Washington State Department of HEALTH

VACCINE ADVISORY COMMITTEE MEETING
VIRTUAL MEETING

June 13, 2025

Time	Agenda Item	Facilitator
10:30 – 10:45	Welcome, Announcements, and Land Acknowledgement	**Scott Lindquist**
10:45 – 10:50	Roll Call and Conflict of Interest Declaration	**Meghan Cichy**
10:50 – 10:55	Approval of Last Meeting Minutes	**Scott Lindquist**
10:55 – 11:05	Public Comment	**Scott Lindquist**
11:05 – 11:35	Office of Immunization Program Director Updates and ACIP Meeting Update	**Jamilia Sherls**
11:35 – 11:50	School Immunization Dashboard	**Trevor Christensen**
11:50 – 12:25	Measles Update	**Esther Lam & Susan Babcock**
12:25 - 12:55	VAC Member Report Out and Discussion	**VAC Members**
12:55 – 1:00	**Adjourn**	**Scott Lindquist**

Time	Agenda Item	Facilitator
10:45 – 10:50	**Conflict of Interest Declaration**	**Meghan Cichy**

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.

Vaccine Advisory Committee Conflict of Interest Policy

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Washington State Department of HEALTH

VACCINE ADVISORY COMMITTEE

Office of Immunization Update
July 10, 2025

Topics

- Office of Immunization (OI) Transitions effective July 1
- OI Core Immunization Funding Update
- Respiratory Season Plans
- Upcoming CDC RSV Learning Collaborative sessions
- National Immunization Awareness Month (NIAM) in August
- June 23-24 ACIP Update

OFFICE OF IMMUNIATION UPDATES

TRANSITIONS & FUNDING

Office of Immunization Transitions Effective July 1

- Communication to partners on June 30
- Planned transitions and realignment driven by termination of COVID-19 grant funding and expected reduction in core funding anticipated
- Operating with smaller team moving forward. Approximately 33% of our positions impacted.
- Delays or limitations in response time with reduced staffing.
    - For example, delayed response time to emails and help-desk inquiries, staffing limitations for data requests and school module support, longer response to process immunization record requests, limited capacity for projects beyond core requirements.

As of July 1, 2025, Care-a-Van (CAV) will no longer provide vaccination services at our clinics. CAV will continue to offer health and social care services and partner with other organizations in supporting community events. Services include but are not limited to: Naloxone distribution and opioid prevention education, blood pressure and glucose checks, mental health screening, and telehealth referrals. Partners can still request CAV services as needed.

What's changing after June 30

Category	Changes
Operations	• Overall staffing reductions may result in longer response times for processing paper immunization record requests or troubleshooting MyIR issues. • Fewer consolidated contracts will be issued moving forward.
Engagement & Planning (Section Closing)	• Liaison staff will be reduced from 3 to 1, who will manage all OI liaison activities, including provider, LHJ, and Tribal engagement, while also supporting vaccine equity efforts. • Planning staff will also be reduced, with remaining efforts focused primarily on grant deliverables. As a result, overall planning support will be limited, and there will be fewer after-action reports.
Clinical, Quality and Schools	• The Long-Term Care newsletter has published its final issue; the last Long-Term Care Awards will be released in August. • A reduction in school module staff may result in longer response times for onboarding, roster uploads, and reporting support. • Nurse clinical staffing has been reduced from 3 to 2, with only one nurse assigned to monitor the inbox.
Immunization Information System	• Due to staffing reductions, there may be larger duplicate and ambiguous ID queues during peak work periods. • Response times for Information Sharing Agreement renewals may be longer.
Informatics (Combining with Assessment Team)	• Ad-hoc data linkages and one-time partner requests may be delayed due to limited staffing. • Completion of data requests may take longer as reduced staffing impacts the maintenance and support of analytical pipelines.
Vaccine Management	• The Adult Vaccine Program will be staffed by only one individual, which may result in longer response times to provider questions and requests.
Assessment	• Reduced capacity to assess the impact of policy changes, collaborate with jurisdictions and decreased innovation in methodology approaches. • Limited ability to enhance data products and perform in-depth data analysis. • Overall decrease in capacity for data requests, with a prioritized focus on CDC-required deliverables. Requests involving DSAs and IRB approvals will be limited.

Core Immunization Funding

- Notice of Award received July 1. Unexpected additional reductions.
  - Reduction of 18% from application target planned. Level funds back to 2019.
  - However, in 2019 we received additional component funding. This means we have a 22% reduction from total funds received in 2019.
- Need to determine impact of funding reduction to work, contracts, and DOH staffing
  - Communicated with contractors and LHJs about this news
  - Remain committed to support contracts, although it may be at a reduced level. Determining what that will look like and will share updates as we know more.
    - Planning to move a small amount of funding to LHJs to continue regional VFC and IQIP required work, and Perinatal Hepatitis B required work.
  - Exploring additional funding options where available to manage shortfalls. Further reductions may be needed if it is determined that the positions or work do not fall under scope of funding being explored.
- Submit responses to technical review of application, updated workplan and budget to CDC no later than September 2nd.

Respiratory Season Plans – Vaccine Products

Flu vaccine products

Mfr	Brand	NDC	Age	Description
Astra-Zeneca	FluMist	66019-0112-10	2-49 years	0.2mL single dose sprayer, 10 pack
GSK	FluLaval	19515-0904-52	6 months+	0.5mL single dose syringe, 10 pack
Sanofi	Fluzone	49281-0425-50	6 months+	0.5mL single dose syringe, 10 pack
~~Sanofi~~	~~Fluzone~~	~~49281-0643-15~~	~~6 months+~~	~~5mL multi-dose vial, One 10-dose pack~~
Sequiris	Flucelvax	70461-0655-03	6 months+	0.5mL single dose syringe, 10 pack
GSK	Fluarix (for AVP)	58160-0912-52	6 months+	0.5mL single dose syringe, 10 pack

COVID-19 vaccine products

Mfr	Brand	NDC	Age	Description
Moderna	Spikevax	80777-0113-80	6 months - 11 years	0.25mL single dose syringe, 10 pack
Moderna	Spikevax	80777-0112-96	12+ years	0.5mL single dose syringe, 10 pack
Sanofi	Nuvaxovid	80631-0207-10	12+ years	PFS, 10 pack
Pfizer	Pfizer-BioNTech 10mcg/03mL	59267-4513-01	5 - 11 years	0.3mL single dose vial, 10 pack
Pfizer	Pfizer-BioNTech 3mcg	59267-4573-09	6 months - 4 years	0.3mL 3 dose MDV, 10 pack
Pfizer	Comirnaty 0.1 mg/mL	00069-2528-10	12+ years	0.3mL 3 dose PFS, 10 pack

RSV products

Mfr	Brand	NDC	Description
Sanofi	Beyfortus (100 mg)	49281-0574-15	5 pack – 1 dose syringe
Sanofi	Beyfortus (50 mg)	49281-0575-15	5 pack – 1 dose syringe
Pfizer	Abrysvo	00069-2465-01	1 pack – 1 dose via
Merck	Enflonsia	TBD	TBD

(anticipate some products to arrive in August)

Respiratory Season Plans – Vaccine Distribution

- Vaccine Distribution – what we expect for COVID, Flu, and RSV products
  - Same expectations/plans as last season
  - Limited supply at start of season as allocation from CDC becomes available.
  - Receive allocation of flu vaccine from CDC upon receipt from manufacturers until we reach total expected. Limited amount early in season and broader availability in October.
  - Receive allocation of COVID vaccine from CDC upon receipt from manufacturers. Weekly through October then bi-weekly.
  - Receive allocation of RSV monoclonal antibody every two weeks. Expect sufficient supply for the season. (Remaining viable doses from previous year are at clinics/hospitals and available to start season.)
  - Vaccine orders submitted to DOH will be processed weekly according to the allocation plan.
  - High-use of allocation is needed to receive additional allocation (i.e., draw down allocation available from CDC to receive more.)
  - Unused allocation week to week will need to be reallocated to support unmet orders.
  - End allocation when supply meets demand and return to routine processing of orders.
  - Will monitor orders for appropriateness to reduce waste.
- Apply ordering controls and allocation strategies similar to last season: Vaccine Allocation Strategy

Respiratory Season Plans (continued)

- Communication Plans:
  - Use of existing evergreen messaging and material for Flu, COVID-19, and RSV
  - Social media, messaging to promote materials and tools
  - Provider webinars on relevant respiratory vaccine topics
  - Provider and partner communication to share updates and resources
  - Flu Free Washington Partner Toolkit | Washington State Department of Health

- Internal Coordination:
  - Restart internal workgroup between relevant DOH groups to stay coordinated for respiratory season updates and activities.
  - Respond quickly to urgent needs; have situational awareness

CDC RSV Learning Collaborative: Preventing RSV Infection in AI/AN Children Through Partnerships and Early Planning

This learning series is designed to support IHS Areas, Tribal and Urban Indian health programs, and state/local immunization awardees in strengthening RSV immunization strategies ahead of the 2025–2026 season.

Sessions will focus on early coordination, vaccine ordering, and sharing implementation best practices to protect American Indian and Alaska Native (AI/AN) infants and young children from severe RSV illness.

Session Details:

- **Session 1 (*RSV Vaccine Ordering and Planning for Nirsevimab Distribution)* –** *July 24* | *2:00 – 3:30 p.m. ET* **Register here:** RSV Learning Collaborative Session 1
- **Session 2 *(Implementation Lessons and Best Practices for Increasing Uptake*) –** *July 30* | *2:30 – 4:00 p.m. ET* **Register here:** RSV Learning Collaborative Session 2

Note: Each session has a separate registration link. Please register for both sessions to receive individual calendar invites and access details.

National Immunization Awareness Month

- August 1-31
- Health promotion & communication
  - Social media messaging
  - Promotion of existing resources and tools through routine program newsletters and communication channels to providers & partners
- Immunize WA Awards to be announced August 20. Self nominations close July 15.
- Washington Immunization Champion Award winner has been selected and will be announced in August.

ACIP UPDATES

ACIP Meeting June 25-26

June 25

- COVID-19 vaccines update
- RSV vaccines and mAB
  - Uptake and implementation
  - Effectiveness and impact
  - Safety
  - EtR for Clesrovimab
- Votes on Clesrovimab and VFC

June 26

- Influenza vaccines
  - Proposed 2025-2026 recommendations
  - Thimerosal in vaccines – proposed recommendations
- Chikungunya
- Anthrax
- MMRV presentation
- Votes on Influenza vaccines and thimerosal containing flu vaccine

Opening Remarks from ACIP Chair

- Announced new workgroups
  - Focus on cumulative childhood and adolescent vaccine schedules
    - Examine the total number of recommended vaccines, timing, and safety.
    - For example, will examine interaction effects between vaccines, total number of vaccines, cumulative amounts of vaccine ingredients, and relative timing of different vaccines.
  - Revisit data on vaccines that haven't been reviewed in > 7 years.
    - First with universal implementation of hepatitis B vaccination at birth, and MMRV

ACIP COVID-19 Presentation & Discussion

- CDC SME staff provided comprehensive update on COVID-19 vaccines, covering recommendations, burden estimates, and vaccine effectiveness
- Discussed Current Recommendations and Future Considerations
  - **May 2025:** Per HHS directive, CDC updated COVID-19 vaccine recommendations to **shared clinical decision-making** for healthy children ages 6 months–17 years **and no specific guidance for pregnant women.**
  - FDA approved Novavax's NUVAXOVID and Moderna's mNEXSPIKE for ages 12-64 years at high risk for severe COVID-19 and all adults ages 65 years and older.
  - The work group is considering moving to a **non-universal recommendation** for the 2025-2026 season, potentially suggesting:
    - Vaccination for all infants 6-23 months.
    - Vaccination for people aged 2-64 at high risk or high risk of exposure, including pregnant individuals.
    - Two doses for individuals 65+ and high-risk individuals 6 months-64 years.
- Next meeting likely this fall to revisit COVID-19 vaccines.

ACIP RSV Discussion and Votes

- Clesrovimab: The WG proposed the same recommendations for clesrovimab and nirsevimab in infants <8 months, with no preferential recommendation.
  - Only nirsevimab would be recommended for children 8-19 months at increased risk of severe RSV disease.
  - Clesrovimab dosage, storage, and handling are similar to nirsevimab, except that it is administered as a single dose, the same for all infants, regardless of weight. It must be refrigerated and used within 48 hours once removed. Adverse events should be reported to MedWatch (if administered alone) or VAERS (if co-administered with vaccines).
- **RSV Votes**
  - **ACIP, in a vote of 5-2, recommended approval of one dose of clesrovimab for infants < 8 months of age born during or entering their first RSV season who are not protected by maternal vaccination**
  - **ACIP, in a vote of 7-0, voted to update the VFC schedule with the following language to include clesrovimab as a second option for mAb product:**
    - Either RSV vaccination during pregnancy at 32-36 weeks gestation or RSV long-acting monoclonal antibody administration for infants age < 8 months shortly before or during the RSV season is recommended to prevent RSV lower respiratory tract infection, but both products are not indicated for most infants.

ACIP Influenza Votes and WA Context

- **ACIP voted 6-0 with one abstention to reaffirm the recommendation for routine annual influenza vaccination of all persons aged over 6 months who do not have contraindications**
- **After a presentation on thimerosal, ACIP voted 5-1, with one abstention, to recommend:**
  - for **children 18 years and younger** to receive seasonal flu vaccines only in single dose formulations that are free of thimerosal
  - that **pregnant women** receive season flu vaccines only in single dose formulations that are free of thimerosal
  - that **all adults** receive seasonal flu vaccines only in single dose formulations that are free of thimerosal
- **Thimerosal Laws in WA**: Per Washington state law (RCW 70.95M.115), pregnant women and children under 3 years of age should not be given vaccines that contain more than trace amounts of mercury (thimerosal). The law allows the Washington State Secretary of Health to suspend the law's mercury limits to protect the public's health against disease if there is a VPD outbreak or a shortage of vaccine that meets the terms of legal limits on mercury.
- **DOH Flu Vaccine Prebook:** a small number of multi-dose vial (MDV) flu vaccine was pre-booked for this fall. Will wait for CDC direction on pre-booked vials and options for exchange.

April 15-16 ACIP Meeting Recommendations

Chikungunya vaccine (virus-like particle) for persons aged ≥12 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the virus-like particle chikungunya vaccine may be considered for persons aged ≥12 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more).

Chikungunya vaccine (virus-like particle) for laboratory workers with potential for exposure to chikungunya virus.

Chikungunya vaccine (live attenuated) for persons aged ≥18 years traveling to a country or territory where there is a chikungunya outbreak. In addition, the live attenuated chikungunya vaccine may be considered for persons aged ≥18 years traveling or taking up residence in a country or territory without an outbreak but with elevated risk for U.S. travelers if planning travel for an extended period of time (e.g., 6 months or more).

Meningitis vaccine: GSK's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit [1) healthy persons aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccine and 2) persons aged ≥10 years who are at increased risk for meningococcal disease (e.g., because of persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia)].

RSV vaccines for adults 50–59 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine. Currently, RSV vaccination is recommended as a single dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.

The decision memos were recently signed and are now posted. These are now CDC recommendations.

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Washington State Department of HEALTH

SCHOOL DATA
2024-25 SCHOOL YEAR

The Annual School Report

Washington 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.

Currently, schools submit data in one of two ways:

- WAIIS School Module or
- Through a REDCap report submission (since the 2020-2021 school year)

The immunization status report is a snapshot in time. Enrollment and immunization status of students changes over time, so these reports all represent data submitted between November 1st and December 1st.*

Required vaccines

Chickenpox (Varicella)

Diphtheria

German measles (Rubella)

Haemophilus influenzae type b (Hib)

Hepatitis B

Measles

Mumps

Pneumococcal disease*

Polio (Poliomyelitis)

Tetanus

Whooping Cough (Pertussis)

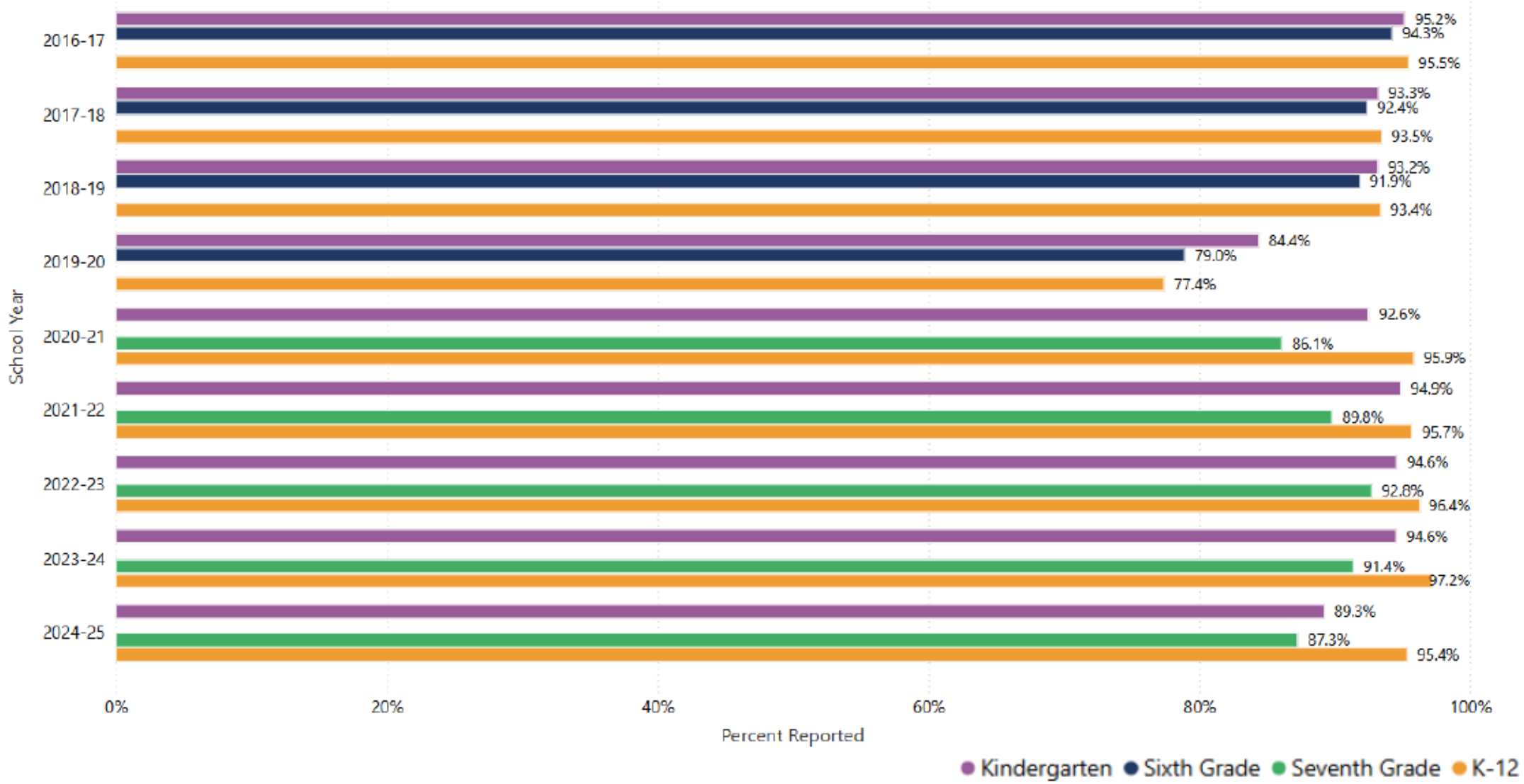
School Module & The Annual Report

- WAIIS School Module is the preferred reporting method for school immunization annual report data
- Active users keep a roster of students attending the school up-to-date, and must enter missing immunization dates and exemptions for each individual student
- Annual data is pulled from the system indicating status rates for students at the school level
- In 2024-25 school year, about 75% of reporting schools reported via School Module. This compares to 52% last year and 44% the year before.
- For more information about the School Module, please visit: www.doh.wa.gov/schoolmodule

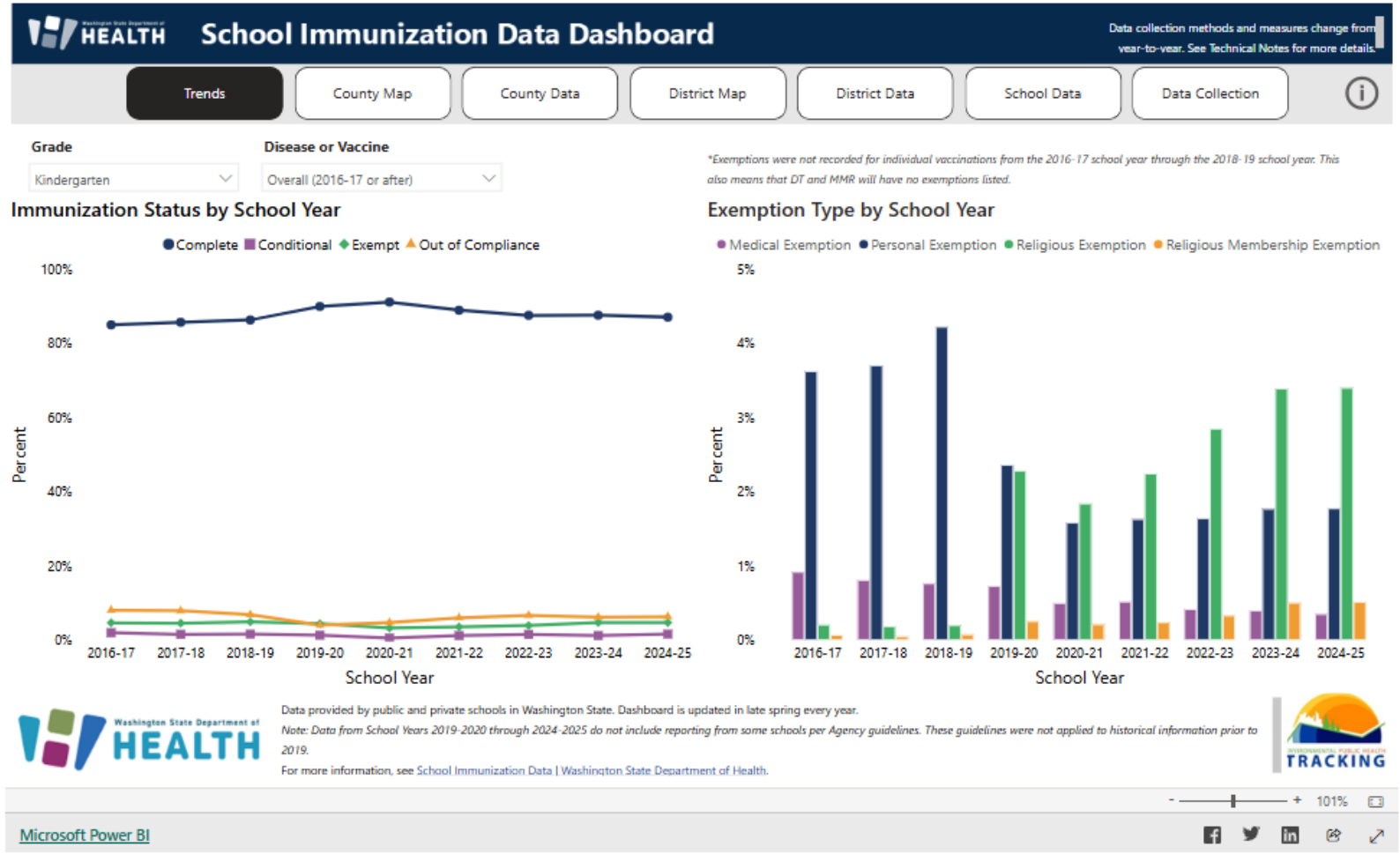
REDCap Report

- Each year, a unique survey is distributed to all schools that are not reporting via School Module.
- Schools reporting via REDCap report immunization data at the aggregate school level, not the individual student level.
- Data tables are completed by the school and submitted back to DOH.
  - Enrollment numbers
  - Counts of students by overall status (complete, out of compliance, conditional, and exempt)
  - Counts of students by exemption type (personal/philosophical, medical, religious, and religious membership)
  - Counts of immunization status by disease

Percent of Required Schools that Report by School Year



Enhanced School Immunization Dashboard



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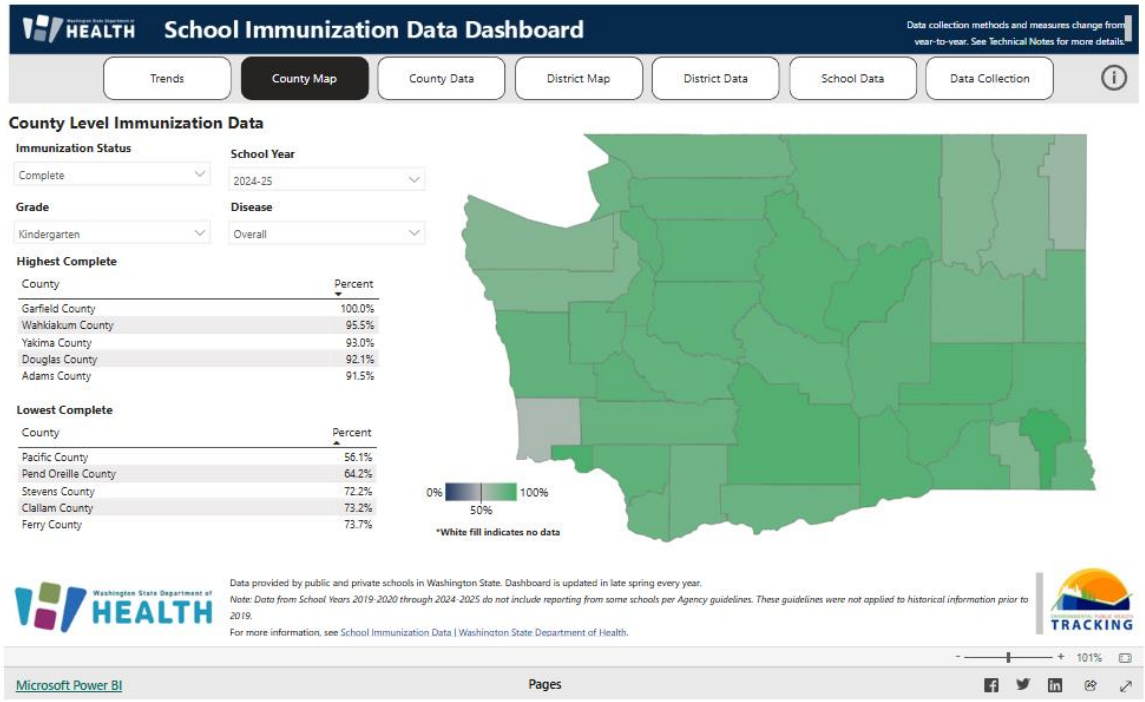
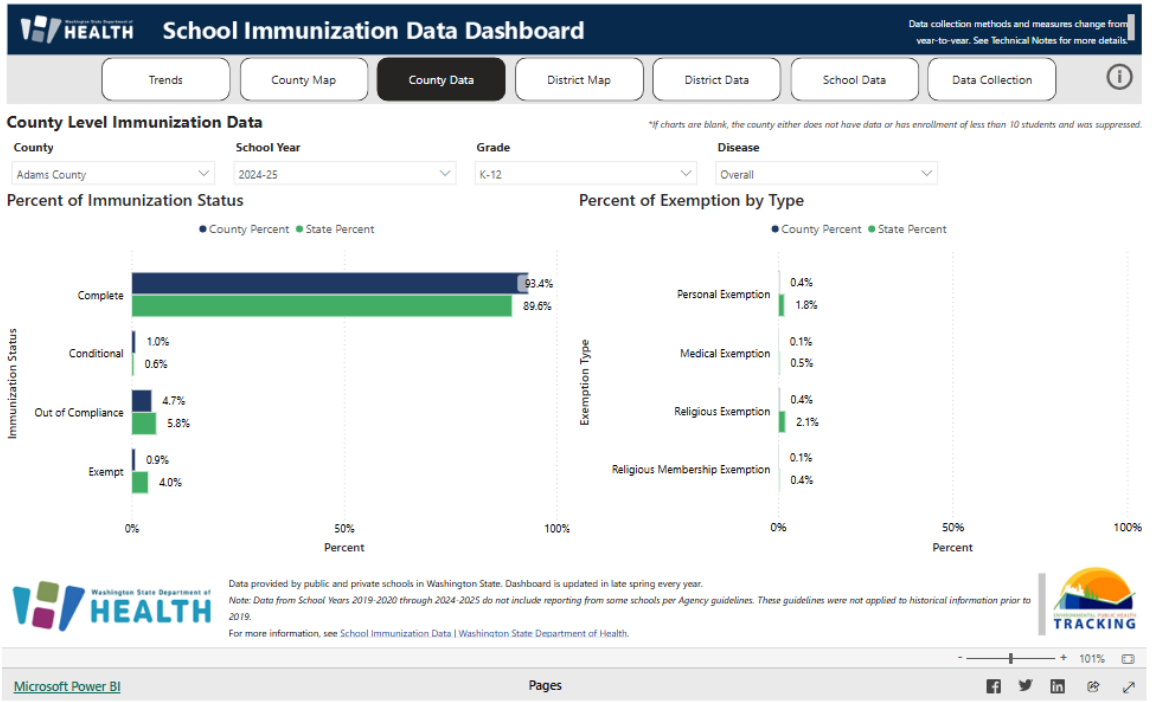
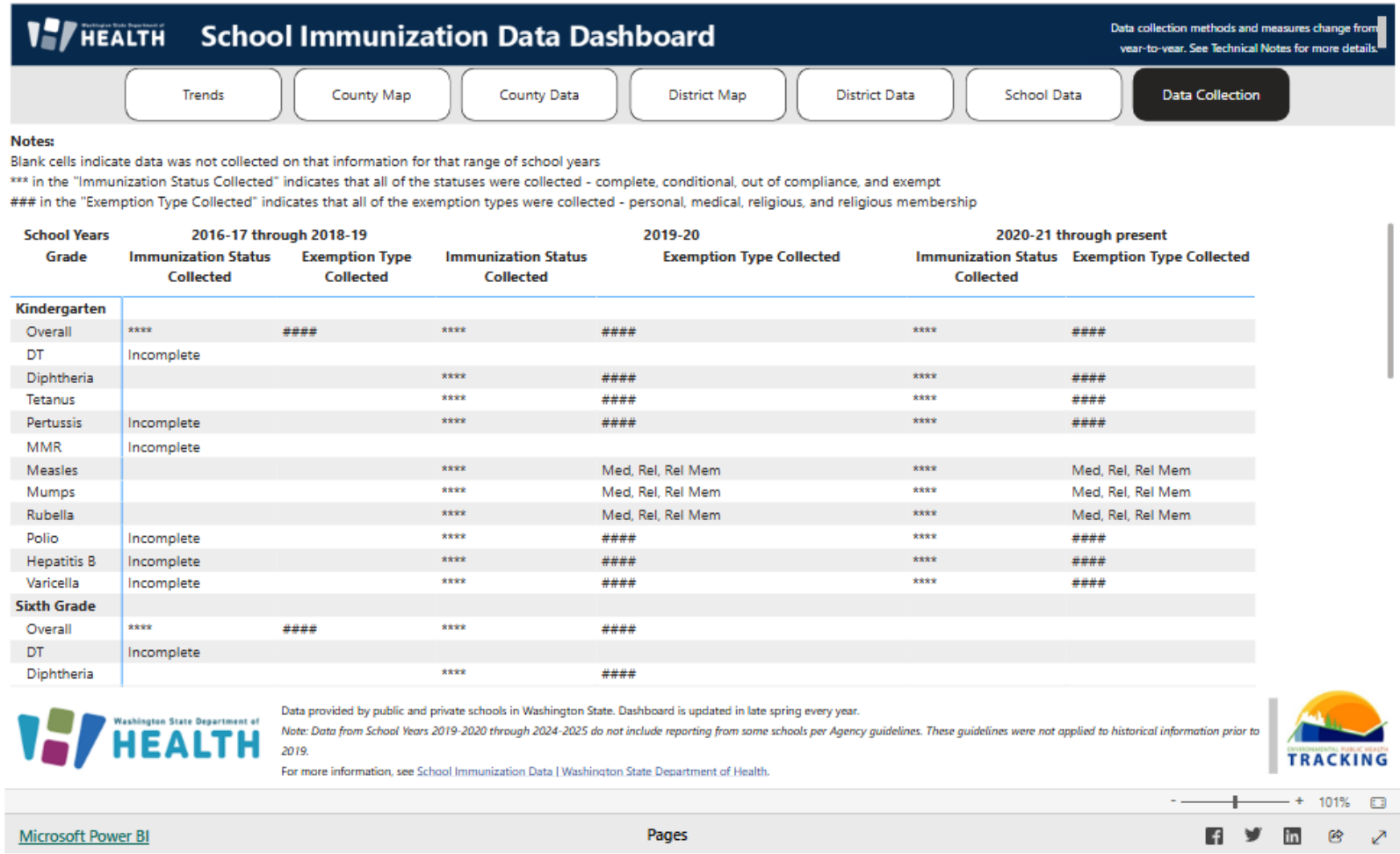




Enhanced School Immunization Dashboard



Notes:
Blank cells indicate data was not collected on that information for that range of school years
*** in the "Immunization Status Collected" indicates that all of the statuses were collected - complete, conditional, out of compliance, and exempt
in the "Exemption Type Collected" indicates that all of the exemption types were collected - personal, medical, religious, and religious membership

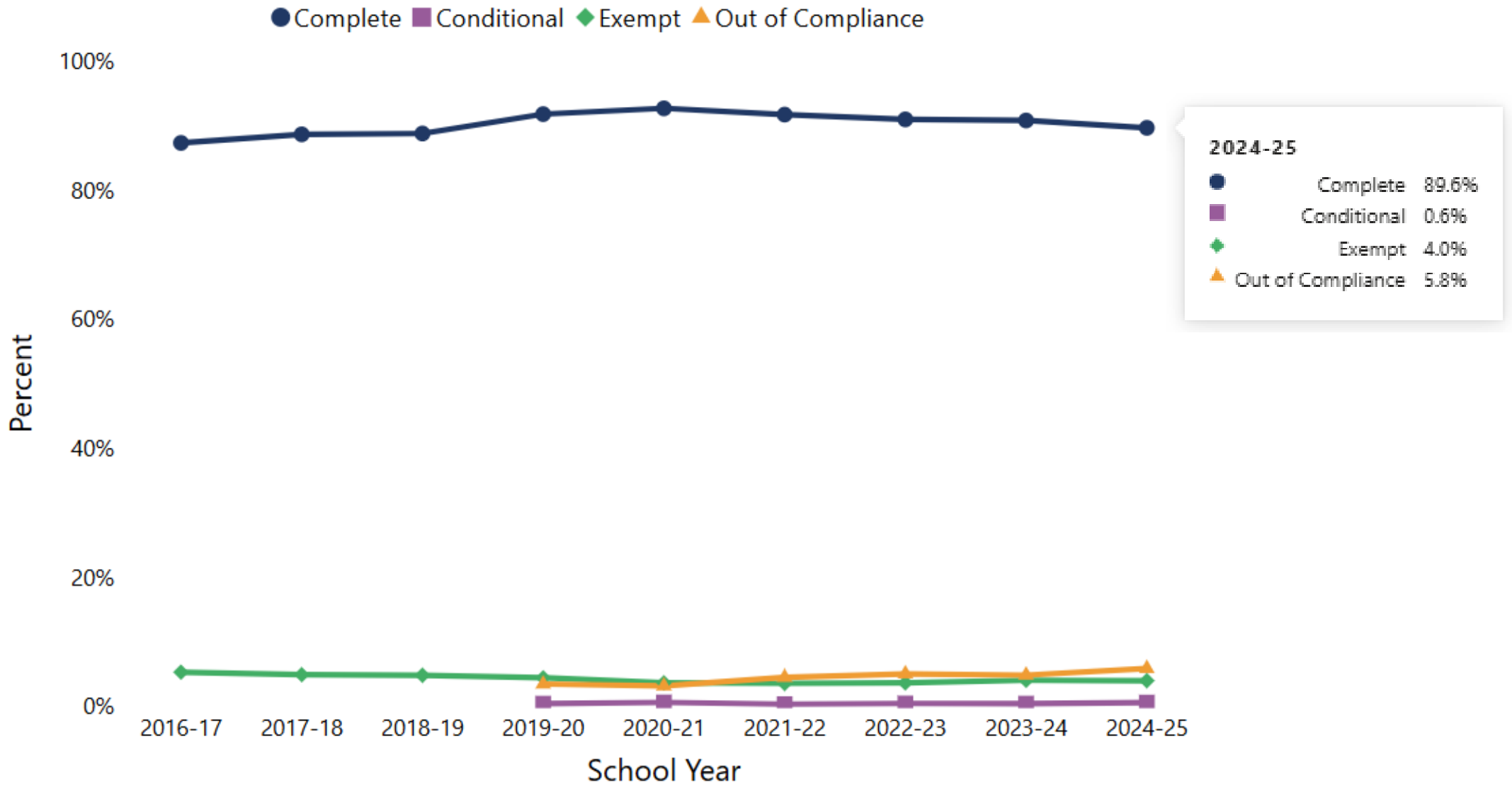
School Years	2016-17 through 2018-19		2019-20		2020-21 through present	
Grade	Immunization Status Collected	Exemption Type Collected	Immunization Status Collected	Exemption Type Collected	Immunization Status Collected	Exemption Type Collected
Kindergarten						
Overall	****	####	****	####	****	####
DT	Incomplete					
Diphtheria			****	####	****	####
Tetanus			****	####	****	####
Pertussis	Incomplete		****	####	****	####
MMR	Incomplete					
Measles			****	Med, Rel, Rel Mem	****	Med, Rel, Rel Mem
Mumps			****	Med, Rel, Rel Mem	****	Med, Rel, Rel Mem
Rubella			****	Med, Rel, Rel Mem	****	Med, Rel, Rel Mem
Polio	Incomplete		****	####	****	####
Hepatitis B	Incomplete		****	####	****	####
Varicella	Incomplete		****	####	****	####
Sixth Grade						
Overall	****	####	****	####		
DT	Incomplete					
Diphtheria			****	####		

Definitions

- Complete: The student has been fully immunized for their age or has provided proof of acquired immunity
- Conditional: a temporary status for children lacking immunization against one or more of the required vaccine-preventable diseases who are working towards compliance.
- Exempt: The student has a signed Certificate of Exemption on file at the school excusing the student from one or more vaccinations due to medical, personal, or religious beliefs
- Out-of-compliance: Conditional status has ended, but the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation

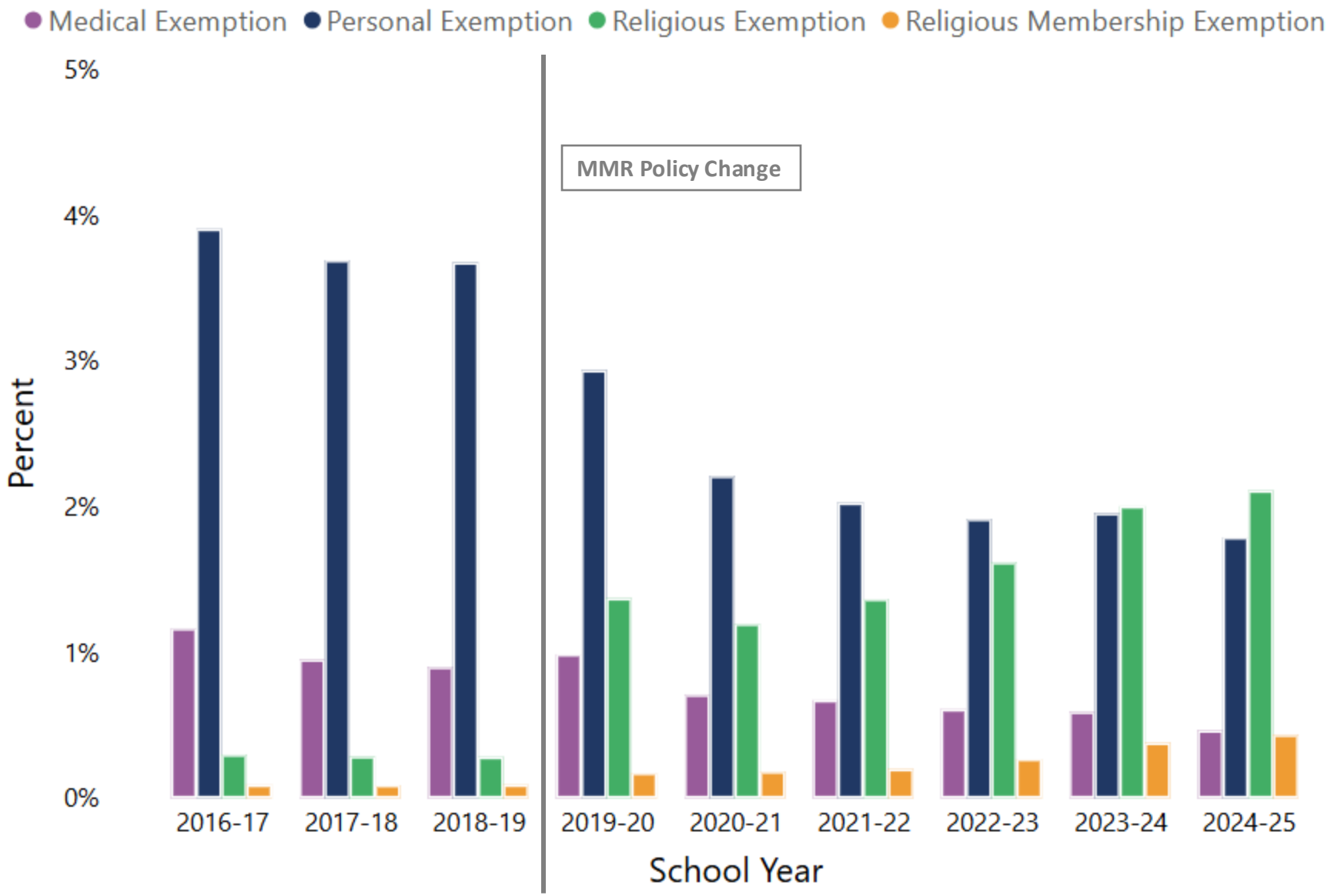
Immunization status of all K-12 students, 2017 – 2025

The percentage of all students complete for required immunizations has declined in recent years. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.



Overall school immunization exemptions among all K-12 students, 2017 – 2025

In the years since the MMR policy change removing the personal exemption for measles, mumps, and rubella, we have seen a steady increase in religious exemptions. The percent of K-12 students with religious exemptions now exceeds the percent with personal exemptions.



Immunization Status of K-12 2024-2025 State-level Data

- 89.6% complete for all immunizations or proof of immunity
- 0.6% conditional status
- 5.8% out-of-compliance
- 4.0% exempt for one or more vaccines
  - Non-medical
    - Personal: 1.8%
    - Religious: 2.1%
    - Religious Membership: 0.4%
  - Medical: 0.5%

All K-12 students complete for required immunizations by county, Washington, school year 2024-25

County Level Immunization Data

Immunization Status

Complete

School Year

2024-25

Grade

K-12

Disease

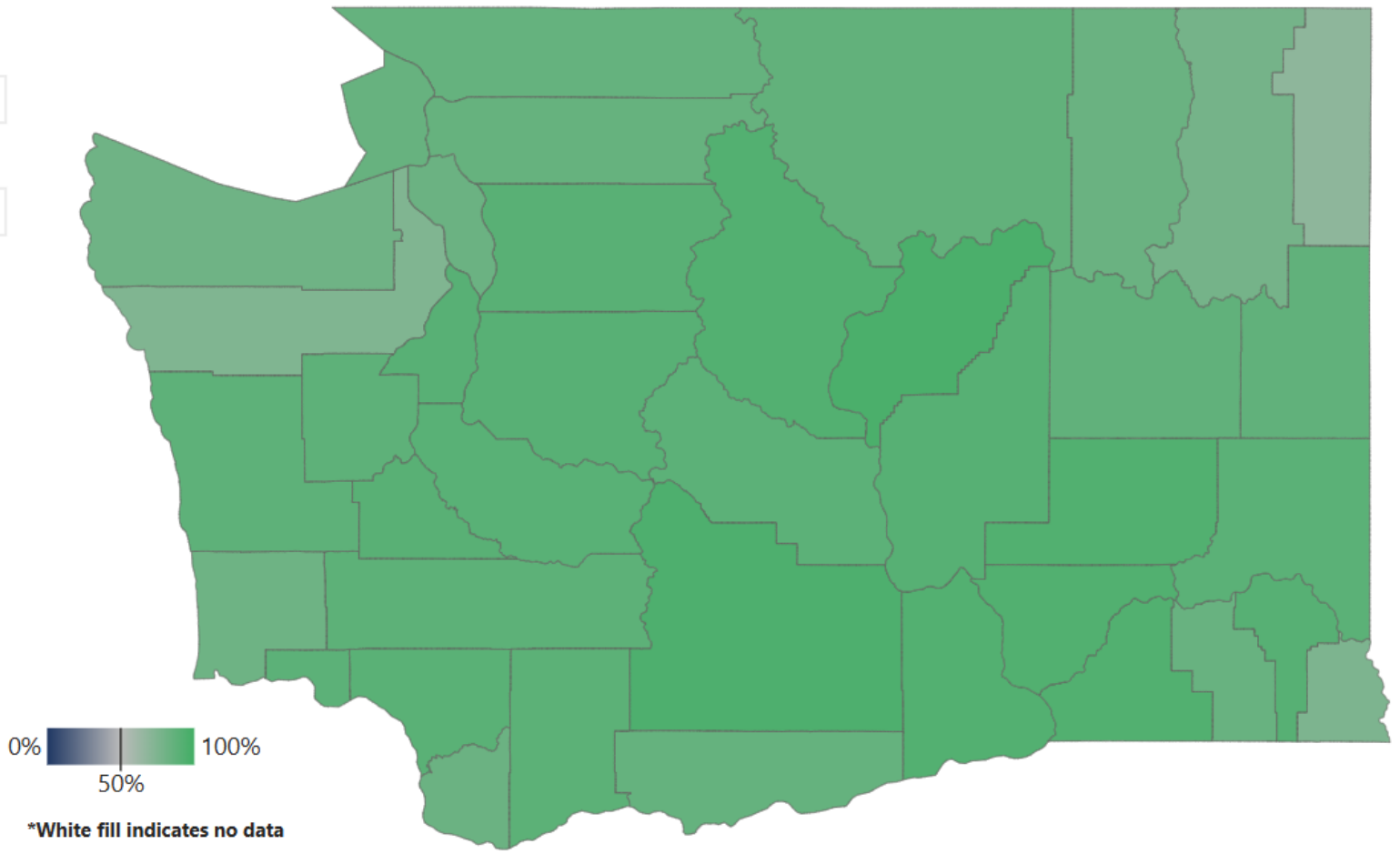
Overall

Highest Complete

County	Percent
Douglas County	96.5%
Yakima County	94.9%
Walla Walla County	93.4%
Adams County	93.4%
Franklin County	93.3%

Lowest Complete

County	Percent
Pend Oreille County	68.5%
Jefferson County	74.3%
Asotin County	75.8%
Stevens County	79.0%
Clallam County	81.2%



All K-12 students with school immunization exemptions by county, Washington, school year 2024-25

County Level Immunization Data

Immunization Status

Exempt

School Year

2024-25

Grade

K-12

Disease

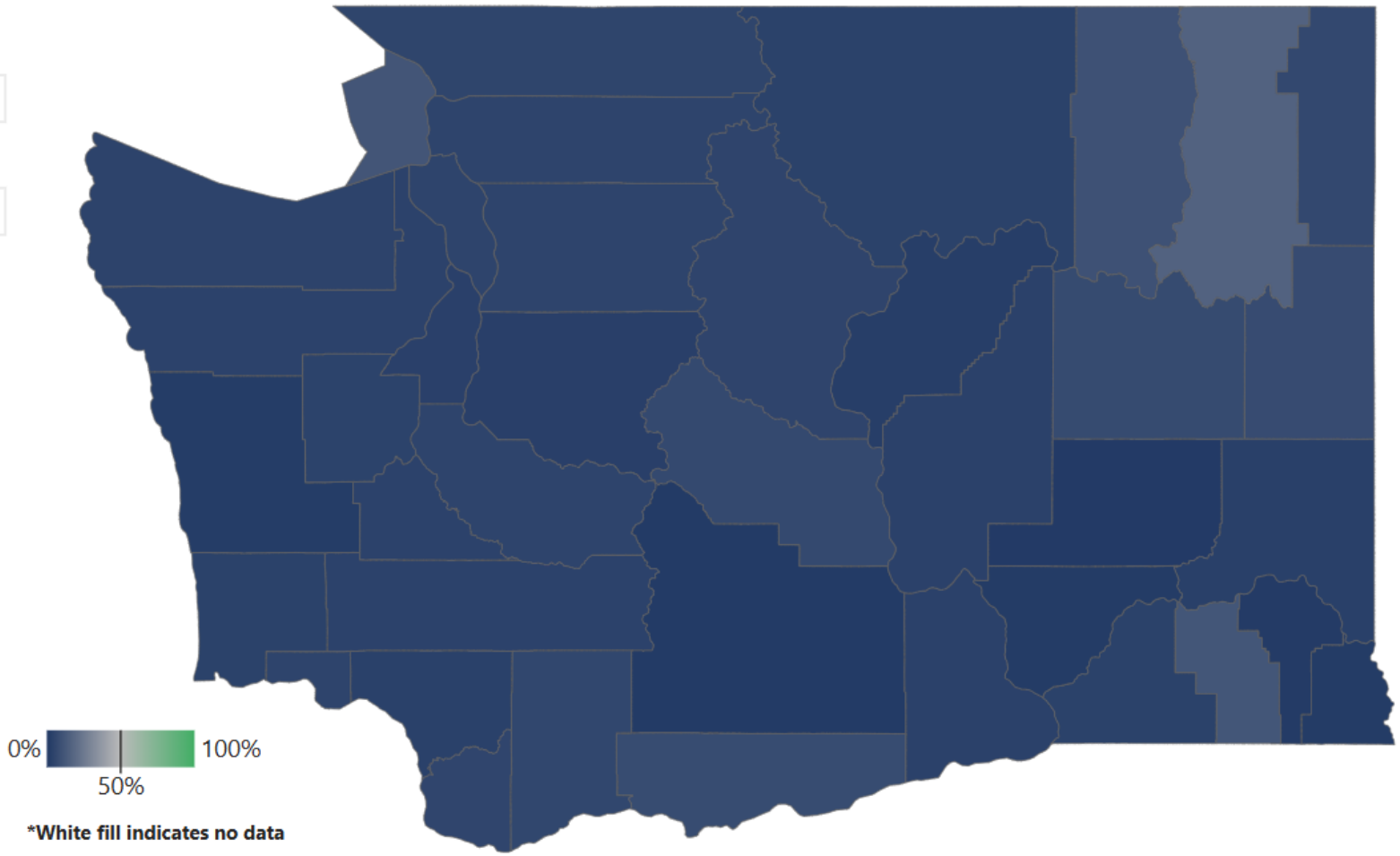
Overall

Highest Exempt

County	Percent
Stevens County	16.2%
Columbia County	11.3%
San Juan County	11.2%
Ferry County	9.5%
Klickitat County	7.5%

Lowest Exempt

County	Percent
Adams County	0.9%
Yakima County	1.1%
Garfield County	1.3%
Franklin County	1.4%
Asotin County	1.4%



All K-12 students who are out-of-compliance with school immunization requirements by county, Washington, school year 2024-25

County Level Immunization Data

Immunization Status

Out of Compliance

School Year

2024-25

Grade

K-12

Disease

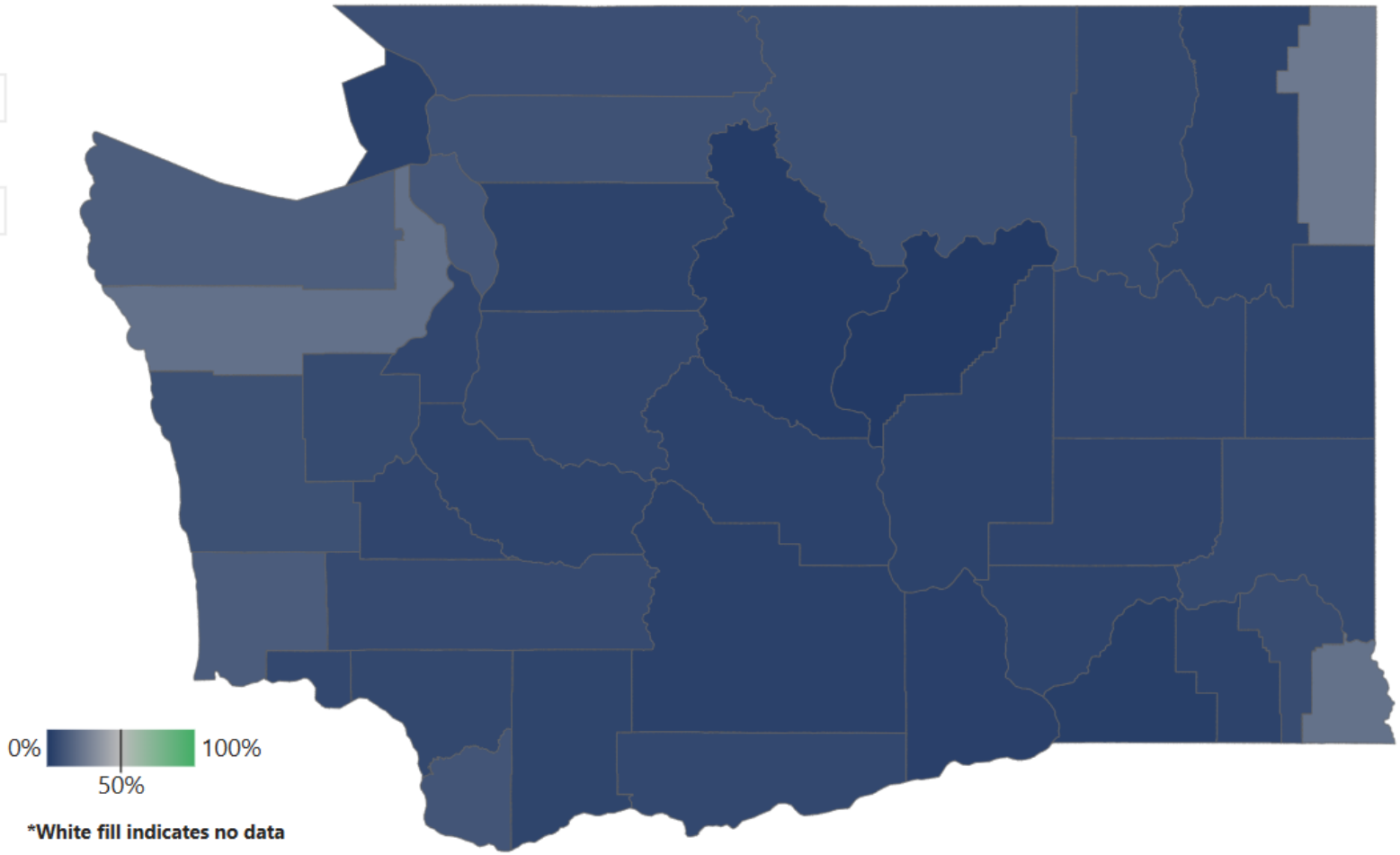
Overall

Highest Out of Compliance

County	Percent
Pend Oreille County	24.9%
Asotin County	22.0%
Jefferson County	21.8%
Clallam County	14.4%
Pacific County	13.8%

Lowest Out of Compliance

County	Percent
Douglas County	0.8%
Chelan County	1.7%
Walla Walla County	2.5%
Benton County	3.2%
Yakima County	3.5%



All K-12 students complete for required immunizations by school district, Washington, school year 2024-25

School District Level Immunization Data

Immunization Status

Complete

School Year

2024-25

Grade

K-12

Disease

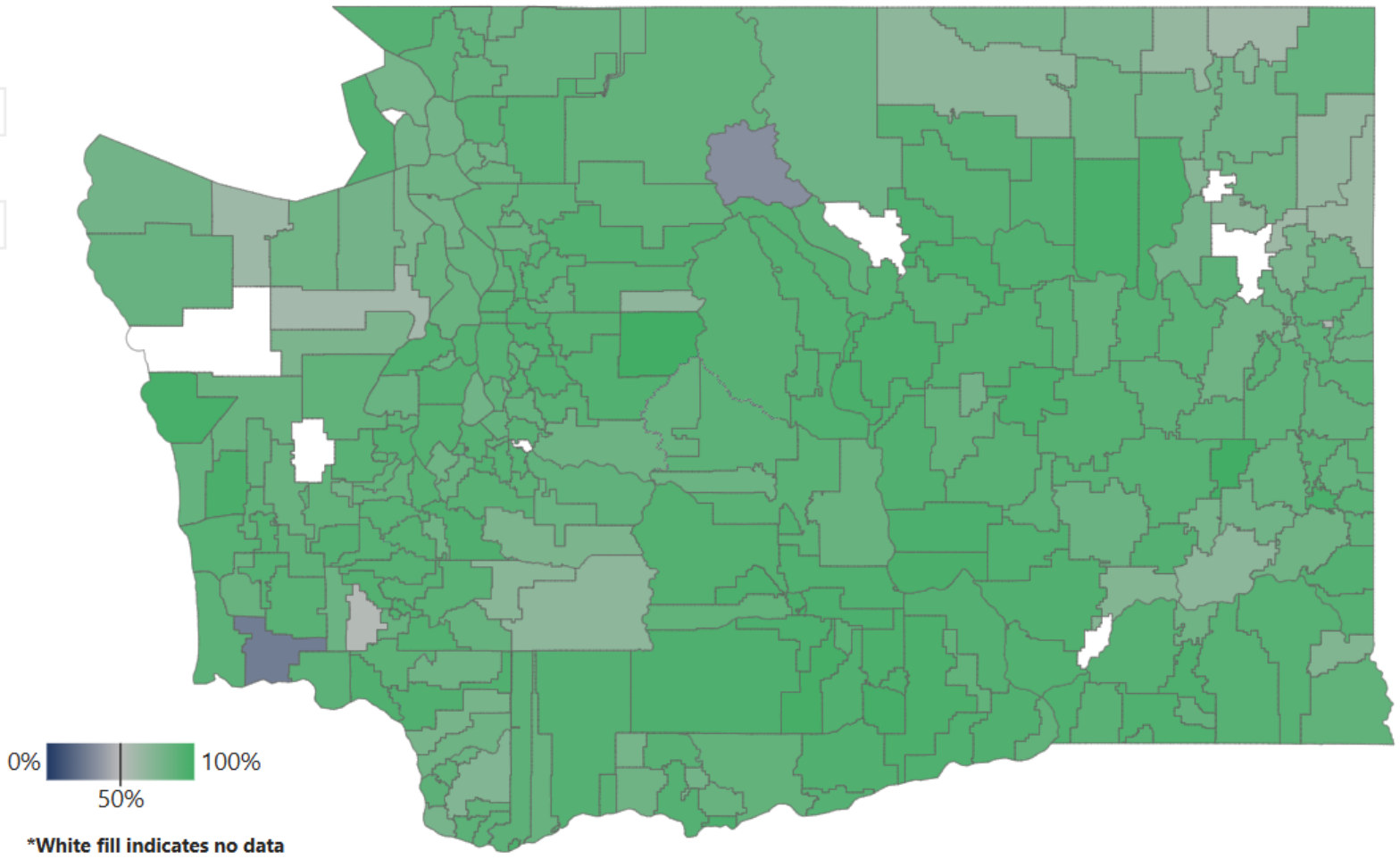
Overall

Highest Complete

School District	Percent
Lamont School District	100.0%
Skykomish School District	100.0%
Mabton School District	98.4%
Union Gap School District	98.4%
Toppenish School District	98.1%

Lowest Complete

School District	Percent
Naselle-Grays River Valley School District	26.2%
Stehekin School District	33.3%
Boistfort School District	52.9%
Orchard Prairie School District	54.8%
Quilcene School District	59.6%



All K-12 students with school immunization exemptions by school district, Washington, school year 2024-25

School District Level Immunization Data

Immunization Status

Exempt

School Year

2024-25

Grade

K-12

Disease

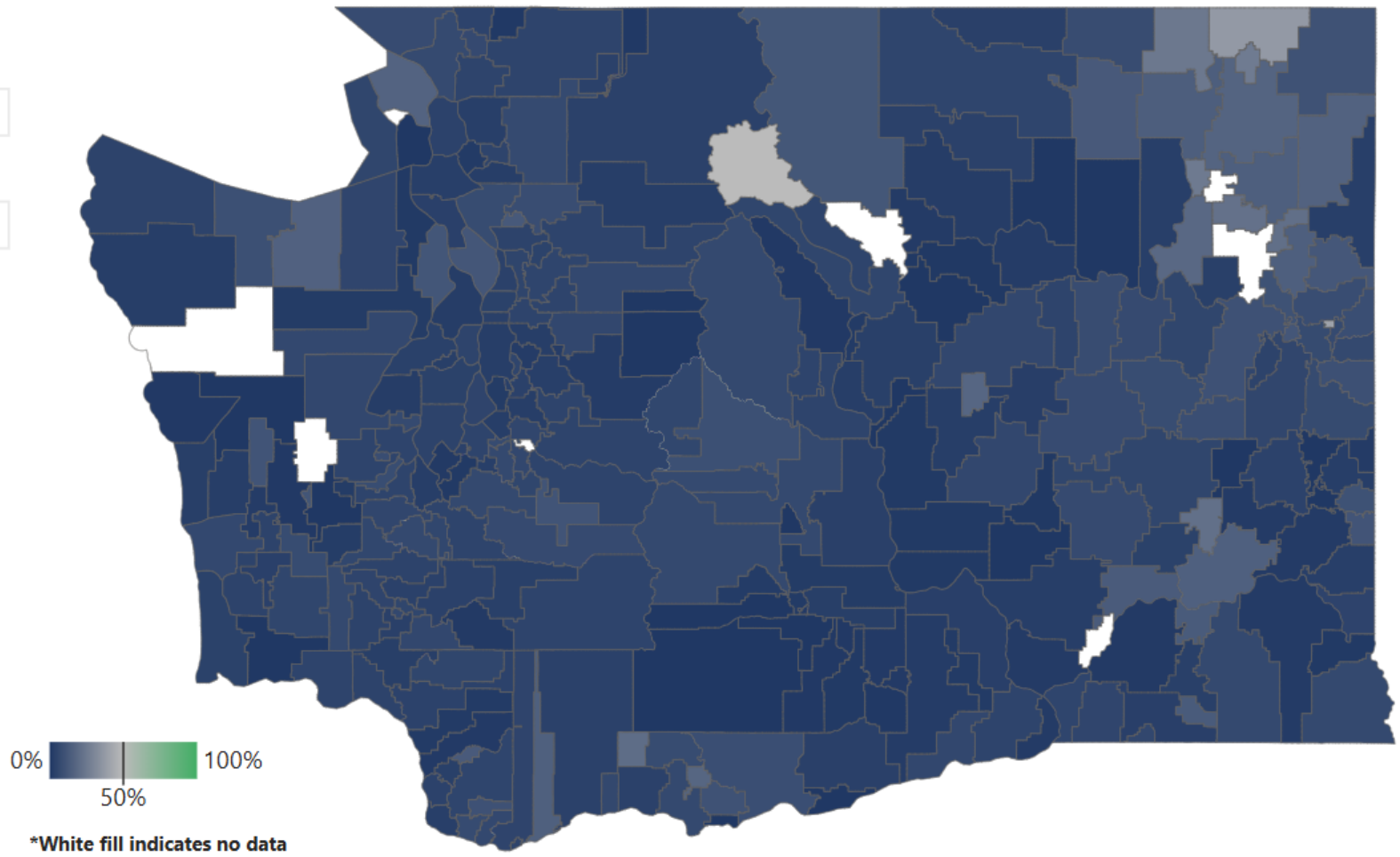
Overall

Highest Exempt

School District	Percent
Stehekin School District	50.0%
Orchard Prairie School District	40.9%
Northport School District	37.1%
Onion Creek School District	25.6%
Evergreen School District (Stevens)	25.0%

Lowest Exempt

School District	Percent
Damman School District	0.0%
Index School District	0.0%
Keller School District	0.0%
Lake Quinault School District	0.0%
Lamont School District	0.0%
Lopez School District	0.0%



*White fill indicates no data

All K-12 students who are out-of-compliance with school immunization requirements by school district, Washington, school year 2024-25

School District Level Immunization Data

Immunization Status

Out of Compliance

School Year

2024-25

Grade

K-12

Disease

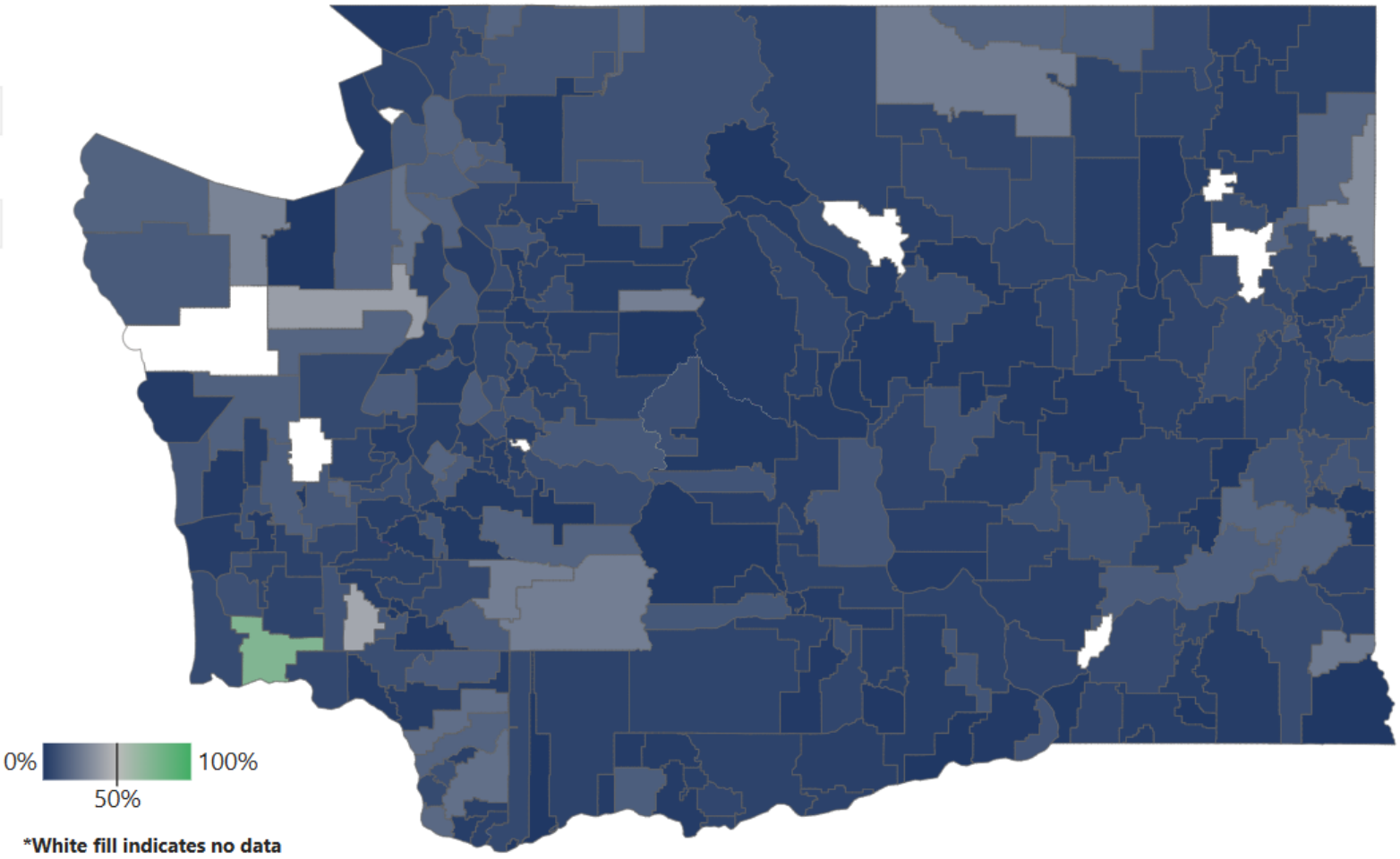
Overall

Highest Out of Compliance

School District	Percent
Naselle-Grays River Valley School District	73.8%
Boistfort School District	42.4%
Quilcene School District	39.0%
Newport School District	32.0%
Crescent School District	29.0%

Lowest Out of Compliance

School District	Percent
Asotin-Anatone School District	0.0%
Benge School District	0.0%
Carbonado School District	0.0%
Dixie School District	0.0%
Evaline School District	0.0%
Garfield School District	0.0%



*White fill indicates no data

Resources

School Module

- Webpage: www.doh.wa.gov/SchoolModule
- Email: SchoolModule@doh.wa.gov

School Annual Report Data

- https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization/dashboard

School Requirements/Reporting Questions:

OICPSchools@doh.wa.gov

Time	Agenda Item	Facilitator
11:50 – 12:25	Measles Update	**Esther Lam & Susan Babcock**
12:25 - 12:55	VAC Member Report Out and Discussion	**VAC Members**
12:55 – 1:00	**Adjourn**	**Scott Lindquist**

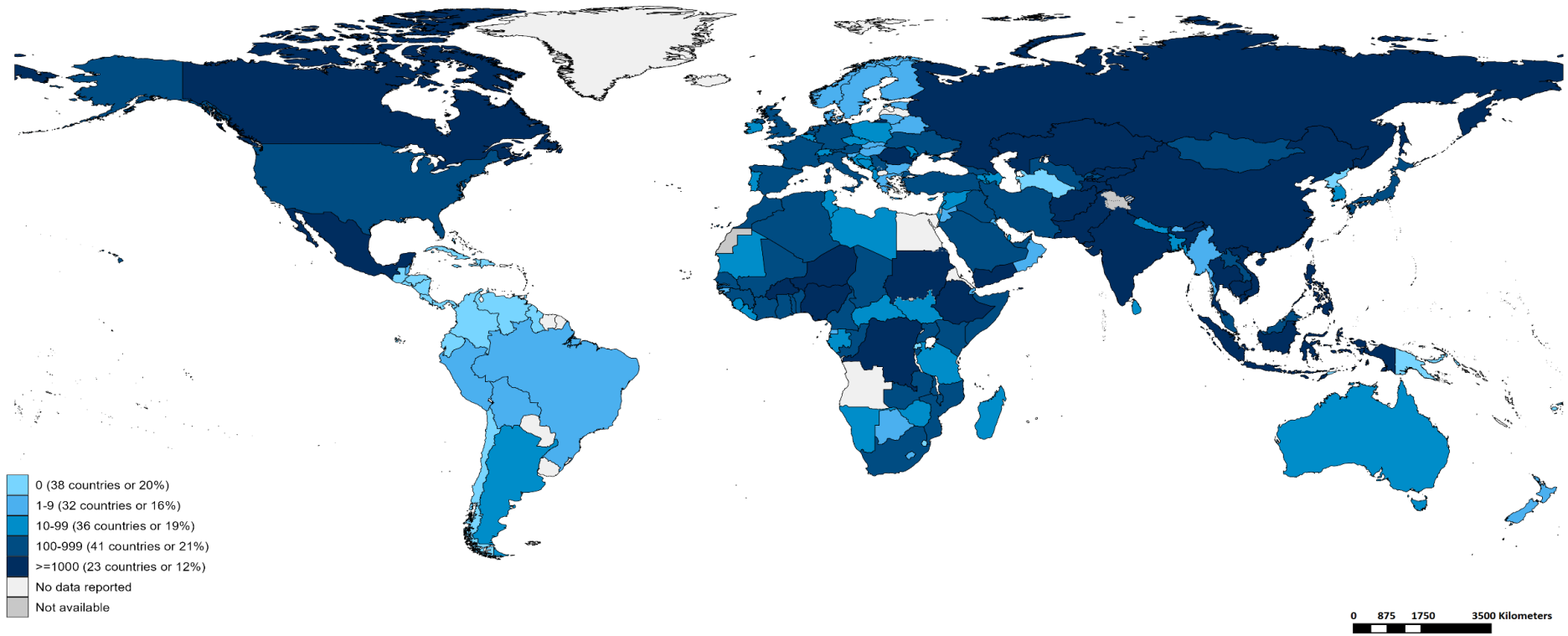
Measles Surveillance

VAC meeting July 10, 2025

Esther Lam, MPH
Epidemiologist | Vaccine-Preventable Disease
Office of Communicable Disease Epidemiology
Division of Disease Control and Health Statistics
Washington State Department of Health

2025 Global Measles Cases

Number of Reported Measles Cases (Last 6 months)



Country	Cases*
Yemen	15,344
India**	9,677
Pakistan	8,946
Kyrgyzstan	7,307
Afghanistan	7,252
Ethiopia	6,184
Romania	5,414
Nigeria	2,730
Indonesia	2,569
Russian Federation	2,226

World Health Organization

Data source: IVB Database

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

Notes: Based on data received 2025-06 - Surveillance data from **2024-11 to 2025-04** - * Countries with highest number of cases for the period - **WHO classifies all suspected measles cases reported from India as measles clinically compatible if a specimen was not collected as per the algorithm for classification of suspected measles in the WHO VPD Surveillance Standards. Thus numbers might be different between what WHO reports and what India reports.

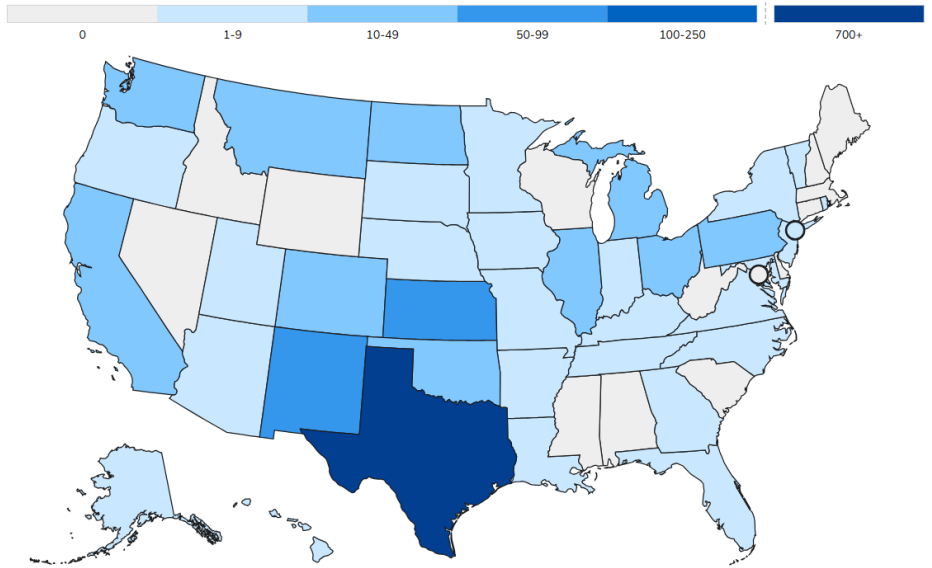
2025 Measles - U.S.

Total of 1,267 confirmed cases in the U.S. reported as of July 1, 2025

- 27 outbreaks (≥ 3 related cases)
- 88% (1115 of 1267) of cases are outbreak-associated
- 65% (824 of 1267) of cases have been ≤ 19 years old
- 92% of cases were unvaccinated or had unknown vaccination status
- 12% (155 of 1267) of cases hospitalized
- 3 confirmed deaths

Map of U.S. Measles cases in 2025

(as of July 1, 2025)

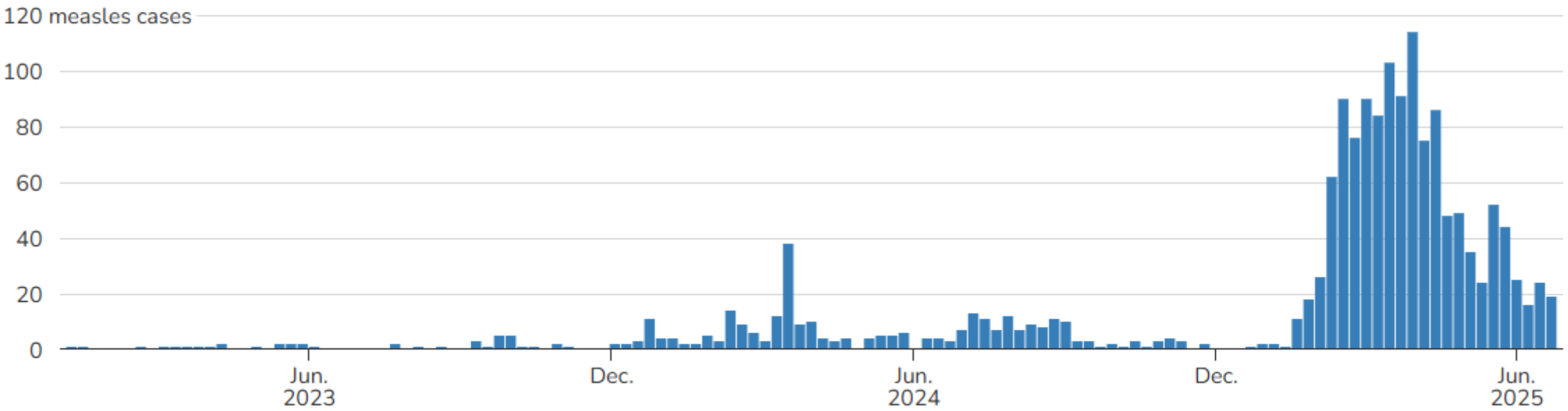


https://www.cdc.gov/measles/data-research/index.html

2025 Measles - U.S.

Weekly measles cases by rash onset date

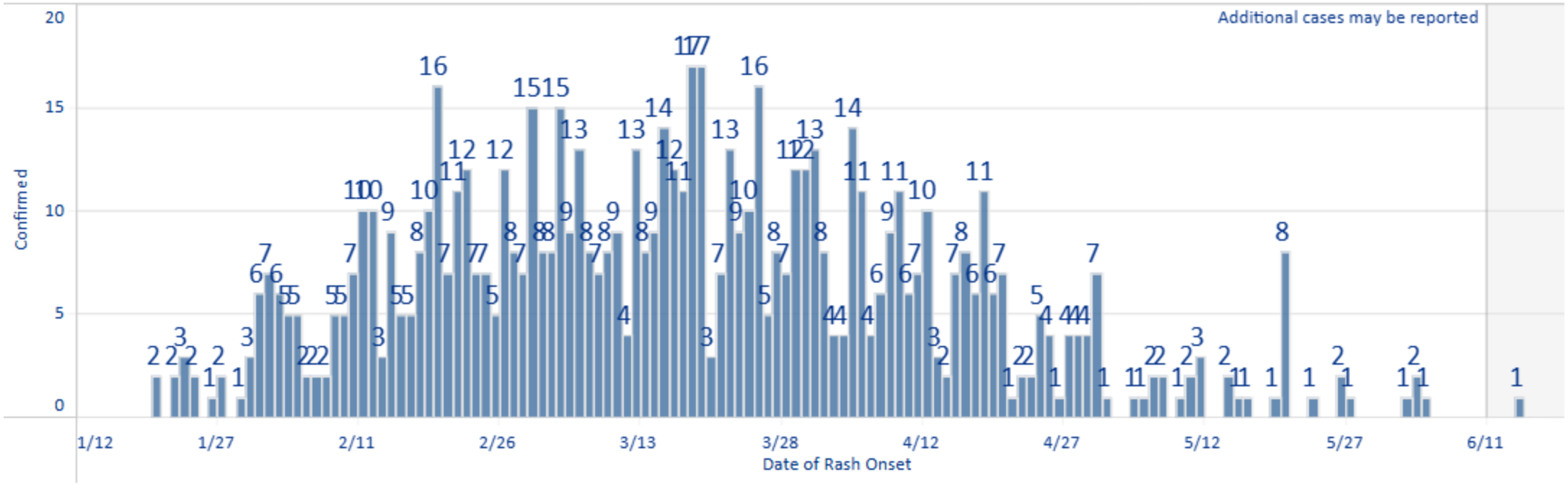
2023–2025* (as of July 1, 2025)



https://www.cdc.gov/measles/data-research/index.html

*2023–2025 case counts are preliminary and subject to change.

2025 Texas Outbreak



https://www.dshs.texas.gov/news-alerts/measles-outbreak-2025

2025 Measles in Washington State (preliminary data)

January 1 – July 1, 2025						
Age	Confirmed cases		Hospitalization*		Deaths	
	Number of cases	% of total cases	Number of cases	% of total cases	Number of cases	% of total cases
< 12 months	1	10%	1	10%	0	0%
1-5 years	3	30%	3	30%	0	0%
6-17 years	1	10%	0	0%	0	0%
18+ years	5	50%	2	20%	0	0%
Total	10	100%	6	60%	0	0%

* Hospitalization number is the total number of people hospitalized for at least one night over the course of the year.

Cases by County January 1 – July 1, 2025			
County	Total number of cases per county	# of cases associated with an Outbreak in WA*	% of cases associated with an Outbreak in WA*
King	6	0	0%
Snohomish	2	0	0%
Whatcom	2	0	0%
Total	10	0	0%

*Outbreak: An outbreak is defined as 3 or more related cases.

2025 Measles in Washington State (preliminary data)

Cases by Vaccination Status January 1 – July 1, 2025		
	Number of cases	% of total cases
Unknown/Unvaccinated	8	80%
Vaccinated: 1 dose MMR	1	10%
Vaccinated: 2+ doses MMR	1	10%
Total	10	100%

Cases by Source of Infection* January 1 – July 1, 2025		
	Number of cases	% of total cases
Imported	5	50%
Import-linked	3	30%
Endemic	0	0%
Unknown	2	20%
Total	10	100%

*Source of Infection Definitions:

Imported: *A case of measles related to international travel during the exposure period (7 to 21 days before rash onset).*

Import-linked: *A case that is epidemiologically linked to an internationally imported case.*

Endemic: *A case for which epidemiological or virological evidence indicates an endemic chain of transmission. Endemic transmission is defined as a chain of measles virus transmission that is continuous for ≥12 months within the United States.*

Unknown*: A case for which an epidemiological or virological link has not been identified.*

Thank you

Current WA Measles information and data can be found on:
https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles

Please reach out to vpd-cde@doh.wa.gov with any questions

Susan Babcock, BSN, RN
Public Health Nurse
Snohomish County Health Department
Susan.Babcock@co.snohomish.wa.us

Time	Agenda Item	Facilitator
12:25 - 12:55	VAC Member Report Out and Discussion	**VAC Members**
12:55 – 1:00	**Adjourn**	**Scott Lindquist**

Time	Agenda Item	Facilitator
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Thank you!