



September 2025

# WA Public Health System Monthly Update



## Impacts of Federal Funding Lapse



## West Coast Health Alliance (WCHA)



## Monitoring Hanford



## Hot Topic: Infectious Disease



## EPA Administrator Visits Puget Sound

The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and well-being 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?

Meghan Jernigan, MPH  
[meghan.jernigan@doh.wa.gov](mailto:meghan.jernigan@doh.wa.gov)

# Impacts of Federal Funding Lapse

DOH would like to raise awareness of the potential impacts to DOH programs and services in the event of a prolonged federal government shutdown starting October 1, 2025. DOH's Office of Financial Services (OFS) is monitoring 6 federal grants with a September 30, 2025, end date for which the agency has not received a new Notice of Award for the new funding period that begins on 10/1/25 ([Grant Dashboard](#)).

Our largest federal grant, **Women, Infants and Children (WIC)**, is funded through twice-weekly draws from the federal government to reimburse program costs. DOH has not received a new Notice of Award for WIC. At the federal level [WIC's contingency fund boasts just \\$150 million](#) — enough to support the current caseload of participants nationally for about one week. In Washington State, WIC is a critical food and nutrition program for 208,000 families. DOH operates WIC programs in all 39 Washington counties at 200 WIC clinics. In the event of a federal government shutdown, Washington WIC program will be able to run at a reduced, state-level administrative capacity until October 16. The funding for WIC-related food is also able to continue through October 16. If the shutdown continues beyond October 16, funding for WIC-related food purchases by Washington families will cease until the shutdown ends. Local WIC offices and supports will be dependent on the local office's ability to financially support the staff members beginning on October 16. Additionally, state supported administrative activities will be reduced to a single staff member and DOH staff furloughed.

The dates outlined could change pending updates from the USDA and other factors. The uncertainty created with a potential federal funding lapse challenges DOH's ability to plan effectively, maintain staff and build trusted community partnerships to meet the needs of low-income mothers and children, prevent food insecurity, and support long-term health for all Washington families.

## West Coast Health Alliance

For decades, Washington state has worked hand-in-hand with federal agencies like the CDC to ensure our residents receive the best possible health guidance. This partnership has been built on shared scientific principles, transparent data review, and evidence-based recommendations that have saved countless lives. Recent federal policy changes have not only caused significant confusion for many residents, but have created immediate, real-world barriers to vaccines. The dismissal of CDC scientists, the removal of the entire Advisory Committee on Immunization Practices, and policy shifts without input from subject matter experts have created unprecedented instability.

**West Coast Health Alliance (WCHA).** In response, on September 3, Governor Ferguson [announced](#) that Washington, California, Oregon and Hawaii launched the West Coast Health Alliance (WCHA) to ensure people in our states continue to receive clear, evidence-based vaccine recommendations. Our alliance believes that all clinically recommended vaccinations should be accessible to the people of our states. The Alliance recently coordinated [winter virus vaccination recommendations](#) to include the 2025–26 COVID-19 vaccine, influenza, and RSV. To develop these recommendations, Health Officers from each of the WCHA states, who are all medical doctors, reviewed guidelines from credible national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP).

**State Standing Order.** On September 5, our state Health Officer, Dr. Tao Kwan-Gett, issued a [Standing Order for COVID-19 vaccines](#) to ensure that anyone six months and older can receive protection without the barrier of needing a separate prescription. The standing order was issued thanks to state legislation passed in 2024 ([RCW 43.70.183](#)) which authorizes the Secretary of Health or their designee to issue a prescription or standing order for any biological product, device, or drug. The goal is to control and prevent the spread of, mitigate, or treat any infectious or noninfectious disease or threat to the public health.

### Committee on Immunization Practices (ACIP) September meeting.

Additionally, the WCHA has reviewed the most recent recommendations from the ACIP regarding the combined measles, mumps, rubella, and varicella (MMRV) vaccine, as well as the proposed—though tabled—recommendations on the hepatitis B vaccine. ACIP presented no new safety data to justify changing vaccine recommendations for MMRV in children under four or hepatitis B given at birth. WCHA is concerned that these updated and proposed ACIP recommendations will limit parental choice and access to critical vaccines, particularly among vulnerable children. The recommendations disproportionately affect children who receive vaccines through the federal [Vaccines for Children \(VFC\) program](#), which only allows access to vaccines administered in line with ACIP guidelines.



September 25, 2025. State Health Officer, Dr. Tao Kwan-Gett, speaking with Senator Murray and Seattle Indian Health Board executive leadership about the West Coast Health Alliance during a roundtable discussion

While children covered by commercial insurance may still receive vaccines administered outside of ACIP guidance—without incurring patient cost-sharing—those relying on the VFC program may not have that flexibility. This could undermine Washington’s VCP Program and create an extra administrative burden on both parents and healthcare providers. WCHA is working to prevent insurance coverage disruptions that could create additional financial barriers to vaccination. In Washington, over 40% of vaccines are administered at pharmacies - these federal barriers directly impact our communities' health access.

Protecting public health remains our top priority. DOH and our partners continue to support efforts that ensure equitable access to vaccines while upholding scientific integrity and patient choice. DOH is committed to ensuring that all individuals—regardless of background or income—have access to recommended vaccines, and that health care providers are supported in following consistent, evidence-based immunization schedules. Please talk to your provider or [visit DOH’s website](#) for more information about vaccines.

## Monitoring Hanford

DOH plays a **critical public health role** at the Hanford nuclear site by providing independent oversight of radiological conditions and ensuring the safety of surrounding communities. DOH has monitored the environment in and around the Hanford Site for radioactivity for several decades as an independent party to verify measurements taken by the U.S. Department of Energy (DOE), which is in charge of cleanup at the site. While the DOE manages cleanup and site operations, DOH conducts independent environmental radiation monitoring to verify federal data and assess potential exposure risks. DOH also evaluates health impacts; communicates findings transparently to residents, Tribal nations, and local governments; and leads preparedness and response planning for potential radiological emergencies. This independent, science-based oversight builds public trust and helps ensure that Hanford cleanup and operations are transparent for the public.

Federal funding is critical to DOH’s ability to monitor the Hanford nuclear site and protect surrounding communities. In FY25, DOH received \$1.2 million for the Hanford Environmental Monitoring Program from the DOE. This federal funding not only supports independent oversight of cleanup activities but allows DOH to conduct long-term environmental monitoring and health surveillance to assess potential risks from past radioactive and chemical contamination.

Through our Radiation Environmental Sciences Section, DOH collects samples at locations likely to release radionuclides and compares those levels against background levels. In particular, DOH uses fixed air monitors (17 around Hanford) to ensure air emissions remain within regulatory limits. In events of accidents or unplanned releases, DOH supports cleanup, conducts additional environmental sampling, and works with federal agencies to ensure public safety. DOH has also developed radiological cleanup guidance ([Hanford Guidance for Radiological Cleanup](#)) to help with establishing dose-based cleanup standards, especially when property is released for public or other uses. Additionally, DOH’s Environmental Science section is able to address questions from the public and the processors and exporters of agricultural products, concerning the safety of WA produce grown down wind of Hanford.

The [Direct-Feed Low-Activity Waste](#) (DFLAW) program has been officially approved by DOE to begin operations October 15, 2025. This will allow Hanford to process low-activity nuclear waste by vitrification (turning it into glass) for safer disposal. Federal grants, like the Hanford Environmental Monitoring Program, allow DOH to maintain technical expertise, conduct soil, water, and air sampling, and provide transparent information to the public and policymakers. Without this critical funding, Washington state would be unable to track potential exposures and ensure federal cleanup efforts meet health and safety standards.

## Hot Topic: Infectious Disease

DOH invests in infectious disease prevention and surveillance because early detection and coordinated response are essential to protecting communities, saving lives, and reducing healthcare costs. Emerging and re-emerging diseases—such as COVID-19, monkeypox, and locally acquired malaria—demonstrate how quickly threats can spread and disrupt public health, healthcare systems, and local economies. Robust surveillance systems help identify outbreaks before they escalate, while prevention strategies—such as vaccination programs, education, and vector control—reduce disease transmission and long-term health impacts.

In August 2025, health officials in Washington State [reported](#) a possible **locally acquired case of malaria** in East Pierce County. The patient, an adult woman with no recent travel to malaria-endemic regions, was diagnosed and is receiving treatment. The Tacoma-Pierce County Health Department worked with DOH and the CDC to investigate whether the infection resulted from transmission by a local Anopheles mosquito—something not previously documented in the state. This case would represent the first known instance of locally acquired malaria in Washington and the first west of the Rocky Mountains, though officials emphasize that the overall risk to the public remains very low. Mosquito surveillance, case tracing, and clinician alerts are underway to confirm the source and prevent additional infections.

Protecting the public's health is a shared effort, and this locally acquired case of malaria highlights the importance of a prepared and coordinated public health system that is ready to respond to urgent communicable disease investigations. DOH provided support to Tacoma-Pierce County Health Department for aspects of the investigation, and the CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) provides support for the state's overall vector-borne disease preparedness. This funding support outbreak investigation efforts, laboratory capacity, vector surveillance, and access to CDC subject-matter experts during complex events. Sustained investment also ensures states can collaborate effectively with federal partners, address health inequities, and maintain readiness for both routine threats and unexpected public health emergencies.

## EPA Administrator Visits Puget Sound

Lee Zeldin, Administrator of the U.S. Environmental Protection Agency (EPA), visited Washington last week to tour key sites in South Puget Sound and learn more about EPA Region 10's Puget Sound Program. Staff from DOH joined the visit at Taylor Shellfish Farms, sharing the importance of the shellfish industry and ongoing efforts to protect Puget Sound water quality.

Since 2011, DOH has administered \$58 million from [EPA's Puget Sound Geographic Program](#) to improve water quality and protect shellfish harvest areas. These funds are matched with state dollars to expand efforts such as clean water programs, sewage infrastructure, and shellfish protection. Federal support strengthens local programs where funding would otherwise be inconsistent.

The program's target is to support the net increase of 500 harvestable acres of shellfish beds each year, measured on a three-year rolling average with no net losses. This acreage goal is also used by the Puget Sound Partnership for the Shellfish Beds "Vital Sign" and tracked by EPA as a key performance measure.

Puget Sound Geographic Funds are the primary source of DOH funding distributed to state agencies, local governments, tribes, and other partners to reduce pathogen pollution and protect shellfish harvest areas. DOH receives this funding in the Office of Environmental Health and Safety as the Shellfish Strategic Initiative Lead Agency through a cooperative agreement with EPA Region 10's Puget Sound National Program Office. Awards followed competitive solicitations in 2011, 2015 and 2020, and the department aims to continue this work. Investments primarily focus on addressing barriers to water quality, including:

- *Challenges implementing onsite sewage system management*
- *Inadequate farm waste management*
- *Limited nonpoint pollution programs*
- *Insufficient control of boater waste*
- *Outfall from wastewater treatment plants*

Investments address local and regional needs for staffing capacity, sustainable funding, building trusting relationships, enhancing regional partnerships, water quality improvements, and increasing understanding of fecal pollution impacts on marine water around Puget Sound. In addition to direct investments, the program creates and supports connections across local, state, Tribal and federal partners, increases engagement, supports strategic planning efforts and contributes technical assistance to local projects and Puget Sound recovery.

### Shellfish Programs

DOH's Shellfish Programs protect public health by safeguarding the areas shellfish are grown and the processing and shipping requirements for Washington-grown molluscan shellfish—oysters, clams, scallops, and mussels. Staff work with tribes, local health jurisdictions, volunteer groups, state and federal agencies, and the shellfish industry to ensure commercial shellfish are safe to eat. The program:

- Continually evaluates the classification of 105 commercial harvesting areas in Puget Sound covering 260,000 acres by: monitoring over 1,500 marine water stations and assessing pollution risks
- Manage a water quality restoration program aimed at reopening and protecting harvest areas,
- Evaluate marine biotoxin levels,
- Complete illness investigations,
- License and inspect more than 300 commercial operations,
- Inform recreational shellfish harvesters where shellfish are safe,
- Ensure compliance with the National Shellfish Sanitation Program—established under the FDA—to allow interstate shipments.



## **Wastewater Management**

The Wastewater Management Program protects public health by overseeing safe treatment and dispersal of domestic and non-industrial wastewater in areas not served by municipal systems. Washington has about one million onsite sewage systems (OSS) that handle up to 3,500 gallons per day. DOH staff:

- Oversee the state OSS rule adopted by Local Health Jurisdictions (LHJs)
- Provide technical guidance, training, and support
- Review and approve proprietary technologies
- Permit nearly 600 Large Onsite Sewage Systems (LOSS) annually under Chapter 246-272B and RCW 70A.115.
- Permit Reclaimed Water facilities

## **Looking Ahead**

Continuation of Puget Sound Geographic Program funding for this work is essential to address concerns associated with aging infrastructure, population growth, and persistent water quality challenges while protecting public health and supporting a vibrant shellfish industry, Tribal Treaty Rights, and recreational shellfish harvest in Puget Sound.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).