



February 2025

WA Public Health System Monthly Update



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The Prevention and Health Services

The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and wellbeing of Washington residents. The **WA State Public Health Systems Monthly Update** provides an overview of the key health issues impacting Washington State, and the progress we are making in addressing them.



Question about the WA State
Public Health Systems Monthly
Update?

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Ebola & Marburg Outbreaks in Africa

DOH is monitoring **two** new viral hemorrhagic fever (VHF) outbreaks in Africa: An outbreak of Marburg Virus Disease (MVD) in Tanzania (confirmed by WHO on January 20, 2025), and an Ebola outbreak caused by the Sudan virus species (otherwise known as Sudan Virus Disease, or SVD) which was confirmed in Uganda on January 30, 2025. While these outbreaks are distinct, the viruses cause almost identical symptoms, including high fevers, vomiting & diarrhea, multiple organ failure, and can lead to death in 40-90% of patients. The US Centers for Disease Control (CDC) has released a [Level 1 Travel Notice for Tanzania](#) (usual travel precautions) and a [Level 2 Travel Notice for Uganda](#) (enhanced travel precautions). In addition, CDC also published a [Health Advisory about the Ebola outbreak in Uganda](#) on February 6, 2025. CDC is coordinating to provide technical assistance for both outbreaks.

In response to the news of these outbreaks, DOH is preparing for the extremely unlikely but serious event that a patient with symptoms of Ebola, Marburg, or other viral hemorrhagic fever is identified in Washington. Preparation activities include:

- Infectious disease experts in DOH are monitoring both outbreaks regularly and providing updated information to Local Health Jurisdictions and healthcare partners. In addition, DOH staff are on call for the State of Washington so that there is always a DOH nurse, doctor, or public health expert available 24 hours a day/7 days a week if a patient with viral hemorrhagic fever is identified anywhere in Washington.
- DOH Public Health Laboratories (PHL) is already prepared to test for Ebola and Marburg, as well as other life-threatening diseases. DOH laboratory staff work 7 days a week to ensure we are ready to rapidly identify diseases and can immediately take action to protect the health of Washingtonians.
- DOH is updating the State Emerging Special Pathogens Plan and coordinating with the Regional Emerging Special Pathogens Treatment Center (RESPTC) hospitals, local and tribal health jurisdictions, and Emergency Medical Service partners to ensure we are ready to respond to a patient with VHF anywhere in the State.
- DOH posts urgent public health and healthcare provider alerts about breaking news to the [Washington Health Alert Network](#) (WA HAN) webpage to ensure health partners are aware of the latest outbreaks and updates.

Opioid and Overdose Response

Preventing, controlling, and monitoring the evolving opioid use disorder epidemic is critical to improving the health of Washingtonians. Synthetic opioids, such as fentanyl, continue to impact communities across the state. Since 2020, as shown in Table 1, the drug overdose death rate across Washington has increased among all racial/ethnic groups. American Indian and Alaska Native (AI/AN) and African American (Black) Washington residents are disproportionately impacted by the opioid epidemic and AI/AN people have a higher overdose death rate from opioids than any other demographic in the state.

Table 1. 2020-2023 Drug Overdose Death AI/AN, Black, White Adults

| Drug Overdose Death Rate* per 100,000 | AIAN-NH | Black-NH | White-NH (for comparison) |
|--|---------|----------|------------------------------|
| 2020 | 76.3 | 41.1 | 25.3 |
| 2021 | 116.5 | 66.1 | 32.0 |
| 2022 | 133.8 | 75.3 | 36.5 |
| 2023 | 150.0 | 117.8 | 45.1 |

NH: Non-Hispanic *Age-adjusted rate

Naloxone Prevents Deaths from Overdose: Naloxone is a medication that can rapidly reverse an opioid overdose, usually in 3-5 minutes. DOH supports the practice of using standard-dose naloxone products to reverse the effects of an opioid overdose, and offers free overdose recognition and response trainings for community partners that covers how to administer Naloxone successfully.

Naloxone is widely available for free throughout Washington state and is distributed in a number of settings including in hospitals, EMS leave-behind programs, mail order, schools, and kiosks (similar to vending machines).

Education is Prevention: In 2024, the Washington State Legislature passed [E2SHB 1956](#) to address the need for fentanyl and other substance use prevention education in public schools and to raise awareness about the risks of synthetic opioids use, especially for youth. DOH is now collaborating with other state agencies including the Office of the Superintendent of Public Instructions and the Health Care Authority (HCA) on the development of age-appropriate substance use prevention and awareness materials for school and classroom uses.

Federal Data Update

As you may have seen in news stories, numerous U.S. Health and Human Services (HHS) datasets and webpages were briefly unavailable and then restored after a [federal ruling](#). Impacted data include information about HIV testing and prevention, vulnerability to natural disasters and emergencies, and information on underrepresented populations in clinical trials. Continuing to ensure HHS and other federal datasets are available improves our governmental public health system’s ability to respond to chronic disease, infectious disease, and other public health threats to communities across Washington. DOH is working with Local Health Jurisdictions and Tribes to identify which datasets are still down, locate alternative sources, and assess the quality of restored data

Federal Funding Highlight: The Prevention and Health Services Block Grant

The Preventive Health and Health Services Block Grant (PHHSBG) is a critical source of federal funding, supporting numerous prevention programs and public health services where resources are inadequate or not available. In particular, PHHSBG allows DOH to fund community-driven approaches to decrease infant mortality and improve birth outcomes where disparities exist. Washington has one of the lowest infant mortality rates in the nation and has done significant work over the past two decades to reduce

infant mortality to historically low levels. However, inequities in [outcomes](#) for Washington babies persist among Black/African American, American Indian/Alaska Native, and NH Native Hawaiian and Other Pacific Islander communities, and for families in poverty.

In FFY24, DOH received \$1.5 million under the PHHSBG, with 62% of the funding supporting [Birth Equity Projects](#) across the state. Highlights include:

- More than 2,000 birthing persons and family members received doula care and/or family education and support services
- 67 doulas were trained and/or recruited to support their community
- 3,730 health care workers received training or technical support

Table 2. Washington State PHHSBG FFY24

| Topic Area | Funding | % Funding |
|---------------------------|--------------------|-------------|
| Birth Equity | \$879,692 | 62% |
| Sexual Assault Prevention | \$150,857 | 11% |
| Health Literacy | \$377,011 | 27% |
| TOTAL | \$1,417,560 | 100% |

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