

Legislative and Policy Update

2018 Legislative Session and Bills of Interest

The 2018 legislative session ended on time this year! March 9th was the last day. There were a total of five immunization-related bills introduced this session – the intent of each bill is below. None of the bills passed. We expect that there will be ongoing interest from some constituents locally and across the nation related to immunizations and informed consent that we will continue to monitor.

- [HB2840](#) *Vaccines containing mercury and aluminum*– removes mercury-limiting language and states that any mercury containing vaccine/product may not be purchased, distributed, or administered to anyone in Washington. Also includes new language that no vaccine can exceed certain limits of aluminum.
- [HB2841](#) *Vaccine risk communication* – requires the department to adopt a disclaimer form to inform patients about the potential to get sick even if vaccinated, that vaccination is not guaranteed protection, and to let the patient know about vaccine effectiveness and duration of protection. Health care providers must provide the disclaimer prior to administration. Failure to do so amounts to “unprofessional conduct.”
- [HB2842](#) *Notifying parents about immunization exemptions* – All schools and child cares must notify parents upon enrollment and before vaccines are administered on school/child care grounds that they can exempt their child from immunizations.
- [HB2090](#) *Prohibiting administration of a vaccine without reviewing patient’s full health history* – Requires providers who administer vaccines to review the patient’s full health history and vaccine information (package insert) with the patient prior to vaccine administration. Health care providers who fail to complete these tasks would be in violation of the uniform disciplinary act.
- [HB2092](#) *Immunization Exemption Form* – Removes provider signature and allows parents to sign for all religious exemptions, removes benefit and risk information requirement for parents claiming religious exemptions, removes the department’s ability to include certain language on the exemption form for all exemption types, and includes a place for parents to indicate that they are exercising their freedom of religion.
- [EHB2570](#) *Database of pharmacies offering vaccines and self-administered hormonal contraceptives through collaborative drug therapy agreements* – requires the establishment of a searchable database on the department’s website of all pharmacies with a pharmacist on staff that can prescribe birth control and vaccines.

Other Public Health Legislation of Interest

[Tobacco 21 legislation](#) has been introduced over several sessions but did not pass this year. This bill would have raised the legal age to purchase tobacco and vapor products to 21 in Washington State. The other big bill that passed and was signed by Governor Inslee was [Breakfast after the Bell](#). This

passage of this bill will help schools who serve a large number of low-income students serve breakfast in the classroom to kids who may otherwise struggle to get three meals a day at home. Although many schools serve breakfast, there is often not enough time to eat between when the bus arrives at school and when class begins. This program will allow students to eat breakfast in the classroom, thus giving them a better start to their day of learning. There are other items that may be of interest highlighted in the Governor's newsletter article, [Productive 2018 Legislature passes big wins for Washington](https://medium.com/wagovernor/productive-2018-legislature-passes-big-wins-for-washington-45da0b16404f) (<https://medium.com/wagovernor/productive-2018-legislature-passes-big-wins-for-washington-45da0b16404f>).

State Budget Information

Funding Request

Requested funding for the Washington Immunization Information System (IIS) Interoperability work was not picked up this session. This request was to help support updates to the existing IIS functions to improve data quality and data exchange, and to provide the needed staffing support for this work. We continue to look for other ways to help sustain this work and are discussing within DOH the potential to put this budget request forward again for consideration in the development of the next state budget cycle.

Preventable Hospitalization Pilot-Project

The State supplemental 2018 budget includes funding for a pilot-project involving the Tacoma-Pierce local health jurisdiction to work towards increasing immunizations for pneumonia and flu to help reduce preventable hospitalizations. This work will happen at the local level and the state will not have a significant role.

Immunization Compliance Rulemaking

The Washington State Board of Health (Board) filed a CR-101 Preproposal Statement of Inquiry for Chapter 246-105 WAC, Immunization of Child Care and School Children against Certain Vaccine-Preventable Diseases, as [WSR 18-06-090](#) on March 6, 2018 (attached). The CR-101 announces to the public that the Board is considering updating the rule regarding:

- Documentation of immunization status
- The process for students who are in conditional status
- The reference to the national immunization standards set by the Advisory Committee on Immunization Practices (ACIP)
- Improving clarity and usability of the rule

In 2016, the Board received a petition for rulemaking to change its rule to require students to be fully immunized before school entry. The Board decided at that time not to engage in rulemaking, and suggested that Board and Department of Health (Department) staff continue the discussion with stakeholders about strategies to reduce the administrative burden to schools while decreasing the number of children who are out of compliance with school immunization requirements. The Board and Department will continue these conversations and include additional stakeholders to discuss topics and issues related to conditional status.

The Board will be using this distribution list to keep stakeholders updated and to share information about opportunities to be engaged in the rule change. Please forward this message to others who may be interested in receiving these emails. For more information regarding this rule revision contact [Alexandra Montañó](#) at the State Board of Health, or [Michelle Weatherly](#) at the Department of Health.



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To be included on the Board's Immunizations distribution list, email [Alexandra Montañó](#) with the subject "Immunizations - Subscribe."

U.S. Department of Health and Human Services (HHS) Proposed Rule

The Department recently commented by letter on the HHS [proposed rule](#), "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority," printed in the Federal Register on January 26, 2018 (83 FR 3880). We responded to the request for feedback on the rule's potential to improve or worsen health outcomes. The full letter is included in member packets and touched on the following points that the proposed rule:

- Significantly broadens the criteria by which people or entities can claim conscience objections to deny patients care, the types of entities that must accommodate their employees' or volunteers' objections, and the types of activities to which an entity can object.
- Threatens to directly reduce access to essential health care services, especially for vulnerable populations—including those living in rural areas—and thereby worsen health outcomes.
- Conflicts with program requirements in existing successful HHS programs (e.g., immunizations and family planning) that have been shown to improve outcomes. This change will jeopardize the integrity of and funding for these programs. This would further reduce access to care and lead to poorer health outcomes and wider inequities.
- Does not appropriately balance the conscience rights of providers with health outcomes of their patients or the public health system's role to ensure access to health care services for *all* people.

We recommended HHS withdraw the proposed rule OR strongly urged HHS to revise the language to:

- Allow entities, including states, health systems, clinics, providers, and insurers, to consider significant public health concerns, such as patient access to care, when managing conscience objections.
- Remove requirements for accommodations when they directly conflict with the statutory requirements of HHS programs as determined by the U.S. Congress.

Clinical and Quality Assurance

Upcoming Clinical Webinars

OICP will be hosting several webinars over the spring and summer months. Dr. Elias Kass will be presenting two separate webinars for midwives and naturopathic doctors (NDs). The first webinar for midwives will be held on May 22nd from 12-1pm. The topics will be related to pregnancy and will include flu, Tdap, hep B birth dose, and counseling families about childhood vaccinations. The second webinar for NDs will be scheduled for June 12 from 12-1pm for NDs. The webinar will focus on challenges and successes of discussing immunizations with parents and offer best practices for promoting healthy immunized children.

Tina Objio, a nurse educator from CDC, will present a webinar on August 2nd from 12-1pm for nurses and MAs. She will cover information on vaccine administration errors and practical ways to prevent them.

Registration information for these webinars will be advertised and available soon.

Provider Training Survey

OICP is participating with WithinReach and the Immunization Action Coalition (IACW) to create several free e-courses for healthcare providers that work with underserved or under-resourced communities. The idea is to better support health agencies and providers through distance learning opportunities so they can stay current with immunization best practices. A survey will be sent to providers in April to help us gather information on the most pressing needs of the community and assess training needs and interest for various immunization topics. The survey results will be used to determine the content of the e-courses.

Vaccine Supply and Distribution

Childhood Vaccine Program Transition

The Department is one step closer to implementing changes to the state Childhood Vaccine Program that resulted from discussions with local health jurisdictions on how best to use limited resources to accomplish public health requirements. Starting in April, we will begin communicating with providers that participate in the state Childhood Vaccine Program to share two program changes: the transition of vaccine management related tasks moving to the Department of Health, and VFC and AFIX site visit tasks moving to a regional model, instead of this work being done by all 35 local health jurisdictions. These changes will take place effective July 1, 2018.

Local health jurisdictions will transition vaccine ordering and accountability tasks to the Department of Health, including:

- Vaccine Ordering/Approvals
- Provider Agreements
- Vaccine Storage and Handling
- Vaccine Reporting, Incidents, Returns, and Wastage

- Support and technical assistance for the use of the Immunization Information System

The Department will provide guidance to healthcare providers, including points of contact and instructions to assure these activities are transitioned to the Department. We have two main methods to reach us quickly and efficiently: WACHildhoodVaccine@doh.wa.gov and 360-236-2VAX (2829). We'll also share with providers that nine local health jurisdictions will be conducting VFC and AFIX site visit activities across the state in a regional model effective July 1.

ACIP LAIV Recommendation for the 2018-19 Flu Season

On February 21, 2018, the Advisory Committee on Immunization Practices (ACIP) voted to include the nasal spray flu vaccine (i.e., LAIV) among the recommended influenza vaccines for the 2018-2019 season.

During the meeting, the ACIP heard data from the vaccine manufacturer about a possible root cause of poor effectiveness against the Influenza A H1N1pdm09 virus in the past and a potential solution to address this, which includes using a different type of Influenza A H1N1pdm09 virus in the vaccine. While there is no effectiveness data yet for LAIV containing the new H1N1pdm09 virus against circulating Influenza A H1N1pdm09 viruses, the immunogenicity data suggests it may be effective. Additionally, previous data show LAIV demonstrated effectiveness against all influenza viruses combined and against influenza B viruses.

Despite not recommending LAIV for the past two seasons, there was no significant drop in state or national flu vaccination coverage rates. However, having multiple flu vaccine options may provide the opportunity for more people to be vaccinated. ACIP recommended including LAIV in the options for vaccination next season because of the new information on immunogenicity with the switched Influenza A H1N1 virus, the similar effectiveness of the vaccine against other influenza strains, and the importance of having multiple options for vaccination available.

CDC does not currently have a contract for LAIV, but is working to develop one; in the interim, LAIV will likely be available for private purchase before it is available on public contracts. The timeline for a new CDC contract is not yet finalized. Any LAIV doses ordered as part of this supplemental pre-book would serve to supplement, rather than replace, flu vaccine doses that we already ordered for next flu season; we can't cancel any vaccine we have already ordered.

Providers should note that LAIV is not recommended for use in certain populations (for example, pregnant women, immunocompromised persons, children and adolescents taking aspirin- or salicylate-containing medications, young children with asthma, and certain other groups).

We are planning to survey healthcare providers that participate in the Childhood Vaccine Program about their interest for LAIV vaccine. We welcome any input on anticipated provider or public demand for this vaccine during the coming flu season.

2018 Vaccine Shortage: Hepatitis B

Merck's hepatitis B vaccine, Recombivax, will be mostly unavailable through 2018 due to manufacturing issues. Pediatric Recombivax will be intermittent throughout the year, but there will not be any adult Recombivax doses. GSK has confirmed that they will continue to provide their pediatric hepatitis B vaccine, Engerix.

The CDC will be allocating all brands of hepatitis B vaccine for the year; providers should anticipate having approximately 10% less monovalent hepatitis B vaccine than normal.

Shingrix vs. Zostavax

The American Pharmacists Association has developed a new chart entitled [Key Points to be Aware of Regarding Differences Between Zoster Vaccines](http://www.pharmacist.com/sites/default/files/files/2018ZosterVaccinesChartv9Final.pdf) (<http://www.pharmacist.com/sites/default/files/files/2018ZosterVaccinesChartv9Final.pdf>).

The document provides information about storage requirements, vaccine type, route of administration, dosing intervals, age indications, contraindications, adverse effects, and administration with other vaccines.

Health Promotion and Communication

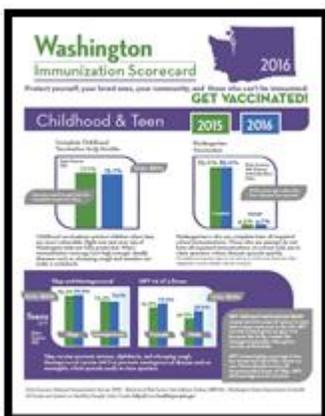
New Version of the Certificate of Exemption (COE) Release

After gathering and incorporating input from providers, school nurses, the public, and other organizations, including VAC members, we have released the revised Certificate of Exemption. The input we received was helpful in simplifying the form and clearly separating medical exemptions from personal or religious exemptions. The revised COE should be used for all children newly enrolling in school or childcare who are requesting an exemption. Children with an older version of the COE already on file do not need to get another COE on the new form.

It is available in English and seven other languages on the DOH Immunizations Forms webpage: <https://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms>

In addition, the updated Certificate of Immunization Status/Certificate of Exemption Frequently Asked Questions resource can be found here:

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Exemptions>



Washington Immunization Scorecard

We have released the [Washington State Immunization Scorecard with updated data from 2016](https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-671-WashingtonImmunizationScorecard.pdf)

(<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-671-WashingtonImmunizationScorecard.pdf>). The new scorecard provides an overview of state immunization data, and is primarily for legislators and public health stakeholders. The scorecard compares Washington's

childhood, teen and adult immunization measures from 2016 with the goals we're trying to reach by 2020.

Many of our immunization rates remained consistent, although rates aren't as high as they need to be in order to protect Washington communities. For example, our flu vaccination rate for all ages is below the 80 percent goal, and our complete kindergarten vaccination rate is below where it needs to be for community protection. However, we did see significant increases in both girls and boys receiving HPV vaccine. We hope to see this number continue to increase so we can prevent future cases of cancer.

The 2016 Immunization Scorecard is available at <https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-671-WashingtonImmunizationScorecard.pdf>. Making sure our state is protected from disease is hard work, but we can get there. Please share this tool with others to easily give them a picture of the work in front of us and ensure we have the resources to accomplish our goals.

If you want to see how we've progressed over time, past scorecards are available on our [website](https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/ImmunizationInformationSystem) at <https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/ImmunizationInformationSystem>).

If you have questions about the scorecard, please contact Danielle Koenig, Immunization Health Promotion supervisor at 360-236-3529 or danielle.koenig@doh.wa.gov.

National Infant Immunization Week (NIIW) - April 21-28, 2018

It's a great time to promote immunizations for 0-2 year olds, celebrate immunization achievements, and recognize those who work hard to improve infant immunization rates.

Don't know where to start? The CDC offers tools to help you.

- [Click here for NIIW information, promotional materials, media, and key messages or visit \(https://www.cdc.gov/vaccines/events/niiw/index.html\)](https://www.cdc.gov/vaccines/events/niiw/index.html). Some pieces are available in Spanish as well as English.
- The [2018 Digital Media Toolkit \(https://www.cdc.gov/vaccines/events/niiw/web-tools/digital-toolkit.html\)](https://www.cdc.gov/vaccines/events/niiw/web-tools/digital-toolkit.html) has sample social media, graphics, and more, split by the audience you'd like to reach.

Easy ways to participate:

- Share DOH's NIIW posts as we make them throughout the week.
- Preschedule a tweet or two for the NIIW Twitter storm, 5-7 a.m. PDT. Aim at a parent audience and use hashtag #ivax2protect on your tweets to participate.
- Send thank-you notes to partners and champions of infant immunization in the community.
- Brainstorm new or nontraditional places you could add outreach. Think moms groups, pharmacists, nonprofits who serve teen parents or pregnant women, WIC programs, etc.
- [Order and put up posters](https://www.cdc.gov/vaccines/partners/childhood/print-ads-posters.html). Posters can be ordered at <https://www.cdc.gov/vaccines/partners/childhood/print-ads-posters.html>.

State Champion: As part of NIIW, on April 25 DOH will be announcing the Washington State CDC Childhood Immunization Champion, and two other immunization awards will be given out by the Immunization Action Coalition of Washington. For more information about attending and meeting the award winners, visit <https://immunitycommunitywa.org/iacw/>.

Let's all work to meet the Healthy People goal of more than 99% of toddlers getting at least one vaccine. Happy #NIIW2018!

A personal story about HPV: SupermanHPV



SupermanHPV is helping to spread the word about HPV-related oral cancer. To raise awareness of HPV, Jason Mendelsohn shares the story of his diagnosis with stage 4 HPV oral cancer, treatment, and survival in a video on his website, www.supermanhpv.com. View the 2:40 minute video: [Jason Mendelsohn's HPV Oral Cancer Testimonial](#).

In April 2014, Jason, a 44-year-old father of three, was diagnosed with stage 4 HPV-related tonsil cancer. His doctors believe he got the HPV virus in college over 25 years ago. Jason wants people to understand that 3 out of 4 adults have HPV by the time they're 30, and about 62% of first-year students in college have HPV.

Did you know?

- More than 12,000 new cases of HPV-related oral cancer are diagnosed in the United States each year.
- Three out of every 4 new cases of HPV-related oral cancer are in men.
- The HPV vaccine, given at age 11 to 12, is the best way to prevent HPV-related cancers, including certain types of oral cancer.

Related Links

- *NBC News*: [A Silent Epidemic of Cancer is Spreading among Men](https://www.nbcnews.com/health/health-news/silent-epidemic-cancer-spreadig-among-men-n811466) (<https://www.nbcnews.com/health/health-news/silent-epidemic-cancer-spreadig-among-men-n811466>) (article, 10/23/2017)
- *NBC Nightly News*: [A Silent Epidemic of Cancer is Spreading among Men](https://www.youtube.com/watch?v=3RaoE_YMf5Y) (https://www.youtube.com/watch?v=3RaoE_YMf5Y) (2-minute video)

Order free laminated 2018 childhood immunization schedules

Each year, the Immunization Action Coalition of Washington creates laminated, pocket-sized childhood immunization schedules (accordion folded to 4"x5") and makes them available for free to healthcare providers in Washington. These immunization schedules are made possible through the support of the Group Health Foundation. Order yours today by filling out the online form at <https://forms.office.com/Pages/ResponsePage.aspx?id=Ji2lbyty6EiZh1Axa8gBpsubF5rzOR5NvJvleUU>

[G-d9URDBDSEVJNTJBUEpFM1c4Tk45WFIEQUYyQS4u](https://www.cdc.gov/vaccines/imz/downloads/pdf/2018-2019-schedule-for-immunization.pdf). Please note that these are intended for healthcare provider use only, not for patients.

| 2018 Recommended Immunization Schedule Ages Birth – 18 Years | | | | | | | | | | | | | | | | | | |
|--|-------|--------|--------|--------|------------|--------|-------|--------|--------|--------|-----------|---------|---------|----------|-----------|-----------|--------|-----------|
| USA • Schedule must be read with footnotes | | | | | | | | | | | | | | | | | | |
| Vaccine ▾ | Age ▶ | Birth | 1 mos | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19-23 mos | 2-3 yrs | 4-6 yrs | 7-10 yrs | 11-12 yrs | 13-15 yrs | 16 yrs | 17-18 yrs |
| Hepatitis B (HepB) ¹ | | Dose 1 | Dose 2 | | | Dose 3 | | | | | | | | | | | | |
| Rotavirus (RV) ² | | | Dose 1 | Dose 2 | Footnote 2 | | | | | | | | | | | | | |
| Diphtheria, Tetanus, acellular Pertussis (DTaP; <7 yrs) ³ | | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | Dose 5 | | | | | |

Order free pocket-size 2017 adult immunization schedules

Order updated 2017 adult immunization schedules from WithinReach. These convenient pocket-size schedules are available for free, and are great resource for healthcare providers and patients. Order them today by [emailing](mailto:ic@withinreachwa.org) your name, mailing address, and desired quantity to ic@withinreachwa.org.

| Recommended Immunizations for Adults | | | | | | | |
|--|-------------|--|---------------|---------------|---------------|---------------|-----------|
| By Vaccine and Age Group | | | | | | | |
| Vaccine ▾ | Age Group ▶ | 19 - 21 years | 22 - 26 years | 27 - 49 years | 50 - 59 years | 60 - 64 years | 65+ years |
| Flu (influenza) | | Flu vaccine every year | | | | | |
| Td/Tdap (tetanus, diphtheria, pertussis) | | Get a Tdap* vaccine once, then a Td booster every 10 years *woman should get Tdap vaccine in the 3rd trimester of every pregnancy | | | | | |
| Chickenpox (varicella) | | 2 doses | | | | | |
| HPV Female (human papillomavirus) | | 3 doses | | | | | |
| HPV Male (human papillomavirus) | | 3 doses | | | | | |
| Shingles (zoster) | | | | | | 1 dose | |

Register now for immunization conferences in May

The National Immunization Conference (NIC) and National Adult and Influenza Immunization Summit (NAIS) will both be held this May in Atlanta, GA, May 15-18. More information is available here: <https://www.cdc.gov/vaccines/events/nic/index.html>.

The National Vaccine Advisory Committee (NVAC) is Seeking Nominations

The U.S. Department of Health and Human Services is seeking nominees to serve on the National Vaccine Advisory Committee (NVAC). The advisory committee recommends ways to achieve optimal prevention of human infectious diseases through vaccine development, and provides direction to prevent adverse reactions to vaccines. NVAC members serve a pivotal role by providing peer review, consultation, advice, and recommendations to the Assistant Secretary for Health, who serves as the Director of the National Vaccine Program.

Nominations will be considered for two voting member positions opening in 2018 and may also be considered for future committee vacancies. Applications must be submitted by **5:00 p.m., EDT on May 4, 2018**.

For information on the committee and how to apply, please visit the [Federal Register Notice](#) and [NVAC Membership](#) webpage (<https://www.federalregister.gov/documents/2018/04/04/2018-06890/solicitation-of-nominations-for-membership-on-the-national-vaccine-advisory-committee>).