



March 2025

WA Public Health System Monthly Update



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Local Health Spotlight



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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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Highly Pathogenic Avian Influenza (HPAI)

Highly Pathogenic Avian Influenza (HPAI) is a disease caused by an avian influenza Type A virus that naturally occurs in wild birds throughout the world. A strain of HPAI (H5N1) that has been circulating globally for several years was first detected in the U.S. in January 2022 in wild birds, and in February 2022 in poultry, including commercial and backyard flocks. The first detection in Washington state was in a backyard flock in May 2022.

Since H5N1 was first detected in the U.S., the virus continues to spread into new species. In 2024, H5N1 was detected in dairy cows in California, with outbreaks now confirmed in 993 dairy herds across the country. To date, there have been [70 cases](#) of HPAI in humans, with [14 cases](#) in Washington state among farm workers exposed to infected poultry. A recent study¹ tested samples of aging raw milk cheese produced with raw milk from H5N1 infected dairy cattle, finding the infectious virus was detected after more than 60 days of aging.

More recently, H5N1 has been detected in captive wild and domestic cats in the U.S., with many of the exposures linked to contaminated raw milk or raw pet food. Cats are very susceptible to infection from this strain of H5N1. In February, Washington State Department of Agriculture (WSDA) [alerted](#) pet owners that at least three domestic, indoor cats in King and Snohomish counties in Washington were infected with HPAI. In late February, CDC published an [MMWR](#) documenting avian influenza infection of indoor domestic cats within dairy industry worker households in Michigan.

With a mortality rate of nearly 100% among infected poultry, culling and containment have been the primary strategy for controlling H5N1, impacting almost [200 million](#) birds in the U.S., in an effort to prevent the spread of the disease. DOH works closely with WSDA to support public health during an animal health response, coordinating to track trends in both human and animal disease patterns.

Improving outbreak preparedness and response requires partnerships with state, local, Tribal, and federal health jurisdictions to ensure a unified approach to addressing H5N1. DOH is actively working to prevent the spread of H5N1, and collaborating with WSDA to distribute information to dairy and poultry producers. Additionally, DOH has developed, printed, and distributed HPAI health education materials across the state, and provided PPE to agricultural workers. Continued investment in state and local emergency preparedness and response will ensure Washington state is able to prevent and control the spread of HPAI.

Public Health Emergency Preparedness (PHEP) Funds Aid in Benton Frankling Health District H5N1 Response

Washington State has a decentralized governmental public health system, characterized by local control and partnerships. Along with DOH, the system includes 35 local public health departments and local districts (serving 39 counties), the state Board of Health, tribal governments, and other partners.

Sometimes a relatively small amount of funding can make a huge difference, especially in a local emergency with potentially far-reaching impacts.

This was true for [Benton Franklin Health District \(BFHD\)](#) last October when they learned of a commercial poultry farm in their area that tested positive for H5N1. The farm also reported a significant die off of birds.

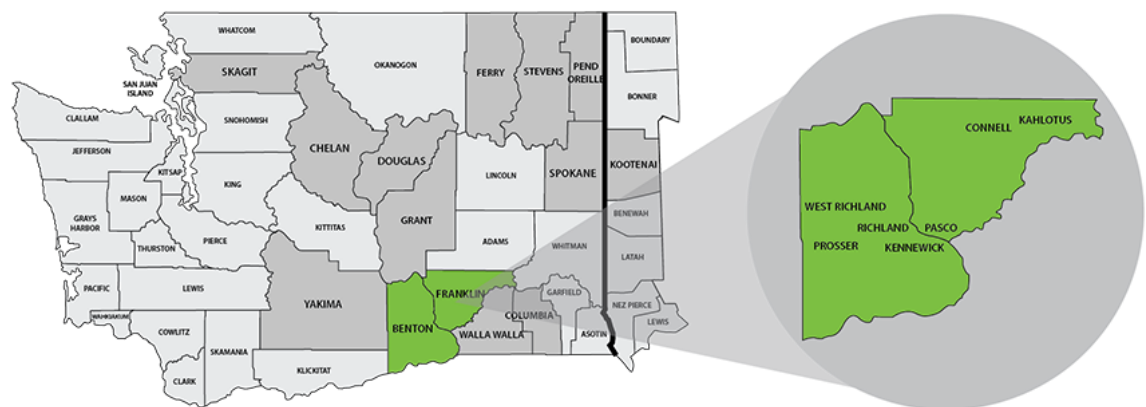


Figure 1: A map of Washington State counties, showing where Benton Franklin county is located.

¹Thermal inactivation spectrum of influenza A H5N1 virus in raw milk

Understanding the possible health, safety, and economic impacts to the workers and the community, the BFHD team quickly mobilized. They activated their Emergency Operations Center (EOC) to manage the evolving challenges. As they received reports of farm workers exhibiting respiratory and eye symptoms, BFHD escalated their EOC response to a full Level 1 activation, reflecting the novelty, complexity, and rapidly evolving dynamics of the outbreak.

Fluctuating between Level 1 and Level 2, the event maintained high intensity for three weeks, straining BFHD communicable disease-epidemiology and clinic team resources. They were able to effectively and efficiently continue the acute level of response needed thanks to help from federal and state partners, including CDC technical assistance and the federal [Public Health Emergency Preparedness \(PHEP\) grant](#).

Benton Franklin Health District Impact:

- ◆ Workers exposed: 237
- ◆ Workers tested for Highly Pathogenic Avian Influenza (HPAI): 62
- ◆ Probable and Positive Cases: 11 confirmed cases and 3 probable cases, 14 total.

Measles in Washington State

Global declines in measles vaccination rates have increased the risk of larger measles outbreaks worldwide, including in the U.S. In 2025 alone, there have been 378 total cases reported in 18 U.S. jurisdictions, as of March 25. The first Washington state measles case was identified in late February in King County, and on March 18, a second measles case, linked to the first case, was identified in Snohomish County. This new case was likely exposed at a location where the initial case had visited while contagious.

Measles outbreaks drain state resources. Washington state experienced two measles outbreaks in 2019, totaling 87 cases, costing over \$1.5 million to contain. The 2019 Washington measles outbreaks, and the current outbreak centered in West Texas, highlight the critical importance of federal funding to maintain vaccine programs. Washington state's [adult vaccine program](#) has ensured access to life-saving vaccines for thousands of uninsured people across the state. Thanks to funding from CDC's Section 317 immunization program, DOH is able to support statewide implementation of safe immunization practices, monitor the safety of vaccines, educate providers, and perform critical community outreach. Maintaining this program is key to preventing disease outbreaks. Increases in Section 317 funding are significantly and meaningfully associated with higher rates of vaccination coverage and prevent substantial mortality and morbidity while addressing barriers to life-saving vaccines².

DOH manages the state's public health [immunization dashboard](#), which includes measures by county and vaccine type including the Measles, Mumps, Rubella (MMR) vaccine, administered in two doses at ages 19-35 months and 4-6 years. Statewide MMR immunization coverage trends between 2015-2023 show a steady decline in two-dose coverage for 19–35-month age group: from 85% vaccinated in 2015 to 75% in 2023. DOH's [Response Guide](#) outlines planning considerations for local and Tribal health jurisdictions in the event of a measles outbreak. The guide lays out immunization-specific needs and strategies to effectively vaccinate communities affected by a measles incident of any size, with guidance on vaccine distribution, policy considerations, staffing considerations, and communication strategies.

The 2025 ongoing outbreak centered in West Texas underscores the need for vaccine education and outreach nationwide. Immunization is cost effective and saves lives. Investments in measles mumps and rubella immunization continue to provide enormous savings of human and financial costs.

Rural Telehealth

Telehealth is a vital part of the healthcare system in Washington state, providing increased access to critical health services statewide, especially in rural areas, and connecting providers with vulnerable and underserved populations everywhere.

Telehealth is a general term that can include education, consultation, videoconference meetings, and/or patient contact.

²Rein DB, Honeycutt AA, Rojas-Smith L, Hersey JC. Impact of the CDC's Section 317 Immunization Grants Program funding on childhood vaccination coverage. Am J Public Health. 2006 Sep;96(9):1548-53. doi: 10.2105/AJPH.2005.078451. Epub 2006 Jul 27. PMID: 16873738; PMCID: PMC3222325.

A changing regulatory landscape is complicating the sustainable delivery of telehealth, requiring states to anticipate changes, particularly regarding Medicare reimbursement. Medicare telehealth [flexibilities](#) were extended through September 30, 2025 as part of the continuing resolution (CR). Contingency planning for potential loss of Medicare telehealth extensions impacts how providers are scheduling telehealth appointments, with many reporting they were not booking telehealth appointments after the flexibilities were expected to expire in March.

The recent extension of Medicare telehealth flexibilities is another chapter in the evolving landscape for telehealth services over the years. Some highlights of those regulatory changes include:

- ◆ 2025 - March 2025 CR passed by senate and signed by President Trump on March 16th; extends Medicare telehealth waivers through September 30th, 2025.
- ◆ 2024 – The American Relief Act passed at the end of 2024 extended many telehealth waivers for three months including: Eligible Geographic and Originating Sites, Audio-Only Services, Eligible Provider Types, Eligible Distant/ Provider Sites, and Tele-Behavioral Health Visits. These waivers would have expired on March 31, 2025, absent congressional action.
- ◆ 2023 – Section 4113 of the [Consolidated Appropriations Act, 2023](#) extended COVID-19 public health emergency telehealth flexibilities through December 31, 2024.
- ◆ 2020 – COVID era-expansion of telehealth with the CARES Act and 1135 Waiver during the COVID-19 public health emergency allowed for Medicare payment for office, hospital, and other visits furnished via telehealth across the country, including in patient’s places of residence, starting March 6, 2020.

DOH supports many initiatives and programs utilizing telehealth or telemedicine. One example is the [Washington Rural Palliative Care Initiative \(WRPCI\)](#), an effort to better serve patients with serious illness in rural communities by assisting rural health systems in integration of palliative care in multiple settings, including via telehealth.

- ◆ The Washington Rural Palliative Care Initiative was founded in late 2016 as a public-private partnership led by the Rural Health Team at DOH.
- ◆ In June 2018, a telehealth case consultation pilot began using an expert interdisciplinary palliative care team on a HIPAA compliant platform, consulting on clinical cases from the seven cohort teams.
- ◆ Nineteen rural communities are currently participating in the Initiative.

DOH recently received additional funding to support the expansion of digital health services and resources across Washington state. Improving access by integrating digital health as a resource for all requires regulatory stability, enabling providers and patients to leverage these services with an expectation that they will continue to be available. In the coming months, DOH will be conducting further policy analysis to inform opportunities for further integration and utilization of digital health.

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