



November 2025

WA Public Health System Monthly Update



Hot Topics in WA State Health



Vaccine Safety & ACIP Meeting



Rural Nursing Education Program



WA 988 Crisis Line

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?

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Hot Topics in WA State Health

H5N5 Human Case in Washington State

On November 13, a resident of Grays Harbor County tested positive for H5N5 avian influenza, also known as bird flu. They unfortunately passed away on November 21. This is the first reported case of H5N5 avian influenza in a human globally. The test was confirmed positive by the Washington State Public Health Laboratories and sequencing was completed through University of Washington Virology and the CDC. This sequencing identified H5N5, and a subtype (A6), that has been circulating at low levels in wild birds in the northeastern United States, but was not in Washington. This lineage is different from the D1.1 virus lineage that has been recently detected in Washington.

Health officials tested the resident’s backyard mixed domestic birds and identified avian flu in the home flock. This means the exposure was likely from the home flock, but could also have come from wild birds. DOH is working with the local health jurisdiction and Washington State Department of Agriculture (WSDA) to monitor all individuals exposed to the home flock and environment. DOH is also in close contact with a CDC communicable disease epidemiologist who specialize in avian influenza experts to manage this case

On November 18, DOH issued a [Provider Alert](#) with information about the current situation and actions requested for patients with symptoms of influenza. There is no evidence of person-to-person transmission at this time, but investigation is ongoing. The **risk to the public remains low**. We do not expect any difference in transmissibility between this virus and other avian flu virus lineages in circulation.

Washington State Resources:

- **Human cases:** The number of total human cases reported in Washington is available on the WA DOH avian influenza website: [Avian Influenza | Washington State Department of Health](#)
- **Domestic birds:** The Washington State Department of Agriculture maintains a list of positive detections in domestic birds and other domestic animals: [Avian Influenza | Washington State Department of Agriculture](#) and an interactive quarantine map: [ArcGIS Web Application](#)
- **Wild birds:** The Washington Department of Fish and Wildlife maintains a list of positive detections in wild birds and other wildlife: [Avian influenza \(bird flu\) | Washington Department of Fish & Wildlife](#)

National Resources

- USDA tracks animal cases nationally, including livestock, poultry, and wildlife: [2022–2024 Detections of Highly Pathogenic Avian Influenza \(usda.gov\)](#)
- CDC tracks human cases nationally: [H5 Bird Flu: Current Situation | Bird Flu | CDC](#)

Infant Botulism Outbreak

As of November 21, the number of infant botulism cases nationwide has increased to 31 individuals from 15 states linked to powdered infant formula produced by ByHeart, as shown in Table 1. Two infants in Washington state have been involved in the outbreak, **including one infant from Lewis County and one infant from Pierce County**. All cases included in this outbreak are reported to have consumed ByHeart brand powdered infant formula. ByHeart has voluntarily recalled the formula. ByHeart makes up about 1% of the infant formula market and is **not** part of the [WIC approved infant formula list](#). DOH will continue to work with partners at the CDC and local health jurisdictions on surveillance and monitoring.

Table 1. 2025 Infant Botulism Outbreak (Updated 11.20.25)	
National Data	Washington State Data
Cases: 31(8 new)	Cases: 2 (1 Confirmed and 1 Suspected)
Hospitalizations: 31 (8 new)	Hospitalizations: 2
Deaths: 0	Deaths: 0
States Impacted: 15 (2 new)	Status: Ongoing

WA WIC

With Congress' passage of the Continuing Appropriations Act 2026, the full year FFY26 Agriculture Bill, the WIC program, as well as the SNAP program, administered by DSHS, are fully funded through September 2026. All Washington state WIC offices are open and serving families, and all previously furloughed WA DOH staff have been called back to work. WIC participation continues to grow in Washington state, increasing more than **12% between January 2023 and January 2025**, as more Washingtonians qualified for access to these vital benefits. Therefore, DOH is grateful WIC received **\$8.2 billion** for FFY26, which is an **increase of \$603 million** from FFY25, recognizing the increased caseloads and cost of food nationally.

Other WIC impacts from the bill include:

- **Restoration of contingency funds** to \$150 million, providing a critical buffer to help local agencies manage increases in participation or market fluctuations.
- **Protects the fruit and vegetable benefit**, a program administered by WA DOH, maintaining this essential support for young children's nutrition and healthy development. Earlier proposals from the Trump Administration and the House had sought reductions to this benefit.
- **Aligns fluid milk quantities** with pre-food-package rule levels for FFY 2026. USDA will issue guidance on implementation. This will require states to issue higher milk quantities, reversing updates previously required for April 2026. WA DOH implemented these changes in July 2025. We will alter these requirements based on USDA direction.
- **Directs USDA to study a "Buy American" requirement** for WIC and SNAP. The National WIC Association anticipates the study will confirm such a requirement is not feasible for WIC.

Vaccine Safety and the Upcoming ACIP Meeting

CDC Vaccine Safety Update

On November 19, the CDC's [vaccine safety website](#) was modified to include the following 3 points:

- The claim "vaccines do not cause autism" is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism.
- Studies supporting a link have been ignored by health authorities.
- HHS has launched a comprehensive assessment of the causes of autism, including investigations on plausible biologic mechanisms and potential causal links.

This is an alarming development. Claims suggesting a link between vaccines and autism undermine public confidence, reduce immunization rates, and contribute to outbreaks of vaccine-preventable diseases. In response, DOH issues a [Health Statement](#) reaffirming that [vaccines](#) are a safe, proven, essential tool for protecting people's health. There is no credible scientific evidence linking vaccines to autism.

DOH remains committed to providing Washington residents with guidance based on the best available science. We encourage people to follow [recommended vaccination schedules](#) to protect themselves and their children, and to go to their health care providers with questions and concerns.

ACIP December Meeting

Changes to the Advisory Committee on Immunization Practices (ACIP) under HHS Secretary Kennedy have been significant, from removing and replacing all existing committee members, to issuing new COVID-19 recommendations not supported by existing science. As these changes have unfolded, DOH has submitted formal public comments to the committee in advance of their scheduled meetings. In [September 2025](#), DOH recommended the committee maintain the universal hepatitis B birth dose vaccination. The [current agenda](#) for the December 4-5 ACIP meeting includes a discussion on the pediatric immunization schedule with significant discussion and a potential vote on hepatitis B.

Contracting hepatitis B as an infant is especially dangerous: 90% go on to develop the chronic and more deadly form of the disease. Hepatitis B spreads through contact with bodily fluids and babies can be infected during childbirth or through environmental exposures. Since the hepatitis B vaccine was recommended for all babies at birth in 1991, new cases in the United States have declined significantly, especially among young people. It would be devastating impact to delay this vaccine.

DOH is concerned ACIP recommendations may modify the current routine childhood and adolescent immunization schedule and limit access to vaccines. Immunizations reduce unnecessary strain on the health care system and support quality of life. In recent years, the United States has seen a reversal in progress against vaccine-preventable diseases. Routine vaccine coverage among kindergarteners [continues to decline](#). For example, MMR (measles, mumps, rubella) coverage fell to 92.5% in the 2024–25 school year, below the roughly 95% threshold needed to reliably sustain community protection. This decline increases the risk of outbreaks of measles, whooping cough, and other dangerous diseases.

The consequences of declining routine coverage are already evident. As of November 19, there have been 1,753 [confirmed measles cases](#) in the U.S. this year, many linked to close-knit, under vaccinated communities. 92% of these cases occurred in people who were unvaccinated or had unknown vaccination status. These outbreaks can lead to hospitalizations and even deaths. Yet measles outbreaks are highly preventable. The United States is likely to lose its [measles elimination status](#) next year, a status earned in 2000 due to the high number of cases and sustained transmission. Canada lost its measles elimination status on November 10, 2025.

DOH remains committed to providing Washington residents with guidance based on the best available science. To track immunization measure by county use [Immunization Measures by County Dashboard | Washington State Department of Health](#)

Rural Nursing Education Program: Recent HRSA Grant

Washington is projected to experience one of the largest nursing shortage in the nation by 2035, according to the [Health Resources and Services Administration](#) (HRSA). These shortages are expected to disproportionately affect rural communities. Individuals living in rural areas face numerous barriers to entering the nursing profession, including limited geographic access to nurse training programs, insufficient transportation and childcare options, and significant financial constraints.

Research has demonstrated that “grow-your-own” workforce models can effectively strengthen and sustain the rural healthcare workforce by educating individuals who already live and work in rural communities to become nurses in their communities. For residents who do not live near a nursing education program, long-distance travel is often required unless didactic coursework is available online.

An environmental scan identified that no fully online education pathway existed in Washington State for students to earn an Associate Degree in Nursing. In response to this gap, and to address the severe nursing shortages already affecting rural communities, the Rural Nursing Education Program (RNEP) was established.

RNEP is a community-driven collaborative initiative that began with a partnership between Big Bend Community College (BBCC) and rural community partners across Washington, including Othello Community Hospital (Othello, WA), Lincoln Hospital and Clinics (Davenport, WA), Coulee Medical Center (Grand Coulee, WA), and Ferry County Health (Republic, WA).

The program focuses on educating local students from rural areas to become registered nurses, empowering them to live, learn, and continue serving in their home communities. RNEP offers an online nursing school curriculum, utilizing an innovative instructional model with clinical training offered in their local hospital and community. The program addresses many of the barriers to continuing education that rural students face by offering wrap-around services, including tuition, childcare, tutoring services, and transportation.

In 2023, the Washington legislature allocated DOH a \$350,000 proviso to fund the development of the RNEP program. An additional proviso of \$42,000/year for 2 years was given in 2025 to support students currently enrolled in the program. Then, in October of 2025, DOH received a HRSA grant of roughly \$3.7 million over 4 years. This funding will allow RNEP to support the current cohort through their nursing school graduation and will allow for the addition of a second cohort. These 2 cohorts will graduate 18 new nurses who will be hired by their local rural hospital and increase access to nursing care in their rural communities.

The RNEP model was designed to be adaptable and expandable. This means the program has the potential to expand to all areas of the state, add levels of nursing education, and potentially expand to other health professional training programs as well. DOH is hopeful that CMS will award funds from the Rural Health Transformation Program to expand RNEP and produce 60 additional rural nurses over the next 5 years. This innovative pathway for educating and training rural nurses in their own community has the potential to alleviate the burden of severe nursing shortages in our state.

Washington State's 988 Crisis Line

The 988 LGBTQI+ youth subnetwork shut down on July 17, 2025, following a federal decision announced in June to end this specialized service. Termination of the line at the federal level puts a burden on the 988 Lifeline in general as the number of contacts to the main line were predicted to, and have, increased.

Since 988 is confidential, help seekers do not have to share their identity or any information about themselves. Therefore, it is difficult to directly attribute the increases seen in call/text/chat volume to the subnetwork line ending, or if they are just general increases, similar to what we've seen over time.

As seen in Table 2, DOH tracked the increase in call volume between October 2024 – October 2025. Fortunately, our crisis centers have been mostly able to stay above the required 90% in-state answer rate – for October 2025 we’re at 92.47% for calls. However, as volumes continue to increase, our answer rates are going to go down unless we’re able to fund the crisis centers enough to hire staff to meet the increase in demand.

Table 2: 988 Access Oct. 2024 through Oct. 2025

Routed to 988	October 2024	October 2025
Calls	10,770	15,346
Texts	2,752	3,570
Chats	2,205	1,807

If DOH does not receive additional funding to support an increase in call volume, we risk dropping below 90%. DOH is required by federal law to fund the crisis centers at a level that allows them to meet 90%. Consistently dropping below 90% puts the crisis centers at risk of no longer being able to be a 988 Lifeline Crisis Center (per Vibrant, the national 988 administrator), and dropping below 90% puts our federal funding from SAMHSA at risk.

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