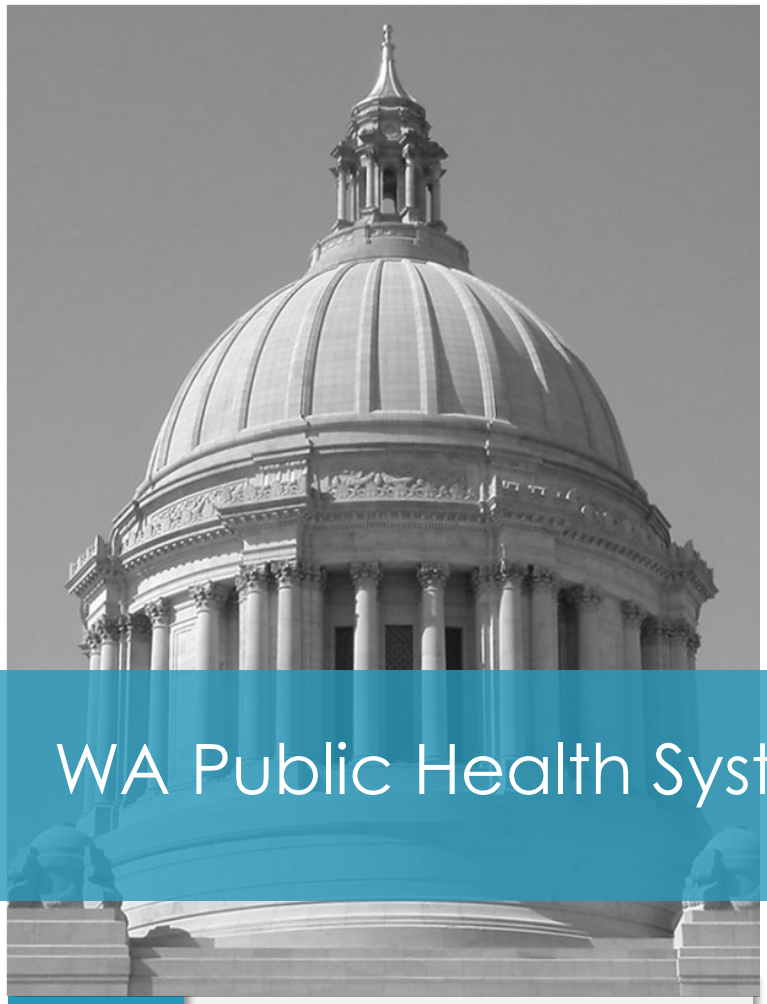

Washington State Department of HEALTH

January 2026

WA Public Health System Monthly Update

Telehealth for Opioid Use Disorder

New USDA Guidelines

Childhood Immunization Update

World Cup Preparations

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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Expanding Life-Saving Telehealth for Opioid Use Disorder Across Washington

Washington state continues to face a devastating overdose crisis. Despite recent declines, drug overdose remains a leading cause of injury-related death in our state, driven largely by opioids, including fentanyl. While all communities across the state are impacted by drug overdose, the burden of overdose deaths is not equally distributed. Rates are highest among:

- American Indian and Alaska Native (AI/AN) communities
- Black and Latino Washingtonian
- People living in rural communities
- People experiencing homelessness

> ***"Buprenorphine saves lives from overdose and is one of the most effective tools we have to treat opioid use disorder. Expanding the Telebupe Hotline is an important step toward ensuring timely, compassionate care—no matter where someone lives in Washington."***
>
> **-Dr. Tao Sheng Kwan-Gett, State Health Officer**

The disparities in overdose rates reflect long-standing inequities in access to timely, affordable treatment. Too often, people seeking help encounter long waitlists, limited local providers, or transportation challenges at the very moment they are ready for care.

To help close these gaps, DOH is partnering with the University of Washington (UW) to expand the Washington Tele-buprenorphine (Telebupe) Hotline statewide. This expansion ensures that people anywhere in Washington can access same-day treatment for opioid use disorder (OUD) via phone or video. More than 1,400 people have already used the service, demonstrating both the need for and effectiveness of low-barrier, rapid access to care.

The Telebupe Hotline is available **9 a.m. to 9 p.m., 365 days a year**, for anyone in Washington age 13 or older. Funded by DOH, the service is free and does not bill insurance. By meeting people where they are and removing barriers to treatment, this expansion has the potential to save lives and advance more equitable access to care across our state.

How it works: The Telebupe Hotline connects callers the same day with UW emergency physicians trained in addiction medicine. These clinicians can prescribe buprenorphine, a proven, evidence-based medication that reduces opioid withdrawal and cravings and dramatically lowers the risk of overdose. With statewide availability, the Telebupe Hotline now reaches people who previously struggled to get treatment because of geography, clinic shortages, or long wait times. Callers first speak with a linkage-to-care coordinator who conducts a brief intake and understands local treatment resources. They then have a short telehealth visit with a physician, receive a prescription sent to their pharmacy of choice, and are followed-up with, in 72 hours, to support connection to longer-term care in their community.

Updated USDA Dietary Guidelines

In January 2026, the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) released the **Dietary Guidelines for Americans, 2025–2030 (DGA).** As the National WIC Association noted, many of the DGA recommendations are similar to those of prior years. An inverted pyramid, emphasis on animal protein, and a prominent place for full-fat dairy and saturated-fat-rich foods are the most notable changes from previous recommendations. USDA and HHS characterize the DGA as a "reset" toward whole foods and common-sense guidance that rejects the "Equity Lens" as a central prism of the recommendations under previous Administrations.

The DGA are the foundation for multiple federal nutrition programs that impact Washington families, including the Women, Infants and Children (WIC) program, school meals, and federal procurement policies. WIC food packages are tied to the DGA through USDA policy. USDA's Food and Nutrition Service (FNS) periodically updates WIC food packages to reflect current nutrition science and program objectives. The most recent updates were finalized in 2024.

The USDA/HHS final version of the 2025–2030 DGA differs in notable ways from the *Dietary Guidelines Advisory Committee's (DGAC)* Scientific Report that was submitted in 2024. As a reminder, DOH provided written comment on the Scientific Report in February 2025. While the DGAC emphasized **plant-forward dietary patterns** and traditional low-fat dairy to reduce limits on saturated fat and chronic disease risk, the final guidelines:

- Elevate animal-based protein and full-fat dairy more than the DGAC recommended. New guidance encourages higher protein intake (up to 1.2–1.6 g/kg daily) and features animal protein sources alongside plant proteins.

- Offer a much shorter, simplified document focused on messaging over quantitative nutrient modeling.
- Reframe fat and protein sources in ways that some nutrition scientists say may dilute previously emphasized scientific evidence. Full-fat dairy acceptance, including milk, yogurt and cheese, appear as healthy options.

As the new guidelines shift how protein and fats are framed, DOH will need to work with USDA/FNS to understand whether future WIC allowable foods or technical assistance reflect the updated DGA messaging while ensuring the nutritional needs of pregnant people and young children remain evidence-based and protective of long-term health. The 2025–2030 *Dietary Guidelines for Americans* represent a meaningful shift in federal nutrition policy. Washington's DOH will continue monitoring USDA/FNS implementation guidance, engaging with stakeholders to support WIC participants and other federal nutrition program beneficiaries, and working with the congressional delegation to ensure federal nutrition policy translates into better health for Washingtonians across the lifespan.

Childhood Immunizations: Protecting Washington's Children & Preserving Disease Elimination

Routine childhood immunizations are one of the most effective public health tools available for keeping children healthy, maintaining safe school and childcare environments, and preventing outbreaks that strain local health systems. Even small disruptions or confusion around vaccine recommendations can lead to missed doses, creating pockets of vulnerability where highly contagious diseases can spread rapidly.

On January 5, 2026, HHS published an updated U.S. childhood immunization schedule, recapped in Table 1, that significantly reduced the number of universally recommended vaccines for all children (from 18 to 11 vaccines) and moving several others into risk-based or shared clinical decision-making categories. Vaccines for diseases such as *influenza, COVID-19, rotavirus, hepatitis A, hepatitis B, and meningococcal disease* are no longer on the universal routine list but are offered based on individual risk or discussion between clinicians and parents, and the ***HPV*** recommendation was adjusted to a single-dose schedule for many children.

Table 1: AAP vaccine recommendations compared to the new vaccine schedule.

Vaccine-Preventable Disease	AAP Recommendations	Changes in Recommendation
HPV (Human papillomavirus)	For all adolescents, 2 doses Dose one: starting at age 9 Dose two: 6 months later	1 Dose instead of 2, but still recommended for all children
RSV (Respiratory syncytial virus)	Recommended for all babies under 8 months of age	High Risk Groups Only
Hepatitis A	2-dose series: 12–23 months of age	High Risk Groups Only
Hepatitis B	Birth dose; suggested to be given starting at 2 months of age	High Risk Groups Only
Meningococcal ACWY	For all adolescents, 2 doses Dose one: starting at age 9 Dose two: 6 months later	High Risk Groups Only
Influenza (Flu)	6 months of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making
COVID-19	6 months of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making
Rotavirus	6 weeks of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making

The updated U.S. childhood immunization schedule has prompted questions from families and health care providers across the country. In response DOH, in coordination with the West Coast Health Alliance (WCHA), is urging continued adherence to the American Academy of Pediatrics (AAP) immunization schedule to ensure children remain fully protected against vaccine-preventable diseases. DOH is supporting this effort through

→ provider alerts

→ school and childcare outreach

→ public exposure notifications

→ rapid outbreak response, including contact tracing and post-exposure vaccination

Changes to the childhood immunization schedule come at a precarious moment when national kindergarten coverage and exemption trends are moving in the wrong direction. While no changes were made for the MMR or MMRV vaccine which protects against measles, large outbreaks of measles are ongoing, most recently in South Carolina. Earlier this month, DOH confirmed a measles outbreak in Snohomish County, the first in Washington state since 2023, with 6 current cases. Measles can be tracked via the Measles Cases in Washington State | Washington State Department of Health dashboard, and is recapped in Table 2.

This recent Washington state outbreak is associated with exposure to the South Carolina outbreak, and initial testing and genotyping was performed at the Washington State Public Health Laboratory. Genotyping is not yet complete. Sustained transmission (> 12 months) of the same virus will impact U.S. measles elimination status. The US has maintained measles elimination since 2000. In April, the Pan American Health Organization will determine whether elimination status is at risk, with data provided by the CDC. 2025 trends cause serious concerns given the (1) high number of cases (2) multiple large outbreaks with more than 100 associated cases (3) unknown sources for several outbreaks, complicating epidemiologic linkage.

Table 2: Washington measles outbreak information (as of 1/26/26)

Category	Subcategory	Count
Overall Case Summary	**Total Confirmed Cases**	**7**
	WA Outbreak–Linked Cases	5
	Non-WA Outbreak / Non-linked Cases	2
	Pending Test Results	0
Confirmed Cases by County	Snohomish County	5
	Kittitas County	1
	Clark County	1
Confirmed Cases by Vaccination Status	Unvaccinated	6
	1 MMR Dose	0
	≥2 MMR Doses	0
	Unknown Vaccination Status	1
Confirmed Cases by Age Group	Under 5 Years	3
	Ages 5–17 Years	2
	18 Years and Older	2

Federal partnership in protecting Washington state's families from vaccine preventable illness remains critical. Sustained investment in immunization programs, vaccine access, and immunization information systems allows Washington to track coverage, respond quickly to outbreaks, and support families and providers with timely information.

Together with science-based vaccine recommendations, these investments enable Washington to sustain high vaccination coverage, respond quickly to outbreaks, and protect decades of progress against vaccine-preventable diseases. Key federal programs that support Washington's immunization infrastructure include:

- **CDC Section 317 Immunization Program:** Supports vaccine purchase, outbreak response, provider education, and coverage monitoring for uninsured and underinsured populations.
- **Vaccines for Children (VFC) Program:** Ensures eligible children in Washington can receive recommended vaccines at no cost, reducing access barriers and preventing disparities.
- **Immunization Information System (IIS) modernization:** Continued federal support for Washington's Immunization Information System (WAIIS) strengthens data accuracy, reminder/recall, and real-time outbreak response.

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World Cup Preparation

The 2026 FIFA World Cup will be the largest mass-gathering event in North America's history (June 11–July 19, 2026). The U.S. will host 78 of 104 matches across 11 U.S. venues; more than 5 million visitors are expected across the tournament footprint. Seattle (Lumen Field) is scheduled to host 6 World Cup matches in mid-June and early July. These events will bring international travelers and large, concentrated crowds that intersect routine surveillance and emergency preparedness activities.

Mass gatherings of this size test public-health surveillance, medical surge capacity, and multisector coordination — the exact areas the Administration for Strategic Preparedness and Response (ASPR) new strategic plan for FY2026–2029 emphasizes. The updated plan reframes federal preparedness around readiness before disaster strikes and a stronger emphasis on medical supply-chain security (including onshoring).

In the lead up to the World Cup, the Centers for Disease Control and Prevention (CDC) is providing technical support to states, largely by leveraging existing programs rather than creating new, dedicated World Cup funding streams. CDC's National Wastewater Surveillance System (NWSS) is a powerful early-warning system that can detect increases in community transmission before clinical cases surge. NWSS now covers over 1,200 sites and has successfully detected signals (e.g., COVID-19, influenza, mpox, polio) earlier than clinical reporting. For a mass event like the World Cup — with high visitor volume and multiple team base camps — targeted wastewater sampling near fan zones, team base camps, and high-traffic transit hubs can provide near-real-time trend data to guide public health messaging and resource staging. Washington's Wastewater-Based Epidemiology (WAWBE) program is already embedded in this national framework and is a ready tool for event-specific monitoring.

Notable CDC activities that support Washington state planning include:

- **Traveler-based genomic surveillance (TGS):** ongoing traveler sampling and genomic monitoring for signals of novel or concerning pathogens at selected U.S. ports of entry; the program continues and data products are updated regularly.
- **Enhanced syndromic and event-based surveillance:** CDC is working with national syndromic systems to develop World Cup–specific queries and event monitoring tools, and to support mass-gathering surveillance guidance and priority pathogen lists.
- **Public health messaging and lab surge planning:** anticipated CDC support includes communications templates (heat, infection prevention, food safety), specimen transport and lab surge guidance, and access to federal SME and EIS support in the event of outbreaks.
- **CDC Yellow Book / traveler guidance & mass-gathering best practices:** CDC continues to maintain guidance on health risks related to travel and mass gatherings (the Yellow Book and Travelers' Health resources are central references).

The FY2026–2029 ASPR Strategic Plan signals a pivot to *proactive readiness*, supply-chain resilience, and tighter federal–state operational alignment. Those priorities dovetail directly with public-health demands of the 2026 World Cup — a mass-gathering event that will place intensive and time-sensitive demands on surveillance, lab capacity, supply chains, and workforce surge. Washington State is already positioned with strong local capabilities but the state will benefit from continued federal support for wastewater surveillance, lab surge, hospital preparedness, and supply-chain coordination. Congressional support to sustain those federal programs will translate directly into safer, more resilient outcomes for Washingtonians during the World Cup and beyond.

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