Washington State Department of HEALTH

WA PUBLIC HEALTH SYSTEM MONTHLY UPDATE

November 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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Avian Flu Reaches Washington Dairies: DOH Activates Its Incident Management Team

We've also had 3 human cases, one fatal. Find out what DOH is doing and the federal investments that support the response.

Measles in Washington: The Cost of an Outbreak

What does a measles outbreak cost? Find out using one Washington outbreak as a model. Federal investment is crucial in fighting this serious disease.

Avian Flu Reaches Washington Dairies: DOH Activates Its Incident Management Team



Highly pathogenic avian influenza (HPAI) H5N1, also called bird flu, has moved into Washington's dairy herds for the first time. On Oct. 8, USDA confirmed the virus in two Yakima County dairy herds. **By November 6, the United States Department of Agriculture (USDA) had confirmed 43 infected herds, 41 in Yakima County and 2 in Benton County.** Genetic sequencing links the outbreak to cattle moved from Idaho.

The virus has also infected people. Washington has confirmed 3 human cases in 2026, all linked to dairy exposure. On Nov. 1, a Yakima County resident with underlying health conditions died after exposure to infected cattle. This is the first U.S. bird flu death of 2026 and the first linked to a dairy farm. The risk to the general public remains low, and there is no evidence of person-to-person spread.

The Washington State Department of Health activated an Incident Management Team (IMT) to coordinate the public health response. The IMT works alongside Yakima Health District, Benton-Franklin Health District, the Washington State Department of Agriculture (WSDA), Tribal Nations and federal partners.

What DOH Is Doing

Bird flu in cattle is first an animal health emergency led by WSDA and USDA. DOH's job is to protect people: the workers, families and communities closest to infected herds. Public health workers:

1. **Identify and monitor people exposed to bird flu.** Our epidemiologists support local health districts with case investigation, contact tracing, and symptom monitoring of exposed workers. Bird flu testing is offered to symptomatic workers free of charge, and medication is provided if indicated.
    - To identify workers who are exposed, local health obtains lists of workers from employers and makes multiple attempts to contact each worker to identify people who are ill and provide prevention education. Total response rates to this outreach are around 67%. Reasons for unsuccessful outreach may include fear of engaging with a government agency, concern for privacy, incorrect phone numbers, or other reasons. Specific reasons are difficult to systematically assess, as these individuals are not in contact with public health.
    - Cases may be missed if someone does not report illness to public health, if an ill person declines testing, if samples aren't collected at the right time, or if samples are damaged during transit
2. **Go to farms.** Zoonotic disease staff join local health on dairy site assessments. These assessments look for gaps in worker protection, such as missing protective equipment or practices that may put people at risk. We give an assessment report to each farm with steps to improve worker protections .
3. **Test and sequence.** The Washington State Public Health Laboratories can run up to 60 H5 subtyping tests a day and coordinates with the Centers for Disease Control and Prevention (CDC). Our molecular epidemiologists analyze viral sequences from human cases and compare them with animal samples from the Washington Animal Disease Diagnostic Laboratory.

4. **Provide supplies.** DOH's Medical Logistics Center fills local requests for the antiviral Tamiflu and for protective equipment, and is assessing whether to pre-position supplies.
5. **Watch for spread.** Analysts are building syndromic surveillance signals to flag illness consistent with bird flu in affected areas.
6. **Protect the food supply.** Our food safety program works with WSDA on messaging and is ready to support a recall if raw milk tests positive.
7. **Message workers and community members.** Communications and equity staff work with local health to prepare and deliver messages directly to community members through radio, print media, and other forums.

Federal Investments behind the Response

- **Public Health Emergency Preparedness (PHEP), CDC:** pays for the emergency management, incident command and medical countermeasure systems that let DOH activate an IMT within days. PHEP funds also supported Benton-Franklin Health District's response to Washington's first human H5N1 cases among poultry workers in 2024.
- **Epidemiology and Laboratory Capacity (ELC), CDC:** supports the epidemiologists and laboratory staff who investigate cases, run H5 tests, and report results.
- **Advanced Molecular Detection, CDC:** DOH leads one of five CDC-funded Pathogen Genomics Centers of Excellence in the country. CDC invested more than $23 million in Washington's genomic sequencing capacity from FY2021 to FY2023. This is the capacity now tracing how the virus entered and moved through Washington herds.
- **CDC immunization funding:** helped DOH fund local health departments in poultry and dairy areas to promote seasonal flu vaccination for farmworkers, part of a CDC strategy to protect workers at higher risk of exposure.

Bird flu response demonstrates the value of public health infrastructure

Disease surveillance, lab capacity, genomic sequencing, and emergency operations take years to develop, and they cannot be stood up overnight once a virus arrives. The same people and systems that track measles, foodborne illness, and seasonal flu are the ones now tracking H5N1 in Yakima County.

Bird flu is a clear example of why stable, flexible federal funding matters. When funding is cut or delayed, these capabilities erode between emergencies, and the next response starts from behind.

Learn more

- Human cases: Bird Flu Current Situation and Data, DOH
- Infected herds and flocks: Avian Influenza, WSDA
- National animal detections: Avian influenza in Livestock, USDA APHIS

Measles in WA and the Cost of an Outbreak



After 26 years, the United States no longer meets the international definition of a country that has eliminated measles. In November, a Pan American Health Organization commission concluded that measles has spread continuously inside the U.S. for more than 12 months. Elimination never meant zero cases. It meant that measles only came in with travelers and was stopped before it could take hold. That is no longer true. Now measles spreads within the country.

The country has recorded more than 5,000 confirmed measles cases in 2026, the most since 1991, in 45 states and the District of Columbia. This includes Washington. Nearly all cases were in people who were unvaccinated or whose vaccination status was unknown. To regain elimination status, the U.S. must go at least 12 months without sustained spread.

Measles in Washington State in 2026

Washington has confirmed 58 measles cases this year, nearly five times the 12 cases reported 2025. Every 2025 case was linked to travel. This year, travel-related cases have sparked spread within the state.

By mid-April, DOH had traced at least 9 separate introductions of measles into Washington, all tied to domestic or international travel. Three cases had no known source, a sign of undetected spread in the community.

Table 1: Measles Statistics in Washington, 2026

Measles in WA, 2026	Statistics
Where	8 counties, led by: • Clark (21 cases) • Snohomish (14 cases) • Kittitas (7 cases) • Walla Walla (7 cases)
Who	• 43 of the 58 cases were children • 15 of the 58 were under age 5 • About 90% of the people who got sick were unvaccinated
Severity	4 people have been hospitalized. There have been no deaths in Washington this year.

What an Outbreak Costs Public Health

Measles is one of the most contagious diseases known, and every case sets off a large, fast response. Most of the cost of an outbreak falls on public health, not hospitals.

- **Laboratory testing:** The Washington State Public Health Laboratories confirm suspected cases, usually within one day of receiving a specimen. Demand rises quickly in an outbreak: the lab tested at least 81 measles samples in January and February 2026, compared with 9 in the same months of 2025. Each test that rules measles in or out decides whether dozens of people need to be found and protected.
- **Disease investigation:** For each case, epidemiologists at DOH and local health jurisdictions interview the patient, map every place they went while contagious, and find everyone exposed. We then have to find out whether the exposed people are immune to measles. Exposed people who are not immune need vaccine or immune globulin within days, and many must stay home from school or work for up to 3 weeks.
- **Staff time:** Outbreak work pulls staff away from other programs, often for weeks. By late February 2019, 166 DOH staff had logged about 8,700 hours on the Clark County outbreak.

The 2019 Clark County Outbreak: A Benchmark

Washington's last major outbreak shows the scale:

- 72 cases and more than 4,000 exposed contacts to trace.
- 63 days in full incident response, with more than 230 responders.
- About $3.4 million in total costs, roughly $47,500 per case. About $2.3 million of that was the public health response.
- $864,679 in costs to Clark County Public Health alone. The Legislature appropriated $744,000 to reimburse the county.

National research finds the same pattern. A typical measles outbreak costs public health agencies about $766,000, including about $244,000 just to start an investigation, plus about $16,200 for each additional case.

A Johns Hopkins estimate puts the national cost of 2026 measles outbreaks at nearly $83 million so far, about $56 million of it for the public health response.

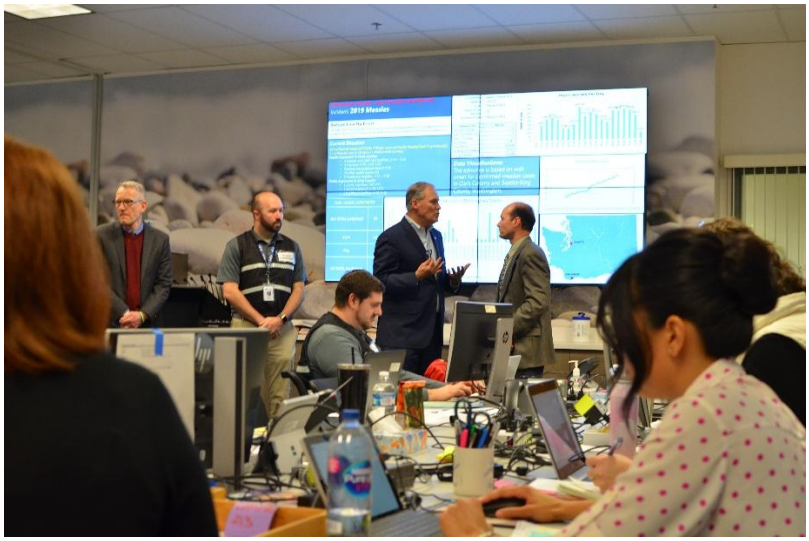


Image: Then-Gov. Jay Inslee visits the Incident Command Center on the DOH campus during the 2019 measles outbreak. DOH incident command staff can be seen working in the foreground.

Why Federal Investment Matters

Prevention costs far less than response. Vaccines have been shown to return 19 times their initial investment. The tools DOH uses to stop measles are paid for largely with federal funds:

- **Section 317 Immunization Program, CDC:** supports vaccine access for uninsured adults, outbreak response, and immunization infrastructure. It has been flat at $682 million for 3 years.
- **Vaccines for Children (VFC):** supplies vaccines at no cost for eligible children and anchors Washington's universal Childhood Vaccine Program.
- **Epidemiology and Laboratory Capacity (ELC) and Public Health Emergency Preparedness (PHEP), CDC:** funds the epidemiologists, laboratory staff and emergency operations that investigate and contain outbreaks. The President's FY2027 budget proposed cutting PHEP by $385 million.

FY2027 funding is not yet final. Current levels run through a continuing resolution that expires Dec. 11. DOH has also requested $2 million in FY2027 Congressionally Directed Spending to bring mobile vaccine clinics to Washington's 22 fully rural counties. In the state's rural counties, kindergarten measles vaccination averages 85.9%, well below the 95% needed to prevent outbreaks.

With measles again spreading inside the U.S., every community with low coverage is at risk. Stable federal funding lets Washington prevent outbreaks instead of paying far more to stop them.

Learn More

- Washington case counts and exposure locations: Measles Cases in Washington State, DOH
- National data: Measles Cases and Outbreaks, CDC

Washington State Department of HEALTH

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