



September  
Collaborative Session  
09.07.22



# Mulki Mohamed Pronouns: she/her RuntaNews



Image description: Screenshot of RuntaNews website



Image description: An older Black woman in a black hijab holding a microphone



Image description: A young Black woman with red lipstick and a black head covering holding a microphone while speaking at a public event and surrounded by people



Image description: Three young women of differing ethnicities gather in a living room, facing each other with serious expressions

# Thank you!

ASL Interpreters

Captioners

Spanish Interpreter

**QUESTIONS  
?**

Please message Keri Nguyen  
If you have any questions!

# ASL Interpreters

We will “Spotlight” them, along with the presenter

**QUESTIONS  
?**

Please message Keri Nguyen  
If you have any questions!

# Captioners - How to display and customize captions/subtitles and view the full transcript

1. To view live captions, click on the menu arrow next to the Closed Caption button.
2. Choose from showing subtitles, a full transcript, or both.
3. You may adjust the size of the captions if you wish.
4. You can also Hide Subtitles if you do not want to see the text.

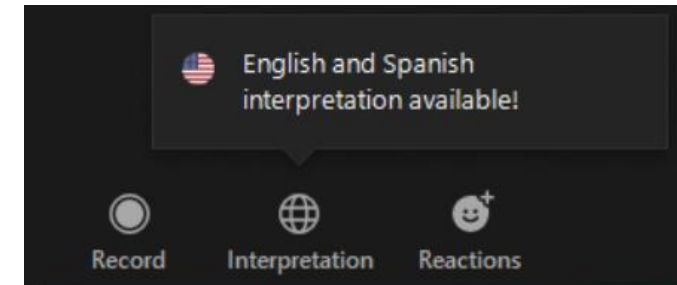
**QUESTIONS**  
?

Please message Keri Nguyen  
If you have any questions!

# Spanish Interpreter

Para obtener acceso a la interpretación en español en Zoom: Haga clic en el icono de "Interpretation" en la barra de herramientas. Luego, haga clic en Spanish (español). Esto le conectará a la interpretación en español.

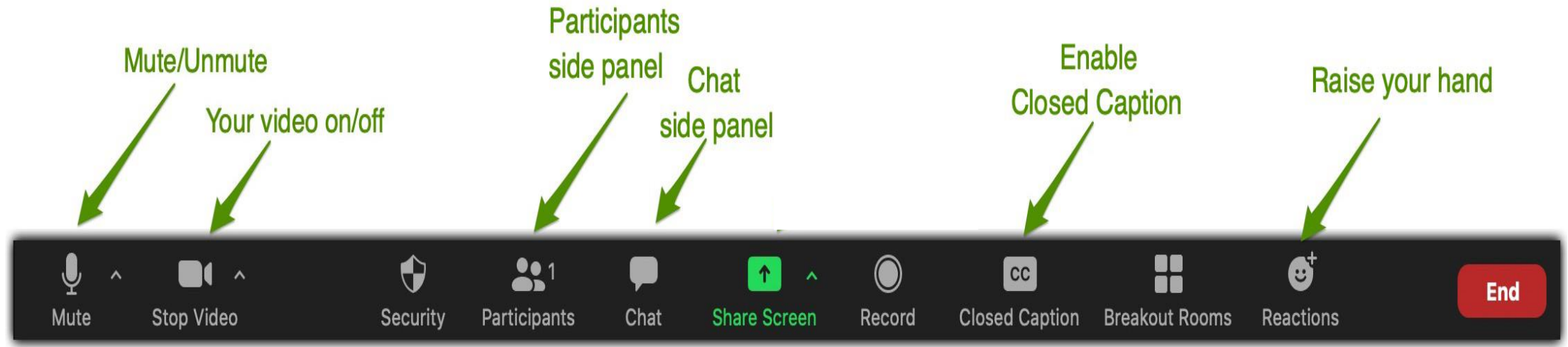
**For Spanish to English translation, click on the "Interpretation" button and press the English room.**



**QUESTIONS  
?**

**Please message Keri Nguyen  
If you have any questions!**

# Zoom Navigation and Accessibility



# Collaborative Support Team

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**Keri Nguyen**

Language/Technical  
Support



**Sydney Boothe**

Language/Technical  
Support

**Need Assistance:**

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SydneyB@withinreachwa.org





Image description: A sparse forest landscape with Mount Rainier in the background.

# Today' Agenda

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- **Welcome**
- **Updates**
- **Relational Briefing**
  - **COVID-19 Fall Boosters**
  - **Monkeypox Virus**
- **Closing**



# Updates

*\*Reminder\**

DOH wants to hear from you on our response to the COVID-19 pandemic!

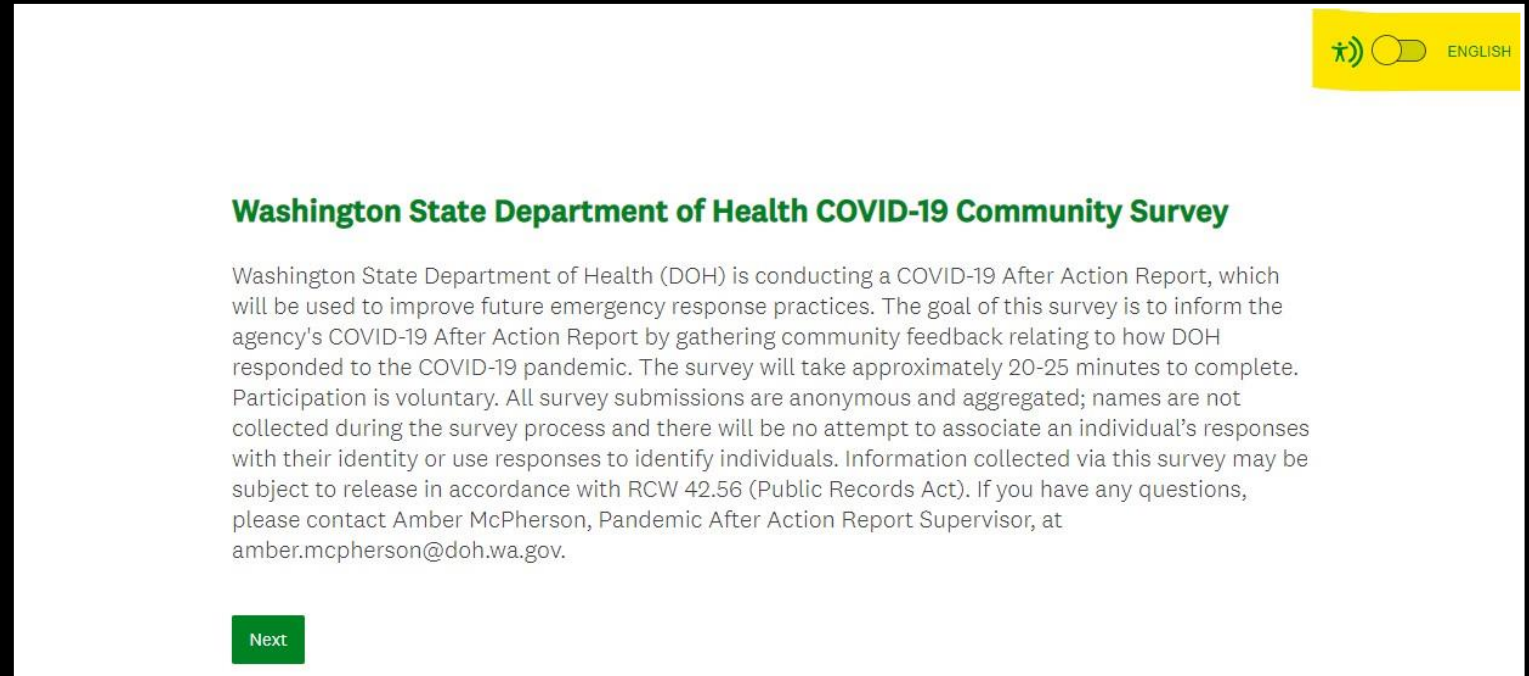


Image description: Screenshot of the COVID-19 Community Survey

# Updates

- Collaborative Moving Forward Survey
  - Next Steps
  - Community Collaborative







# COVID-19 VACCINE – UPDATED BOOSTER

September 7, 2022

## Omicron variant-targeted bivalent booster

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- The Omicron variant-targeted booster has been authorized and recommended for use.
- The bivalent vaccines provide additional protection by targeting variants that are more transmissible and immune-evading
  - The updated vaccines combine the original COVID-19 vaccine compositions with BA.4 and BA.5 spike protein components
- The primary COVID-19 vaccine series will stay the same, however the monovalent vaccine is no longer authorized for people ages 12 and over

# Omicron variant-targeted bivalent booster

## Who:

- 12 – 17 years can receive the Pfizer-BioNTech booster.
- 18+ years can receive *either* Moderna or Pfizer booster.
- Please note Novavax recipients are now eligible for the new boosters.

See DOH's [updated booster dose recommendations](#)

## Survey on anticipated uptake

- A [survey](#) by the University of Michigan found that most vaccinated people ages 50 and older will get the updated booster.

	Not likely	Somewhat likely	Very likely
Age 50+	17%	21%	61%
Age 50–64	23%	22%	55%
Age 65+	12%	20%	68%

\*Among those who have had a previous COVID vaccine.

Image description: A chart showing the likelihood of older people to get the updated COVID-19 booster, based on age.

For people age 50+, 17% of them are not likely to get it, 21% are somewhat likely, and 61% are very likely.

For people age 50-64, 23% are not likely to get it, 22% are somewhat likely, and 55% are very likely.

For people age 65+, 12% are not likely to get it, 20% are somewhat likely, and 68% are very likely.



# At-A-Glance COVID-19 Vaccination Schedules (cdc.gov)

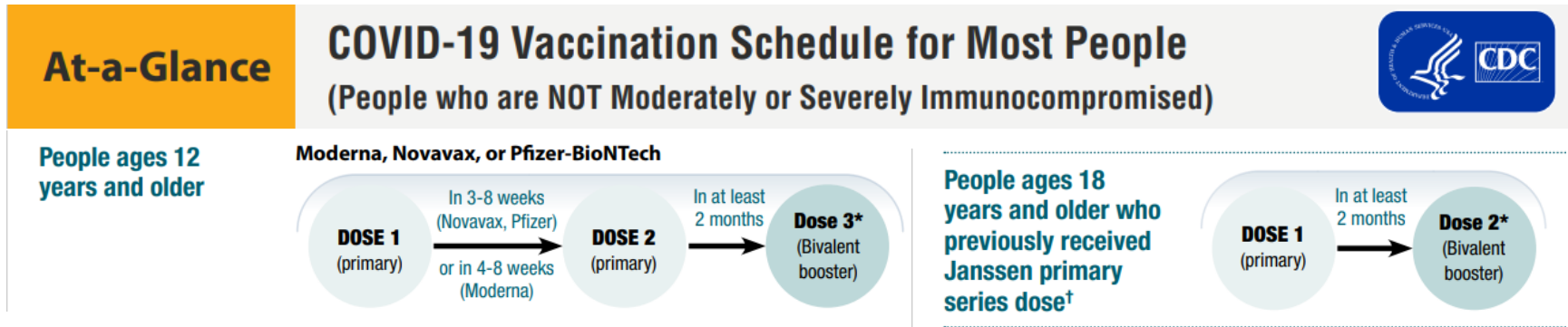


Image description: COVID-19 vaccination schedule at-a-glance for most people ages 12 years and older by vaccine manufacturer

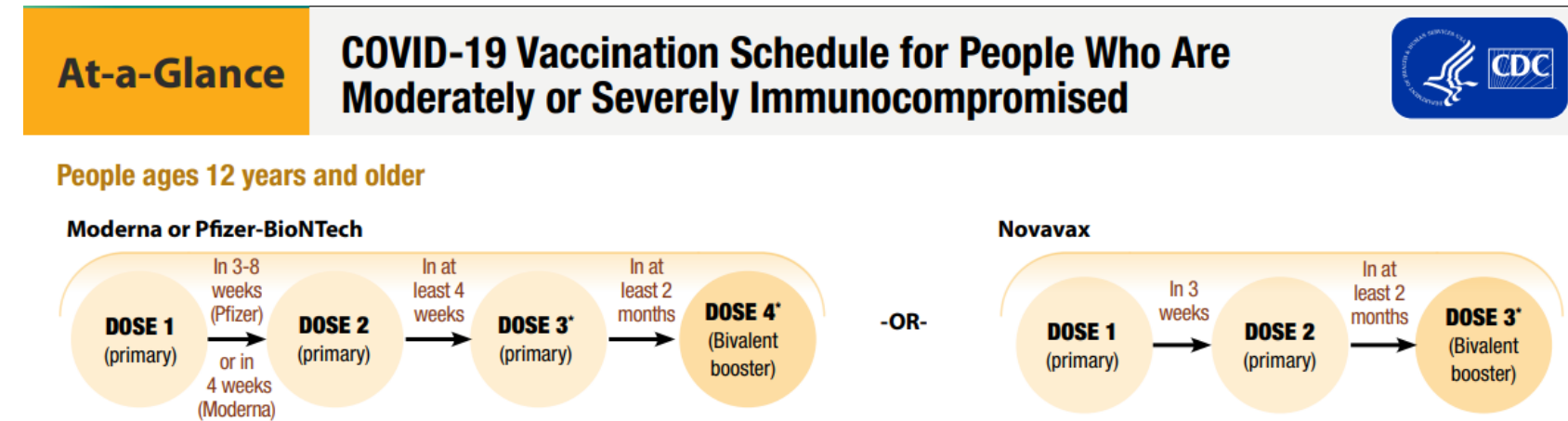


Image description: COVID-19 vaccination schedule at-a-glance for people who are moderately or severely immunocompromised ages 12 years and older, by vaccine manufacturer

## Stay up to date with your COVID-19 Vaccines

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- CDC encourages people to stay up to date with their COVID-19 vaccines
- This keeps people current with COVID-19 recommendations
- You are up to date if you have completed and received:
  - A primary series
  - The most recent booster dose recommended

# Fall Booster “Reset”

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose

Image description: A table showing the next appropriate dose and waiting period depending on your vaccination history. If you received a primary series or a primary series and one or two boosters, you must wait at least 2 months for your next dose. You should then receive 1 bivalent booster dose.

## Population Considerations

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- At the beginning, demand may be high while supplies are still ramping up.
- We are encouraging providers to focus early administration based on the following considerations and strategies:
  1. Prevent severe illness
  2. Minimize spread of disease
  3. Protect communities who have been disproportionately impacted by COVID-19



# 1. Prevent severe illness

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- **Persons ages 50 years and older**
- **People with Certain Medical Conditions | CDC**
  - Kidney, liver, heart, or lung conditions or disease
  - Diabetes
  - Disabilities or mental health conditions
  - HIV infection
  - Overweight, obesity, and physical inactivity
  - Pregnancy
  - Smoking or substance use disorders
- **Certain immunocompromised individuals**
  - People who have cancer
  - People who have had a solid organ transplant
  - People who use medicine that weaken their immune system

## 2. Minimize spread of disease

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- People who live in multigenerational households
- People who live in or work with people who are at risk of severe illness
- People who live or work in congregate settings
  - Correctional facilities
  - Group homes and long term care facilities (LTCF)
  - Education institution
    - K-12
    - Higher education
  - Shelters for people experiencing homelessness

## 2. Minimize spread of disease

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- People at higher risk for exposure in their workplace
  - Agricultural, seafood processing workers
  - Grocery store workers
  - Service workers
  - Childcare providers and caregivers (including unlicensed)
  - Healthcare workers
- People experiencing homelessness

### 3. Protect communities who have been disproportionately impacted by COVID-19

- Implement health equity strategies from [CDC](#) and [WA DOH](#)
- Examples of marginalized populations disproportionately affected include:
  - People of color
  - People with limited English proficiency
  - People with disabilities
  - Newly arrived immigrants and refugees
  - Individuals who are homebound
  - People with access barriers to healthcare



## Disclaimer

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- *The above list is not all-encompassing or exhaustive. This list provides recommendations to be mindful of when thinking about the populations in each respective community. Providers should use this list for mindful consideration and discretion when determining the allocation and administration of the updated bivalent vaccine in each community.*

## Frequently Asked Questions (FAQ) – Updated Booster

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- Why is CDC recommending another COVID-19 booster?
  - *CDC anticipates the COVID-19 may surge over the next several months. The updated boosters protect against ongoing community transmission of the dominant COVID-19 variants.*
- Will the updated COVID-19 boosters be available for younger age groups?
  - *Yes – ACIP discussed boosters for younger age groups and once FDA authorizes the vaccines for these age groups, CDC will expand its recommendations. Stay tuned.*

## Frequently Asked Questions (FAQ) – Updated Booster

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- Can the COVID-19 vaccine and flu vaccine be administered at the same visit?
  - *Yes – We know from studies throughout the pandemic that it is safe to receive both at the same visit.*
- Should people get an updated booster if they were previously sick with COVID-19?
  - *People who recently had COVID-19 may consider delaying the next COVID-19 vaccine dose by 3 months from when symptoms started, or, received a positive test. However, certain facts could be reason to get the vaccine sooner rather than later.*

# Care-A-Van

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- To submit a request, fill out the web form at [doh.wa.gov/careavan](https://doh.wa.gov/careavan)
- We are accepting Bivalent event requests



Image description: A stylized graphic of mountains, Seattle, and farmland representing Washington State. Below this, the Care-a-Van logo sits above the program name in Spanish and a purple arrow that says "health in motion" in orange text. The arrow points to a graphic of a purple, seafoam green, and white van.

# COVID-19 Vaccine Newsletter

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- The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.
- People can manage their subscriptions by going to the following [link](#).
  - From there, click on 'add subscriptions' at the bottom of the page.

## Add Subscriptions

- On the next page, expand the 'Immunizations' tab and check the box for "COVID-19 Vaccine Partner Newsletter."

☐ Immunization ⓘ

☒ School Nurses and Immunizations ⓘ

☒ Childcare and Preschool Staff and Immunizations List ⓘ

☒ COVID-19 Vaccine Partner Newsletter ⓘ



Questions?

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# MONKEYPOX VIRUS UPDATES

09.07.2022

## MPV cases over time, as of 9/5/2022 (n=471)

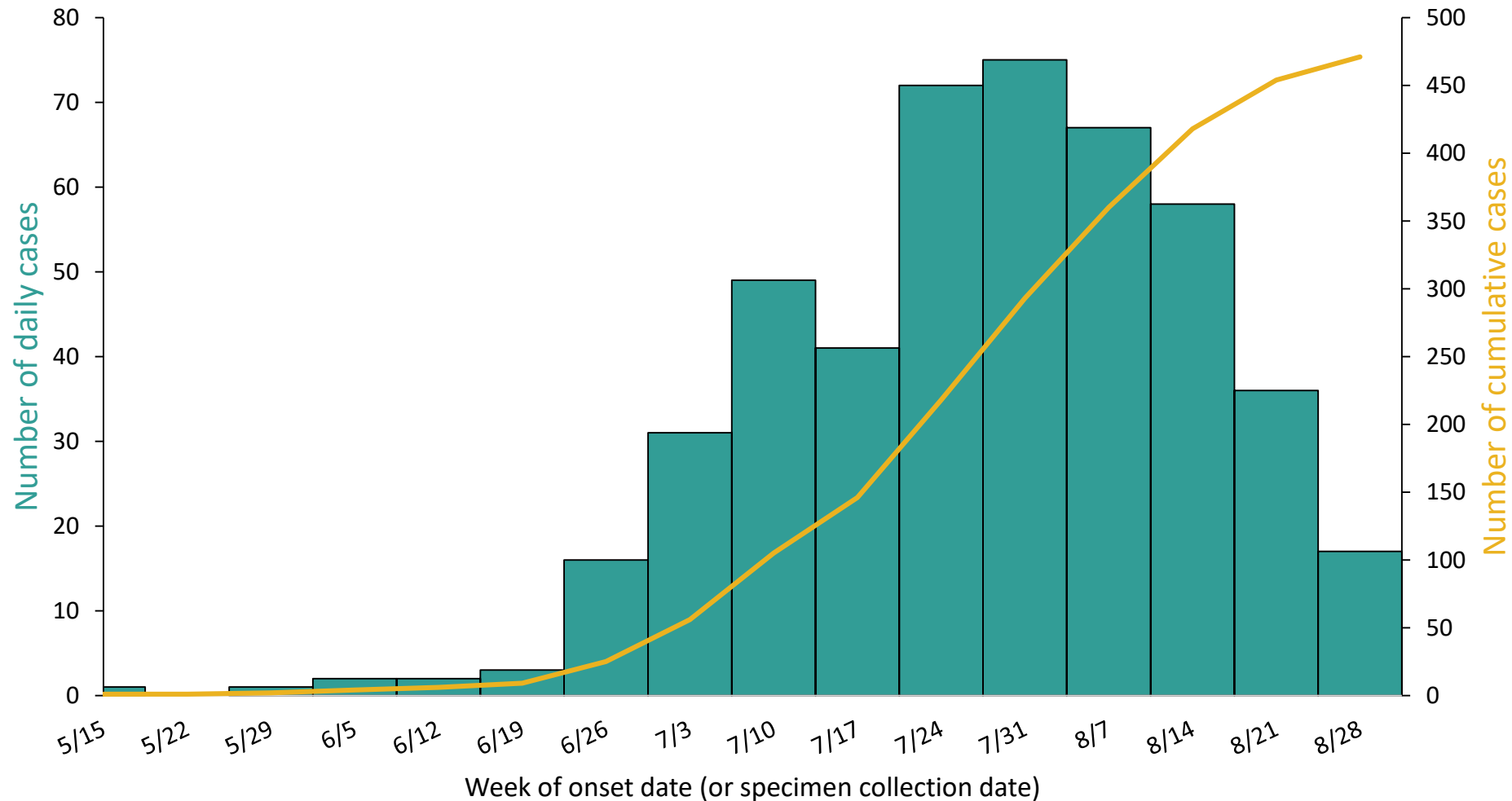


Image description: A histogram showing the number of daily cases of MPV and week of onset date (or specimen collection date). Most cases occurred between July 3rd and August 21, peaking between July 31 and August 7. A line is overlaid on the histogram, showing the number of cumulative MPV cases, peaking at about 475 between August 28 and September 4.

# MPV Cases by County, as of 9/5/2022

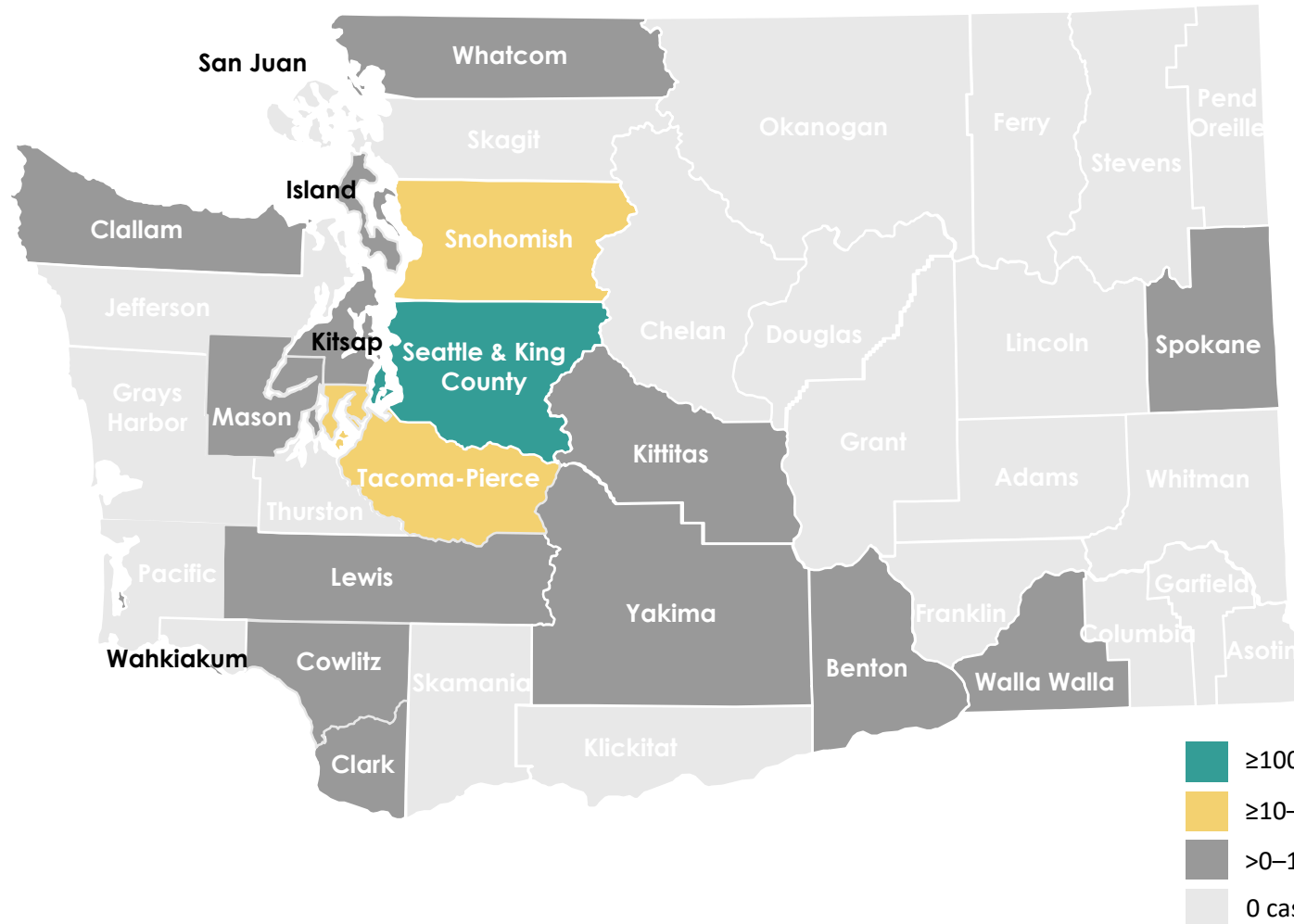


Image description: A graphic of Washington State showing MPV cases by county as of September 5. Counties that have had 10 cases or less include Spokane, Walla Walla, Benton, Yakima, Kittitas, Clark, Cowlitz, Lewis, Mason, Kitsap, Island, Clallam, and Whatcom. Tacoma-Pierce and Snohomish counties have at least 10 and less than 100 cases. Seattle and King County has had at least 100 cases. All other counties have had zero cases.

# MPV cases by age group and sex, as of 9/5/2022

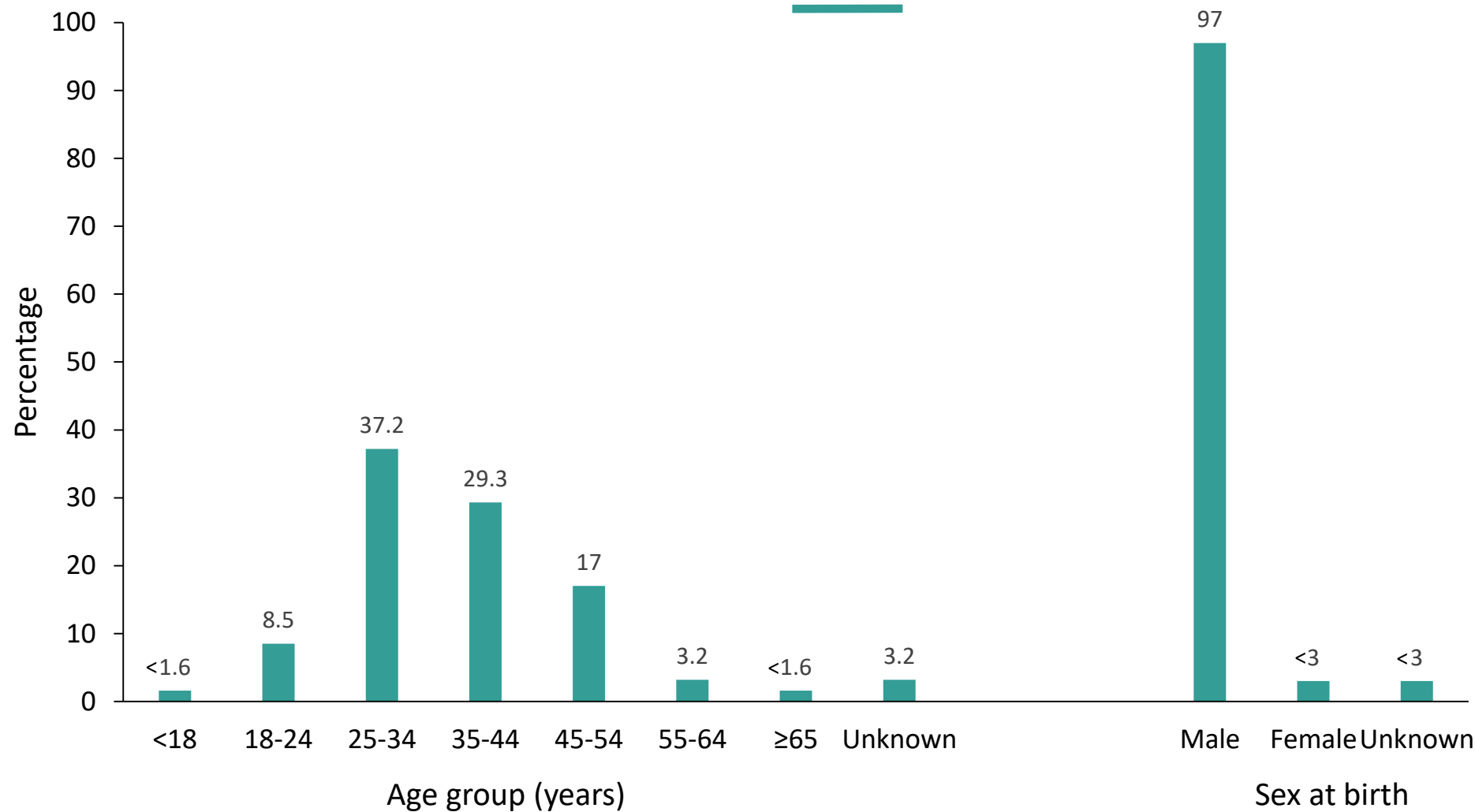
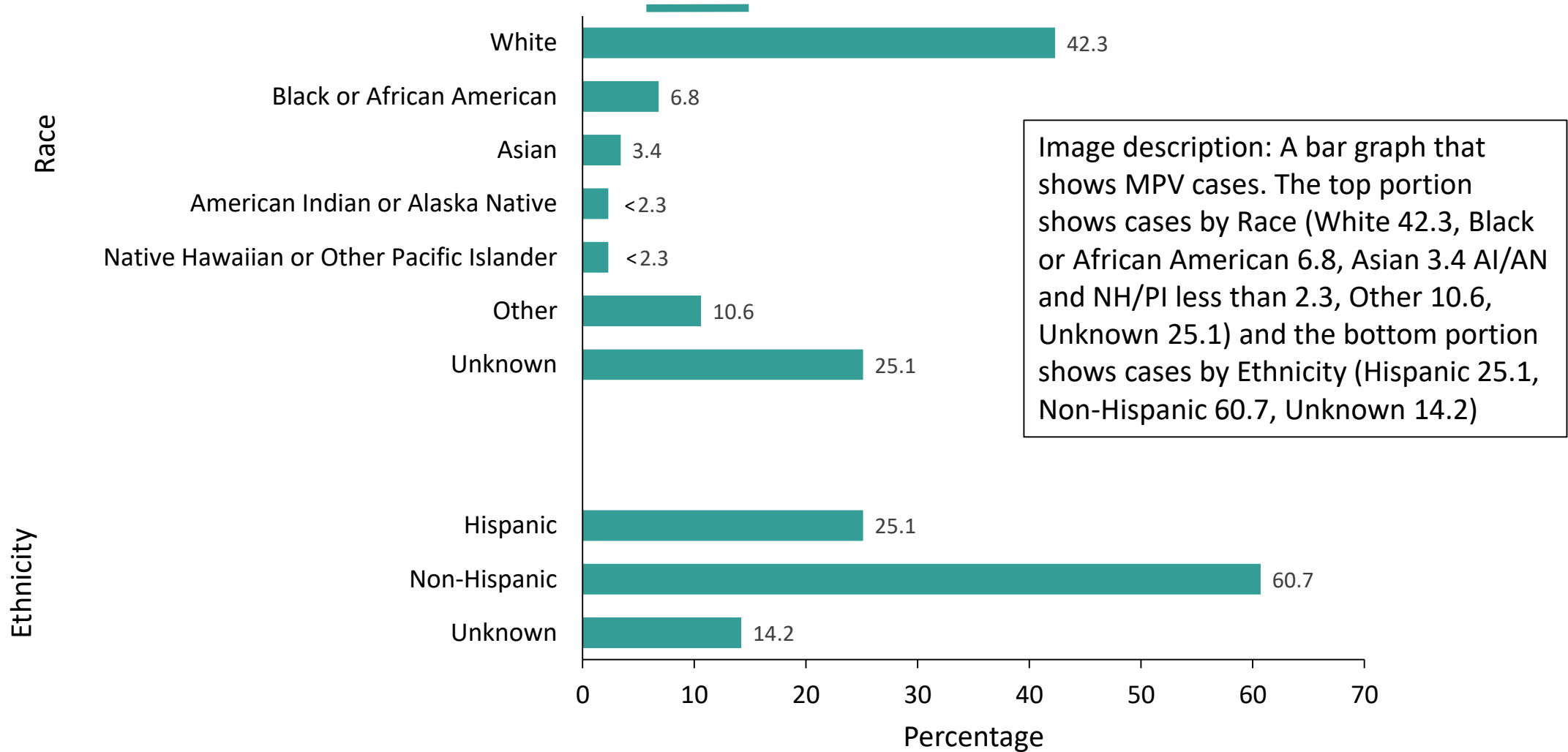


Image description:  
Bar graph showing MPV cases by age group and sex by percentage. Cases are highest in people aged 25-34 at 37.2% of cases and lowest at under 18 and above 65 years old. Cases are largely in males, at 97% of cases.



# MPV cases by race and ethnicity, as of 9/5/2022







# IMMUNIZATIONS UPDATE: MONKEYPOX (MPV)

September 2, 2022

# Monkeypox (MPV)

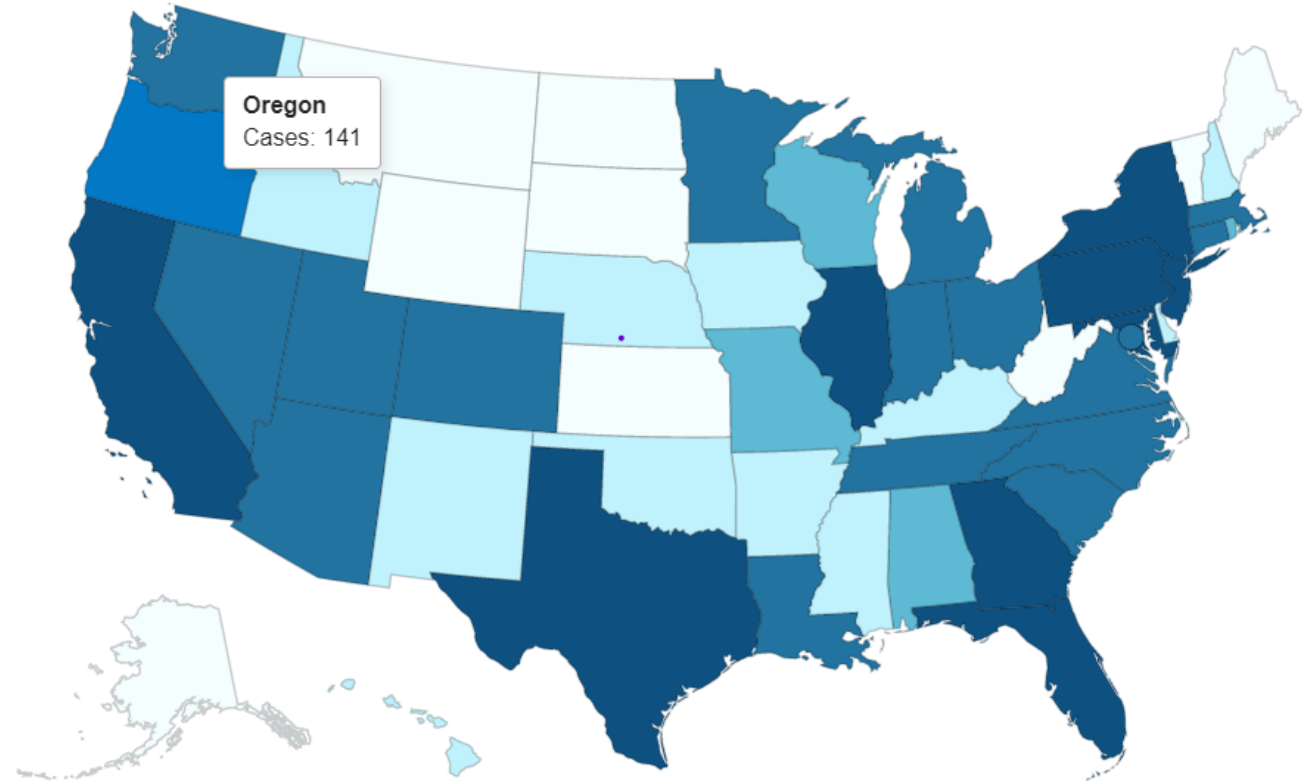
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- Infection can cause an illness that includes rashes and other symptoms.
- Not a common occurrence in the United States
- How is it spread
  - Anyone can get MPV
  - Can spread person-to-person with any kind of close, skin-to-skin contact, regardless of sexual orientation or gender identity, or age, including children
  - MPV can also spread between animals and from animals to people
  - Direct contact with the skin or body fluids of an infected person (including sexual contact)
  - Contact with virus-contaminated objects (such as bedding or clothing)
  - Respiratory droplets during direct and prolonged face-to-face contact

# Monkeypox (MPV)

- Cases as of 09/6/2022
- Global cases 54,400 in locations that have not previously reported MPV
- U.S. cases: 20,733
- Washington 474

Image description: Map of the United States displaying MPV cases. States that are darker in color have a higher number of cases while states white or light in color have a relatively low number of cases.



Source: [2022 Monkeypox Outbreak Global Map | Monkeypox | Poxvirus | CDC](#); accessed 09/06/2022

# Symptoms

- Initial symptoms can include
  - Fever
  - Headache
  - Swollen lymph nodes
- Rash
  - Some individuals have no symptoms except rash or it can occur first
  - Usually turns into raised bumps that fill with fluid
  - Wounds will scab over
- Contagious until all wounds have completely healed

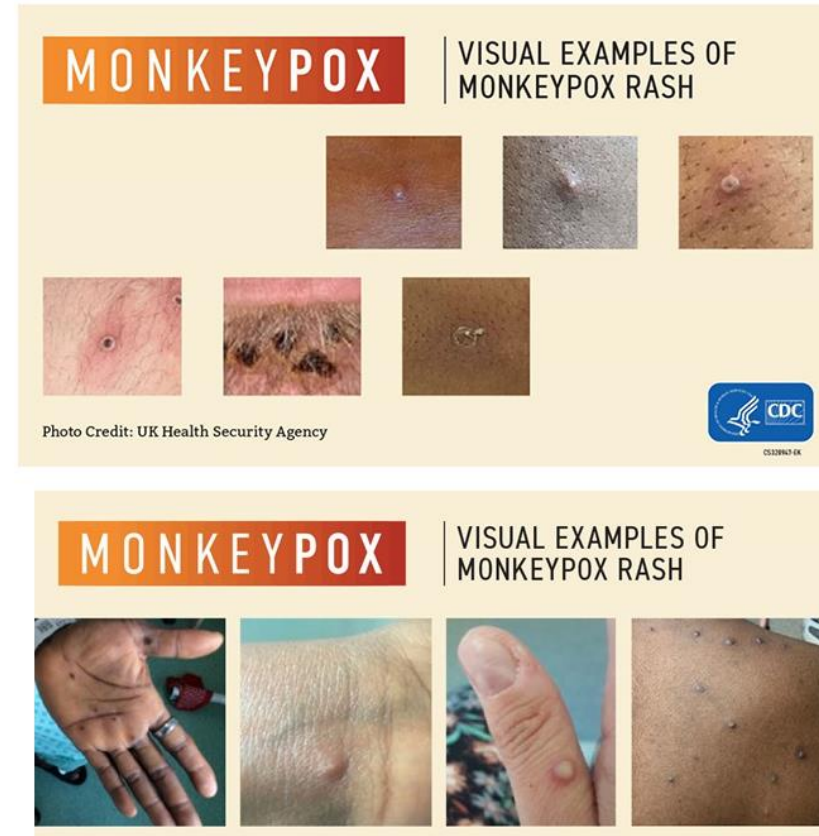


Image description:  
Visual examples of monkeypox rash. Small raised bumps on various body parts including hands, fingers, wrists, and other indiscernible areas. Some bumps are filled with fluid, and some are scabbed-over wounds.

## What to do

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- If you have had close contact with a person who has confirmed or probable MPV, getting vaccinated right away may prevent an infection. Close contact can include being together for several hours, hugging, cuddling, kissing, or sharing a bed or clothing.
- If you suspect you have MPV, isolate yourself from others in a single-person room if available
- Immediately contact your health care provider or your [local health department](#) for information if you think you've been exposed. If you don't have a provider, [find one here](#).



# Treatment and Vaccination

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- Most people recover without treatment
- Antiviral medications are available to treat MPV if specific circumstances
- Post-exposure vaccinations can reduce or prevent symptoms if started early after exposure
- Vaccinations are not currently recommended for the general public
- Contact your health provider or local health jurisdiction for more information if you feel you are at risk and should be vaccinated

VACCINE

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# JYNNEOS Vaccine Preparation

JYNNEOS vaccine regimen	Route of administration	Injection volume	Recommended number of doses	Recommended interval between 1st and 2nd doses
Alternative regimen				
People age ≥18 years	ID	0.1 mL	2	28 days
Standard regimen				
<a href="#">People age &lt;18 years</a>	Subcut	0.5 mL	2	28 days
People of any age who have a history of developing keloid scars	Subcut	0.5 mL	2	28 days

FDA [emergency use authorization \(EUA\)](#) allows intradermal injection for people 18 years of age and older allows subcutaneous injection for most people under the age of 18

Image description: A table showing JYNNEOS vaccine regimen, route of administration, injection volume, recommended number of doses, and recommended interval between first and second doses. The standard regimen is subcutaneous, 0.5 mL, 2 doses, and 28 days between doses. This is for people under 18 and people of any age who have a history of developing keloid scars. The alternative regimen for people age 18 and older is intradermal, 0.1 mL, 2 doses, and 28 days between doses.

# Community Feedback

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- Moving away from language PEP++ and PrEP to decrease stigmatization and confusion
- Moving toward increasing access to individuals to best utilize the vaccine while still focusing on high-risk communities and pro-equity vaccination strategies
- Forearm location for intradermal is more stigmatizing due to visibility

# Guidance: Moving from PEP++ to Pre-Exposure Vaccination

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- Reducing restrictions reduces stigmatization of the virus and increases access to vaccines for those who need/should be vaccinated
- Expanding eligibility makes it less necessary for community members to attempt to understand and navigate complex requirements to decide whether they should attempt to seek vaccination
- Expanding eligibility also makes it less necessary for community members to explain significant personal detail important in some communities that may be more socially conservative
- For many people, including community members of color, this is a stigma reducer that could make seeking vaccination less stigmatized and more accessible



# Intradermal Vaccination Update

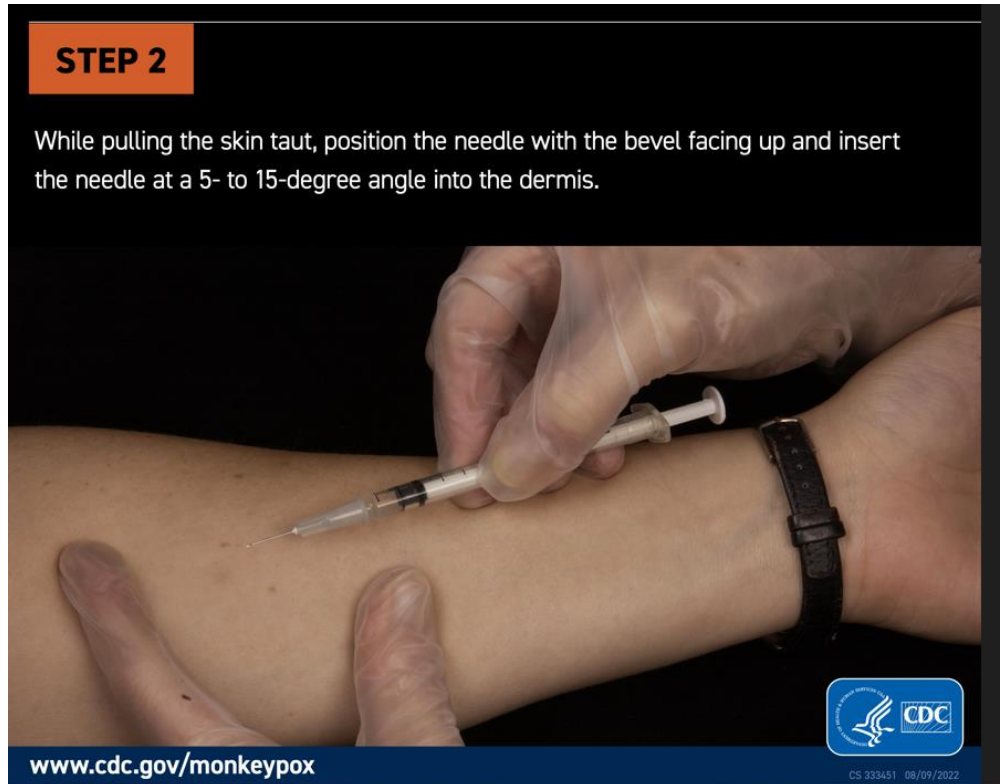


Image description: A gloved hand demonstrates proper injection technique on another person's forearm. The image reads "while pulling the skin taut, position the needle with the bevel facing up and insert the needle at a 5 to 15 degree angle into the dermis".

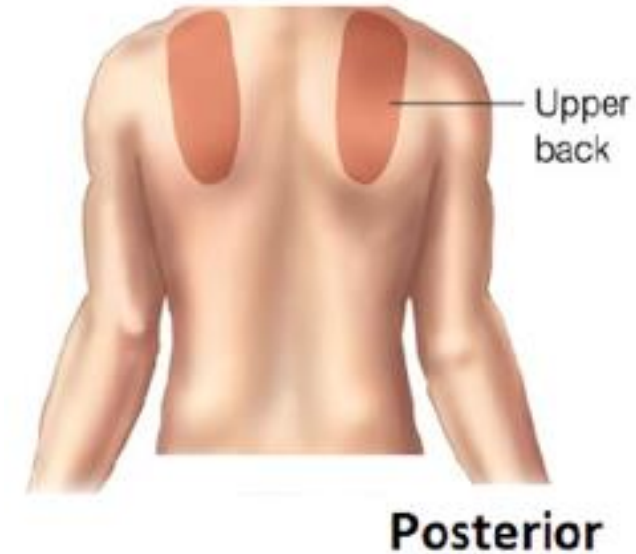


Image description: An illustration of a person's back labelled "posterior", highlighting the upper back region above the shoulder blades.

[Sites of Intradermal injection And Complications \(medilogbiohealth.com\)](https://medilogbiohealth.com)

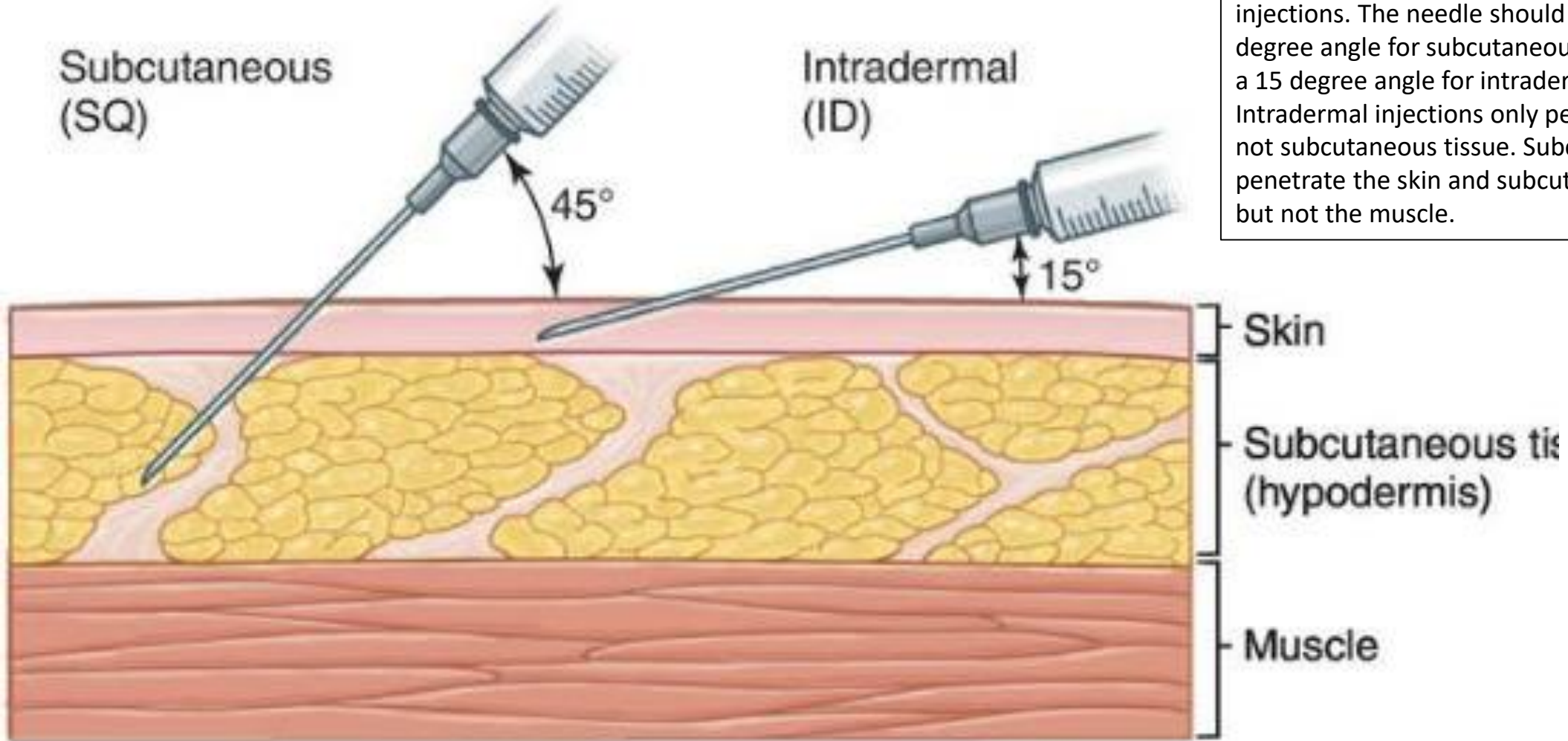


Image description: Illustration demonstrating how to deliver subcutaneous and intradermal injections. The needle should be at a 45 degree angle for subcutaneous injections and a 15 degree angle for intradermal ones. Intradermal injections only penetrate the skin, not subcutaneous tissue. Subcutaneous ones penetrate the skin and subcutaneous tissue, but not the muscle.

# Vaccine Tracking and Provider Agreement

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- The [Provider Agreement](#) would be sent to all providers from your health department who receive vaccine
- IIS Reporting
  - Ensure vaccine administered to patients is added to the patients' record within the WAIS.
  - Report inventory as vials in WAIS daily. Providers will need to manually reconcile inventory to correct dose decrements due to the variability of getting 3-5 doses in a vial. Regardless of the volume or route of administration given to the patient, all doses will decrement from inventory in WAIS as a 'full dose' or vial. Providers should manage their inventory appropriately to maintain the correct balance of vials. Directions for reconciliation are available on the [DOH website](#) (*Monkeypox Vaccine Management in WAIS* guide).
  - This will help the state monitor usage and progress towards meeting the threshold to use 85% of vaccine supply before the state can order more vaccine.
- A [Provider Checklist](#) is also available to assist with communicating key expectations for providers.

## Information and Help

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- Call 1-833-829-HELP for assistance available in 240 languages
- [Monkeypox \(MPV\) | Washington State Department of Health](#)

# Resources

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- CDC JYNNEOS Vaccine Administration Errors and Deviations:  
[www.cdc.gov/poxvirus/monkeypox/interim-considerations/errors-deviations.html](https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/errors-deviations.html)
- [www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/jynneos\\_training\\_for\\_vaccinators.pptx](https://www.health.ny.gov/diseases/communicable/zoonoses/monkeypox/providers/docs/jynneos_training_for_vaccinators.pptx)
- [FACT SHEET FOR HEALTHCARE PROVIDERS ADMINISTERING VACCINE: EMERGENCY USE AUTHORIZATION OF JYNNEOS \(SMALLPOX AND MONKEYPOX VACCINE, LIVE, NON-REPLICATING\) FOR PREVENTION OF MONKEYPOX DISEASE IN INDIVIDUALS DETERMINED TO BE AT HIGH RISK FOR MONKEYPOX INFECTION](#)
- [www.cdc.gov/poxvirus/monkeypox/files/interim-considerations/guidance-jynneos-prep-admin-alt-dosing.pdf](https://www.cdc.gov/poxvirus/monkeypox/files/interim-considerations/guidance-jynneos-prep-admin-alt-dosing.pdf)

Questions?

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# Thank You!

DOH Collaborative email: [vax.collaborative@doh.wa.gov](mailto:vax.collaborative@doh.wa.gov)

