

Vaccine Advisory Committee (VAC) Meeting

October 17, 2024

Chair/Facilitator:

Dr. Tao Sheng Kwan-Gett Washington State Department of Health

Members:

Dr. Beth Harvey

Dr. Ed Marcuse

Charisse Gumapas

Dr. Gretchen LaSalle

Libby Page

Dr. John Dunn

Dr. Frank Bell

Dr. John Merrill-Steskal

Lauren Greenfield

Dr. Mary Alison Koehnke

Dr. Mark Larson

Dr. Stephen Pearson

Tam Lutz

Magali Sanchez

Sarah Kim

Seema Abbasi

Annie Hetzel

Jenny Arnold

Korrina Dalke

Mary Anderson

Wendy Stevens

Dr. Alisa Kachikis

Representing:

Consultant

Consultant

National Association of Pediatric Nurse Practitioners

Washington Academy of Family Physicians

Public Health Seattle – King County

Kaiser Permanente

Washington Chapter of the American Academy of Pediatrics

Washington Academy of Family Physicians

Childcare Health Program Public Health

Naturopathic Medicine

Washington State Association of Local Public Health Officials

Washington Chapter of the American Academy of Pediatrics

Northwest Tribal Epidemiology Center / Lummi Nation

Student Representative, University of Washington

School Nurse Representative, Bellevue School District

Washington Chapter of the American Academy of Pediatrics

Office of Superintendent of Public Instruction

Washington State Pharmacy Association

Health Care Authority

American College of Physicians

American Indian Health Commission for Washington (AIHC)

American College of Obstetricians and Gynecologists

Washington State Department of Health Staff:

Jamilia Sherls-Jones

Heather Drummond

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Meredith Cook

Amy Porter

Elyse Bevers

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Meghan Cichy

Amy Sullivan

Katherine Graff

Janel Jorgenson

Peter Dieringer

Jessica Tatum

Jessica Haag

Kena Fentress

Jeaux Rinedahl

Topic	Presented Information																																																						
<p>Welcome, Announcements, Introductions, Land Acknowledgement</p> <p>Tao Kwan-Gett</p>	<p>Tao Kwan-Gett welcomed the committee members and notified them that packets are available for them.</p> <p>Tao Kwan-Gett did an overview of the agenda and housekeeping.</p> <p>Tao Kwan-Gett provided a land acknowledgment and recognition.</p>																																																						
<p>Conflict of Interest & Approval of Previous Meeting Minutes</p> <p>Meghan Cichy</p> <p>Tao Kwan-Gett</p>	<p>Meghan read the committee’s Conflict of Interest Policy.</p> <p>Meghan did roll call for the following who were present: John Dunn, Wendy Stevens who did not respond, Karrina Dalke, Mary Koehnke, Gretchen LaSalle, Seema Abbasi, Libby Page, Lauren Greenfield, Magali Sanchez, Ed Marcuse, and Beth Harvey.</p> <p>No conflicts of interest were declared.</p> <p>Tao Kwan-Gett asked committee members to review the minutes from July 11, 2024. The meeting minutes were approved and will be published on the website.</p>																																																						
<p>Public Comment</p> <p>Tao Kwan-Gett</p> <p>Lisa Balleaux</p>	<p>Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.</p> <p>3 minutes were given for public comment.</p> <p>Natalie Chavez spoke from the public and was given three minutes to speak. Natalie spoke about how they have been making comments in community for fellow community members. Natalie brought attention to the COVID-19 vaccines and is in opposition to them. Natalie listed children that have died from the COVID-19 vaccine or were COVID-19 vaccine injured. The following resources were shared: React19.org, Unsafe and Ineffective documentary.</p>																																																						
<p>Office of Immunization Program Director Updates</p> <p>Jamilia Sherls</p>	<p>Data and Surveillance: Updates to Seasonal Vaccination Dashboards</p> <ul style="list-style-type: none"> • COVID-19 Vaccination Dashboard – coverage metrics were aligned with what federal partners do, primary series coverage (recommended series), last season coverage (at least one does 2023-2024), current season coverage at least 1 dose since August 2024 • Respiratory Illness Vaccination Dashboard • Data source is WAIS it relies on data put in by providers. Rates might appear lower than what they are. Please contact “email” for questions <div data-bbox="402 1524 976 1860" data-label="Figure"> <p>The chart displays flu vaccine coverage estimates across eight age groups over five seasons. The y-axis represents coverage percentage from 0.0% to 70.0%. The x-axis shows seasons from 2019-2020 to 2023-2024. The 65+ age group consistently shows the highest coverage, starting at approximately 62% in 2019-2020 and ending at 58% in 2023-2024. The 0-4 age group shows the lowest coverage, starting at about 18% and ending at 15%. Most age groups show a general downward trend or stability over the period.</p> <table border="1"> <caption>Flu Vaccine Coverage Estimates by Season and Age Group</caption> <thead> <tr> <th>Season</th> <th>0-4 years</th> <th>5-12 years</th> <th>13-17 years</th> <th>18-24 years</th> <th>25-34 years</th> <th>35-49 years</th> <th>50-64 years</th> <th>65+ years</th> </tr> </thead> <tbody> <tr> <td>2019-2020</td> <td>18%</td> <td>40%</td> <td>25%</td> <td>35%</td> <td>32%</td> <td>30%</td> <td>55%</td> <td>62%</td> </tr> <tr> <td>2020-2021</td> <td>18%</td> <td>35%</td> <td>28%</td> <td>35%</td> <td>30%</td> <td>28%</td> <td>52%</td> <td>52%</td> </tr> <tr> <td>2021-2022</td> <td>17%</td> <td>30%</td> <td>25%</td> <td>35%</td> <td>30%</td> <td>25%</td> <td>55%</td> <td>58%</td> </tr> <tr> <td>2022-2023</td> <td>17%</td> <td>28%</td> <td>25%</td> <td>35%</td> <td>30%</td> <td>25%</td> <td>55%</td> <td>58%</td> </tr> <tr> <td>2023-2024</td> <td>15%</td> <td>28%</td> <td>25%</td> <td>32%</td> <td>28%</td> <td>25%</td> <td>55%</td> <td>58%</td> </tr> </tbody> </table> </div> <p>Response to Recovery</p>	Season	0-4 years	5-12 years	13-17 years	18-24 years	25-34 years	35-49 years	50-64 years	65+ years	2019-2020	18%	40%	25%	35%	32%	30%	55%	62%	2020-2021	18%	35%	28%	35%	30%	28%	52%	52%	2021-2022	17%	30%	25%	35%	30%	25%	55%	58%	2022-2023	17%	28%	25%	35%	30%	25%	55%	58%	2023-2024	15%	28%	25%	32%	28%	25%	55%	58%
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Flu Vaccine Coverage

- Rates in adults over 65 years have gone up nearly 4 percentage points.
- Coverage among 6m-4 year olds is over 22 percentage points lower than coverage in 2019-2020.
- Coverage in 5-12 year olds is 13 percentage points lower than in 2019-2020.
- Deep dive analysis to come.
- Nationally, pediatric coverage is decreasing while adults are increasing. There still is vaccine hesitancy which could be a cause. Staff at clinics are limited and there may not be the opportunity.

Future Vaccine Resources: Flu Mist

- Flu Mist is now approved by the FDA for the next flu season for self or caregiver-administration.
- Nasal spray flu vaccine for ages 2–49 and is administered through the nose.
- It could be delivered to homes which could reduce barriers.
- Home delivery anticipated to be **available for the 2025-2026 flu season.**

School Immunization Data Dashboard

- The data dashboard on [school immunization reporting](#) can help school nurses and administrators monitor vaccination rates at the districts level or even down to individual buildings.
- *There are still significant vaccination gaps in different parts of the state.*
- *Following our small-numbers guidance, we suppress school-level vaccination data for school cohorts with 10 or fewer kids when sharing data.*
- It remains important for families to keep their children up to date on vaccines as they prepare for the next school year.
- If you have questions about the dashboard, please email WAIISDataRequests@doh.wa.gov.

School Immunization Rule Adoption

- Update the 2019 version of the Advisory Committee Immunization Practices recommendations to the most 2024 version.
- [WAC 246-105-040](#): The department adopted rule will update the 2019 version of the ACIP recommendations to the most recent 2024 version. Updating the reference to the 2024 guidelines allows the rule to remain consistent with national consensus regulating clinical standards of care as recommended by the CDC’s Advisory Committee on Immunization Practices.
- [WAC 246-105-060](#): The department adopted rule will remove the reporting date from the rule. This change enables the department to determine the reporting date as authorized by RCW 28A.210.110 and provides flexibility to better support schools and childcare centers in meeting the reporting deadline.
- Provides flexibility to meet reporting deadlines, begins October 31st 2024.

Vaccine Access

- CDC has additional funds to support the purchase of COVID-19 vaccine for uninsured and under-insured adults for the 2024-2025 respiratory season through AVP.
- Care-A-Van services have been extended.

Vaccine Access: Allocation Criteria

- Childhood Vaccine Program (CVP) and Adult Vaccine Program (AVP)
- High demand and low availability are top of mind for these allocation resources. This is not set in stone and is reviewed regularly.
- Removed flu from allocation and COVID-19 will be removed next week because these will orders processed daily
- McKesson has had significant shipping delays. DOH has been told they are back on track now.

RSV Nirsevimab Distribution Update as of 10/07/2024

- Total doses ordered to date 16,335
- All birthing hospitals in Washington have been contacted regarding Nirsevimab.
- No supply issues are anticipated

Agricultural Worker Vaccination Outreach Plan

- Wanted to address seasonal influenza to minimize risk of co-infection with H5N1
- Care-A-Van Events – collaborate with partners to schedule events
- Culturally and Linguistically Appropriate Outreach – DOH Flu Free Washington partner toolkit
- On-Farm Service Opportunities with Care-A-Van
- Outreach Planning Guide: provides Information on how organizations and communities can support Agricultural workers in their region
- Direct Collaboration with Local Health Jurisdictions (LHJs): has contracted with 5 LHJs
- Looking forward to lessons learned for future vaccination efforts

Future Vaccine Resources: H5N1 (Avian Influenza)

- ASPR and BARDA is paying ~ \$72M to CSL Seqirus, Sanofi, and GSK to complete the next steps in influenza A(H5) vaccine as part of national preparedness.
- Companies will convert bulk doses into ready-to-use vials or pre-filled syringes, ready for distribution if needed.
- Companies also will manufacture additional bulk influenza antigen from seed stocks that match circulating strains.

Vaccine Hesitancy Campaigns

- Working with federal partners to help increase vaccine confidence
- Risk Less Do More – DHHS is being implemented within DOH
- Creates flyers every month during respiratory virus season

Engagement, Partnership, and Collaboration

- Important to communicate and collaborate with partners and to collaborate on Collaborate on Immunization Outreach Goals
- Open to feedback

Questions:

From: Dr. Gretchen LaSalle

Is there a sense of how many people were impacted by the summer impact of COVID-19?

Answer: Home-testing makes it difficult to know who was impacted during that peak, will

support LHJ will reach out to assessment team and get back to Jamilia.

Question:

From: Dr. Gretchen LaSalle
Novavax- is there an uptake in that vaccine?

Answer: The assessment team will get back to get but it is taken fairly well.

Question:

From: Seema Abbasi
Will COVID-19 vaccines be available through pharmacies for under-insured and uninsured?

Answer: No unless they are enrolled in an Adult Vaccine Program then it would not be available. Find a provider that is enrolled in Adult Vaccine Program.

Question:

From: Dr. Francis Bell
What birthing hospitals will be covered with VFC program?

Answer: 63% are enrolled in the universal program, all but 2 have Nirsevimab in stock. Two office hours were available for targeted birthing hospitals and 3 enrolled from that. The challenge is healthcare providers do not understand how to administer Nirsevimab. Smaller hospitals have more barriers.

Office of Immunization Updates

Meredith Cook, PhD
Chas DeBolt

**Pertussis Immunization Coverage in Washington
DTaP and Tdap Vaccine Recommendations**

People of all ages need WHOOPING COUGH VACCINES

DTaP for young children	Tdap for preteens	Tdap for pregnant women	Tdap for adults
<ul style="list-style-type: none"> ✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years 	<ul style="list-style-type: none"> ✓ 11 through 12 years 	<ul style="list-style-type: none"> ✓ During the 27-36th week of each pregnancy 	<ul style="list-style-type: none"> ✓ Anytime for those who have never received it

www.cdc.gov/whoopinacough

- Pertussis-containing Vaccines**
- DTaP (Daptacel and Infanrix)
 - Tdap (Adacel and Boostrix)
 - DTaP-HepB-IPV (Pediatrix)
 - DTaP-IPV/Hib (Pentacel)
 - DTaP-IPV (Kinrix and Quadracel)
 - DTaP-IPV-Hib-HepB (Vaxelis)

- Tdap helps pass on antibodies in pregnant women.

Vaccine Resources

- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or](#)

[younger; 2024 U.S. \(cdc.gov\)](#)

- [Catch-Up Guidance for Children 4 Months through 6 Years of Age Vaccines: DTap, December 2023 \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines--Catch-up Guidance for Children 7 through 9 years of age \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines--Catch-up Guidance for Children 10 through 18 years of age \(cdc.gov\)](#)
- [Chapter 16: Pertussis | Pink Book | CDC](#)
- [Ask The Experts: Pertussis | Immunize.org](#)
- [Pertussis \(Whooping Cough\) | Whooping Cough | CDC](#)
- Clinical questions: immunenurses@doh.wa.gov

Pertussis Immunization Coverage in Washington

Pertussis Immunization Coverage for Children 19-35 Months:

WAIS-Based Data

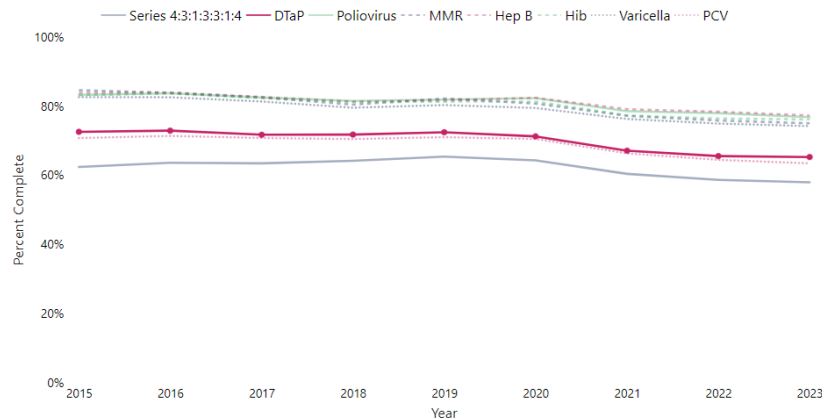
Applications

- Use to assess statewide vaccination coverage as well as geographic and demographic variation
- Provides continuous near real-time updates

Limitations

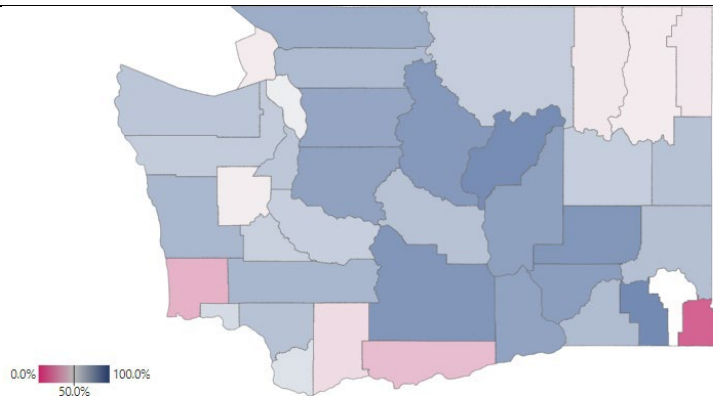
- IIS denominator inflation results in underestimates
- Race and ethnicity data are based on provider report to WAIS
- Coverage estimates for earlier time periods can change over time. IIS is an 'in the moment' registry

Statewide Immunization Coverage Trends Among 19–35-Month-Olds, 2015 to 2023



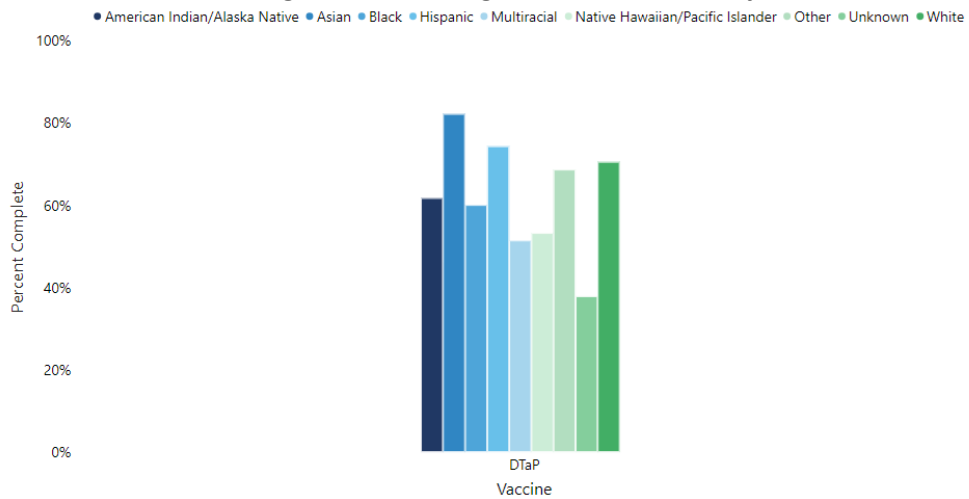
- DTaP – 4 doses, in 2023 65.3% for the state, trends are stable until 2022 and levels off in 2023
- In comparison to Poliovirus, MMR, Hep B, Hib, Varicella, and PCV they all followed similar trends

Statewide DTaP Coverage Trends Among 19-35 Month-Olds, 2023



- Variation by county, 19-35 Month-Olds in 2023 30-40 to up to 76% in different counties
- Keep in mind that these numbers are from what is reported in IIS

Statewide DTaP Coverage Trends Among 19-35 Month-Olds by Race and Ethnicity, 2023



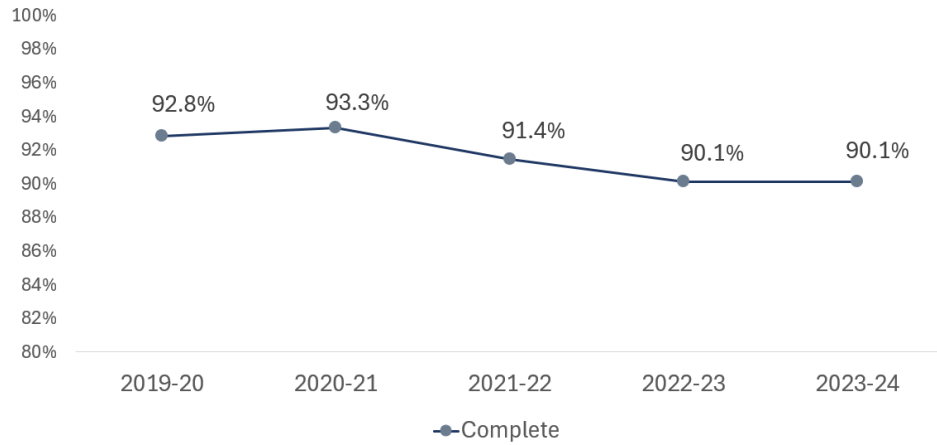
- Asian population had highest coverage, then Hispanic population and then White population

Pertussis Immunization Data for the K-12 Population: Washington School Reports

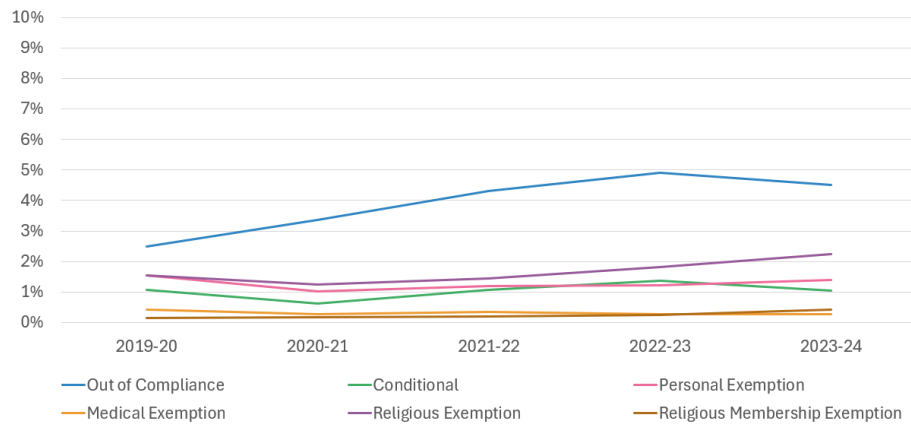
About School Reported Immunization Data

- Data Collection
 - State law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by December 1 of each school year
 - Submit data in WAIS School Module or REDCap report
- Applications
 - Used to assess school and district-level vaccination status
 - Provides accurate school-level vaccine coverage data on annual basis
- Limitations
 - Specific to school-going population
 - Limited grade levels and demographics
 - Single update at end of year

**School Immunization Data:
Kindergarten Pertussis Immunization Status**

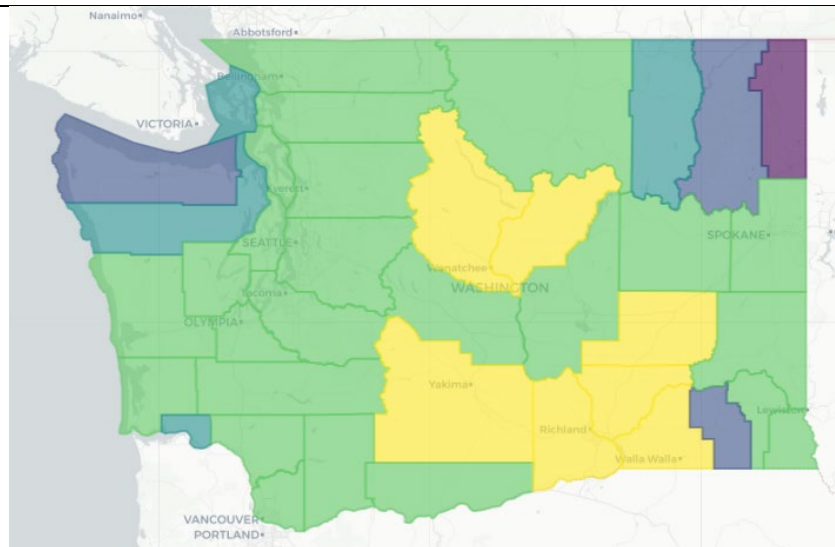


- Complete for Pertussis in the last 5 years
- See that has decreased over the last few years

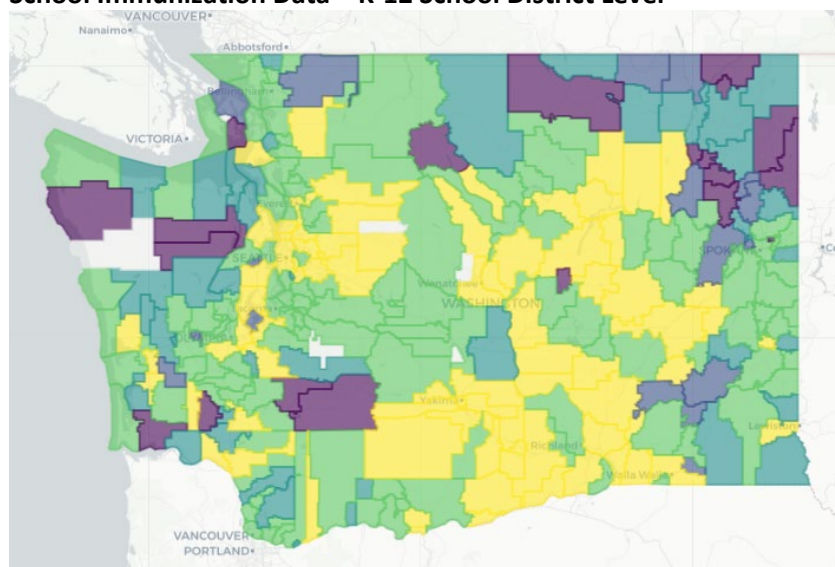


- Increase of out of compliance and religious exemptions

School Immunization Data – K-12 County Level



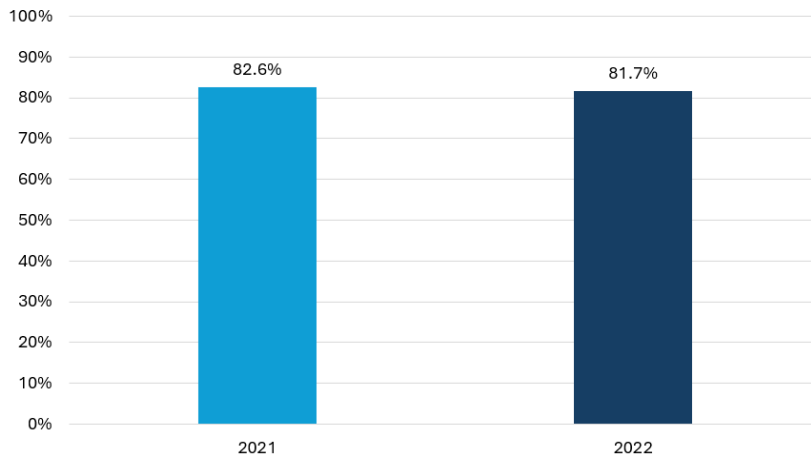
- Lowest northwest and purple and blue areas on map
- School Immunization Data – K-12 School District Level**



- Keep in mind some of these districts are small
- Not all schools report
- Border schools' immunization status could be incomplete

Self-Reported Tdap Immunization Coverage During Pregnancy

Tdap Vaccination Uptake as Reported in PRAMS



- Self-reported data typically higher
- Participation in survey may be people that are more likely to be vaccinated

Tdap Immunization Coverage During Pregnancy

- Data Source: Linked WAIS and Vital Records Birth Certificate Data
- People Who Had a Live Birth in Washington State in 2021 (n= 83,417)
- Overall Tdap coverage was estimated at 54.7%

Uptake Rates	Tdap	Birth Parent's Education Level	Tdap
Overall	54.7%	8th Grade or less	57.0%
		9th-12th Grade, No Diploma	54.8%
		High School Graduate or GED	52.1%
		Some College, No Degree	51.3%
		Associate Degree	51.5%
		Bachelor's Degree	57.5%
		Master's Degree	60.9%
		Doctorate or Professional Degree	63.4%
		Adequacy of Prenatal Care - Kotelchuk Index	
		Inadequate	42.9%
		Intermediate	52.3%
		Adequate	57.4%
		Adequate Plus	57.1%
		No. of Prenatal Visits Only	
		<6 visits	38.4%
		7-10 visits	53.7%
		11-14 visits	59.9%
		15+ prenatal visits	62.6%
		Risk Factors	
		Yes	55.1%
		No	54.2%
		Women Infants Children (WIC) Program	
		No	54.6%
		Yes	49.8%

- Likely underrepresented
 - Number of prenatal visits and education level

Questions:

Data can be found on DOH immunization dashboards:

[Immunization Measures by County Dashboard](#)

[School Immunization Data Dashboard](#)

Questions or data requests can be sent to: waiisdatarequests@doh.wa.gov

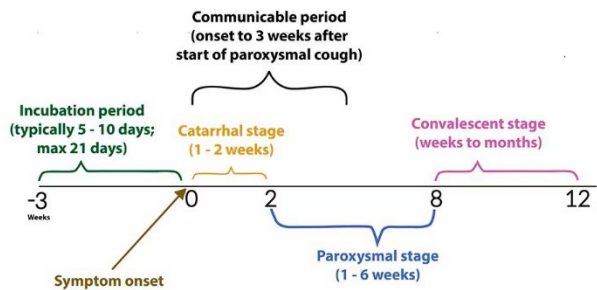
Pertussis Disease Surveillance Update Nick Graff, MPH

Incubation and classical disease progression

- Incubation period - Can be 3 weeks but typically 7-10days
- Paroxysmal stage – more apparent symptoms appear, intense and sudden coughing that tends to leave people out of breath and characteristic “whoop” sound can appear here

- Could throw up from coughing so hard
- Infants are at high risk
- Minimum period is 3 weeks at Paroxysmal stage is when it is communicable

Pertussis Disease Progression



cdc.gov/pertussis



Our Disease Surveillance Program

- Goals to prevent illness and death among infants and people who are around infants
- Limit transmission of pertussis
- To monitor pertussis in Washington State
- Legal reporting requirements
- Health care providers and facilities: notifiable to LHJ within 24 hours
- Laboratories: *Bordetella pertussis* notifiable to LHJ within 24 hours; submission of culture isolates required, when available (2 business days)

Criteria used for classifying pertussis cases

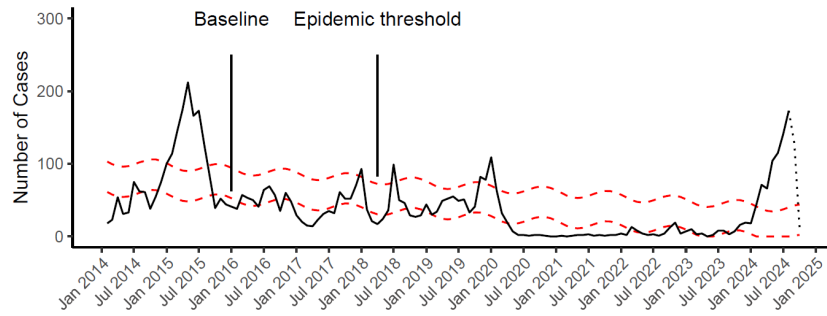
- Clinical case definition: A cough illness lasting at least 2 weeks, with at least one of the following: paroxysms of coughing, inspiratory whoop, post-tussive vomiting, apnea
- Laboratory diagnostics: A positive bacterial culture for *B. pertussis* (not common these days); positive PCR test for *B. pertussis*
- Serology is not considered a valid test for surveillance purposes.

All data presented in the following slides is preliminary and subject to change. Some cases are still under investigation.

Monthly Case Counts: 10 years of context

- In 2020, reporting of pertussis almost dropped to zero, that lasted for about 3.5 years for low reported activity
- Resurgence of pertussis, in an outbreak year (2024), similar to 2015 year

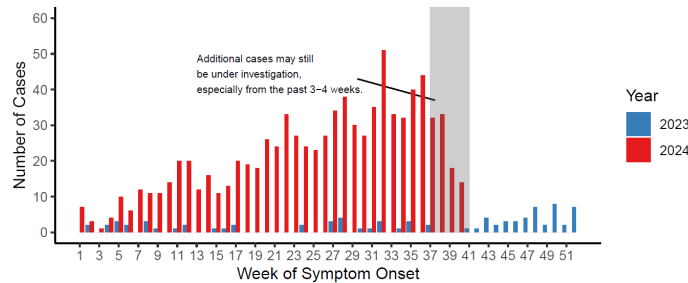
Figure 2: WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2014 through year-to-date 2024¹. The most recent 2 months may still be incomplete (dotted line).



Weekly pertussis case counts, through 10/5/2024 (week 40)

- 873 cases compared to 43 by the same week in 2023
- Weekly pertussis update is available on Fridays
- Weekly case count, red in 2024, 2023 is in blue
- 2023 was a low year until the end of the year, had 43 cases total
- Just last week more than 50 cases were reported
- No sign of a decrease

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



Ages of Confirmed and Probable Pertussis Cases

Infants less than 1 years old is the highest, which is typical

School age children: 412 cases, 47%

Table 1: WA State Pertussis Cases by Age Group, 2024 weeks 1 - 40

Age Group	OFM 2022 Population	Number of Cases	Rate per 100,000 persons	% of cases by age group*
< 1	88,441	98	110.8	11
1 - 4	349,505	231	66.1	26
5 - 9	476,054	165	34.7	19
10 - 13	396,426	105	26.5	12
14 - 18	480,566	142	29.5	16
19 - 24	588,771	43	7.3	5
25 - 44	2,225,672	53	2.4	6
45 - 64	1,911,375	26	1.4	3
65+	1,347,568	10	0.7	1
All ages	7,864,378	873	11.1	100

Ages of Confirmed and Probable Pertussis Cases

- 1-4 year old age group, highest on this table. 26% of cases
- **Important to note that School age children: 412 cases, 47%**

Hospitalization (under 1)

Hospitalized at least overnight for pertussis?	n	%
Yes	9	9.1%
No	90	90.9%
Total	99	

- Of the 9 hospitalized infants:
 - None were born to a person who had received Tdap during this pregnancy
 - None had received any doses of pertussis-containing vaccine.
 - Only 2 were old enough to have received one or more doses
- Of the 90 non-hospitalized infants:
 - 12 had received at least one dose of vaccine (13%)
 - None of these children were born with someone who had a Tdap nor did they receive a Tdap

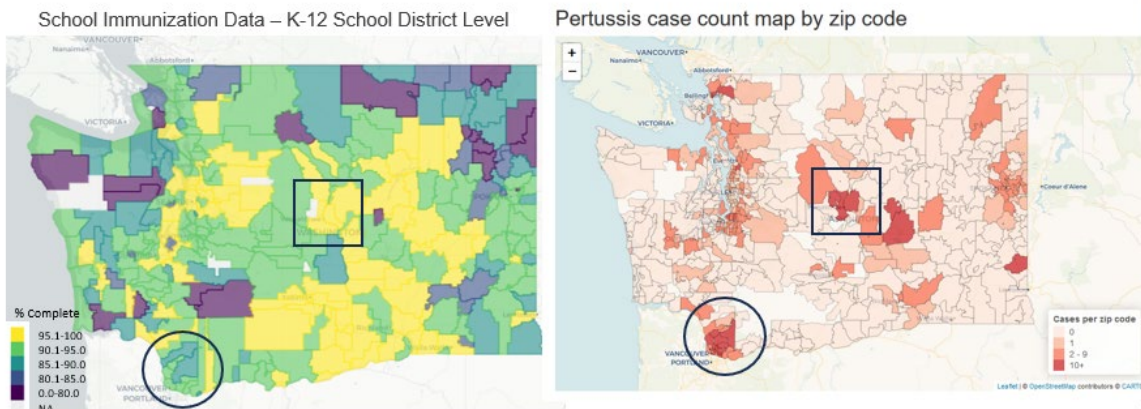
Hospitalization (all ages)

Hospitalized at least overnight for pertussis?	n	%
Yes	20	2.3%
No	854	96.2%
Unknown	2	0.2%
<i>Missing</i>	12	1.4%
Total	888	

- Of the 20 hospitalized persons:
 - 9 were less than 1 year old
 - 4 were 1 – 5 years old
 - 7 were over 40 years old (range: 46 – 83 years)
- Only 4 hospitalized patients were known to have ever received a documented dose of pertussis-containing vaccine (20%)

Synthesis of Data Sources and Summary

- Nearly half of cases were among school-aged children (5 – 18 years old)
 - All school-aged children were born when only acellular pertussis vaccine was available
 - K-12 schools may be a key setting for the transmission of pertussis in WA in 2024
- A high percentage of pertussis cases have been reported among children 1 to 4 years old
 - Most of these children were born since 2020, when routine pertussis immunization coverage decreased.
- Most hospitalized patients had no documented history of pertussis vaccination.



- Some areas with the highest number of pertussis cases are outside of school districts with the highest pertussis vaccine coverage. (For example, see the circles above)
- Because pertussis is so contagious, some areas with high K-12 vaccine coverage still experienced outbreaks. (For example, see the squares above)
- These maps may not fully represent variations in vaccine coverage within communities.
- Note that school district and zip code boundaries are not necessarily the same.
- More analysis is needed to understand these associations.
- Difficult to contain since it really is so contagious
- More analysis is needed
- This is just a high-level overview this year.

Conclusion

- All available immunization data sources show pertussis vaccination coverage rates for children in WA dropped during the COVID-19 pandemic and have not yet recovered from that impact
- Vaccination is the best tool to protect against pertussis. The public health system also uses other tools to reduce the burden of pertussis in our communities, including:
 - Case interviews and contact tracing
 - Post-exposure prophylaxis for high-risk contacts
- Lower vaccination coverage means children in Washington have less robust protection from whooping cough
- People who are not vaccinated appear to be more likely to have severe disease requiring hospitalization
- Less robust protection in Washington state due to lower vaccination rates.

Questions: None

Respiratory Season Planning: Respiratory Virus Fall Vaccine Outreach Update

Kena Fentress, Engagement and Planning Section Manager

Health Education, Promotion, & Communication Planning

- Social marketing campaigns covering respiratory topics – want to ensure public is informed
- Updating the flu toolkit – is designed to be comprehensive
 - [Flu Free WA partner toolkit](#)
 - [“Flu Free at Work” toolkit for employers](#)
- Participation in meetings and workgroups to share resources
- Communication planning:
 - Establishing a schedule of messaging on respiratory illnesses
 - Sharing information with the public

- Improving communication between providers and partners
- Organizing webinars on vaccine recommendations and handling

Pop-Up Immunization Clinic Guide

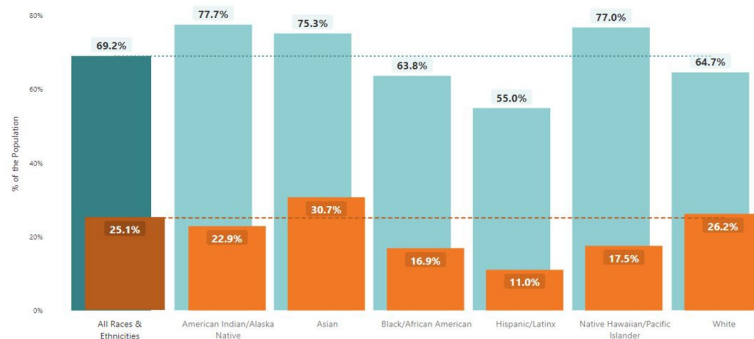
- DOH's Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#) that is now available to the public on the [Immunization | Washington State Department of Health](#) webpage, in the *LHJ Resources subsection*
- Intended Audience: LHJs, Tribes, Community Organizations, and Immunization Providers
- Intended Purpose: A tool to be used as a general guide of common steps an organizer would need to consider and prepare for when planning and setting up a Pop-Up Vaccination/Immunization Clinic in their community

Summary of Recommendations

	COVID-19	Influenza	RSV	RSV Pediatric	RSV Pregnancy
When can I get it?	All three vaccines can be given at the same time.				
Who should get it?	Everyone 6mo+	Everyone 6mo+	Age 60+ in consultation with a healthcare provider	Birth to 8 months during first RSV season, and 8-19 months in second RSV season and at an increased risk for severe disease.	Pregnant people during weeks 32-36 of pregnancy during RSV season.
What is it?	Vaccine	Vaccine	Vaccine	Monoclonal Antibodies (mAb)	Vaccine

Priority Populations: Respiratory illness affects every age and demographic in WA state. Data from our Epidemiology team helps us focus on underserved populations.

Completed Primary COVID-19 Vaccination Series among Washington state residents as of June 30, 2023 Up to Date on CDC-Recommended COVID-19 Vaccine Doses among Washington state residents as of June 30, 2023



- Respiratory illness affects every age and demographic in WA state, but the following populations are at high risk for negative health outcomes:
 - Adults aged 65+
 - Children ages 6 months through 18 years
 - Pregnant people
 - Persons of any age with underlying health conditions
- **Race/Ethnicity:** Race and ethnicity data are based on provider reporting to the Washington Immunization Information System (WAIS) and are not available for all vaccinated individuals.

- Providers may report race and ethnicity as “Unknown” or “Other”; we are not able to provide coverage estimates for “Unknown” or “Other” due to a lack of population estimates for those groups.
- There are reporting limitations that result in the underreporting of “Multiracial” data in the WAIS; these data limitations result in a low number of individuals with race categorized as “Multiracial” and limit the accuracy of multiracial coverage rates.
- “Hispanic/Latinx” includes people marked as having Hispanic/Latinx ethnicity regardless of race, while the remaining race categories include only people who are not marked as Hispanic/Latinx.

Vaccination Catch-Up Tools and Resources

- [Job Aids](#) help providers quickly determine catch-up schedule for children, especially with polio, RSV, pneumococcal vaccines and recommendations.
- Immunize.org’s excellent [Cheat Sheet of COVID-19 Vaccination Guidance and Clinic Support Tools](#)

2024-25 COVID-19

Vaccination Recommendations

- Beginning the 2nd year of commercially available annual COVID-19 vaccines
- Everyone 6 months and older is recommended to receive a single 2024-2025 COVID-19 vaccine dose
- Moderna (mRNA), Pfizer (mRNA), & Novavax (protein based)

○ **Resources**

- mRNA COVID-19 VACCINES: [FDA approved an EUA for updated mRNA COVID-19 vaccines \(2024-2025 formula\)](#) for the Omicron variant KP.2 strain of SARS-CoV-2.
- Novavax COVID-19 Vaccine, Adjuvanted (2024 – 2025 Formula) under Emergency Use Authorized 8/30/24.

Flu Vaccine Recommendations

- Everyone 6 months and older in the United States, with rare exception, should get an influenza (flu) vaccine every season. There are no preferences for one flu vaccine over another.
- Options for this age group include: inactivated influenza vaccine [IIV], recombinant influenza vaccine [RIV], live attenuated influenza vaccine (LAIV)
- People 65 and older should get a higher dose or adjuvanted flu vaccine, including:
- [Fluzone High-Dose Trivalent](#); [Flublok Trivalent](#); [Fluad Trivalent](#)
- The CDC has also recommended increasing flu vaccination access and uptake among agricultural workers that are at risk of exposure to H5N1 Avian Flu from commercial dairy or poultry flocks.
 - May reduce co-infection of seasonal influenza and H5N1.
 - CDC wants to extend support for agricultural workers.

RSV

- RSV infection is the leading cause of hospitalization in U.S. infants

About Respiratory Syncytial Virus (RSV)



ACIP RSV Immunization Seasonal Recommendations Summary

ACIP RSV Immunization Seasonal Recommendations Summary*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Infants and children <small>(nirsevimab)</small>		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†					
Pregnant people <small>(Pfizer, Abrysvo)</small>		Administer during September–January in most of the continental U.S.				ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†							
Adults 60+ <small>(Pfizer, Abrysvo; GSK, Arexvy)</small>	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.												
	Recommended timing for immunization						Timing NOT recommended for immunization, except in limited situations (as indicated in chart)						

- All 3 eligible populations can now receive RSV immunization.
- Nirsevimab is recommended for all children under 8 months old, during their first RSV season, unless their birthing parent was vaccinated for RSV at least 2 weeks before delivery.
- Children in their second RSV season, between 8 and 19 months old, who are at high risk due to medical conditions or are American Indian and Alaska Native are recommended to receive a second Nirsevimab immunization.
- Pregnant people should get one dose of RSV vaccine from 32 weeks through 36 weeks of pregnancy to protect their babies.
- All adults 75 and older, and Adults 60 and over who are at increased risk of severe disease should also be immunized. Examples of risk factors include those who have weak immune systems, chronic medical conditions, or live in nursing homes. This is the only group of people who can receive the vaccine at any time of the year to ensure maximum protection of this vulnerable population.

Birthing Hospital Outreach

- Outreach to birthing hospitals regarding RSV Nirsevimab administration
- Identifying needs and barriers for hospitals
- Creating and implementing webinars
- Facilitating hospital enrollment in CVP

Allocation Plan

- 50% DOH Childhood Vaccine Program – Pro rata distribution at the county level
- 40% Birthing Hospitals 35% 50mgs, 5% 100mgs, adjust based on demand
- 10% Tribal Partners, adjust based on demand

	<ul style="list-style-type: none"> ○ Providers can also privately purchase vaccines from the manufacturers <p>Nirsevimab Resources</p> <ul style="list-style-type: none"> • CDC RSV Information • Scientific Description of RSV Immunization Methodology • DOH RSV Information • Standing Orders for RSV
<p>VAC Member Report Out Tao Kwan-Gett</p> <p>VAC Members</p>	<p><u>Dr. Gretchen LaSalle</u> Has had success with patients that had a stronger reaction to the COVID-19 vaccine, had success with Novavax, and for those who were vaccinated for the first time. Gives three choices for patients for the COVID-19 vaccine. Has been doing flu clinics every year, 2 in the fall on Saturdays. For example, at one of the clinics has given 230 flu shots, 100 COVID-19 vaccines, and 59 other vaccines. This is a good reminder that people were coming for flu clinic and about 62% of people were missing 1 or more vaccines. This is a reminder to work on clinic processes. Some advice is to offer providers reminders about vaccines. Here is another Novavax resource to support providers: https://doh.wa.gov/sites/default/files/2022-07/825051-COVID19ProviderDiscussionGuideNovavax.pdf</p> <p><u>Dr. John Dunn</u> Has had the opportunity to get OB staff, midwife staff, and family medicine doctors that do prenatal care on board with administering the Abrysvo vaccine and is gaining success with that. Looking at pertussis, getting pertussis vaccine into the group that is the most at risk is a real challenge, and how to get women’s health colleagues on board really promoting those vaccines heavily. One of John’s colleagues is building a dashboard built that will cut up immunization rates monthly by vaccine and by clinic. That way they will be able to look at a particular clinic and be able to target challenges. Hoping that will be helpful and will continue to update.</p> <p><u>Dr John Merrill-Stekal</u> Vaccines have been in the realm of primary care and now obstetricians are becoming key players with pregnant patients. Locally, their obstetricians have been on board on promoting vaccines to pregnant patients. It is important to vaccinate pregnant people. COVID-19 vaccination has felt as more of a routine vaccination now from what he has gathered. It is not uncommon to see adult patients getting flu and COVID-19 vaccinations. This is beneficial especially with all of the misinformation about COVID-19. On the contrary it has now become a routine, and patients have become more comfortable with it.</p> <p><u>Sarah Kim</u> Has been reviewing immunization statuses in Bellevue in comparison to the state. 88% in compliance and has been doing research for the missing piece. Finding that they have flu and COVID-19 or are missing Tdap or varicella. Trying to target flu and COVID-19 vaccines at clinics but also have other childhood vaccines so that they can bridge the gaps. Trying to look at children individually and advocate for them at the clinics to get vaccinated with their missing vaccines. The hesitancy is reducing now that there are other illnesses are out there.</p> <p><u>Seema Abbasi</u> Commented that as many as babies can get Nirsevimab, glad that there has been a focus on birthing centers. Compliance is successful when it is done at birth.</p>

	<p><u>Dr. Francis Bell</u> Waiting to see what is going on with RSV this season.</p> <p><u>Libby Page</u> 150 cases of pertussis in King County. Amping up efforts like media interviews and ethnic media interviews. Mobile vaccinations services has hosted 122 vaccine clinics to those who are home-bound, and given COVID-19, flu and RSV vaccines. Has served 84 adult family homes. Has had back to school clinics, just the last few months have done 79, and on average they are getting 42 children per clinic. They are going into areas with a high SVI. Recently published a guide for healthcare providers to help crosswalk vaccine records from other countries, can find this on their website.</p> <p><u>Lauren Greenfield</u> Childcare providers also have reporting requirements. They are getting providers access to WAIS. Has heard from childcare programs wanting to have on-site vaccine clinics.</p> <p><u>Ed Marcuse</u> Very pleased with what DOH has done in the last year for infant RSV vaccine. The WVA is facing a lot of challenges including rebuilding their reserves to cover initial purchase of RSV vaccines. Association is being managed well but there are significant challenges ahead and dealing with cybersecurity. Welcoming questions at any time.</p> <p><u>Dr. Beth Harvey</u> Thank you for the presentations that are very relevant to real life. McKesson's shipping issues impacted them. Things are more normal now. Heard a rumor that their hospital does have Nirsevimab.</p> <p><u>Dr. Mary Alison Koehnke</u> Feeling reinvigorated about pertussis and great group to see every few months.</p>
<p>Future Agenda Items 2025 Vac Meeting Dates Adjourn</p> <p>Tao Kwan-Gett</p>	<p>XI. Future Agenda Items</p> <p>Upcoming 2025 meetings Suggested agenda items: no suggested items</p> <p>Upcoming 2025 meetings Jan 10th, April 10th, July 10th, October 9th 2025</p> <p><i>Please review notes above</i> Next VAC Meeting: January 10th, 2025</p>