



CVP TRAINING SERIES

Office of Immunization
Childhood Vaccine Program
April 18, 2024

Topics Covered



CLINICAL
UPDATES



VACCINE
ORDERS



VACCINE
CHOICE

Clinical Updates

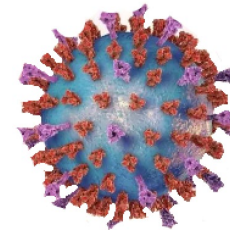
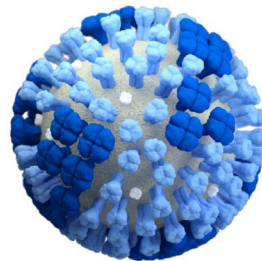
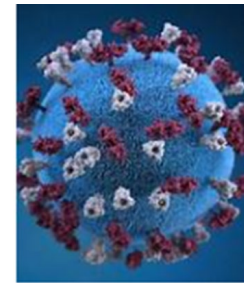
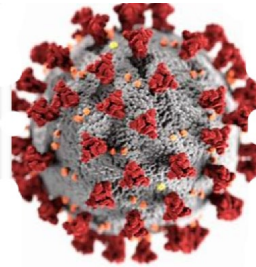
Heidi Kelly, MS, RN-BC

Email: immunenurses@doh.wa.gov



Agenda

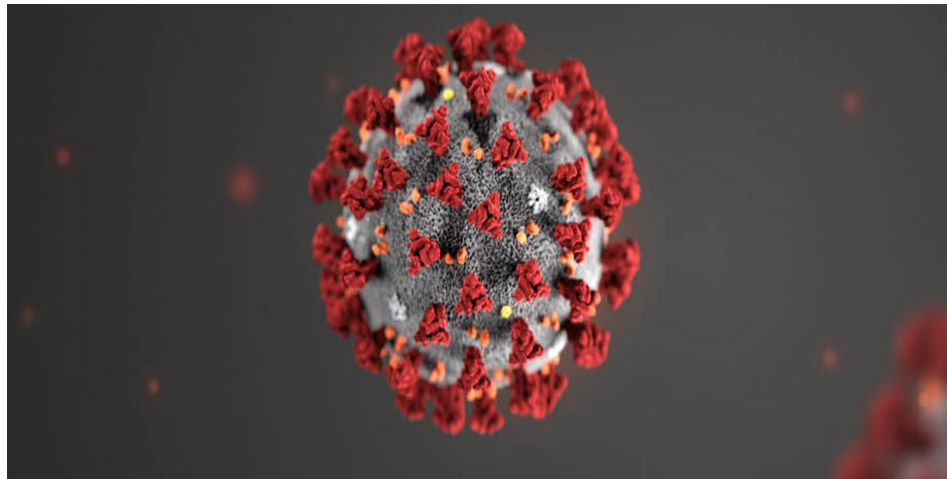
- COVID-19 Vaccine
- Influenza Vaccine
- RSV Vaccine
- **Measles
- DT-Tdap
- Increase in Meningococcal Serogroup Y



SOURCE: [Respiratory Syncytial Virus \(RSV\) – NFID](#)

SOURCE: [Details - Public Health Image Library \(PHIL\) \(cdc.gov\)](#)

COVID-19



Early Estimates of Updated 2023–2024 (Monovalent XBB.1.5) COVID-19 Vaccine Effectiveness Against Symptomatic SARS-CoV-2 Infection Attributable to Co-Circulating Omicron Variants Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, September 2023–January 2024

Ruth Link-Gelles, PhD¹; Allison Avrich Ciesla, PhD^{1,2}; Josephine Mak, MPH¹; Joseph D. Miller, PhD³; Benjamin J. Silk, PhD¹; Anastasia S. Lambrou, PhD¹; Clinton R. Paden, PhD¹; Philip Shirk, PhD¹; Amadea Britton, MD¹; Zachary R. Smith, PhD³; Katherine E. Fleming-Dutra, MD¹

Abstract

On September 12, 2023, CDC's Advisory Committee on Immunization Practices recommended updated 2023–2024 (updated) COVID-19 vaccination with a monovalent XBB.1.5–derived vaccine for all persons aged ≥6 months to prevent COVID-19, including severe disease. During fall 2023, XBB lineages co-circulated with JN.1, an Omicron BA.2.86 lineage that emerged in September 2023. These variants have amino acid substitutions that might increase escape from neutralizing antibodies. XBB lineages predominated through December 2023, when JN.1 became predominant in the United States. Reduction or failure of spike gene

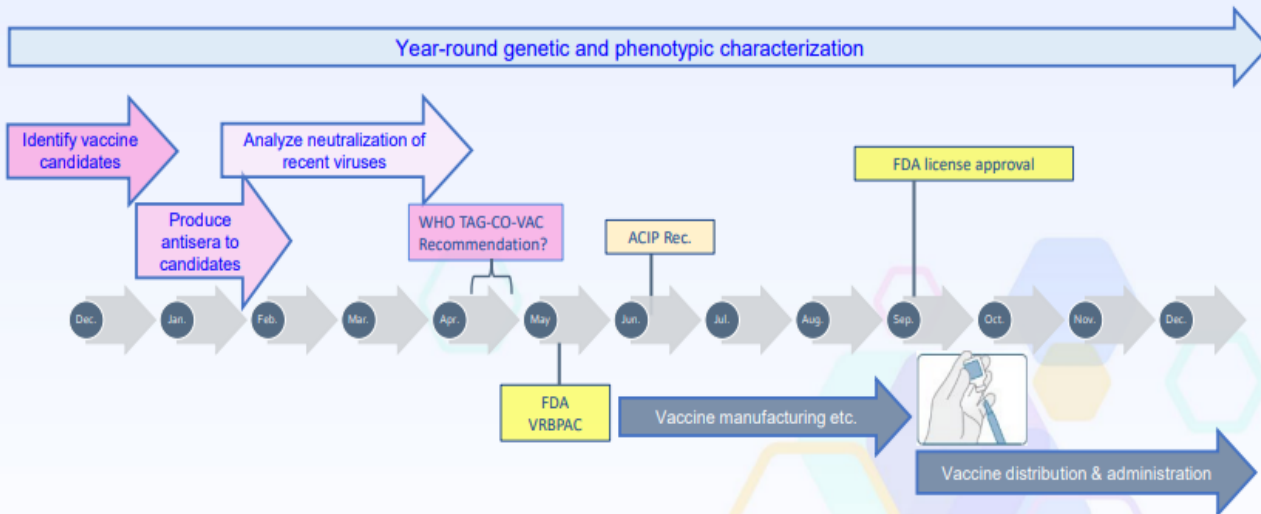
monovalent COVID-19 vaccine (*I*). Most persons aged ≥5 years are recommended to receive 1 updated dose. These vaccines contain a component from the SARS-CoV-2 Omicron XBB.1.5 lineage and unlike previous COVID-19 vaccines, do not contain the ancestral SARS-CoV-2 strain. During the period of analysis, XBB lineages predominated early, many with evolutionarily advantageous amino acid changes in the spike gene (*S*-gene). In September 2023, the divergent JN.1 lineage was detected in the United States. JN.1 has more than 30 mutations in the spike protein compared with XBB.1.5, including a change (L455S) similar to one found in circulating XBB lineages (L455F).* JN.1 accounted for 69%

Source: <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7304a2-H.pdf>

Summary of Findings

- In 2023, CDC recommended an updated COVID-19 vaccine as a monovalent XBB.1.5 formulation with the JN.1 variant becoming the most predominant by January 2024.
- Study showed the updated COVID-19 vaccine provided approximately 54% increased protection against symptomatic SARS-CoV-2 infection compared with no receipt of vaccine.
- Vaccination provides protection against JN.1 and other circulating lineages.
- CDC will continue monitoring COVID-19 VE, including against severe diseases and for expected waning.
- All persons age 6mos and up should receive updated 2023-2024 COVID-19 vaccine

Revised Time Frame for 2024-2025 COVID-19 Vaccine Availability



Proposed changes: WHO-TAG-CO-VAC mid-late April (exact date to be determined), FDA VRBPAC in May, ACIP in June

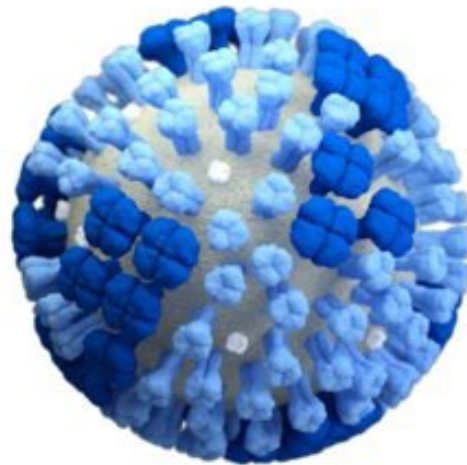
Slide for discussion purposes. Information is approximated and exact timelines for manufacturing are inferred.

WHO: World Health Organization | TAG-CO-VAC: Technical Advisory Group on Covid-19 Vaccine Composition | FDA: Food and Drug Administration | VRBPAC: Vaccines and Related Biologic Products Advisory Committee | ACIP: Advisory Committee on Immunization Practices

[Vaccines and Related Biologic Products Advisory Committee May 16, 2024 Meeting Announcement - 05/16/2024 | FDA](https://www.fda.gov/oc/2024/05/16/vaccines-and-related-biologic-products-advisory-committee-meeting-announcement-05162024)

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/07-COVID-Panagiotakopoulos-508.pdf>

Influenza



SOURCE: [Details - Public Health Image Library\(PHIL\) \(cdc.gov\)](#)

Influenza B/Yamagata and 2024-25 Influenza Vaccines

- Quadrivalent influenza vaccines introduced in 2013-14 to provide broader coverage of influenza B viruses.
 - Quadrivalents contain one influenza B virus from each lineage (Victoria and Yamagata).
 - Transition from trivalents to quadrivalents complete by the 2021-22 influenza season.
- No confirmed influenza B/Yamagata viruses in global surveillance since March 2020.
- WHO and the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) have recommended excluding B/Yamagata from influenza vaccines.
- WHO has made recommendations for Northern Hemisphere 2024-25 vaccines.
 - Decisions regarding composition are made by individual national regulatory authorities.
- VRBPAC to discuss composition of 2024-25 U.S. influenza vaccines on March 5, 2024.

[Recommended composition of influenza virus vaccines for use in the 2024 southern hemisphere influenza season \(who.int\)](#)

[Vaccines and Related Biological Products Advisory Committee October 5, 2023 Meeting Announcement - 10/05/2023 | FDA](#)

[Recommended composition of influenza virus vaccines for use in the 2024-2025 northern hemisphere influenza season \(who.int\)](#)

[Vaccines and Related Biological Products Advisory Committee March 5, 2024 Meeting Announcement - 03/05/2024 | FDA](#)

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/02-influenza-Frutos-508.pdf>

Use of Trivalent Influenza Vaccines for the 2024-2025 U.S. Influenza Season



Lot Release

[Lot Distribution Database \(LDD\)](#)

[Seasonal Information for Influenza Virus Vaccine](#)

FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met on March 5, 2024, to discuss and make recommendations on the selection of influenza viruses for the composition of influenza vaccines for the 2024-2025 U.S. influenza season. This follows the October 5, 2023, VRBPAC meeting during which FDA and the committee engaged in scientific discussion pertaining to the continued need for a quadrivalent formulation of seasonal influenza vaccine for the U.S. as there have been no confirmed detections of circulating B/Yamagata lineage viruses worldwide after March 2020.

Influenza B viruses are classified into two lineages: B/Yamagata and B/Victoria. However, the evidence indicates that the B/Yamagata lineage virus no longer poses a public health threat. During the October 2023 meeting, the committee unanimously voted to recommend excluding the B/Yamagata lineage component from quadrivalent seasonal

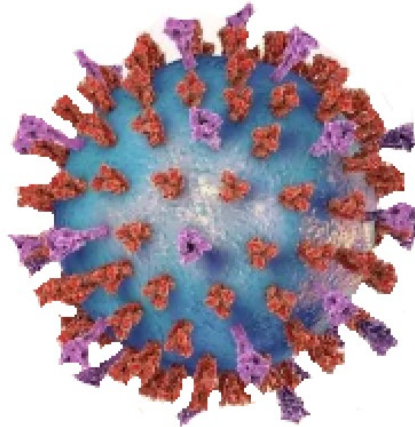
Content current as of:
03/05/2024

Regulated Product(s)
Biologics
Vaccines

Health Topic(s)
Vaccinations

Source: <https://www.fda.gov/vaccines-blood-biologics/lot-release/use-trivalent-influenza-vaccines-2024-2025-us-influenza-season>

RSV



SOURCE: Respiratory Syncytial Virus (RSV) – NFIID

ACIP RSV Immunization Seasonal Recommendations Summary*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Infants and children (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†					
Pregnant people (Pfizer, Abrysvo)	Administer during September–January in most of the continental U.S.					ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†							
Adults 60+ (Pfizer, Abrysvo; GSK, Arexvy)	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.												

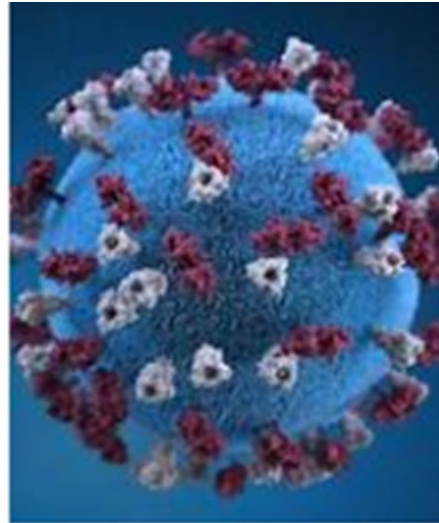
	Recommended timing for immunization		Timing NOT recommended for immunization, except in limited situations (as indicated in chart)
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*The current slide reflects only the seasonal timing of vaccination for each population. For full RSV vaccine recommendations, please see: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rsv.html>
 †In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance.

Updates

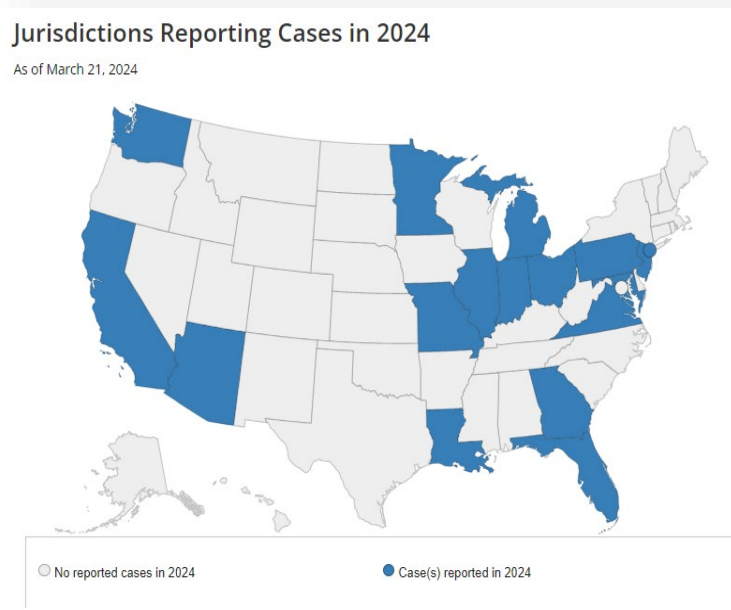
ACIP discussed the safety and effectiveness of current and future RSV vaccines and plans to either affirm or revise the current RSV recommendations for older adults at the June ACIP meeting.

Measles



https://www.cdc.gov/measles/images/disease-measles3.jpg?_=19896

Increase in Measles Cases Worldwide and in the US



[Measles Cases and Outbreaks | CDC](#)

- Decrease in measles vaccination rates globally have increased the risk of measles outbreaks worldwide, including in the US.
- Measles cases brought into the US by travelers infected while in other countries.
- Most cases come from unvaccinated US residents.
- Although there is high population immunity against measles in the US, there are small pockets of low coverage in some communities leaving them at higher risk for outbreaks.

Email from Office of Immunization (3/1/4/24)

OFFICE OF IMMUNIZATION

Washington State Department of Health

Measles outbreaks have been reported in Washington state, the U.S., and around the world in 2024. Measles outbreaks often originate when unvaccinated or under-vaccinated persons are exposed during international travel and then transmit the disease to other people who are not vaccinated against measles when they return. Recent reports of measles importations are reflective of ongoing global measles transmission and a growing [global threat](#) from the disease. As of March 8, 2024, a total of 45 [measles cases were reported to CDC by 17 jurisdictions](#).

In Washington, 11 confirmed cases of measles have been reported since late December 2023. The most recent reported measles activity which could have affected the general public was reported in a [press release by Spokane Regional Health District](#) in February.

Healthcare providers should be on alert for patients who have:

(1) febrile rash illness and [symptoms consistent with measles](#) (e.g., cough, runny nose, or red, watery eyes), especially if they

HAN Report

Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

[Print](#)



Distributed via the CDC Health Alert Network
March 18, 2024, 12:30 PM ET
CDCHAN-00504

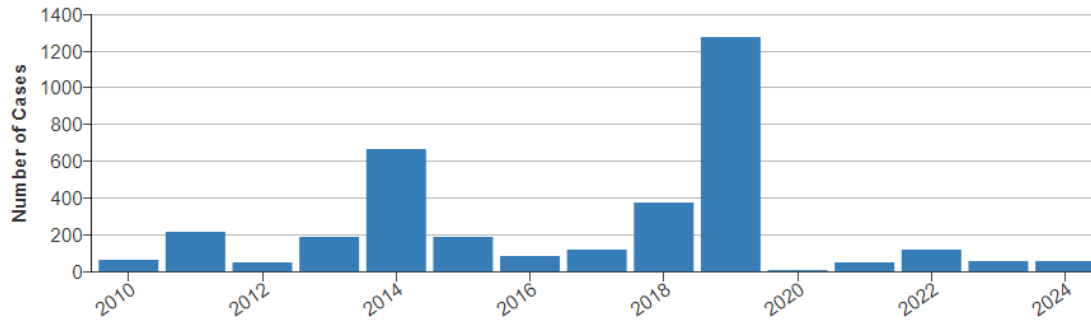
Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and public health officials of an increase in global and U.S. measles cases and to provide guidance on measles prevention for all international travelers aged ≥ 6 months and all children aged ≥ 12 months who do not plan to travel internationally. Measles (rubeola) is highly contagious; one person infected with measles can infect 9 out of 10 unvaccinated individuals with whom they come in close contact. From January 1 to March 14, 2024, CDC has been notified of 58 confirmed U.S. [cases of measles](#) across 17 jurisdictions, including seven outbreaks in seven jurisdictions compared to 58 total cases and four outbreaks reported the entire year in 2023. Among the 58 cases reported in 2024, 54 (93%) were linked to international travel. Most cases reported in 2024 have been among children aged 12 months and older who had not received measles-mumps-rubella (MMR) vaccine. Many countries, including travel destinations such as Austria, the Philippines, Romania, and the United Kingdom, are experiencing measles outbreaks. To prevent measles infection and reduce the risk of community transmission from importation, all U.S. residents traveling internationally, regardless of destination, should be current on their MMR vaccinations. Healthcare providers should ensure children are current on routine immunizations, including MMR. Given currently high population immunity against measles in most U.S. communities, the risk of widescale spread is low. However, pockets of low coverage leave some communities at higher risk for outbreaks.

SOURCE: https://emergency.cdc.gov/han/2024/han00504.asp?ACSTrackingID=USCDC_511-DM124774&ACSTrackingLabel=HAN%20504%20-%20General%20Public&deliveryName=USCDC_511-DM124774

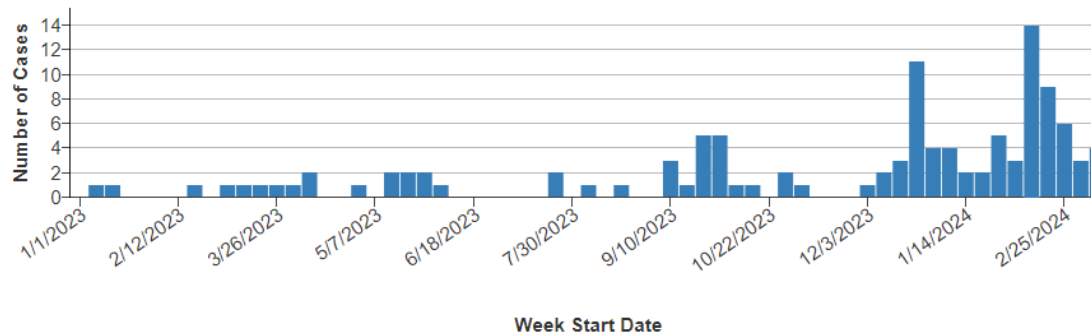
Number of measles cases reported by year

2010-2024* (as of March 14, 2024)



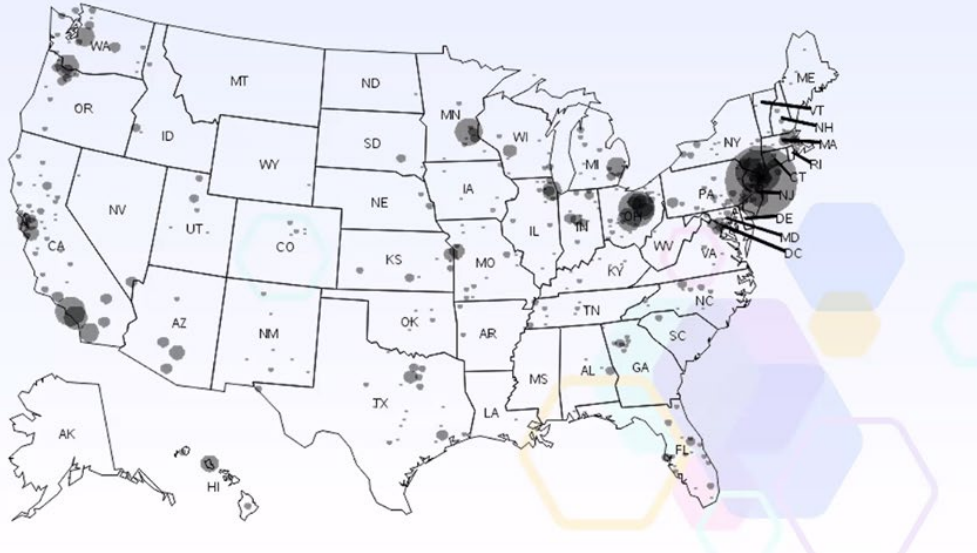
Number of measles cases reported by week

2023-2024* (as of March 14, 2024)



Measles cases in 2024
As of March 14, 2024, a total of 58 measles cases were reported by 17 jurisdictions: Arizona, California, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Minnesota, Missouri, New Jersey, New York City, Ohio, Pennsylvania, Virginia, and Washington.

Wide Geographic Distribution, Most Limited (2001-2023)



CDC call
03/20/24

Characteristics of reported measles case-patients

- **Median age: 10 years (range: 0–89 years)**
- **Vaccination Status**
 - Unvaccinated: 2,836 (69%)
 - Unknown Status: 790 (19%)
 - Vaccinated: 488 (12%)
- **Importation Status**
 - 821 (20%) internationally imported
 - 3,293 (80%) US-acquired

Measles, Mumps, Rubella (MMR) Vaccine

- **Routine vaccination schedule**

- Dose 1: age 12–15 months
- Dose 2: age 4–6 years

- **International travelers aged ≥ 6 months**

- Age 6–11 months: 1 dose prior to departure
- Age ≥ 12 months: 2 doses prior to departure, separated by at least 28 days

CDC call 03/20/24

[Plan for Travel - Measles | CDC](#)

Which travelers are at risk?

You are at risk of measles infection if you have not been fully vaccinated or have not had measles in the past and you travel internationally to areas where measles is spreading.

Before international travel: Make sure you're protected against measles

The best way to protect yourself and your loved ones from measles is by getting vaccinated. You should plan to be fully vaccinated at least 2 weeks before you depart. If your trip is less than 2 weeks away and you're not protected against measles, you should still get a dose of the [measles-mumps-rubella \(MMR\) vaccine](#). The MMR vaccine protects against all 3 diseases.

- Two doses of MMR vaccine provide 97% protection against measles.
- One dose provides 93% protection.

Call your doctor, your local health department, or [locate a pharmacy or clinic near you](#) to schedule an appointment for a MMR vaccine. CDC does not recommend measles vaccine for infants younger than 6 months of age.

Infants under 12 months old who are traveling

- Get an early dose at 6 through 11 months
- Follow the recommended schedule and get another dose at 12 through 15 months and a final dose at 4 through 6 years

Children over 12 months old

- Get first dose immediately
- Get second dose 28 days after first dose

Teens and adults with no evidence of immunity*

- Get first dose immediately
- Get second dose 28 days after first dose

* Acceptable evidence of immunity against measles includes at least one of the following:

- Written documentation of adequate vaccination
- Laboratory evidence of immunity
- Laboratory confirmation of measles, or
- Birth in the United States before 1957



Planning a trip outside the U.S.?

[Find out if you need measles vaccine](#)

Recommendations for Parents and International Travelers

- Even if not traveling, ensure children receive all recommended doses of MMR.
- Check [destination](#) of travel for measles outbreaks.
- Parents should check for child's MMR status and ensure they receive any needed doses at least 2 weeks before departure.
- After travel, watch for measles for at least 3 weeks upon return to the US. Report any symptoms and ensure provider is aware of international travel.

MEASLES OUTBREAK Protect Families & Communities with MMR Vaccine

The United States has had more than 1,000 cases of measles in 2019.

Measles is highly contagious respiratory disease caused by a virus. It can be serious for young children. Protect your families and communities by making sure everyone is up to date on measles vaccine, including before traveling abroad.

MEASLES
Measles spreads through the air when an infected person coughs or sneezes. It is so contagious that if one person has it, up to 9 out of 10 people around them will also become infected if they are not protected.
Measles starts with a fever. Soon after, it causes a cough, runny nose, and red eyes. Then a rash of tiny, red spots breaks out. It starts at the head and spreads to the rest of the body. The rash can last for a week, and coughing can last for 10 days. Measles can cause serious health complications, such as pneumonia or encephalitis, and even death.

CHILDREN NEED 2 DOSES OF MEASLES VACCINE
The best way to protect against measles is with a combination vaccine that provides protection against three diseases: measles, mumps, and rubella (MMR). The MMR vaccine is proven to be very safe and effective.
CDC recommends that children get one dose at each of the following ages:
• 12 through 15 months
• 4 through 6 years
Ask your doctor if you and your family have received all recommended doses of MMR for best protection against measles.

MMR VACCINE IS SAFE & EFFECTIVE
The MMR shot is very safe and effective at preventing measles (as well as mumps and rubella). Vaccines, like any medicine, can have side effects, but most people who get the MMR shot have no side effects. The side effects that do occur are usually very mild, such as a fever, rash, soreness or swelling where the shot was given, or temporary pain and stiffness in the joints (mostly in teens and adults). More serious side effects are rare.
Scientific studies and reviews continue to show that there is no link between vaccines and autism. Vaccine ingredients do not cause autism. Numerous scientists have studied MMR vaccine and thimerosal, and they reach the same conclusion: there is no link between MMR vaccine or thimerosal and autism.

BEFORE TRAVELING ABROAD
Each year, unvaccinated people get infected while in other countries and bring the disease into the United States and spread it to others. Before any international travel...
• Infants 6–11 months old need 1 dose of measles vaccine*
• Children 12 months and older need 2 doses separated by at least 28 days
• Teenagers and adults who do not have evidence of immunity[†] against measles should get 2 doses separated by at least 28 days
*Infants who get one dose of MMR vaccine before their birthday should get two more doses according to the routinely recommended schedule (one dose at 12 through 15 months of age and another dose at 4 through 6 years of age or at least 28 days later).
[†]Applicable evidence of immunity against measles includes at least one of the following: written documentation of adequate vaccination; laboratory evidence of immunity; laboratory confirmation of measles, or birth in the United States before 1957.

Talk to your healthcare professional if you have questions about measles, and visit CDC's website for more information: www.cdc.gov/measles
June 2019

[Measles Outbreak Fact Sheet-
June 2019 \(cdc.gov\)](#)

DOH Measles Webinar

- [Measles Prevention and Control Webinar | Washington State Department of Health](#)

The screenshot displays the Washington State Department of Health website. At the top left is the logo with the text "Washington State Department of HEALTH". To the right are links for "About Us", "Contact Us", and "Newsroom", along with a search bar. A dark blue navigation bar contains menu items: "You & Your Family", "Community & Environment", "Licenses, Permits, & Certificates", "Data & Statistical Reports", "Emergencies", and "Public Health & Provider Resources". Below this is a breadcrumb trail: "Home | You & Your Family | Immunization | Immunization Training | Measles Prevention And Control Webinar - April 3, 2024". The main content area features a sidebar on the left titled "In this section" with a highlighted "Immunization Training" category. The main heading is "Measles Prevention and Control Webinar". Below the heading are links for "Presentation Slides (PDF)" and "Watch the recording". At the bottom is a dark blue button with white text that says "Complete the evaluation" followed by a right-pointing arrow.

Poll 1

Td-DTaP

Background

- CDC recommends a primary series of 5 DTaP vaccines for children <7 years
- For children aged <7 years who developed a contraindication to pertussis-containing vaccines, CDC previously recommended DT instead of DTaP
- The sole DT vaccine manufacturer in the United States discontinued DT production
- Last lot expired in April 2023
- No DT vaccine is available in the United States

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/01-DT-Hughes-Santoli-508.pdf>

Contraindication specific to pertussis vaccine component

- The only contraindication specific to the pertussis component in DTaP is encephalopathy within 7 days of vaccination, not attributed to another cause.
- Exact numbers are unknown, but occurrence of this adverse reaction is extremely rare.
- CDC issued updated vaccination guidance for young children with a contraindication to pertussis-containing vaccines.

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/01-DT-Hughes-Santoli-508.pdf>

Guidance

- CDC recommends young children receive DTaP as the first dose in the diphtheria, tetanus, and pertussis childhood vaccination series.
- CDC recommends continued use of DTaP unless a contraindication to pertussis-containing vaccines develops.
- For young children who develop a contraindication to pertussis-containing vaccines, vaccine providers may administer Td for all recommended remaining doses in place of DTaP.

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/01-DT-Hughes-Santoli-508.pdf>

Uncertain impact on diphtheria protection

- Td is licensed for ages ≥ 7 years
- Td contains a lower dose of diphtheria toxoid compared to DT
- Limited data suggest that low-dose diphtheria toxoid-containing vaccines may not reliably generate a protective diphtheria seroresponse.

Key Points

- CDC recommends a series of diphtheria, tetanus, and pertussis vaccine (DTaP) for children aged younger than 7 years.
- Use tetanus and diphtheria vaccine (Td) off-label for children aged <7 years who develop a contraindication to pertussis-containing vaccine.
- If Td is used, follow the same schedule that would be used for DTaP.
- Children who receive Td in place of DTaP may have sub-optimal protection against diphtheria.

Poll 2

Increase in Meningococcal Serogroup Y and MenACWY Vaccine

Increase in Invasive Serogroup Y Meningococcal Disease

- Increase in invasive meningococcal disease related to *Neisseria meningitidis* serogroup Y
- In 2023: 422 cases reported in the US, the highest annual number of cases reported since 2014.
- As of March 25, 2024, 143 cases have been reported, an increase of 62 cases over the 81 reported as of this date in 2023.
- Occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%).

[SOURCE: Health Alert Network \(HAN\) - 00505 | Increase in Invasive Serogroup Y Meningococcal Disease in the United States \(cdc.gov\)](#)

Invasive Serogroup Y Meningococcal Disease

Healthcare providers should:

1) Have a heightened suspicion for meningococcal disease, particularly among populations disproportionately affected by the current increase

2) Be aware that patients may present without symptoms typical of meningitis

3) Ensure that all people recommended for meningococcal vaccination, including people with HIV, are up to date for meningococcal vaccines.

[SOURCE: Health Alert Network \(HAN\) - 00505 | Increase in Invasive Serogroup Y Meningococcal Disease in the United States \(cdc.gov\)](#)

Adolescent Meningococcal Vaccine Recommendations

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	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
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)														1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)																	

Range of recommended ages for all children
 Range of recommended ages for catch-up vaccination
 Range of recommended ages for certain high-risk groups
 Recommended vaccination can begin in this age group
 Recommended vaccination based on shared clinical decision-making
 No recommendation/not applicable

- MenACWY:
 - Dose #1: 11–12 years
 - Dose #2: 16 years
- MenB* (shared clinical decision-making)
 - 2- or 3-dose series between 16–23 years of age (preferred range: 16–18 years)
- MenABCWY:
 - Recommended when both MenACWY and MenB indicated at same visit

*Both (all) doses must be from same manufacturer

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2024-02-28-29/02-Meningitis-Schillie-508.pdf>

MenACWY Vaccine Recommendations for People at Increased Risk

Children 2 months old and older, and adults at increased risk for serogroup A, C, W, or Y meningococcal disease should receive MenACWY vaccine:

- With certain medical conditions
- Taking specific medications
- Traveling or residing in countries in which serogroup A, C, W, or Y meningococcal disease is common
- Working in specific professions or living in specific settings
- In a community experiencing a serogroup A, C, W or Y meningococcal disease outbreak

Those who remain at increased risk need regular booster doses.

- Children under 7 years: booster dose 3 years after completion of the primary series and every 5 years.
- Children 7 years old or older and adults: booster dose 5 years after completion of the primary series and every 5 years.

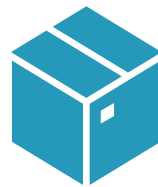
SOURCE: <https://www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html>

Resources

- Health departments
 - [Meningococcal Disease Surveillance | CDC](#)
 - [Meningococcal Disease | Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
 - [Meningococcal Disease Outbreaks and Public Health Response | CDC](#)
 - [Selection of Antibiotics as Prophylaxis for Close Contacts of Patients with Meningococcal Disease in Areas with Ciprofloxacin Resistance — United States, 2024](#)
- Healthcare providers
 - [Meningococcal ACWY Vaccine Recommendations by Age and Risk Factor \(immunize.org\)](#)
 - [Clinical information | Meningococcal Disease | CDC](#)
 - [Meningococcal Vaccination: Information for Healthcare Professionals | CDC](#)
- Everyone
 - [Signs and Symptoms | Meningococcal Disease | CDC](#)
 - [Meningococcal Vaccination | CDC](#)
 - Visit [CDC-INFO](#) or call CDC-INFO at 1-800-232-4636

Questions?

Vaccine Orders



Before Placing an Order for Your Clinic

- Prior months temperature logs sent in
- Current inventory (must be within 30 days)
- Current Doses Administer Report (if required) or DOAR questionnaire if requested.
- Understand your clinic's order timing & ROQ

Important Tip:

Always include your PIN in the subject line of your email for faster processing

Economic Order Quantity

Economic Order Quantity (EOQ) is your vaccine ordering schedule

Recommended Order Quantity

Recommended Order Quantity (ROQ) is the amount of vaccines you should order based on your EOQ plus safety stock

Order Quantity

Amount of vaccine you are actually ordering. This may be different from your ROQ

Economic Order Quantity (EOQ)

All providers enrolled in the Childhood Vaccine Program are now placed on a monthly EOQ, which is your Economic Order Quantity.

- No matter when you are scheduled to order (first half or second half of the month), you may place an order if you are at risk of running out of vaccine. When placing an order outside your order frequency, order enough vaccine to get you to your next scheduled ordering time.
- EOQ does not apply to seasonal influenza vaccines or vaccines with limited availability. Influenza vaccine can be ordered as needed.
- If you are ordering outside your EOQ, make sure to comment in your order with a reason.
- The Holiday Shipping Schedule runs November through January and will prevent vaccine orders from being delivered on certain dates. Your facility may need to order outside your Economic Order Quantity schedule during this time in order to ensure adequate stock through the vaccine delivery hold dates.

Comments: _____

[Inventory Last Submitted:](#) 03/16/2018

Vaccine Administered Report Last Submitted: 03/16/2018

Last Order Submitted: 03/11/2016 02:33:58 PM

Order Set:

Inventory Transaction Report	Lot Number Summary	Edit Temperature	Doses Administered Report
--	------------------------------------	----------------------------------	---

EOQ = Order Frequency: Every Two Months Order Timing: 1st to 15th
Order Schedule: February, April, June, August, October, December

Recommended Order Quantity

ROQ is the recommended amount of vaccine doses a facility should order based on the assigned EOQ (how frequently vaccine is ordered and during which months). [ROQ is a calculation guide](#) and does not factor in seasonality or any other reasons for increased need. Routinely checking vaccine stock is extremely important to ensure facility locations have an appropriate supply of vaccine.

Example: Calculating ROQ for a provider ordering every two months

Order Frequency: Every Two Months Order Timing: 1st to 15th
 Order Schedule: February, April, June, August, October, December = EOQ

Vaccine	Vaccine Name	Funding Source	Doses Used Last Month	Physical Inventory	Recommended Quantity	Order Quantity
Hib (PRP-T)		SPLIT	13	28	20	10 !
HPV9		SPLIT	8	63	0	40 !
IPV		SPLIT	13	3	40	40 ✓
meningococcal MCV4P		SPLIT	29	37	50	50 ✓

$13 \times 3 = 39 - 28 = 11 \rightarrow 20$
 $8 \times 3 = 24 - 63 = -39 \rightarrow 0$
 $13 \times 3 = 39 - 3 = 36 \rightarrow 40$
 $29 \times 3 = 87 - 37 = 50 \rightarrow 50$

Always round UP to next package size

Order based on need. Add a comment if an order is above ROQ

Order Details								
Vaccine	Vaccine Name	Funding Source	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
DTaP		SPLIT	5	10	60	<input type="checkbox"/>	--select--	Clinic

Poll 3

Noting Temporary Change in Shipment Date/Time

- Note temporary changes to shipment date/time or other notes to the carrier in the 'Instructions' field
- Do not make notes to the carrier in the 'Comments' field, they are not exported with your order

Create Order

Organization: | Facility: | Phone Number: | Phone Extension: | Email: | First Name: | Middle Name: | Last Name: | Address: | City: | State: | Zip:

Monday: 09:00 - 15:00 | Tuesday: 09:00 - 17:00
Wednesday: 09:00 - 17:00 | Thursday: 09:00 - 17:00
Friday: 08:00 - 15:00

PIN: | **Instructions:** [Redacted]

Order Date: 10/23/2023 | Order Status: In Progress
Submitter: SHEYLA PAYNE (SPAYNE)

Comments: [Red X] |
Inventory Last Submitted: 10/02/2023
Vaccine Administered Report Last Submitted: 01/06/2021
Please Submit your Monthly Vaccine Administered Report before reconciling your vaccines.
Last Order Submitted: 10/11/2023 10:54:42 AM

Order Set: --select--

Inventory Transaction Report | Lot Number Summary | Edit Temperature | Doses Administered Report

Order Frequency: Monthly | Order Timing: 1st to 15th
Order Schedule:

Order Details

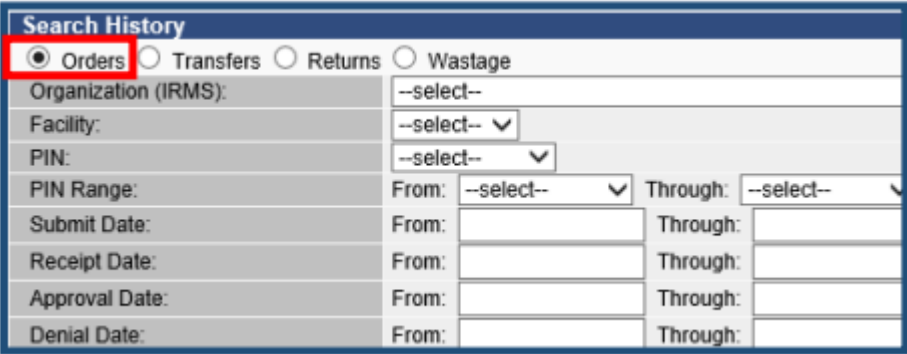
Vaccine	Vaccine Name	Funding Source	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent Priority Reason	Comments
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Cancel | Save Order | Submit Order

Search for Past Vaccine Order

The search history feature allows users to search and review orders in the IIS, regardless of the order status.

- Log in to the IIS and select the Orders/Transfers heading in the left menu.
- Select Search History and enter search criteria including any of the following:
 - Dates
 - Vaccines
 - Lot numbers
 - Status



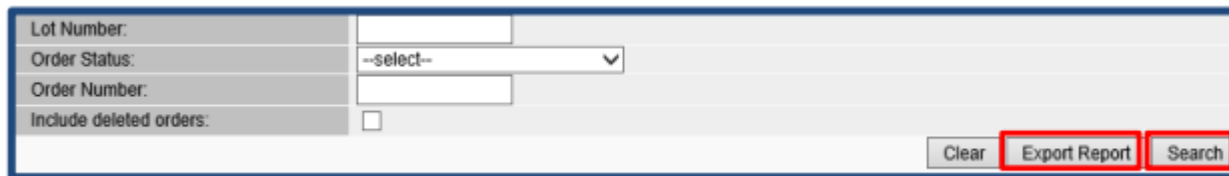
The screenshot shows a web form titled "Search History". At the top, there are four radio buttons: "Orders" (which is selected and highlighted with a red box), "Transfers", "Returns", and "Wastage". Below this, there are several input fields for search criteria:

Organization (IRMS):	--select--	
Facility:	--select-- v	
PIN:	--select-- v	
PIN Range:	From: --select-- v	Through: --select-- v
Submit Date:	From: <input type="text"/>	Through: <input type="text"/>
Receipt Date:	From: <input type="text"/>	Through: <input type="text"/>
Approval Date:	From: <input type="text"/>	Through: <input type="text"/>
Denial Date:	From: <input type="text"/>	Through: <input type="text"/>

Searching Past Vaccine Orders (Cont.)

Tip: The system returns results faster when you use more specific search criteria. The report searches all vaccines unless specified. To select several vaccines, hold down (Ctrl) on your keyboard and click on the vaccines you want to include.

- Click the Search or Export Report button. Search shows a list of orders that match the search criteria. Click on the arrow button to view individual orders. The Export Report function puts data into a CSV file. This allows for further sorting and viewing of data.



A screenshot of a search form for vaccine orders. The form is enclosed in a blue border and contains the following fields and controls:

- Lot Number:** A text input field.
- Order Status:** A dropdown menu with "--select--" and a downward arrow.
- Order Number:** A text input field.
- Include deleted orders:** A checkbox.
- Buttons:** Three buttons are located at the bottom right: "Clear", "Export Report", and "Search". The "Export Report" and "Search" buttons are highlighted with red boxes.

Order Status

Viewing the vaccine order status allows you to see where an order is at in the approval process. This screen also shows backorders, denied orders, inbound transfers, outbound transfers, and rejected transfers.

1. Login, select Orders/Transfers in the left menu, and then select Create/View Orders.
2. Current orders are listed in the Inbound Orders section with the following details:
 - Order Number • PIN • Submit date • Approval date • Status
3. Use the arrow button to select and view additional details for a specific order.

Current Order/Transfer List					
Inbound Orders					
Select	Order Number	PIN	Submit Date	Approval Date	Status
-->	233989	187026	06/01/2018	06/06/2018	Approved

Understanding Vaccine Order Status

Status	Detail
Saved	The order was started and saved, but not submitted. Saved orders can be submitted by clicking the arrow button to open the order and then selecting Submit . You may also delete the order if you do not want to submit.
In Manual Review	The order was submitted and is awaiting DOH review.
Pending Approval	The order is being reviewed by approver and is waiting to be submitted to the state.
State Manual Review	The order is waiting for state approval.
Pending State Approval	The order is waiting for state review and approval.
Shipped	The order was shipped and is in route to the provider. Shipments can be received into inventory when an order status says shipped.
Received	The order was electronically received by the provider in the IIS. The provider's inventory (Reconciliation screen) is automatically updated with the received vaccines. The order is removed from the inbound orders list and can be viewed using the search history function.
Archived	Historical orders are archived by the state and removed from the inbound orders list. Archived orders can be viewed using the search history function.
Backordered	The order is temporarily held by the state. These orders are not yet processed for shipment.
Denied	The order is not approved and the vaccines in the order are not processed for shipment. The provider can delete the denied order.
Approved	The order has been approved by the state and has yet to be sent for fulfillment.

Poll 4

Vaccine Choice



Topics to Cover

- Why Vaccine Choice Exist
- When Vaccine Choice Started
- How Frequent Vaccine Choice Occurs
- The Process
- Tips

Vaccine Choice

Why do we have Vaccine Choice?

- To allow providers to select products that are the best fit for their clinical practices and patient needs.

When was the first Vaccine Choice selection?

- First Vaccine Choice opportunity occurred Spring of 2011.

When does Vaccine Choice occur?

- Twice a year, once during the spring and once during the fall.

Why does Vaccine Choice only happen twice a year?

- Managing the vaccine projections and budget are tied to the products providers use. It is a complex body of work that requires some stability among brand choice to ensure we manage the vaccine budget well.

The Process

Date Selection

- Spring Vaccine Choice typically occurs in April and Fall Vaccine Choice typically occurs in October.

Messaging

- Notification comes out through the blurbs, includes a link to the form on-line.

The Form

- Providers fill out the form and submit it through either e-mail at WAChildhoodVaccines@doh.wa.gov or by faxing to 360 236-3811

After Selection Window Closes

- All request received are printed for processing

The Process con't

Identifying Providers Order Sets

- A tool is used where the combination of vaccines is entered and it identifies if there is an order set for that combo of vaccines.
- If an order set exist that number is written on the form.
- If the order set does not exist a new order set is created and the new number is written on the form.


Updating

- Provider's Create/View Order screen is checked for any pending or saved orders that contain regular childhood vaccines.
- If there are pending orders that affect updating the order set, the provider is contacted.
- If there is no pending orders the order set is updated.

There are currently 359 Order Sets, prior to this vaccine choice period.

Extra Information

- If you do not want to make changes to your current order set you do not need to submit a form.
- If you are submitting a change, make a selection for all vaccines.
- Changes to order sets cannot be completed if there are saved or pending orders.
- 6-digit Provider PIN and contact information are important.
- Penbraya should be available starting in June. It will only be available to those that receive Trumenba for the compatibility of the B component.



WASHINGTON STATE **CVP**
Childhood Vaccine Program
Office of Immunization | (360) 236-2829 | doh.wa.gov/cvp | wachildhoodvaccines@doh.wa.gov

Provider Vaccine Choice Worksheet

Submit completed form by email to WACHildhoodVaccines@doh.wa.gov or by fax to 360.236.3811

PIN:	Facility Name:		
Address:	City:	State: WA	Zip:
Contact Name:		Telephone:	
Fax:	Email:		

Please select the brand you prefer.

<p>DTaP Vaccine</p> <p><input type="radio"/> Sanofi Pasteur - DAPTACEL® (5 dose)</p> <p><input type="radio"/> GSK - INFANRIX® (5 dose)</p> <p><input type="radio"/> No Preference</p> <p>DTaP-IPV Vaccine</p> <p><input type="radio"/> Sanofi Pasteur - QUADRACEL® (1 dose)</p> <p><input type="radio"/> GSK - KINRIX® (1 dose)</p> <p><input type="radio"/> No Preference</p> <p>Hepatitis A Vaccine</p> <p><input type="radio"/> GSK - HAVRIX® (2 dose)</p> <p><input type="radio"/> Merck - VAQTA® (2 dose)</p> <p><input type="radio"/> No Preference</p> <p>Hepatitis B Vaccine</p> <p><input type="radio"/> GSK - ENGERIX B® (3 dose)</p> <p><input type="radio"/> Merck - RECOMBIVAX HB® (3 dose)</p> <p><input type="radio"/> No Preference</p> <p>Hib Vaccine</p> <p><input type="radio"/> Sanofi Pasteur - ACTHIB® (4 dose)</p> <p><input type="radio"/> Merck - PEDVAXHIB® (3 dose)</p> <p><input type="radio"/> GSK - HIBERIX® (4 dose)</p> <p><input type="radio"/> No Preference</p> <p>Meningococcal Conjugate Vaccine</p> <p><input type="radio"/> Sanofi Pasteur - MENQUADFI® (2 dose)</p> <p><input type="radio"/> GSK - MENVEO® one-vial (2 dose)</p> <p><input type="radio"/> No Preference</p>	<p>Meningococcal B Vaccine</p> <p><input type="radio"/> Pfizer (Wyeth) - TRUMENBA® (2 or 3 dose)</p> <p>*Penbraya will only be available on order sets that have Trumenba</p> <p><input type="radio"/> GSK - BEXSERO® (2 dose)</p> <p><input type="radio"/> No Preference</p> <p>MMR Vaccine</p> <p><input type="radio"/> Merck - M-M-R®II (2 dose)</p> <p><input type="radio"/> GSK - PRIORIX® (2 dose)</p> <p><input type="radio"/> No Preference</p> <p>PCV Vaccine</p> <p><input type="radio"/> Pfizer - PREVNAR 20® (4 dose)</p> <p><input type="radio"/> Merck - VAXNEUVANCE™ (4 dose)</p> <p><input type="radio"/> No Preference</p> <p>Rotavirus Vaccine</p> <p><input type="radio"/> Merck - ROTATEQ® (3 dose)</p> <p><input type="radio"/> GSK - ROTARIX® (2 dose)</p> <p><input type="radio"/> No Preference</p> <p>Tdap Vaccine</p> <p><input type="radio"/> Sanofi Pasteur - ADACEL® (1 dose)</p> <p><input type="radio"/> GSK - BOOSTRIX® (1 dose)</p> <p><input type="radio"/> No Preference</p>
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Poll 5

Tools and Resources

- [Vaccine Ordering & Vaccine Choice](#)
- [ROQ Calculation Guidelines](#)
- [EOQ/ROQ Guide](#)
- Downloadable [ROQ Calculator](#) (Excel)
- [Vaccine Ordering/Receiving Video](#)
- [Vaccine Choice Worksheet](#)
- [Childhood Vaccine Program Training](#)

CVP Training Series Future Topics

May 16: Vaccine Returns/Replacements, Vaccine Loss Policy, Facility Closure Policy and Transfers

May 30: School and Childcare Immunization Requirement for Healthcare Providers

Suggestions? Please send to
WACHILDHOODVACCINES@doh.wa.gov

Questions?



Childhood Vaccine Program Main Contact Information

WAChildhoodVaccines@doh.wa.gov

Phone: (360)236-2829

Fax: (360)236-3811



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 doh.information@doh.wa.gov.

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