

School reporting data published

DOH recently updated our school immunization data dashboard to include data from the last three school years (2019-20, 2020-21, and 2021-2022 school years). The newest data included show that the vaccination rates have remained flat. View the updated school immunization data dashboards on the [dashboard webpage](#).

Reporting vaccine data to CDC

DOH continues to submit COVID-19 and monkeypox (mpox) vaccine data to CDC. So far in 2022, the Team has successfully shared 4.5 million COVID-19 vaccine records and 30,000 mpox vaccine records with CDC.

Program evaluation efforts

The Association of Immunization Managers (AIM) partnered with the Washington State Department of Health (DOH) to implement a reminder recall (RR) postcard campaign among guardians of 11–12-year-olds due for Tdap, HPV, and/or meningococcal vaccines. A total of 55,828 cards were sent to families of youth due for these vaccines. Evaluation of the campaign found that the cards caused vaccine uptake in the intervention group to be about 14 percent higher for HPV and meningococcal vaccine and 10 percent higher for Tdap than the control group among 11-year-old youth. Several lessons were learned from this project about the design of outreach cohorts that are already being applied to other outreach efforts.

Assessment has been providing support to the Homebound Vaccine Request team by producing updated monthly reports on the vaccinations provided via the Homebound Vaccine team. The reports examine the number of vaccines administered over time, by county, and the time to administration between the date of request submitted to the team and the date the vaccine was administered. This report provides the team with the data necessary to identify areas where they can focus additional efforts.

Reminder recall activities for COVID-19 vaccine additional doses

DOH continues to produce reminder recalls for the COVID-19 vaccine additional doses. Summary data to date for each age-group effort appear below.

Project	Records Sent To Messaging Service	Received Additional Dose
6mo-4yo 2nd dose	47,051	35,450
5-11yo 2nd dose	70,617	44,745
5-11yo Bivalent Boosters	249,611	42,041
12+yo 2nd Dose	713,705	356,368
12+yo Bivalent boosters	4,611,463	946,768

COVID-19 vaccine effectiveness

DOH continues to update the information included in the [COVID-19 Case, Hospitalization, and Death by Vaccine Status](#) report. Recent updates included adding monovalent booster data for all age groups; adding ratios for the risk of being hospitalized with COVID-19 and risk of dying from COVID-19 for unvaccinated individuals versus those who have received at least one monovalent booster dose; and adding COVID-19 hospitalization rates by vaccination status for the 5-11 year old age group. Future updates will incorporate inclusion of bivalent booster data.

PEDIATRIC BIVALENT BOOSTERS FOR CHILDREN 6 MONTHS to 4/5 YEARS

As of December 9, 2022, the emergency use authorizations (EUAs) of the updated (bivalent) Moderna and Pfizer-BioNTech COVID-19 vaccines were amended to include use in children down to 6 months of age. Following this announcement, ordering for both products was turned on in the Immunization Information System (IIS) and orders will be approved on Mondays and Thursdays. Minimum order quantities for both vaccines are 100 doses. Both products are multi-dose vials—Moderna contains 2 doses per vial and Pfizer contains 10 doses per vial.

Product details

Pfizer (6 months to 4 years):

- Packaged in 10-dose vials in cartons of 10 vials each (100 doses total)
- Minimum order quantity of 100
- Dose: 3mcg/0.2mL
- Providers will not be able to opt out of ancillary kits, as this product requires diluent
- Maroon cap identical to the monovalent Pfizer-BioNTech product for this age group
- New label identifying the product as a bivalent vaccine (i.e., Original and Omicron BA.4/BA.5)

Moderna (6 months to 5 years):

- Packaged in 2-dose vials in cartons of 10 vials each (20 doses total)
- Minimum order quantity of 100
- Dose: 10mcg/0.2mL
- Providers will be able to opt out of ancillary kits, no diluent required
- Vial with dark pink cap and yellow border on the label

NEW RESOURCE ON IMPORTANCE OF COVID-19 BOOSTERS

Did you know that 76% of eligible people still have not received their updated bivalent booster? Everyone 5 years and older is eligible for an updated booster 2 months after completing their primary series or last booster dose. The time to get up to date with your COVID-19 vaccines is now.

We have created a new resource: [COVID-19 Vaccine Boosters: The Facts Are in the Stats \(PDF\)](#) resource highlighting nationwide and statewide data on the severity of COVID-19 and the importance of staying up to date with COVID-19 vaccines. This resource can be displayed in health care settings and given to patients.

Vaccinate WA COVID-19 Vaccine Boosters: The Facts Are in the Stats

The time to get up to date with your COVID-19 vaccines is now.

- Keeping up to date with COVID-19 vaccines greatly reduces your risk of severe illness, hospitalization, and death
- The updated boosters are intended to boost immunity and provide better protection from the Omicron variants that account for most of the current cases
- Getting boosted helps strengthen community protection and help people at highest risk
- All COVID-19 vaccines currently approved or authorized in the U.S. are proven to be safe

Nationwide, COVID-19 illness has caused:

- Over 1 million deaths
- Over 5 million hospitalizations
- Over 98 million cases

Adults who received a COVID-19 vaccine booster are less likely to be hospitalized compared to those who did not receive a COVID-19 booster

FIGURE 2. Weekly age-adjusted rates of COVID-19-associated hospitalizations among adults aged ≥18 years, by vaccination status* — COVID-19-Associated Hospitalization Surveillance Network, 19 states, September 6, 2021-January 26, 2022

Statewide, COVID-19 has caused:

- Over 1.8 million cases
- Over 75,000 hospitalizations
- Over 14,000 deaths

Staying up to date with COVID-19 vaccination of children 6 months and older is strongly recommended.

Washington:

76% of those eligible have **not** received their updated bivalent booster

With the lowest uptake in younger age groups and rural areas

Visit vaccinelocator.doh.wa.gov to learn more.

Sources: National Center for Health Statistics | CDC COVID Data Tracker; Hospital Admissions | Washington Department of Health COVID-19 Data Dashboard | CDC COVID-NET

Washington State Department of Health DOH 825-081 December 2022. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

2022 Flu Vaccine Outreach

- Media campaign
 - Themes of “Healthy Families Mean Everything” and “Not This Year, Flu”
 - Running in web ads and on social media in 3 phases; we are currently in phase 2
 - English, Spanish, simplified and traditional Chinese, Russian, Vietnamese in social media; English and Spanish in web ads
 - Reach to date: Reached more than 737,027 people; received 6,528,980 impressions; driven 33,947 clicks to the website (knockoutflu.org)
- In-house flu vaccine promotion
 - Organic social media on specific topics, such as high-risk groups, cocooning newborns, and hospital capacity concerns
 - When to go to the ER or call 911 respiratory illness graphic
- Presentations on flu vaccine – guest speakers at local and statewide webinars
- All efforts direct to DOH flu webpage www.knockoutflu.org or www.combatelagripe.org



(((!))) Recognize the Emergency Warning Signs of Respiratory Illness

<p>CALL 911 NOW WHEN:</p> <ul style="list-style-type: none"> • Severe trouble breathing (struggling for each breath, can barely speak or cry) • Passed out or stopped breathing • Lips or face are bluish when not coughing • There may be a life-threatening emergency 	<p>GET MEDICAL HELP RIGHT AWAY FOR INFANTS WHEN:</p> <ul style="list-style-type: none"> • Fever over 100.4F for infants younger than 3 months, or fever for more than 24 hours if older than 3 months • Fast or labored breathing • Looks very ill or is unusually drowsy or difficult to console • Significantly fewer wet diapers than normal 	<p>CHILDREN SHOULD GO TO THE ER WITH ANY OF THESE:</p> <ul style="list-style-type: none"> • Fast or labored breathing • Not able to drink enough fluids • Very decreased alertness and activity • Fever for more than 72 hours, or repeated rising above 104F 	<p>ADULTS SHOULD GO TO THE ER WITH ANY OF THESE:</p> <ul style="list-style-type: none"> • Difficulty breathing or shortness of breath • Chest pain • Confusion • Worsening fever and cough, especially with pink or bloody mucus
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Get your flu vaccine & COVID-19 booster. Visit knockoutflu.org to learn more about preventing the spread of flu.

COVID-19 vaccine campaign

- Segmented campaigns ran for young adults, Hispanic/Latino young adults and general adult audiences, and Black/African American general adults
 - Young adults: 8% gap closed during campaign period (16% in May to 8% in October)
 - Hispanic: 13% gap closed during campaign period (29% in November to 16% in August)
 - Black/African American: 13% gap closed during campaign period (17% in February to 4% in August)

- To date COVID-19 vaccine promotion campaigns have:
 - 4.3 billion impressions
 - Driven 5 million clicks to DOH vaccine websites
 - 1.5 billion completed video views
 - Served audiences in 36 languages

COVID-19 vaccine health education material

- Continuing to support and curate provider education material focused on updated bivalent boosters
 - New training guide for onboarding medical assistants to offer & recommend vaccines in a pediatric clinical setting (developed with input provided by WCAAP)
 - Discussion guides to assist with holding vaccine conversations with hesitant parents
 - Patient handouts (both pediatric and adult populations) detailing severity of COVID-19 disease in WA populations, and the protection being up to date on all doses provides
 - Product characteristic chart reference guide for clinical staff
- Additional health education material:
 - Flyer advocating for safety and convenience of coadministration of flu and COVID-19 vaccines
 - COVID-19 Vaccines during Pregnancy comprehensive provider toolkit
 - COVID-19 Vaccines and Reproductive Health FAQs
 - Social media quick reference infographics (English and Spanish) for booster dose eligibility and timing by age and brand presentation
 - Reference guide and Frequently Asked Questions (FAQs) for those who are immunocompromised
 - New posters/signage for providers promoting availability of updated boosters (available through newly launch Power of Providers material ordering portal)

Childhood Vaccine Program (CVP) campaign

- DOH campaign to increase childhood vaccination rates
 - Will launch early March through May 2023
 - Media will focus on parents getting children up to date on vaccines
 - Separate outreach in late January will focus on preparing providers for the campaign and how to prepare for increased patient volume - includes creation of toolkits
- Campaign will wrap with a letter sent to parents in mid-May showing which vaccines their child is missing

HPV LETTER

- Letter will be sent out to providers in January supporting HPV at age 9 – a recommendation supported by Dr. Shah. This message will continue to be sent annually as a continued reminder to providers.
- The IIS will be updated to reflect a prompt for vaccination at age 9. Providers will receive additional communication prior to the updates in IIS.

WEB UPDATES

New Family Friendly School Immunizations Page in January 2023

- Page will have everything families need for school and child-care immunization requirements
- Page is short, easy to read, and will be available in multiple languages

We added Dari and Pashto translations to our school and child-care immunization requirements forms

- We now have forms and charts in 16 languages

We are currently updating all of DOH's vaccine pages.

WEBINARS

November 8 Webinar

- Discussed COVID-19 bivalent vaccine administration
- 900 registrations, 400 attendees
- Still seeing decent traffic for COVID-19 vaccine training

December 19 Webinar

- Lessons learned from COVID-19 drive through clinics
- Multiple health care providers share their experience

IIS Covid-19 Data Quality Scorecards

In partnership with the IIS Section, the Informatics Data Quality Assurance team designed and developed an inaugural COVID19 Data Quality Scorecard to be sent quarterly to WA State facilities administering COVID-19 vaccinations, for the purposes of data quality improvement. Stakeholder feedback has been solicited and incorporated, and continues to be welcomed, as we work to continually enhance the scorecards and their dissemination. Plans to expand metrics for additional vaccinations submitted to the IIS are underway.

The pandemic has disproportionately affected minority groups and caused racial inequities. The Washington State Department of Health recognizes that the COVID-19 pandemic has impacted everyone but has not impacted everyone equally. Providing complete and accurate immunization and patient data helps strengthen the public health system's ability to equitably distribute COVID-19 vaccines. Documenting patient demographic data such as race, ethnicity, gender and address help to more accurately prioritize and support providers who serve disproportionately impacted communities.

The Office of Immunization recently released the COVID-19 data quality scorecard. It was created to improve the quality of COVID-19 vaccination data in the WA State Immunization Information System (WAIIS). These scorecards are to be used as an informational tool to inform providers where their COVID-19 vaccination data may not be complete or accurate. The objective of the scorecard is to increase the accuracy, completeness and reliability of the vaccination records reported to the IIS. We are hoping to expand the scorecard to other routine vaccinations in the future.

PrepMod Expansion

Since the launch of PrepMod in 2021, the free tool was used by numerous organizations to schedule & register their patients for COVID-19 vaccine clinics and to report data into the Washington Immunization Information System. Since then, PrepMod has expanded to mpox and flu clinics. The Office of Immunization is working with the vendor to expand the application to support all routine vaccinations and we are hoping to go live early 2023.

Immunization Data Quality Guide

The Informatics Data Quality Assurance team is working to develop a comprehensive Data Quality Guide. This guide will include descriptions of tables, table size, variable names, variable types, descriptions and breakdowns of key variables, data quality metrics for key variables, considerations for use of the table, and other helpful information found in CEDAR (Cloud Environment for Data Analytics and Reporting) to assist DOH epidemiologists working with IIS data meet their analytics and reporting needs.

CEDAR (Cloud Environment for Data Analytics and Reporting)

- CEDAR is a data analytics environment currently being used by DOH for immunization.
- User acceptance testing and data validation is set to begin on soon to be refactored (by IT) operational pipelines migrating into 3rd generation data lake architecture in CEDAR (DOH cloud environment for data analytics and reporting), followed by validation of migration of enhanced analytical pipelines containing change data capture and incremental load building blocks.
- The Informatics Section is actively engaged with the CEDAR Community of Practice to contribute to the development of analytical building blocks. Information gathering under way to find commonalities among processes pertaining to address validation and use of geographical data and geocodes in analyses conducted across the Office.
- The Data Management and Technical Solutions team is working to adapt and upload existing workflows into CEDAR through creation of new analytical pipelines (e.g., annual school module script, MVRS for mpox), as well as provide related technical support and troubleshooting during the transition. Guidance documentation to ease onboarding has been produced and continues to be updated, and best practices for creating and deploying new workflows regularly shared.

DOH Provider Support Specialist Application

- After mapping processes and data flows from business rules, and elicitation and documentation of business requirements, the Data Systems team is partnering with DOH REDCap Team to design and develop a Provider Support Specialist Application to assist with vaccine program management operations (COVID19, Childhood, Adult). Two sets of functions have been identified and grouped into modules for development: Agreement and Compliance Monitoring.

Childhood Flu Vaccine Availability

The Childhood Vaccine Program has ample supply of flu vaccine available for enrolled providers to order. Washington pre-booked the same total number of doses as in previously years. Based on provider feedback and previous ordering data adjustments were made to the brands and presentations available.

Product	Doses Pre-booked	Doses Ordered by Providers	% Remaining as of 12/1/2022
0.5mL Flucelvax Availability (6 months - 18 years)	20,000	7,730	61.4%
0.5mL FluLaval Availability (6 months - 18 years)	295,000	141,390	52.1%
0.5mL Fluzone Availability (6 months - 18 years)	295,000	160,690	45.5%
5.0mL Multi-Dose Vial Fluzone Availability (3 - 18 years)	20,000	9,310	53.5%
0.2mL FluMist Availability (2 - 18 years)	20,000	13,760	31.2%
TOTAL:	650,000	332,880	48.8%

New Vaccines available in January

The Childhood Vaccine Program is adding two new products to the list of available vaccines.

Priorix is an additional MMR vaccine product as an option to prevent Measles, Mumps, and Rubella. It is manufactured by GlaxoSmithKline. It is made without the use of gelatin and is fully interchangeable with Merck's MMRII vaccine that is currently available.

Vaxneuvance (PCV15) is a 15 valent pneumococcal conjugate vaccine manufactured by Merck. This is an additional pneumococcal vaccine and is not replacing PCV-13 (Pevnar 13).

Childhood Vaccine Program Training Series

The Childhood Vaccine Program launched a new training series aimed at assisting vaccine coordinators in enrolled provider clinics. The monthly trainings cover tasks associated with management of the program within their clinic. The training series has a webpage with all the previous recordings available for on demand viewing. Check out the [CVP training webpage](#) to see what's coming up next.

Storage Unit Policy Change Coming January 2023

Vaccine storage unit requirements for both the childhood and adult vaccine programs are changing. Use of household style combination refrigerator/freezer units will no longer be allowed for the storage of publicly supplied vaccine. Any enrolled site using the fridge or freezer section of a household combination unit is required to upgrade to pharmaceutical or stand-alone units by January 2023. This change only affects sites who are still using household combination units to store publicly supplied vaccine. This change was implemented to help prevent vaccine loss resulting in waste of public funds due to storage equipment. For additional information, please review our updated [Vaccine Storage Unit Guide](#).

Adult Vaccine Program

The Washington State Adult Vaccine Program distributed nearly 17,700 doses of vaccine to over 100 provider facilities totaling more than \$1,400,000.00 to serve uninsured and underinsured adults in 2022. The following vaccines were made available: Hepatitis A, Hepatitis B, Hepatitis A/B, HPV, MMR, Pneumococcal, Tdap, and Zoster (Shingles).