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Brief Findings from the Washington TB Workforce Assessment

To achieve [TB elimination](#)^{*}, state and local TB Programs aim to carry out multiple strategies like actively finding people at high risk of being exposed to and infected with TB germs, promoting testing among them, and encouraging high rates of preventative treatment completion for people with latent TB infection (LTBI). It remains critical, however, that implementation of prevention strategies are paired with maintenance of foundational TB disease control capacity and expertise. A recent Washington TB Workforce Assessment revealed a statewide public health workforce that is projected to need additional investment amounting to roughly 117 new positions (or 94.1 full-time equivalents [FTE]), with stable, ongoing funding, before the state can implement robust TB Elimination strategies.

Highlights

A detailed report of the statewide findings was made available to the CDC Division of TB Elimination (DTBE) and if interested, LHJs can request a copy from the DOH TB Program. The report submitted to DTBE was aggregated to the Washington-state level, did not name responding LHJs, and did not include any projections for LHJs that did not respond, however, some projections are included below. Highlights include:

- A total of 37 responses were possible (35 LHJs, 1 DOH TB Program, and 1 DOH Public Health Laboratory) and the response rate was 46%.
- The Washington TB Workforce Assessment identified 122 positions **currently** working, equaling roughly 111 FTE, across 15 LHJs, the DOH TB Program, and the DOH PHL TB Lab in any capacity (i.e., not solely specific to TB but includes some percentage working in TB).
- When assessing percentage of TB FTE per the 122 total noted positions, capacity was narrower with roughly 79.6 dedicated TB FTE.
 - The Public Health Nurse (PHN) position was the most commonly reported, with 22.4 FTE, followed by Manager/Director/Supervisor/Lead positions

(excluding equivalent clinical positions) at 9.4 FTE, Epidemiologists at 9.3 FTE, Health Services Consultants/Public Health Specialists/Communications Specialists at 8.2 FTE, and Communicable Disease Investigation Specialists/Disease Research Intervention Specialists at 8.1 FTE.

- Roughly 63 additional TB-specific positions were **desired** by those responding to the assessment, to work across 12 LHJs, the DOH TB Program, and the DOH PHL TB Lab and another 54 were **projected** by the DOH TB Program for LHJs that did not submit a response. Projections were based on the responses of LHJs with similar TB incidence levels from 2022-2024.
 - The 117 positions translated to roughly 94.1 FTE.
 - The PHN position was the most commonly reported and projected position, with roughly 30.9 FTE, followed by Community Health Worker/Outreach Worker/Health Outreach Aide/Health Educator at roughly 19.2 FTE, and Epidemiologists at roughly 19.0 FTE.
 - The assessment identified the need for TB-specific Social Worker positions, noting no Social Worker positions were listed in the current workforce. This likely highlights the growing emphasis on and the complexities involved with public health TB case management.
 - Other notable themes across desired positions included prescribers to manage LTBI, PHNs for LTBI, epidemiologists for LTBI, staff specializing in data entry, and administrative staff that could support medical billing and various other critical TB Program functions.

The significant gap that exists between Washington’s current TB workforce and the desired and projected represents an opportunity for advocacy and previews challenges ahead for achieving elimination. With most LHJs having at least 1 case of TB reported in their jurisdiction from [2020-2024](#), sustained investment statewide will be essential to ensuring the protection and for improving the health of all people in Washington state.

*TB elimination is often defined as less than 1 case of TB disease per 1 million people. In Washington, that would mean no more than 9 cases of TB disease statewide, per year. In 2024, there were 257 cases of TB disease reported to public health officials.