

Q3 2025 EPI UPDATE

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HIGHLIGHTS

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Seasonal Vaccines

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Notifiable Conditions Summary

COVID-19 VACCINE IN WASHINGTON STATE

Grant County Health District (GCHD) recognizes the challenges our healthcare partners are facing with the inconsistencies and evolving information surrounding the COVID-19 vaccine. We sincerely appreciate the continued efforts of local healthcare facilities to make the vaccine available to our residents as quickly as possible.

Like our state partners at the Department of Health, GCHD is committed to using the best available science to guide public health decisions. As a result, we are aligning with the Washington State Department of Health and continue to **recommend the COVID-19 vaccine to everyone 6 months and older where the vaccine is not medically contraindicated.**

Table courtesy of WA DOH.

Tradename	Vaccine Type	Approved for use in individuals who are:
COMIRNATY (Pfizer)	mRNA	• Minimum age, 5 years
MNEXSPIKE (Moderna) <small>*is approved and available on the private market. It will not be supplied via CVP/AVP</small>	mRNA	• Minimum age, 12 years
NUVAXOVID (Novavax)	Adjuvanted	• Minimum age, 12 years
SPIKEVAX (Moderna)	mRNA	• Minimum age, 6 months

GCHD continues to advise that it may take time before sufficient amount of the updated vaccine becomes available in Grant County. GCHD is also encouraging patients who are seeking the updated vaccine to bring a copy of the State Health Officer's "standing order for COVID-19 vaccines" to their vaccine appointment.

On the next page is a letter from the Office of Immunization at DOH and the State Health Officer summarizing the current situation. GCHD will continue to share updates with healthcare partners as we learn more.

Washington State Department of Health - Office of Immunization: Letter to Healthcare Professionals

Dear Health Care Providers and Health System Partners,

To help reduce confusion and address urgent access barriers, we are reaching out to share updated information regarding COVID-19 vaccine recommendations and authorizations in Washington state.

DOH continues to recommend that everyone 6 months and older, including pregnant people, stay up to date with the current COVID-19 vaccine to help protect against severe illness, hospitalization, and death.

DOH supports evidence-based COVID-19 vaccine recommendations from trusted national medical associations including the American Academy of Pediatrics for those 6 months-18 years, the American College of Obstetrics and Gynecology for all pregnant individuals, and the American Academy of Family Physicians for adults 19 years and older.

To support Washingtonians in their efforts to protect themselves from COVID-19 infection using the best available science, effective today DOH is issuing a statewide standing order for COVID-19 vaccines. This standing order under the direction of the State Health Officer, authorizes qualified health care professionals to vaccinate individuals aged 6 months and older, including pregnant persons, who do not have contraindications to the vaccine. Please review the standing order and FAQs on the DOH website and share with your networks as appropriate.

Additionally, Washington Governor Bob Ferguson together with Governor Gavin Newsom of California and Governor Tina Kotek of Oregon announced the formation of the West Coast Health Alliance on September 3, 2025. This regional partnership ensures public health policies continue to support safety, efficacy, transparency, access, and trust.

If you have questions about insurance coverage, we recently shared updated information on COVID-19 vaccine insurance coverage. This includes key details on coverage and billing through Apple Health (Medicaid) and private insurers.

Hopefully, this standing order will assist many in continuing to access COVID-19 vaccines. The barriers to COVID-19 vaccination are complex, and the standing order is just one part of the solution. As we work to minimize barriers, we acknowledge that challenges will remain this respiratory virus season, and many may still experience difficulty accessing vaccines. DOH is actively monitoring these issues and working toward solutions. We remain committed to science-based vaccine policy and to ensuring vaccine access and equity for everyone in Washington, and we will keep you informed of any future developments.

Thank you for your continued partnership.

Warm regards,

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SEASONAL VACCINES

As respiratory illness season approaches, GCHD encourages **providers to ensure their patients are protected with updated vaccines for influenza, COVID-19, and RSV.**

The 2025–2026 influenza vaccine is now available and recommended for all patients 6 months and older without contraindications. Vaccination should ideally occur by the end of October, though it should continue as long as viruses are circulating. Early vaccination is especially important for adults ≥65 years, young children, pregnant individuals, and patients with underlying conditions. Please also review RSV vaccine recommendations for eligible adults and pregnant patients (more details in the following section). All three vaccines may be safely coadministered, and routine visits should be used as opportunities to offer protection against COVID-19, influenza, and RSV.

Table courtesy of WA DOH.

Age/Condition	COVID-19	Influenza	RSV
Children 	<ul style="list-style-type: none"> All 6-23 months All 2-18 years with risk factors or never vaccinated against COVID-19 All who are in close contact with others with risk factors¹ All who choose protection¹ 	<ul style="list-style-type: none"> All 6 months and older 	<ul style="list-style-type: none"> All younger than 8 months² All 8-19 months with risk factors
Pregnancy 	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> 32-36 weeks gestational age²
Adults 	<ul style="list-style-type: none"> All 65 years and older All younger than 65 years with risk factors All who are in close contact with others with risk factors All who choose protection 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> All 75 years and older All 50-74 years with risk factors

HEALTH OFFICER UPDATE: 2025/26 RESPIRATORY ILLNESS SEASON

Monday, October 6 | 9AM - 10AM (Online only)

The Grant County Health Officer, Dr. Alexander Brzezny, invites the Grant County healthcare community to attend an informative webinar addressing the upcoming 25/26 respiratory illness season. The session will cover season thresholds established by Region 7 health officers, recommended non-pharmacological interventions for respiratory pathogens, and updates on seasonal vaccines (RSV, flu and COVID-19).

[RSVP HERE.](#) Contact Amber McCoy, amccoy@granthealth.org with any questions.

RECENT UPDATES ON CHIKUNGUNYA, MENINGITIS, AND RSV VACCINES

Over the past year, several significant developments have shaped vaccine guidance and availability in the United States. Below is an overview of the latest updates on the chikungunya, meningitis, and RSV vaccines.

Chikungunya Vaccine

In August 2025, the **FDA suspended the license for Ixchiq, the first chikungunya vaccine approved in the United States.**

The decision followed reports of rare but serious neurologic and cardiac side effects, particularly in older adults. In response, the Advisory Committee on Immunization Practices (ACIP) has endorsed a new vaccine option, Vimkunya, developed by Bavarian Nordic.

This vaccine is recommended for adults who are traveling to areas with outbreaks or planning extended stays in regions where chikungunya is endemic. Providers should discontinue the use of Ixchiq and counsel eligible patients about Vimkunya as a safer and more reliable option for protection.

Meningitis Vaccine

Meningococcal vaccination also saw a major advancement earlier this year. In February 2025, the **FDA approved Penmenvy, a five-serogroup (pentavalent) combination vaccine consisting of two components intended for reconstitution just prior to administration.** Designed for adolescents and young adults between the ages of 10 and 25 for two doses 6 months apart, Penmenvy basically combines the protection of the MenB (Bexsero) and MenACWY (Menveo) vaccines into a single series.

Alongside this approval, ACIP revised its recommendations for MenB, expanding the schedule to a three-dose series for healthy adolescents and young adults to ensure stronger and longer-lasting immunity.

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The standard MenACWY schedule remains unchanged, with a first dose recommended at ages 11–12 and a booster at age 16. With these updates, Penmenvy is expected to simplify vaccination schedules and improve uptake among adolescents.

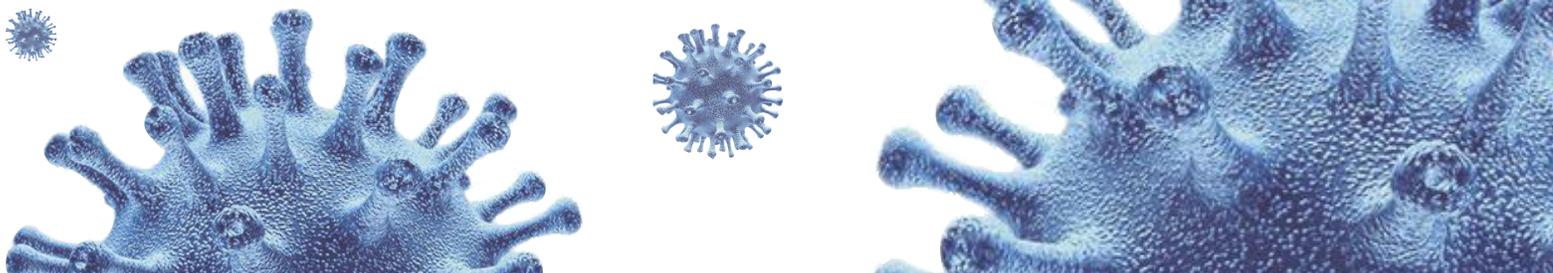
RSV Vaccine

Vaccination guidance for RSV has also progressed. **Adults aged 75+ and those aged 50–74 with underlying health conditions are now recommended to receive a single dose of RSV vaccine,** with protection expected to last at least two years.

In pregnancy, the Abrysvo® vaccine is recommended as one dose given during weeks 32–36 of gestation—ideally between September and January—to protect newborns during RSV season. Additionally, infants born to vaccinated mothers should still be assessed for monoclonal antibody prophylaxis with one of the two approved options: nirsevimab or clesrovimab. In March 2025, the World Health Organization prequalified Abrysvo®, facilitating global procurement and maternal-infant protection initiatives.

Summary

Together, these updates represent an important additions to vaccine recommendations, reflecting both advances in knowledge and adjustments to safety and risk profiles. Providers are encouraged to incorporate these changes into their clinical practice.



RABIES EXPOSURES AND RABIES PEP: IMMEDIATE REPORTING REQUIRED

Although human rabies is extremely rare in Washington, the threat remains. Bats are the only known rabies vector in our state. In the last 75 years, only two cases of human rabies have been identified; both individuals were infected with bat variant rabies virus. In 1995, a four-year-old child died of rabies four weeks after a bat was found in her bedroom; and in 1997, a 64-year-old man died of rabies; exposure in this situation was unknown.

Because rabies is almost always fatal after symptoms begin, any suspected exposure must be treated as a medical and public health emergency.

Healthcare providers and healthcare facilities are required by law to report both:

- Any suspected human rabies exposure
- Any administration of rabies post-exposure prophylaxis (PEP)

These reports allow GCHD to help assess exposures, guide decisions on animal rabies testing and PEP use, and monitor for high-risk situations where others may be at risk.

Local Reporting Gap

Ongoing underreporting of suspected rabies exposures has been identified in Grant County in recent years. This not only limits the ability of public health to track and respond to high-risk exposures in the community, but it additionally contributes to overprescription of rabies PEP in situations where treatment is not indicated under current guidance, resulting in unnecessary medical interventions and resource use.



What to Report

Under the [2023 Notifiable Conditions Rule](#), the following must be reported immediately:

- Suspected human rabies exposures (e.g., animal bites or other contact with suspect rabid animals, or if a bat bite/exposure cannot be ruled out, e.g. bat in the sleeping area or with a previously unsupervised child)
- Any animal bite when human exposure to rabies is suspected
- Suspected or confirmed human rabies cases

Report immediately to GCHD by calling 509-766-7960 ext. 0 or 509-398-2083 (after hours), or fax 509-764-2813.

Guidance for PEP Decisions

PEP should only be started after careful assessment of several factors, first and foremost being the animal species and behavior.

All bats should be presumed rabid unless testing confirms otherwise, and the same is true for all other rabid-acting mammals.

Continued...

Additional factors to guide PEP assessment include:



Severity of exposure
(Minimal direct contact vs. bite)



Circumstances of exposure
(Provoked vs. unprovoked)



Vaccination status (for
dogs, cats and ferrets)



**Geographic
risk factors**

Refer to: [Rabies Exposure and PEP Guidance \(DOH\)](#). The algorithm on page 3 is designed to be a quick reference guide for rabies risk assessment.

GCHD Support

GCHD staff are available 24/7 to consult on rabies exposure assessments and coordinate rabies testing through the WA State Public Health Laboratory. Contact us by calling 509-766-7960 ext. 0 (“a healthcare provider calling with questions about rabies”) or email to CD@granthealth.org for general information requests. For urgent matters after hours, call 509-398-2083.

JOIN THE GRANT COUNTY BOARD OF HEALTH!

The Grant County Board of Health oversees the work of GCHD and provides guidance on public health policies and priorities. In addition to setting direction, this group is responsible for enforcing local, state, and federal health regulations in Grant County.

Open Positions

The Grant County Board of Health is seeking alternate and primary members for the following positions:

- Healthcare/Public Health
- Lived Experience
- Community Stakeholder

The healthcare position can be filled by providers or professionals from healthcare facilities and public health organizations. This may include pharmacists, dentists, community health workers and more.

Learn More

To learn more and apply visit, <https://granthealth.org/267/Meet-Our-Board>.

For questions contact Rita Morfin at 509-766-7960 EXT. 43 or rmorfin@granthealth.org.

RISE IN HIV AMONG CISGENDER WOMEN AND PERINATAL HIV DIAGNOSES

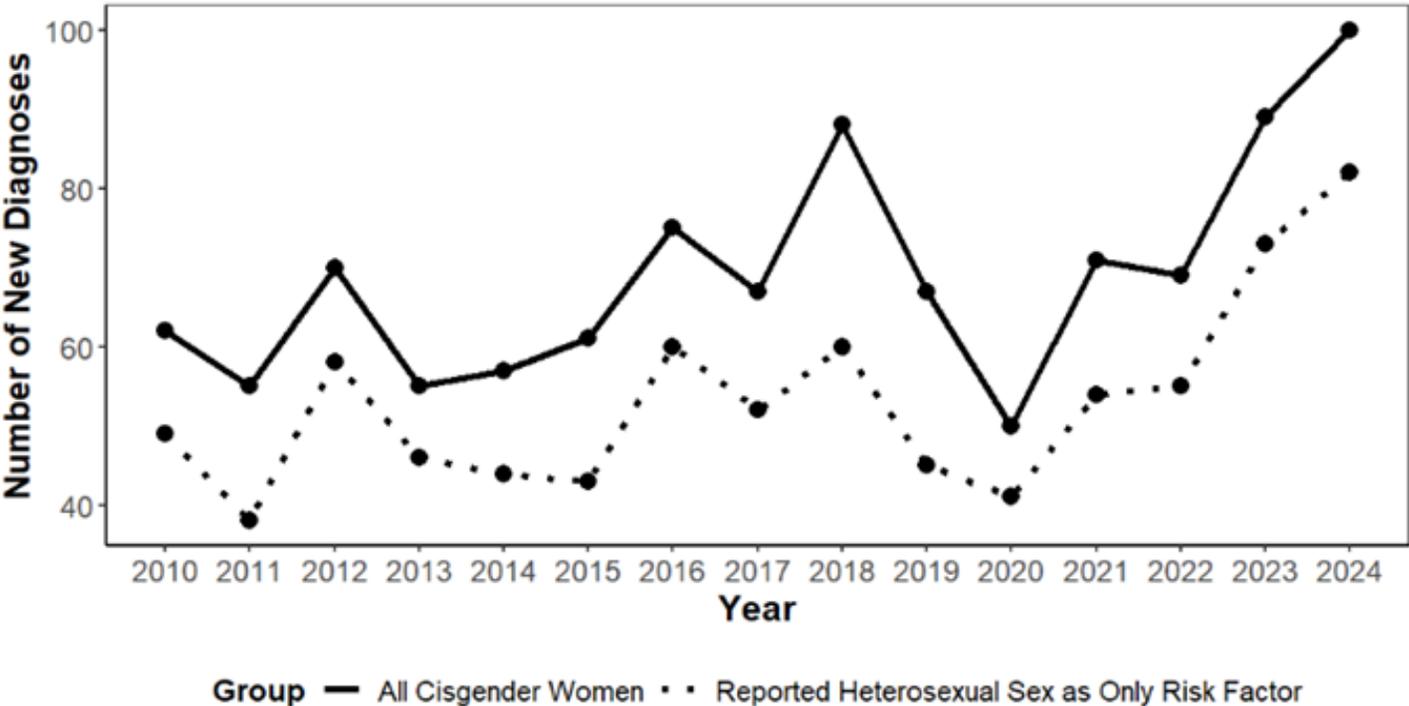
Grant County is beginning to see the same concerning trends in HIV that are emerging statewide. Washington State Department of Health (WA DOH) reports a sharp rise in HIV diagnoses among cisgenderwomen (women with a female gender assigned at birth), many of whom report only heterosexual sexual activity and no other traditional risk factors. In addition, perinatal HIV cases increased in 2024 to the highest level in more than a decade. These shifts mirror the record increases in congenital syphilis and reflect broader changes in STI transmission.

WA DOH is urging all clinicians to expand HIV and syphilis screening, promote prevention tools such as PrEP, and ensure rapid linkage to care. Below is a summary of WA DOH’s findings and recommendations that are directly relevant for providers serving patients in Grant County.

Washington State Department of Health - Provider Alert

Washington State is experiencing a concerning increase in HIV diagnoses among cisgender women, particularly among women who report only heterosexual sexual activity and no history of injection drug use or other recognized HIV risk behaviors. In addition, cases of perinatal HIV diagnoses rose in 2024, with three cases of perinatal HIV reported among Washington-born residents – the most cases reported in over a decade.

HIV Cases Among Cisgender Women, Washington State, 2010-2024



Continued...

Current Situation:

- New HIV diagnoses among cisgender women increased 46% from 2022 to 2024, reaching 100 new diagnoses in 2024 – the highest number on record in Washington State. (See graph above, courtesy WA DOH)
- The increase is not driven by HIV diagnoses among cisgender women born outside the U.S., who have historically represented a significant proportion of HIV diagnoses among women; the current rise appears to reflect broader shifts in domestic transmission dynamics.
- The rise in cases is disseminated across the Pacific Northwest and is not isolated to a single state or county.
- In two of the three Washington-born perinatal HIV cases diagnosed in 2024, the birthing parent had a negative HIV test in their first trimester, emphasizing the need for repeat testing during pregnancy and/or at birth, especially among those at elevated risk for HIV.
- This rise parallels record-high – and still-climbing – congenital syphilis cases, reflecting broader trends in sexually transmitted infection (STI) transmission dynamics.

Actions Requested:

To help mitigate this growing public health concern, WA DOH urges healthcare providers and public health partners to take the following actions:

- 1. Expand Routine HIV and Syphilis Screening** – Integrate HIV and syphilis testing into routine care, including for sexually active cisgender women, transgender men, and cisgender heterosexual men, regardless of perceived risk factors. In alignment with CDC guidelines, sexually active patients should be screened for HIV at least once annually, with more frequent testing (e.g., every 3-6 months) for those with elevated risk. Please note that routine HIV and syphilis testing and treatment are covered by Medicaid in Washington State.
- 2. Promote Pre-Exposure Prophylaxis (PrEP)** – Educate at-risk individuals, including cisgender women who report only heterosexual sex, about PrEP as an effective HIV prevention tool. When taken as prescribed, PrEP reduces the risk of acquiring HIV through sex by approximately 99%. While research is ongoing on risk factors for cisgender women, the following may indicate the need for PrEP:
 - Recent syphilis, gonorrhea, or chlamydia diagnoses,
 - A male partner who has sex with men or injects drugs,
 - Methamphetamine or other drug use (including non-injection drug use),
 - Exchange of sex for money, drugs, or anything else of value, such as shelter.
 - Currently experiencing or have a recent history of homelessness.



Providers should consider discussing PrEP even in the absence of traditionally recognized risk behaviors, as risk may not always be disclosed or apparent.

- 3. Ensure Rapid Linkage to Care** – Cisgender women in Washington are less likely than men to be connected to HIV treatment within 30 days of diagnosis. Providers should prioritize prompt referral to HIV treatment and support services to improve health outcomes and reduce onward transmission. Public health disease intervention specialists help link newly diagnosed people with HIV to care as well as help them identify and notify people who may be exposed to HIV. Please report new diagnoses to your local health jurisdiction as quickly as possible (within 3 days of diagnosis).

Continued...

4. Conduct HIV screening during the third trimester (preferably before 36 weeks), and again during labor, delivery, or the postpartum period for birthing people who:

- Have not been tested for HIV during their current pregnancy,
- Have an elevated risk of HIV (see #2), and/or
- Have received little or no prenatal care.

Background:

Historically in Washington, new HIV diagnoses have been predominantly concentrated among men who have sex with men. However, the recent rise in heterosexual transmission is especially concerning, mirroring trends seen in syphilis infections across the State. Once predominantly affecting men who have sex with men, syphilis began spreading more widely into heterosexual networks around 2020, contributing to a sharp increase in cases among women and rising rates of congenital syphilis. These parallel shifts highlight the urgent need for expanded routine, stigma-free HIV and STI screening across populations, timely diagnosis, and strong linkage to care systems.

Resources:

- [HIV Community Services \(WA DOH\)](#)
- [HIV Medical Case Management \(WA DOH\)](#)
- [HIV Early Intervention Program and AIDS Drug Assistance Program Client Services \(WA DOH\)](#)
- [Pre-Exposure Prophylaxis Drug Assistance Program \(PrEP DAP\) \(WA DOH\)](#)
- [Housing Opportunities for Persons with AIDS \(HOPWA\) \(WA DOH\)](#)
- [CDC HIV Screening Guidelines \(CDC HIV Nexus\)](#)

7-OH PRODUCTS: HIDING IN PLAIN SIGHT

Products containing 7-hydroxymitragynine (also known as 7-OH) – such as tablets, gummies, drink mixes, and shots – are novel potent opioid products that have not been proven safe or effective for any use and should be avoided.

Like many areas in the United States, Grant County is seeing an increase in the availability of 7-OH products at local gas stations, vape shops, and convenience stores. These products are not FDA-approved and are prohibited in dietary supplements or foods.

Their widespread availability and marketing tactics are especially concerning. Many 7-OH products are packaged in ways that appeal to minors, such as fruit-flavored gummies, ice cream cone shapes, or small bottles resembling 5-Hour Energy drinks. GCHD has identified the “Feel Free” classic bottle as a commonly sold 7-OH product in our area (see photo at right).



Continued...

Earlier this summer, FDA Commissioner, Marty Makary, condemned the proliferation of 7-OH products, highlighting that 7-OH can be more potent than morphine. He stressed the need for regulation and public awareness to prevent a resurgence of the opioid crisis. View his letter below or [click here](#).



July 29, 2025

Dear Colleague,

I am writing to warn you about an opioid that few physicians may be aware of. It's called 7-hydroxymitragynine (7-OH).

7-OH is found in trace amounts in the kratom plant leaf. But this is not our focus. Our primary concern is the concentrated form of 7-OH. This is an important distinction. These concentrated 7-OH opioid products are far more dangerous than traditional kratom leaf products.

Concentrated 7-OH products have exploded in popularity in recent years, with vape shops, gas stations and corner stores selling pills, gummies, candies, and even eye-catching products like ice cream cones containing 7-OH. You may also see 7-OH referred to as 7-OHMG, 7-Hydroxy, 7-HMG, or 7. Additionally, some kratom leaf products marketed as "spiked" or "enhanced" may contain 7-OH at a level 500% higher than would be naturally expected in kratom leaf.

Notably, [one study](#) in the Journal of Medicinal Chemistry found 7-OH to be 13 times more potent than morphine. Aside from addiction, 7-OH side effects include withdrawal symptoms, insomnia and anxiety, seizures, and fatal respiratory depression. The FDA is seeing increases in adverse events and related reports to poison control and is concerned about the growth of 7-OH product sales nationwide. We have already issued warning letters to several firms for illegally distributing 7-OH products and are working alongside our partners at the DEA to move forward with adding certain 7-OH products to the controlled substances schedules.

Like many physicians, I find it painful to recall the many opioid prescriptions I wrote in the early 2000s for routine procedures, unaware of the high potential for abuse. Our recognition of the abuse potential and our delayed response as a medical community resulted in a national health crisis. Let's not get caught flat footed again. In addition to the FDA's ongoing regulatory activities and education efforts, I appreciate your vigilance on this issue.

For more information, please refer to our new report and educational resources, which can be found at www.fda.gov/7-OH.

Sincerely,

A handwritten signature in black ink that reads "Martin Makary". The signature is fluid and cursive, with a long, sweeping underline.

Martin A. Makary, M.D., M.P.H.
Commissioner of Food and Drugs

IN CASE YOU MISSED IT...

Click an image to view one of Grant County Health District's recent provider alerts.



Mosquitoes Positive for West Nile Virus in Grant County

September 4, 2025

Mosquitoes collected near Crab Creek north of Moses Lake test positive for West Nile virus.



Increasing Regional Risk of Measles

August 26, 2025

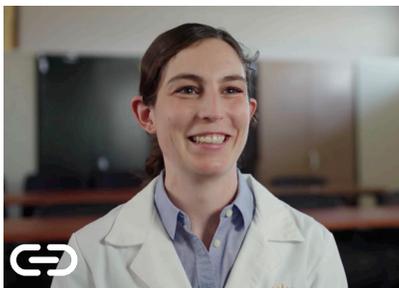
Due to recent signs of measles transmission in Idaho, the Grant County Health Officer is urging healthcare partners to review current guidance and take necessary steps to protect staff and patients should a case present at their facility.



COVID-19 Increasing in Grant County

August 14, 2025

Outbreak in a long-term care facility in Moses Lake which coincides with a recent upward trend in COVID-19 activity.



Everyone Has A Why Campaign

July 1, 2025

This overdose prevention campaign launched July 1, 2025 and will continue through September 2025.

TO REPORT A NOTIFIABLE CONDITION:

PHONE:
(509) 766-7960

CONFIDENTIAL FAX:
(509) 764-2813

AFTER HOURS & WEEKENDS:
(509) 398-2083

Disease/Condition	Apr - June 2025	Apr - June 2024
Botulism	0	0
Blood Lead – Child	<5	<5
Campylobacter	12	15
Chlamydia	101	119
Coronavirus (SARS-CoV2)	100	209
Cryptosporidium	<5	<5
Coccidioidomycosis	0	0
Shiga toxin E. coli (STEC)	5	0
Giardia	<5	<5
Gonorrhea	<10	18
Hepatitis A	<5	0
Hepatitis B (chronic)	<10	<10
Hepatitis C (chronic/surveillance)	<10	<10
Hantavirus	0	<5
Herpes Simplex	<10	11
HIV	<10	<10
Influenza Deaths	<10	0
Legionellosis	<5	0
Listeriosis	0	0
Malaria	0	0
Measles	0	0
Meningococcal	0	0
Mumps	0	0
Pertussis	10	<10
Rabies PEP	0	<5
Relap. Fever/Lyme	0	0
Rubella	0	0
Salmonella	5	<5
Shigella	<5	0
Syphilis	<10	<10
Tuberculosis	<10	<10
Yersiniosis	0	5
West Nile Virus	0	0
Unexplained Death	0	0
Totals	281	413



GRANT COUNTY HEALTH DISTRICT

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