



VACCINE ADVISORY COMMITTEE MEETING
SEATAC, WA AND ZOOM
April 11th, 2024

Time	Agenda Item	Facilitator
11:00 – 11:15	Welcome, Announcements, Introductions, Land Acknowledgement	Scott Lindquist
11:15 – 11:20	Conflict of Interest Declaration	Meghan Cichy
11:20 – 11:25	Approval of Last Meeting Minutes	Scott Lindquist
11:25 – 11:35	Public Comment	Scott Lindquist Lisa Balleaux
11:35 – 11:45	Office of Immunization Program Director Updates	Mary Huynh
11:45 – 11:55	COVID-19 Vaccine Director Updates	Heather Drummond
11:55 – 12:05	Director Update Discussion	Jamilia Sherls-Jones Heather Drummond
12:05 – 12:15	Break	Scott Lindquist
12:15 -12:55	Working Lunch: Vaccine Preventable Disease Update	Chas DeBolt Esther Lam Nick Graff Kyle Yomogida Isaiah Reed
12:55 - 1:20	WAIIS – IZ Gateway and MyIR	Jeff Chorath Michael Bin
1:20 – 1:45	VAC Member Report Out	VAC Members
1:45 – 1:50	Future Agenda Items 2024 VAC Meeting Dates: July 11th, October 10th Adjourn	Scott Lindquist

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Decisions made by committee members should always be based solely on the best interest of the department and the people of Washington State. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any affiliation with an organization having fundamental goals that conflict with the department and VAC mission should be avoided. Any current, previous (within two years), or future potential conflict of interest should be disclosed at the beginning of each VAC meeting.

A potential conflict of interest exists when a committee member has a relationship or engages in any activity or has any personal financial interest which might impair their independence or judgment or inappropriately influence their decisions or actions concerning VAC matters.

A potential conflict of interest exists and should be disclosed if the committee member:

- Has a relationship with an entity that benefits financially from the sale of vaccines, such as a consultancy, serving on a speaker's bureau, receiving honoraria, research and/or travel support.
- Owns a material financial interest in any business that provides or seeks to provide goods or services to the department.
- Serves as an officer or participates on the board or committees of other related professional societies that receive direct financial benefit from the sale of vaccines.
- Has an affiliation with an organization that has a financial interest in VAC recommendations.
- Has an affiliation with an organization that has a competing activity.

Each committee member has a high duty and obligation to disclose to the entire committee any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. Ultimately, it is the responsibility of the entire committee to determine what, if any, limitations on activities with regard to the committee member's conflict are required to protect the VAC.

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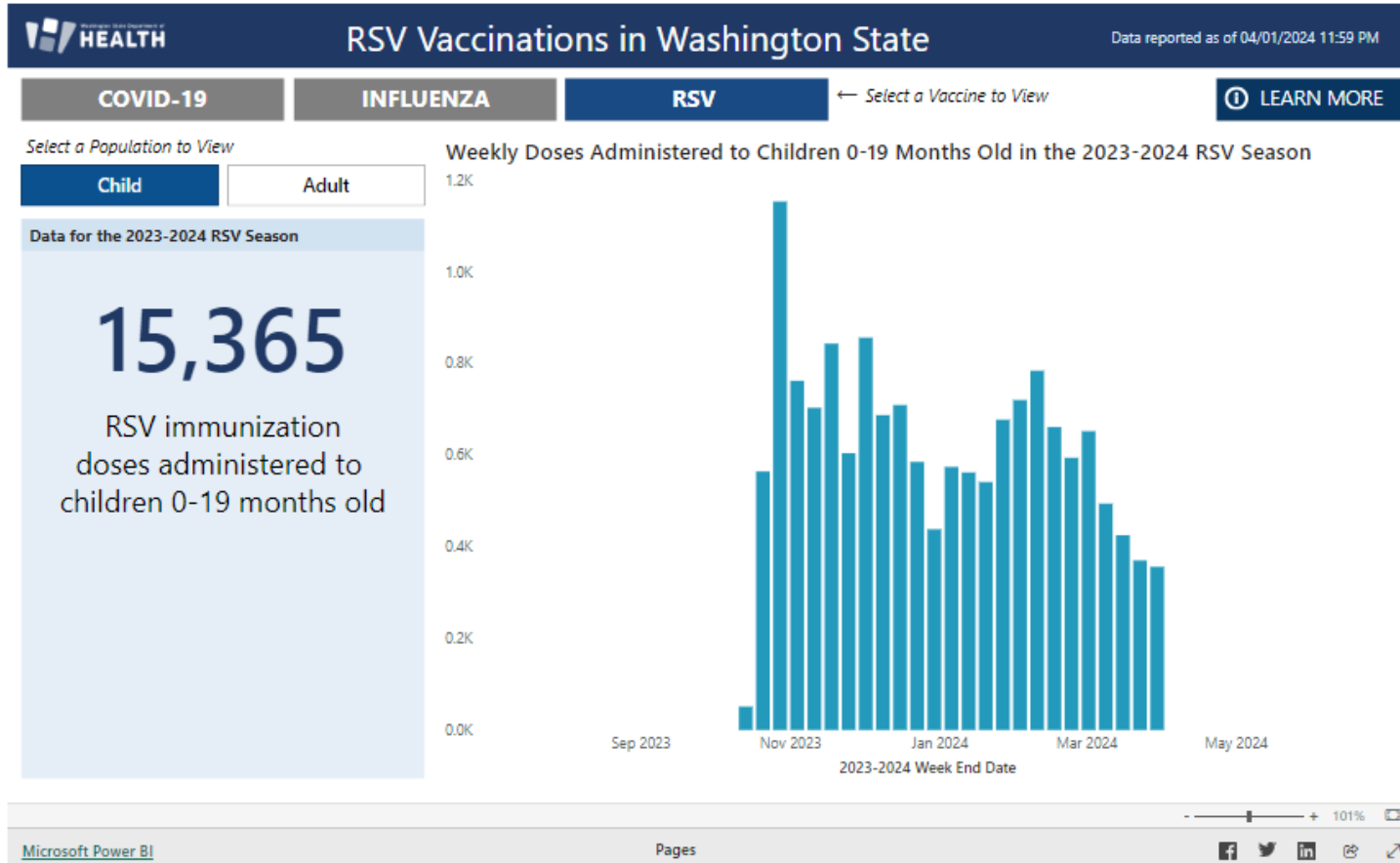
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Office of Immunization



PROGRAM UPDATES

Nirsevimab Immunization Summary



As of March 30, 2024

- **15,365 doses administered to infants**
- **28,585 total doses distributed**

Remaining inventory is viable until expiration date. Continue to store refrigerated between 36°F to 46°F (2°C to 8°C). Unexpired viable product can be used next season when administration resumes.

[Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger | CDC](#)

[Respiratory Illness Data Dashboard](#)

Updates

- Penbraya (Meningococcal ACWY and B combination vaccine)
- Immunization Promotion Weeks
 - Adolescent Immunization Action Week, April 1-5
 - Infant Immunization Week, April 22-29
- Personnel Updates: CQS Section Manager and Perinatal Hepatitis B Coordinator
 - Jéaux Rinedahl and Kelsey Stillman
- Mpox – JYNNEOS Commercialization
- DOH Response Readiness: Mpox, Measles, HPAI
- Immunization Coverage Data
 - [School Immunization Coverage](#)
 - [Childhood Immunization Rate Dashboard](#)
 - MMR Vaccination Data

Washington-Based Immunization Data

Comparison of Data Sources Used in this Presentation

WAIIS

- Use to assess statewide vaccination coverage as well as geographic and demographic variation
- Continuous near real-time updates
- Generally underestimates true coverage

Public health planning use:

- Population-based interventions (e.g., media campaigns) to increase coverage

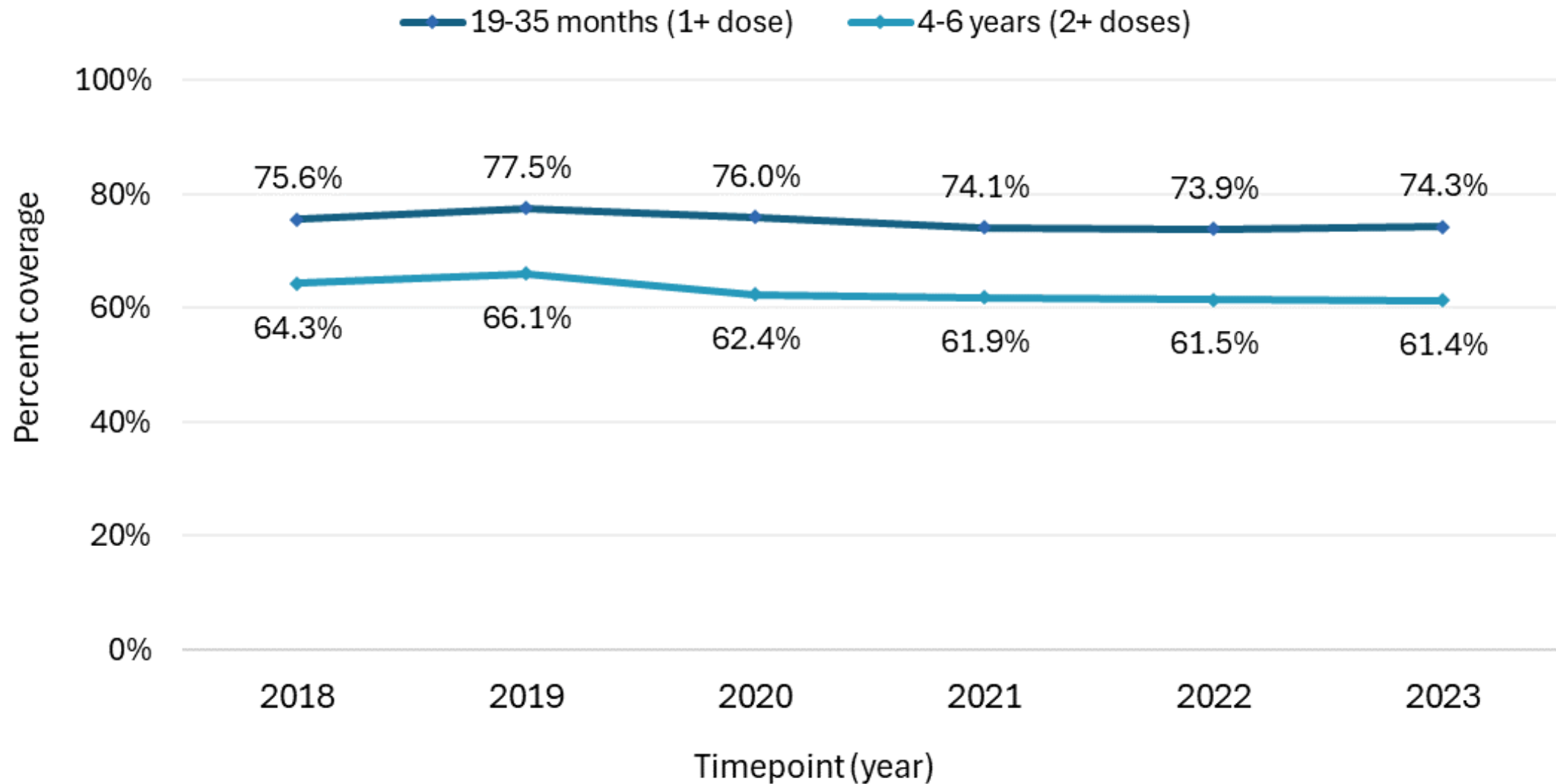
School-Reported Immunization Data

- Use to assess school and district-level compliance
- Specific to school-going population
- Limited grade levels, demographics
- Single update at end of year

Public health planning use:

- Accurate school-level coverage as-of report deadline
- School-level risk and interventions

MMR coverage among children aged 19-35 months and 4-6 years in Washington State, 2018-2023

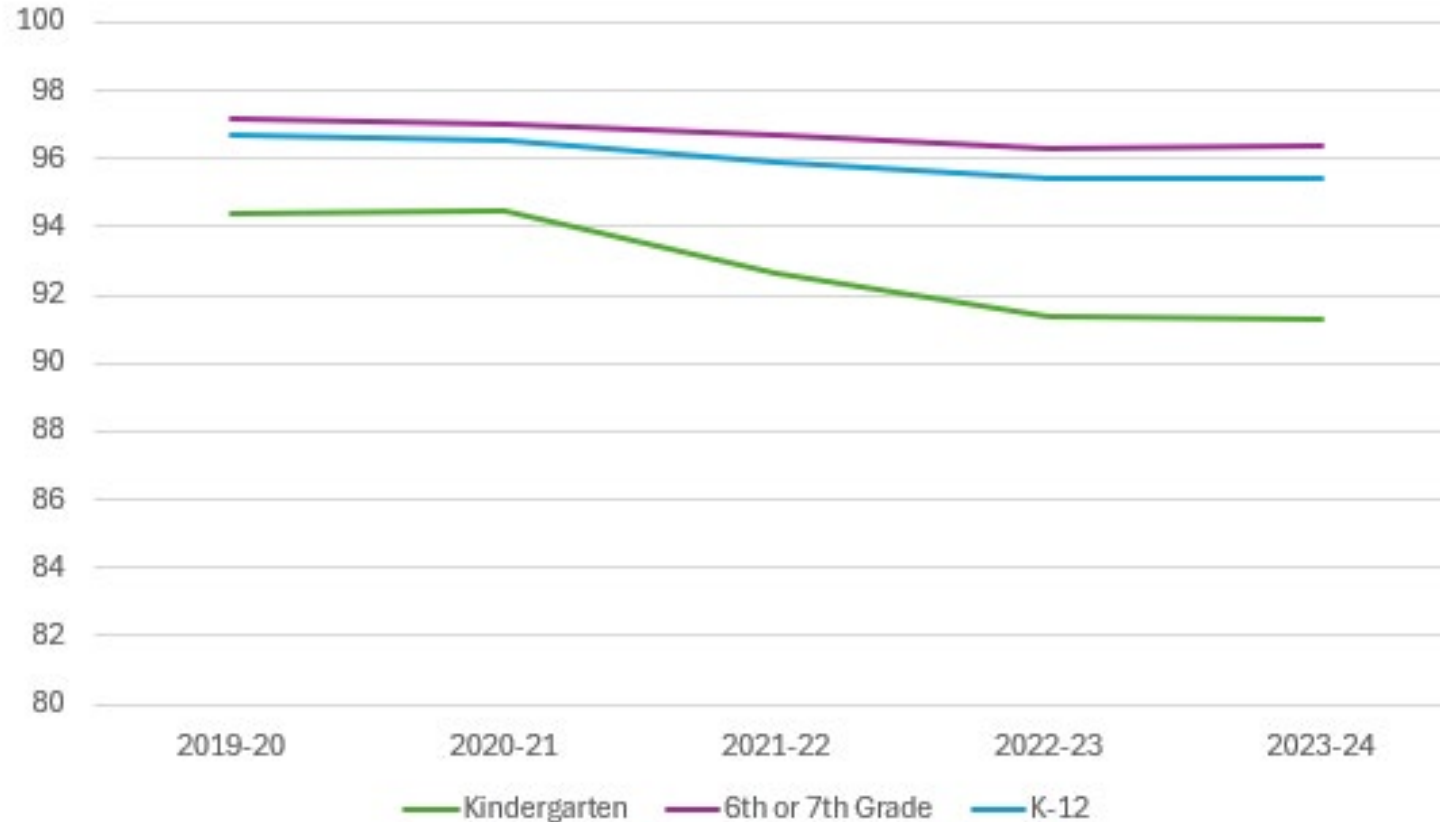


School-Reported Measles Coverage – Percent Complete by Grade Level

Grade Level	2019-20	2020-21	2021-22	2022-23	2023-24
Kindergarten	94.4%	94.5%	92.6%	91.4%	91.3%
6 th /7 th Grade	97.2%	97.0%	96.7%	96.3%	96.4%
K-12	96.7%	96.5%	95.9%	95.4%	95.4%

Data for the 2023-24 school year are preliminary. The final data will be available when the [data dashboard](#) is updated in mid-May 2024.

School-Reported Measles Coverage – Trends in Percent Complete by Grade Level



Data for the 2023-24 school year are preliminary. The final data will be available when the [data dashboard](#) is updated in mid-May 2024.



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COVID-19 Vaccine Program Update

April 11, 2024



County
Statewide

This page shows vaccine coverage for age, race/ethnicity, and sex reported for vaccine recipients.

Data reported as of
04/01/2024 11:59 PM

[Learn More](#)

Total Coverage *Hover over the legends below for the definition of each vaccine status.*

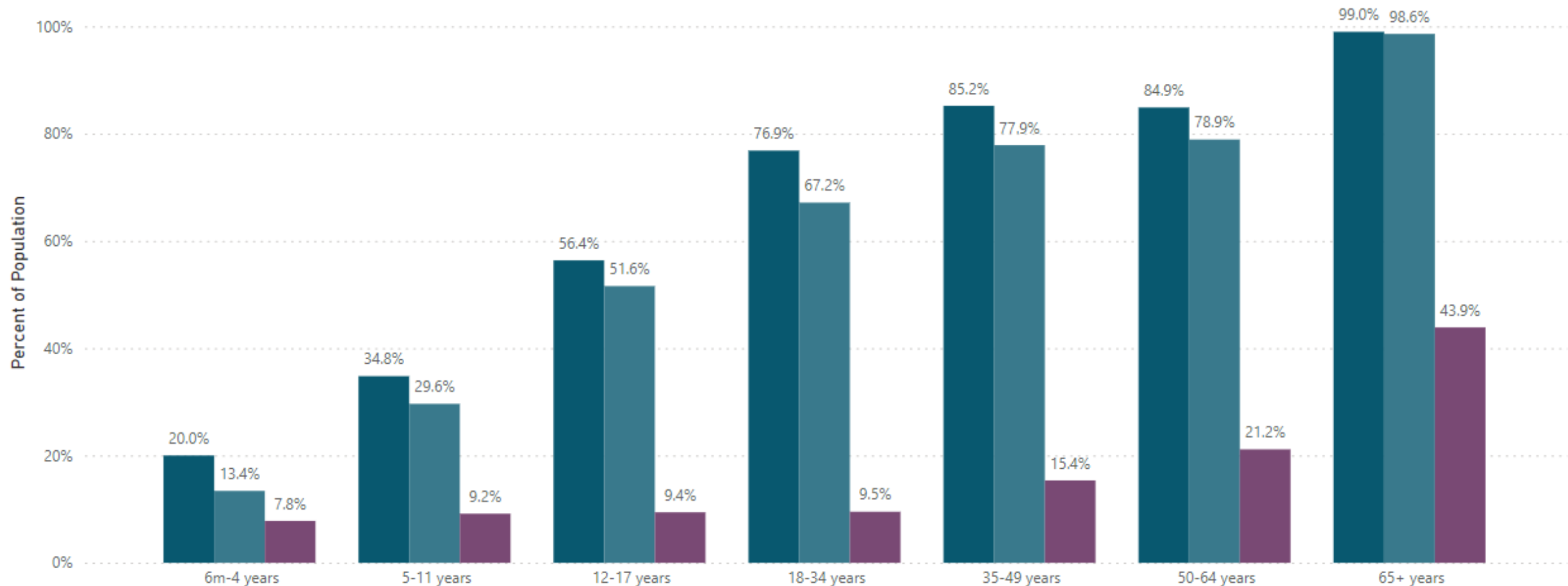
View Data For

Age

Race Ethnicity

Sex

i Percent Initiated **i** Percent Completed **i** Percent Up to Date



Updated COVID-19 Vaccine Recommendation

CDC recommends that persons **65 + years** of age should receive an additional dose of 2023-2024 COVID-19 vaccine.

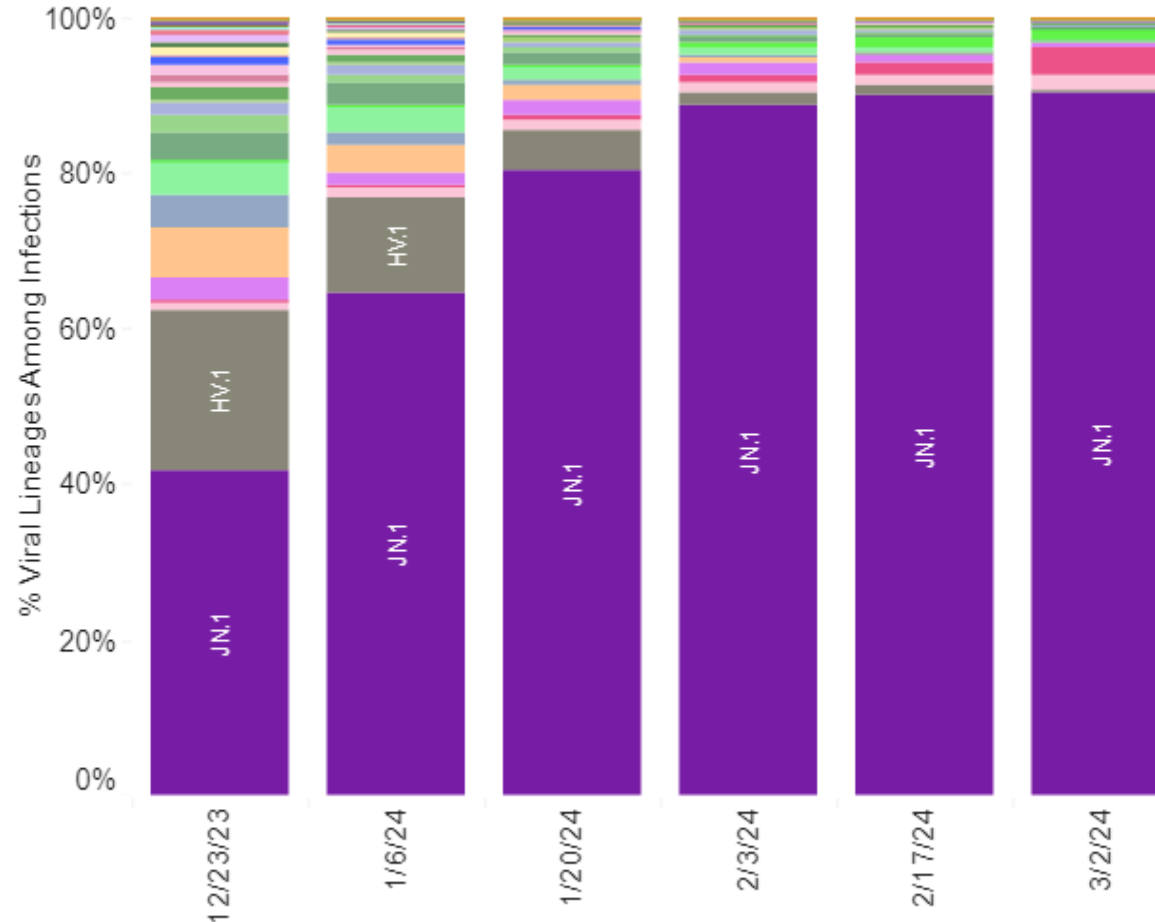
- 4 months or more after their first 2023-2024 Formula COVID-19 vaccine.
- Standing orders are available on the CDC website:
 - [5 Years of Age and Older • Updated \(2023–2024 Formula\) Moderna COVID-19 Vaccine • Standing Orders for Administering Vaccine \(cdc.gov\)](#)
 - [5 Years of Age and Older: Updated \(2023–2024 Formula\) Pfizer-BioNTech COVID-19 Vaccine - Standing Orders for Administering Vaccine \(cdc.gov\)](#)
 - [Updated 2023–2024 Formula, Novavax COVID-19 Vaccine Standing Orders for Administering Vaccine: 12 year of Age and Older- Intended for Print Only \(cdc.gov\)](#)
 - [U.S. COVID-19 Vaccine Product Information | CDC](#)

COVID-19 Variants

3/30/24 CDC Report:

- JN.1, descendent of BA.2.86, **now being slowly overtaken by JN.1.13**
- 2023-24 COVID-19 vaccine is effective against the JN.1/BA.2.86 variants
- Read more:
 - <https://www.cdc.gov/respiratory-viruses/whats-new/JN.1-update-2023-12-22.html>
 - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

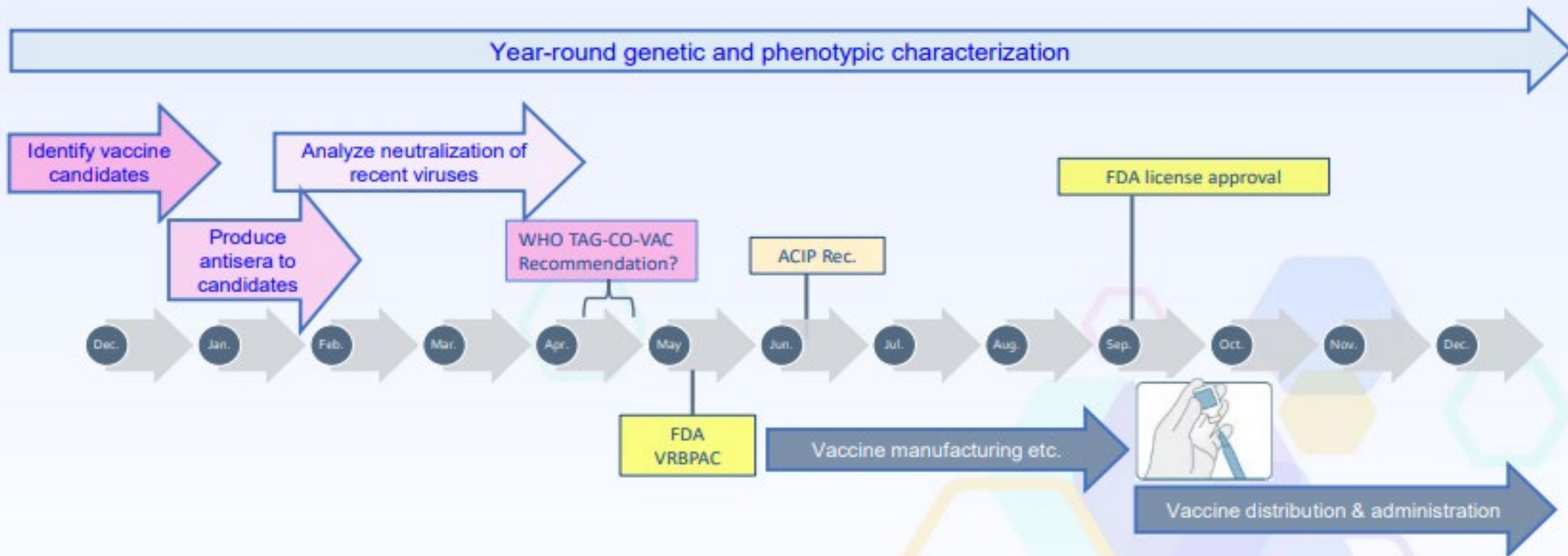
Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast: Model-based projected estimates of variant proportions



Revised Time Frame for 2024-2025 COVID-19 Vaccine Availability



Proposed changes: WHO-TAG-CO-VAC mid-late April (exact date to be determined), FDA VRBPAC in May, ACIP in June

Slide for discussion purposes. Information is approximated and exact timelines for manufacturing are inferred.

WHO: World Health Organization | TAG-CO-VAC: Technical Advisory Group on Covid-19 Vaccine Composition | FDA: Food and Drug Administration | VRBPAC: Vaccines and Related Biologic Products Advisory Committee | ACIP: Advisory Committee on Immunization Practices

[Vaccines and Related Biological Products Advisory Committee May 16, 2024 Meeting Announcement - 05/16/2024 | FDA](https://www.fda.gov/news-events/press-announcements/2024/05/16/fda-vrbpac-meeting-announcement-05162024)

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/07-COVID-Panagiotakopoulos-508.pdf>

Pop-Up Immunization Clinic Guide

DOH's Immunizations Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#).

- **Intended Audience:** LHJs, community organizations, and immunization providers.
- **Goal:** General guide of common steps an organizer would need to plan and set up a Pop-Up Vaccination/ Immunization Clinic in their community.

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Our Partner Newsletter



You can now get your COVID-19 vaccine information along with other respiratory illness vaccines, such as flu and RSV!

- **Subscribe today!** (Subscription still under *COVID-19 Vaccine Partner Newsletter*)

POP Webinars

Effectively Engaging Communities Series with Dr. Michelle Andrasik

- April 19: [Building Relationships and Establishing Trust](#)
- May 10: [Addressing Vaccine Hesitancy](#)



Visit the POP [webinar page](#) for more information and to register.

Care-A-Van

- Mobile vaccination:
 - COVID
 - FLU
 - MPOX
 - CHILDHOOD VACCINES
 - BLOOD PRESSURE SCREENING
 - BLOOD GLUCOSE SCREENING
 - **NALOXONE DISTRIBUTION**
- To submit a request to have a DOH Care-a-Van at your event fill out the web form at doh.wa.gov/careavan



Bridge Program Overview

- HHS Bridge Access program provides free COVID-19 vaccine for adults 19 years and older who are uninsured or under-insured.
- [Vaccines.gov](https://www.vaccines.gov): sort available vaccines by Bridge program participation.
- COVID-19 Vaccine Insurance Coverage quick-guide: [two-page handout](#)
- Other activities have included supporting enrollment of independent pharmacies and working with LHJs and other partners to equitably allocate COVID-19 vaccine through the Adult Vaccine Program, with a particular focus on FQHCs.

you're covered. HOW ARE COVID-19 VACCINES COVERED BY INSURANCE? VACCINES REMAIN COVERED, FREE OF COST TO YOU.

For adults covered by...

All private and public programs cover vaccines with ACIP routine age-based, risk-based, and shared clinical decision-making recommendations.

	Are My COVID-19 Vaccines Covered Free of Cost?	Background on Coverage Requirements
MEDICAID	YES. All COVID-19 vaccines are available to Medicaid beneficiaries with no out-of-pocket costs, as currently stipulated by the American Rescue Plan (ARP) Act. ¹	Updates in the American Rescue Plan (ARP) Act and the Inflation Reduction Act (IRA) require state Medicaid agencies to cover all vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP)—including COVID-19 vaccines—for Medicaid beneficiaries with no out-of-pocket costs.
MEDICARE	YES. All COVID-19 vaccines are covered by Medicare Part B without cost-sharing.	The Coronavirus Aid, Relief, and Economic Security (CARES) Act stipulates that Medicare is required by law to cover COVID-19 vaccines at no cost to beneficiaries. Recent changes to Medicare now ensure that all ACIP-recommended vaccines—both those covered under Part B as well as Part D—are available free of cost to Medicare beneficiaries.
TRICARE	YES. COVID-19 vaccines are covered by TRICARE for all beneficiaries with no out-of-pocket costs.	TRICARE covers all age-appropriate doses of vaccines—including COVID-19 vaccines—as recommended by the Centers for Disease Control and Prevention (CDC).
PRIVATE INSURANCE	YES. Those with private insurance, including those with employer-provided health insurance, can access COVID-19 vaccines with no out-of-pocket costs through in-network providers. ²	Under the Affordable Care Act (ACA), private insurance plans are required to cover all vaccines recommended for routine use by ACIP free of cost-sharing. This includes COVID-19 vaccines. Going forward, any COVID-19 vaccines recommended by ACIP—including updated vaccines—will be fully covered by private insurance plans within 15 days of ACIP recommendation.
ADULTS WITHOUT INSURANCE	YES. Adults (ages 18-64) without insurance can access COVID-19 vaccines free of cost through safety net providers and the CDC's Bridge Access Program, which will include retail pharmacies.	Initially, COVID-19 vaccines will be available through local safety net health care providers, like community health centers. Through the Bridge Access Program, CDC plans to expand access to COVID-19 vaccines for the uninsured at participating retail pharmacies.

¹Currently, the American Rescue Plan (ARP) Act requires that all states provide Medicaid coverage without cost-sharing for COVID-19 vaccines, effective October 1, 2023, through September 30, 2024. Prior to October 1, 2023, the federal government will match 100% of all state expenditures on COVID-19 vaccine doses and vaccine administration to encourage continuous coverage.
²Certain grandfathered (pre-ACA) plans may require cost-sharing for recommended vaccines.

Have more questions about coverage for COVID-19 vaccines? Visit covidvaccineproject.org/covered

COVID-19 VACCINE EDUCATION and EQUITY PROJECT

Forward Planning Update

- The COVID-19 Vaccine Program and the Office of Immunization have been working extensively to determine what work should be extended and how it should be coordinated
- DOH is working closely with CDC and local partners to determine what to prioritize with limited remaining COVID-19 vaccine funding
- The plan is to sunset the stand-alone COVID-19 Vaccine Program at the end of June, with several bodies of work transitioning to the Office of Immunization
 - Example: Planning and Engagement Section
- We welcome your thought partnership and feedback in defining what ongoing gaps and needs should be prioritized and where we can continue working together

Thank you!



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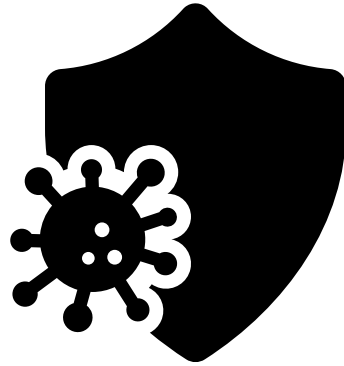
COVID-19 BREAKTHROUGH SURVEILLANCE

Vaccine Preventable Disease Program



Vaccine Advisory Committee Meeting

April 11, 2024



Isaiah Reed, MSc, MA

Epidemiologist II

Vaccine Preventable Disease Program

Office of Communicable Disease Epidemiology
Washington State Department of Health

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BACKGROUND

COVID-19 Timeline

- **Dec. 12, 2019** – First cases appear in Wuhan, China
- **Jan. 20, 2020** – First laboratory-confirmed case reported in the US, samples collected in WA
- **Apr. 4, 2020** – CDC launches “COVIDView” report summarizing weekly data on COVID-19 hospitalizations, deaths, and testing
- **Dec. 14, 2020** – First COVID-19 vaccine in US administered outside of clinical trials
- **Jan. 17, 2021** – First case of COVID-19 identified in a vaccinated WA resident
- **Feb. 2021** – WA submits first COVID-19 breakthrough data to CDC
- **May 19, 2021** – The VPD Program releases its first COVID-19 breakthrough surveillance report

Sources:

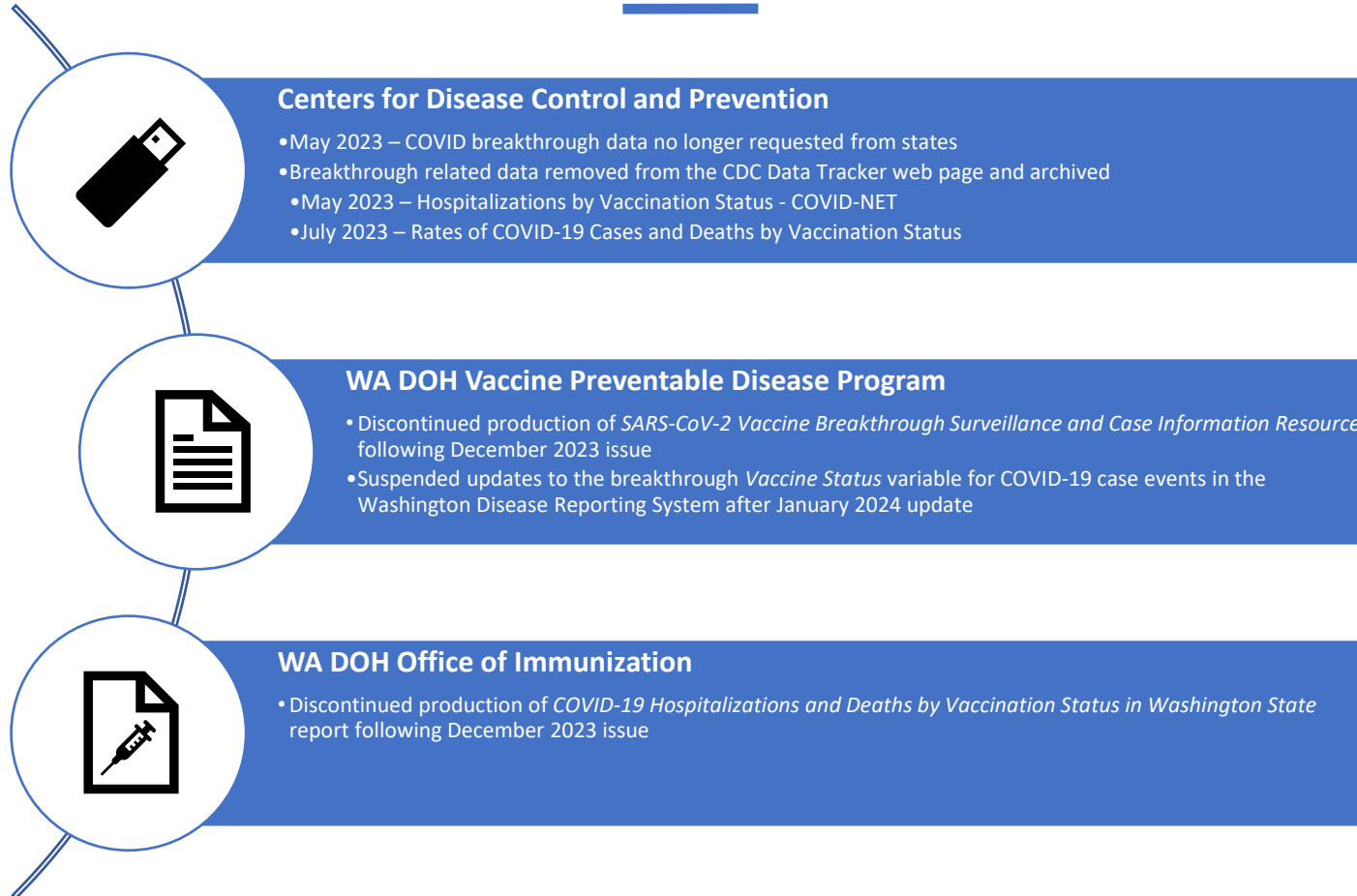
- Centers for Disease Control and Prevention. (2024, March 19). *CDC Museum COVID-19 Timeline*. <https://www.cdc.gov/museum/timeline/covid19.html>
- Washington State Department of Health. (2023, December 13). *SARS-CoV-2 Vaccine Breakthrough Surveillance Resource*. <https://doh.wa.gov/sites/default/files/2022-02/420-339-VaccineBreakthroughReport.pdf>

||



WHERE WE ARE NOW

Reporting Changes



III



WHY CHANGE

Loss of Standardization

In the absence of CDC guidance, questions began to arise as to how to approach data analysis and reporting

What are the standard...

- metrics?
- case definitions?
- comparison groups?

What denominator is appropriate?

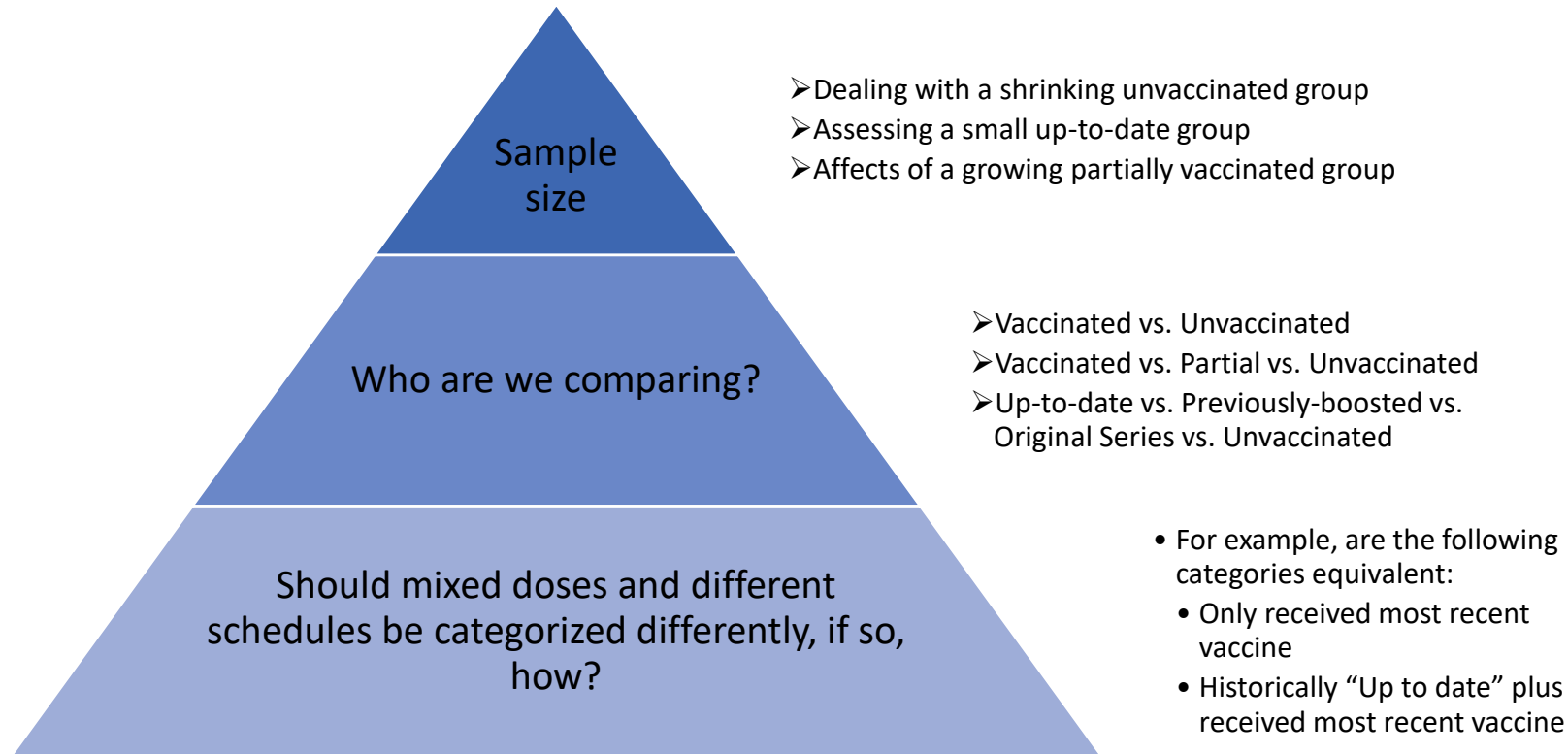
- Geographic population?
 - All COVID events?
- Vaccinated population?

What population should be the focus?

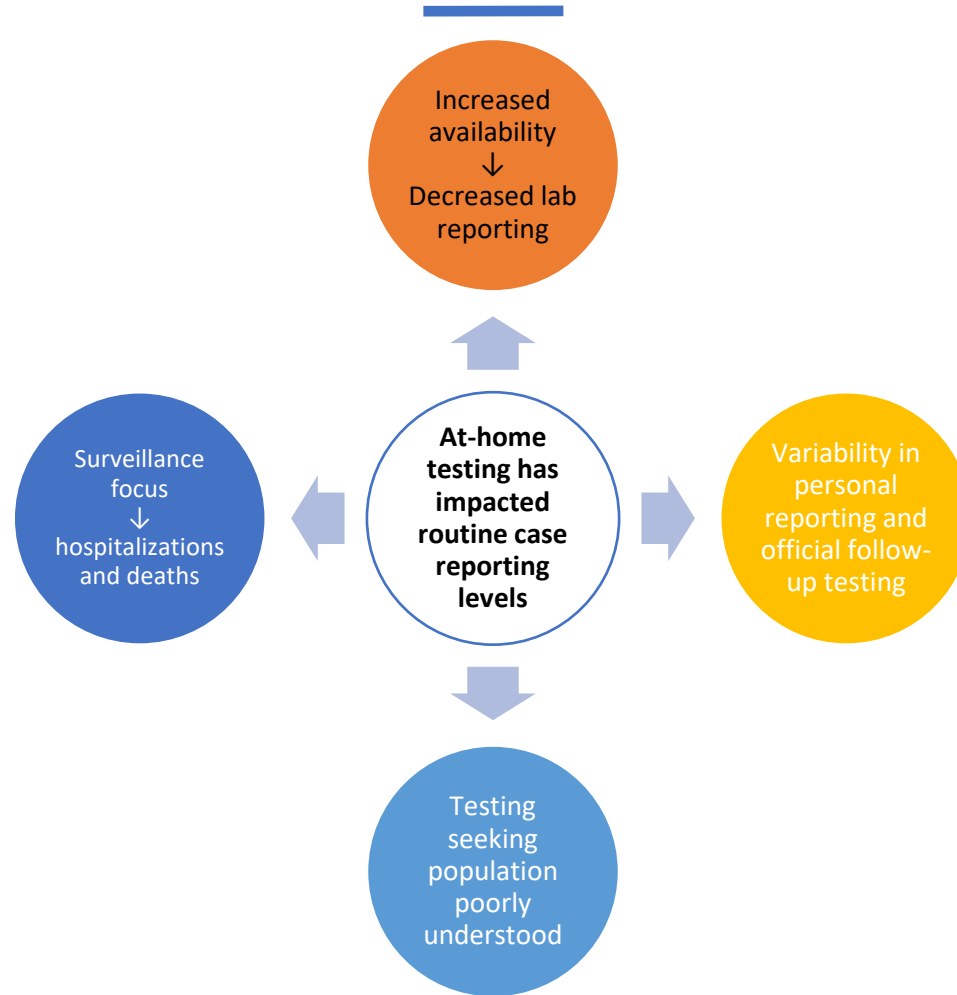
- All cases?
- Hospitalizations & deaths?
- Only deaths?

What Are We Comparing?

Frequent recommendation changes and an increasing number of doses created questions around the approach to defining comparison groups



Expanded Availability of At-Home Testing



Variability in Vaccine Uptake

Total Vaccine Doses		At Least One Dose	Completed Primary Series	Updated (Bivalent) Booster Dose
Distributed	984,444,295			
Administered	676,728,782			
2.0M				
Children < 5 years of age with at least one dose since June 18, 2022				
See Vaccination Demographic Trends for more information.				
56.4M				
People with an updated (bivalent) booster dose*				
Vaccinated People		Count	Percent of U.S. Population	
Total		270,227,181	81.4%	
Population ≥ 5 Years of Age		268,021,871	85.8%	
Population ≥ 12 Years of Age		256,511,884	90.5%	
Population ≥ 18 Years of Age		238,239,640	92.3%	
Population ≥ 65 Years of Age		58,758,542	95.0%	

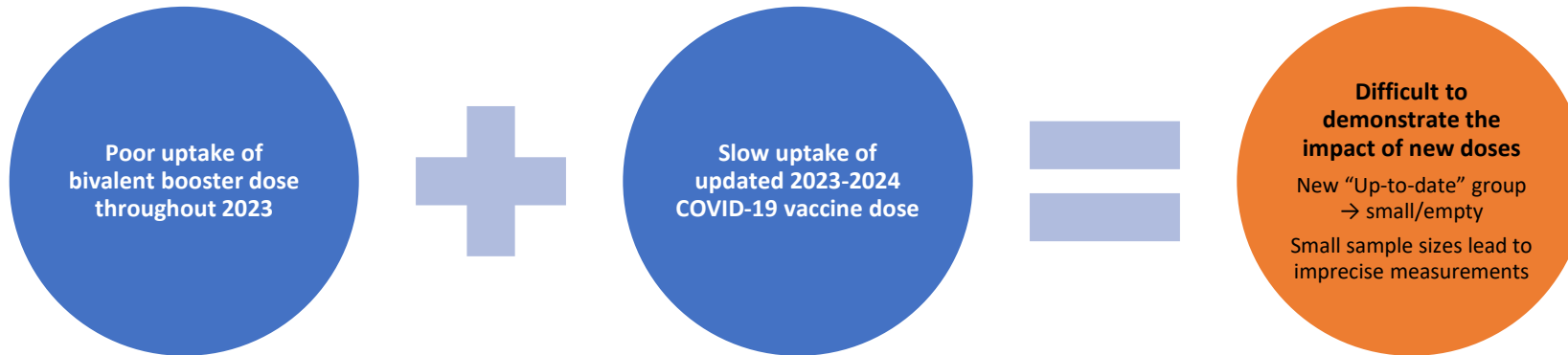
About These Data | CDC | Data as of: May 10, 2023 6:00am ET. Posted: May 11, 2023

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2.0M				
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See Vaccination Demographic Trends for more information.				
56.4M				
People with an updated (bivalent) booster dose*				
People Who Completed a Primary Series*		Count	Percent of U.S. Population	
Total		230,637,348	69.5%	
Population ≥ 5 Years of Age		229,426,936	73.5%	
Population ≥ 12 Years of Age		219,966,681	77.6%	
Population ≥ 18 Years of Age		204,327,579	79.1%	
Population ≥ 65 Years of Age		51,708,613	94.4%	

About These Data | CDC | Data as of: May 10, 2023 6:00am ET. Posted: May 11, 2023

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People with an Updated (Bivalent) Booster Dose*		Count	Percent of U.S. Population	
Total		56,478,510	17.0%	
Population ≥ 5 Years of Age		56,352,709	18.0%	
Population ≥ 12 Years of Age		54,974,636	19.4%	
Population ≥ 18 Years of Age		52,996,306	20.5%	
Population ≥ 65 Years of Age		23,699,191	43.3%	

About These Data | CDC | Data as of: May 10, 2023 6:00am ET. Posted: May 11, 2023



Sources:

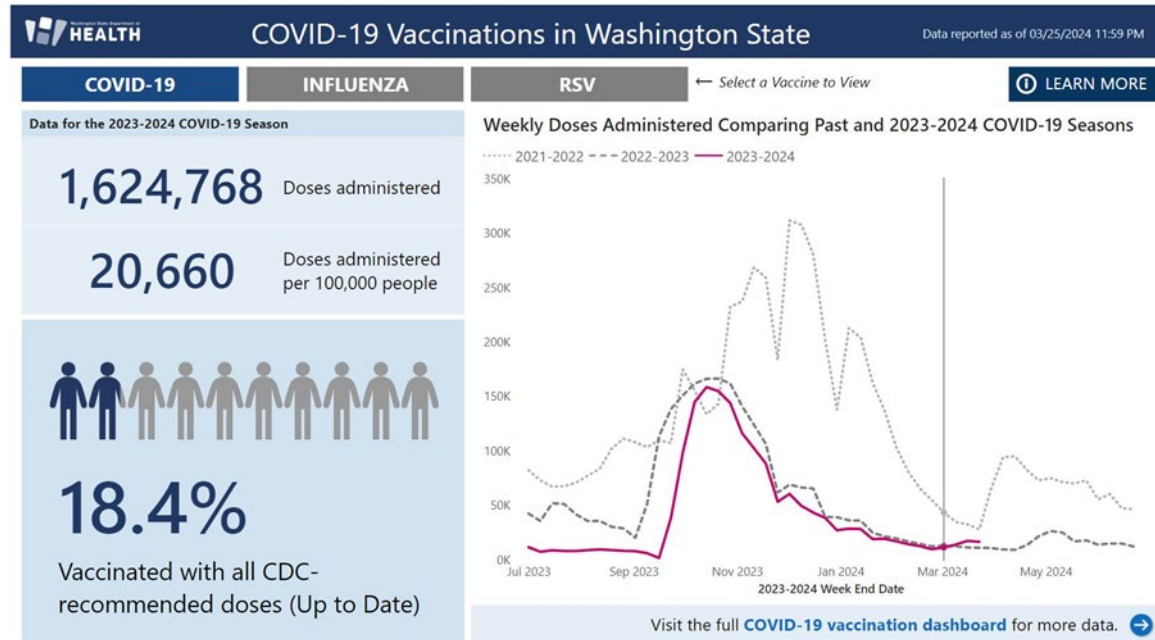
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IV



CLOSING

End of surveillance ≠ End of disease



- COVID-19 vaccination has been and is one of the most important tools to end the COVID-19 pandemic.
- [CDC recommends](#) everyone 6 months and older should get an updated 2023-2024 COVID-19 vaccine.

Sources:

- Washington State Department of Health. (2024, March 27). *Respiratory Illness Data Dashboard*. <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>.
- Washington State Department of Health. (2024, April 8). *COVID-19 Vaccine Information*. <https://doh.wa.gov/emergencies/covid-19/vaccine-information>.



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MEASLES UPDATE, APRIL 2024



Vaccine-Preventable Disease Program
Office of Communicable Disease Epidemiology

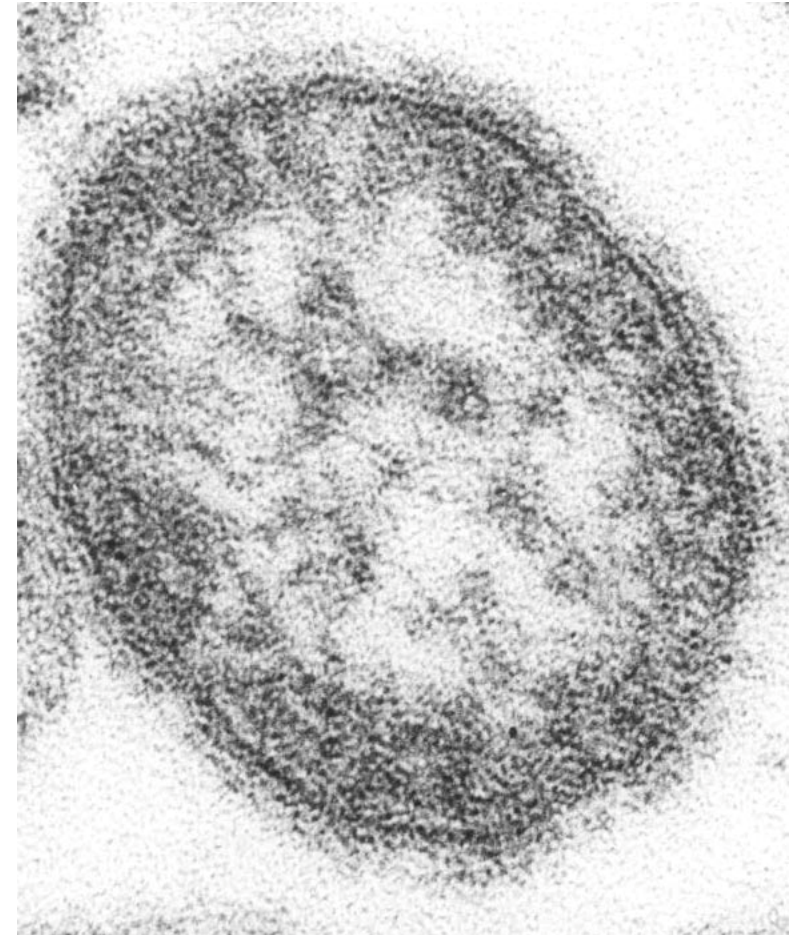
Overview

- About measles
- Trends: Longer-term and recent trends
- National situation update
- Global situation update
- CDC Health Advisory

Measles

- An acute respiratory viral disease
- Pre-vaccines, childhood infection was a nearly universal
- Measles vaccinations in the US available since 1963
 - Current strain (Edmonston-Enders) since 1968
- Measles was declared 'eliminated' in the US in 2000
- Highly contagious – measles can spread rapidly among susceptible populations
- Due to global prevalence of measles and unimmunized populations, cases and outbreaks in the US still occur

[Measles – CDC Pinkbook](#)



CDC PHIL

Disease Surveillance Process – What do we do in public health?

Healthcare Provider reports all suspected cases of measles to Local Health Jurisdiction



Local Health Jurisdiction (LHJ) consults on case assessment and public health response



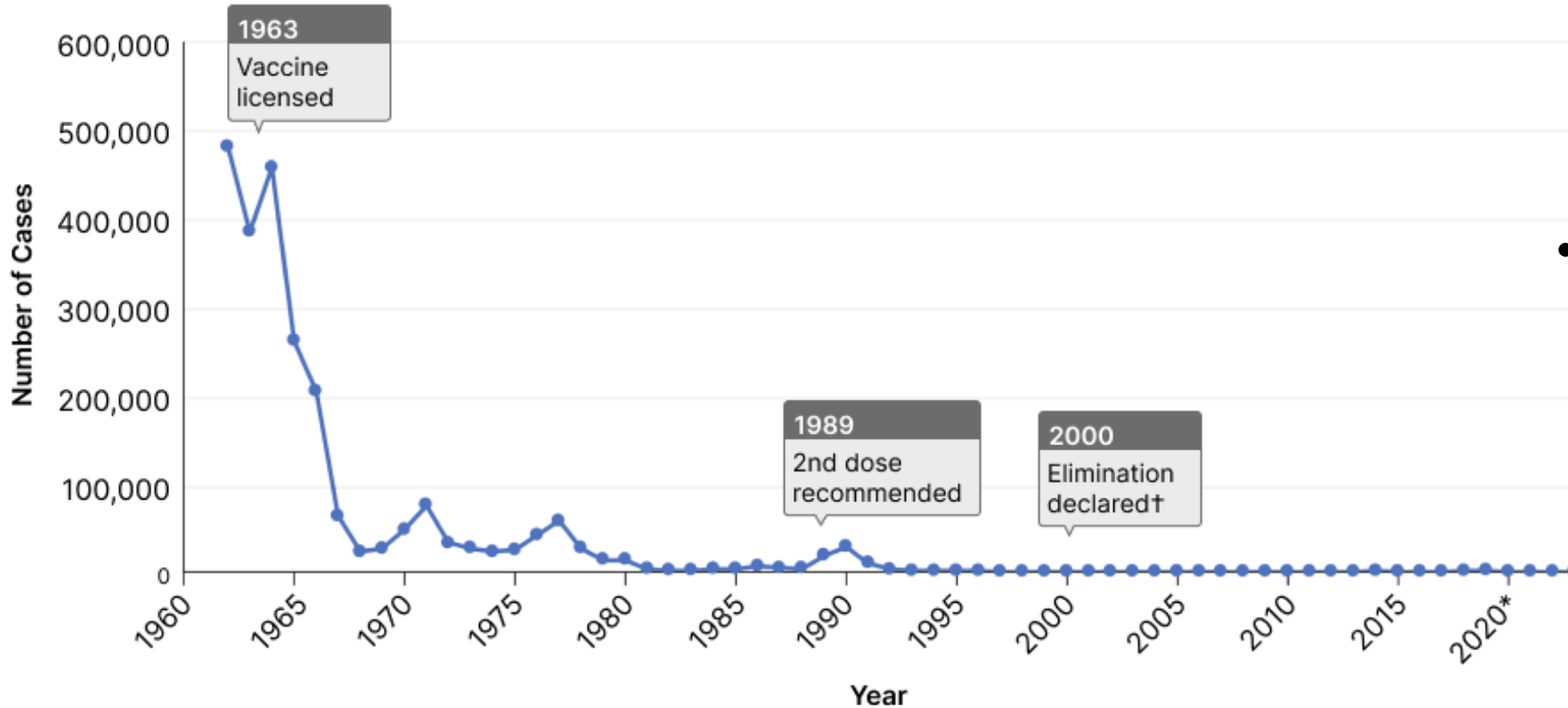
State Department of Health (DOH) supports LHJ case assessment and response, tests specimens

Measles case investigation guideline for LHJs



CDC collects national data. Experts available for consultation

Reported Measles Cases in the United States from 1962 – 2023*



<https://www.cdc.gov/measles/cases-outbreaks.html>

In Washington State:

- Last year with >1000 cases:
 - 1979
- For 2013 – 2023:
 - 0 to 90 cases per year, average: 16
 - 2019 had the most cases.

Recent Trends

- Respiratory virus mitigation in response to the COVID-19 pandemic led to decreases in many respiratory diseases.
 - Reduction in international travel
- Routine immunization also decreased.
 - Increased vulnerability to outbreaks

Year	Case Count
2019	90
2020	1
2021	0
2022	1
2023	11*
2024 (Jan-April 08)	3*

2019 Clark County and Sea-Tac Airport Outbreaks

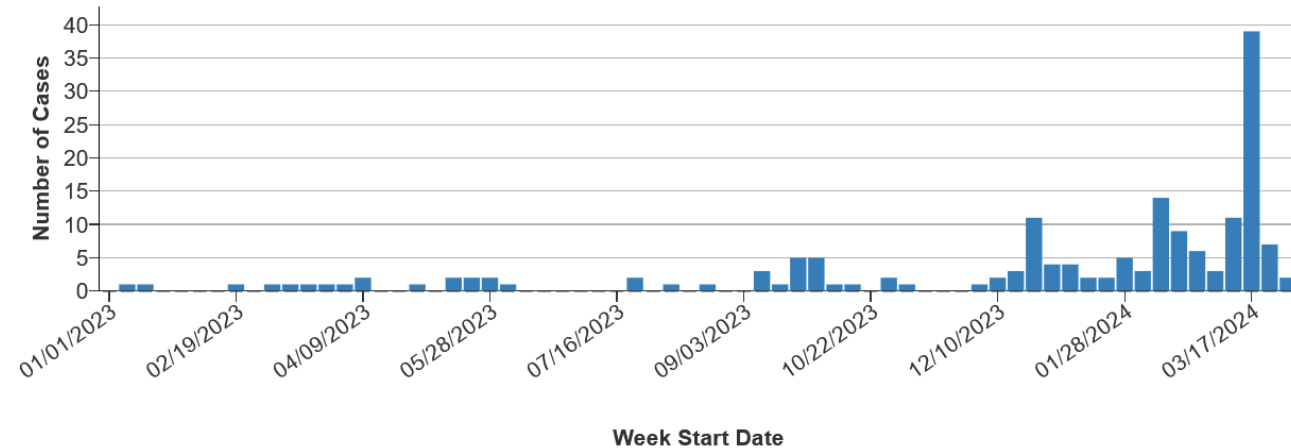
*Preliminary case counts

Current National Situation as of April 5, 2024

- Total of 113 confirmed cases in the US
 - 7 outbreaks (≥ 3 cases)
 - 73% of cases are outbreak related
 - 83% of cases have been unvaccinated or have unknown vaccination status

Number of measles cases reported by week

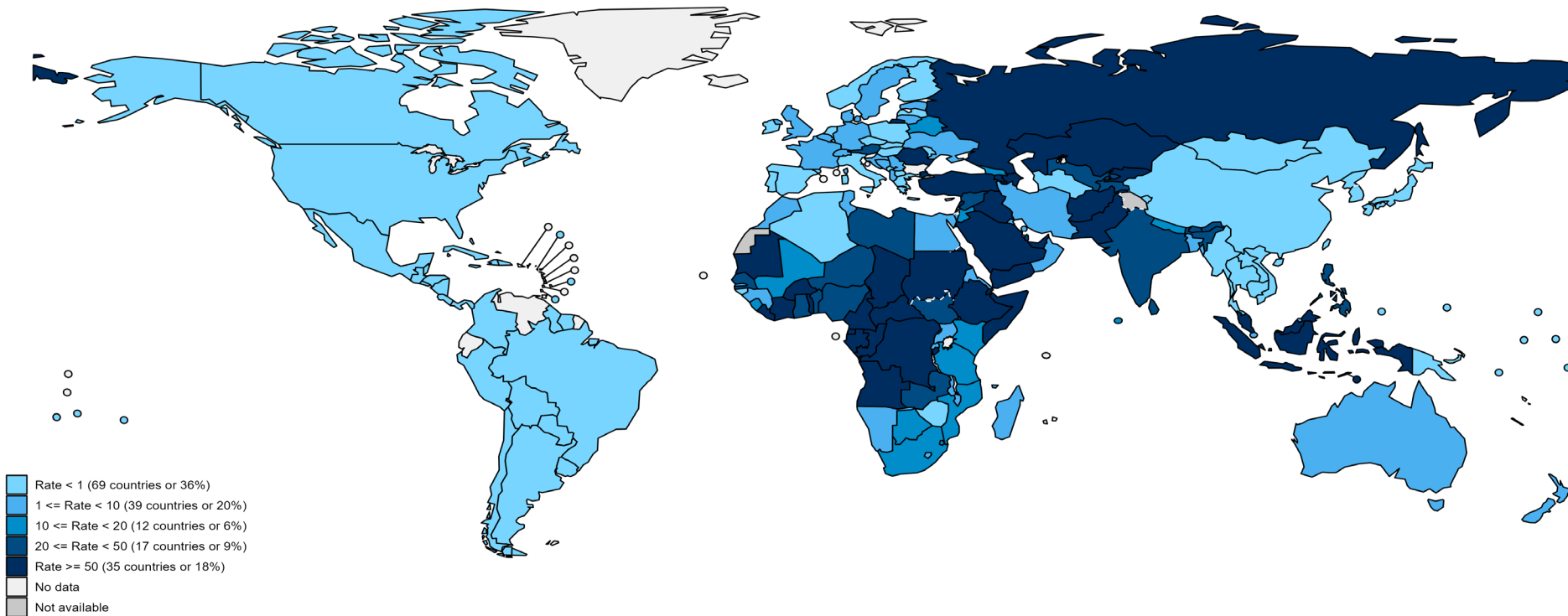
2023-2024* (as of April 4, 2024)



[Health Alert Network \(HAN\) - 00504 | Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination \(cdc.gov\)](https://www.cdc.gov/measles/cases-outbreaks.html)
<https://www.cdc.gov/measles/cases-outbreaks.html>

Slide from World Health Organization, March 2024

Measles Incidence Rate per Million (12M period)



Highest incidence rates

Country	Cases	Rate
Kyrgyzstan	9447	1,402.60
Azerbaijan	13728	1,318.40
Yemen	43998	1,277.16
Kazakhstan	24621	1,255.75
Liberia	3442	635.25
Iraq	14336	315.05
Gabon	733	300.83
Central African Republic	1499	261.04
Armenia	605	217.78
Cameroon	5635	196.70



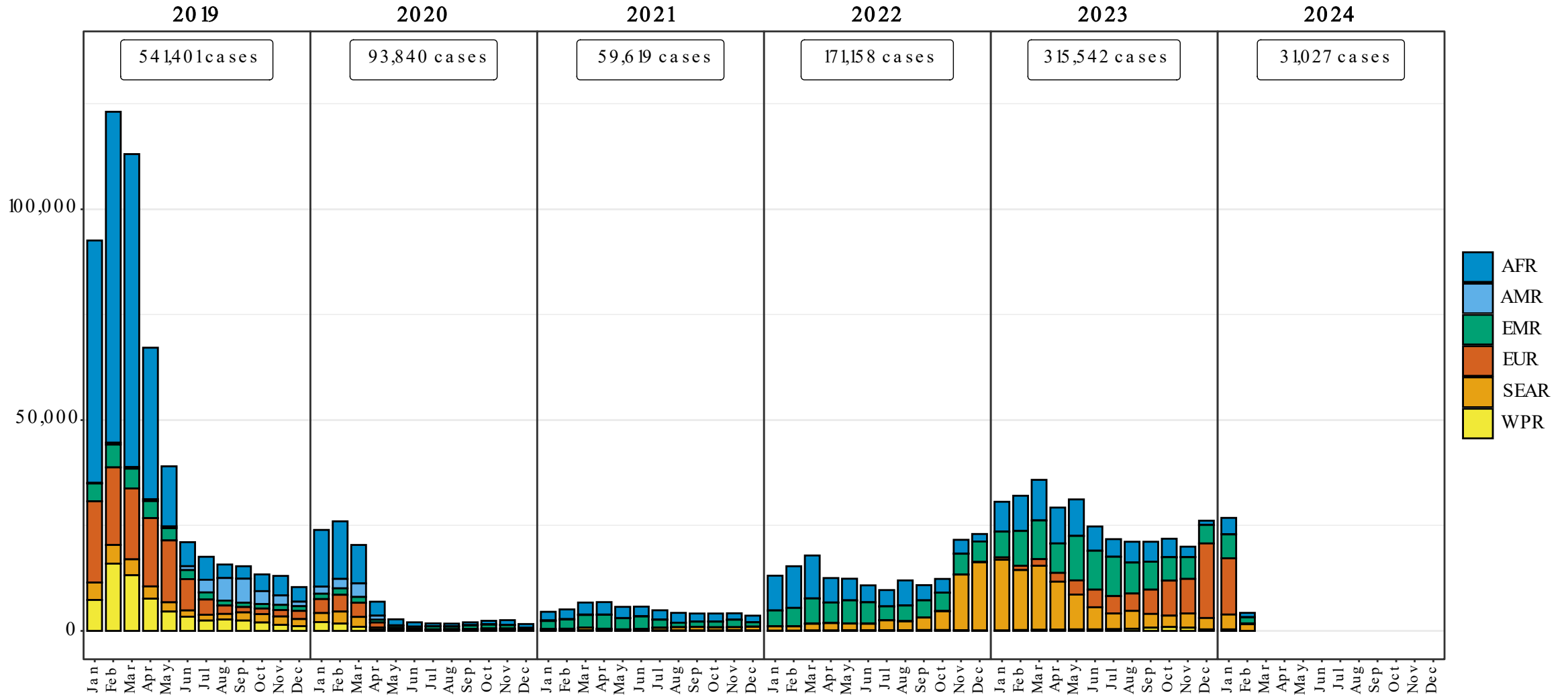
Map production: World Health Organization, 2024. All rights reserved
Data source: IVB Database

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

0 875 1750 3500 Kilometers

Slide from World Health Organization, March 2024

Measles case distribution by month and WHO Region (2019-2024)



Notes: Based on data received 2024-03 - Data Source: IVB Database - This is surveillance data, hence for the last month(s), the data may be incomplete.

CDC Health Advisory <https://emergency.cdc.gov/han/2024/han00504.asp>

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

[Print](#)



Distributed via the CDC Health Alert Network
March 18, 2024, 12:30 PM ET

Summary

- Three cases of measles have been reported in Washington State in 2024.
- Although the United States reached measles elimination in 2000, measles cases and outbreaks still occur
 - Potential for extensive spread if measles is introduced into community with low vaccine coverage
- National and global measles activity suggests the potential for more cases and outbreaks in Washington State
- Routine immunization and immunization prior to international travel are important strategies for preventing outbreaks



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PERTUSSIS SURVEILLANCE REPORTS



Vaccine-Preventable Disease Program
Office of Communicable Disease Epidemiology

WA DOH Pertussis Reports

<https://doh.wa.gov/public-health-provider-resources/notifiable-conditions/pertussis>

More Resources

[Vaccine Information](#)

[Pertussis Weekly Update \(PDF\)](#)

[2023 Annual Pertussis Update \(Preliminary\)\(PDF\)](#)

[2022 Annual Pertussis Update \(PDF\)](#)

[Incidence Rate \(PDF\)](#)

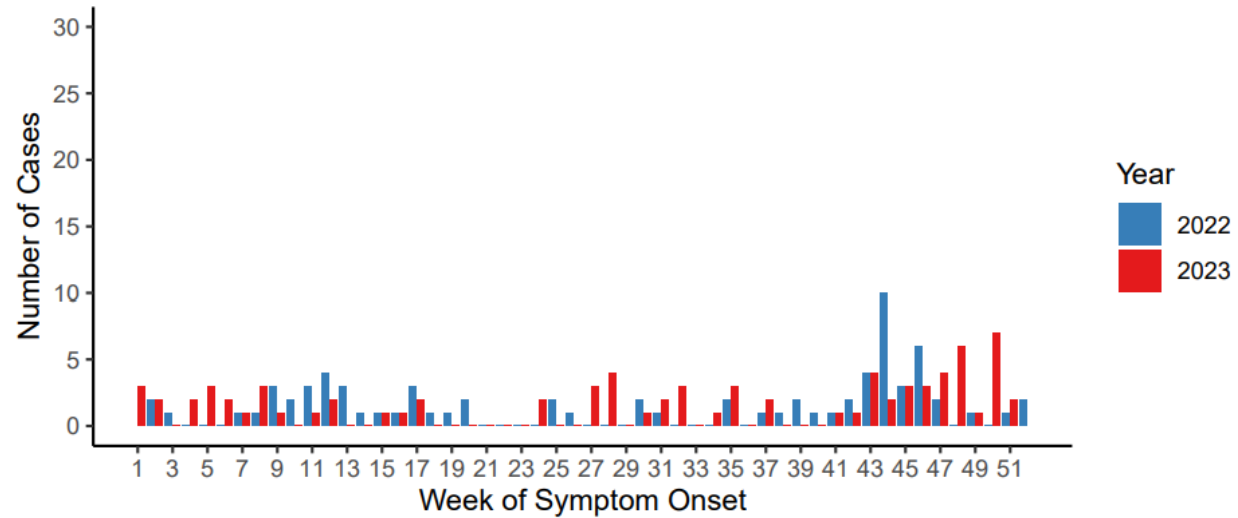
[Pertussis Resources](#) For Public Health and Healthcare Providers

Statewide by Year

Year	Cases	Rate*	Deaths
1983	20	0.5	0
1984	326	7.5	1
1985	92	2.1	0
1986	163	3.7	2
1987	110	2.4	0
1988	130	2.8	1
1989	201	4.3	0
1990	227	4.7	0
1991	149	3.0	0
1992	241	4.7	0
1993	96	1.8	0
1994	140	2.6	0
1995	491	9.0	0
1996	830	14.9	1
1997	481	8.5	0
1998	406	7.1	1
1999	739	12.7	0
2000	458	7.8	1
2001	184	3.1	0
2002	575	9.5	0
2003	844	13.8	0
2004	842	13.6	0
2005	1,026	16.3	0
2006	377	5.9	1
2007	482	7.4	0
2008	460	7.0	1
2009	291	4.4	0
2010	607	9.0	2
2011	962	14.2	2
2012	4,916	72.0	0
2013	748	10.8	0
2014	600	8.6	0
2015	1,383	19.5	0
2016	618	8.6	0
2017	740	10.1	0
2018	631^	8.4	0
2019	598	7.9	0
2020	243	3.2	0
2021	15	0.2	0
2022	76	1.0	0

WA Annual Pertussis Summary, 2023*

Figure 1: Number of Pertussis Cases Reported in Washington State by Week of Symptom Onset: 2022 (blue) vs 2023 (red)



Year	Case Count
2022	76
2023	87*

*Preliminary data

WA Annual Pertussis Summary, 2023*

Figure 2: WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2013-2022, with 2023 data overlaid

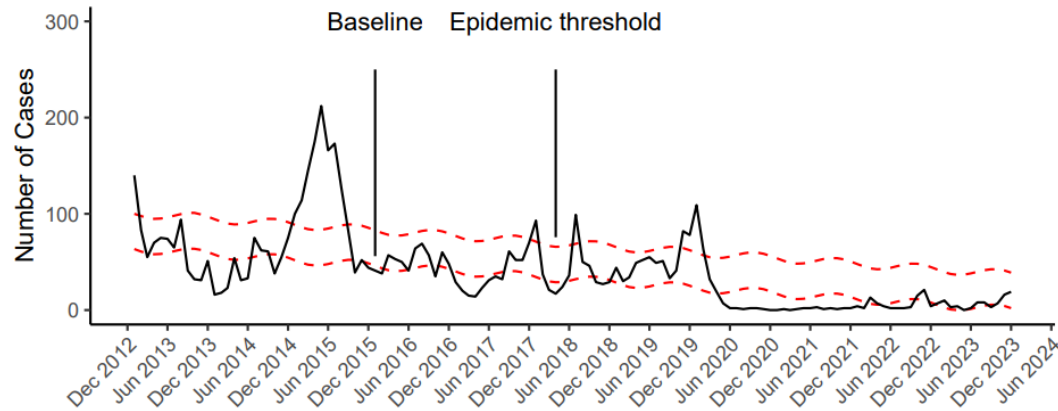
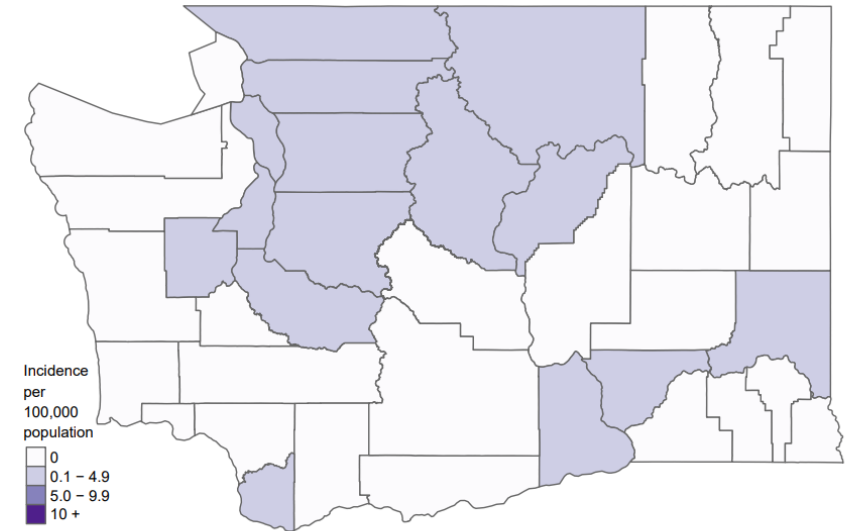


Figure 3: Annual Pertussis Incidence Rates by County, 2023 (preliminary data)



*Preliminary Data

WA Weekly Pertussis Update, 2024 (Week 13)

Figure 1: Number of Pertussis Cases Reported in Washington State by CDC Week of Symptom Onset: 2023 (blue) vs 2024 (red)

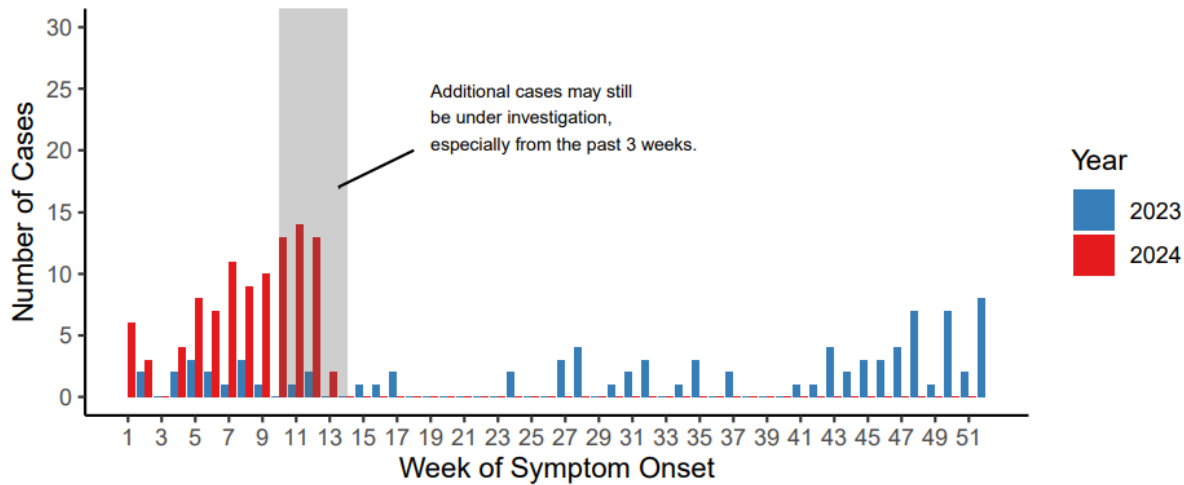
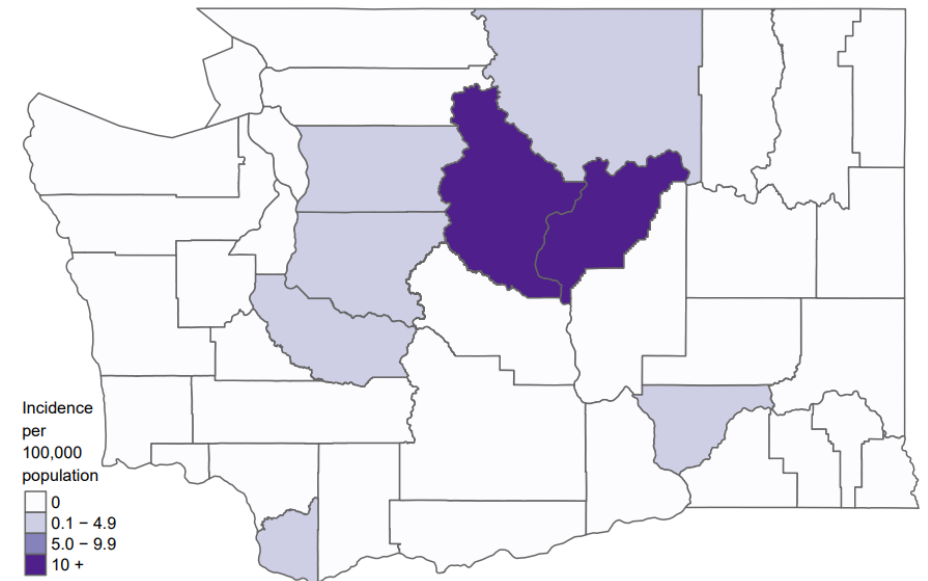


Figure 3: Six-Week Pertussis Incidence Rates by County, 2024 weeks 7 - 13



Year (Week 1-13)	Total Cases
2023 (01/01/23 to 04/01/23)	20
2024 (12/31/23 to 03/30/24)	100*

*Preliminary data



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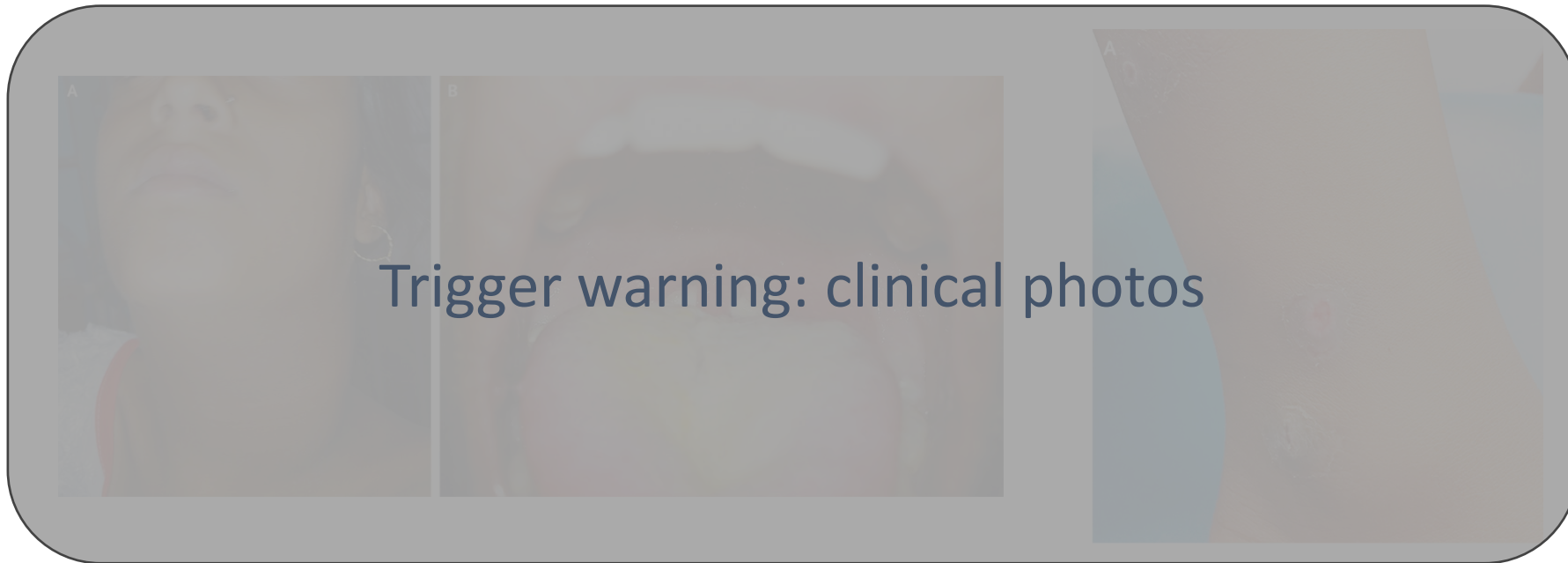
*NONTOXIGENIC CORYNEBACTERIUM
DIPHThERIAE* INFECTIONS

Washington, 2018-2022

“People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population”



C. diphtheriae is responsible for two distinct diseases.



Respiratory Diphtheria

Cutaneous nontoxicogenic
C. diphtheriae infection

C. diphtheriae is responsible for two distinct diseases.

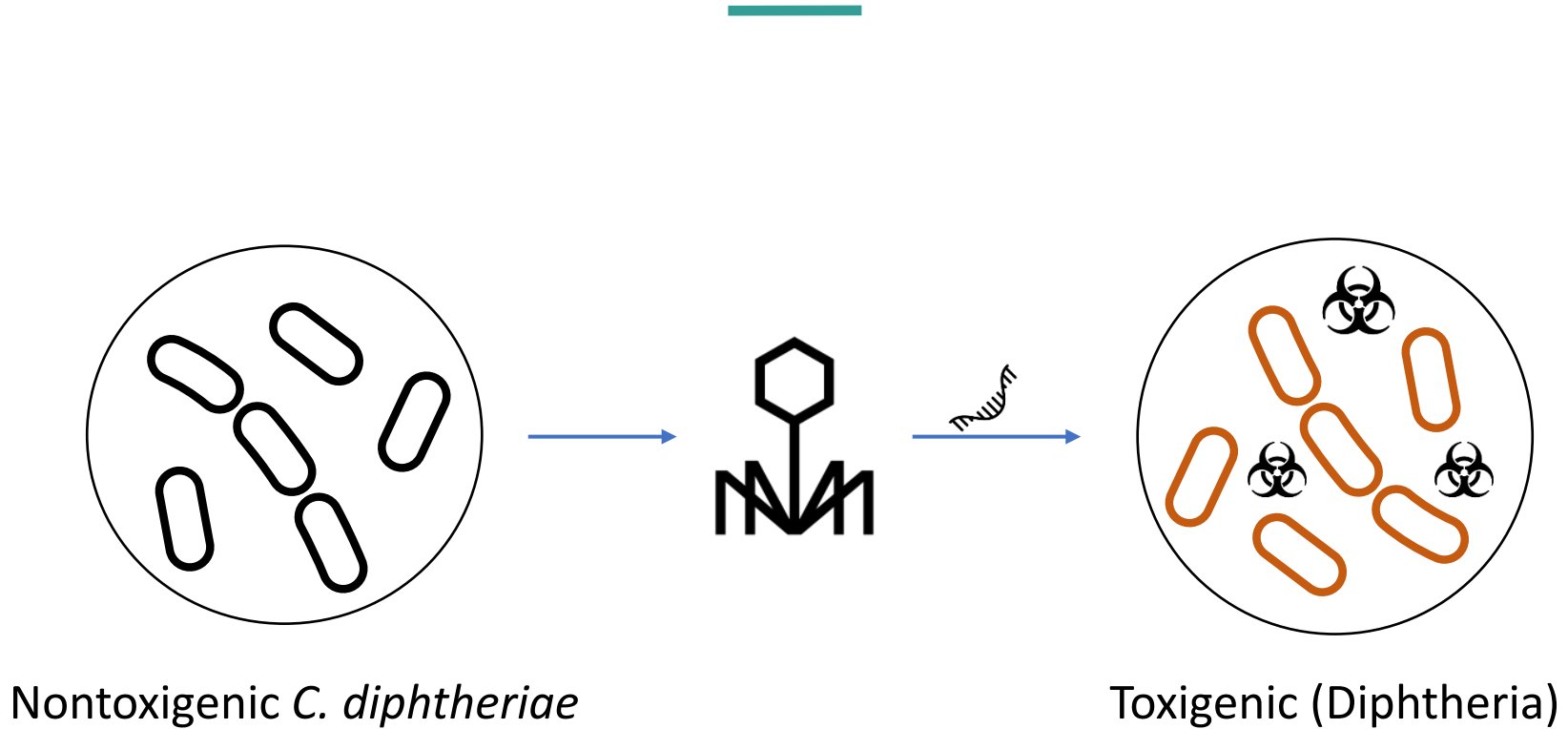


Respiratory Diphtheria

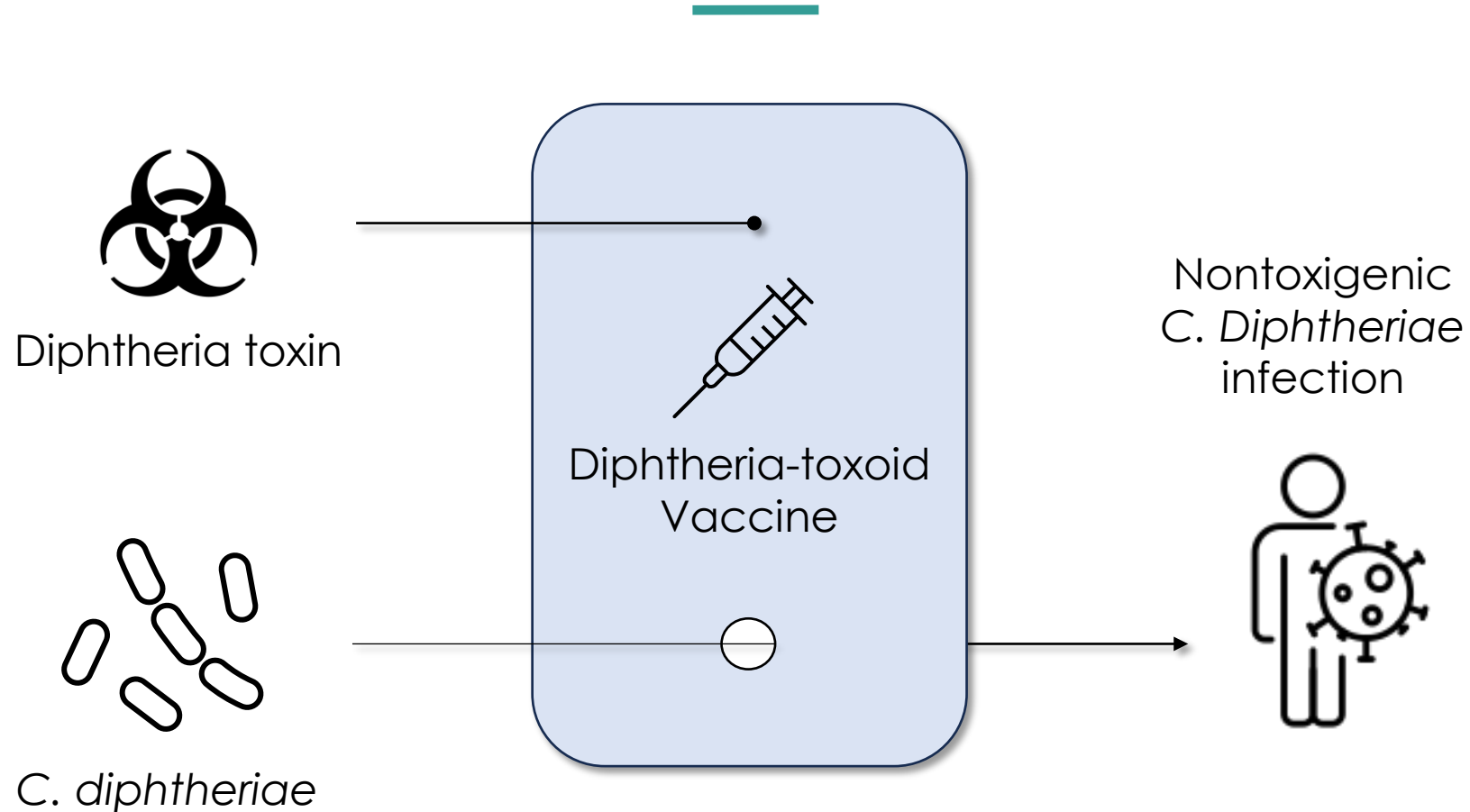


Cutaneous *C. diphtheriae* infection

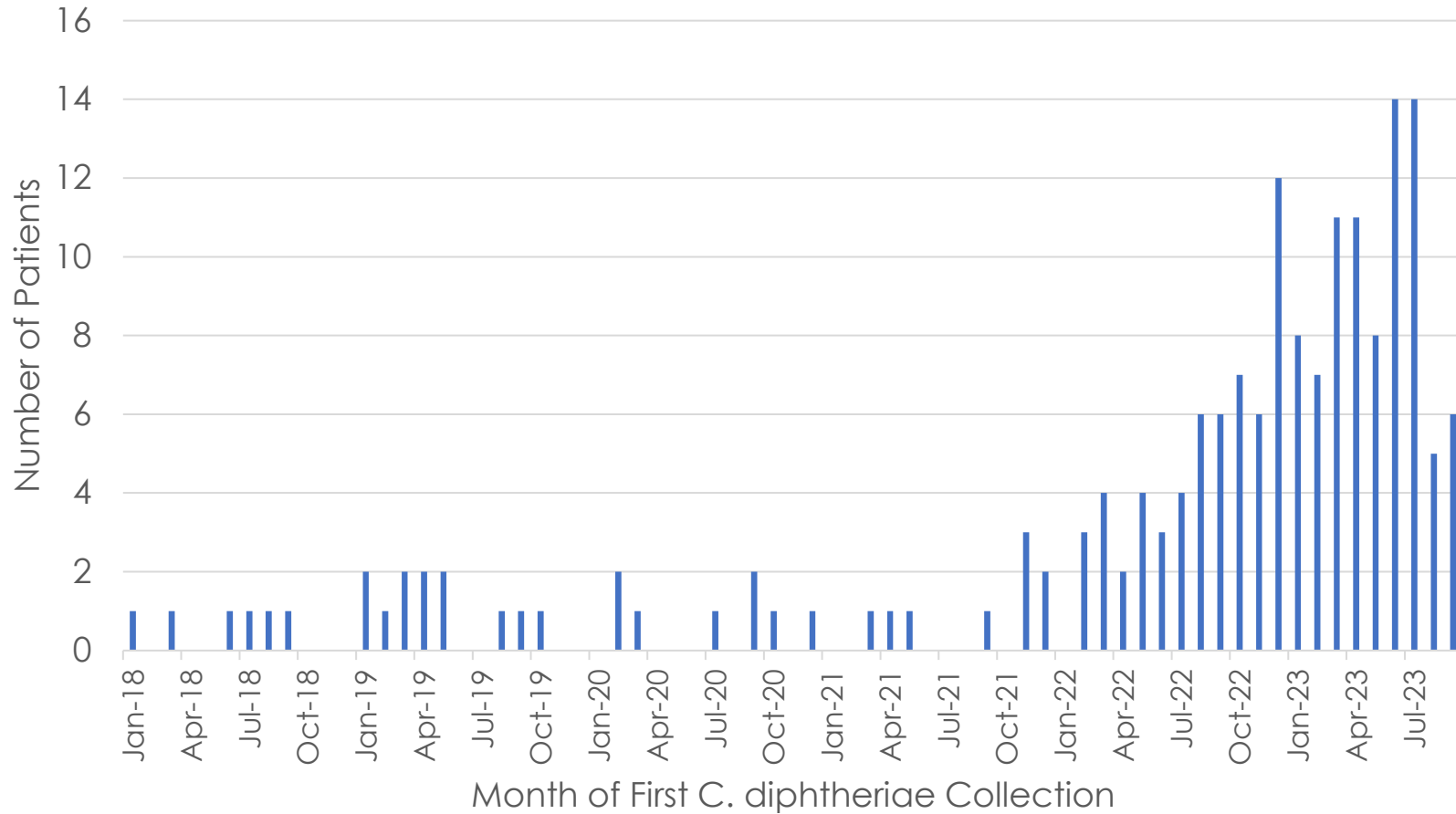
Corynebacterium diphtheriae epidemiology is complex.



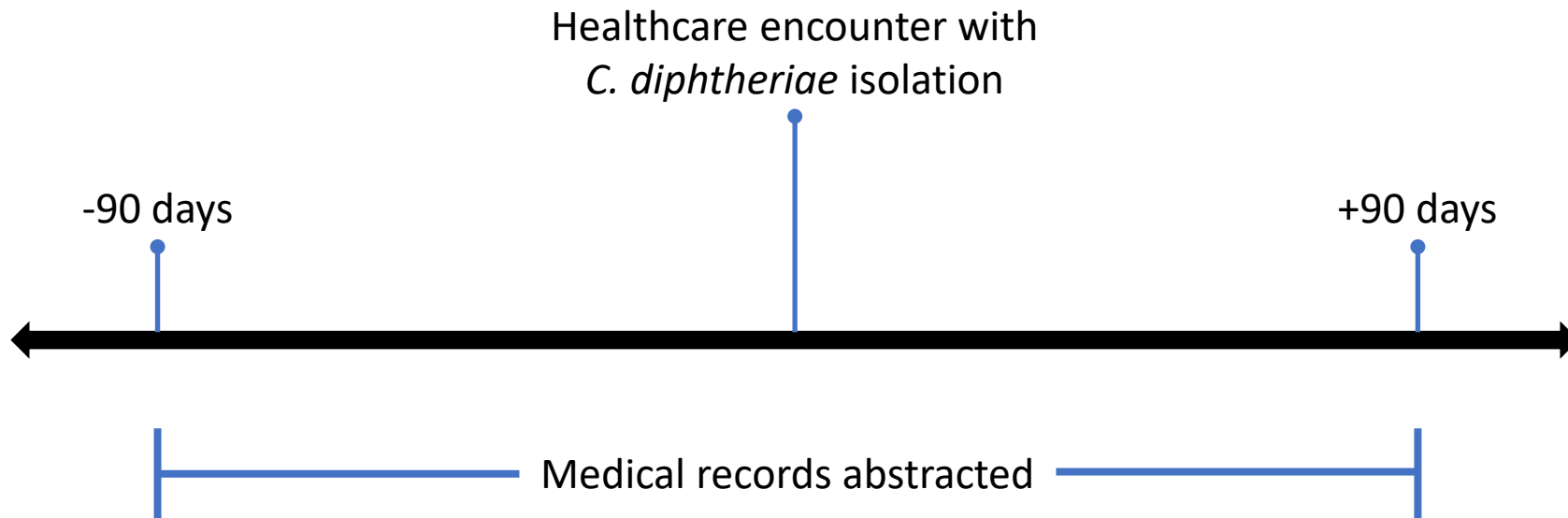
Vaccination does not protect against *C. diphtheriae* infection.



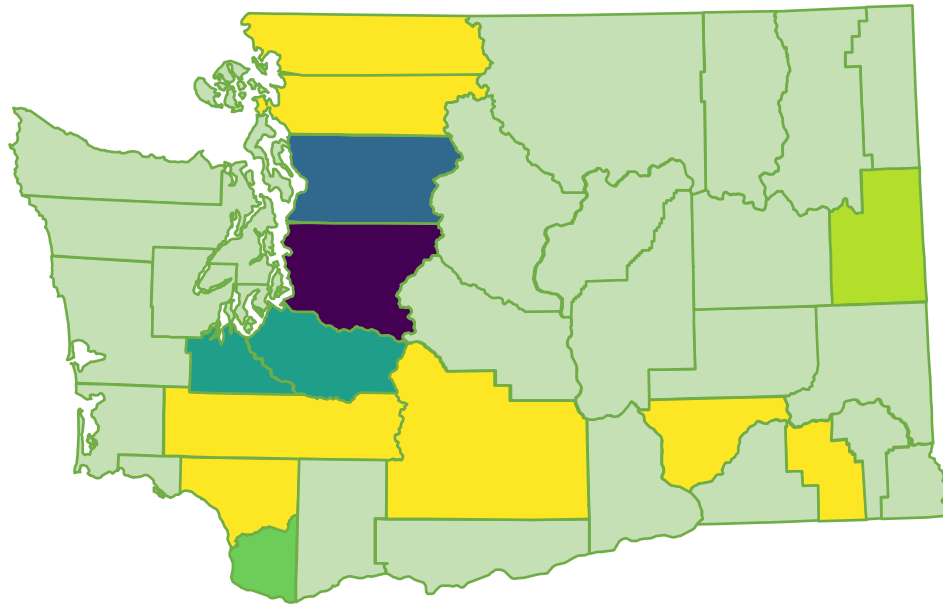
Reports of nontoxigenic *C. diphtheriae* infections have increased since 2018.



Epi-Aid Methods



Most nontoxigenic *C. diphtheriae* infections were in King County residents



King	65%
Snohomish	13%
Thurston	5%
Pierce	5%
Clark	4%
Spokane	3%
Other*	5%

*Benton-Franklin, Columbia, Cowlitz, Lewis, Skagit, Whatcom, Yakima

Demographics of patients

72%

Male

(120/166)

44 years

Median Age

(8 months – 76 years)

62%

White,
non-Hispanic

(103/166)

Homelessness and recent illicit substance use were common among patients.

80%

Experienced
homelessness

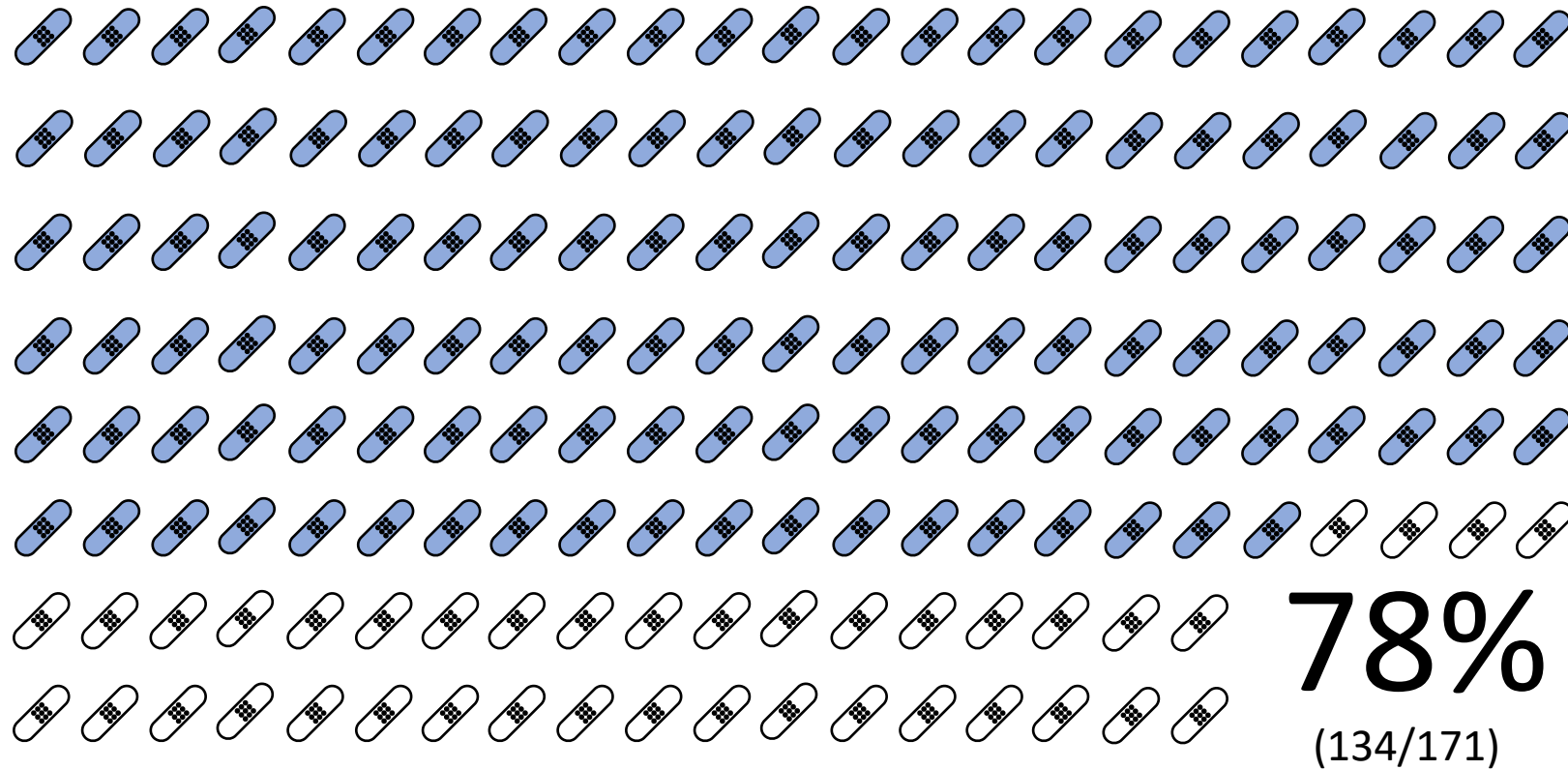
(133/166)

63%

Recent illicit
substance use

(104/166)

C. diphtheriae was most commonly identified in wounds.



Severe disease due to nontoxigenic *C. diphtheriae* may occur.



Bacteremia

12%

(21/166)



Endocarditis

4%

(6/166)

Complications were more frequent among people currently experiencing homelessness.

Conclusions



Nontoxicogenic *Corynebacterium diphtheriae* infections are an emerging disease distinct from Diphtheria.



Currently, nontoxicogenic *C. diphtheriae* infections predominantly affect vulnerable populations like people experiencing homelessness.



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Time	Agenda Item	Facilitator
12:55 - 1:20	WAIS – IZ Gateway and MyIR	Jeff Chorath Michael Bin
1:20 – 1:45	VAC Member Report Out	VAC Members
1:45 – 1:50	Future Agenda Items 2024 VAC Meeting Dates: July 11th, October 10th Adjourn	Scott Lindquist



IMMUNIZATION (IZ) GATEWAY

Washington State Department of Health

Today's Topics

- Overview of the Immunization Gateway
- Washington State's Connections
- Future Connections

Commonly Used Definitions

- **IIS:** Immunization Information System
- **EHR:** Electronic Health Record
- **CDC:** Center for Disease Control and Prevention
- **AIRA:** American Immunization Registry Association
- **STC or STHealth:** Washington's IIS vendor Scientific Technologies Corporation.
- **HL7:** Health Level Seven messaging - a set of standards for transferring health care data between healthcare providers and systems (e.g., EHR-EHR, EHR-IIS)
- **Electronic Data Exchange:** The automatic transfer of data between systems via HL7 messaging
- **IZ Gateway:** Immunization Gateway System that supports the exchange of electronic immunization data between IIS's, provider EHRs, federal systems, and consumer applications

Immunization (IZ) Gateway

- Secure, cloud-based message routing service that enables data exchange among jurisdiction immunization systems and multijurisdictional vaccine provider systems.
 - Does not access or store immunization data
 - Meets all federal data security requirements
 - Eliminates the need for multiple, individual, point-to-point connections between providers' systems and IISs.

IZ Gateway Partnerships

- **Onboarding Support:**
 - AIRA Gateway Team
 - CDC
 - Audacious Inquiry
 - IIS Programs
- **As of mid-February 2024:**
 - 187 live IIS-to-IIS connections.
 - 49 live VHA VistA-to-IIS connections
 - 5 live VHA Cerner-to-IIS connections
 - 5 live DoD Cerner-to-IIS connections
 - 10 live RIISE EDN-to-IIS connections
- Many additional connections involved in readiness activities and testing

IZ Gateway Components

- **Connect:** National Provider Organizations to Multiple IISs
 - Enables large, national, and non-traditional vaccinators to report to multiple IISs
 - Ensures multiple IISs receive data from multijurisdictional provider organizations by providing a centralized data exchange connection
 - Simplifies the onboarding and data sharing process by eliminating the need for multiple, point-to-point connections
- **Share:** Cross Jurisdictional IIS to IIS
 - Allows exchange of immunization information across IIS jurisdictions.
 - Automates sending information to an IIS for patients immunized outside their jurisdiction

IZ Gateway Connect

Partners	What Data is Included	Go-Live Date	Special Notes
Dept of Veterans Affairs (VistA)	Veterans receiving service at a Western WA VA facility	10/20/2023 Bi-directional	
Dept of Veterans Affairs (Cerner)	Veterans receiving service at an Eastern WA VA facility	11/3/2022 Queries (lookup) 3/15/2023 Vaccine Reporting	First in the nation to connect!
Dept of Defense	Dependents and contractors of DoD. Active service members are not included	3/30/2023 Bi-directional	First in the nation to connect!
CDC Electronic Disease Notification (Refugee)	Overseas refugee vaccination and serology data	2/14/2024 Vaccine Reporting	

IZ Gateway Share

- Previously connected to 9 STC consortium states
- Identified bugs in our state-to-state connections and disconnected in August 2023
- Continue to work closely with the STC consortium states and STC on refining processes and addressing the bugs

Future Connections

■ IZ Gateway Connect

- Additional federal partners (e.g., Board of Prisons, Indian Health Services) - not yet determined
- Non-federal national providers – not yet determined. Selection process underway to ensure that the organization(s) selected meet CDC's public health priorities

■ IZ Gateway Share

- Re-connect to STC partner states in spring 2024
- Connect to border jurisdictions: Oregon & Idaho
- WA Team participates on calls with IIS jurisdictions in the northwest/western region to share challenges and successes in progress towards exchanging data



Questions?

IZ Gateway Inbox

IISDataExchange@doh.wa.gov

Katy Riter

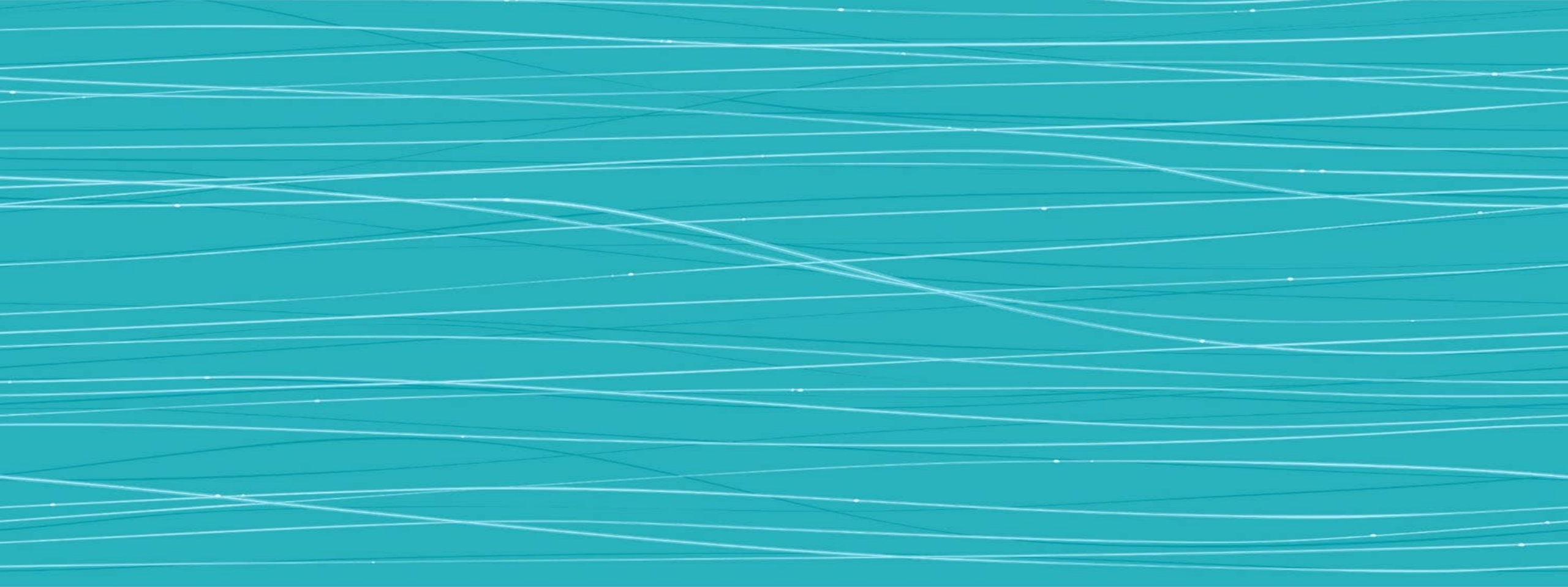
IIS Data Exchange Coordinator
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Mike Bin

IIS Data Exchange Coordinator
Office of Information
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michael.bin@doh.wa.gov

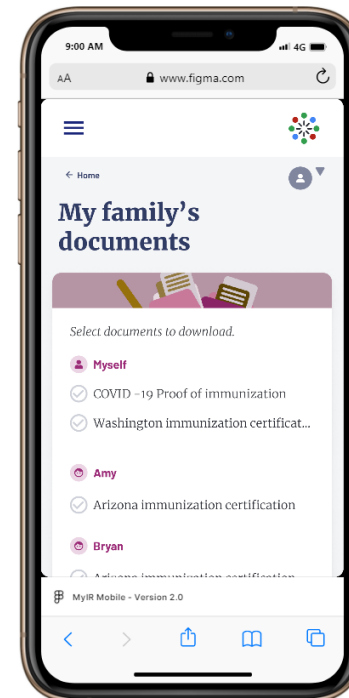
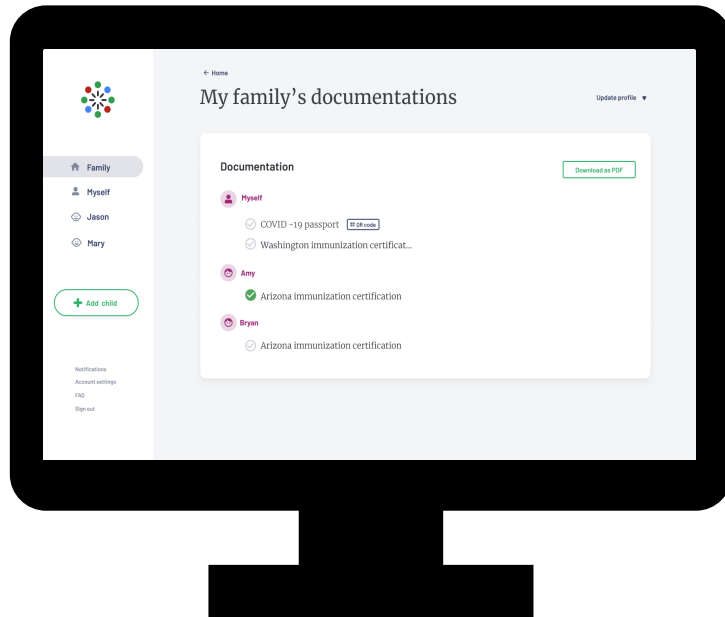


MyIR Mobile



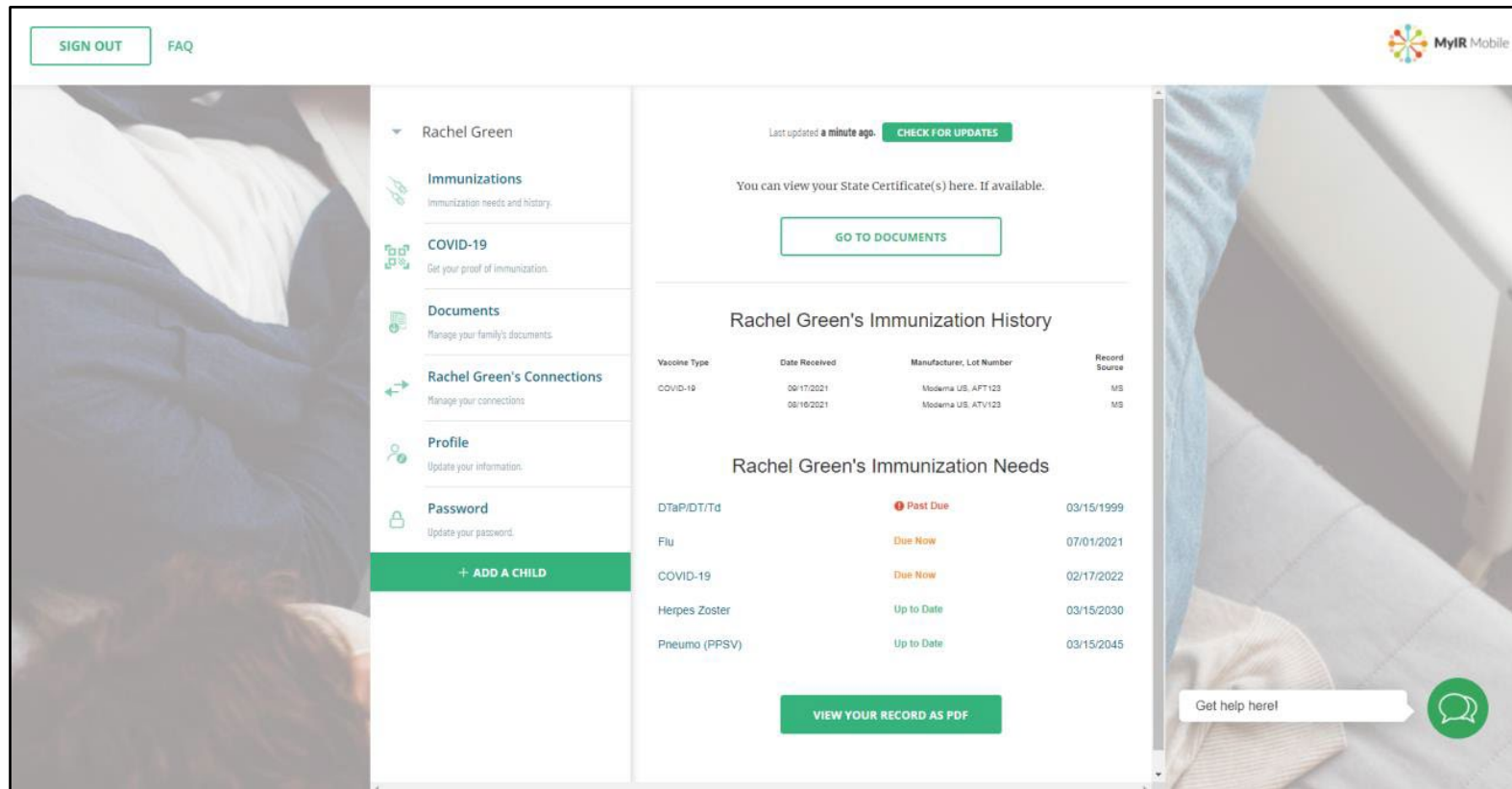
MyIR Mobile

Provide instant access to state-certified immunization records (WAIIS) without the need to go through a provider or public health department.

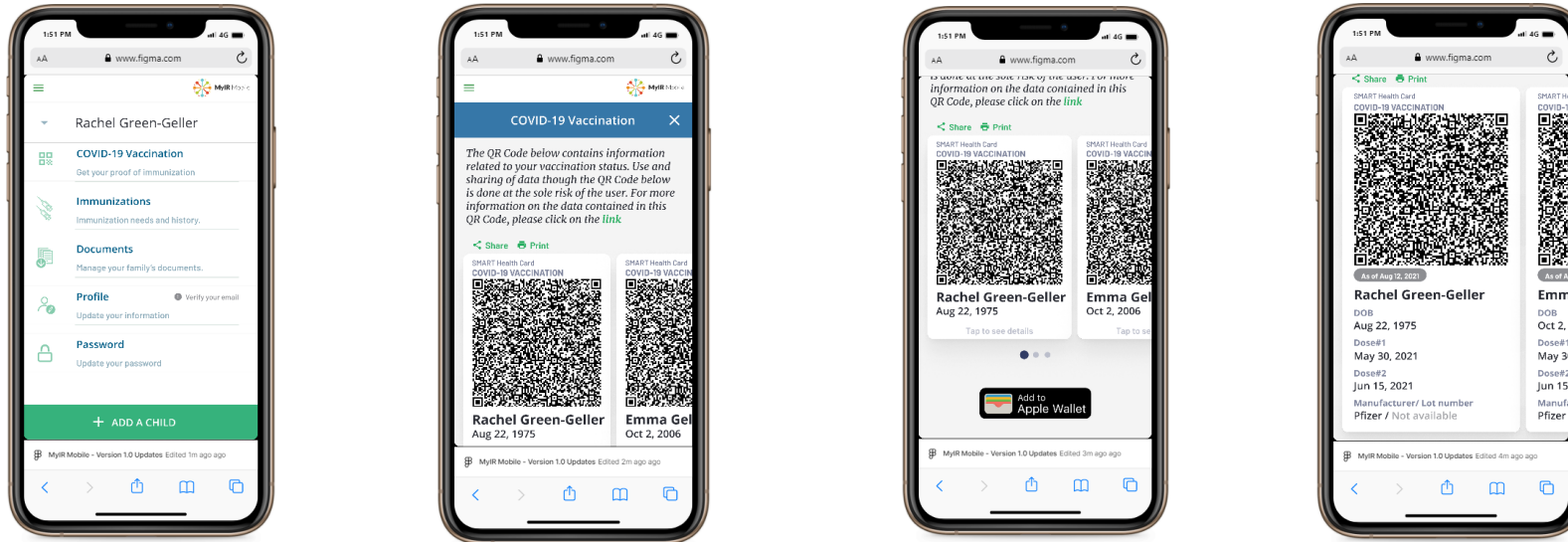


Features

MyIR Mobile offers users a history of their immunization information and recommends missing or future immunizations needed to protect against preventable disease.



MyIR QR Code



MyIR Mobile provides QR codes for anyone with COVID-19 vaccination registered and associated with an account. QR codes through MyIR Mobile are only scannable by devices that can read SMART Health Card (VCI) specifications.

Patient Matching

1. Name
2. Birthday
3. Phone

The screenshot shows a patient profile page for Edmundo Dantes. On the left is a navigation sidebar with the following items: 'Edmundo Dantes' (with a dropdown arrow), 'Immunizations' (with a syringe icon and subtitle 'Immunization needs and history'), 'Documents' (with a document icon and subtitle 'Manage your family's documents'), 'Profile' (with a person icon and subtitle 'Update your information', highlighted in green), 'Password' (with a lock icon and subtitle 'Update your password'), 'Alberto Morcef' (with a right-pointing arrow), and 'ChildTwo Dantes' (with a right-pointing arrow). Below these is a green button labeled '+ ADD A CHILD'. The main content area is titled 'Edmundo Dantes's Profile' and has a sub-section 'Personal Information'. It contains the following fields: 'First Name' (text box with 'Edmundo'), 'Last Name' (text box with 'Dantes'), 'Email' (text box with 'edmundodantes@mailinator.c'), 'Date of Birth' (calendar icon and text box with '01/01/1987'), 'Gender' (radio buttons for 'Female', 'Male' (selected), and 'Other'), 'Race (optional)' (dropdown menu), and 'Ethnicity (optional)' (dropdown menu). At the bottom of the main area is a section for 'Phone Numbers'.



New Features

Access your family's immunization records online, right when you need them.



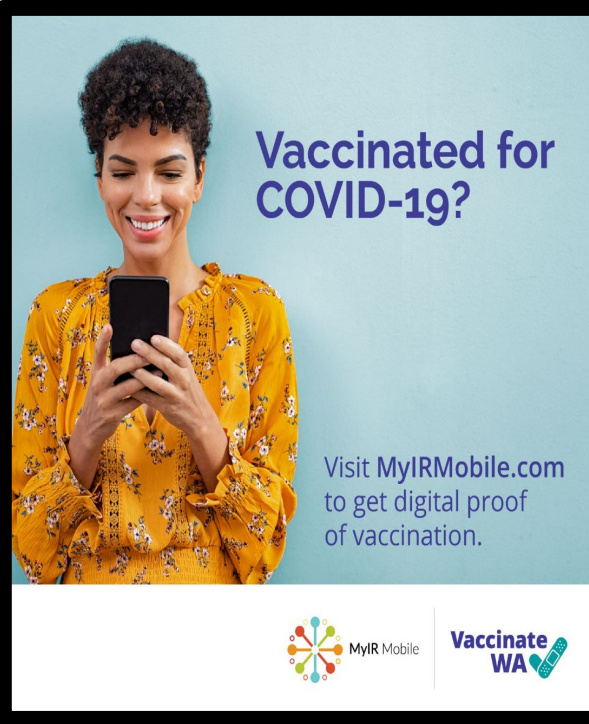
Acceda en línea a los registros de vacunación de su familia en el momento que los necesite.

Translations

Pet Records



Vaccinated for COVID-19?



Visit MyIRMobile.com to get digital proof of vaccination.



Flyers

MFA





Questions?

MyIR Customer Service

myir@doh.wa.gov

Jeff Chorath

Immunization Information System Manager

jeff.chorath@doh.wa.gov

360-878-7461

Time	Agenda Item	Facilitator
1:20 – 1:45	VAC Member Report Out	VAC Members
1:45 – 1:50	Future Agenda Items 2024 VAC Meeting Dates: July 11 th , October 10th Adjourn	Scott Lindquist

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