Washington State Department of HEALTH

WA PUBLIC HEALTH SYSTEM MONTHLY UPDATE

August 2026

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 System Monthly Update provides an overview of the key health issues impacting Washington state, and the progress we are making in addressing them.

Questions about the WA State Public Health System Monthly Update?

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- Supporting Communities During Wildfire Response
- Coordinating to Protect WA from Foodborne Illness
- 2026 State Health Report Released
- Rural Health Advisory Committee Launches

Washington Responds: How DOH Supports Communities During and After Wildfires

Washington's 2026 wildfire season is placing significant demands on communities across the state. As of Aug. 24, 63 active fires were being monitored, with unhealthy or hazardous air quality in multiple locations. As fires continue to affect air quality, critical infrastructure, health care systems, and residents' ability to remain safely in or return to their communities, the Washington State Department of Health is coordinating a statewide public health and medical response.

Emergency Support Function

We are the state's lead agency for Emergency Support Function 8 (ESF-8), coordinating public health and medical support through the State Emergency Operations Center. During the current wildfire response, we provide technical assistance to local health jurisdictions on air quality and post-fire debris cleanup, monitor the use of hospital emergency departments and other health indicators, coordinate health care system impacts, and support continuity of essential public health services.

The response extends well beyond monitoring fires. We are also responding to the practical needs of people whose lives have been disrupted. Vital Records staff from DOH went to Spokane to provide replacement birth, death, marriage, and divorce certificates at no cost to wildfire-affected residents. More than 240 certificates were issued over two days, and we are exploring an online process for fee-waived replacement records.

Resource coordination

Resource coordination is another significant element of the response. Since July, we have distributed:

- 1,100 portable air cleaners with replacement filters
- 74,000 N95 respirators
- 50 cots
- 1,152 HVAC filters for do-it-yourself air-cleaning kits, and other protective equipment

Boxes of wildfire and air quality-related supplies are prepped for delivery

Other health risks emerge after fires stop burning, and we are also preparing communities for those. This can include air quality, contaminated drinking water, debris, environmental exposures, and damaged homes. Drinking water systems are receiving particular attention. DOH is monitoring at-risk public water systems and providing technical assistance to some of them.

Tribal engagement

Tribal engagement is an essential part of Washington's wildfire response. DOH actively coordinates with Tribal leadership and the Tribal emergency operations center supporting several Tribes experiencing different stages of the response.

- The Confederated Tribes of the Colville Reservation had Level 3 evacuations in some areas, distributed water and issued boil-water advisories, and is now in recovery mode.
- The Spokane Tribe of Indians is also in recovery mode. We helped by delivering 96 portable air cleaners to the Tribe.
- We deployed our Mobile Command Vehicle to support the Yakama Nation July 28 to Aug. 1

DOH's Mobile Command Vehicle on site

Federal investments help Washington stay ready

Wildfire season is not over and can extend well into the fall. Two federal programs are particularly important to Washington's readiness posture: the CDC Public Health Emergency Preparedness (PHEP) cooperative agreement and the HHS Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP).

- PHEP is a critical federal source of funding for state, local, and territorial public health preparedness. We use this investment on systems and people that can be activated when a disaster occurs: emergency operations coordination, public information and warning, information sharing, medical countermeasure and materiel management, mass care, medical surge, laboratory capacity, and other preparedness capabilities.
- HPP complements PHEP by strengthening the health care system's ability to prepare for and respond to emergencies, including wildfires. Along with the Northwest Healthcare Response Network and health care partners, we monitor hospital capacity through statewide health care surveillance and support the transition to recovery.

Protecting Washingtonians from Foodborne Illness: A Coordinated Public Health Response

Every day, Washington's public health system works to identify and prevent illnesses caused by contaminated food and water. Most foodborne illnesses are isolated cases. But when two or more people become sick from the same source, we are facing an outbreak.

The Washington State Department of Health (DOH) plays a central role in outbreak response, working alongside local health jurisdictions (LHJs), food safety partners, the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and other state and federal agencies.

In Washington, DOH's Foodborne, Waterborne, and Enteric Disease Program monitors foodborne illnesses statewide and assists LHJs with case interviews, outbreak investigations, epidemiologic studies, and consultations. We also coordinate clinical, food and water sample testing with the

Washington State Public Health Laboratories and work with local and environmental public health and food safety partners on restaurant inspections, food recalls and other outbreak response activities.

For our foodborne illness team, funding through the CDC's Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement is a critical part of the infrastructure that makes rapid outbreak detection and response possible. ELC supports the epidemiologists, laboratory capacity, surveillance systems and partnerships needed to identify clusters of illness, connect cases to potential sources, coordinate testing and investigations, and share information LHJs and federal partners.

The ongoing national increase in cyclosporiasis demonstrates the importance of this surveillance infrastructure. Washington has been monitoring cyclosporiasis closely as cases have increased nationally. Cyclosporiasis is a reportable condition in Washington, allowing health officials to identify cases, conduct interviews and monitor for potential clusters. Cases typically increase during the spring and summer, and illness can also occur following international travel. Because symptoms can be prolonged or recur, it can be challenging to identify cases and determine where exposure occurred.

Nationally, the situation has grown significantly. As of August 25, CDC reported 17,180 laboratory-confirmed cases of cyclosporiasis acquired in the United States since May 1, along with at least 11,841 additional cases requiring further investigation. For comparison, 1,180 cases were reported in the United States between Mary 1 and August 31, 2025. Washington state is tracking 67 current cases of Cyclosporiasis, with 2 hospitalizations.

Three levels of response

- **Local health jurisdictions are the front line.** LHJs work directly with patients and health care providers, investigate individual cases, conduct interviews, identify potential common exposures, and investigate suspected local sources. They report cases and suspected outbreaks to us and can request assistance from our epidemiologists and other specialists.

- **DOH provides statewide coordination and expertise.** We monitor disease trends across Washington, lead multi-county outbreak investigations, support LHJ outbreak investigations, coordinate laboratory testing, work with food safety and environmental health partners, and share relevant information with health care providers and the public.

- **Federal agencies provide national coordination and regulatory tools.** CDC collects and analyzes information from states to identify patterns and potential multistate outbreaks. FDA conducts food traceback investigations and works with states, industry and international partners to identify contaminated foods and support recalls.

Foodborne illness investigations show an essential function of the public health system: **detecting threats early, connecting information across jurisdictions, and turning evidence into action.**

State Health Report: Strengthening the Systems that Make Health Possible

The Washington State Board of Health has released its 2026 State Health Report, outlining priorities and policy recommendations for the 2027–2029 biennium. The report comes at a pivotal time for Washington's public health system, which is navigating workforce shortages, rising community health needs, climate-related threats, and significant uncertainty in federal public health funding.

The report identifies seven recurring priorities across Washington (see the blue box to the right). From these, the Board selected two cross-cutting areas for particular focus:

- Public health system capacity and infrastructure
- Climate resilience

Seven Recurring Priorities in WA

1. Behavioral health, substance use and overdose
2. Health care access and workforce capacity
3. Housing as public health infrastructure
4. Public health system capacity
5. Environmental health and climate-related risks
6. Equity, language access and culturally responsive systems
- Youth and family stability.

Area 1: Public health infrastructure is emergency preparedness.

Public health capacity (including workforce, surveillance, laboratories, data systems, and emergency preparedness) is foundational to the health of Washington communities. Federal programs provide essential support for capabilities that are difficult for states to build and sustain independently. Public Health Emergency Preparedness (PHEP) funding, for example, is a critical source of support for state and local health departments to prepare for and respond to infectious diseases, natural disasters, and other public health threats.

Washington is also seeking to protect federal investments in Epidemiology and Laboratory Capacity (ELC), Section 317 immunization funding, Vaccines for Children (VFC), and public health data modernization. Together, these programs support the people, laboratories, information systems, and community partnerships that allow our state to detect threats early and respond effectively.

The state is also focused on protecting the Public Health Infrastructure Grant (PHIG) and ensuring that investments already made through this program can be sustained. Public health infrastructure requires ongoing maintenance—not just one-time funding.

Area 2: Environmental and climate resilience is public health preparedness.

The Board's second focus area, environmental and climate resilience, is particularly relevant to Washington's recent experience with wildfires and other extreme weather events. Environmental conditions are fundamental drivers of health. The Board's focus in this area recognizes that protecting health increasingly means protecting the environments in which Washingtonians live, work and learn.

- Climate-related threats are increasing the public health burden. Washington is experiencing more frequent and severe extreme heat, wildfires, and flooding, while aging

infrastructure and limited capacity to maintain and modernize systems increase vulnerability to environmental exposures.

- Climate resilience is an equity issue. Communities of color and other underserved communities are disproportionately exposed to environmental and climate-related harms. The report explicitly connects environmental resilience with environmental justice and equity.

Washington Launches Rural Health Transformation Advisory Committee

Washington's Rural Health Transformation (RHT) Program reached a major milestone this month with the selection of members for the new Rural Health Transformation Advisory Committee (RHT-AC) and its first meeting. The RHT Program is a 5-year, federally funded initiative focused on improving health care in rural communities.

The committee will help guide implementation of Washington's RHT projects. With RHT funding, Washington will work on 6 key initiatives:

- Ignite innovation in Washington's rural hospitals.
- Prevent disease and manage care in community settings.
- Invest in the health of Native families.
- Adopt technology and data solutions to enable health improvements.
- Develop Washington's rural workforce to support rural communities.
- Expand and sustain Washington's rural behavioral health system.

Why this matters

Washington received about $181 million in first-year RHT funding*, which is administered by the Centers for Medicare & Medicaid Services (CMS). This investment represents one of the largest opportunities in recent history to improve the sustainability of rural health systems.

The Advisory Committee will help ensure these investments (listed in the blue box on the previous page) reflect the priorities and lived experiences of rural communities.

Who is represented

The committee is a cross-sector body that advises and provides guidance to the RHT Executive Governance Group. It brings together members from across Washington's rural health system, ensuring that investments and priorities are informed by the diverse perspectives of those delivering and receiving care in rural Washington.

Members were recruited through an open and competitive application process and selected by an inter-agency review panel. Tribal delegates were reviewed and selected in consultation with the

Governor's Indian Health Advisory Council and American Indian Health Commission, with an East side and West side representative. Committee members (listed below) will serve an initial 2-year term, with the possibility to extend.

Committee Members

Representing	Name	County	Organization
Tribal delegate (1 of 2 positions)	Councilwoman Dayna Seymour	Okanogan	Confederated Tribes of the Colville Reservation
Tribal delegate (1 of 2 positions)	Sarah Sullivan	Skagit	Swinomish Indian Tribal Community
Rural hospitals	Tyson Lacy	Lincoln	Lincoln Hospital District No. 3
Local health jurisdictions	James Wallace		Okanogan County Public Health District and Chelan Douglas Health District
Federally Qualified Health Centers	Carl Olden	Yakima	Community Health of Central Washington
Behavioral health providers	Julia Mackaronis	Grays Harbor	Roger Saux Health Center
Allied health professionals	Devon Woodley	Ferry	Ferry County Public Hospital District
Medical professionals	Bindu Nayak	Douglas	Washington State Medical Association
Labor organizations	Centra Pickens	Pierce	SEIU 1199 NW Healthcare Multi-Employer Training Fund
Area Agencies on Aging	Laura Cepoi	Jefferson	Olympic Area Agency on Aging
Community – Eastern WA (1 of 2 positions)	Deb Miller	Douglas	Community Choice dba Action Health Partners
Community – Eastern WA (1 of 2 positions)	Jessica Whitehawk	Yakima	Ttáwaxt Birth Justice Center
Community – Western WA (1 position)	Adria Williams	Clallam	Forks Community Hospital

The RHT-AC is not a decision-making body; however, it serves as a bridge between communities and state government by providing feedback and recommendations on program implementation. The Advisory Committee will also be positioned to give input to state leadership on policy and regulatory alignment that can support rural health improvements beyond the life of the grant.

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