

# Q4 2025 EPI UPDATE

Published: February 2026

## HIGHLIGHTS

Measles Update

2026 Pediatric Immunization Update

Hepatitis B Vaccine Endorsement

Chronic Disease Prevention

Harm Reduction Report:

- Overdose as Reportable Condition
- SSP Summary
- Tebuprenorphine

Influenza Update

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## STATE & NATIONAL MEASLES UPDATE

Measles cases continue to increase across the United States as we enter 2026. Grant County Health District (GCHD) encourages healthcare partners to **remain vigilant, review current guidance, and consider measles in patients presenting with compatible symptoms or with known or potential exposure.** All healthcare facilities should again review and keep on record their workers' measles immunization status.

### Current Situation: United States

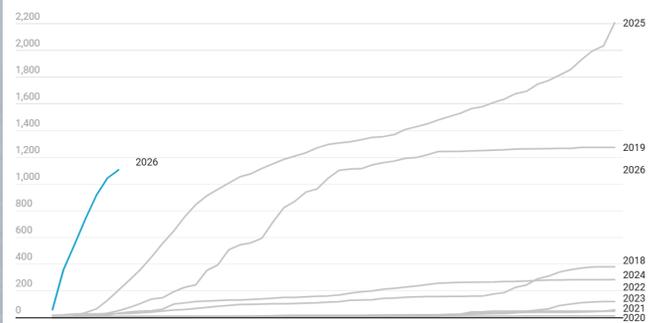
In 2025, the United States reported the highest number of measles cases since the disease was declared eliminated in 2000, with a total of 2,255 confirmed cases reported to the CDC. A major outbreak in West Texas accounted for more than 750 cases, and 45 states reported measles cases during the year. The last year in which the U.S. recorded more than 2,000 cases was 1992.

Since the beginning of January 2026, 982 confirmed measles cases have been reported across 26 states. **A significant proportion of these cases is associated with an ongoing outbreak in South Carolina that began in late 2025.** As of February 23rd, this outbreak has reached 973 confirmed cases, surpassed the size of the West Texas outbreak, and is the largest measles outbreak in the United States in nearly 30 years. You can stay updated on the national situation at [CDC Measles Cases and Outbreaks](#).

If transmission is not effectively interrupted, current trends suggest that **measles cases in 2026 may exceed those reported in 2025.**

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Cumulative measles cases reported in the United States by year



Source: Johns Hopkins University

## Current Situation: Washington State

As of February 23rd, Washington has recorded 24 cases of measles in 2026, **marking the state's first confirmed measles outbreak since 2023**, driven by cases in Snohomish County. Additional cases have been reported in Kittitas, Stevens, and Clark Counties. **Grant County has not seen a measles case since 2008.** You can stay updated on the state situation at [Measles Cases in Washington State \(WA DOH\)](#).

## Prepare Now for a Measles Case

Following the steps below will prepare your organization and patient population for measles cases.

### Promote vaccination for those who are not up to date with measles vaccine



- Ensure MMR vaccines are in stock and available for adults and children
- Run reminder recall reports to identify patients who are not up to date with measles vaccination
- Facilitate easy access to vaccination appointments

### Train front-line staff on recognition and diagnosis of measles



- Understand prodromal and rash patterns typical of measles
- Be prepared to test for measles
- Know how to activate the public health system for measles response

### Prepare your facility for suspected measles cases and avoid healthcare-related measles transmission



- Develop rapid rooming protocols to isolation rooms
- Ensure PPE and training is available for airborne precautions
- Utilize telehealth and parking lot-triage services for suspected measles cases

### Prepare to coordinate a measles response with local public health



- Public exposures to measles will require collection of names, contact information and immunity status to guide prevention recommendations. For employees, prepare this information in advance.
- Successful measles transmission disruption requires clear and consistent communication with public health officials. Please establish contact with local public health ahead of disease outbreaks.

## If You Suspect a Measles Case

Measles is an airborne disease. If you suspect a measles case (**fever, rash, cough, coryza, conjunctivitis**), immediately place a respirator mask or a highest filtering mask safe, feasible or available on patients 2+ and move them to an airborne infection isolation room (AIIR). If no AIIR is available, place them in a private room with the door closed and minimize shared air.

**The suspected case should be immediately reported to GCHD by contacting investigations and response staff at 509-766-7960 EXT 0 (or after hours at 509-398-2083).**



Do not discharge or transfer the patient before calling GCHD. GCHD staff will coordinate a rapid investigation and identify the appropriate response. **Please note that the WA Public Health Lab requires approval from GCHD for measles testing.**

**RT-PCR (nasopharyngeal/oropharyngeal/throat swab, and urine) is the preferred confirmatory testing.** Healthcare staff entering a suspected measles patient's room must immediately implement airborne precautions, including wearing a fit-tested N95 or higher-level respirator regardless of immunity status. **Whenever possible, prioritize staff members with documented measles immunity as the primary caregivers for patients with suspected measles.**

## Immunity for Healthcare Workers

Healthcare workers are considered immune to measles if **at least one** of the following is true:

- Have documentation of clinician-diagnosed measles, OR
- Have laboratory evidence of immunity to measles, OR
- Have written documentation for 2 doses of MMR vaccine
  - » GCHD recommends checking titers if unable to prove immunity to measles
  - » Two doses of MMR vaccine should be given at the appropriate interval for non-immune healthcare personnel regardless of age

## Healthcare Resources:

- [Measles Cases in Washington State](#)
- [Measles Cases and Outbreaks \(CDC\)](#)
- [Interim Pediatric Measles Outbreak Vaccination Recommendations \(WA DOH\)](#)
- [Measles Reporting and Investigation Guidelines](#)
- [Measles Provider Evaluation Worksheet \(WA DOH\)](#)
- [Measles Post-Exposure Prophylaxis \(PEP\)](#)
- [Measles RT-PCR NP & Urine Specimen Collection and Submission Instructions](#)
- [Measles Specimen Shipping Guide](#)

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# 2026 PEDIATRIC IMMUNIZATION UPDATE

## Grant County Board of Health Endorses the AAP Immunization Schedule: What Healthcare Providers Should Know

### Current Schedule in Washington State

In Washington, public health continues to support the [American Academy of Pediatrics \(AAP\) Recommended Child and Adolescent Immunization Schedule](#) for 2026. This schedule reflects the most up-to-date scientific evidence on

vaccine safety and effectiveness and protects children from dozens of serious, preventable diseases. The West Coast Health Alliance, which includes Washington state health authorities, has formally endorsed this schedule as the basis for routine childhood immunizations.

**During its most recent regular meeting in February, the Grant County Board of Health unanimously passed a resolution endorsing the AAP Immunization Schedule for Grant County.** The finalized resolution will soon be available [here](#).



Although there have been recent federal changes that reduce the number of vaccines broadly recommended by the U.S. Centers for Disease Control and Prevention, Washington state public health officials

and professional partners continue to emphasize the AAP schedule to guide clinical practice and protect children. **All vaccines recommended as of late 2025 remain covered by public and private insurance plans, and the state [school and childcare immunization requirements remain in effect.](#)**

For exact timing and dose details, providers should refer to the 2026 AAP schedule and WA State Department of Health immunization charts used for [school](#) and [childcare](#) entry, which cover vaccines such as DTaP (diphtheria, tetanus, pertussis), MMR (measles, mumps, rubella), polio, HPV, and others.

## Tips for Talking with Vaccine-Hesitant Families



### Practice clear, empathetic communication

Use respectful, open-ended questions to understand parents' concerns. Listen without judgment and validate their feelings. This builds trust and opens the door for meaningful dialogue.



### Be prepared with evidence-based resources

Have CDC or AAP vaccine information and easy-to-read materials ready to share. Display these in waiting areas and include them in visit packets so parents can review credible information on their own time.



### Keep recommendations strong and routine

Clearly state that vaccinations are a standard part of preventive care. Highlight how staying on schedule helps protect not only the child but also siblings, family members, classmates, and the wider community.



### Address specific fears respectfully

If a parent raises a safety concern, acknowledge it and explain what research shows. Where uncertainty exists, be honest but reframe the conversation around risk reduction and protection from serious illness.



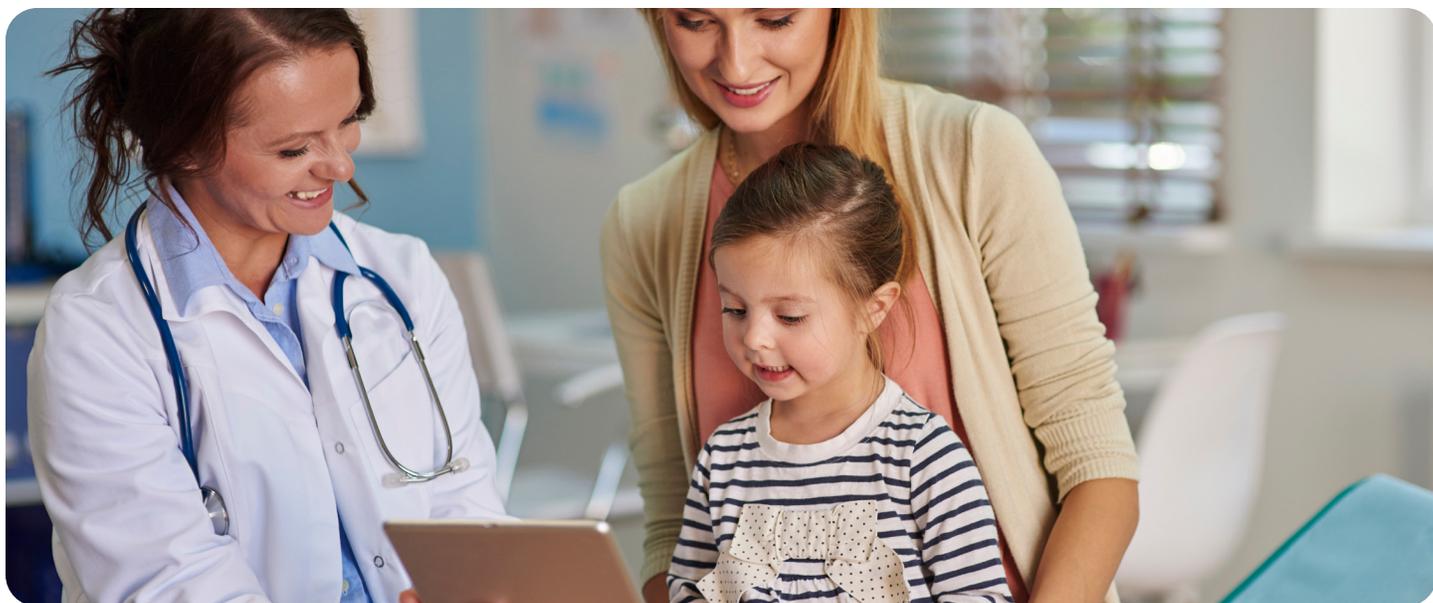
### Plan follow-up

If a parent is undecided, aim for incremental steps, such as agreeing to revisit the topic at the next visit or scheduling one vaccine today. Keep the vaccine dialogue ongoing, as hesitancy can change over time.

By staying grounded in science and fostering supportive conversations, providers play a central role in keeping Washington children up to date on immunizations and protected against vaccine-preventable diseases.

## Additional Resources:

- [Clinician-Family Immunization Communications FAQs \(AAP\)](#)
- [Plain Talk About Immunizations | Washington State Department of Health](#)
- [Vaccine Safety - Office of Immunization | Washington State Department of Health](#)
- [School and Child Care Immunizations Information for Families | Washington State Department of Health](#)
- [School and Child Care Immunization | Washington State Department of Health](#)



# DOH AND GCHD ENDORSE HEPATITIS B BIRTH DOSE VACCINE

Dear Health Care Providers,

We are writing to ask for your continued support of the hepatitis B vaccine birth dose for newborns. You are a trusted source of information for your patients, and your guidance plays a critical role in their health decisions, including vaccination.

The Washington State Department of Health (DOH) and the Grant County Health District continue to recommend:

- All newborns receive the hepatitis B vaccine within 24 hours of birth, with completion of the 3 to 4 dose series by 18 months of age, regardless of the birth parents' hepatitis B infection status.
- Newborns of birth parents who test positive for hepatitis B infection or have an unknown status receive hepatitis B vaccine and hepatitis B immunoglobulin within 12 hours of birth.
- For infants born to a parent who is hepatitis B-positive, perform perinatal post-vaccination serologic testing 1-2 months after vaccine series completion, but not before 9 months of age. This recommendation aligns with recommendations from the West Coast Health Alliance and leading national organizations, including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of America.

Routine birth-dose vaccination, recommended since 1991, has contributed to a 99% reduction in annual hepatitis B infections and has prevented more than 500,000 childhood infections and an estimated 90,100 childhood deaths.

Thank you for your continued commitment to protecting the health of newborns, families, and communities across Washington.

**Tao Sheng Kwan-Gett, MD, MPH**  
State Health Officer  
Washington State Department of Health

**Alexander L. Brzezny, MD, MPH, FAAFP**  
Grant County Health Officer  
Grant County Health District



# CHRONIC DISEASE PREVENTION

## Using Nutritional and Physical Activity to Support Patient Health

Chronic diseases like cardiovascular disease (CVD) and type 2 diabetes are among the most common and costly health challenges affecting our community and nation. In Grant County, adult obesity and diabetes rates exceed Washington state averages, with physical activity levels lower than ideal. Heart disease prevalence in Grant County (~6.7%) is close to the state average.

Many of these illnesses are largely preventable through lifestyle choices, including a nutritious diet rich in fruits and vegetables, regular physical activity, and supportive community environments.

Diets low in fruits and vegetables and high in sodium and saturated fats contribute to obesity, high blood pressure, and elevated blood glucose levels. Similarly, insufficient physical activity is a significant risk factor for both CVD and type 2 diabetes.

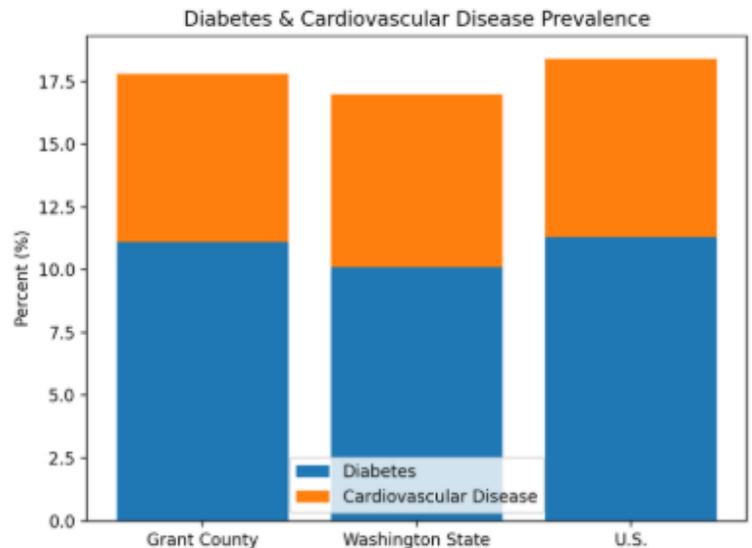
### Supporting Your Patients

For some Grant County residents, maintaining a healthy lifestyle can be especially challenging. Food insecurity affects more than 12% of residents, including nearly 1 in 5 children. The most recent Grant County Community Health Assessment noted that even when food resources are available, options are often inexpensive but nutritionally poor.

Health disparities further impact outcomes for Hispanic residents, who make up 43% of Grant County's population and experience increased barriers to accessing healthy foods and preventive care.

When working with patients at increased risk for chronic diseases, such as those with prediabetes, high cholesterol, or high blood pressure, you can [share this handout](#) to support patient education and encourage evidence-based lifestyle changes that can help prevent the progression of chronic disease. This guide also includes [a resource bank for Grant County residents who may be facing food insecurity or other health barriers](#).

Data Source: [Grant County Community Health Assessment \(2024\)](#)



# OVERDOSE NOW A MANDATORY REPORTABLE CONDITION IN GRANT COUNTY

As of January 1, 2026, all suspected or confirmed drug overdoses (non-fatal and fatal) in Grant County must be reported to GCHD within 48 hours of diagnosis or response, using the official reporting form or secure communication. This reporting requirement was established under Ordinance 2025-04 after overdose was added to the list of notifiable conditions to enable more timely public health action and trend analysis.

## Who Must Report

- Any licensed or certified healthcare professional under Title 18 RCW
- Military personnel providing healthcare in Washington State
- Coroners and deputy coroners
- First responders including law enforcement, fire, and EMS personnel

Prompt reporting will help GCHD better understand local drug trends and coordinate prevention, intervention, and treatment efforts.

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## SYRINGE SERVICE PROGRAM (SSP)



From October–December 2025, the SSP served dozens of individuals through hundreds of encounters. Many clients returned multiple times, highlighting consistent engagement in harm reduction services.

During this period, the program distributed **386 naloxone kits**, over **130 wound care kits** and **115 safer injection kits**. Thousands of syringes were provided and safely disposed of, reinforcing SSP's role in overdose prevention, infection reduction, and community safety.

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## WASHINGTON TELEBUPRENORPHINE

The Washington Telebuprenorphine (Telebupe) program, created in partnership with the University of Washington Department of Emergency Medicine and the Washington State Department of Health, provides rapid, short-term access to buprenorphine (Suboxone) for treating opioid use disorder.

### About the Program

The program serves Washington residents ages 13 and older through a statewide hotline available 9:00 AM–9:00 PM, seven days a week, offering no-cost audio or video telehealth visits following a brief intake screening. Telebupe is designed as a low-barrier, urgent access point, with Linkage to Care Coordinators following up within 72 hours to connect patients to ongoing, community-based MOUD care tailored to their region, insurance, and individual needs. On January 14, 2026, the Washington State Department of Health announced the expansion of the telebuprenorphine hotline, which provides low-barrier access to care for people across Washington.

# MID-SEASON INFLUENZA UPDATE

## Local Influenza Activity

Influenza activity remains above seasonal thresholds across Washington, with **Grant County experiencing higher rates than the state overall**. During the week of February 8 - 14 2026, influenza accounted for 7.7% of emergency department visits in Grant County, compared with 4% statewide. Surveillance shows influenza A(H3N2) predominates, with most viruses belonging to the recently emerged subclade K, now the dominant lineage this season. According to CDC, antigenic drift associated with this subclade may be contributing to increased transmission and disease severity.

Influenza-associated hospitalizations and deaths have been reported statewide, primarily among older adults and individuals with underlying medical conditions, though severe outcomes have occurred across all age groups. As of February 23, 125 laboratory-confirmed influenza-associated deaths have been reported in Washington State, including two Grant County residents.

## Testing, Treatment, and Subtyping Guidance

Healthcare providers are encouraged to continue influenza testing as clinically indicated. **Early antiviral treatment remains one of the most effective tools to reduce influenza severity, hospitalization, and mortality, yet is often underutilized**. Treatment should be initiated as soon as possible for hospitalized patients, patients with severe or progressive illnesses, and high-risk outpatients, and should not be delayed while awaiting test results when influenza is suspected. Antiviral therapy may still provide benefit when started beyond 48 hours in patients with severe disease or those requiring hospitalization.

**In addition, post-exposure antiviral prophylaxis should be considered when the exposed person is at high risk for severe illness or complications, or in institutional outbreak settings such as long-term care facilities.** Oseltamivir (Tamiflu) is the most frequently used medication and is generally prescribed as follows:

- Chemoprophylaxis (PEP) of Influenza: Oseltamivir 75mg (Tamiflu) once daily for a minimum of 2 weeks, continuing for at least 7 days after identification of last known case in the facility
- Zanamivir (Relenza), and Baloxavir marboxil (Xofluza) are also acceptable for PEP in most populations
  - » PEP is most effective if started within 48 hours of onset of symptoms.

To support statewide surveillance and early detection of novel influenza viruses, specimens from hospitalized patients with laboratory-confirmed influenza should be subtyped, especially for those admitted to intensive care units. Any unsubtypeable influenza A results should be reported immediately to GCHD and submitted to the Washington State Public Health Laboratories (PHL) for further characterization, following established submission protocols.

## Avian Influenza Considerations in Washington

In addition to seasonal influenza, highly pathogenic avian influenza (HPAI), primarily H5N1, continues to circulate among wild birds and domestic animals across the country, including in Grant County, where HPAI has been detected in several wild birds, a back yard poultry flock, and a domestic cat over the past two months. Providers should remain vigilant for patients presenting with influenza-like illness (ILI) who report high-risk animal exposures, including contact with sick or dead birds, poultry, dairy cattle, or other potentially infected animals.

**Patients with ILI and relevant exposure history should be considered for HPAI testing in consultation with GCHD. Early identification and reporting are essential to ensure appropriate infection control measures, clinical management, and public health follow-up.**

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## Southern Hemisphere Insights

Australia's recent influenza season was notable for early, elevated activity, and an unusually prolonged duration, with influenza A(H3N2) subclade K predominating, like what is now circulating in our state. **This extended Southern Hemisphere season may signal the potential for continued or later-than-typical influenza activity in the U.S., emphasizing the importance of ongoing vaccination, surveillance, and clinical preparedness through late winter and early spring.** While vaccine effectiveness varies by season, vaccination continues to reduce the risk of severe illness, hospitalization, and death.

## Key Points for Washington Providers

- Influenza activity remains elevated in Grant County and across the state.
- Influenza A(H3N2), specifically subclade K, is the predominant circulating strain this season.
- Initiate antiviral treatment early for severe illness and high-risk patients and consider prescribing it prophylactically when indicated.
- Maintain vigilance for ILI with high-risk animal exposures and consult public health for possible HPAI testing.
- Subtype hospitalized influenza cases; report to GCHD unsubtypeable influenza A and submit specimens to WA PHL for further testing.
- A prolonged influenza season in the U.S. may be possible based on insights from the Southern Hemisphere.
- Early testing, timely antiviral treatment, and vaccination remain essential to reducing severe outcomes.

GCHD will continue to monitor influenza activity and provide updates as the season progresses.

# IN CASE YOU MISSED IT...

Click the image to read the full story.



## Grant County Releases Community Health Improvement Plan

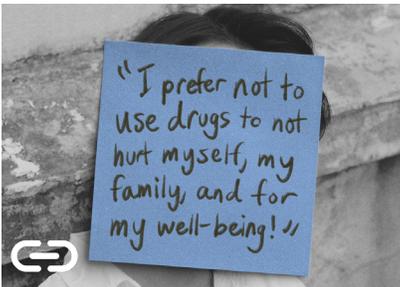
January 29, 2026

This plan unites public health and community organizations through shared goals that drive coordinated action across Grant County.



## The West Coast Health Alliance Continues to Recommend Vaccination in Alignment with AAP

January 5, 2026



## Everyone Has A Why Campaign

January 5, 2026

GCHD is proud to continue the Everyone Has A Why campaign with a focus on preventing substance use among youth.



## Updated Guidance for Clinical Consideration of Avian Influenza

December 16, 2025

Washington State Department of Health updated guidance about clinical consideration of, and testing for, avian influenza.

# TO REPORT A NOTIFIABLE CONDITION:

PHONE:  
(509) 766-7960

CONFIDENTIAL FAX:  
(509) 764-2813

AFTER HOURS & WEEKENDS:  
(509) 398-2083

Disease/Condition	Jan - Dec 2025	Jan - Dec 2024
Botulism	0	0
Blood Lead – Child	<5	12
Campylobacter	53	64
Chlamydia	480	433
Coronavirus (SARS-CoV2)	1473	2417
Cryptosporidium	7	9
Coccidioidomycosis	0	<5
Shiga toxin E. coli (STEC)	7	7
Giardia	8	6
Gonorrhea	29	60
Hepatitis A	<5	<5
Hepatitis B (chronic)	<10	<10
Hepatitis C (chronic/surveillance)	28	33
Hantavirus	0	<5
Herpes Simplex	23	32
HIV	<10	<10
Influenza Deaths	<10	<10
Legionellosis	<5	<5
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	26	55
Rabies PEP	6	13
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	12	24
Shigella	7	<5
Syphilis	39	33
Tuberculosis	<10	<10
Yersiniosis	<5	9
West Nile Virus	0	0
Unexplained Death	0	0
Totals	2,219	3,237



# GCHD

GRANT COUNTY HEALTH DISTRICT

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