
2020 Legislative Session

The 2020 legislative session started on January 13th and expected to go through March 12th. The Department is not proposing any new immunization legislation this year. So far this session, there have been two immunization-related bills re-introduced from last year:

HB 1275 concerning a database to monitor vaccine adverse events. This bill requires the department to establish a program to monitor adverse vaccine reactions. The program will establish a statewide data base to collect reports from patients and health care providers of adverse reactions; make the reporting process accessible through the Department's website; upon becoming aware of a reaction from vaccination, a health care provider must report to the database within 7 days; failure of a provider to report a reaction is considered unprofessional conduct; publish an annual report to summarize information; make the database available to all researchers requesting access; collect \$1 fee from health care providers for each vaccine administered. Collected fees must be deposited in the adverse vaccine reaction monitoring account in the state treasury that may only be used for supporting the program.

HB 1276 concerning the prevention of mercury exposure. This bill states that persons in Washington State responsible for purchasing, distributing, prescribing, or selling prescription drugs and devices, biological products must give priority and preference to products that contain no mercury-added compounds. Persons who may be exposed to a mercury-containing product must be notified and warned prior to exposure and given the opportunity to avoid the exposure. It amends RCW 70.95M.115 by removing the Secretary of Health's authority to suspend mercury limits during a vaccine-preventable disease outbreak and for children under 18 years of age. The following are required by September 1:

- Pregnant women and people under eighteen years of age may not be vaccinated or injected with any product that contains or was manufactured with mercury in any amount.
- A person who is eighteen years of age and older may not be vaccinated with or injected with a mercury-containing product that contains more than 0.5 micrograms of mercury per 0.5 milliliter dose. A person must be informed of the presence of mercury in the product prior to accepting or declining vaccination.
- An employer may not require vaccination or administration of any product that contains mercury in any amount as a condition of employment.
- In the event of the suspension of the thimerosal limit, a mercury warning must be issued to healthcare providers and the general public. The mercury warning must be posted visibly where the mercury-containing products are available. In addition, the department of health must widely distribute information about alternative prevention measures for the targeted infection, such as good hygienic practices and healthy lifestyle choices, to healthcare providers and the public.
- Inform the person to be offered or prescribed any mercury-containing product of the amount and potential health consequences prior to accepting or declining vaccination.

The bill search tool for full text is available here: <https://app.leg.wa.gov/billinfo/>.

Auditor's Office report finds gaps in student immunization records

On Dec. 19, the State Auditor's Office published a performance audit, "*Common Barriers to Compliance with Student Immunization Requirements.*" The report is available here: <https://www.sao.wa.gov/performance-audits/featured-performance-audit-report/>.

The Department of Health appreciates the auditor's attention in making sure kids are healthy, safe, and ready to learn on day one. School compliance with vaccination is important and helps children in Washington remain healthy.

- We understand some schools may have a hard time with compliance. Meeting state immunization requirements does take a great deal of effort for school districts, and while we have no role in enforcing school immunization requirements, we are committed to providing tools and support to make compliance easier. We are also committed to working with our partners to ensure that children in our state are vaccinated against preventable illnesses and ready to learn in school.

If you have any questions about school immunization requirements, please contact Greg Endler at Greg.Endler@doh.wa.gov.

School and Child Care Immunization Compliance Rulemaking

In November 2019, the State Board of Health updated the immunizations rules in WAC 246-105, which will become effective 1 August 2020. There are some three major changes to the rules which impact immunization status which are identified below:

- Requires medically verified immunization records for school and child care entry
- Clarifies conditional status in regards to school and child care immunization requirements and implementation
- Changes the tetanus, diphtheria, pertussis (Tdap) immunization requirement to 7th through 12th grades
- As part of the updated rules, the Certificate of Immunization and the Certificate of Exemption have been revised.

More information about the rule change can be found at <https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/RuleChanges>.

School Immunization Reporting

Annual school immunization reporting is underway. Data is expected to be available in May 2020 and will be shared with VAC at a future meeting.

Immunize Washington Campaign

The 2020 campaign has launched and nominations are open until February 17, 2020. The 2020 campaign marks the 6th year for the recognition program. This program recognizes clinics who reach immunization rate goals for toddlers and adolescents – we encourage you to review your rates and nominate your clinic! More information can be found at:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/ImmunizeWA>.

Hepatitis A outbreak and webinars

Washington State continues to experience a hepatitis A outbreak in multiple counties, including among people who are living unhoused or who use drugs. Statewide case counts are updated on the DOH website weekly: www.doh.wa.gov/HepatitisAOutbreak. Since April 2019 through January 10, 2020, there have been 167 hepatitis A cases total, including 94 (58%) hospitalizations, and 3 (2%) deaths.

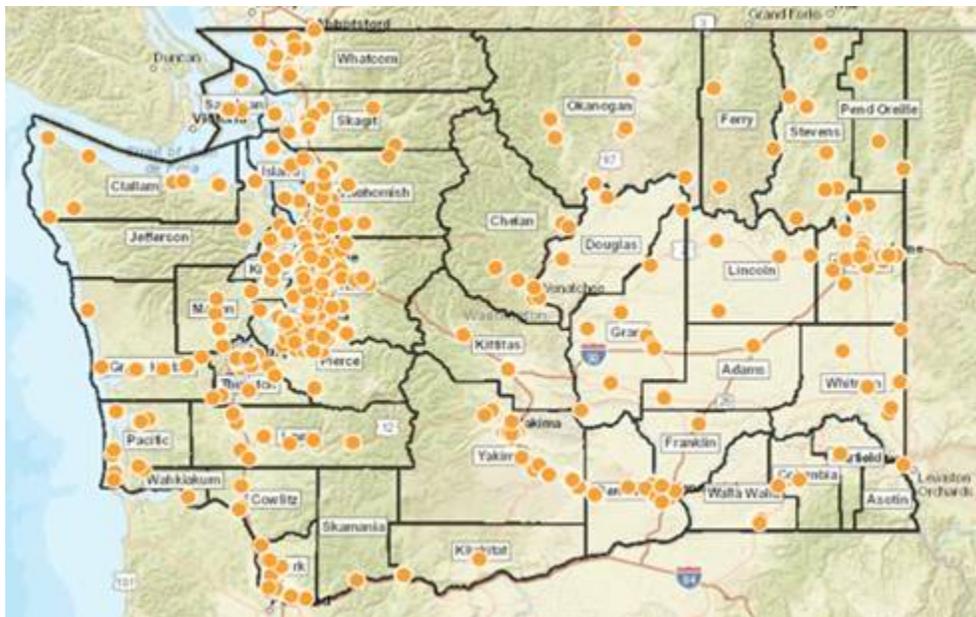
The Washington Association for Community Health hosted a webinar November 13 to discuss the current hepatitis A outbreak, populations at risk, vaccine recommendations, and strategies to implement prevention and treatment. Webinar slides and recording are available on the Washington Association for Community Health website at: <https://www.wacomunityhealth.org/virtual-learning-events>. DOH is collaborating with the Washington State Hospital Association (WSHA) to host a similar webinar for scheduled for February 20.

DOH launches new provider map

Check out our new interactive provider map (<https://fortress.wa.gov/doh/vaccinemap/>)! It can be used to identify providers who receive publicly supplied vaccines through the Childhood Vaccine Program and Adult Vaccine Program. The map is updated twice each year. Contact the provider in advance regarding availability of supply and for more information regarding the policies associated with the practice.

The provider map is linked on the following DOH webpages:

- Washington State Adult Vaccine Program (<https://www.doh.wa.gov/YouandYourFamily/Immunization/Adult/AdultVaccineProgram>)
- Childhood Vaccine Program (<https://www.doh.wa.gov/cvp>)



Toolkit to promote MyIR now available

MyIR (My Immunization Record - <https://wa.myir.net/>) is an electronic portal for consumers to access their and their family's official immunization records online. Once signed up for a MyIR account, consumers can view, download, and print their and their family's official immunization records and the Certificate of Immunization Status pre-populated right from the portal. If you're interested in promoting MyIR, there's a toolkit available to help here:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-738-MyIRToolkit.pdf>. It includes messages, images, text, flyers, and videos for promoting MyIR. Content in the toolkit is free and can be used on your social media platforms, websites, and any other channels you use to distribute information to people who may need access to their immunization records.

Feel free share the toolkit with others who may want to promote MyIR. Thank you for helping us increase awareness of MyIR and promote consumer access to immunization records. If you have any questions or concerns, please contact Lonnie Peterson (lonnie.peterson@doh.wa.gov) or DOH's project partner, Katie Iser (kiser@aing.com). E-mail immunematerials@doh.wa.gov to order copies of the MyIR promotional flyer or access online here:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-519-WA-MyIR-card.pdf>.

DOH Flu Updates



Stay up to date on flu information and news by visiting www.knockoutflu.org and find links to current statewide flu activity and health promotion resources.

NPR's 'You Asked About the Flu'



National Public Radio's Short Wave hosted an episode on November 14, 2019 about the flu. Listen here: <https://one.npr.org/?sharedMediaId=779024029:779155740> (about 11 minutes) or read the transcript here: <https://www.npr.org/transcripts/779024029>.

Description: How can you tell if you have the flu, or the common cold? Why does your arm hurt after you get the flu shot? And can getting the flu shot give you the flu? In this episode of Short Wave, the hosts answer listeners' flu-related questions with the help of Dr. Nicole Bouvier at the Icahn School of Medicine at Mount Sinai.

Advisory Committee on Immunization Practices (ACIP) Meeting

The meeting schedule for 2020 is: February 26-27; June 24-25; October 28-29. The agenda for February's meeting has not yet been released.

New ACIP recommendations for pneumococcal vaccine

The CDC released updated recommendations from the Advisory Committee on Immunization Practices (ACIP) for use of the pneumococcal conjugate (PCV13) vaccine in the November 22 Morbidity and Mortality Weekly Report located here:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm?s_cid=mm6846a5_w.

What is the change to the PCV13 vaccine recommendation?

PCV13 vaccination is no longer routinely recommended for all adults aged ≥ 65 years. Instead, shared clinical decision-making for PCV13 use is recommended for persons aged ≥ 65 years who do not have an immunocompromising condition, CSF leak, or cochlear implant and who have not previously received PCV13.

Rationale: ACIP changed the recommendation for PCV13 use in adults because PCV13 use in children has led to sharp declines in pneumococcal disease among both adults and children.

ACIP still recommends a routine single dose of PPSV23 for adults aged ≥ 65 years. If a decision to administer PCV13 is made, PCV13 should be administered first, followed by PPSV23 at least 1 year later.

Q: “Can I still get the HPV vaccine if I’m older?”

In light of the recently expanded age range and shared clinical decision-making recommendation for the HPV vaccine for those age 27 through 45 years, Dr. Paul Offit discusses the use of the HPV vaccine in those older than 13 years of age. Watch the short video (<https://www.chop.edu/video/can-i-still-get-hpv-vaccine-if-i-am-older>) or read the transcript on the Vaccine Education Center's webpage.

Webinar recording: “Everyday Ethics: Dilemmas We Face When Parents Refuse Vaccines”

On November 21, 2019, Spokane Regional Health District hosted a webinar, “Everyday Ethics: Dilemmas We Face When Parents Refuse Vaccines.” Dr. Doug Opel led the discussion on ethics through the use of a case study and walked participants through various responses. It was an engaging and informative webinar! Listen to the webinar recording here:

<https://www.youtube.com/watch?v=M3XjL8QpfC8&feature=youtu.be>.

Dr. Stanley Plotkin’s work in developing the rubella vaccine

Check out a new video that recognizes Dr. Stanley Plotkin’s work in developing the rubella vaccine and putting a stop to congenital rubella syndrome in the world. CRS’s terrible outcomes in infants can include blindness, deafness, congenital heart disease, and developmental delay. The video was produced by Hillemanfilm.com in collaboration with the Children’s Hospital of Philadelphia’s Vaccine Education Center. Learn more at <https://hillemanfilm.com/stanley-plotkin>.

Animated flu, HPV, and measles videos from Tennessee

Check out these awesome animated digital videos produced by the Tennessee Department of Health as part of a larger media campaign in their state, which also included billboards, bus wraps, print ads and social media posts:

- Flu: <https://www.youtube.com/watch?v=oCNUVjD7Clg>
- HPV: <https://www.youtube.com/watch?v=PfgS31AfGvs>
- Measles, flu and HPV: <https://www.youtube.com/watch?v=QsYTLNsPVzQ>

The Vaccines Project from The Washington Post

The Washington Post has new videos addressing controversial questions about vaccines. Called “The Vaccines Project,” Post reporter Anna Rothschild interviews museum curators and researchers to address each question. Each nine- to 10-minute video addresses a topic that healthcare providers who offer vaccines have most likely also addressed — many times. Episode one starts with some history, but Rothschild quickly moves to addressing vaccine ingredients and vaccine safety in episodes two and three, respectively.

The first three episodes are available from the project page on The Post’s website here:

https://www.washingtonpost.com/video/national/health-science/the-vaccines-project/200-years-of-vaccine-skepticism--the-vaccines-project-episode-1/2019/08/29/d3d93e02-b455-4064-9e82-bddefbb3bc56_video.html or directly on YouTube:

- 200 years of vaccine skepticism:
https://www.youtube.com/watch?v=Stv3SZ7toPI&list=PL8QBkS_wk32UE5j5cVDCJLFopALEx2oGT
- What ingredients are in vaccines?
https://www.youtube.com/watch?v=joyIsFaVX0Q&list=PL8QBkS_wk32UE5j5cVDCJLFopALEx2oGT&index=2
- Are vaccines safe?
https://www.youtube.com/watch?v=pVPxLNPr1I&list=PL8QBkS_wk32UE5j5cVDCJLFopALEx2oGT&index=3

Scarlet’s Story on DOH Vaccine Stories webpage



Rebecca Hendricks lost her five-year old daughter, Scarlet Taylor, to the flu on December 19, 2014. At the time, she was completely unaware flu could be so serious and that it kills people. Rebecca is now a strong advocate for flu vaccination, and she shares her story so that no one has to endure what she did. She created a nonprofit in honor of her daughter called The End-Flu Project (<https://endfluzaproject.org/>).

Rebecca believes any protection the flu vaccine offers is better than no protection from not getting the vaccine. *“I’d take 10 percent if it meant that much of a difference [between life and death]. Her symptoms could’ve been less, her little body could’ve handled it better if she had gotten that vaccine.”*

Please watch the video and read Scarlet's Story on our Vaccine Stories webpage. Share Scarlet's Story through your various channels so we can encourage parents to vaccinate their children against flu. Flu-related complications, including death, are largely preventable with the flu shot.

Scarlet's Story: <https://www.doh.wa.gov/YouandYourFamily/Immunization/VaccineStories#flu>.

Vaccine Stories: <https://www.doh.wa.gov/YouandYourFamily/Immunization/VaccineStories>

If you (or someone you know) would like to share how you have been impacted by a vaccine-preventable disease or why you choose to get yourself or your family vaccinated, please email us at OICP@doh.wa.gov. We are thankful for our vaccine advocates who are willing to share their stories in the hopes that lives will be protected.

CDC Vaccine Safety Update: Two Large Gardasil 9® Safety Studies Published in Pediatrics, Along with Commentary

On Monday, November 18, *Pediatrics* published the first post-licensure safety monitoring reviews on Gardasil 9 (human papillomavirus 9-valent vaccine, recombinant; 9vHPV) from CDC + FDA's Vaccine Adverse Event Reporting System (VAERS) and CDC's Vaccine Safety Data Link (VSD). The separate reviews looked at adverse events following 9vHPV from December 2014 through December 2017, and October 2015 through October 2017, respectively. Overall, **the analyses did not identify any unexpected safety problems with Gardasil 9 and support the favorable safety profile that was established in pre-licensure clinical trials.**

This information will be updated on CDC's Safety Information about HPV Vaccine webpage and Frequently Asked Questions on the HPV Vaccine Safety webpage.

Links to the free articles in Pediatrics

Shimabukuro TT, Su JR, Marquez PW, Mba-Jones A, Arana JE, Cano MV. **Safety monitoring of 9-valent human papillomavirus vaccine in the Vaccine Adverse Event Reporting System (VAERS).** *Pediatrics* <https://pediatrics.aappublications.org/content/early/2019/11/14/peds.2019-1791>

Donahue JG, Kieke BA, Lewis EM, Weintraub ES, Hanson KE, McClure DL, Vickers ER, Gee L, Daley MF, DeStefano F, Hechter RC, Jackson LA, Klein NP, Naleway AL, Nelson JC, Belongia EA. **Near Real-Time Surveillance to Assess the Safety of 9-valent Human Papillomavirus Vaccine.** *Pediatrics* <https://pediatrics.aappublications.org/content/early/2019/11/14/peds.2019-1808>

Meissner, HC. **From Peyton Rous to the HPV Vaccine: A Journey of Discovery and Progress.** *Pediatrics* <https://pediatrics.aappublications.org/content/early/2019/11/14/peds.2019-2345>

Key Findings:

Safety monitoring of 9-valent human papillomavirus vaccine in the Vaccine Adverse Event Reporting System (VAERS): Researchers reviewed submitted reports of adverse events following 9vHPV from December 2014 through December 2017. There were 7,244 reports submitted: 97.4% (7,058) were classified as non-serious, and 2.6% (186) were classified as serious and **no unexpected or concerning patterns were found.**

Findings of the review indicate that 9vHPV's safety profile is similar to that observed for its predecessor, the quadrivalent HPV vaccine (4vHPV); in prelicensure clinical trials, 9vHPV experienced slightly greater reports of swelling (where the shot was given) and fever.

Near Real-Time Surveillance to Assess the Safety of 9-valent Human Papillomavirus Vaccine (VSD):

Using CDC's Vaccine Safety Datalink (VSD) – a data system that uses electronic health records from several large integrated healthcare systems in the United States – researchers conducted two years of near real-time safety monitoring from October 2015 through October 2017 of 9vHPV for 11 pre-specified adverse events, including anaphylaxis, allergic reaction, appendicitis, Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy, injection site reaction, pancreatitis, seizure, stroke, syncope, and venous thromboembolism. During this time period, nearly 839,000 doses of 9vHPV were administered to individuals ages 9-26 years. Through weekly monitoring and medical evaluation, the **analysis did not identify any unexpected safety problems with 9vHPV.**

How it moves the evidence base:

Both articles are published in the same issue of Pediatrics, and collectively represent the largest, most comprehensive post licensure safety data on 9vHPV. The findings support the favorable safety profile of 9vHPV that was established in pre-licensure clinical trials. They are also the first published safety studies on 9vHPV by CDC's Immunization Safety Office.

These large studies add significant weight to the body of scientific evidence that overwhelmingly supports the safety of HPV vaccine.

- VAERS: The review included 7,244 reports submitted to VAERS following 9vHPV vaccination over a three-year period and found no unexpected or concerning patterns of adverse events.
- VSD: This large post-licensure study documented early 839,000 9vHPV doses administered over a two-year period and did not identify any unexpected safety problems with the vaccine. This is the largest epidemiologic safety study to date on 9vHPV using CDC's Vaccine Safety Datalink (VSD).

Why it matters:

CDC is aware of public concerns about the safety of HPV vaccine, as well as misinformation that is circulated on the internet and within specific communities regarding adverse events following HPV vaccination. The vaccine has a well-documented safety record, and these studies mark important progress in CDC's ongoing efforts to expand the body of scientific knowledge about the safety of HPV vaccines, and address safety concerns expressed by the public and medical community.

The human papillomavirus (HPV) is one of the most common sexually transmitted infections that causes certain cancers, and the HPV vaccine can protect against certain types of human papillomavirus. The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination for both males and females starting at age 9.

9vHPV is currently the only HPV vaccine available for use in the United States. It was approved by the Food and Drug Administration in December 2014 and became the third licensed HPV vaccine, following bivalent (2vHPV) and quadrivalent (4vHPV) vaccines. Of note, this study builds on prior safety studies for 4vHPV, which have provided an important foundation of safety information for

9vHPV because the vaccines are manufactured using a similar process and contain 4 of the same antigens: HPV types 6, 11, 16, and 18. The 9vHPV vaccine adds 5 additional antigens, providing protection against 9 types of cancer-causing human papillomaviruses.

Resources:

- The latest CDC guidance for Human Papillomavirus Vaccine:
For providers: <https://www.cdc.gov/hpv/hcp/index.html>
For parents: <https://www.cdc.gov/hpv/parents/index.html>
- Safety Information on HPV Vaccine
<https://www.cdc.gov/vaccinesafety/vaccines/hpv-vaccine.html>
- ACIP recommendation for HPV Vaccine
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html>
- Vaccine Information Statement (VIS) for HPV vaccine
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hpv.html>
- Gardasil 9 (human papillomavirus 9-valent vaccine, recombinant; 9vHPV) package insert:
<https://www.immunizationinfo.com/wp-content/uploads/Gardasil-9-Prescribing-Information.pdf>

Public Health Fellowship Opportunity for Nurses

AACN is pleased to announce a new AACN-CDC fellowship opportunity focused on managing a project comprised of national leaders in nursing education and implementing recommendations for development of immunization resources for undergraduate nursing curricula. The Fellow will be a member of the Communications and Education Branch in the Immunization Services Division at CDC's National Center for Immunization and Respiratory Diseases. The fellow can expect to provide services that will be used to coordinate and develop an undergraduate nursing education product that is anticipated to be utilized nationwide.

To be eligible for the fellowship, applicants must have at a minimum a completed master's degree (including students completing degree requirements in the spring 2020). The term of this fellowship is 12 months beginning in July 2020 and located at CDC headquarters in Atlanta, GA. Applications for the fellowship are due Thursday, February 6, 2020. For more information on the fellowship, please see the announcement at <https://www.aacnnursing.org/Portals/42/Population%20Health/AACN-CDC-Fellowship-2020.pdf> or contact the Associate Director of Population Health Initiatives Allison Jacobs at ajacobs@aacnnursing.org.