

laboratory testing; medical countermeasures (MCM) which includes: staging, storing and distribution of vaccine and materials; connecting ill people to medical treatments; vaccinating individuals at high risk; wastewater surveillance; health education/promotion activities; and providing sound public information. This communication will help reduce the stigma associated with this virus.

- b. Increase efforts to ensure all available vaccine is utilized, distributed in an equitable way, and plans are developed to increase opportunities for vaccination for eligible populations and increase marketing of vaccine availability.

i. Develop plan and schedule for the DOH IMT, Care-A-Van and other Vaccine related events that we can support in close cooperation with local health partners and tribal partners. The Care-A-Van is a resource that allows the local health jurisdiction to augment and supplement their own strategies and plans and enhances their ability to administer vaccination in an equitable fashion to socially vulnerable community members. The IMT will also ensure effective and culturally and linguistically appropriate messaging around MPV is available and distributed across the state in different modalities.

Addressing MPV allows for the department to clearly convey public health information, reducing stigma and discrimination to socially vulnerable community members, and communicating out relevant travel health information, such as notification of large events connected to monkeypox outbreaks. DOH can develop and convey quality data monitoring, reporting statistics, and support for case investigation to ready to implement as requested by local health jurisdictions.

Actions that are key to the MPV outbreak control and financial assistance is needed:

DOH encouraging our medical providers to request testing for any individual that they suspect might have monkeypox

Supporting sufficient vaccination capacity to prevent infection among those in the community at risk

Maintain tracking and reporting of MCM distribution of vaccines.

Vaccine: \$2,014,000

39 Staff activated at different FTE% for a total of 12 FTEs

Vaccine distribution

Care-a-van operations

Maintain tracking and reporting of MCM distribution of vaccines.

Outbreak Response/Surveillance: \$336,000

Wastewater-based epidemiology (WBE) is a way of monitoring community infection levels that doesn't rely on individual testing or reporting, relieving the following barriers to monitoring MPV:

Limited access to clinical testing resources

Individual person not knowing they are infected

Testing avoidance caused by stigma associated with MPV infection

As of September 7th, 7 of the 16 counties with confirmed MPV cases participate in the Washington Wastewater-Based Epidemiology (WAWBE) program where we could expand MPV testing immediately (Snohomish, King, Pierce, Mason, Spokane, Benton, and Clark counties). We are working to onboard Yakima, Walla Walla, and Thurston counties. Multiple LHJs have expressed interest in using WBE to monitor for MPV, and the Puyallup Tribe has expressed their support of adding MPV at Pierce County sites.

Testing wastewater for MPV would allow DOH, LHJ, and Tribal health officials to better understand the spread of MPV across Washington state, serving as both an immediate response and long-term monitoring plan for this disease.

The Washington Wastewater-Based Epidemiology (WAWBE) program is funded by CDC ELC and EDE grants for COVID-19 monitoring. Any addition of MPV monitoring to the WAWBE program needs to be covered under a different funding source.

Communications: \$505,000

The communications and equity team will work with the Operations Section to message out to community-based organizations, local and tribal public health, and internally around the White House and CDC opening applications for Monkeypox Vaccine Equity Pilot Program. The department will be working with our partners to ensure public information will be disseminated through television, radio, and other forms of media. Along with communications the department will facilitate translations of website updates.

Office of Resiliency and Response: \$225,000

Staffing costs for the IMT 0.7 FTE to support the MPV response

Staffing support for patient monitoring

Costs associated with the facility for isolation and quarantine

Office of Infectious Disease (OID): \$382,000

OID will continue efforts working on surveillance, disease investigation, supporting community engagement for vaccine and prevention. Because of the populations affected by MPV in Washington, OID will take a primary role in DOH for continued efforts, but new staff are needed to take the place of staff from other parts of DOH who have been supporting the MPV effort during IMT. Funding for OID is for 2 FTE (4 positions at 50%) to support continued efforts.

Local Health Jurisdictions: \$6,566,000

- Develop daily epi reports, data analysis, and reporting of vaccine dose allocations
- Vaccine coordination and strategy development, vaccine storage and handling
- Vaccine administration
- Contact tracing and notification
- Congregate Settings Mitigation safe space for individuals to isolate and quarantine
- Testing and treatment
- Engage in community outreach and engagement, share public health and safety information, develop targeted advertisements

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This proposal is to support the response for MPV and the gap in funding the agency has for the response work. DOH and LHJs are continuing to maximize other funding that is allowable, but a funding gap remains.

Detailed Assumptions and Calculations:

Vaccine: \$2,014,000

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see attached FnCal

Workforce Assumptions:

Workforce Assumptions FY23 Projections Only

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
	2.0 HEALTH SERVICES CONSULTANT 2	\$5,535.00	\$1,992.60	\$8,000.00	\$15,000.00
	1.7 HEALTH SERVICES CONSULTANT 3	\$6,260.00	\$2,253.60	\$7,000.00	\$13,000.00
	1.5 HEALTH SERVICES CONSULTANT 4	\$6,908.00	\$2,486.88	\$6,000.00	\$11,000.00
	1.4 WMS02	\$9,530.00	\$3,430.80	\$6,000.00	\$11,000.00
	1.1 EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$8,216.00	\$2,957.76	\$4,000.00	\$8,000.00
	1.0 EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$9,067.00	\$3,264.12	\$4,000.00	\$8,000.00
	1.4 HEALTH SERVICES CONSULTANT 3	\$6,260.00	\$2,253.60	\$6,000.00	\$11,000.00
	0.2 HEALTH SERVICES CONSULTANT 4	\$6,908.00	\$2,486.88	\$1,000.00	\$1,000.00
	0.2 OFFICE MANAGER	\$4,541.00	\$1,634.76	\$1,000.00	\$2,000.00
	0.4 NURSING CONSULTATION ADVISOR	\$9,832.00	\$3,539.52	\$2,000.00	\$3,000.00
	0.2 SENIOR EPIDEMIOLOGIST (NON-MEDICAL)	\$10,260.00	\$3,693.60	\$1,000.00	\$2,000.00
	0.2 WMS01	\$8,013.00	\$2,884.68	\$1,000.00	\$1,000.00
	0.6 WMS02	\$9,530.00	\$3,430.80	\$2,000.00	\$5,000.00
	0.3 NURSING CONSULTANT, PUBLIC HEALTH	\$8,907.00	\$3,206.52	\$1,000.00	\$2,000.00
	0.2 Public Health Advisor 3	\$6,260.00	\$2,253.60	\$1,000.00	\$1,000.00
12.3		\$116,027.00	\$41,769.72	\$51,000.00	\$94,000.00

Strategic and Performance Outcomes

Strategic Framework:

The MPV Response Funding DP supports several strategic and performance outcomes at the state and agency level. Strategic and performance outcomes include:

Results Washington Goal 4: Health and safe communities: Fostering the health of Washingtonians from a healthy start to safe and supported future

The strategic and performance outcome relate to the strategic framework because people matter and we foster an inclusive culture that sees diversity as integral to success along with humility and respect. The strategic framework values the importance of lived human experience of our partners and our teams.

The strategic framework for the agency that applies is all Washingtonians can attain their full potential of physical, mental, and social health and wellbeing. The department's actions recognize that social, structural, and economic determinants of health must be addressed to achieve true health equity and optimal health for all.

This proposal allows the department to fulfill the mission of providing safe and secure vaccines to the people of Washington state.

Performance Outcomes:

- All Washingtonians will be able to access timely actionable health data to make informed personal choices around protection
- All Local, community and tribal public health and healthcare professionals will have access to timely actionable public health data for their jurisdiction to inform decision making and policy action in their response in their communities
- Policy makers will have access to timely accurate data to inform decision making and action
- Washingtonians will have data informed guidance, programs and services to help that personally combat the impacts of on their communities, families and selves.
- Health disparities within communities around will diminish

Right-sized public health workforce needs to combat long-term response to other diseases of public health significance impacting the health and well-being of Washingtonians

Equity Impacts**Community outreach and engagement:**

DOH made an intentional choice during the COVID pandemic response and for public health responses moving forward including MPV (Monkeypox) to create a structure (the Collaborative) that allows all interested community partners the option to participate on an on-going basis. This structure is based on the concept of collaboration, where a group of people work together around a shared project or mission. The Collaborative is an opportunity for our community partners to provide key input and shared impacts to inform both policy level and operational level decisions for public health response. shared project or mission.

Disproportional Impact Considerations:

Per Governor Inslee and to further our response to address the evolving status of the virus in our state, I hereby direct the Department of Health to: • Conduct comprehensive public outreach and education within appropriate communities and communities disproportionately impacted by the virus, working with and through trusted partners; • Emphasize building relationships and engaging in outreach efforts to reach those individuals most at risk; • Prioritize equitable distribution of existing treatments, including the limited supply of approved vaccine; • Support provider education to ensure MPV vaccine is maximized to its fullest extent; • Monitor case counts and demographic data; • Convene a series of roundtables with key stakeholders and legislators to enhance communications and education related to MPV; • Work with and support local health jurisdictions statewide as they manage MPV in their communities; • Maintain adequate testing capacity at the Department's Public Health Lab and address identified reporting gaps; and • Exercise available statutory authority to take appropriate disease control measures.

All of these directives are well underway for the continued MPV response.

Target Populations or Communities:

WA DOH continues to ensure an equitable approach to how we target our messaging around prevention, good public health science as well as our process for the distribution of, access to and information around MPV vaccine and TPOXX treatment. Our approach focuses on not just the most impacted (MSM) population but also takes a community approach to all potentially (high risk) populations across the State of Washington, especially within the counties with confirmed and/or suspected cases. Using race and ethnicity data we continue to monitor the affected populations, those seeking treatment/care and message appropriately to combat any inequities that we identify early through messaging, information sharing and operational changes in the response.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

The MPV response has impacted the local health jurisdictions (LHJs) and their ability to respond to the outbreak on top of the impacts of dealing with a pandemic due to the extraordinary financial and staffing burden of the additional duties necessary to respond. The LHJs have expressed challenges with multiple responses and have expressed a need for assistance from the state to support the important work of vaccinating people for MPV and with the overall response necessary to improve health and well-being of the affected population.

Stakeholder Response:

N/A

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

- [Directive 22-18 - MPV Response.pdf](#)
- [MPV FinancialCalculator_FY23ver23.1- FINAL.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$0	\$1,679	\$1,679	\$0	\$0	\$0
Obj. B	\$0	\$596	\$596	\$0	\$0	\$0
Obj. C	\$0	\$700	\$700	\$0	\$0	\$0
Obj. E	\$0	\$246	\$246	\$0	\$0	\$0
Obj. J	\$0	\$180	\$180	\$0	\$0	\$0
Obj. N	\$0	\$6,500	\$6,500	\$0	\$0	\$0
Obj. T	\$0	\$108	\$108	\$0	\$0	\$0

Agency Contact Information

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