



VACCINE ADVISORY COMMITTEE MEETING  
VIRTUAL MEETING – MICROSOFT TEAMS  
January 9<sup>th</sup>, 2025

<b>Time</b>	<b>Agenda Item</b>	<b>Facilitator</b>
<b>10:30 – 10:45</b>	<b>Welcome, Announcements, Introductions, Land Acknowledgement</b>	<b>Tao Sheng Kwan-Gett</b>
<b>10:45 – 10:50</b>	Introductions and Conflict of Interest Declaration	<b>Meghan Cichy</b>
<b>10:50 – 10:55</b>	Approval of Last Meeting Minutes	<b>Tao Sheng Kwan-Gett</b>
<b>10:55 – 11:05</b>	Public Comment	<b>Tao Sheng Kwan-Gett Lisa Balleaux</b>
<b>11:05 – 11:25</b>	Office of Immunization Program Director Updates and Discussion	<b>Jamilia Sherls</b>
<b>11:25 – 11:55</b>	Pertussis and Mpox Update and Discussion	<b>Chas DeBolt Amanda Dodd Benjamin Meana</b>
<b>11:55 – 12:05</b>	Policy Outlook Update	<b>Meghan Cichy</b>
<b>12:05 -12:25</b>	Immunization Quality Improvement for Providers (IQIP) Update	<b>Chrystal Averette</b>
<b>12:25 – 12:55</b>	VAC Member Report Out	<b>VAC Members</b>
<b>12:55 – 1:00</b>	<b>2025 VAC Meeting Dates: Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, Oct 9<sup>th</sup> Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>

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<b>10:45 – 10:50</b>	<b>Conflict of Interest Declaration</b>	<b>Meghan Cichy</b>

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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DOH Office of Immunization Update  
Vaccine Advisory Committee - January 2025  
**Jamila Sherls, Director**

## DOH and OI Program Updates

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- **Dr. Umair Shah resigns as DOH's Secretary of Health**
  - Resignation is effective as of January 15, 2025
  
- **State Budget Freeze**
  - Impacts hiring and contracts/purchases over \$10,000
  - Federal funding is an exception to the freeze, which is a bulk of the funding that supports the Office of Immunization.
  - Still need to seek approval in most spending including federal funding in some cases.
  - Expect freeze to remain in place through June 30, 2025.



# Immunization Notice of Funding Opportunity (NOFO)

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- “Strengthening Vaccine-Preventable Disease Prevention and Response” [NOFO guidance](#) posted January 6
- Required activities under 7 priority strategies:
  - Strengthen Program Infrastructure and Management
  - Increase Vaccine Access
  - Improve Vaccination Equity
  - Promote Vaccine Confidence and Demand
  - Enhance Data and Evaluation
  - Strengthen Program Support for Partners
  - Enhance Vaccination Response Readiness
- 3 components
  - Core (routine immunization) – \$9.55M
  - Rapid Small-Scale VPD outbreak (funded, use upon consultation) – \$250K
  - Rapid Large-Scale VPD outbreak (approved, unfunded) – \$3M

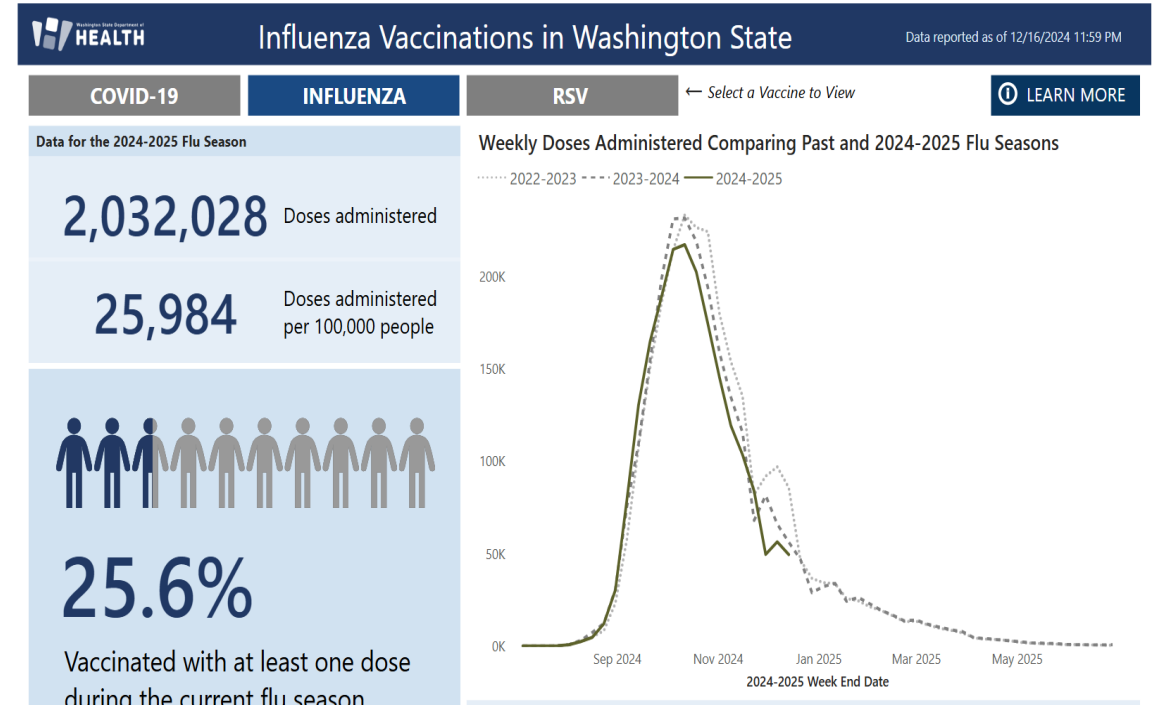
# Data & Surveillance: Vaccination Dashboards

The Office of Immunization vaccine dashboards.

- [COVID-19 Vaccination Dashboard](#)
- [Respiratory Illness Vaccination Dashboard](#)
- [Influenza Vaccination Dashboard](#)

Dashboards are updated weekly on Wednesdays.

If you have questions or need any technical assistance with any of the available vaccine dashboards, please email [waiisdatarequests@doh.wa.gov](mailto:waiisdatarequests@doh.wa.gov).



# RSV Nirsevimab Distribution Update

as of 12/30/24

## **Total Doses Ordered to date: 41,820 doses**

- ✓ 17,680 doses of 50 mg
- ✓ 24,140 doses of 100 mg
- ✓ (84 doses of Abrysvo)

## **Tribal Nations and Confederacies**

- ✓ 14 Total Tribal orders
- ✓ 295 Doses ordered
  - ✓ 90 doses of 50mg
  - ✓ 205 doses of 100mg

# Birthing Hospital Outreach

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





# ACIP RSV Immunization Seasonal Recommendations Summary\*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
<b>Infants and children</b> (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†					
<b>Pregnant people</b> (Pfizer, Abrysvo)	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.†							
<b>Adults 60+</b> (Abrysvo, Arexvy, mRESVIA approved 5/24)	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)
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Source: CDC/NCIRD/ISD All-Awardee Call (January 2024)

# 2024-25 COVID-19 Vaccination Recommendations



- Everyone 6 months and older is recommended to receive a single 2024-2025 COVID-19 vaccine dose.
- People ages 65 years and older are up to date when they have received 2 doses of any 2024–2025 COVID-19 vaccine 6 months apart.
  - While they are *recommended* to get 2024-2025 COVID-19 vaccine doses 6 months apart, **the *minimum* time is 2 months apart**, which allows flexibility to get the second dose prior to typical COVID-19 surges, travel, life events, and for those who have infrequent healthcare visits.

## Resources

- <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>

# Agricultural Seasonal Flu Outreach

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## 1. Care- A- Van

- Collaboration with partners to schedule a series of impactful [Care-A-Van service](#) events in communities and on farms, which includes translation services and opportunities to increase health literacy.

## 2. Outreach Planning Guide:

- Information on how organizations and communities can support Agricultural workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success. [Guide Link](#)

## 3. Pop-Up Clinic Guide:

- DOH's Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#) to guide community organizations or providers with clear directions for a successful event.

## 4. Direct Funding and Collaboration with Local Health Jurisdictions (LHJs):

- Work with each LHJ partner to support and communicate with the Agricultural workers in their region.

## 5. Culturally and Linguistically Appropriate Outreach:

- We launched outreach materials tailored to the cultural and linguistic needs of agricultural workers. These materials provide essential information about influenza and the benefits of immunization. [DOH Flu Free Washington partner toolkit](#)

# Agriculture Worker Flu Vaccination Outreach Plan Updates



**Washington State Department of HEALTH**

## Protéjase de la gripe de temporada

Vacúnese contra la gripe todos los años

**¿Por qué debería ponerme la vacuna contra la gripe?**

La vacuna contra la gripe es la mejor defensa contra la gripe de temporada. Esta vacuna puede reducir entre un 40 % y un 60 % las probabilidades contraer una gripe grave. Si contrae la gripe, la vacuna puede evitar que la enfermedad sea más grave.

Al colocarse la vacuna, también protege a su familia y a sus amigos. La gripe puede ser una enfermedad grave para los niños pequeños, los adultos mayores, las embarazadas y las personas que tienen ciertas afecciones health conditions.

La vacuna contra la gripe estacional no protege contra la gripe aviar (H5N1). Vacunarse es importante para prevenir la coinfección (estar enfermo con más de una enfermedad).



**Seguridad de la vacuna contra la gripe**

La vacuna contra la gripe no puede contagiarle la enfermedad. No todas las vacunas contra la gripe se elaboran con el virus de la gripe. Para las que se elaboran con un virus, se utilizan virus de la gripe “debilitados” o “muertos” que no pueden provocar la enfermedad.

Las vacunas contra la gripe se han utilizado de forma segura durante más de 50 años. Se implementan muchos sistemas de seguridad para garantizar que las vacunas que usamos sean efectivas y seguras. Las reacciones alérgicas a la vacuna contra la gripe son poco frecuentes.

**Dónde vacunarse contra la gripe**

Puede ponerse la vacuna contra la gripe en casi todas las clínicas y farmacias. Llame antes de su visita para consultar la disponibilidad.

Care-a-Van es una clínica de salud móvil que brinda servicio a personas de todo Washington.

Llame al 800-525-0127 para encontrar una clínica Care-a-Van cercana o escanee este código QR.



**Vacunas de bajo costo y sin costo**

La mayoría de los planes de seguro, incluido Apple Health, cubren el costo de la vacuna contra la gripe para los adultos. En Washington, todos los niños, niñas y adolescentes menores de 19 años reciben vacunas contra la gripe sin costo.

Obtenga más información en [WASinGripe.org](http://WASinGripe.org)

**flu free WASHINGTON**

**DOH 820-297 October 2024 Spanish**

Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).



The Flu vaccine information for agriculture worker audience flyer is available on DOH’s [Flu Materials and Resources webpage](#) under the section “Resources”, or directly found here:

- [Stay Safe From Seasonal Flu \(PDF\)](#)
- [Protéjase de la gripe de temporada \(PDF\)](#)



**Washington State Department of HEALTH**

## Stay Safe from Seasonal Flu

Get a flu vaccine every year



**Why should I get a flu vaccine?**

The flu vaccine is your best defense against seasonal flu. The flu vaccine can lower your chances of becoming very sick from the flu by 40-60%! If you do get the flu, the vaccine can help your illness be less severe.

Getting vaccinated also protects your family and friends. The flu can be a serious illness for young children, older adults, pregnant people, and people with certain health conditions.

The seasonal flu vaccine does not protect against bird flu (H5N1). Getting vaccinated is important to prevent co-infection (being sick with more than one illness).

**Flu vaccine safety**

The flu vaccine can not give you the flu. Not all flu vaccines are made using a flu virus. Those that are use “weakened” or “killed” flu viruses that can’t make you sick.

Flu vaccines have been safely used for over 50 years. There are many protective systems in place to make sure vaccines we use work well and are safe. It is rare to have an allergic reaction to a flu shot.

**Where to get a flu vaccine**

You can get a flu vaccine at most clinics and pharmacies. Call ahead of your visit to ask about availability.

The Care-a-Van is a mobile health clinic that serves people across Washington.

Call 800-525-0127 to find Care-a-van clinics near you, or scan this QR code.



**Low-cost and no-cost vaccines**

Most insurance plans, including Apple Health, cover the cost of flu vaccine for adults. In Washington, all children under age 19 get flu vaccines at no cost.

Learn more at [FluFreeWA.org](http://FluFreeWA.org)

**flu free WASHINGTON**

**DOH 820-297 October 2024**

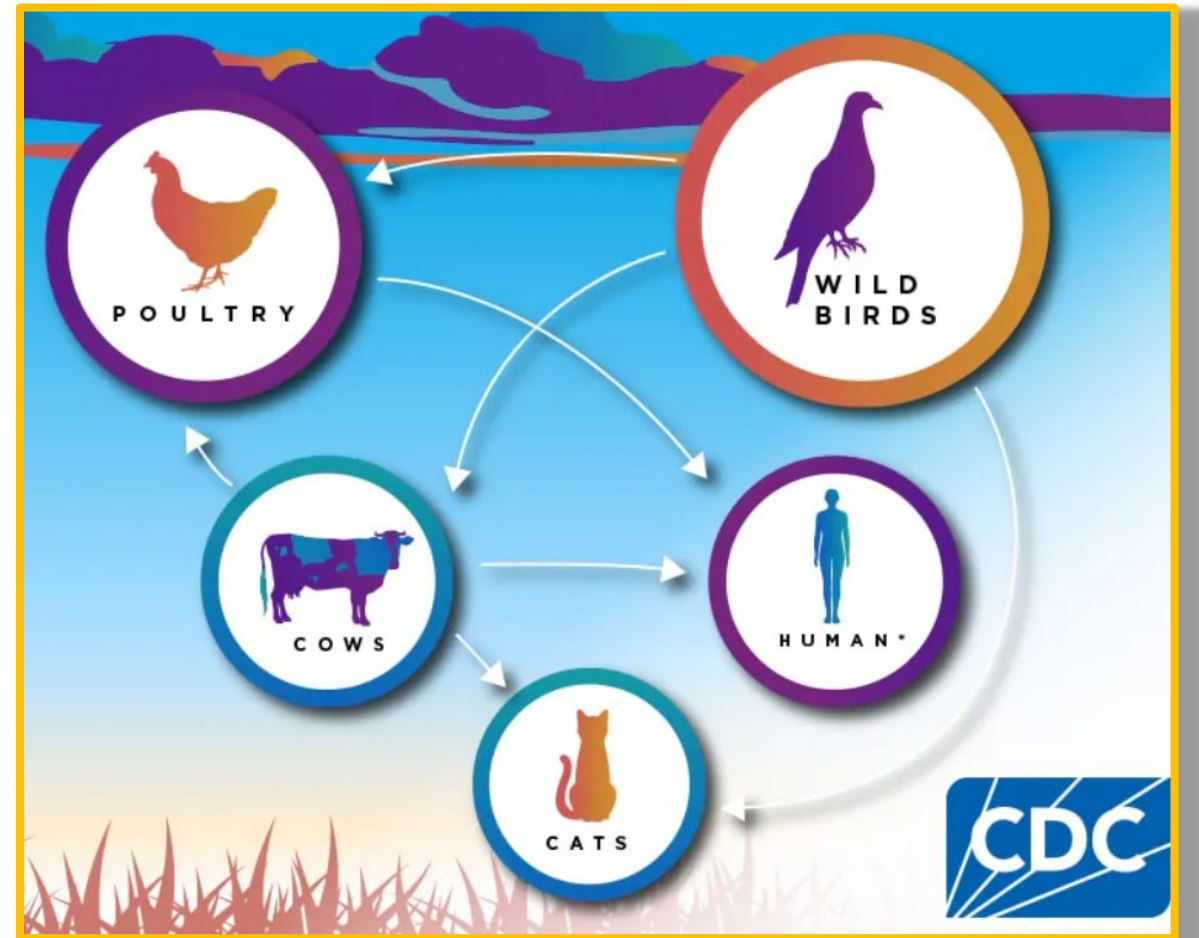
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).





# Future Vaccine Resources: H5N1

- [CDC Bird Flu Situation Summary](#)
- [ASPR Human Vaccine preparation](#)
- [FDA Approves Arcturus Human Vaccine Trials](#)
- [CureVac Human Vaccine Trial](#)
- [CDC - Genetic Analysis of recent human infections](#)
- [HHS News - Bovine Vaccine Trials.](#)




# DTaP and Tdap Vaccine Recommendations

## 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)

[Chapter 16: Pertussis | Pink Book | CDC](#)

**People of all ages need WHOOPING COUGH VACCINES**



<b>DTaP</b> for young children	<b>Tdap</b> for preteens	<b>Tdap</b> for pregnant women	<b>Tdap</b> for adults
✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years	✓ 11 through 12 years	✓ During the 27-36th week of each pregnancy	✓ Anytime for those who have never received it

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough) 

[About Whooping Cough | Whooping Cough | CDC](#)

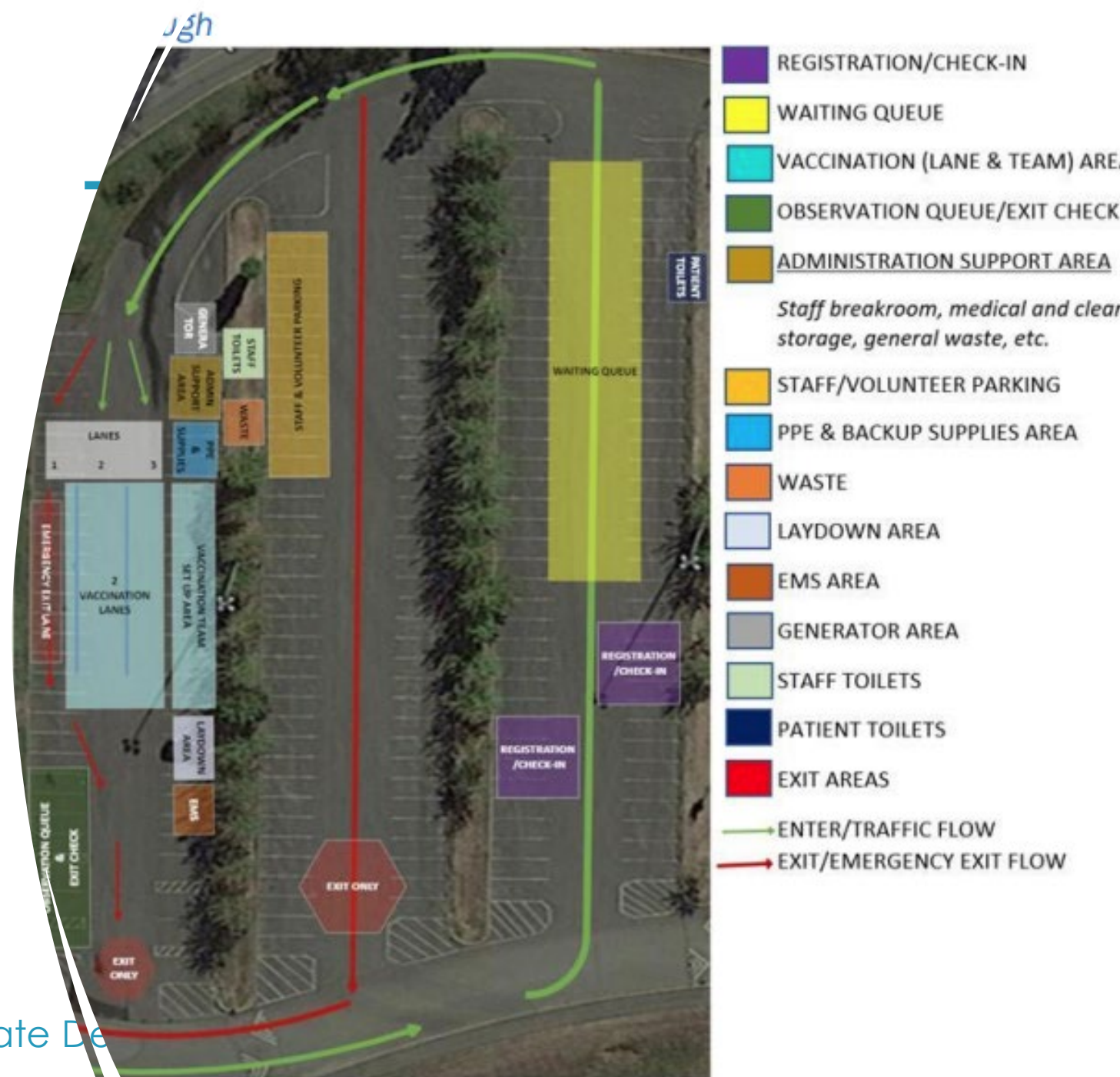
# Pop-Up Immunization Clinic Guide

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.

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# Vaccine Access & Resources

- [Job Aids](#) help providers quickly determine catch-up schedule for childhood polio, RSV, pneumococcal vaccines and recommendations.
- Immunize.org’s excellent [Quick Sheet of COVID-19 Vaccination Guidance and Clinic Support Tools](#)
- Improved access via the DOH Care-A-Van Service  
<https://doh.wa.gov/you-and-your-family/care-van-mobile-health-services>

IF current age is	AND # of previous doses of DTaP or DT is	AND	THEN	Next dose due <sup>2</sup>
4 months through 11 months	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2
		It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 <b>and</b> at 15 months of age or older <sup>3,4</sup>
		It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2



## OI Kudos

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- Jamilia Sherls elected as 2025 Secretary-Treasurer for the Association of Immunization Managers (AIM).
- Sherry Carlson and Jamilia Sherls co-presented “Authentic Engagement with Ukrainian Communities as an Approach to Vaccine Education and Outreach” at the 2024 AIM Leadership in Action Conference, New Orleans, LA.
- Katherine Graff presented at the 2024 STChealth Conference on use of the school module functionality. She also presented at the School Nurses Organization of Washington Conference last October on updates for school and childcare immunization requirements.
  - Grade 7 through 11 must have 1 Tdap at age 10+ (in addition to 5 doses of DTaP)
  - Grade 12 must have 1 Tdap at age 7+
  - 2025-2026 school year – all students grade 7-12 must have a Tdap at age 10+
  - Must have DTaP, IPV, MMR, Varicella vaccines by the 1st day of school or within 30 days after 4th birthday, whichever is later.



## Questions and Discussion



Washington State Department of

**HEALTH**

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## PERTUSSIS SURVEILLANCE UPDATE

Vaccine-Preventable Disease Program  
Office of Communicable Disease Epidemiology





# Pertussis

## 1. DISEASE REPORTING

### A. Purpose of Reporting and Surveillance

1. To prevent illness and death, particularly among infants younger than 1 year, and among persons who may transmit pertussis to infants.
2. To limit transmission of pertussis in settings with infants or others who may transmit pertussis to infants.
3. To monitor the epidemiology of pertussis in Washington state.

### B. Legal Reporting Requirements

1. Health care providers and facilities: notifiable to local health jurisdiction within 24 hours.
2. Laboratories: *Bordetella pertussis* notifiable to local health jurisdiction within 24 hours; submission of culture isolates required, when available (2 business days).



## Criteria used for classifying pertussis cases

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### **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*
- Positive PCR test for *B. pertussis*

Serology is not considered a valid test for surveillance purposes.

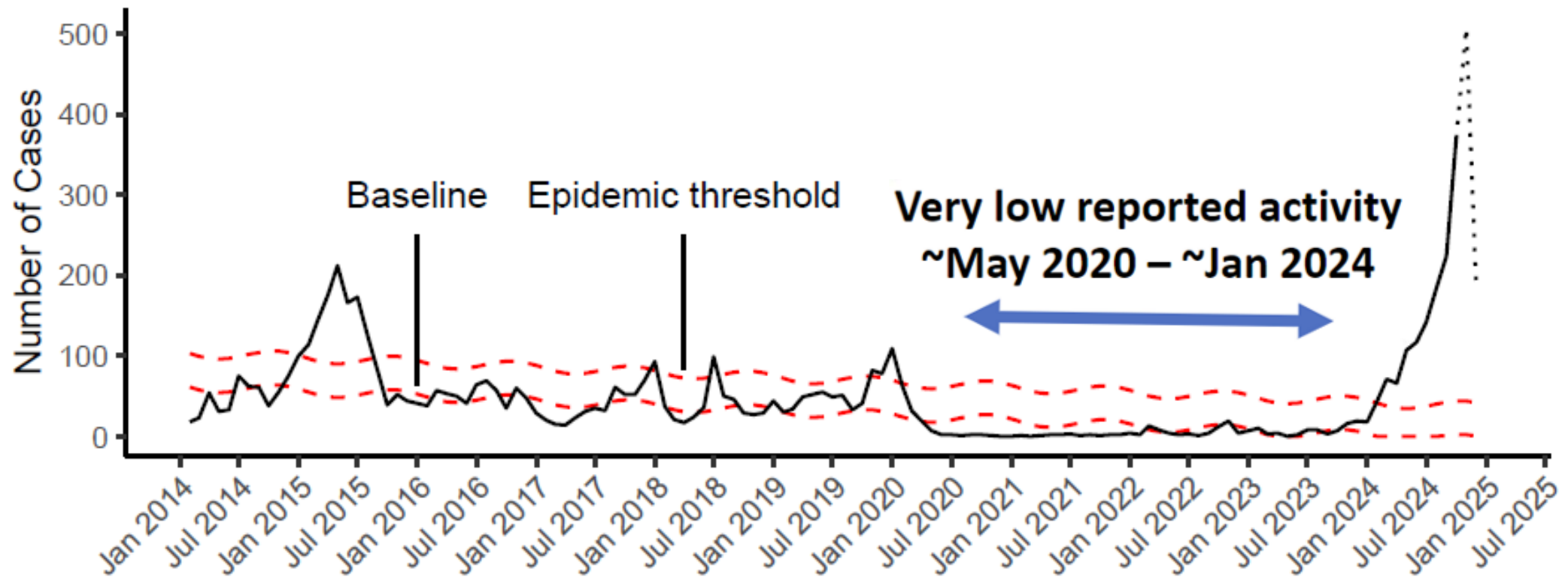
Please note!

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

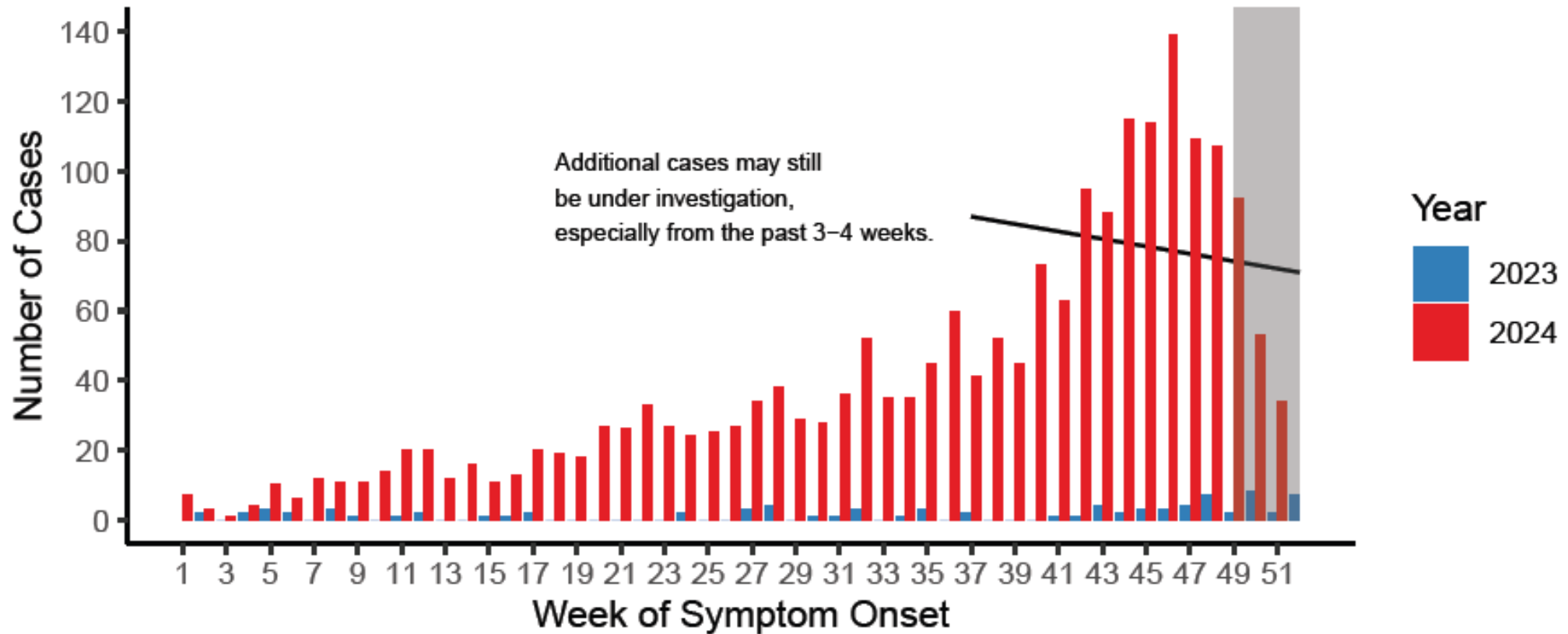
## Monthly Case Counts: 10 years of context

WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2014 through week 52 of 2024 (12/28/2024). *The most recent 2 months may still be incomplete (dotted line).*



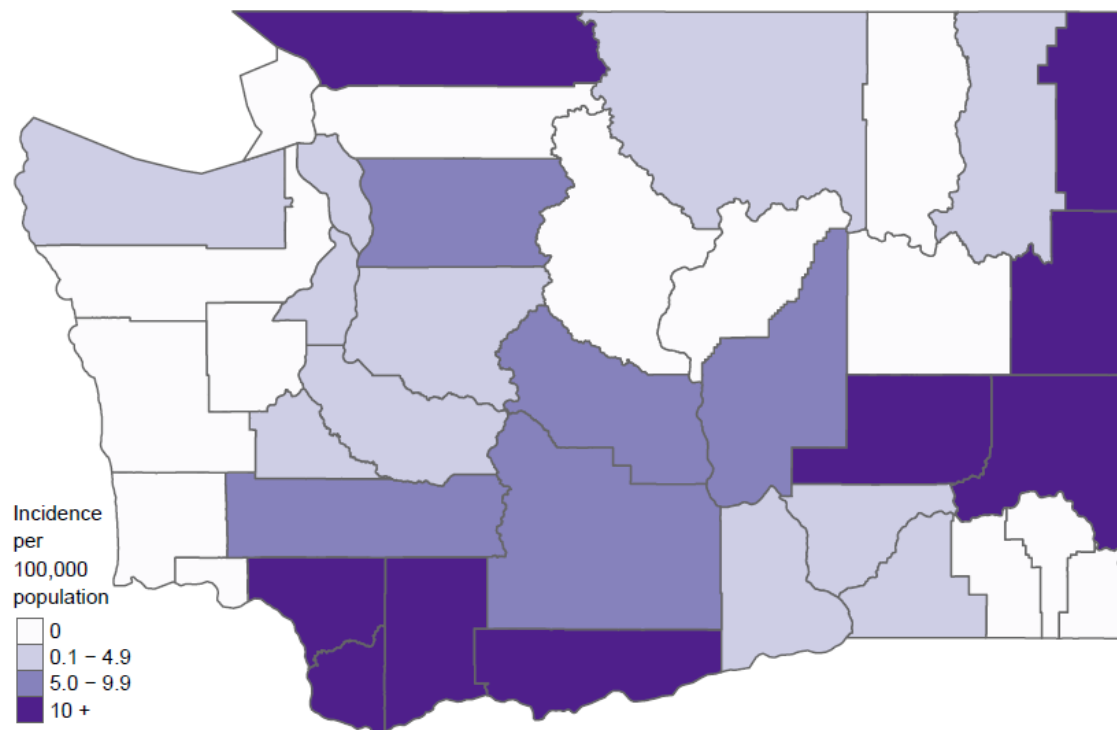
# Weekly pertussis case counts, through 12/28/2024 (week 52) 2,040 cases compared to 87 by the same week in 2023

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



# Six-Week Pertussis Incidence Rates by County,

Six-Week Pertussis Incidence Rate by County, 2024 weeks 46-52



The incubation period for pertussis is up to 21 days, so six weeks represents two 21-day incubation periods. Outbreaks of pertussis are usually declared over after six weeks have passed with no additional cases. The map above uses the past six weeks of data to highlight areas where the potential for continuing outbreaks exists based on current patterns of reported pertussis disease.



## Ages of Confirmed and Probable Pertussis Cases

WA Pertussis Cases by Age Group, 2024 weeks 1-52

Age Group	OFM 2022 Population	Number of Cases	Rate per 100,000 persons	% of cases by age group*
< 1	88,441	172	194.5	8
1 - 4	349,505	384	109.9	19
5 - 9	476,054	328	68.9	16
10 - 13	396,426	244	61.5	12
14 - 18	480,566	529	110.1	26
19 - 24	588,771	164	27.9	8
25 - 44	2,225,672	135	6.1	7
45 - 64	1,911,375	60	3.1	3
65+	1,347,568	24	1.8	1
All ages	7,864,378	2,040	25.9	100

*\*Due to rounding, percentages may not always add up to 100%*

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All ages	7,864,378	2,040	25.9	100

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## Ages of Confirmed and Probable Pertussis Cases

**School age children: 1,101 cases, 54%**

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## Hospitalization (under 1)

<b>Hospitalized at least overnight for pertussis?</b>	<b>n</b>	<b>%</b>
Yes	14	8.1%
No	155	90.1%
<i>Missing (not yet completed)</i>	3	1.7%
<b>Total</b>	<b>172</b>	

Of the 14 hospitalized infants:

- Only one was known to have been born to a person who had received Tdap during this pregnancy (7%)
- Four were old enough to have received one or more doses (29%)
  - Two had received any doses of pertussis-containing vaccine

## Hospitalization (all ages)

<b>Hospitalized at least overnight for pertussis?</b>	<b>n</b>	<b>%</b>
Yes	33	1.6%
No	1,979	97.0%
Unknown	3	0.1%
<i>Missing</i>	25	1.2%
<b>Total</b>	<b>2,040</b>	

Only 11 hospitalized patients were known to have ever received a documented dose of pertussis-containing vaccine (33%)



## Summary

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- More than 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.

Thank you!

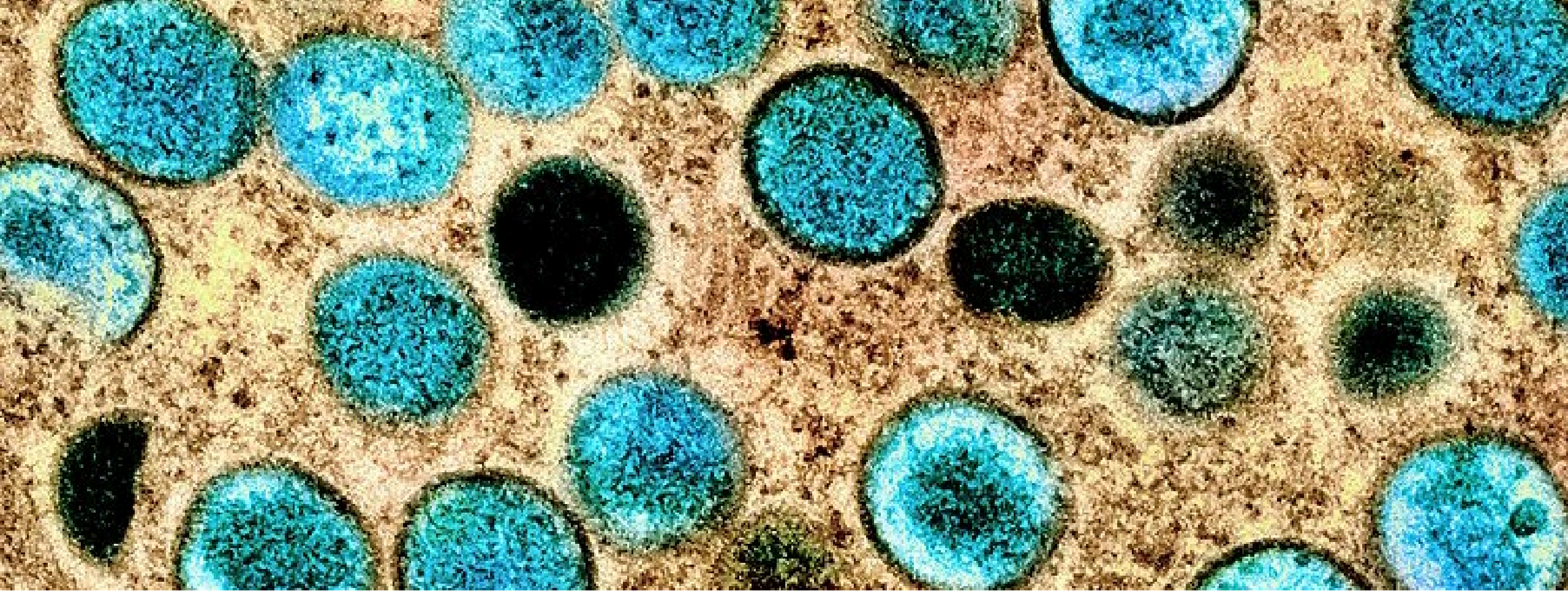
---

Weekly Pertussis surveillance report can be found at:

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>

Questions?

Contact: [vpd-cde@doh.wa.gov](mailto:vpd-cde@doh.wa.gov)

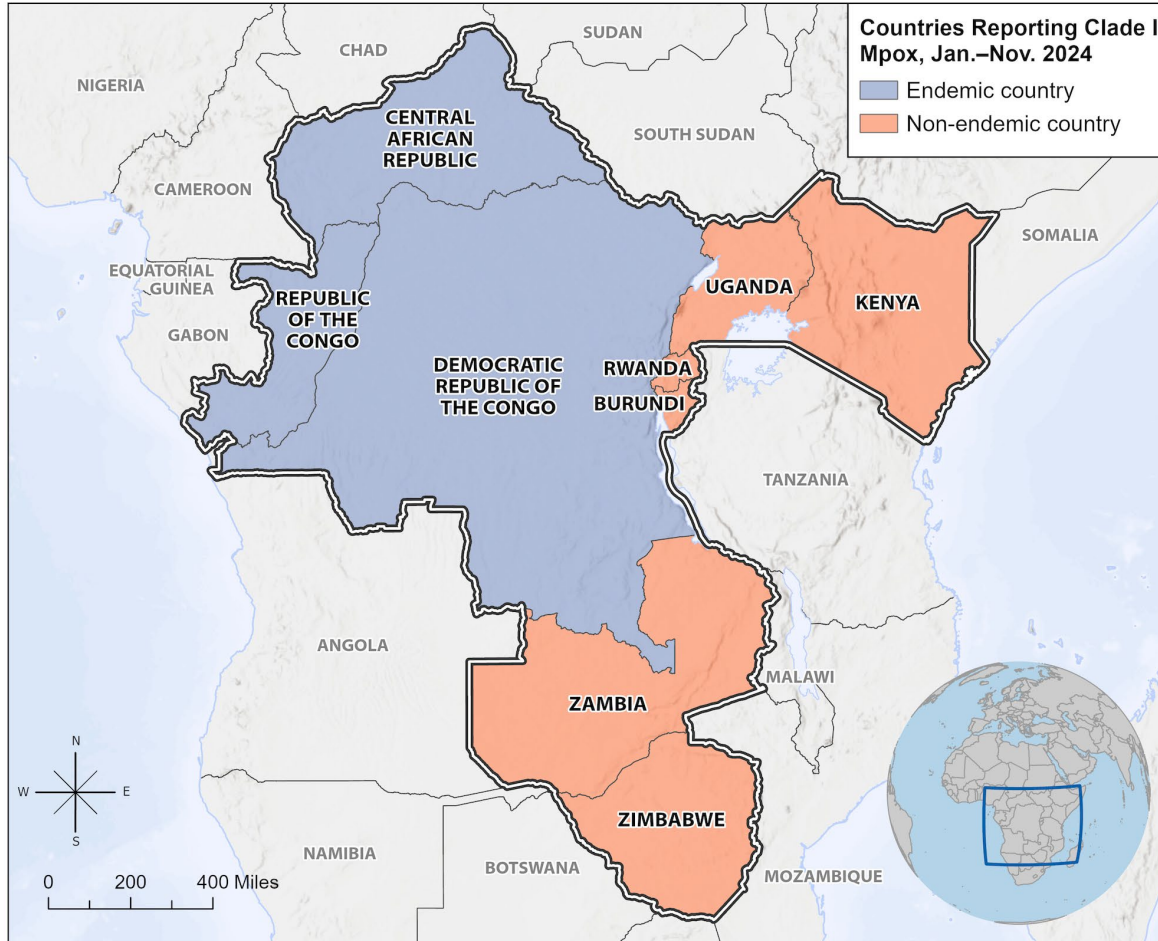


# MPOX UPDATE

Vaccine Advisory Committee Meeting  
01/09/2025

# Clade I Mpox Case Reported in CA

Countries with Confirmed or Presumed Clade I Mpox Cases, Central and Eastern Africa



# Clade I Outbreak Risk in United States

Population	Overall risk
Overall U.S. population	<b>Low</b>
Children (via household transmission and direct, non-sexual contact)	<b>Low</b>
Men who have sex with men (MSM) and people who have sex with MSM, regardless of gender (via sexual transmission)	<b>Low to Moderate</b>
Adults (via sexual transmission between men and women)	<b>Low</b>

Confidence level in assessment

**Moderate**

# Health Alerts/Advisories

---

- 11/16: CDC Health Alert
  - [CDC HAN - First Case of Clade I Mpox Diagnosed in the United States](#)
- 11/16: CADPH Health Alert
  - [California Department of Public Health \(CADPH\) - California Reports First Known U.S. Case of Emerging Mpox Strain](#)
- 11/22: WA DOH Provider Alert
  - [Provider Alert: First reported case of clade I mpox in California](#)
- 12/05: [CDC Dear Clinician Letter - Mpox Updates for Clinicians](#)



## Action Items

---

- If a patient is anticipating traveling to [an area where clade I mpox is spreading in between people](#), health care providers should:
  - Conduct a sexual health history with their patients and discuss travel plans, including whether the patient anticipates having any sexual or direct contact with individuals while traveling.
  - Discuss [mpox prevention strategies](#).
  - Offer mpox vaccination to travelers regardless of the patient's gender identity or sexual orientation if they anticipate experiencing any of the following:
    - Sex with a new partner,
    - Sex at a commercial sex venue, like a sex club or bathhouse,
    - Sex in exchange for money, goods, drugs, or other trade,
    - Sex in association with a large public event or festival.
  - Continue to consider the diagnosis of and test for mpox in all patients with [compatible signs and symptoms](#).

## Action Items (cont.)

---

- Continue to consider the diagnosis of and test for mpox in all patients with [compatible signs and symptoms](#).
  - This includes individuals with symptoms who have traveled to Central or Eastern Africa in the 21 days before symptoms onset (including, but not limited to, Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of the Congo, Rwanda, Uganda, Zambia, or Zimbabwe).
- Management for clade I mpox is the same for clade II mpox and local health jurisdictions and health care providers should follow [WA DOH](#) and [CDC guidance](#).
- Health care providers should continue to vaccinate [individuals who are eligible](#) to receive mpox vaccination and order vaccine supply off of the commercial market for their own clinics and practices.

## Action Items (cont)

---

- Send specimens to the WA PHL for patients with clinically compatible signs of mpox AND
  - Report recent travel to central Africa (or other areas with ongoing clade I mpox transmission) AND/OR
  - Contact with a confirmed clade I mpox case.
- Provide appropriate [isolation recommendations](#) to patients while their test results are pending and after a positive test result.
- Medical care providers who provide care to gay or bisexual men, their partners, or members of the community should talk to their patients about [mpox vaccination](#), as well as [PrEP to prevent HIV](#) and [doxy PEP](#) to prevent STIs.

# Clade II Cases

## State Summary

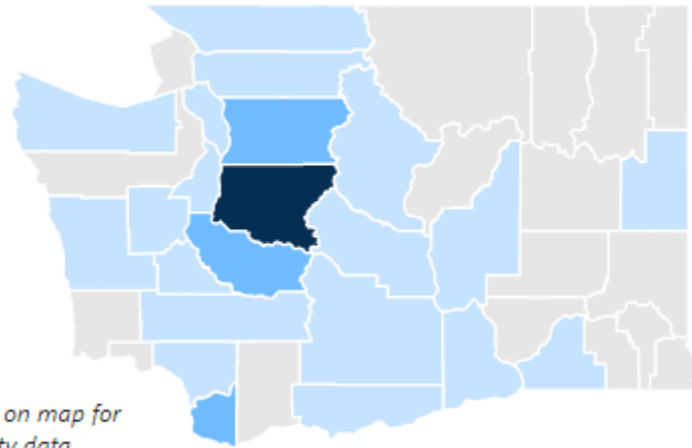
811 TOTAL CASES

21 TOTAL HOSPITALIZATIONS

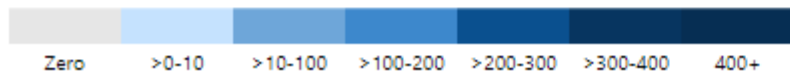
0 TOTAL DEATHS

Map View  Table View

### TOTAL CASES

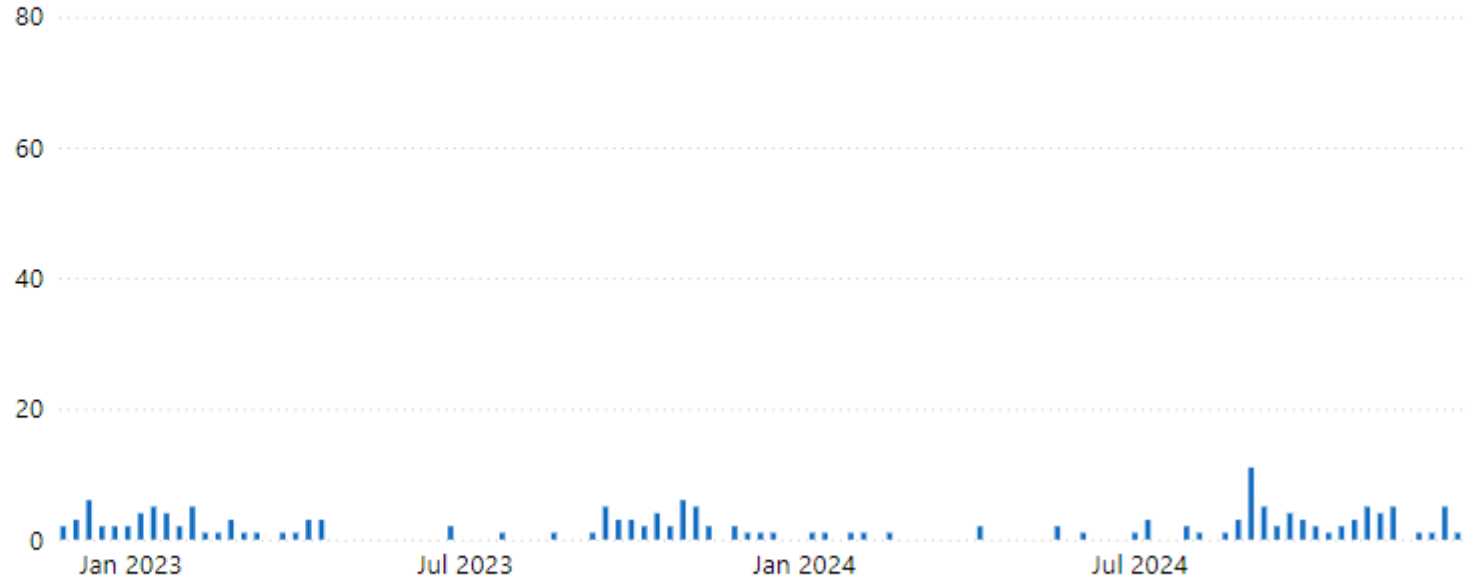


Click on map for county data



0 of the 811 total cases do not have an assigned county.

### TOTAL WEEKLY CASE COUNTS



Week of Symptom Onset (or Specimen Collection Date)

0 of 811 cases do not have a symptom onset or specimen collection date.

# Mpox Guidelines Update

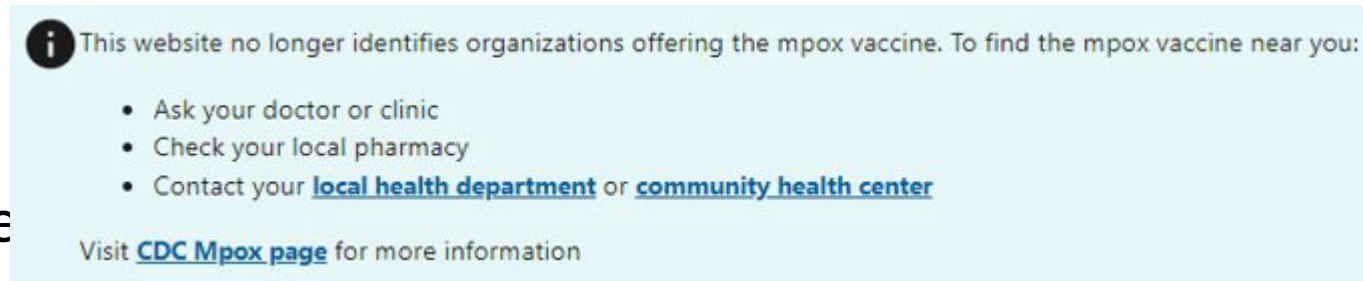
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- See guidelines here: [Mpox Reporting and Investigation Guidelines](#)
- Major updates include:
  - Interim case definitions for clade I mpox and incorporation of clade I mpox in infection control and prevention, case investigation, and vaccine recommendations (Section 3E).
  - Expanded mpox testing and clade determination testing at Washington State Public Health Laboratories (PHL), recommendations for conducting clade determination testing, and how to submit specimens to PHL for clade determination testing (Section 4).
  - Expanding close contact exposure notification based on whether there was a high-risk, intermediate-risk, uncertain to minimal risk, and no identifiable risk of exposure including recommendations for each exposure risk level (Section 5G).
  - Occupational mpox exposure risk level changes where high-risk criteria narrowed (Section 6A).
  - Infection control guidance for schools based on recommendations from the Office of Superintendent of Public Instruction and the CDC (Section 6B).
  - Infection control guidance for reducing mpox transmission in congregate settings based on new CDC guidance (Section 6C).

# Vaccine Locator Tool Update

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- CDC has sunsetted the mpox vaccine locator tool: <https://mpoxvaccine.cdc.gov/>



- If you have
- Feel free to promote the DOH Care-a-van which continues to offer JYNNEOS at events.
  - [Care-a-Van Mobile Health Services | Washington State Department of Health](#)
- Start to identify where JYNNEOS is being administered in your jurisdiction.



# JYNNEOS Vaccine Coverage

---

- Medicaid and Children's Health Insurance Program (CHIP)
- Medicare
  - Part D
    - Covers vaccines for preventative care
  - Part B
    - Covers PEP
- VA
- TRICARE
- Private/Commercial Insurance
- WA Early Intervention Program
- WA PrEP Drug Assistance Program (for those who are insured and uninsured)

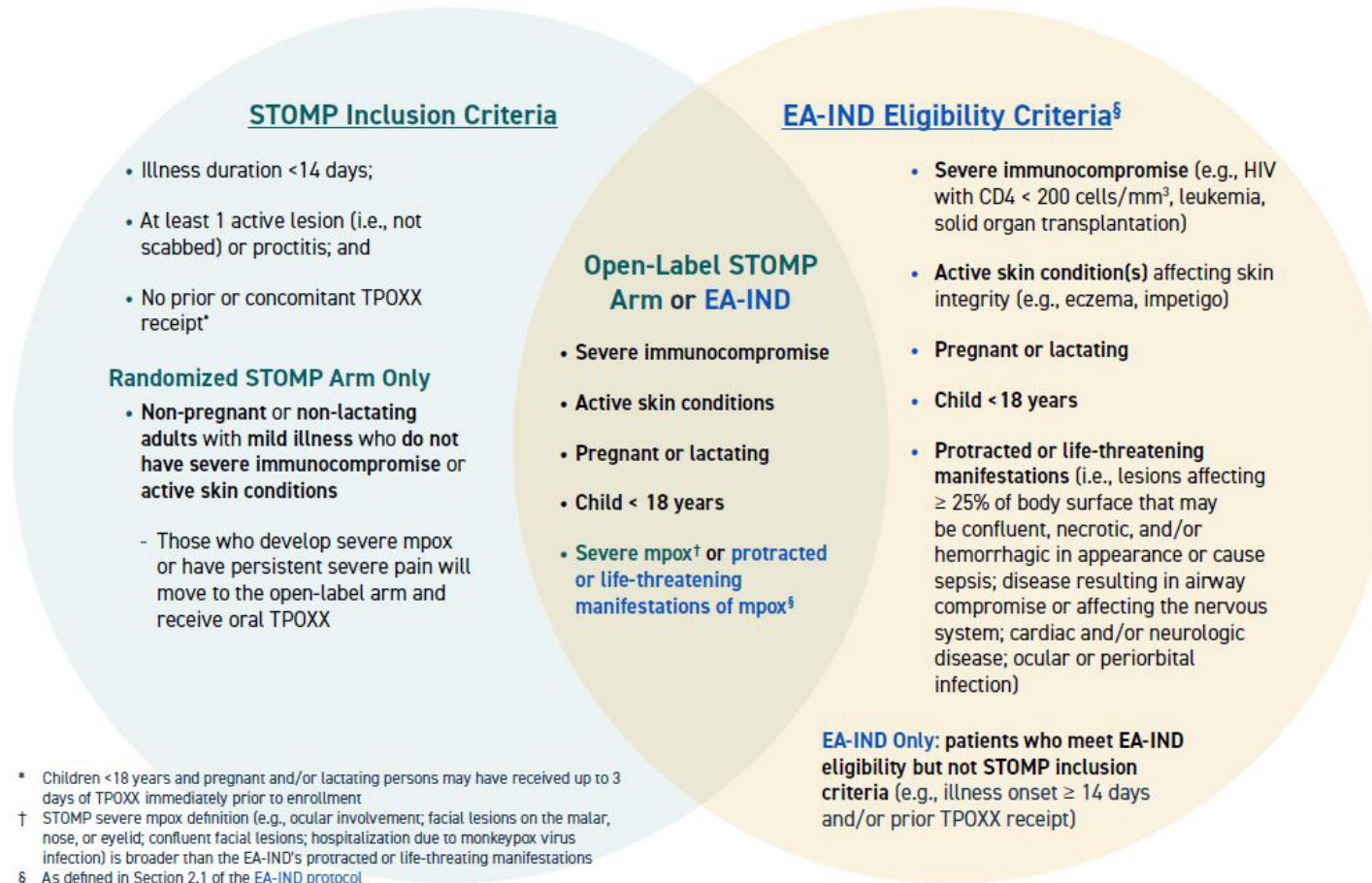
## TPOXX Update

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- On 11/27, STOMP trial stopped enrolling people with mpox into trial.
- No adverse safety signal was reported and people who received tecovirimat were not instructed to stop taking it.
- Only option to connect patients to TPOXX is through [CDC's Expanded Access- Investigational New Drug Protocol \(EA-IND\)](#).
  - Providers and Facilities need to enroll online: [TPOXX IND Registry for Providers and Facilities](#)
- If a patient is not eligible to receive TPOXX through EA-IND, there are other therapeutics for a patient's [supportive care and pain management](#).
- Health care providers should enroll in the TPOXX IND Registry and call their LHJ for support in getting TPOXX. LHJs should contact DOH ([mpoxconsult@doh.wa.gov](mailto:mpoxconsult@doh.wa.gov)) for support if they need support.

# CDC TPOXX EA-IND Criteria

## Oral TPOXX Via NIH's STOMP vs. CDC's EA-IND Protocol



# Resources for Individuals with Mpox

## Mpox Care Kit

**TOOLS TO BUILD YOUR OWN MPOX CARE KIT  
THIS CAN ALSO HELP PREVENT EXPOSURES**



**Band-aids/covering:** choose what's best for you and ensure it's large enough for the pox to grow



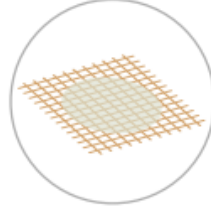
**Take Tylenol/Advil** (whatever meds work best for you)



**Zinc oxide cream** or any cream with analgesic, a numbing agent



Calamine lotion



Telfa gauze



Waterproof first aid tape



Hand sanitizers



**Stool softener** for people with anal pox sores (OTC pain meds can also cause constipation)



**Practice self-care** and get rest

**These are general recommendations. Always talk to your provider for recommendations based on your case and symptoms.**

## Paquete de cuidado para la viruela símica

**¿Qué es la viruela símica (el Mpox en inglés)?** La viruela símica (antes conocida como la viruela del mono) es una enfermedad rara causada por la infección con el virus de la viruela símica. Este virus pertenece a la misma familia del virus de la viruela, pero la viruela símica es menos contagiosa que la viruela. Además, su enfermedad causa síntomas más leves y en general no es fatal.



**Las herramientas de cuidado para la viruela símica. Esto también puede ayudar a prevenir exposiciones.**



**Curitas o vendajes:** Escoja lo que le sirva mejor y asegúrese que sea suficiente grande para cubrir las llagas



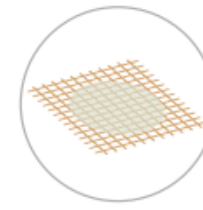
**Tome Tylenol/Advil** (El medicamento que le sirva mejor)



**Crema de óxido de zinc** o cualquier crema con analgésico, o un agente anestésico, para prevenir irritación



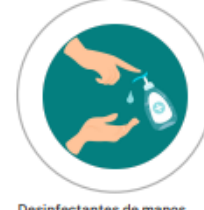
Loción de calamina (para ayudar con la comezón)



Gasa Telfa (para cubrir la viruela)



Cinta impermeable



Desinfectantes de manos



**Ablandador fecal** para personas con dolor al ir al baño



**Practique cuidado propio** y verdadero tiempo de relajación

**Estas son recomendaciones. Siempre debe hablar con su proveedor para obtener recomendaciones basadas en su caso y síntomas.**

# Resources for Individuals with Mpox

## How to take care of yourself when diagnosed with Mpox



Keep yourself hydrated.



Sanitize your hands.



Lie down, take a nap, do your best to rest.



Avoid scratching and picking, as it will make things worse.



For Mpox sores in throat, rinse with salt water 3 or 4 times a day and after eating.



Wash your skin with soap and water.



Take over the counter pain medication like Advil or Tylenol. Choose what works best for you.



Protect pox with gauze before putting on bandaids or covering.

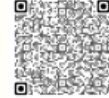


If you have a bath, soaking can help relieve pain, especially after bowel movements.

**These are recommendations. You should always talk to your provider for recommendations based on your case and symptoms.**

## Cómo cuidarse cuando se le diagnosticó con la viruela símica

**¿Qué es la viruela símica (el Mpox en inglés)?** La viruela símica (antes conocida como la viruela del mono) es una enfermedad rara causada por la infección con el virus de la viruela símica. Este virus pertenece a la misma familia del virus de la viruela, pero la viruela símica es menos contagiosa que la viruela. Además, su enfermedad causa síntomas más leves y en general no es fatal.



Manténgase hidratado.



Desinfecte sus manos.



Acuéstese, tome una siesta, haga todo lo posible para descansar.



Evite rascarse y tocarse ya que empeorará las cosas.



Para los granitos de Mpox en la garganta, enjuague su boca con agua salada 3 o 4 veces al día y después de comer.



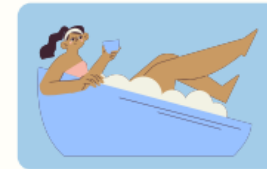
Lave su piel con jabón y agua.



Tome medicamentos sin receta para el dolor, como Advil o Tylenol. Use lo que le sirva mejor.



Proteja las llagas con una gasa antes de ponerse curitas o cubrirlas.



Si tiene bañera, dése un baño para aliviar el dolor, especialmente después de ir al baño.

**Estas son recomendaciones. Siempre debe hablar con su proveedor para obtener recomendaciones basadas en su caso y síntomas.**



# Resources for Individuals with Mpox

## Dealing with rectal Mpox symptoms



Stay away from food that can cause constipation. Choose fiber over dairy.



If possible, take stool softener.



Be sure to clean all exposed clothing, towels, or bed linens.



When covering a rash or lesion, be aware it might spread. A dab of Calamine lotion with a cotton pad can be used for relief under the bandage if the wound is not open.



When reapplying Band-Aids or medical tape, remember to wash your hands and then clean the affected area with soap and water.



Rinse your anus (butthole) with warm water after a bowel movement if using toilet paper is too painful.



A warm bath can be soothing. Products to ease discomfort and itching include Epsom salt, colloidal oatmeal, and baking soda.



Always wash your hands. Remember to sanitize frequently touched surfaces.



A sitz bath is a great alternative to a bathtub and can be purchased online or at your local pharmacy. Soak your bum in warm water and get much needed relief.

Ask your provider if TPOXX (Tecovirimat) is right for you, as it can lessen severity and duration of symptoms.

## Lidiando con síntomas rectales de la viruela símica

¿Qué es la viruela símica (el Mpox en inglés)? La viruela símica (antes conocida como la viruela del mono) es una enfermedad rara causada por la infección con el virus de la viruela símica. Este virus pertenece a la misma familia del virus de la viruela, pero la viruela símica es menos contagiosa que la viruela. Además, su enfermedad causa síntomas más leves y en general no es fatal.



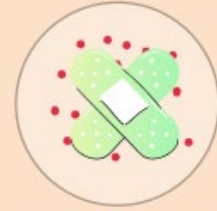
Evite alimentos que pueden causar estreñimiento. Elija fibra en lugar de productos lácteos.



Si es posible, tome ablandador de heces.



Asegúrese de lavar cualquier cosa expuesta como la ropa, toallas o cobijas.



Cuando cubra la viruela, tenga en cuenta que va a crecer. Se puede usar un poco de loción de calamina con un algodón para ayudar debajo del vendaje si la herida no está abierta.



Cuando vuelva a aplicar curitas o cinta médica, recuerde limpiar primero con agua y jabón si es posible.



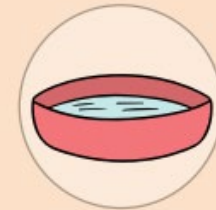
Enjuague su parte trasera con agua tibia después de ir al baño si duele mucho cuando usa el papel de baño.



Un baño tibio puede ser muy relajante. Algunas opciones para el alivio son la avena coloidal, la sal de Epsom u otras recomendaciones de su médico.



Lávese siempre las manos. Recuerde desinfectar las superficies que se tocan con frecuencia.



Un baño de asiento puede funcionar si no tiene una bañera y se puede comprar por el internet o en su farmacia local. Solo remoje su parte trasera en agua tibia y obtenga el alivio que tanto necesita.

Pregúntele a su proveedor si el medicamento TPOXX (Tecovirimat) es adecuado para usted, ya que puede disminuir la gravedad y la duración de los síntomas.



# DOH Mpox Website Update

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- Updated FAQs in both [English](#) and [Spanish](#).
- New FAQs/talking points for:
  - Booster doses
  - Clade I
  - Additional coverage options for JYNNEOS - EIP and PrEP DAP
  - Vaccine hesitancy
  - Provider information:
    - Commercial availability of JYNNEOS

## Resources

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- [Mpox | Washington State Department of Health](#)
- [Mpox Frequently Asked Questions | Washington State Department of Health](#)
- [WA DOH Mpox Reporting and Investigation Guidelines](#)
- [WA DOH Guidelines For JYNNEOS Vaccine Use](#)
- [Care-a-Van Mobile Health Services | Washington State Department of Health](#)
- [JYNNEOS-Coverage-Fact-Sheet-10-24.pdf](#)
- [MPOX Care Kit](#)
  - [MPOX Care Kit - Spanish](#)
- [How to Take Care of Yourself When Diagnosed With Mpox](#)
  - [How to Take Care of Yourself When Diagnosed With Mpox - Spanish](#)
- [Dealing With Rectal Mpox Symptoms](#)
  - [Dealing With Rectal Mpox Symptoms - Spanish](#)

# Questions?

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*Mpox Program*

Office of Infectious Disease

[mpoxconsult@doh.wa.gov](mailto:mpoxconsult@doh.wa.gov) | 564-669-3442

Time	Agenda Item	Facilitator
<b>11:55 – 12:05</b>	<b>Policy Outlook Update</b>	<b>Meghan Cichy</b>
<b>12:05 -12:25</b>	Immunization Quality Improvement for Providers (IQIP) Update	<b>Chrystal Averette</b>
<b>12:25 – 12:55</b>	VAC Member Report Out	<b>VAC Members</b>
<b>12:55 – 1:00</b>	<b>2025 VAC Meeting Dates: Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, Oct 9<sup>th</sup> Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>



# POLICY OUTLOOK

Meghan Cichy, Senior Policy Analyst





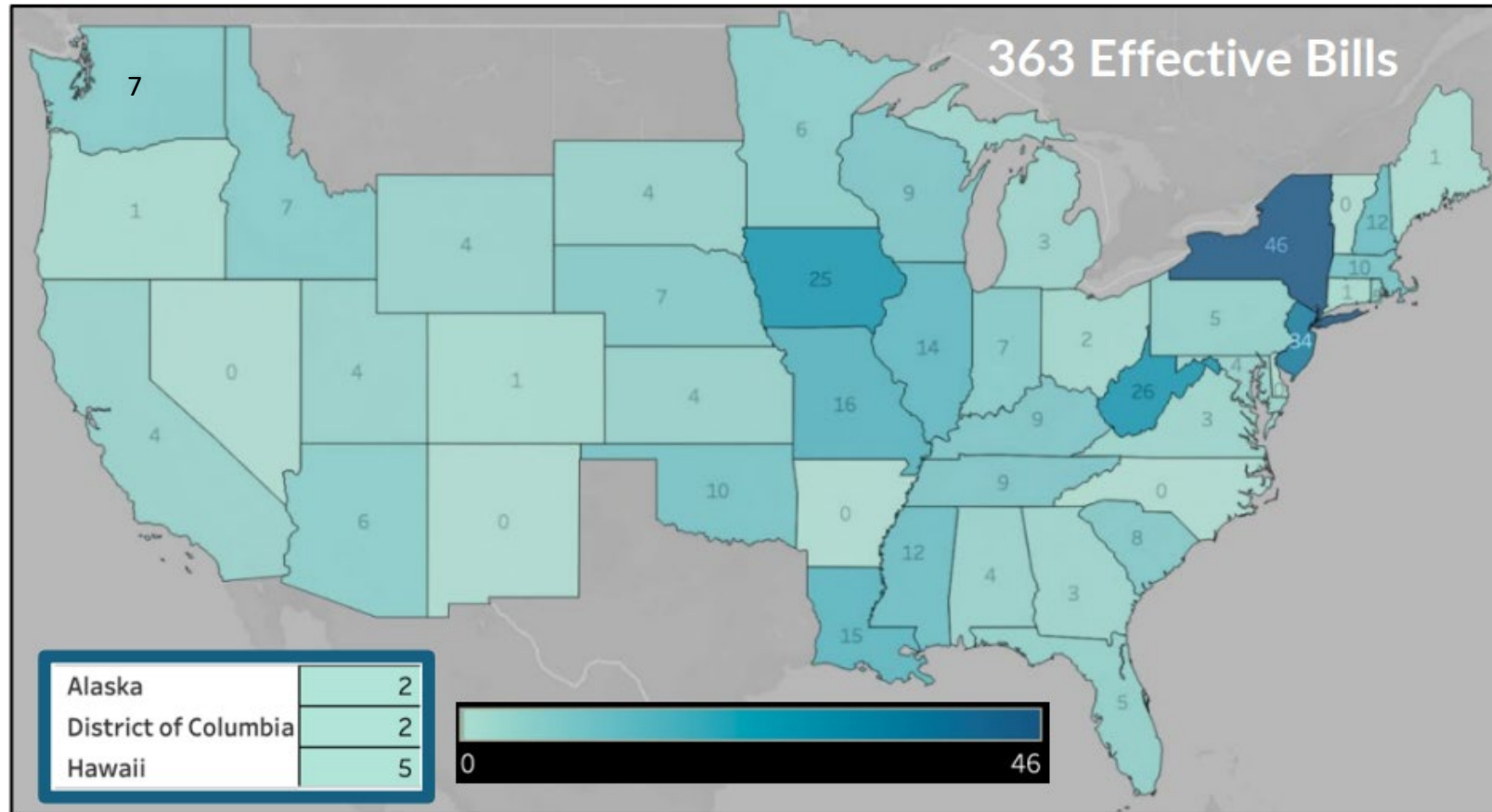
## Agenda

1. Legislative Trends
2. Future Policy Update
3. Questions



# Legislative Trends

Effective vaccine-related bills that were **introduced, considered, enacted, and/or vetoed** between August 1, 2023, and June 1, 2024

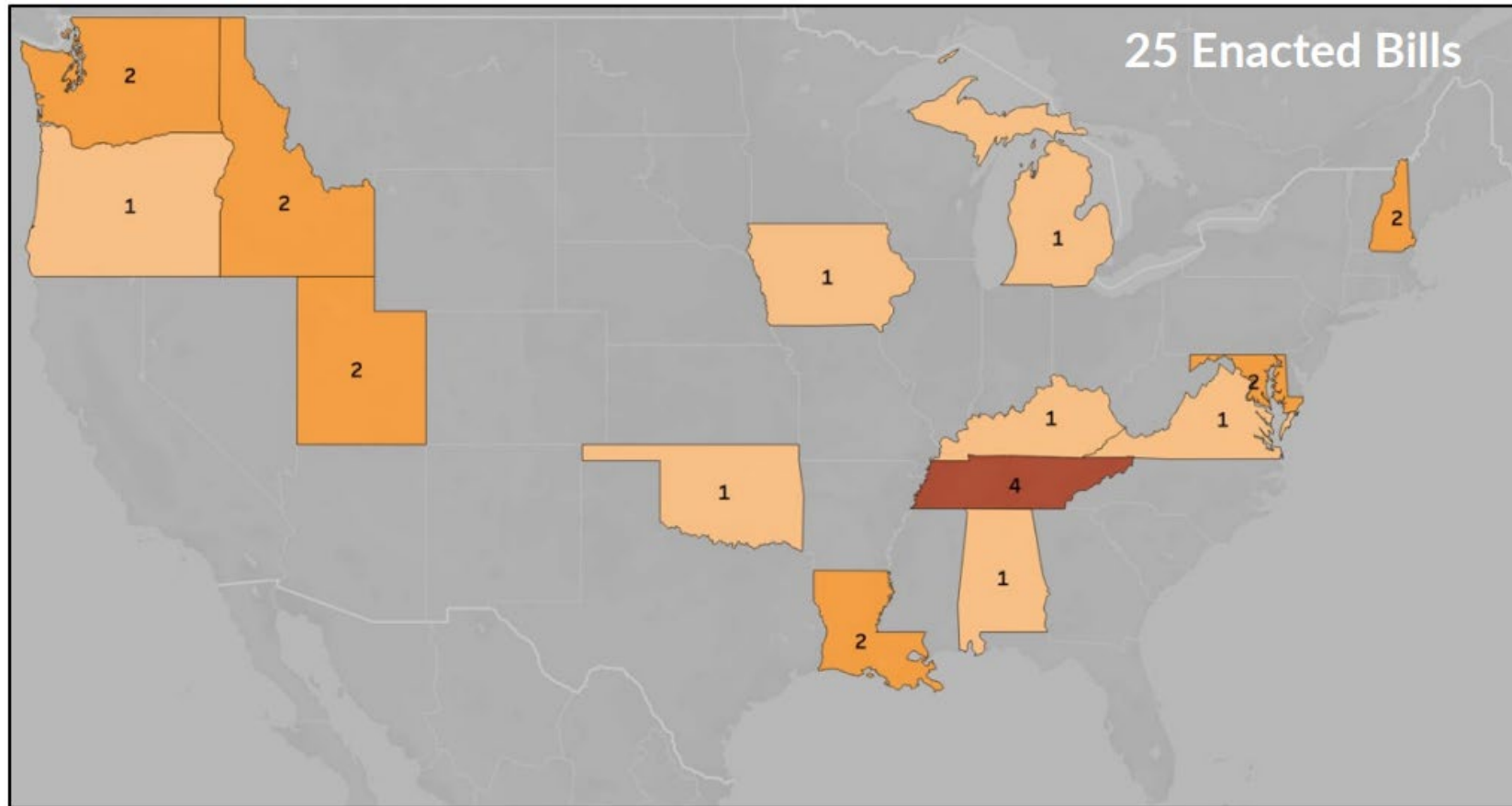


Ten states with highest # of effective vaccine-related bills

Effective Bills- Top 10	
New York	46
New Jersey	34
West Virginia	26
Iowa	26
Missouri	16
Louisiana	15
Illinois	14
Mississippi	12
New Hampshire	12
Oklahoma/Massachussets	10

# Legislative Trends

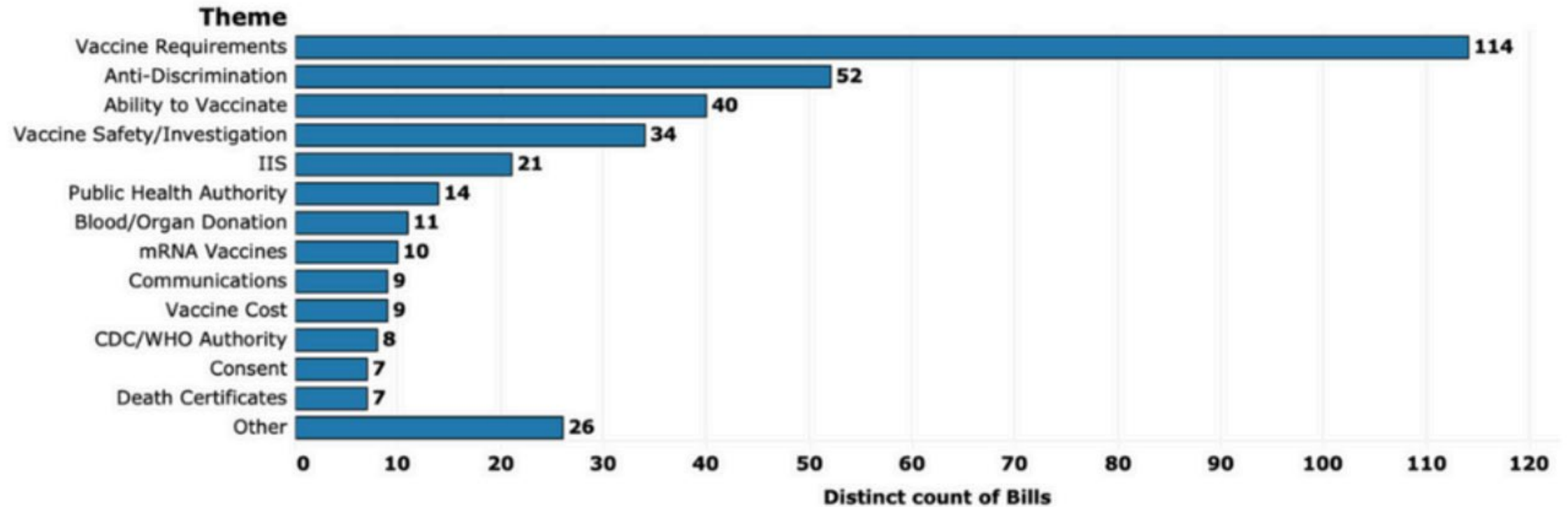
Effective vaccine-related bills enacted between August 1, 2023, and June 1, 2024



# Legislative Trends

## Vaccine Related Legislation

### Current Vaccine-related Legislation Themes



# Future Policy Update

Prefiled bills started dropping in December

- Any immunization/vaccine related bills?

Legislative Session begins on January 13th

- Sine Die will be April 27<sup>th</sup>
- [Cutoff Calendar](#)

Our next VAC meeting will be April 10<sup>th</sup>

	Date	Day of Week	Day of Session	
January	13	M	1	← First day of session.
	14	Tu	2	
	15	W	3	
	16	Th	4	
	17	F	5	
	18	S	6	
	19	Su	7	
	20	M	8	
	21	Tu	9	
	22	W	10	
	23	Th	11	
	24	F	12	
	25	S	13	
	26	Su	14	
February	27	M	15	
	28	Tu	16	
	29	W	17	
	30	Th	18	
	31	F	19	
	1	S	20	
	2	Su	21	
	3	M	22	
	4	Tu	23	
	5	W	24	
	6	Th	25	
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18	Tu	37		
19	W	38		
20	Th	39		
21	F	40		
22	S	41		
23	Su	42		
24	M	43		
25	Tu	44		
26	W	45		
27	Th	46		
28	F	47		
March	29	S	48	
	30	Su	49	
	1	M	50	
	2	Tu	51	
	3	W	52	
	4	Th	53	
	5	F	54	
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	11	Th	60	
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	3	F	82	
	4	S	83	
	5	Su	84	
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	12	Su	91	
	13	M	92	
	14	Tu	93	
15	W	94		
16	Th	95		
17	F	96		
18	S	97		
19	Su	98		
20	M	99		
21	Tu	100		
22	W	101		
23	Th	102		
24	F	103		
25	S	104		
26	Su	105		
27	M	106		





Questions?





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Time	Agenda Item	Facilitator
<b>12:05 -12:25</b>	<b>Immunization Quality Improvement for Providers (IQIP) Update</b>	<b>Chrystal Averette</b>
<b>12:25 – 12:55</b>	VAC Member Report Out	<b>VAC Members</b>
<b>12:55 – 1:00</b>	<b>2025 VAC Meeting Dates: Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, Oct 9<sup>th</sup> Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>



WAIQIP



Washington State Immunization Quality  
Improvement for Providers



**IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS (IQIP)**  
Office of Immunization

## Overview

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- VFC/AFIX Program Background
- CDC AFIX Evaluation from 2016-2018
- IQIP Program
- Alternative QI Program

# VFC/ AFIX Background

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- The VFC program was created by the Omnibus Budget Reconciliation Act of 1993 and was implemented in October 1994.
- VFC funds were awarded to state, local, and territorial jurisdictions to conduct quality assurance reviews to assess VFC-enrolled providers' compliance with the requirements of the VFC program.
- CDC later developed and implemented the “Assessment, Feedback, Incentives, and eXchange” (AFIX) program in partnership with its Immunization and Vaccines for Children program, assessment visits were implemented in public-sector clinics to improve immunization practices and vaccination coverage.

# CDC AFIX Evaluation from 2016-2018

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- Reviewed AFIX policies and procedures
- Reviewed data collection and analytic tools
- Observed AFIX site visits
- Analyzed IIS and AFIX Online Tool data
- Gathered feedback
  - CDC colleagues
  - Awardee AFIX staff
  - Program managers
  - AIM's IPOM review (AFIX section)
  - External partners

## What is IQIP?

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- A QI initiative for immunizations offered to providers enrolled in the VFC program implemented by CDC IQIP Team
- A framework for partnering with VFC providers to conduct customized, one-year immunization QI projects at their office
- Implemented by federally funded state, local, and territorial immunization programs



## IQIP Purpose

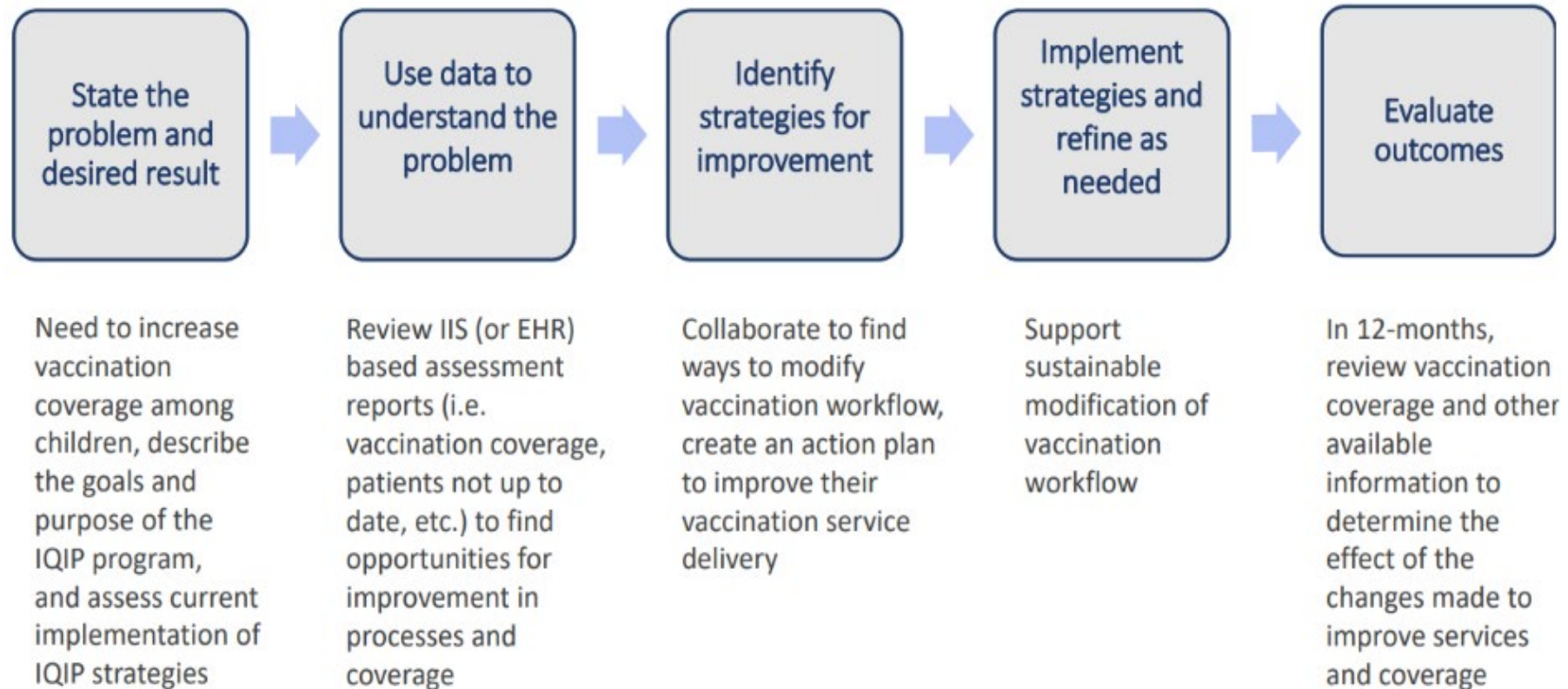
*The purpose of IQIP is to **promote and support** the implementation of **provider-level strategies** designed to increase on-time vaccination among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices' (ACIP) **routine immunization schedule***

- **Promote and support** – Collaborate with provider location to identify opportunities for workflow improvement, select QI strategies, and provide ongoing support and motivation
- **Provider-level strategies** – Update vaccination workflow changes at provider location to implement IQIP strategies
- **Routine immunization schedule** – Achieve on-time vaccination according to ACIP immunization schedule, reducing future need for catch-up

# 12-Month Process

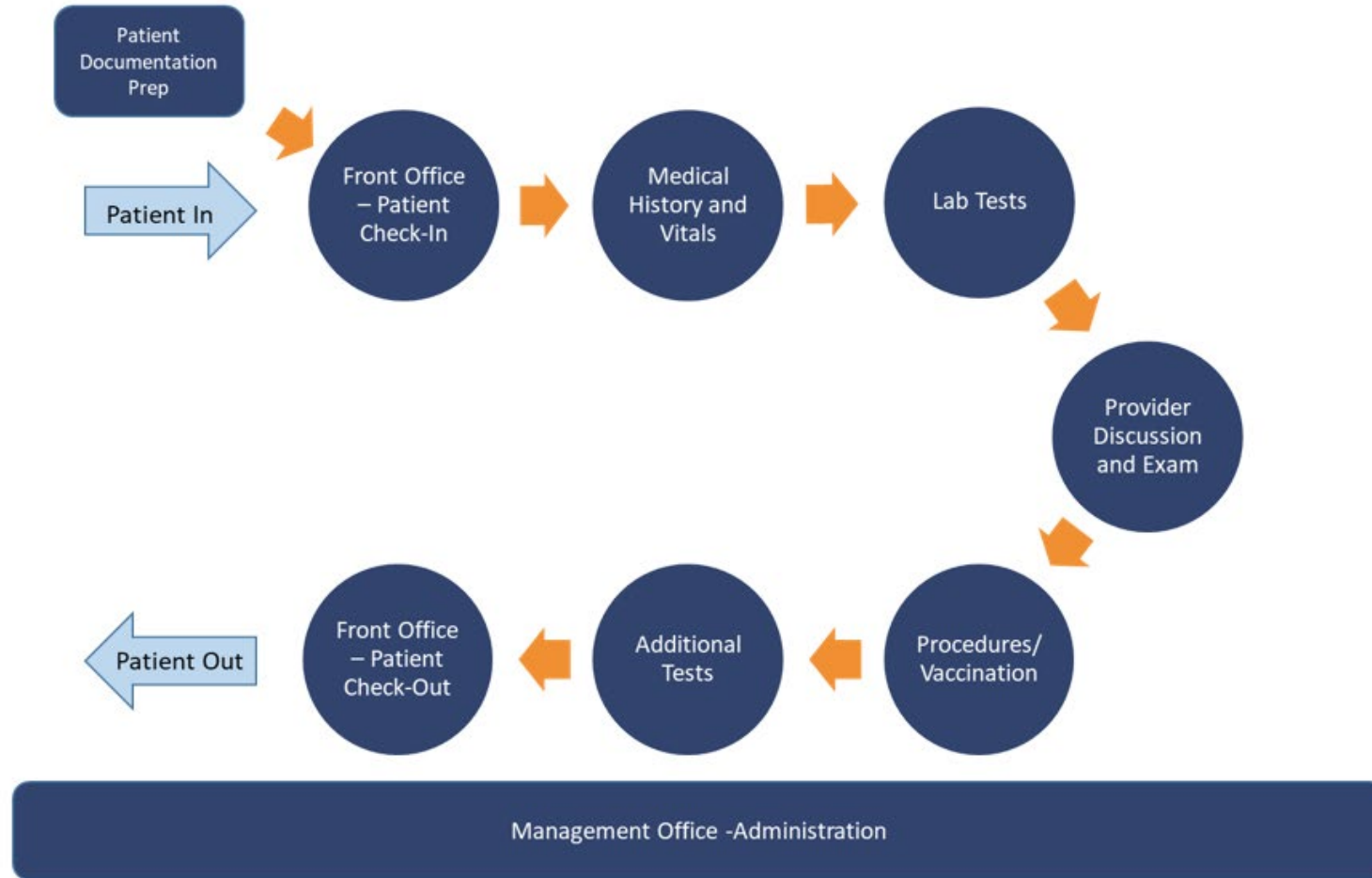
SITE VISIT	2- AND 6-MONTH CHECK-IN	12-MONTH VISIT
<ul style="list-style-type: none"><li>• Vaccination workflow is observed, and initial coverage is reviewed</li><li>• Quality improvement strategies are selected</li><li>• Technical assistance provided</li><li>• Action items are chosen for practice improvement plan</li></ul>	<ul style="list-style-type: none"><li>• Progress toward practice improvement is reviewed</li><li>• Technical assistance provided</li><li>• Practice improvement</li></ul>	<ul style="list-style-type: none"><li>• Progress toward practice improvement reviewed/ updated</li><li>• Technical assistance is provided</li><li>• Year-over-year coverage change is reviewed</li></ul>

## How IQIP Aligns with the Basic QI Process



# Example

## Vaccination Workflow Diagram



# Coverage Rate Report

## Older Teen Cohort

- **Project year (PY) 1 through PY5**
  - Older Teen cohort was optional
  - Not eligible for IQIP as the only cohort
- **PY6**
  - Older Teen is still optional
  - Now is eligible for IQIP as the only cohort

Recommended parameters for IQIP coverage assessments by age cohort			
Recommended Parameter	Assessment Cohort		
	Childhood	Adolescent	Older Teen
Patient age	2 years (24-35 months)	13 years	17 years
Patient evaluated at/compliance by	2 <sup>nd</sup> birthday	13 <sup>th</sup> birthday	17 <sup>th</sup> birthday
Assessment "as of" date	Assessment date	Assessment date	Assessment date

# Strategies and Action Items

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## IQIP Core Strategies



Facilitate return to clinic for vaccination.



Leverage IIS functionality to improve immunization practice.



Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).



Strengthen vaccination communications.



Recommend HPV vaccination series starting at age 9.



# Benefits of IQIP Participation

Tailored support to meeting Immunize WA and HEDIS measures

Offers flexibility, clinic decide strategies and time

Individualized WAIS Training

Technical Assistance as needed to support immunization practices

Receive updates on new materials and trainings

Continuing education credits for nurses and medical assistants (1.0 contact hours)



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OLYCLINIC@OLYCLINIC.COM

To the parents/guardians of:



AVERY 5160 LABEL HERE

Hello! Our records show your child may be due for a wellness visit or vaccinations. This visit is important for keeping your child healthy! Please call our office to schedule your child's appointment.

We look forward to seeing you soon.

Hola. Según nuestros registros, su hijo necesita una cita para un examen físico o para vacunarse. Este es un paso importante para cuidar su salud. Llame a nuestra clínica para programar una cita.

Esperamos verlo pronto.

صحتك وراي ز أقحت سم نوكي امبر كل لفظ ن أنت ال ج س رهظت! أب حرم  
ة حص ل ع ظ اف ح ل ل م هم ة راي ز ل ا ه ذ ه . م ت ا م ي ع ط ت ة ع ب ا ت م و ا ه ت ي ف ا ع  
ك ل ل ف ط ل د ع و م د ي د ح ت ل ا ن ب ت ك م ب ل ا ص ت ا ل ا ي ج ر ي ! ك ل ل ف ط

أبي ر ق م ك ت ي و ر ل ع ل ط ت ن

ሰላም! መዝገባችን ልጅዎ የጤና ክትትል ወይም ክትባት ሊያስፈልገው  
እንደሚችል ያሳያል። ይህ ክትትል የልጅዎን ጤና ለመጠበቅ እስፈላጊ ነው!  
እባክዎ የልጅዎን ቀጠሮ ለማሰያዝ ወደ ቢሯችን ይደውሉ።

በቅርቡ እርሰዎን ለማየት በጉጉት እንጠባበቃለን።

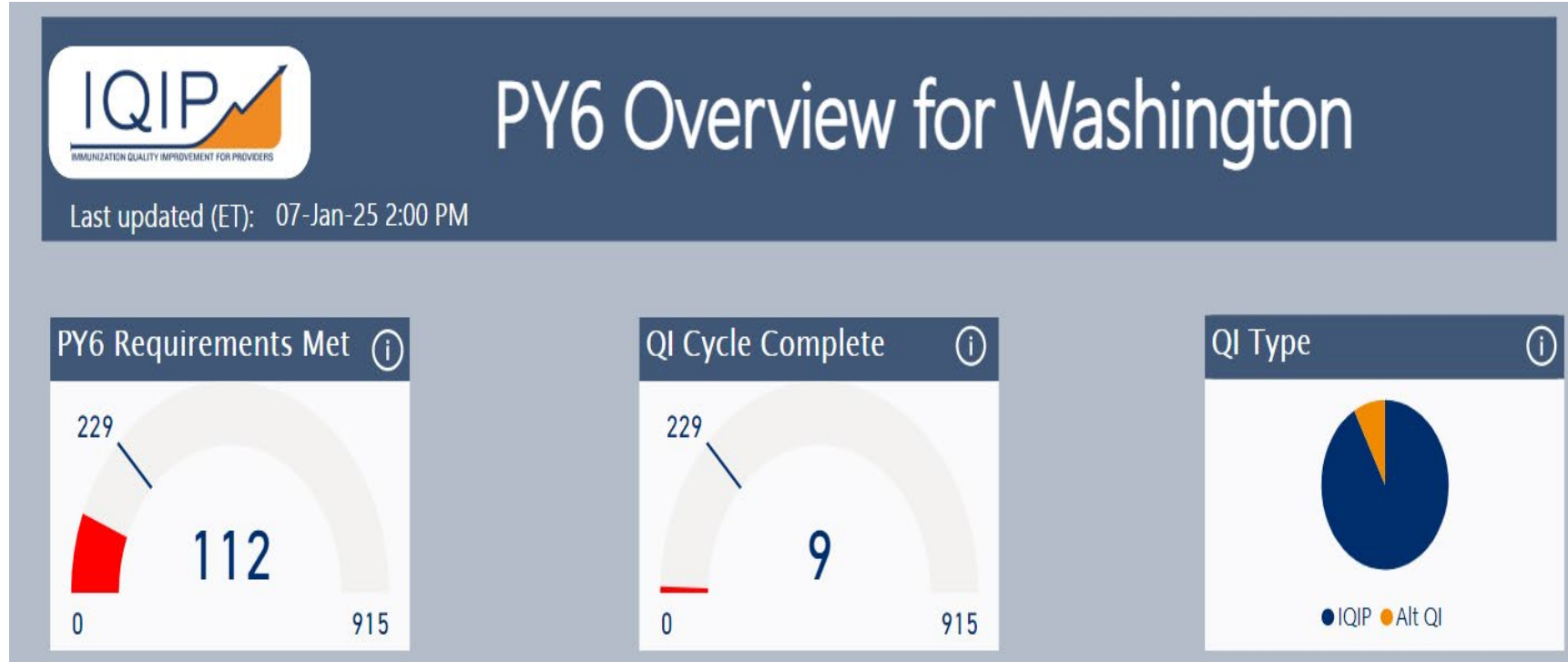
안녕하십니까! 저희 기록에 따르면 귀하의 자녀는  
건강검진 또는 예방접종을 해야 하는 시기에 해당하는  
대상 아동일 수 있습니다. 이 방문은 자녀의 건강을 지키는  
데 중요합니다! 자녀의 방문을 예약하시려면 저희  
사무소에 전화해 주십시오.

lakwe! Rekoot ko ad rej kwalōk ke ajiri eo nejum emaroñ aikuj  
in loelak takto ako bōk wā. Ien loelak in aurok āinwot ke ej  
kōjbarok ejmour an ajiri! Jouj kurlok opij eo ad ñan jikeduul  
ien loelak an ajiri eo nejum.

# Healthcare Communication Board

 <p>Worst Pain Possible</p> <p>Severe Pain</p> <p>Moderate Pain</p> <p>Mild Pain</p>	10	 <p>HURT</p>	 <p>HELP</p>	 <p>STOP</p>	 <p>WANT</p>	 <p>WHEN</p>	 <p>NURSE</p>
	9						
	8						
	7	 <p>NEED A BREAK</p>	 <p>TOO LOUD</p>	 <p>TOO BRIGHT</p>	 <p>DON'T WANT</p>	 <p>WHERE?</p>	 <p>VACCINE</p>
	6						
	5						
	4						
	3						
	2						
	1						

# IQIP Visits for PY6 (June 2024- July 2025)



## Strategy Selection



Facilitate Ret. 36.5%



Leverage IIS 75.8%



Strong Rec. 22.5%



Vax Comms 39.3%



Custom QI 60.1%



# You've got options: Quality Improvement Menu



Washington State  
Immunization Quality  
Improvement for Providers



WASHINGTON CHAPTER  
AMERICAN ACADEMY OF PEDIATRICS  
*Incorporated in Washington*



Washington  
Child Health Improvement Partnership

**IQIP**

CE

12 months  
[immunizewa@doh.wa.gov](mailto:immunizewa@doh.wa.gov)

**HPV at 9 QI**

MOC & CME/CE

5 months  
[HPVat9@wcaap.org](mailto:HPVat9@wcaap.org)

**Child & Adolescent  
Immunization  
Learning  
Collaborative**

MOC & CME/CE

7 months  
[wa-chip.org](http://wa-chip.org)





**10TH YEAR**

# IQIP Resources

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- [CDC IQIP](#)
- [DOH IQIP](#)
- [Immunize WA](#)



Time	Agenda Item	Facilitator
<b>12:25 – 12:55</b>	<b>VAC Member Report Out</b>	<b>VAC Members</b>
<b>12:55 – 1:00</b>	<b>2025 VAC Meeting Dates: Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, Oct 9<sup>th</sup> Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>

Time	Agenda Item	Facilitator
12:55 – 1:00	2025 VAC Meeting Dates: Jan 10 <sup>th</sup> , April 10 <sup>th</sup> , July 10 <sup>th</sup> , Oct 9 <sup>th</sup> Adjourn	Tao Sheng Kwan-Gett



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