

2020 Legislative Session

The Department does not have any proposed immunization legislation for the upcoming legislative session, which is set to begin on January 13, 2020. Although we are not proposing any legislation, the Department is requesting funding for a comprehensive system to decrease immunization out-of-compliance rates in schools and child cares to better protect our communities against vaccine-preventable diseases and potential outbreaks. This system would build on the use of already existing technology, provide education to health care providers, outreach to parents and vulnerable communities with low vaccination rates, and help sustain essential nursing services to school districts.

To learn more about Department legislative proposals, visit:

<https://www.doh.wa.gov/AboutUs/BudgetContractsandGrants/Budget/BudgetProposal>

For general information about the upcoming legislative session and how to find and follow bills of interest visit:

General information <http://leg.wa.gov/>

Bill information <https://app.leg.wa.gov/billinfo/>

Agendas, schedules, and calendars <http://leg.wa.gov/legislature/Pages/Calendar.aspx>

Immunization Exemption Law

[EHB 1638](#) removed the personal and philosophical belief exemption option for measles, mumps, and rubella (MMR) vaccine and took effect on July 28, 2019. It applies to all public and private schools and licensed child cares in Washington State. The law does not change existing religious and medical exemption options. Children who have one of these types of exemptions on file are not affected by the new law and do not need to take any further action. It also does not change personal and philosophical exemptions for other required vaccines.

The law also requires staff and volunteers at licensed child care facilities to provide an immunization record showing they received the MMR vaccine, proof of immunity through documentation of laboratory evidence of antibody titer, a health care provider's attestation of the person's history of measles, or a written certification signed by a health care practitioner stating that the MMR vaccine is not advisable for the person. This portion of the law is under the authority of the Department of Children, Youth, and Families (DCYF), meaning they are implementing this part of the new law. The Department continues to work collaboratively with DCYF on messaging and resources, including MMR vaccine supply for uninsured and underinsured adults through the Adult Vaccine Program. Three new locations to offer free MMR vaccine to child care workers and volunteers were added in August. Immunization locations and details can be found on the Department webpages at: <https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange/MMRVaccinationforChildCareWorkers>

More information and resources, including a regularly updated frequently asked questions (FAQ) can be found on the department webpages at:

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

School and Child Care Immunization Compliance Rulemaking

On August 14, 2019, the Washington State Board of Health (Board) adopted proposed rule changes to chapter 246-105 WAC. Materials from the Board meeting can be found on the Board’s website under item 08 (<https://sboh.wa.gov/OurMeetings/MeetingInformation/2019/August14Olympia>). The proposed rule language that was adopted with amendments can be found at: <https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/08-14/Tab08f-ProposedAmendments-Immunizations.pdf>.

The next step will be for Board and Department staff to file the CR-103, Rule Making Order, and set an effective date for the rule. There will be two effective dates for this rule: Section -040, Requirements based on national immunization guidelines, and section -055, Philosophical and personal exemption for measles, mumps, and rubella vaccine prohibited will go into effect 31 days after the paperwork is filed. The remainder of the rule will go into effect August 1, 2020.

The proposed new rule:

- Clarifies and includes necessary definitions;
- Reflects the most recent publication of the ACIP immunization guidelines;
- Clarifies the authority of the department to require grade level immunization requirements;
- Establishes requirements for the use of medically verified immunization records;
- Incorporates language regarding federal statutes that allow students experiencing homelessness and foster youth to be immediately enrolled even if they are lacking documentation of immunization status;
- Removes the requirement to provide the name or affiliation of the church or religious body regarding religious membership exemptions;
- Includes a new section 246-105-055 regarding EHB 1638 and the removal of personal belief exemptions for the measles, mumps, and rubella (MMR) vaccine;
- Clarifies requirements for students attending under conditional status and includes parental acknowledgement of child in conditional status;
- Includes editorial changes to standardize language with defined terms and updates references to other sections of the rule.

Updated Tdap Recommendations

Michelle Weatherly and Katherine Graff from OICP presented at the October 9th State Board Health on the updated tetanus, diphtheria, and pertussis (Tdap) vaccine recommendations for school and child care entry requirements. Recently adopted immunization compliance rule changes included updating WAC 246-105-040 to reflect the most current publication date of the national immunization guidelines. The 2019 schedule now recommends that children age 7-10 years who received a Tdap vaccine inadvertently or as part of the catch-up series should receive the routine Tdap dose at 11-12 years. The Department recommended to the Board that the immunization requirement be changed from 6th to 7th grade. This change would begin in the 2020-2021 school year but would grandfather in students in grades 8-12. The Board unanimously approved. See below implementation table. Any questions regarding this change can be directed to Katherine Graff (Katherine.graff@doh.wa.gov).

School Year	Grades
2020-2021	7
2021-2022	7, 8
2022-2023	7, 8, 9
2023-2024	7, 8, 9, 10

School Year	Grades
2024-2025	7, 8, 9, 10, 11
2025-2026	7, 8, 9, 10, 11, 12

2018-19 School Year Immunization Data

The school data presented at the July meeting has been published and can be found at <https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/SchoolImmunization>.

School Immunization Reporting

Each year, schools are required to report their students' immunization status by November. This year, the school reporting process is changing a bit. The Department of Health is now letting schools report their school immunization data by survey, by using the school module, or by an approved DOH spreadsheet. Training videos and documentation will be up later this month on the DOH [school reporting web site](#), and schools will have until December 1, 2019 to report their data. The data was extended this year based on the new reporting process.

NIS Teen Data

On August 23, 2019, the Centers for Disease Control and Prevention (CDC) released the 2018 National Immunization Survey (NIS) Teen data, including Washington's immunization rates.

We are currently meeting the adolescent immunization Healthy People 2020 goals for Tdap (80.6%) and are within the confidence interval for meningococcal vaccines (79.6%). The HPV vaccination rate (49.3%) still lags behind. Since all of these vaccines should be given at the same age, **we encourage all healthcare providers to check the vaccination status of their patients at every visit**, and bundle adolescent recommendations for these three vaccines with a [clear, strong recommendation](#).

We are concerned that our teen MMR rate (88.3%) is below the community immunity level needed to prevent the spread of measles (95%). We also saw a statistically significant decrease in varicella coverage from 2017 to 2018 (92.0% to 85.0%). **Checking a patient's immunization records at every visit will help you catch them up on any missed childhood vaccines, like MMR and varicella.**

Review all Washington and U.S. teen immunization measures on [the CDC's TeenVaxView website](#). The article about the nationwide data is in the CDC's [Morbidity and Mortality Weekly Report](#). If you have any questions about this data, please contact leigh.wallis@doh.wa.gov.

Accountability Audit: Universal Vaccine Fund

The State Auditor's office recently completed an accountability audit of a few Department of Health programs, including universal vaccines. The full report from the State Auditor is attached and also available on this website:

<https://portal.sao.wa.gov/ReportSearch/Home/ViewReportFile?arn=1024307&isFinding=false&sp=false.pdf>.

There were no official findings with this audit, however, there was one recommendation for us around strengthening the process to ensure receipt by providers of frozen vaccine shipments before payment.

More detail is below about the specifics of the audit and next steps regarding the recommendation we received.

Accountability Audit Summary

Entrance: The State Auditor's Office (SAO) performed an FY18 accountability audit on the Universal Vaccine fund, 16G.

Objective: Did DOH get the vaccines that they paid for?

Testing: Examined payments for vaccine purchases to ensure they were adequately supported and medical providers received the vaccines.

- Reviewed 30 non-frozen vaccine bulk purchase orders. The auditors selected the PO numbers and DOH's Accounting office pulled the copies for auditors to come onsite and review.
- Reviewed 25 frozen direct ship vaccine orders by selecting invoice numbers and requesting screenshots from the electronic systems for receiving and ordering vaccines. Washington Immunization Information System received order screen and VTrckS order screens.

Exceptions:

- Non-frozen vaccine: no exceptions
- Frozen: Not confirming receipt of vaccine by provider prior to payment

Exit Item:

The following was provided by the State Auditor's Office:

We are providing the following exit recommendations for management's consideration. They are not referenced in the audit report. We may review the status of the following exit items in our next audit.

Frozen vaccines purchases

In fiscal year 2018, the Department spent \$9.3 million to purchase universal frozen vaccines. We examined 25 invoices and determined the payments were allowable and adequately supported. However, we found the Department did not verify if frozen vaccines were received by medical providers prior to payment. Using the Department's Immunization Information System, we confirmed that all vaccines related to the selected payments were received.

We recommend the Department develop a procedure to ensure that frozen vaccines are received prior to payment.

Outcomes:

The Vaccine Management Section is developing a process to confirm receipt of frozen vaccine. The program will test the new process and implement.

Influenza Disease Update

CDC recommends that influenza vaccination should be offered by the end of October. Children aged 6 months through 8 years who require 2 doses (see Children Aged 6 Months Through 8 Years) should receive their first dose as soon as possible after the vaccine becomes available to allow the second dose (which must be administered ≥ 4 weeks later) to be received by the end of October. CDC reported that although local outbreaks can occur earlier, 75% of the 36 influenza seasons preceding 2018-2019, peak activity did not occur until January or later and in 58% the peak occurred in February or later. ¹ More details about ACIP recommendations can be found at:

https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm?s_cid=rr6803a1_w

1 CDC. The flu season. Atlanta, GA: US Department of Health and Human Services, CDC; 2015. <https://www.cdc.gov/flu/about/season/flu-season.htm>

2019 Flu and Pneumococcal Letters

On September 20, 2019, the annual flu and pneumococcal letters were sent digitally to all long-term care and assisted living providers in WA State. These letters are written jointly by the Department of Health (DOH) and

the Department of Social and Health Services to strongly recommend and encourage providers to immunize their residents and staff against flu and pneumonia (in those for whom it is appropriate) this year. Each letter contains recommendations on flu and pneumococcal immunization, as well as additional tips and resources to help prepare for the current flu season. To view the letters, please visit DOH's webpage: [Influenza \(Flu\) Information for Public Health and Healthcare](#) and look under the subheading, Flu Communications to Providers. The six letters are listed under Long Term Care and Assisted Living.

Influenza Vaccine Update

0.5mL Fluzone Availability (6 months - 18 years):

- 129,480 doses available for ordering

5.0mL Multi-Dose Vial Fluzone Availability (3 - 18 years):

- 108,360 doses available for ordering

0.5mL FluLaval Availability (6 months - 18 years):

- 109,170 doses available for ordering

0.2mL single dose FluMist Availability (2 - 18 years):

- 1,960 doses available for ordering

***0.5mL single dose Flucelvax Availability (4 - 18 years):**

- 9,810 doses available for ordering

*Only available to providers participating in the pilot this season.

Washington Hepatitis A Outbreak Alert

Washington State is experiencing a hepatitis A outbreak in multiple counties in people who are living homeless or use drugs. The hepatitis A vaccine is the best way to prevent hepatitis A virus infection. People who are at high risk of becoming infected should get vaccinated. These high risk groups include: people experiencing homelessness, people who use drugs, gay and bisexual men, and people who are or were recently in jail or prison. Vaccination is recommended for all children starting at 1 year of age, for travelers to certain countries, and for people at high risk for infection with the virus.

- Current case count from January 1, 2019- October 3, 2019: 72 cases, 35 hospitalizations, and 0 deaths.
- The case count for this outbreak is updated each week by 5 pm Thursday on the DOH website at www.doh.wa.gov/hepatitisA2019, where you can also find educational resources and guidelines for prevention.
- There are hepatitis A outbreaks across the United States with an increased rate of hospitalizations and deaths. Learn more at www.cdc.gov/hepatitis/HepAOutbreak.

Hepatitis A Outbreak – Partner Alerts

The Department posted a series of letters to alert partners about the hepatitis A outbreak occurring among people experiencing homelessness and/or who use drugs in our state. Links to the alerts are below. Please share these messages through your organizations and networks. Our goal is to message broadly about the outbreak and encourage prevention through vaccination. For updates on case counts, visit the DOH website: www.doh.wa.gov/hepatitisA2019.

Communication Alerts

These are letters alerting external partners of the hepatitis A outbreak in Washington State.

- [Hospital Emergency Departments, Infection Preventionists, and Administrators](#)
- [Homelessness Service Providers](#)
- [Correctional Facilities](#)
- [Substance Use Treatment Providers](#)
- [Community Clinics and Pharmacies](#)

Other Resources

Below are a couple of new resources that may help in your hepatitis A outbreak response efforts. All materials can be found on DOH's [hepatitis A outbreak webpage](#).

The Centers for Disease Control and Prevention has put together a [Hepatitis A Vaccine Hesitancy Guide](#).

- This Guide was developed to help vaccinators and outreach workers respond to individuals at risk for hepatitis A who are hesitant about getting vaccinated. *Potential responses should be tailored to the specific situation; these are provided as a general guide and may be used in part or in their entirety.*
- People who are at high risk of becoming infected should get vaccinated. These high-risk groups include: people experiencing homelessness, people who use drugs, gay and bisexual men, and people who are or were recently in jail or prison.

The *American Journal of Public Health* recently published a full text online article on September 10, "[Outbreaks of Hepatitis A in US Communities, 2017-2018: Firsthand Experiences and Operational Lessons From Public Health Responses.](#)"

- This study can inform response activities in places with outbreaks and also help prepare for possible future outbreaks in at-risk populations.
- This article covers challenges and solutions in sanitation and hygiene infrastructure, hepatitis A vaccination, health workforce availability and surge capacity, communication and stigma, and partnerships and coordination with local law enforcement and other stakeholders.

AFIX/IQIP Update

Initial in person training for the Immunization Quality Improvement for Providers (IQIP) for the nine regional Local Health Jurisdiction (LHJ) leads was completed. IQIP is CDC's new immunization quality improvement replacement for the AFIX (Assessment, Feedback, Incentives, eXchange) program which has been used for the past 25 years and works with Vaccine For Children's (VFC) providers throughout Washington. The LHJ regional leads completed 257 out of 252 required AFIX visits this past budget year. The IQIP program promotes on time vaccination for childhood and adolescent and gives flexibility to providers to focus on three core strategies: Leveraging the IIS to improve rates, making a strong recommendation, and scheduling the next appointment at time of visit. The LHJ region IQIP consultants will prioritize providers that are not meeting Healthy People 2020 immunization goals for childhood and adolescent.

Advisory Committee on Immunization Practices (ACIP) Meeting

The next ACIP meeting is October 23-24, 2019. The agenda includes topics on pertussis vaccine, adult and childhood immunization schedule revisions, flu vaccine, and Ebola vaccine for the first day. On the second day, topics include dengue vaccine, rabies vaccine, measles informational session, and a vaccine supply update. Registration information and meeting materials can be found by visiting the Centers for Disease Control and Prevention website at: <https://www.cdc.gov/vaccines/acip/meetings/index.html>

2019 Washington Immunization Summit

The second Washington State Immunization Summit hosted by WithinReach on October 8, 2019 at the Lynnwood Convention Center was a success! This one-day event with 250 attendees included topics on the measles outbreak, vaccination schedule updates, communicating about vaccines, working with special & at-risk populations, and the Washington State Immunization Information System (IIS).