Agency Recommendation Summary

The Department of Health requests funds to establish an early warning surveillance system that monitors emerging health threats to pregnant people and their infants, and their impact on maternal and child health and development. These funds will be used for the program's operational and FTE costs that include epidemiologists, health consultants and a fiscal analyst. Funding the program will facilitate the development of best practices for preparing and responding to health emergencies in mothers and babies, develop and expand on community partnerships and engagements, conduct health equity assessments on key outcomes, and aid in the dissemination of guidance and recommendations.

Fiscal Summary

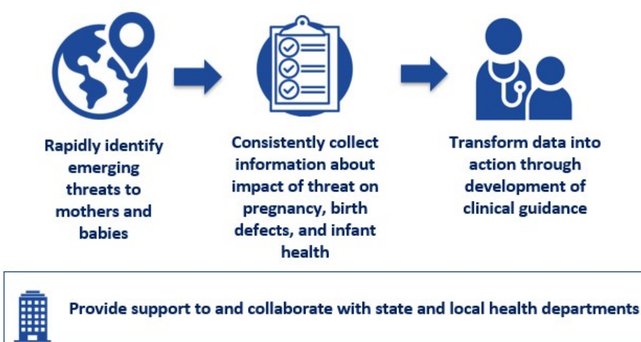
Fiscal Summary *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	2.7	4.7	**3.7**	4.7	4.7	**4.7**
Operating Expenditures						
Fund 001 - 1	$310	$547	**$857**	$547	$547	**$1,094**
Total Expenditures	**$310**	**$547**	**$857**	**$547**	**$547**	**$1,094**

Decision Package Description

The ***S***urveillance for ***E***merging ***T***hreats to Mothers and Babies ***Net***work (**SET-NET**) aims to examine the impact of emerging and re-emerging threats on pregnant persons and their infants, and the impact this might have on maternal, infant and child health and developmental outcomes. SET-NET collects health information of people exposed to hazardous exposures during pregnancy and follows their infants over time. These data are then used to inform clinical decision-making, interventions, and other public health actions (Fig 1). Studies have shown that physiological changes in pregnancy such as increased heart rate and oxygen consumption, decreased lung capacity, and a shift away from cell-mediated immunity, increase susceptibility to infection and elevate the risk of severe illness, making pregnancy one of the risk factors associated with severe disease. These risks are then passed on to the developing child, through mother-to-child transmission cycles that consequently impact on embryo, fetus, and neonatal developmental outcomes.

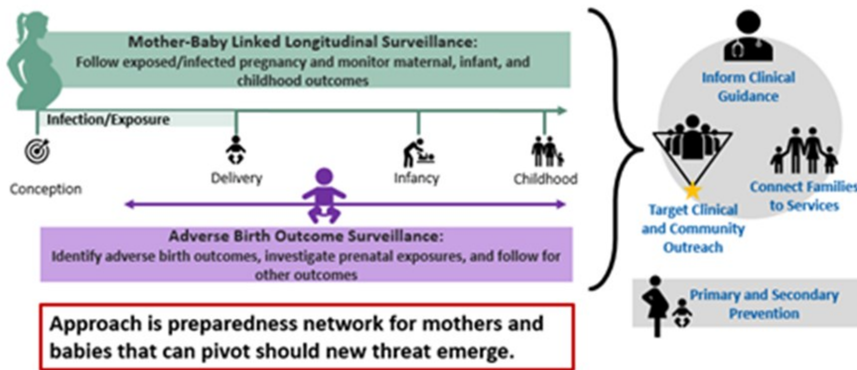
During the 2009 H1N1 Influenza and the 2014 Ebola pandemics, scientists discovered that pregnant people and infants were especially more vulnerable to severe disease compared to the general population. The United States federal government identified the need to guide frontline healthcare providers in infection control and treatment of impacted pregnant women, as well as rapidly collect accurate data in real-time to inform other interventions and response efforts.

Fig 1



In 2016, the Centers for Disease Control (CDC) established a surveillance system to monitor pregnant people with laboratory evidence of Zika virus infection and their infants called the US Zika Pregnancy and Infant Registry (USZPIR). This system captured timely data, which were then used to inform clinical and public health practice recommendations. The lessons learned and tools used to establish the USZPIR were then adapted and leveraged for the Maternal and Infant Network (MAT-LINK), another surveillance system to monitor the maternal, infant, and child health outcomes following treatment for Opioid Use Disorder (OUD) during pregnancy (Fig 2).

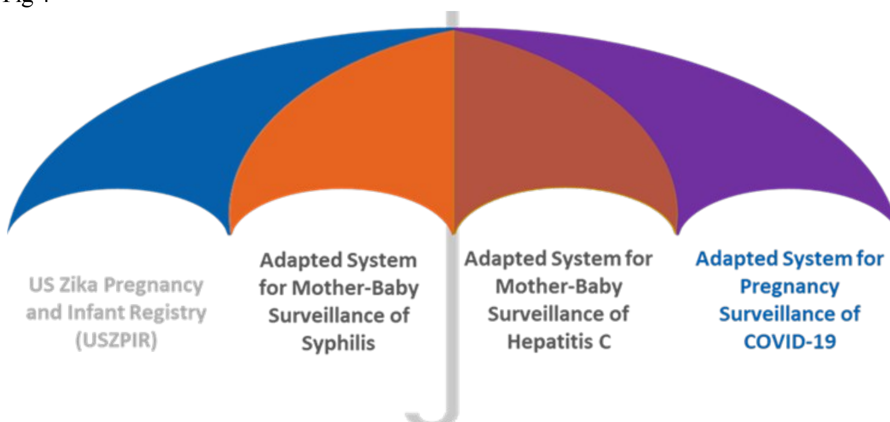
Fig 2



The MAT-LINK system was further modified and developed into the current Mother-Baby Linked Longitudinal Surveillance approach used by SET-NET, that consists of four linked datasets; the Maternal (MAT), Pregnancy Outcome and Birth (POB), Infant Follow Up (IFU) and the Laboratory dataset (LAB). These four datasets are then sectioned into two, one section consisting of General Variables (GV) that capture Personal Identifiable Information (PII) and other demographic data for all mother-baby pairs captured in the pregnancy registry, while the other consists of Modular Variables (MV) that apply to specific exposures of interest under surveillance such as SARS-CoV-2, Syphilis or Hepatitis C (Fig 3). This ensures that one mother-baby pair exposed to one or more infections or hazards is easily identified and followed up. Washington State is currently reporting all three exposures SARS-CoV-2, Syphilis and Hepatitis C, and can quickly fold in other emerging threats including the Human monkeypox (MPX), a zoonotic viral disease caused by the Monkeypox virus (MPXV) or congenital Cytomegalovirus Virus (CMV), the leading cause of sensorineural hearing loss among US children (Fig 4).

Fig 3

Fig 4



While the need for surveillance capacity existed prior to the COVID-19 pandemic, Washington State did not have the capacity to monitor adverse maternal and child health outcomes until 10 months into the pandemic. The SET-NET pregnancy registry presents a critical opportunity to enhance surveillance and monitoring of emerging and reemerging health threats during pregnancy, and their impact on an already vulnerable population in our community. Significant findings derived from CDC SET-NET during the COVID-19 pandemic, which collects data from participating jurisdictions including the Washington State SET-NET program, include:

- Pregnant people are at increased risk of severe illness from COVID-19 (Fig 5). This includes
    - ICU admission
    - Invasive ventilation
    - Death
- COVID-19 in pregnancy is associated with increased risk for preterm birth
- Pregnant and recently pregnant people with COVID-19 have higher odds of
    - Stillbirth
    - Preterm birth
    - Neonates admitted to a neonatal unit
- Risk factors for severe COVID-19 in pregnancy include
    - Older maternal age (≥ 35)
    - High body mass index (≥ 30)
    - Underlying medical conditions
- Hispanic, Native Hawaiian/Pacific Islander, American Indian/Alaska Native and Black pregnant people are disproportionately affected by COVID-19 infection during pregnancy

Fig 5

Hospitalization, ICU admission, mechanical ventilation, and death among pregnant women and nonpregnant women of reproductive age with SARS-CoV-2 infection

Outcomes of Interest	No. (%)* Pregnant women with SARS-CoV-2 (N = 8,207)	Nonpregnant women with SARS-CoV-2 (N = 83,205)	Crude RR (95% CI)	aRR (95% CI)†
Hospitalization§	2,587 (31.5)	4,840 (5.8)	**5.4 (5.2-5.7)**	**5.4 (5.1-5.6)**
ICU Admission	120 (1.5)	757 (0.9)	**1.6 (1.3-1.9)**	**1.5 (1.2-1.8)**
Mechanical Ventilation	42 (0.5)	225 (0.3)	**1.9 (1.4-2.6)**	**1.7 (1.2-2.4)**
Death	16 (0.2)	208 (0.2)	0.8 (0.5-1.3)	0.9 (0.5-1.5)

* Percentages calculated among total in pregnancy status group; those with missing data on outcomes were counted as not having the outcome.
† Adjusted for age as a continuous variable, dichotomous yes/no variable for presence of underlying conditions, and categorical race/ethnicity. Nonpregnant women are the referent group.
§ May include women admitted for obstetric care reasons who received routine SARS-CoV-2 testing upon admission.

Ellington S, Strid P, Tong VT, et al. Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020. MMWR Morb Mortal Wkly Rep 2020;69:769–775. DOI: http://dx.doi.org/10.15585/mmwr.mm6925a1

Fig 6

SARS-CoV-2 and Pre-Eclampsia

Heterogeneity

Pooled unadjusted odds ratios for the association between SARS-CoV-2 infection and preeclampsia-related disorders

Outcome	Number of studies	SARS-CoV-2 infection	No SARS-CoV-2 infection	Pooled odds ratio (95% CI)	P value	I^2, %
Preeclampsia (with and without severe features)	26[88–91,93,95–115]	1072/15,226	37,169/771,635	1.62 (1.45–1.82)	<.00001	17
Preeclampsia with severe features	7[92,94,98,103,108,112,113]	101/2029	629/8990	1.76 (1.18–2.63)	.006	58
Preeclampsia without severe features	5[98,103,108,112,113]	61/1731	190/5195	1.25 (0.81–1.93)	.31	29
Eclampsia	3[97,103,104]	9/6451	290/401,068	1.97 (1.01–3.84)	.048	0
HELLP syndrome	1[104]	33/6380	989/400,066	2.10 (1.48–2.97)	<.0001	NA

Data are presented as n/N.

CI, confidence interval; *HELLP*, hemolysis, elevated liver enzymes, low platelet count; *NA*, not applicable.

Conde-Agudelo. Association between SARS-CoV-2 infection during pregnancy and preeclampsia. Am J Obstet Gynecol 2022.

Recent studies have also found that pregnant individuals with COVID-19 are almost twice as likely to experience preeclampsia, as well as other

adverse outcomes including maternal mortality, compared to pregnant individuals without COVID-19 (Fig 6). Much is still unknown about the impact of re-infections or persistent infections in pregnancy, while there is still an ongoing need to monitor the impact of variant mutations on pregnant persons and fetuses. Infant follow up investigations are underway to monitor for adverse child developmental outcomes while investigations are ongoing to assess the impact of various treatment therapies and vaccines. There is a need to further investigate the disproportionate impact of COVID-19 on communities that have been historically marginalized and formulate appropriate interventions that will mitigate these impacts significantly. Finally, we need to stay prepared and able to pivot and expand capacity to incorporate monitoring of other high impact health threats during pregnancy, to maintain our public health system emergency preparedness and capacity, in readiness for the next threat to mothers and babies in Washington State. This proposal has not been previously requested.

This proposal addresses the need for ongoing and full funding for the SET-NET pregnancy registry program, after it was set up with partial funds from the federal ELC COVID EDE grant, which is projected to expire in July 2023, and supplemented by core ELC CDC Project W funds. Lack of funding will have a direct impact on the ability of the program to provide foundational public health services to conduct disease surveillance and control within an especially vulnerable population, thereby impacting on maternal, child and the wider community health outcomes. The funds will also improve on cross-cutting capabilities to develop best practices for preparing and responding to future threats to mothers and babies, develop and expand on health care system and community engagements and partnerships that will encourage adherence to guidelines and policy recommendations for the care of obstetric and pediatric patients, conduct health equity assessments and their impact on key health outcomes, and enhance communication capabilities to aid in the dissemination of findings and recommendations.

Specifically, the establishment of this program within the Department of Health is critical to retain the required skill set and staffing capacity long term, as well as transition them into permanent positions, by providing reliable funding for the implementation and long-term maintenance of the operational costs of program workflows activities. We propose funding to supplement and retain 2.5FTE working for the following positions:

EPIDEMIOLOGIST 2/Maternal-Child health SME (1FTE, salary range 67)– this position will be responsible for the linkage and creation of datasets and expansion and integration of data systems sourced from various offices and programs within the agency such as the Washington State notifiable Disease Reporting System (WDRS), vital statistics, newborn screening, and birth defects data systems, for the purpose of analysis and evaluation of key outcome measures. The position will also support program surveillance, planning and evaluation efforts including analysis of program data and preparation of descriptive summaries and reports, maps, manuscripts, presentations for distribution to medical providers, public health partners, policy makers, and the public at the local, state, or national level. The position will actively participate in the collaborative development of guidance and best practices for preparing and responding to emerging threats, help develop innovative strategies to address health equity challenges and aid in the dissemination of information for the protection of pregnant people and their infants, by partnering and engaging with academic, professional, and other community stakeholder groups. The position will also provide technical support to local health jurisdictions in addressing health concerns in pregnant people and infants exposed to an emerging threat. This position will serve as the maternal-child health subject matter expert for the program.

HEALTH SERVICES CONSULTANT (HSC) 2/Medical chart abstractor (1FTE, salary range 51): FTE for this position has been reduced by 1 from the previous DP concept paper, as it is flexible and additional surge support can be requested during an epidemic. This position involves systematic review of medical charts of pregnant persons exposed to diseases identified within the program and accompanying abstraction and collection of relevant data for analysis. The position will also assist with data management, quality control and analysis efforts. This position will also be responsible for in-depth follow up of special cases identified for further review, or cases with adverse outcomes, as well as outreach to health care systems or local health jurisdictions for further case investigation, under the direction of the program manager.

SENIOR EPIDEMIOLOGIST/Program Manager (0.5FTE, salary range 76): This position will serve as the supervisor and program lead for the SET-NET pregnancy registry, providing both technical and administrative oversight. The position will be responsible for staff hiring, training and supervision, oversee data collection and quality control, data analysis and interpretation, and dissemination of findings. This position is also responsible for overall program planning and evaluation, strategic engagements, communication and outreach, contracts, grants, resource mobilization and funding, in coordination with division and office budgets and grants staff. This position will also serve as the program link to the Office of Communicable Disease Epidemiology (OCDE) leadership and will coordinate with other programs and leadership in aligning systems and workflows to achieve the office, division, and agency goals.

Fully funding the SET-NET pregnancy registry will increase the surveillance capacity to monitor for emerging, reemerging, or persistent infectious or non-infectious threats during pregnancy, and their impact on a vulnerable, yet significant proportion of our state's population, whose impacts can be literally felt for generations to come. The system will continue assessing the impact of ongoing SARS-CoV-2 variant evolution on pregnancy and birth outcomes, the impact of re-infection, persistent infection, and cross-infections with other infectious agents, as well as assess the efficacy of vaccination and other treatment therapies in pregnancy. Program management, planning and evaluation capabilities will be critical to expand and integrate other hazardous exposures in pregnancy, while incorporating technological and policy changes in response to a fast-changing world, while still meeting program and agency deliverables.

This DP will affect pregnant people, new mothers, infants and their families and caregivers. Pregnant people and babies are especially vulnerable to many infectious disease and environmental threats. It is crucial to sustainably fund infrastructure to monitor and respond to these threats, as opposed to standing up such systems in a hurry in the middle of an emergency, then dismantling and letting such investments go to waste. In addition, by monitoring health threats to pregnant people and babies, we will understand and appreciate the scale of the problem, and consequently develop interventions to protect our most vulnerable. This proposal will also reduce health disparities by identifying heavily impacted and underserved communities within the state and work to address them, through culturally sensitive outreach and intervention activities and increased access to and linkage with clinical and other forms of care. This DP will help save babies in Washington State through surveillance, research, and prevention of potential adverse birth and infant outcomes, and help children and future generations live to the fullest by understanding and averting emerging health threats and hazardous exposures during pregnancy.

This DP is proposing to establish a new program not currently funded by the Department of Health or any other state agency. WA SET-NET was initially set up to carry out surveillance activities and study epidemiological trends of COVID-19 in pregnancy to mitigate spread. What we're proposing now is to establish this program within the Department of Health, to not only continue addressing the on-going pandemic, but to also integrate other hazardous exposures in pregnancy, and address their impact on mothers, infants, and children. Since its inception in October 2020, we're happy to report that we have successfully incorporated perinatal and congenital Syphilis and Hepatitis C surveillance within our program.

We're also proposing to use this surveillance system to elucidate persistent disparities in pregnancy and birth outcomes between different communities exposed to these health threats, with the aim of coming up with innovative solutions to address them and bridge the gaps. We will also use this opportunity to strengthen the capacity of Local Health Jurisdictions (LHJs) to respond to pregnant people exposed to an emerging infectious disease.

Alternative sustainable funding opportunities are being pursued, including federal funding. While the need for perinatal and congenital surveillance capacity for emerging diseases existed prior to the COVID-19 pandemic, Washington State did not have the capacity until 10 months into the pandemic. Much is still unknown about the impact of re-infections, persistent infections or cross-infections of SARS-CoV-2 and other high impact exposures, as well as an ongoing need to monitor the impact of variant mutations on pregnant persons and fetuses. Infant follow up investigations are still underway to monitor child developmental outcomes as well investigations to assess the impact of various treatment therapies and vaccines are needed. Without reliable funding, it will be difficult to sustain current workflows in addition to retaining skilled staff necessary for the program to pivot and fold in other emerging exposures, such as the Human Monkey Pox Virus (MPX), that may threaten the health of pregnant persons and infants in future. This will negatively impact the state public health system's emergency preparedness and capacity to respond to the next pandemic.

This surveillance system is set up as an early warning system specialized to focus on a defined population of interest, with infections and exposures of high impact to this population chosen deliberately to offset the cost of the alternative option of setting up multiple systems within various programs investigating population-level exposures. All relevant data are expected to be obtained from existing data systems and records, either within the agency or outside the agency within local health care systems. This set up will minimize costs while increasing efficiency by collaborating with other agency offices and community organizations, and deploying existing resources, maximizing value for the wider public.

Assumptions and Calculations

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

This DP is proposing to establish a new program not currently funded by the Department of Health or any other state agency. WA SET-NET was initially set up in October 2020 to mitigate the spread of SARS-CoV-2 among pregnant people and reduce its negative impacts. Initial funds came from the CDC's ELC Project W (the CDC project that funds SET-NET programs nationally) and ELC COVID ED, which were later supplemented by ELC COVID EDE funds. ELC Project W funds are released in 5-year cycles, called 'Budget Periods (BPs) of which we're beginning the 4th year/BP4 in August (8/1/2022 - 7/31/2023). After the 5th BP, these funds will not be guaranteed, and a new application will have to be submitted by WA DOH. ELC COVID ED funds have already been depleted, while the supplemental ELC COVID EDE funds are on course to be depleted by 7/31/2023. After 7/31/2023, WA SET-NET will only be remaining with the BP5 ELC Project W funds (8/1/2023 – 7/31/2024), which are not sufficient to run the program as currently constituted, or in case of another health emergency.

Detailed Assumptions and Calculations:

This DP is proposing to establish a new program not currently funded by the Department of Health or any other state agency. WA SET-NET was initially set up in October 2020 to mitigate the spread of SARS-CoV-2 among pregnant people and reduce its negative impacts. Initial funds came from the CDC's ELC Project W (the CDC project that funds SET-NET programs nationally) and ELC COVID ED, which were later supplemented by ELC COVID EDE funds. ELC Project W funds are released in 5-year cycles, called 'Budget Periods (BPs) of which we're beginning the 4th year/BP4 in August (8/1/2022 - 7/31/2023). After the 5th BP, these funds will not be guaranteed, and a new application will have to be submitted by WA DOH. ELC COVID ED funds have already been depleted, while the supplemental ELC COVID EDE funds are on course to be depleted by 7/31/2023. After 7/31/2023, WA SET-NET will only be remaining with the BP5 ELC Project W funds (8/1/2023 – 7/31/2024), which are not sufficient to run the program as currently constituted, or in case of another health emergency.

WA SET-NET is currently composed of one full-time (1FTE) HSC3 (salary range 56) program assistant who provides administrative duties to support the team in completing tasks including coordinating the acquisition of medical records from health care facilities, OBGYN and pediatric offices for data collection, monitoring and triaging internal and external communications including the program email, SharePoint, and updating website resources, maintaining the team calendar and sending out appointment/deadline reminders among other duties. There are six part-time (15hrs/week, 0.375FTE) HSC2 (salary range 51) medical chart reviewers and data abstractors who are involved in abstraction and collation of data from medical charts of pregnant people who meet the inclusion criteria to be added to the pregnancy registry. Four of them are working on COVID-19 cases, while two are working on Syphilis and Hepatitis C cases. There is one full time (1FTE) epidemiologist (salary range 61) that is involved in pooling and managing program data after abstraction, performs quality control checks, cleaning, and maintenance protocols, develops and maintains data collection and other investigative tools for the program, implements sampling frameworks and is responsible for routine submission of data to CDC SET-NET, among other responsibilities. The team is managed

by a senior epidemiologist (salary range 76) who is responsible for both the technical and administrative oversight of the program. The senior epidemiologist also acts as a link to office leadership and coordinates with other programs and leadership in aligning systems and workflows to achieve the office, division, and agency goals. All these positions are currently funded by both ELC Project W and ELC COVID EDE funds, of which ELC COVID EDE will be discontinued next year. This proposal is asking for additional funds to supplement the portion that will be discontinued next year that is currently supporting the HSC2 and senior epidemiologist positions, while establishing one more position of an epidemiologist 2/Maternal-Child health SME, to support work that is currently needed but unfunded.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management.
FY2024 $310,000
FY2025 $547,000
FY2026 $547,000
FY2027 $547,000

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only					
FTE	**Job Classification**	**Salary**	**Benefits**	**Startup Costs**	**FTE Related Costs**
1.0	EPIDEMIOLOGIST 2 (NON-MEDICAL)	$99,000.00	$36,000.00	$4,000.00	$8,000.00
1.0	HEALTH SERVICES CONSULTANT 2	$66,000.00	$28,000.00	$4,000.00	$8,000.00
0.4	FISCAL ANALYST 2	$23,000.00	$11,000.00	$0.00	$0.00
0.3	HEALTH SERVICES CONSULTANT 1	$14,000.00	$7,000.00	$0.00	$0.00
2.7		**$202,000.00**	**$82,000.00**	**$8,000.00**	**$16,000.00**

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

By working to monitor and mitigate the impact of emerging health threats to mothers and babies in Washington State, this package contributes to meeting the Governor's Results Washington goal area of Healthy and Safe Communities. SET-NET surveillance system has also been set up to maximize value and minimize costs while increasing efficiency by collaborating with other agency offices and leveraging existing data systems and resources, thereby meeting another Governor's goal of an Efficient, Effective, and Accountable Government.

The SET-NET surveillance system successfully pivoted from not only responding to the impact of SAR-CoV-2 infection in pregnant people but has since integrated other health threats of concern to pregnant people by leveraging existing data systems and resources through collaborations with other inter and intra-agency offices and organizations. This has transformed the program workforce and increased efficiency and collaboration, resulting in the formation of a robust and responsive all-hazards surveillance system for pregnant people. By working to monitor and mitigate the impact of emerging health threats to mothers and babies in Washington State, the SET-NET DP package contributes to meeting our Department of Health's (DOH) transformative plan of improving our state's emergency response and resilience efforts, as our pregnant community members will be armed with the necessary information and tools to respond to an emerging infectious disease. Sustainably funding the SET-NET surveillance system will inevitably improve the overall health and wellness of all Washington State residents.

Additionally, the Seattle-Tacoma International Airport (SEA-TAC) is a major international travel and shipping hub and as evidenced by the COVID-19 pandemic, SEA-TAC was the port of entry through which the first case of SAR-CoV-2 in the country was confirmed to have passed through. This highlights the importance of supporting our agency's global and one health priority that acknowledges the interconnected world that we now live in, and the impact of global health on the health of all Washingtonians. The SET-NET surveillance system will function as an early warning system that will collaboratively participate in emerging disease outbreak response activities to mitigate any health impacts on the most vulnerable members of our state.

The activities planned for the SET-NET program will be carefully carried out with our agency's transformation plan HEALTH SYSTEMS AND WORKFORCE TRANSFORMATION All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust. driving these efforts. Data will be disaggregated before dissemination, to allow for interventions that are focused on minimizing health disparities and mitigating disproportionate impacts among marginalized communities.

Performance Outcomes:

Performance outcomes expected with increased funding will include

- The number of diseases and exposures added to the surveillance system
- The number of cases added to each exposure of interest included in the surveillance system
- The number and proportion of cases investigated, and critical data abstracted to be used for analysis
  - Number of cases with adverse pregnancy and birth outcomes followed up for further review
- The number of healthcare facilities with high numbers and proportions of COVID-19, Syphilis and Hepatitis C pregnant cases identified and followed up for intervention
- Routine publication of data status reports to be disseminated widely
  - Summary and descriptive statistics
  - Demographic and geographic breakdowns
  - Racial and ethnicity disaggregation
  - Social, economic, and vulnerability modelling
- A WA SET-NET program webpage resource to be created and updated in real time for the dissemination of relevant information and guidance, current trends and data status reports for pregnant people and their families, clinical care providers and the wider community.
- Ongoing health equity impact assessments that loop back to inform the incorporation of innovative strategies that address health disparities, thereby improving the health of those disproportionately impacted and marginalized
- Increased community outreach and engagement for the collaborative development of best practices for preparing and responding to future emerging threats, and dissemination of health information
- Continued technical support, engagement and coordination to increase capabilities for local health jurisdictions to address health concerns in pregnant people and infants exposed to an emerging threat

Equity Impacts

Community outreach and engagement:

After consultations with various agency and community stakeholders, it became imperative to include the Epidemiologist 2 position, whose primary role will be to evaluate the program's surveillance and data collection systems and processes and perform in-depth analyses of disaggregated data collected by SET-NET to examine specific pregnancy and health outcome measures especially for historically excluded and marginalized people in Washington State. This position will investigate case misclassification concerns raised by the Urban Indian Health Institute (UIHI) about cases assigned to the American Indian/Alaska Native community, of which we are unable to address due to lack of capacity. It is critical to identify potential misclassification bias and prepare a mitigation strategy, to avoid inaccurate interpretation of data that leads to incorrect outcomes and conclusions. The Epidemiologist 2 position will further conduct health equity impact assessments in collaboration with the DCHS/OCDE's Health Equity program and, through a loop-back process, incorporate policies and procedures that improve the health of those disproportionately impacted. Additionally, the position will participate collaboratively in the development of best practices for preparing and responding to emerging threats, while partnering, engaging, and supporting local health jurisdictions, the academic, professional, and community stakeholder groups through outreach, technical support, and dissemination of information for the protection of pregnant people and their infants.

Disproportional Impact Considerations:

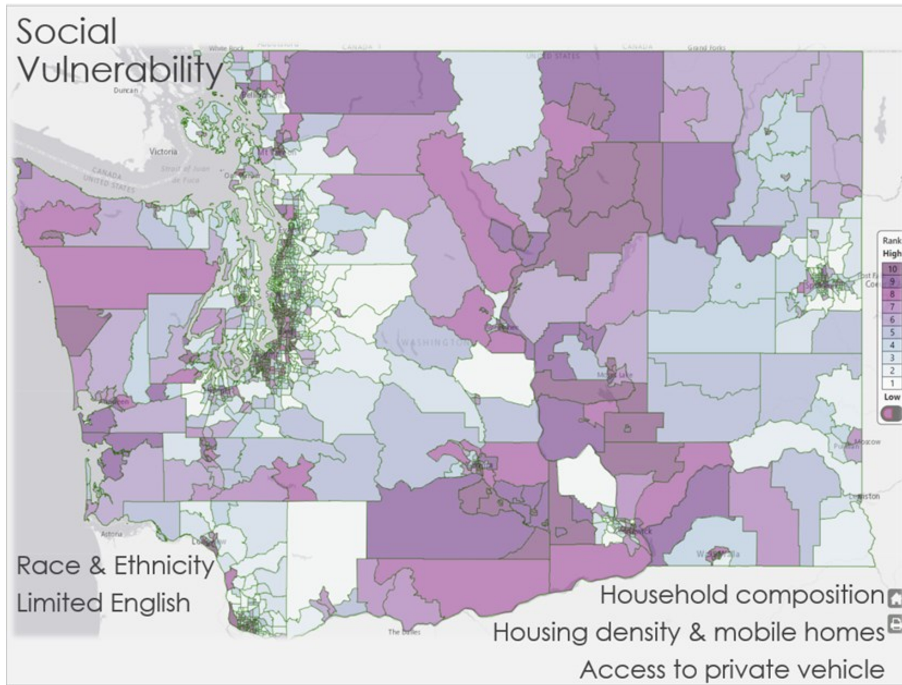
All pregnant people who reside in Washington State will be included. There are no target populations or communities that will be excluded or marginalized and there are no known disproportionate impacts being anticipated by this DP proposal.

Target Populations or Communities:

This DP proposal to increase surveillance capacity to monitor for emerging health threats during pregnancy and their impact on mothers, infants, and children will have a positive impact on health equity and reduce health disparities among underserved communities. The SET-NET pregnancy registry is a state-wide program that includes all cases of pregnant people who have been diagnosed with an infection under surveillance. Data will be collected that includes race and ethnicity, social and economic status, and geographic location among other variables. With the general oversight of the program manager, the primary responsibilities for the epidemiologist 2 position will include analyzing data and examining key pregnancy and health outcome measures that will be specifically disaggregated by demographic and geographic parameters, to help elucidate underlying trends and patterns. Health equity impact assessments will also be conducted in collaboration with the DCHS/OCDE's Health Equity program and appropriate policies and procedures that improve the health and pregnancy outcomes of those disproportionately impacted and marginalized will be incorporated. The program will also work to identify and engage with healthcare facilities and communities experiencing high numbers and proportions of cases to address these disparities.

Studies conducted by CDC SET-NET were integral in countering the initial assumption that pregnant people were no more at risk for COVID-19 than the general population. Contrary to this, they established that pregnant people were, in fact, at an increased risk for severe disease, due to the already compromised physiological state of the maternal condition during pregnancy. This scientific fact had an impact on equity in our state, as pregnant people were experiencing the disease in a different way compared to the rest of the population. Luckily, we had adequate resources targeted to this vulnerable segment of our population. In addition, Hispanic, Native Hawaiian/Pacific Islander, American Indian/Alaska Native and Black pregnant people were disproportionately impacted in Washington State during the pandemic. Our program collaborated with the Department of Health's Center for Public Affairs and reached out to these communities and found out the best way to communicate and disseminate infection control, disease prevention and best practices among other educational materials that would help mitigate the spread of disease among pregnant people, within these communities. Our program was able to help translate and disseminate guidance and recommendations coming through from CDC SET-NET. The COVID-19 pandemic taught us that health emergencies, particularly

communicable diseases, do not affect all populations and communities equally. Social and economic determinants of health swiftly come into play, to disproportionately impact certain communities with greater morbidity and mortality. It is the government's responsibility to identify and locate these communities and arm them with information and resources necessary to manage these emergencies
(Fig 7).



Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

The Washington State Health Care Authority (HCA) would be supportive of the surveillance system as would our Local Health Jurisdictions and Tribal Public Health partners who will receive support from our program on materials, training, outbreak investigations and guidance, and other program and response support during a health emergency.

Stakeholder Response:

All communities statewide will benefit from the establishment of the WA SET-NET program, and especially communities experiencing disparities and inequities in pregnancy, maternal and child health and developmental outcomes due to adverse impacts of emerging infectious diseases. These include native tribal communities, migrant farmer communities, rural communities and urban immigrant communities that are disproportionately impacted during a health emergency. Other community stakeholders and patient advocacy groups such as the Midwives Association of Washington State and non-profit organizations such as the Foundation for Health Care Quality (FHCQ) through the OB COAP, the Obstetrical Care Outcomes Assessment Program would be supportive as well. Continued support and collaboration with the University of Washington and other academic institutions is also anticipated.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

TRACK EMERGING THREATS OF PREGNANCY FNCAL.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 *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	$202	$357	**$559**	$357	$357	**$714**
Obj. B	$82	$144	**$226**	$144	$144	**$288**
Obj. E	$11	$20	**$31**	$20	$20	**$40**
Obj. T	$15	$26	**$41**	$26	$26	**$52**

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