



Washington State Department of
Health


COVID-19 Vaccine Implementation Collaborative

DOH 820-133, March 2021 To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Land Acknowledgment

Welcome to the Washington State Department of Health. We start today with a land acknowledgement. We are meeting virtually from all over, but our physical offices are located in Tumwater, on the traditional territories of the Coast Salish people, specifically the Nisqually and Squaxin Island peoples. Tumwater and the South Puget Sound region are covered by the Treaty of Medicine Creek, signed under duress in 1854. The employees of the State of Washington are guided by the **Centennial Accord and chapter 43.376 RCW** – respecting and affirming tribal sovereignty and working with our tribal governments throughout the state in government-to-government partnership. <https://native-land.ca/>

Today's Agenda

1. Progress Update 4:05 – 4:15
 1. PhaseFinder
 2. Vaccine Access for People with Disabilities
 3. Fostering Collaboration
2. Community Relations Briefing & Conversation 4:15 – 4:45
 1. Johnson & Johnson Update
 2. Homebound Individuals and Vaccine Access
3. Feedback Session: Pro-equity approaches for vaccine distribution 4:45 – 5:25
 1. Overview
 2. Small Group Discussions 
 3. Share-out
4. Closing remarks 5:25 - 5:30

Progress Updates

4:05-4:15

Paper PhaseFinder: Any other languages to add?

- | | | | |
|-----------------------------|------------------------------|--------------|-----------------------|
| 1. Spanish | 12. Chinese (traditional) | 23. Farsi | 35. Karen |
| 2. Vietnamese | 13. Marshallese | 24. Tamil | 36. Portuguese |
| 3. Russian | 14. Samoan | 25. French | 37. Dari |
| 4. Ukrainian | 15. Hindi | 26. Nepali | 38. Pashto |
| 5. Tagalog | 16. Amharic | 27. Hmong | 39. Palauan |
| 6. Somali | 17. Japanese | 28. Chuukese | 40. Kosraean |
| 7. Korean | 18. Telugu | 29. Mixteco | 41. Hanyu Pinyin |
| 8. Arabic | 19. Urdu | 30. Swahili | 42. Tongan |
| 9. Punjabi | 20. Lao | 31. German | 43. Samoan |
| 10. Khmer | 21. Romanian | 32. Burmese | 44. Bahasa Indonesian |
| 11. Chinese (simplified) | 22. Tigrinya | 33. Thai | 45. Fijian |
| | | 34. Oromo | |

Vaccine access for people with disabilities

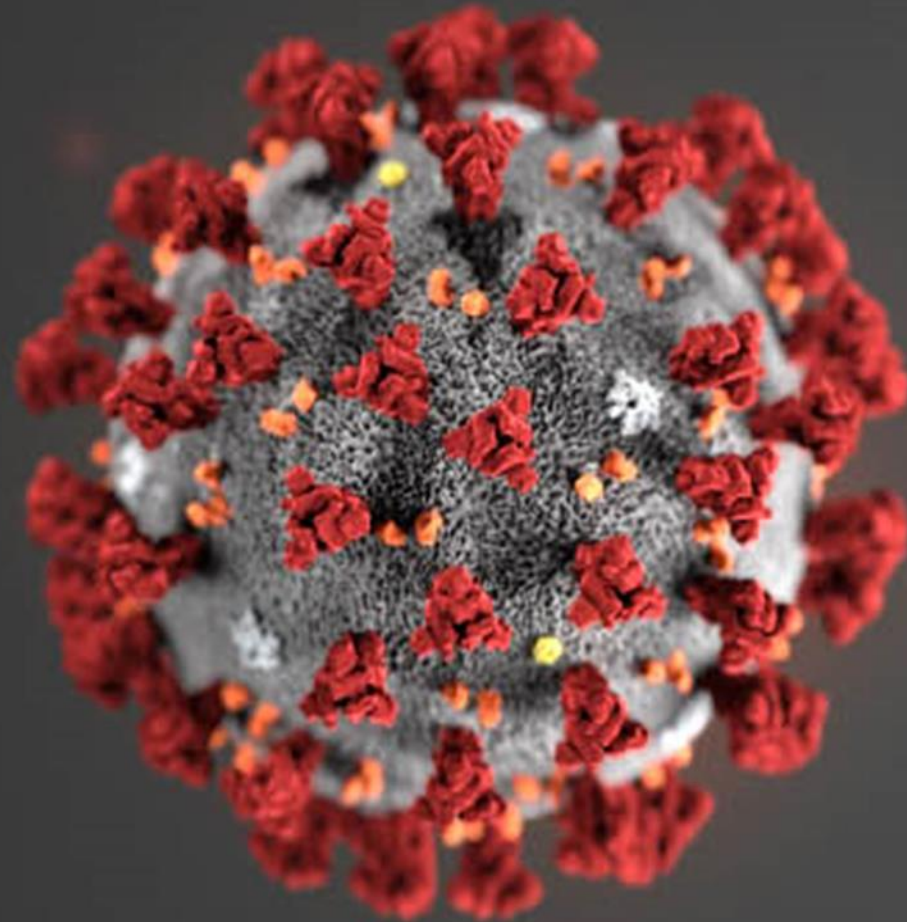
Fostering Collaboration

1. Collaborative member led workgroups
2. Co-planning of meetings
3. Rotating facilitation
4. Member updates and share-out



Community Relations Briefing & Conversation

4:15-4:45






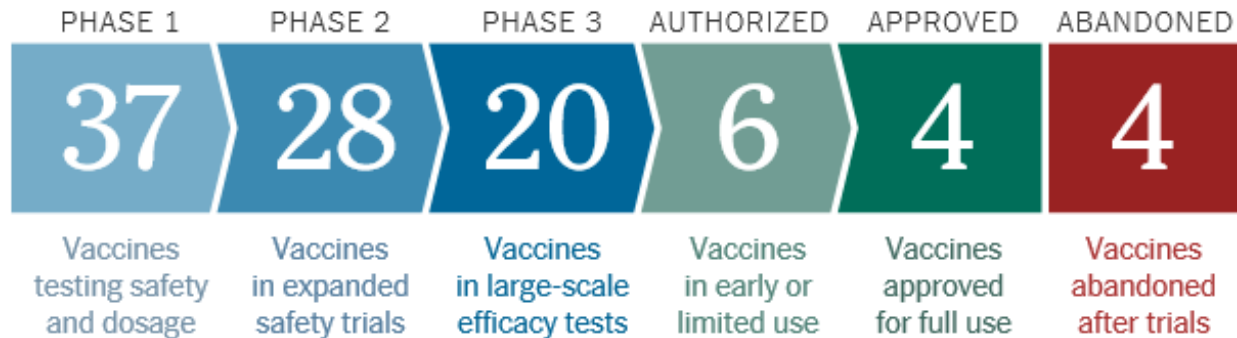
COVID Vaccine Update
The Collaborative
March 3, 2021

New York Times Vaccine Tracker

Coronavirus Vaccine Tracker

By [Carl Zimmer](#), [Jonathan Corum](#) and [Sui-Lee Wee](#) Updated Feb. 18, 2021

 U.S.A.  World  Health



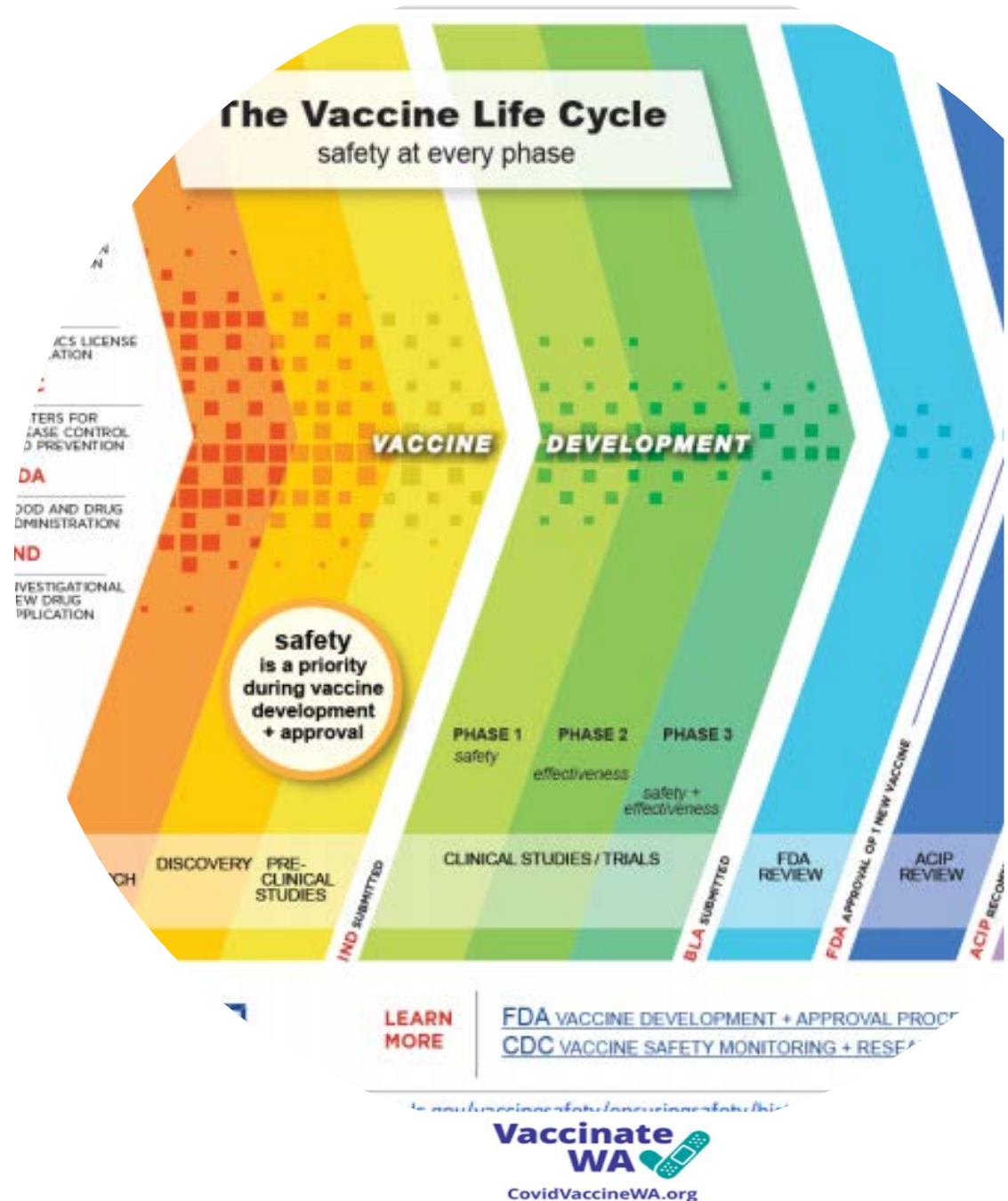
<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html#astrazeneca>

Vaccine Safety & Washington

DOH statement:

<https://www.doh.wa.gov/Newsroom/Articles/ID/2366/Update-on-COVID-19-vaccine-distribution-planning-progress-in-Washington-State>.

“DOH is committed to science and the need to critically evaluate these new vaccines for their safety and efficacy in an unbiased way before their use,” said Dr. Kathy Lofy, State Health Officer. “We will be watching the FDA approval process closely to make sure it is thorough and transparent.”



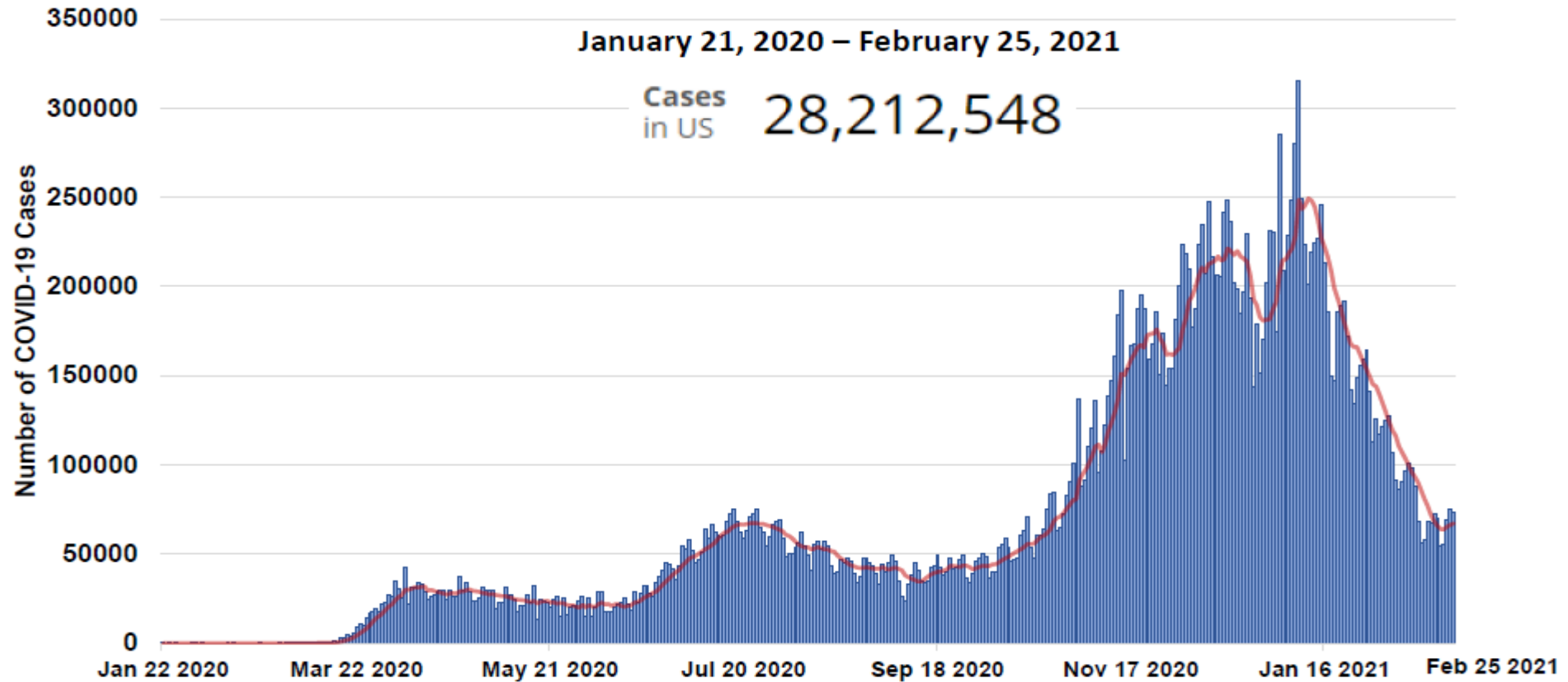
COVID Vaccines

| Vaccine | Authorized age group | Dose | Dose volume | Number doses/series | Interval between doses |
|-----------------|----------------------|------------------------------------|-------------|---------------------|------------------------|
| Pfizer-BioNTech | ≥16 years | 30 µg | 0.3 ml | 2 | 3 weeks (21 days) |
| Moderna | ≥18 years | 100 µg | 0.5 ml | 2 | 1 month (28 days) |
| Janssen | ≥18 years | 5×10 ¹⁰ virus particles | 0.5 ml | 1 | N/A |

Which Vaccine Is Better

| Vaccine | Protection against Symptomatic COVID-19 | | | Protection against Severe COVID-19 | | | Protection Against Hospitalization | | | Protection Against Deaths Due to COVID-19 | | |
|--------------------------|--|---------|---------|------------------------------------|---------|---------|------------------------------------|---------|---------|--|---------|---------|
| | Vaccine Efficacy | Vaccine | Placebo | Vaccine Efficacy | Vaccine | Placebo | Vaccine Efficacy | Vaccine | Placebo | Vaccine Efficacy | Vaccine | Placebo |
| Pfizer | 95% | 8 | 162 | 66.4% | 1 | 3 | 100% | 0 | 5 | 100% | 0 | 5 |
| Moderna | 94.1% | 11 | 185 | 100% | 0 | 30 | 89% | 1 | 9 | Direct evidence of efficacy for hospitalization and deaths limited | | |
| J&J (Janssen) | 66.3% | 66 | 193 | 76.7% | 14 | 60 | 93.1% | 2 | 29 | 100% | 3 | 16 |
| Natural Disease | <p>Hospitalization:</p> <ul style="list-style-type: none"> Cumulative hospitalization rate between March 1 and February 20, 2021 was 452.2 per 100,000 population Among those hospitalized, 25% required care in an intensive care unit and 11% died <p>Mortality:</p> <ul style="list-style-type: none"> Cumulative mortality rate between January 22, 2020 and February 25, 2021 was 153 per 100,000 population <p>Life expectancy</p> <ul style="list-style-type: none"> Dropped full year for U.S. population overall in first half of 2020 Black population declined 2.7 years, Hispanic population declined 1.9 years <p>Source: ACIP meeting 03-01-2021. Available at: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/03-COVID-MacNeil.pdf; accessed 03-03-2021</p> | | | | | | | | | | | |

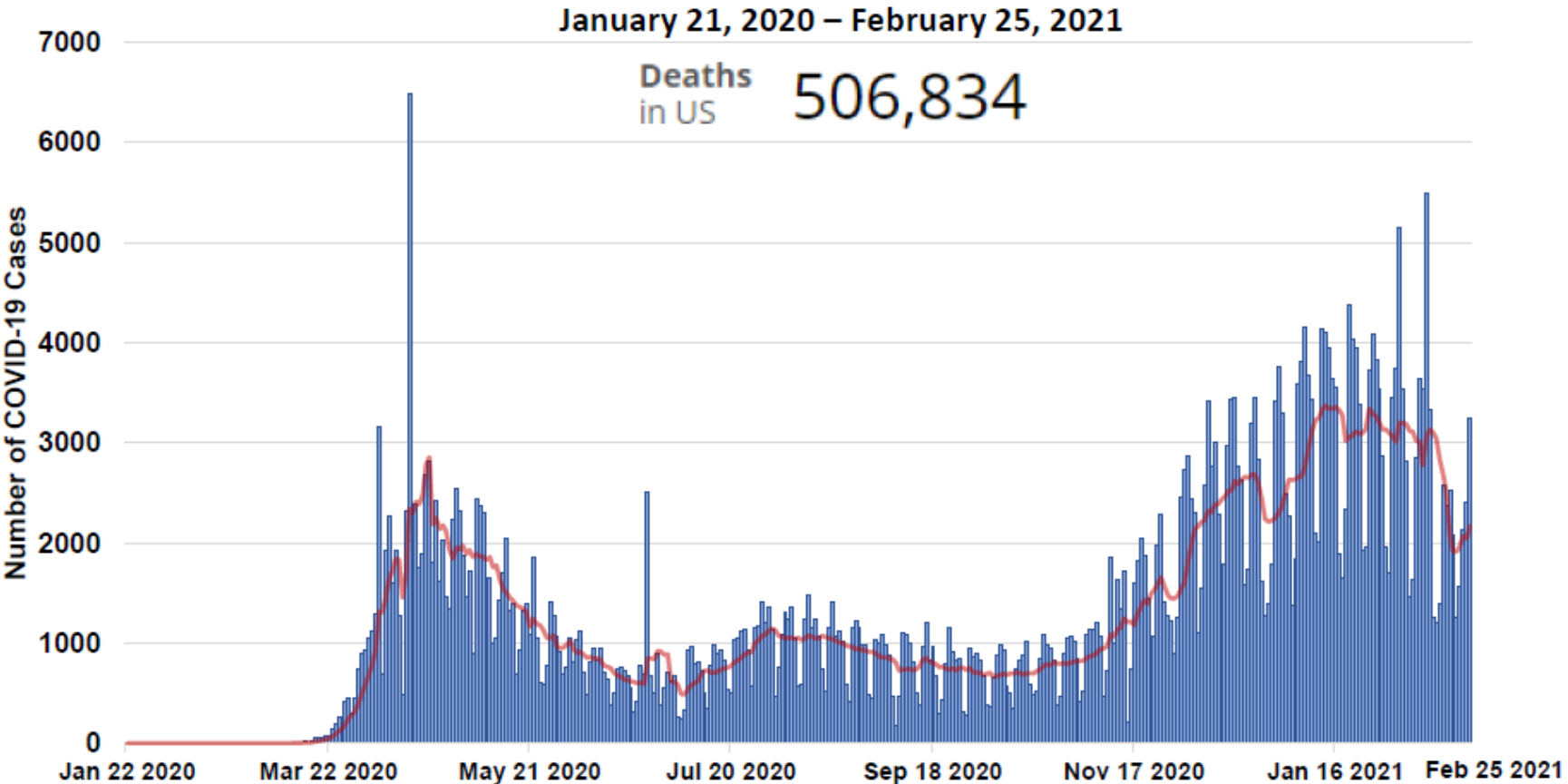
Public Health Problem: Review of the Available Evidence



Source: ACIP meeting 03-01-2021. Available
<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-Shimabukuro.pdf>; accessed 03-03-2021.

https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

Public Health Problem: Review of the Available Evidence



https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

Source: ACIP meeting 03-01-2021. Available <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-Shimabukuro.pdf>; accessed 03-03-2021.



Contraindications and precautions for COVID-19 vaccines

| CONTRAINDICATION TO VACCINATION | PRECAUTION TO VACCINATION | MAY PROCEED WITH VACCINATION |
|---|--|---|
| <p>History of the following:</p> <ul style="list-style-type: none"> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the vaccine[†] Immediate allergic reaction[‡] of any severity after a previous dose or known (diagnosed) allergy to a component of the vaccine[†] <p>Actions:</p> <ul style="list-style-type: none"> Do not vaccinate. Consider referral to allergist-immunologist. Consider other vaccine alternative.[†] | <p>Among persons without a contraindication, a history of:</p> <ul style="list-style-type: none"> Any immediate allergic reaction[‡] to other vaccines or injectable therapies[‡] <p>Note: persons with a contraindication to mRNA COVID-19 vaccines have a precaution to Janssen COVID-19 vaccine, and vice versa[#]</p> <p>Actions:</p> <ul style="list-style-type: none"> Risk assessment Consider referral to allergist-immunologist 30-minute observation period if vaccinated | <p>Among persons without a contraindication or precaution, a history of:</p> <ul style="list-style-type: none"> Allergy to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies Family history of allergies <p>Actions:</p> <ul style="list-style-type: none"> 30-minute observation period: persons with history of anaphylaxis (due to any cause) 15-minute observation period: all other persons |

[†] See [Appendix C](#) for a list of ingredients. Persons with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna).

[‡] Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

[‡] Includes persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is a vaccine component, but in whom it is unknown which component elicited the immediate allergic reaction.

[#] Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. PEG and polysorbate are structurally related, and cross-reactive hypersensitivity between these compounds may occur. Persons with a contraindication to mRNA COVID-19 vaccines (including due to a known [diagnosed] allergy to PEG) have a precaution to Janssen COVID-19 vaccine. Among persons who received one mRNA COVID-19 dose but for whom the second dose is contraindicated, consideration may be given to vaccination with Janssen COVID-19 vaccine (administered at least 28 days after the mRNA COVID-19 dose). Persons with a contraindication to Janssen COVID-19 vaccine (including due to a known [diagnosed] allergy to polysorbate) have a precaution to mRNA COVID-19 vaccines. In patients with these precautions, vaccination should be undertaken in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions. Consider referral to allergist-immunologist.

Source: ACIP meeting 03-01-2021. Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/03-COVID-MacNeil.pdf>; accessed 03-03-2021.



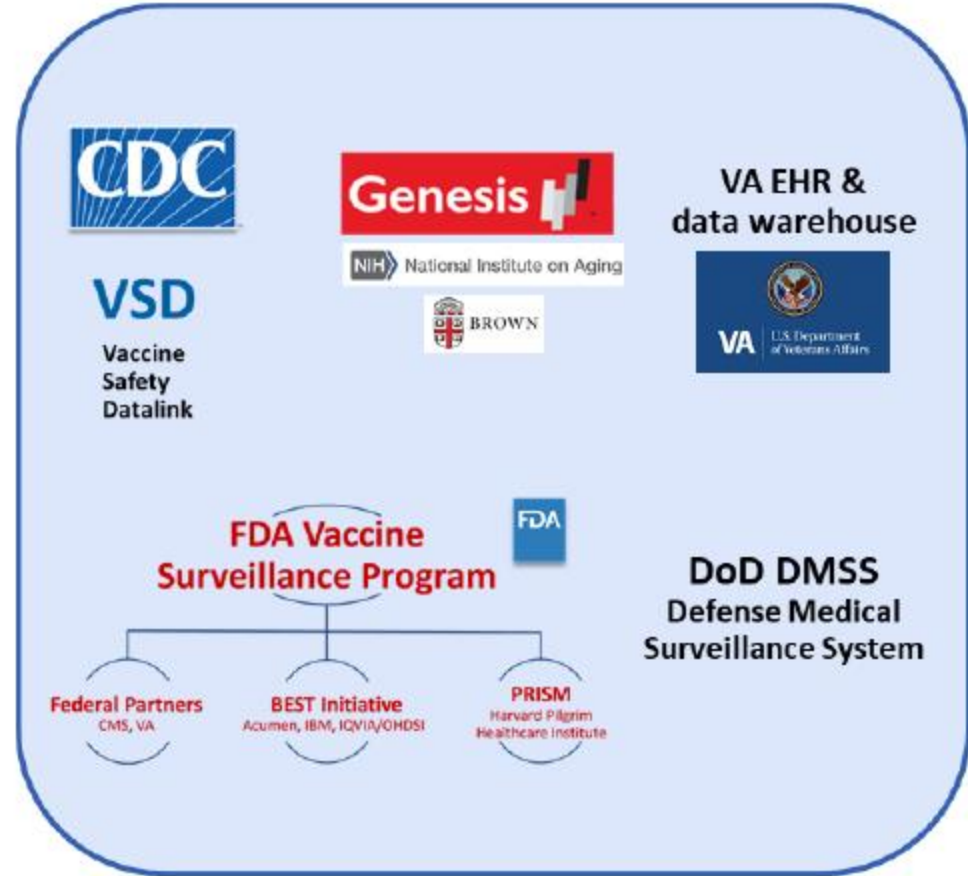
active surveillance



passive surveillance



individual case consults



start of vax



active surveillance, passive surveillance, case consults

large-linked database monitoring

safety monitoring timeline

VAERS is the nation's early warning system for vaccine safety



VAERS

Vaccine Adverse Event Reporting System

Co-managed by
CDC and FDA

<http://vaers.hhs.gov>

The screenshot shows the VAERS website homepage. At the top, the VAERS logo is followed by the text "Vaccine Adverse Event Reporting System" and the URL "www.vaers.hhs.gov". Below this is a navigation bar with five items: "About VAERS", "Report an Adverse Event", "VAERS Data", "Resources", and "Submit Follow-Up Information". The main content area features a large heading "Have you had a reaction following a vaccination?" with two numbered steps: "1. Contact your health care provider." and "2. Report an Adverse Event using the VAERS online form or the new downloadable PDF. *New!*". A blue-bordered box contains an "Important" notice: "If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider." Below this is a Spanish version of the heading and steps. To the right is a large image of a family (father, mother, and two children) looking at a laptop, with the text "What is VAERS?" below it. At the bottom, there are four smaller images with corresponding text boxes: "REPORT AN ADVERSE EVENT" (Report significant adverse events after vaccination), "SEARCH VAERS DATA" (Download VAERS Data and search the CDC WONDER database), "REVIEW RESOURCES" (Find materials, publications, learning tools, and other resources), and "SUBMIT FOLLOW-UP INFORMATION" (Upload additional information related to VAERS reports).

Vaccine Adverse Event Reporting System (VAERS)

Strengths

- National data
- Rapidly detects safety signals
- Can detect rare adverse events
- Data available to public

Limitations

- Reporting bias
- Inconsistent data quality and completeness of information
- Lack of unvaccinated comparison group
- Not designed to assess causality

- VAERS accepts all reports from everyone regardless of the plausibility of the vaccine causing the event or the clinical seriousness of the event
- As a hypothesis-generating system, VAERS identifies potential vaccine safety concerns that can be studied in more robust data systems

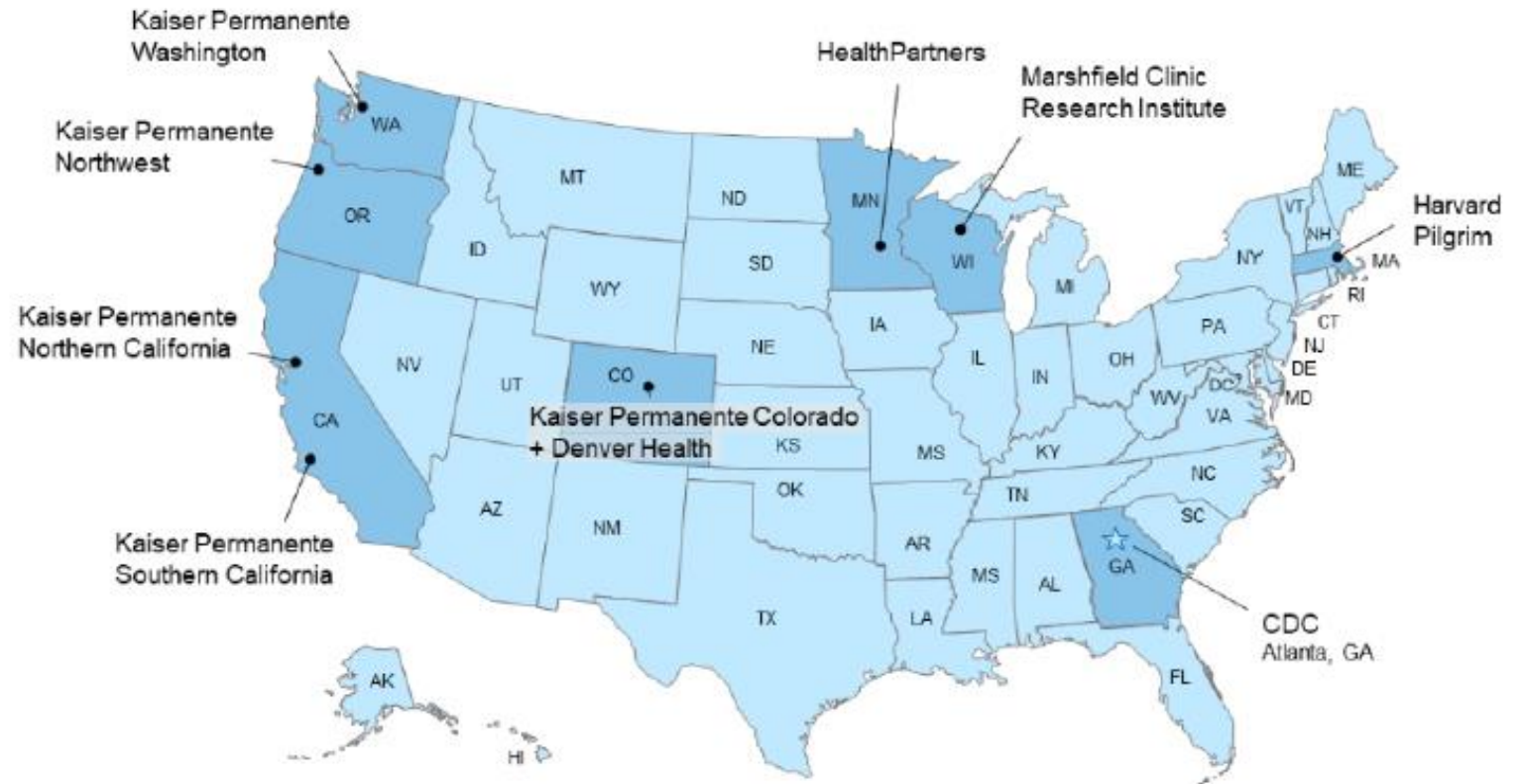
Source: ACIP meeting 03-01-2021. Available <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-shimabukuro.pdf>; accessed 03-03-2021.

Washington State Department of



VSD

Vaccine Safety Datalink



9 participating integrated healthcare organizations

data on over **12 million** persons per year

Source: Advisory Committee on Immunization Practices meeting, 01-25-2021. Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-01/06-COVID-Shimabukuro.pdf>. Accessed 02-02-2021.

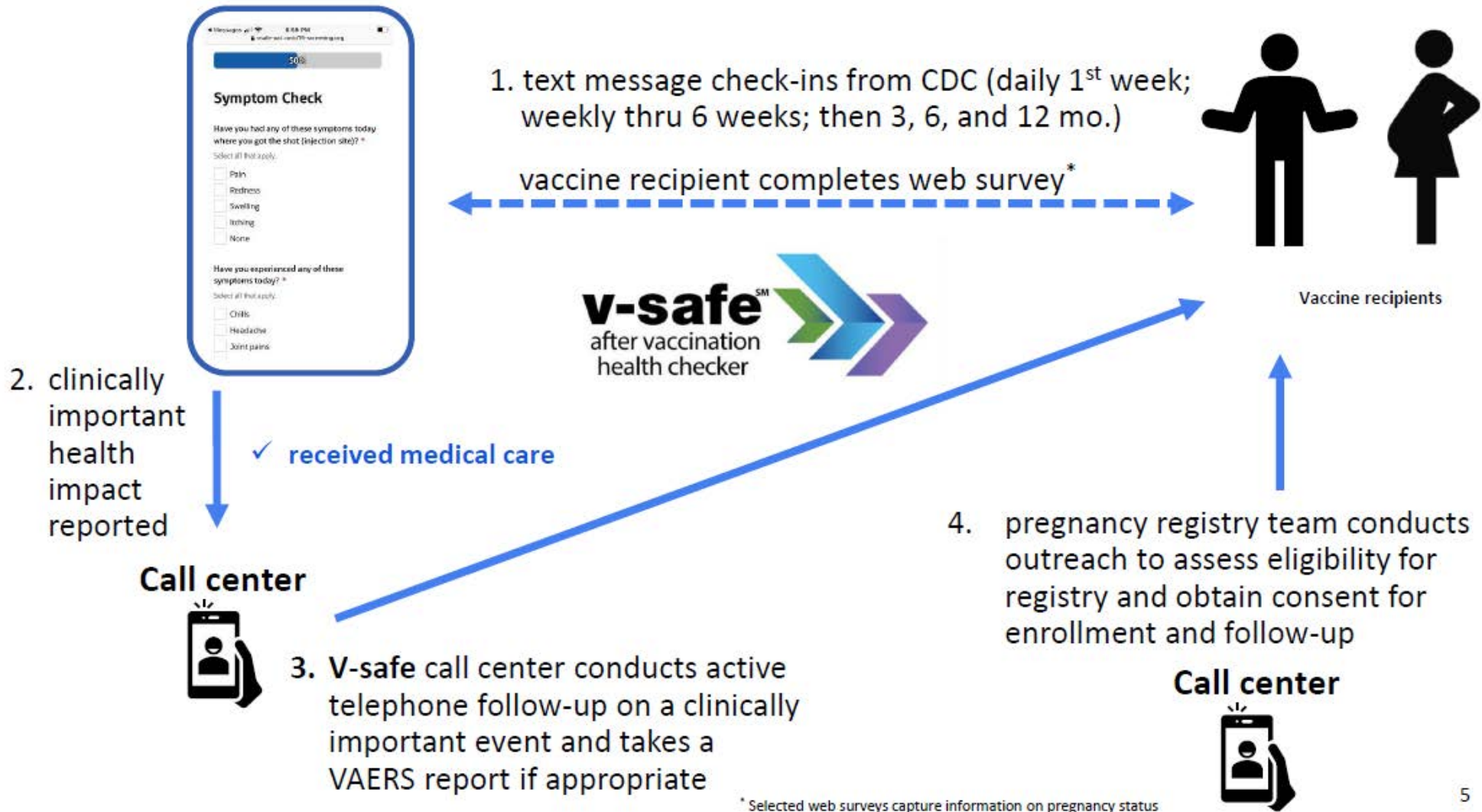


Resources

cdc.gov/vsafe

cdc.gov/coronavirus/2019-ncov/vaccines/safety/troubleshooting

cdc.gov/coronavirus/2019-ncov/vaccines/safety/faq



* Selected web surveys capture information on pregnancy status

Summary of v-safe data

| | Pfizer-BioNTech | Moderna | All COVID-19 vaccines |
|---|-----------------|-----------|-----------------------|
| People receiving 1 or more doses in the United States* | 12,153,536 | 9,689,497 | 21,843,033 |
| Registrants completing at least 1 v-safe health check-in† | 997,042 | 1,083,174 | 2,080,216 |
| Pregnancies reported to v-safe | 8,633 | 6,498 | 15,131 |

* COVID Data Tracker data as of 1/24/2021

† v-safe data as of 1/20/2021, 5:00 AM ET

Source: Advisory Committee on Immunization Practices meeting, 01-25-2021. Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-01/06-COVID-Shimabukuro.pdf>. Accessed 02-02-2021.

Reactogenicity reported to v-safe

| Local and systemic reactions, day 0-7*,† | All vaccines % | Pfizer-BioNTech dose 1 % | Pfizer-BioNTech dose 2 % | Moderna dose 1 % |
|--|----------------|--------------------------|--------------------------|------------------|
| Pain | 70.7 | 67.7 | 74.8 | 70.1 |
| Fatigue | 33.4 | 28.6 | 50.0 | 29.7 |
| Headache | 29.4 | 25.6 | 41.9 | 26.0 |
| Myalgia | 22.8 | 17.2 | 41.6 | 19.6 |
| Chills | 11.5 | 7.0 | 26.7 | 9.3 |
| Fever | 11.4 | 7.4 | 25.2 | 9.1 |
| Swelling | 11.0 | 6.8 | 26.7 | 13.4 |
| Joint pain | 10.4 | 7.1 | 21.2 | 8.6 |
| Nausea | 8.9 | 7.0 | 13.9 | 7.7 |

* v-safe data lock point 1/14/2021, 5 AM ET

† Reported on at least one health check-in completed on days 0-7 after receipt of vaccine

Source: Advisory Committee on Immunization Practices meeting, 01-25-2021. Available at: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-01/06-COVID-Shimabukuro.pdf>. Accessed 02-02-2021.

Is it COVID-19 or a Vaccine Reaction?

COVID-19 Symptoms

that DO NOT occur because of vaccination:

Cough
Shortness of breath
Runny nose
Sore throat
Loss of taste or smell

If you have the above symptoms and you think you may have COVID-19, seek medical advice. You may need testing for COVID-19.

Vaccine Reactions

that ARE similar to COVID-19 symptoms:

Fever
Fatigue
Muscle aches
Diarrhea
Nausea
Headache

Vaccine reactions should go away in a day or two. If you feel very sick, consider seeking medical advice.

Vaccine Reactions

that DO NOT occur with COVID-19 illness:

Soreness, redness, or swelling at injection site

If one of these reactions prevents you from doing normal activities (tying shoes, typing, etc.), seek medical advice.

The COVID-19 vaccine **does not** cause COVID-19 disease.

The COVID-19 vaccine **does not** cause a positive COVID-19 PCR test.

If you just tested positive for COVID-19, follow isolation guidance at: [COVIDvaccineWA.org](https://www.covidvaccineWA.org)



DOH 820-124 January 2021

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Getting Vaccinated for COVID-19



Fighting the pandemic has been hard, but now we have two vaccines to protect us from COVID-19.



Both vaccines are provided at no cost.

The federal government will cover the cost of your vaccine. Providers may charge you a fee to give the vaccine, but health insurance will likely cover it. Providers will waive the fee if you can't afford it.



You will need to get two doses.

You will get two doses of vaccine, three to four weeks apart.



Both vaccines are safe and effective.

The vaccines are 94 to 95 percent effective. The U.S. Food and Drug Administration (FDA) authorized the vaccines for emergency use and found no serious safety concerns. Independent experts confirmed it met high safety and efficacy standards.



People at highest risk will get the vaccine first.

We do not currently have enough vaccine for everyone. As a result, the Department of Health had to make choices about who will get the vaccine first. The first doses will go to high-risk workers in health care settings and residents and staff of long-term care facilities. Everyone will be able to get vaccinated when we have enough doses.



You may feel side effects.

Like other routine vaccines, you may get a sore arm, fever, headaches, or fatigue after getting vaccinated. These are signs the vaccine is working.

Getting Vaccinated for COVID-19

What vaccines are available?

There are two vaccines available:

1. Pfizer-BioNTech
2. Moderna

Both were approved by the FDA for emergency use. Medical experts on the Advisory Committee for Immunization Practices and the Western States Scientific Safety Review Workgroup confirmed the vaccines met our standards for safety.

Who should get a COVID-19 vaccine?

It is your choice to get the vaccine. If you decide to get it, you should tell your vaccine provider if you:

- Have a history of severe allergic reactions
- Have a fever
- Have a bleeding disorder or take blood thinners
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant, plan to become pregnant, or are lactating
- Have received another COVID-19 vaccine

You should not get the vaccine if you have had a serious allergic reaction to a previous dose of the COVID-19 vaccine or to any ingredient in the vaccine.

The vaccines contain the active ingredient, messenger RNA (mRNA), along with fat, salts, and sugars to protect the mRNA and help it work better in the body.

You must be at least 16 years old to get the Pfizer-BioNTech vaccine and 18 years old to get the Moderna vaccine.

What are the side effects?

It is common to have side effects one or three days after getting the vaccine. Common side effects are tiredness, muscle pain, pain in your arm where you got your shot, fever, headache, joint pain, chills, nausea, or vomiting. If your symptoms don't go away, contact your doctor or clinic.

You should wait 15 to 30 minutes before leaving the vaccine site so your vaccine provider can help you if you do have an allergic reaction or other side effects. While you wait, you can sign up for v-safe to report any side effects and get a reminder for your second dose: v-safe.cdc.gov.

You or your vaccine provider can also report side effects to the Vaccine Adverse Event Reporting System (VAERS): vaers.hhs.gov/reportevent.html.

Call 911 if you have an allergic reaction after leaving the clinic. Signs of an allergic reaction include: difficulty breathing, swelling of your face and throat, fast heartbeat, a bad rash all over your body, dizziness, and weakness.

What happens after I get vaccinated?

Make an appointment for your second dose. You'll need to come back in three to four weeks to get your second dose. It will take up to two weeks after your second dose for full protection.

Many people will have to wait months to get vaccinated. After you get the vaccine, keep wearing your mask, stay six feet (two meters) apart, and keep gatherings small to protect those who are not yet vaccinated.

- The risk of severe outcomes from COVID-19 increases with age.
- People with disabilities:
 - Many have underlying medical conditions.
 - Some cannot maintain distance from caregivers.
 - Those with Down Syndrome are more likely to get hospitalized and die from COVID-19 than those without Down Syndrome.¹
- Many states have already begun vaccination of older adults and adults with underlying medical conditions.
 - Some older adults and people with disabilities may face several challenges getting COVID-19 vaccination.
- We will be discussing considerations for vaccinating these groups.

1. www.acpjournals.org/doi/pdf/10.7326/M20-4986

2/16/2021

Detailed Guidance

- Detailed documents on Phase 1B [posted](#)
 - [Summary guidance for Phases 1A and 1B \(PDF\)](#) Updated January 7, 2021
 - [Washington state's interim vaccine allocation and prioritization guidance \(PDF\)](#) Updated January 7, 2021
- More details and answers to frequently asked questions regarding vaccine distribution, planning, safety, efficacy, administration and tracking can be found on our website at:
 - <https://www.doh.wa.gov/Emergencies/COVID19/Vaccine>
- Questions from the public can be sent to our COVID-19 Vaccine Inbox:
 - COVID.Vaccine@doh.wa.gov

References

1. Vaccine effectiveness:

www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-11/COVID-02-Gruber.pdf

www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/02-COVID-Miller.pdf

www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/03-COVID-Gargano.pdf

www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/02-COVID-Douoguih.pdf

www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/03-COVID-Gargano.pdf

2. Public Health COVID data:

https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html

https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html

<https://www.cdc.gov/nchs/data/vsrr/VSRR10-508.pdf>

Communication & Updates

- Washington State Department of Health:
<https://www.doh.wa.gov/>.
- COVID Vaccine Email
 - COVID.Vaccine@doh.wa.gov

Feedback Session

4:45-4:25

Pro-equity Strategies

Partnerships &
Outreach

Addressing
Access Barriers

Equitable
Allocation

Communications
& Outreach

Washington Vaccine Distribution

1. Healthcare systems
2. Pharmacies
3. Employer-based clinics
4. State mass vaccination sites
5. Community vaccination sites
6. Mobile teams
7. Community-based pop-up clinics

Partnership & Outreach

- ❑ Engage and collaborate with trusted community organizations and leaders
- ❑ Community-based scheduling appointments
- ❑ Co-sponsoring vaccine events and outreach with community partners

Proactively Address Access Barriers

- ❑ **Ensure accessibility for People with disabilities**
 - ❑ Review and complete Checklist to Ensure Vaccine Sites are Accessible to People with Disabilities
 - ❑ Know the accommodation needs of your community
- ❑ Create alternative pathways for appointment registration
- ❑ Provide transportation assistance
- ❑ Provide alternative and accessible options for getting vaccine
- ❑ Provide weekend options and extended hours
- ❑ **Ensure Language Access**

Communications & Outreach

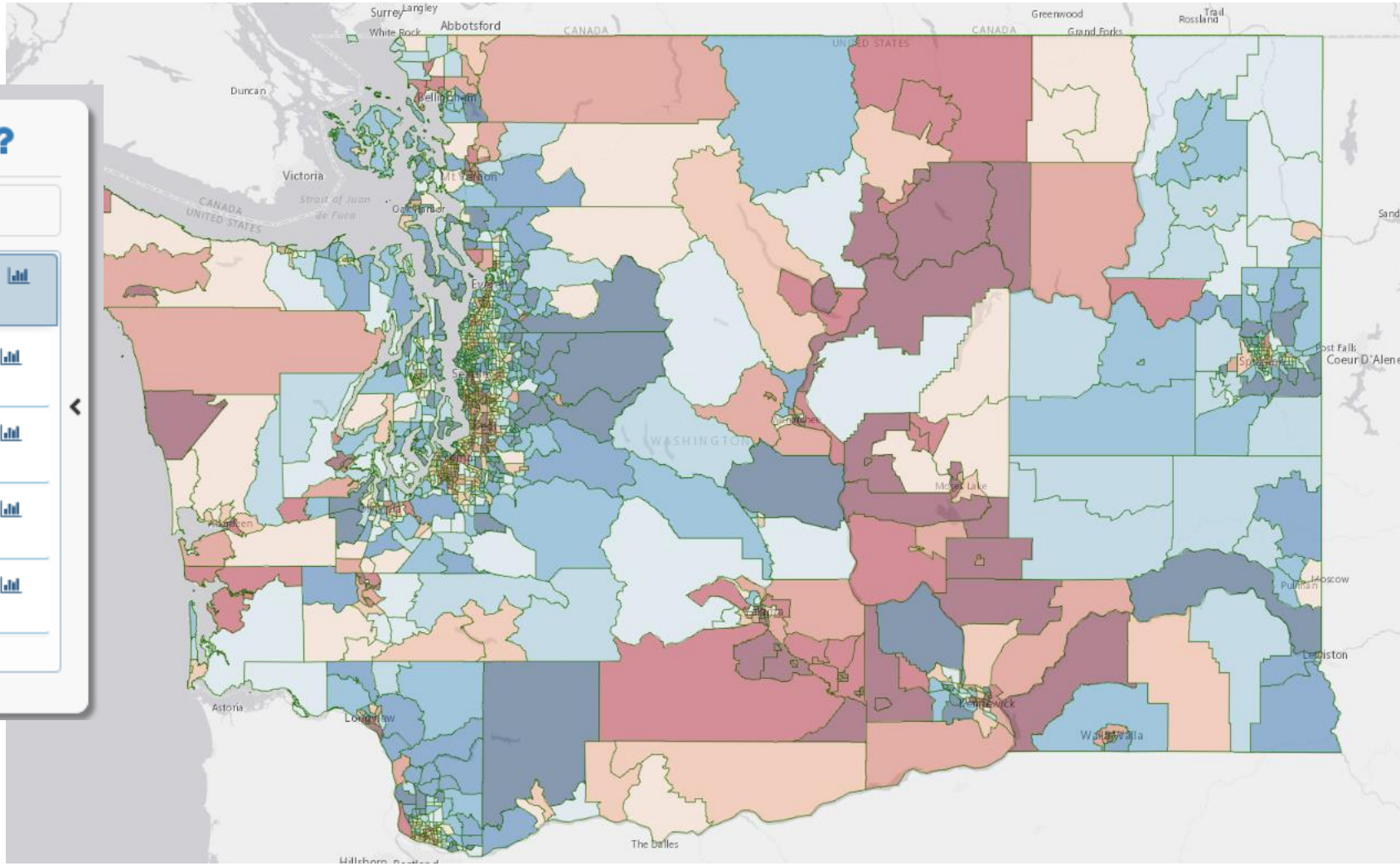
- ❑ **Ensure all communications, education, and outreach efforts are culturally and linguistically appropriate and accessible**
- ❑ Ensure translated and culturally relevant materials are available on-site.
Translation/interpretation services can be offered in-person and via phone service
- ❑ Identify the top languages in your area
- ❑ **Community representative staffing and volunteers**

Equitable Allocation

Equitable site placement

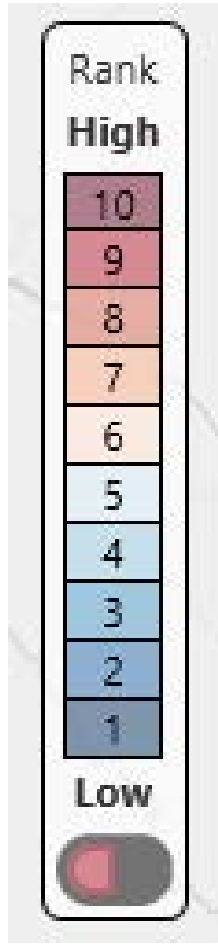
- Equitable Site Planning Tool
- Prioritize communities with higher social vulnerability to COVID-19 by using [Washington Tracking Network, Information by Location Mapping Tool: COVID-19 Social Vulnerability Index](#)
- Prioritize allocation and support to providers who effectively serve disproportionately impacted communities
- Offer advance scheduling to community organizations
- Offer mobile clinics
- Identify community specific place-based sites
- Create an extra dose plan

COVID-19 Social Vulnerability Index



Go Back to Topic Selection

- Social Vulnerability to COVID-19
- Household Composition & Disability
- Housing Type & Transportation
- Race, Ethnicity, & Language
- Socioeconomic Determinants



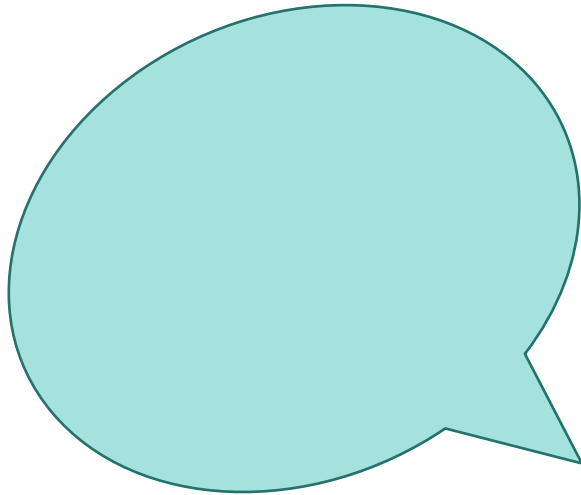
Breakout Rooms

4:45-5:05

Discussion: Pro-equity approaches for vaccine distribution

- What is your overall feedback on these strategies to ensure more equitable access to vaccine?
- Are there any missing items?
- From the list of strategies, what would be most impactful?
- We want to highlight efforts that promote equity. Have you seen any vaccine providers or sites model equitable access?

Share-out: Pro-equity approaches for vaccine distribution



Contact Us

WithinReach Collaborative email: covid19collab@withinreachwa.org

DOH Collaborative email: vax.collaborative@doh.wa.gov

You may receive emails from this email! withinreach@withinreachwa.ccsend.com

