

# Communicable Disease Monitoring: Keeping Washington Ready

Epidemiology and Laboratory Capacity (ELC) • Modern Data Systems  
Emergency Preparedness & Response



## Why it matters



Washington's surveillance systems detect outbreaks early, guide rapid response, and help protect health care capacity.



Disease monitoring is a shared responsibility. Local health departments and Tribes are the front line, DOH is the backstop providing support and reinforcement and CDC provides critical funding, technical assistance, and national coordination.



Federal funds support epidemiologists, laboratorians, data systems departments and Tribes. In SFY 2026, DOH is on track to spend about \$10.17M in federal funds for disease monitoring (about \$4.35M non-COVID; the majority is ELC).

## At a Glance

- Communicable diseases and emerging threats (e.g., COVID-19, influenza/RSV, measles, mpox, tuberculosis, STIs).
- Foodborne and waterborne illnesses.
- Vector-borne, environmental, and occupational health threats.
- Overdose and injury trends (including syndromic and toxicology surveillance).

## Congressional Action Needed

- Maintain stable, predictable CDC funding for ELC. This will sustain core surveillance, laboratory capacity, and protect communities from vaccine-preventable diseases.
- Invest in data modernization (electronic reporting and interoperability) so public health can respond faster with fewer reporting burdens on providers.
- Maintain stable, predictable CDC funding for PHEP and ASPR funding for HPP. This will support DOH and local/Tribal readiness—planning, training, exercises, incident management, and rapid deployment to contain outbreaks.

## How it Works: From Report to Response

Data Sources	State Systems	Analysis	Response	National Link
Hospitals, labs, clinics, providers report notifiable conditions electronically via electronic lab reporting (ELR) and electronic case reporting (eCR).	WDRS receives reports; RHINO collects ED visits; WELRS processes lab data.	DOH epidemiologists analyze data in near real-time to identify trends and unusual activity.	Issue guidance, support local health jurisdiction response, coordinate with federal partners.	Data flows to CDC NNDSS, NSSP, PulseNet for national surveillance and multistate outbreak detection.

## What federal funding supports

Preparedness funding is the bridge between detecting an outbreak and stopping it—supporting rapid incident management, coordination, risk communication, and healthcare surge capacity.

CDC ELC	<ul style="list-style-type: none"><li>• <b>Epidemiology</b></li><li>• <b>Lab readiness</b></li><li>• <b>Outbreak investigation</b></li><li>• <b>Core infectious disease data systems</b></li></ul>
Data modernization	<ul style="list-style-type: none"><li>• <b>Faster, more complete electronic reporting</b></li><li>• <b>Secure data sharing with partners (including Tribes)</b></li></ul>
CDC PHEP & ASPR HPP	<ul style="list-style-type: none"><li>• <b>Coordinate with wide range of diverse partners across the state to ensure we are ready to respond to the needs of all.</b></li><li>• <b>Support hospital and health care system capacity to respond to disaster and medical surges.</b></li></ul>

### Measles Rapid Response (2025-2026)

Nationally, 2025 saw increasing measles activity; including three deaths. In January 2026, Washington confirmed its first measles outbreak since 2023 in Snohomish County, with additional cases in King and Clark counties. The state surveillance systems enabled:

- Immediate notification to public health as required for measles (an immediately notifiable condition).
- Public exposure location mapping and communication.
- Rapid provider health alerts with updated vaccination guidance.
- Specimen testing at WA DOH Public Health Laboratories with updated protocols.
- Containing a communicable disease outbreak can be expensive. In 2019 measles outbreak in Clark County, Washington, there were 71 confirmed cases and response costs exceeded \$1.5M.

## If surveillance capacity is weakened

- Delayed detection and response, with more illness and avoidable hospitalizations.
- Reduced national visibility into emerging threats and weaker preparedness.
- Higher costs and greater strain on the health care system.
- Funding disruptions can force layoffs or maintenance gaps and prevent long-term planning.
- Reduced ability to surge outbreak response operations and protect hospital capacity—leading to larger outbreaks, longer disruptions, and higher costs.

## Building readiness with partners

- Many federal dollars flow through to local health jurisdictions and Tribes to strengthen statewide readiness.
- Preparedness funds strengthen statewide readiness: about two-thirds of federal emergency response funding supports local health jurisdictions, Tribes, and healthcare coalitions to prepare public health and healthcare infrastructure for disasters and outbreaks.
- Washington is expanding data sharing agreements with all 29 federally recognized Tribes in ways that recognize Tribal sovereignty.
- Modern data systems reduce reporting burden and improve speed and accuracy of public health action. Reduce access barriers for families and prevent coverage gaps that can lead to outbreaks.
- Less capacity to respond rapidly to outbreaks and emerging threats. This increases risk for infants, older adults, and people with chronic conditions.



DOH 175-012 February 2026, CS, English. 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).