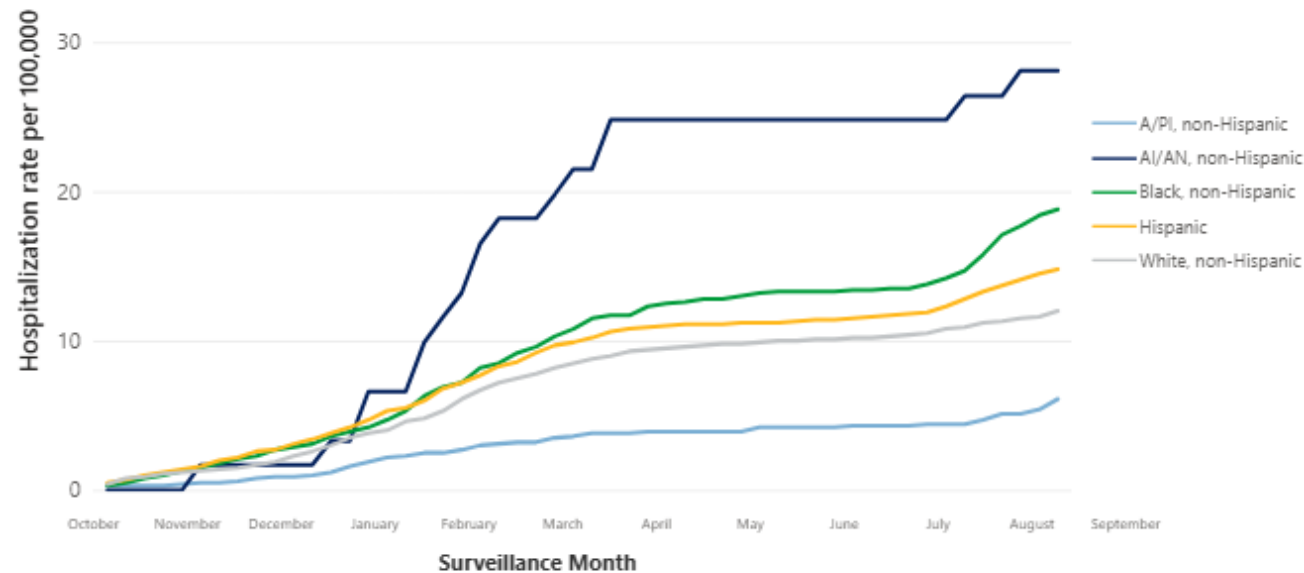


Cumulative Age-adjusted Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States, 2025-26



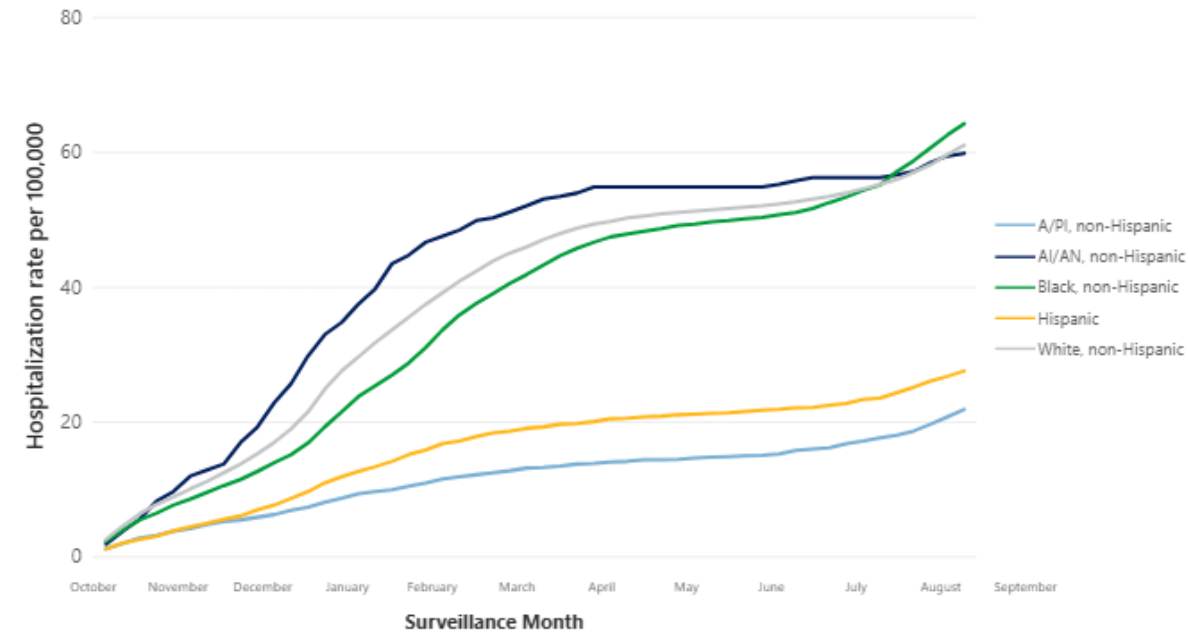
Cumulative Hospitalization Rates Associated with COVID-19 Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



Data Last Updated: October 8, 2026

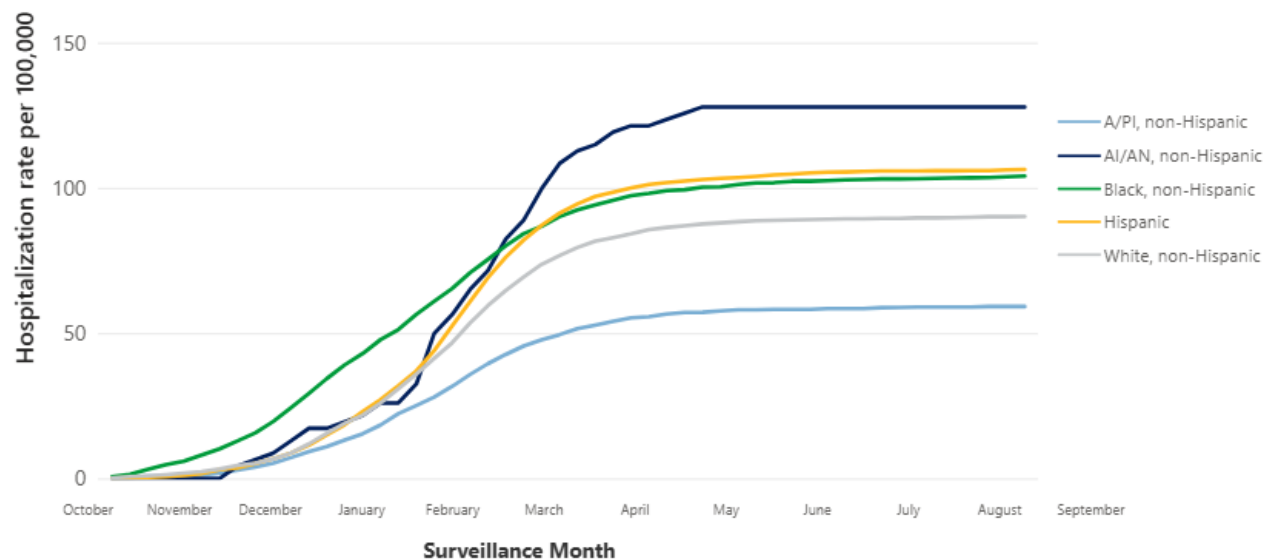
Adults, ≥ 18 Years



Data Last Updated: October 8, 2026

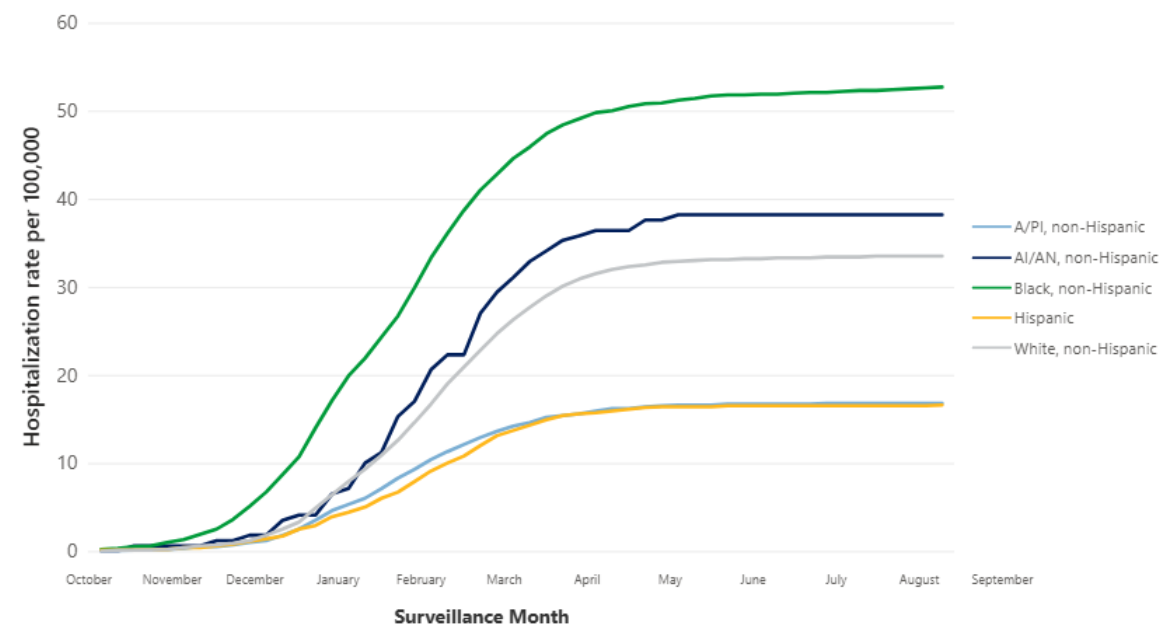
Cumulative Hospitalization Rates Associated with RSV Among Children and Adults by Race/Ethnicity — United States, 2025-26

Children, Age 0-17 Years



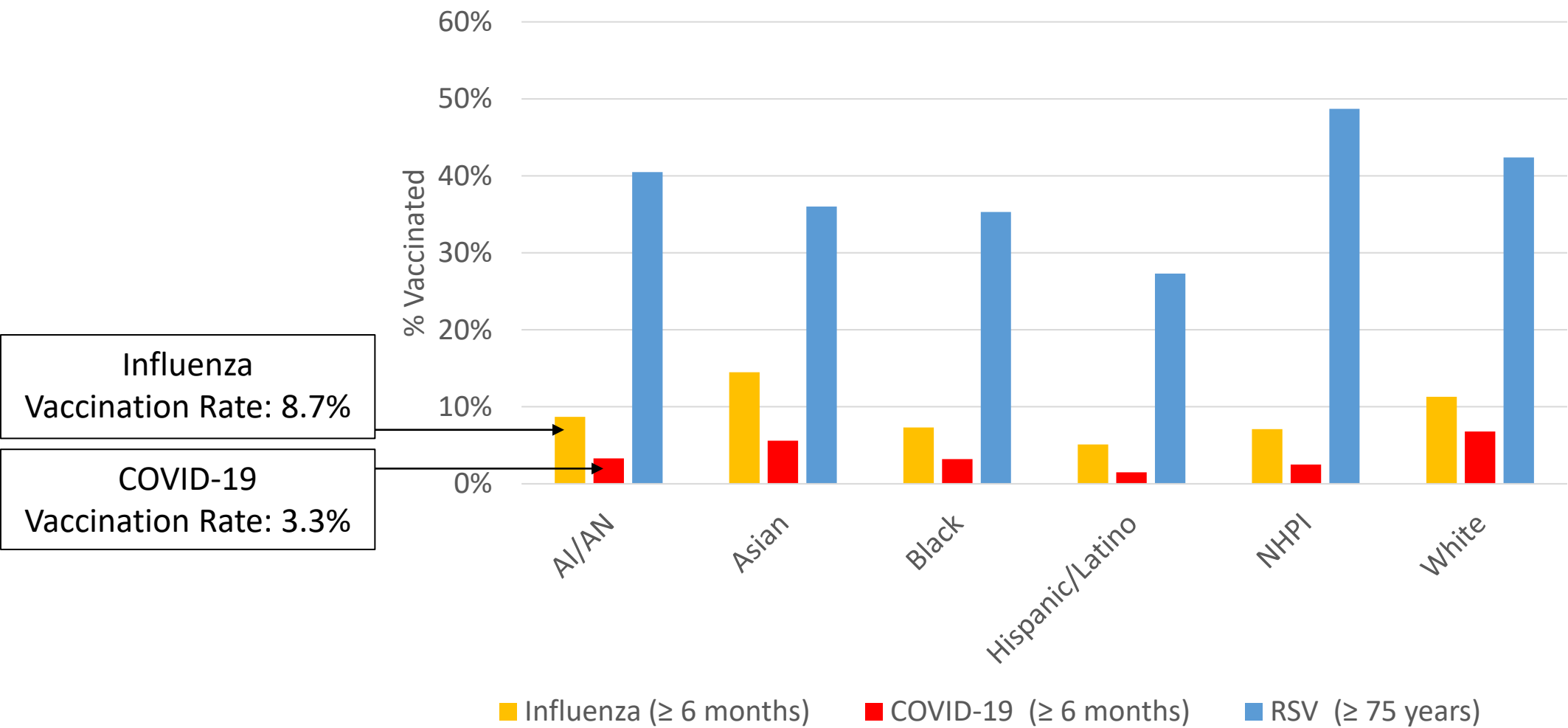
Data Last Updated: October 8, 2026

Adults, ≥ 18 Years



Data Last Updated: October 8, 2026

Percent of People Vaccinated for Influenza, COVID-19 and RSV by Race/Ethnicity — Washington State, 2026-27 (through 10/5/26)



Summary

- Measles:
 - 4,410 confirmed cases in the U.S. during 2026 as of 10/15, nearly twice the total number of cases during 2025 (n=2,289).
 - 96% of cases unvaccinated or with unknown vaccination status.
 - Portland Area: Oregon: 60 cases (current outbreak in Multnomah and Clackamas Counties), Washington: 58 cases (current outbreak in Clark County); Idaho: 10 cases (stable).
 - $\geq 95\%$ vaccine coverage is recommended to prevent measles outbreaks in communities.
 - In 2025-26, MMR coverage among kindergartners continued to decline to 90.6% for Washington state, 89.6% for Oregon, and 75.2% for Idaho.
- % of ER visits associated with Influenza is increasing early in all three states in the Portland Area.
- % of ER visits associated with COVID-19 remains higher than last year in Washington and 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, for 2025-26, 27.3% were vaccinated for influenza and only 12.2% had received at least one 2025-26 COVID-19 vaccine.
 - For WA, for 2026-27, so far 8.7% have been vaccinated for influenza and 3.3% have been vaccinated for COVID-19.

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.

Influenza Vaccine Recommendations

- **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 with 2nd dose administered ≥ 4 weeks later.
- 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 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.

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.

Respiratory Virus Immunization Recommendations

Respiratory Virus Immunization Recommendations

ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



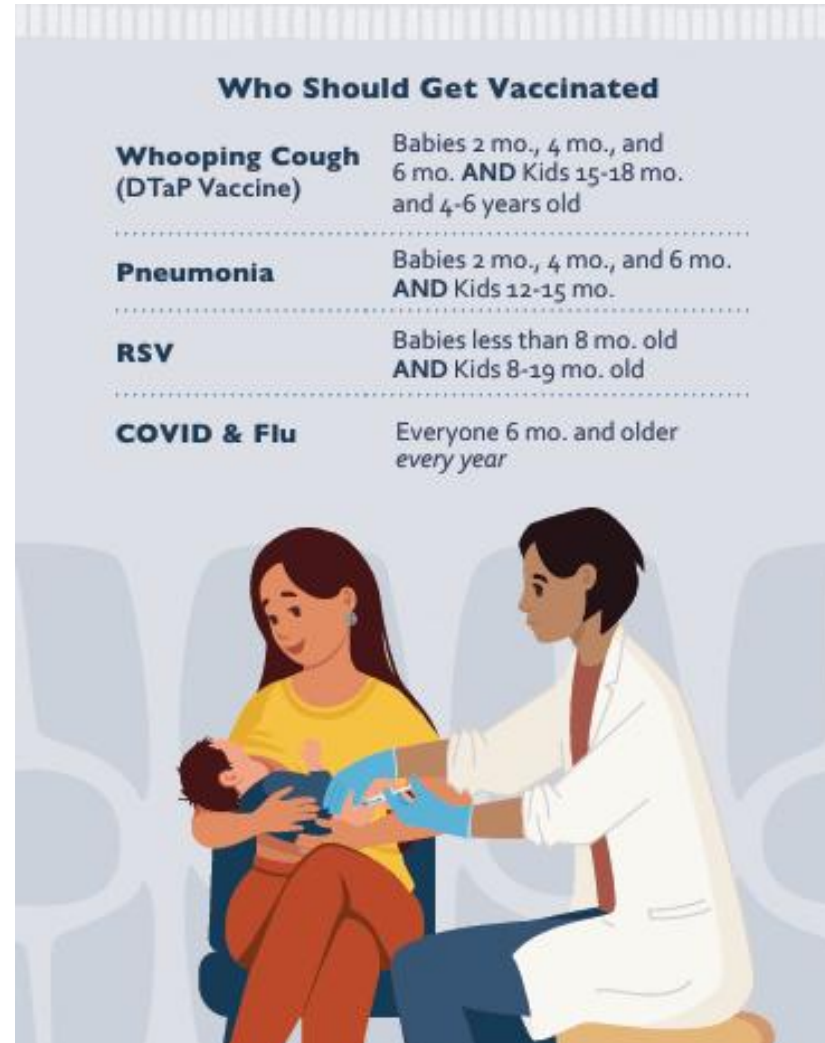
	 Influenza (flu)	 Respiratory syncytial virus (RSV)	 COVID-19
 Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months 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

Respiratory Virus Immunization Recommendations

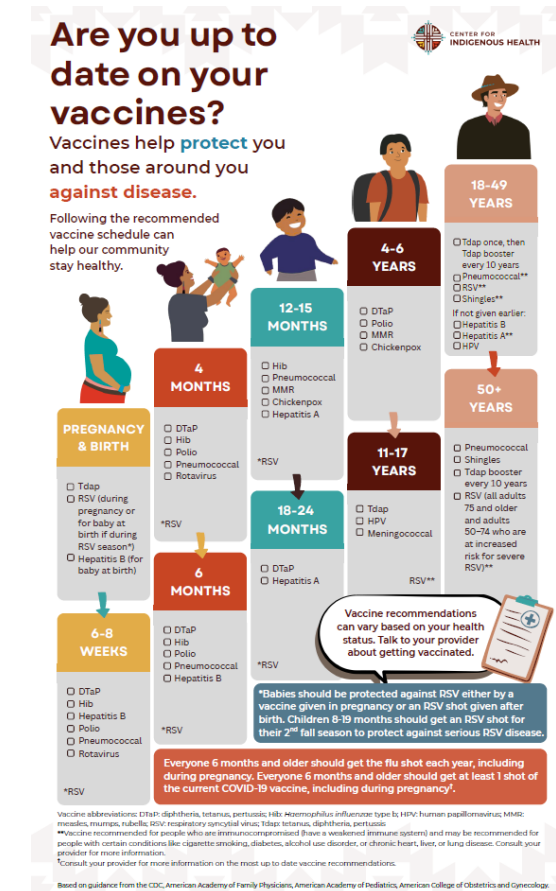
NPAIHB: Native Boost



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



Johns Hopkins Center for Indigenous Health



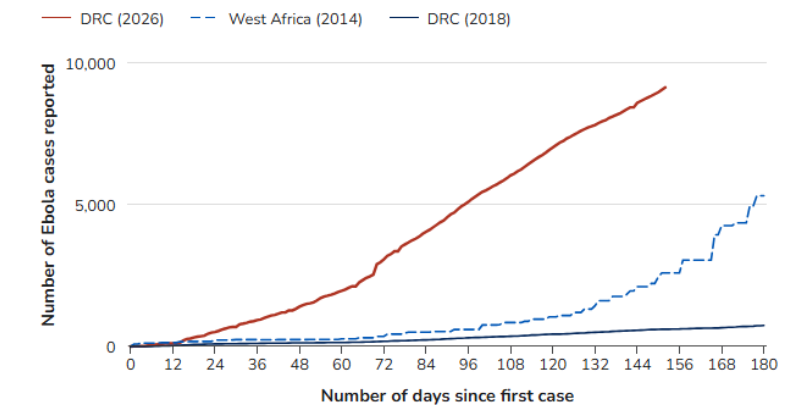
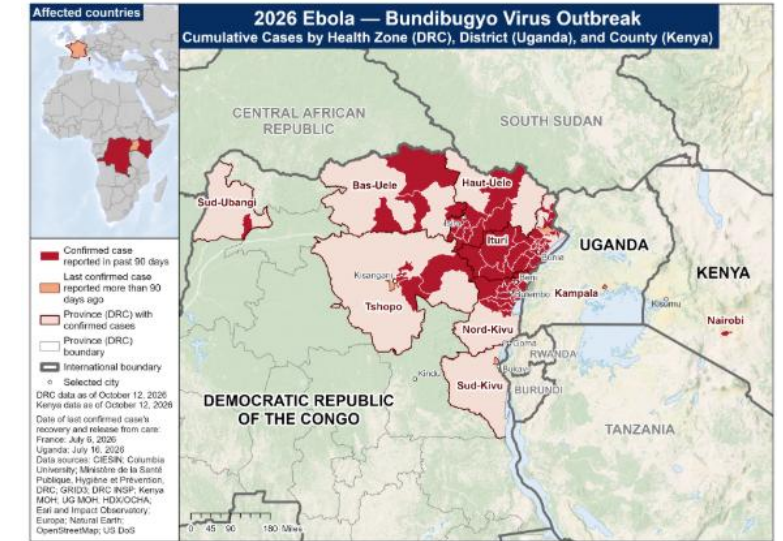
https://cih.jhu.edu/wp-content/uploads/2025/09/CIH-Vaccine-Schedule_-8.5x11.pdf

RSV Immunization Recommendations

- 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: Passive immunization with RSV monoclonal antibody recommended for AI/AN children ≤ 19 months without protection from maternal vaccination.
 - 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).
 - All AI/AN children age 8-19 months (nirsevimab).
- RSV vaccinations for adults: One time vaccine for everyone ≥75 years-old; those who are immunocompromised (all ≥18; for those <18 years, with shared decision-making); and those age 50-74 at increased risk:
 - Chronic heart, lung, or liver disease.
 - End-stage renal disease.
 - Diabetes mellitus (c/b nephropathy, retinopathy, or other end organ damage or requiring treatment with insulin or SGLT2 inhibitor).
 - Neurologic or neuromuscular condition affecting airway clearance or resulting in respiratory muscle weakness.
 - Hematologic disorder.
 - Morbid obesity (BMI ≥ 40 kg/m²).
 - Moderate-severe immunocompromise.
 - Residence in nursing home or frailty.
 - **Residence in a remote community.**

Ebola (Bundibugyo Virus) Disease

- Ongoing outbreak of Bundibugyo virus, a species of orthoebolaviruses which cause Ebola disease, in the Democratic Republic of the Congo (DRC) and Uganda. This is the second largest outbreak ever of Ebola. As of 10/18:
 - DRC has reported 9,581 confirmed cases and 4,605 confirmed deaths (48% case fatality).
 - On 10/6 Kenya reported the first case and death. They have now had 8 linked confirmed cases in total, all who were diagnosed while quarantined; no community transmission.
 - Uganda has reported 21 confirmed and probable cases, and 3 deaths (14% case fatality). Last reported case confirmed 6/21.
- On 6/24, France reported a case of Ebola in a physician who had worked in the DRC with the Alliance for International Medical Action; this person has recovered and been discharged.
- On 7/13, one American was transferred to Germany for treatment for Ebola. This individual worked in the DRC with Samaritan's Purse; this person has recovered and been discharged.
- On 5/20, one American physician was transferred to Germany for treatment for Ebola. This individual worked in the DRC with Serge; this person has recovered and been discharged.
- Overall risk to the American public is low.
- Incubation period: 2-21 days.
- Those returning from Ebola-affected areas should monitor for symptoms for 21 days after leaving the outbreak area. Infected persons cannot transmit ebolaviruses before they are symptomatic.
- Symptoms: Fever, severe fatigue, weakness, headache, myalgias/artralgias, sore throat followed by decreased appetite, nausea/vomiting, diarrhea, abdominal pain, unexplained bleeding.



*Cases shown based on date reported. Data Sources: DRC INSP, WHO. Data for DRC (2026) are as of 2026-10-13.

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 Elderly 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 Elderly 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.”

— Iana 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
- Congestion
- Shortness of breath
- 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 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.

“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 Antinewam MD, UTBS Odawa Citizen, UTBS Odawa Indian Tribe Clinic, Medical Director and Family Medicine Physician



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.

“One of the most common questions I get asked from many new parents and parents-to-be is whether it is safe to get vaccinated. The short answer is yes! You just need to check in with your health provider.”

— Dr. Lakota Scott, ND, Medical Provider and Navajo Nation Tribal Member

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.

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, check out www.IndianCountryECHO.org/Vaccinative. For questions, contact us at Vaccinative@npaihb.org.




Protecting Your Kids from Respiratory Illnesses

Respiratory Illnesses
Respiratory diseases – like whooping cough, pneumonia, flu, RSV, and COVID-19 – can be extremely dangerous for kids.

Who Should Get Vaccinated

Whooping Cough (Diphtheria)	Babies 2 mos., 4 mos., and 6 mos. AND kids 11 yrs. and 12 yrs. old
Pneumonia	Babies 2 mos., 4 mos., and 6 mos. AND kids 11 yrs. and 12 yrs. old
RSV	Babies less than 8 mos. old AND kids 8 mos. old
COVID & Flu	Everyone 6 mos. and older every year




Why Bearly Year?

COVID and flu frequently change how they 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 than have a severe allergic reaction to any vaccine.

Don't Have Regrets

The pros of vaccination outweigh the risks. Missing vaccines puts your child – and others – at risk for serious illnesses.

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](#)

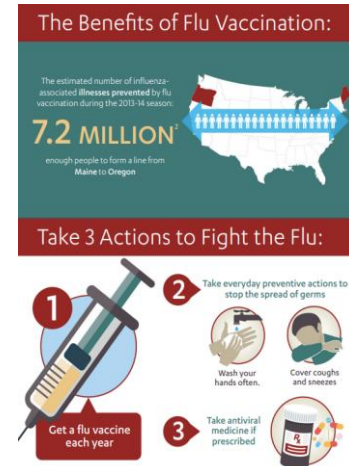
Personal Testimonies: [Families Fighting Flu: Our Stories](#)

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](#)



National Survey of Children's Health (NSCH) American Indian and Alaska Native Children's Health, 2022 – 2024 Data Brief

