



# IACW Fall Quarterly Meeting

Wednesday November 8, 2023 12 – 2 PM

WithinReach™



# Welcome & Announcements

**Neil Kaneshiro, MD**  
IACW Chairperson

# Before We Begin...

- **Questions/Comments for the presenter?** Type your question into the chat box and we will do our best to address them after each presentation
- **Questions about Zoom/tech? (i.e., I can't hear, I can't see slides, etc.)?** Send a direct chat message to Ajia McAferty and we will do our best to problem-solve.
- **Today's meeting is being recorded** and abbreviated slides will be available at [ImmunityCommunityWA.org](https://ImmunityCommunityWA.org).

# IACW Code of Conduct

Members and participants agree to support our mission and strengthen immunization efforts in Washington State that are based on evidence-based guidance from the Advisory Committee on Immunization Practices (ACIP).

# Today's Agenda

Time	Agenda Item	Presenter
12:05pm	IACW Announcements	Ajia McAferty
12:10pm	Immunization Information System (IIS), Race/Ethnicity Data Collection, & RSV Documentation Presentation	Jeff Chorath
12:35pm	“Engaging Diverse Audiences in Immunizations” Discussion & Networking Activity	Zoom Breakouts
<b>1:00pm</b>	<b>Break</b>	
1:10pm	Washington Department of Health Updates: RSV, COVID, and Flu followed by Q&A	Jamilia Sherls-Jones
1:30pm	Immunization Resources – Immunize.org New Website Launch!	Kelly Moore
1:40pm	Call to Action/Invitation: Respiratory Season Subcommittee, followed by time for Q&A	Ajia McAferty
1:50pm	Closing	Neil Kaneshiro

# IACW Announcements

## Membership/Staffing Updates

- Welcome to newest IACW Executive Committee member Jean-Jacques Kayembe, MD, MPH of the Congolese Health Board

## Save the Dates!

- April 9 -11, 2024 National Conference for Immunization Coalitions & Partners (NCICP) in Philadelphia, PA. Registration open: <http://www.ncicp.org/>.
- May 1, 2024 Vax Expo in Spokane Valley, WA more details to come! They are looking for exhibitors, sponsors etc.!
- Upcoming IACW Meetings: February 14, 2024 on Zoom and May 8, 2024 Location TBD

# Reminder/Recall Letter

A Resource for Immunizations & Well Child Visits



Available in 11 languages: English, Spanish, Arabic, Amharic, Korean, Marshallese, Russian, Somali, Ukrainian, Vietnamese, and Simplified Chinese



Download the Reminder/Recall Letter Template

## About

[Vax Northwest](#), an initiative of [WithinReach](#) and the Washington Department of Health (DOH) [Immunization Quality Improvement for Providers program \(IQIP\)](#), have collaborated to distribute a resource, the Reminder/Recall Letter Template.

The letter is translated into 11 languages (see image for specific languages) for Washington state healthcare providers and clinics' use. Research shows that reminder/recall methods work to improve immunization rates and well child visit appointments while reducing no shows.<sup>1,2,3</sup> Vax Northwest and DOH hope this template will be a tool to help clinics and organizations keep patients up to date with recommended vaccines, increasing immunization rates and improving the health of our community.

## Instructions for IIS

For instructions on how to run Reminder/Recall in IIS (Immunization Information System), review [DOH's Immunization Information System Reference Guide: Reminder/Recall](#) or watch a [video tutorial here](#). To generate a coverage rate report, [watch this tutorial](#).

How to Use	Examples of When to Use
<p>The first step is to customize the template in Microsoft Word with your clinic/org's logo and then save it for your records. From there choose (a) how you would like to send the letter (email, mail, text etc.) and (b) the method by which you would like to add individual patient information. One example is after running the Reminder/Recall in WA IIS, select the "print labels" output to produce Avery 5160 mailing labels. Once printed, labels can be manually placed on the <a href="#">customized letter</a> ready for postage.</p>	<ul style="list-style-type: none"> <li>A <b>reminder</b> for patients aged 12-17 years old who are overdue for their 2nd HPV dose.</li> <li>A <b>reminder</b> for patients aged 18-24 months who are overdue for their 4th DTaP dose.</li> <li>As an <b>outreach</b> to patients ages 4 years, 9-11 years, and 16 years who have not had a well child visit in past 12 months. See the <a href="#">CDC's Child and Adolescent Immunization Schedule by Age</a> for reference.</li> </ul> <p><i>Note: the letter has been formatted in grayscale so that it can be printed clearly in either black &amp; white OR color ink depending on your clinic/org's preference.</i></p>

Provide Feedback to Vax Northwest [here](#).

1. Jacobson Vann JC, Jacobson RM, Coyne-Beasley T, Asafu-Adjei JK, Szilagyi PG. Patient reminder and recall interventions to improve immunization rates. *Cochrane Database Syst Rev.* 2018 Jan 18;1(1):CD003941. doi: 10.1002/14651858.CD003941.pub3. PMID: 29342498; PMCID: PMC6491344  
 2. MacDonald SE, Marfo E, Sell H, Assi A, Frank-Wilson A, Atkinson K, Kellner JD, McNeil D, Klein K, Svenson LW. Text Message Reminders to Improve Immunization Appointment Attendance in Alberta, Canada: The Childhood Immunization Reminder Project Pilot Study. *JMIR Mhealth Uhealth.* 2022 Nov 8;10(11): e37579. doi: 10.2196/37579. PMID: 36346666; PMCID: PMC9682453.  
 3. Jong KM, Sikora CA, MacDonald SE. Childhood immunization appointment reminders and recalls strengths, weaknesses, and opportunities to increase vaccine coverage. *Public Health.* 2021 May; 194:170-175. doi: 10.1016/j.puhe.2021.02.034. Epub 2021 May 2. PMID: 33951552.



To the parents/guardians of:



Hello! Our records show your child may be due for a wellness visit or vaccinations. This visit is important for keeping your child healthy! Please call our office to schedule your child's appointment.

We look forward to seeing you soon.

صرحفل دراي ز أقرحسرم نوکي امبر ک لکلف نأ انالچس رهطت ألجرحم ؤحص یلج طافحلال ؤمهم فرایزلنا هده. تمامي عطت ؤچباتم وأ ؤهتيفاع ک لکلف. دعوم ديدجتل انبککب لاصتفا یجری ک لکلف.

آبیرق مکنیؤول علطنت.

안녕하십니까! 저희 기록에 따르면 귀하의 자녀는 건강검진 또는 예방접종을 해야 하는 시기에 해당하는 대상 아동일 수 있습니다. 이 방문은 자녀의 건강을 지키는데 중요합니다! 자녀의 방문을 예약하시려면 저희 사무소에 전화해 주십시오. 그럼 곧 뵙겠습니다.

Здравствуйте! Согласно имеющейся у нас информации, ваш ребенок, вероятно, нуждается в оздоровительном визите или прививке. Визит необходим для поддержания здоровья ребенка. Позвоните в наш офис, чтобы запланировать его.

Ждем встречи с вами.

Вітаємо! Відповідно до наявної в нас інформації, вашій дитині, імовірно, слід зробити оздоровчий візит або щеплення. Візит необхідний для підтримки здоров'я дитини. Затеелефонуйте в наш офіс, щоб запланувати його.

Чекаємо на вас.

您好！根据我们的记录，您的孩子应该接受定期的健康检查或疫苗接种。本次检查对于保持您孩子的健康非常重要！请致电我们的办公室，为您的孩子安排预约。

我们非常期待能很快见到您！

<111 OLYMPIA ST., OLYMPIA  
(111) 111-1111  
OLYCLINIC@OLYCLINIC.COM

Hola. Según nuestros registros, su hijo necesita una cita para un examen físico o para vacunarse. Este es un paso importante para cuidar su salud. Llame a nuestra clínica para programar una cita.

Esperamos verlo pronto.

ለሰዎቹ ማዘጋገብ ልጅዎ የጤና ክትትል ወይም ክትትል ሊያስፈልገው እንደሚችል ያሳያል። ይህ ክትትል የልጅዎን ጤና ለመጠበቅ እስፈላጊ ነው። ለገዢዎ የልጅዎን ቀጠር ለማሰናኘት ወይ ቢረጉን ይደውሉ።

በቅርብ እርሳዎን ለማየት በጉጉት እንጠበባለን።

lakwe! Reikoot ko ad rej kwalöök ke ajiri eo nejum amaroñ aukuj in loelak takto ako böx wä. Ien loelak in aurok äinwot ke ej köjbarok ejmour an ajiri! Jouj kuriok opij eo ad ñan jikeduul ien loelak an ajiri eo nejum.

Jej remaanlakj wöt ñan ad loe eok.

Waan ku salaanaay! Diiwaanadeena waxay muujinayaan in canugaaga la joogo waqtigii uu imaan lahaa booqasho caafimaad ama tallaal. Booqashadaan waxay muhiim u tahay ilaalinta caafimaadka canugaagal Fadlan wac xafiiskeena si aad u qabsato ballanta canugaaga.

Waxaan rajeynaynaa inaan mardhow ku aragno.

Kính chào quý vị! Hồ sơ của chúng tôi cho thấy con của quý vị đã đến thời hạn đi khám sức khỏe hoặc tiêm chủng. Lần thăm khám này đóng vai trò quan trọng trong sự phát triển khỏe mạnh của đứa trẻ Vui lòng gọi đến văn phòng của chúng tôi để sắp xếp lịch hẹn. Chúng tôi mong sớm được gặp quý vị.

Чекаємо на вас.

OLY CLINIC (111) 111-1111

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). [May 2023 DOH 348-964](#)



# WAIS, Race/Ethnicity Data Collection, & RSV Documentation

**Jeff Chorath, MBA, MHA**  
Immunization Information System Manager  
WA Department of Health





**WAIS RACE & ETHNICITY DATA COLLECTION  
AND  
RSV DOCUMENTATION**

## Benefits of WAIS Race/Ethnicity Data

1. Addressing barriers to reduce equity disparity
2. Monitor and improve vaccine trends
3. Data sharing and quality
4. Strategic planning & program support
5. Multisector collaboration
6. Policy decision
7. Funding requirements



## Challenges in Collecting WAIS Race/Ethnicity Data

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1. Race/Ethnicity Options in WAIS – Limited options
2. Provider Staffing Capacity – Competing resources
3. Provider Operations – Reluctance to change clinic protocols
4. EHR Limitations – Differing customization (mapping)
5. Patient Communication – Insufficient training or toolkits
6. School Module – FERPA
7. Data Confidence – Conflicting information or interpretation
8. Limited Reporting Requirements – No statute

## IIS Race/Ethnicity Data Fields

Race Codes (National Standard)	Description
1002-5	American Indian or Alaska Native
2028-9	Asian
2076-8	Native Hawaiian or Other Pacific Islander
2054-5	Black or African American
2106-3	White
2131-1	Other Race
<Empty Field>	Unknown/Undetermined
Ethnicity Codes (National Standard)	Description
2135-2	Hispanic or Latino
2186-5	Not Hispanic or Latino
<Empty Field>	Unknown

*Implementation Guide Expert Group (IGEG)*

*Objective:* what field changes to implement and which ones to prioritize

*Challenge 1:* Agreeance on which modifications to implement

*Challenge 2:* Comparing historical and new data

# Data Collection Improvement

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## Data Quality Outreach

- Improve completeness and validity of incoming HL&7 race/ethnicity data
  - During onboarding, 90% completeness and validity is required
- Orgs that do not meet at least 50% completeness and validity for race/ethnicity during monitoring over a 3-month period receive outreach
  - Any of these four data elements that fall below 50% are used to justify the need for outreach
    - Race complete
    - Race valid
    - Ethnicity complete
    - Ethnicity valid

## Provider Education

- Training on how to ask for demographic
- Assist in translations

## Technology

- Patient pre-registration modules
- EHR usability interface
- Built-in DQ EHR features

# WAIS Data Breakdown

November 2023

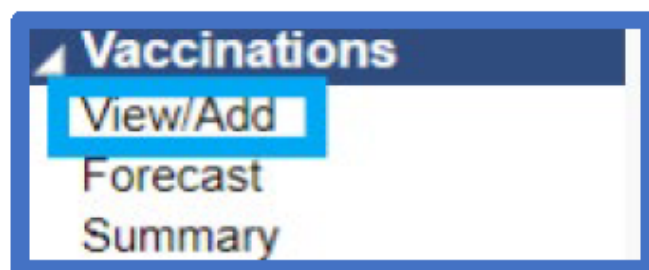
- 72% with a valid race code
- 65% with a valid ethnicity code

\*Lowest rate via direct IIS entry

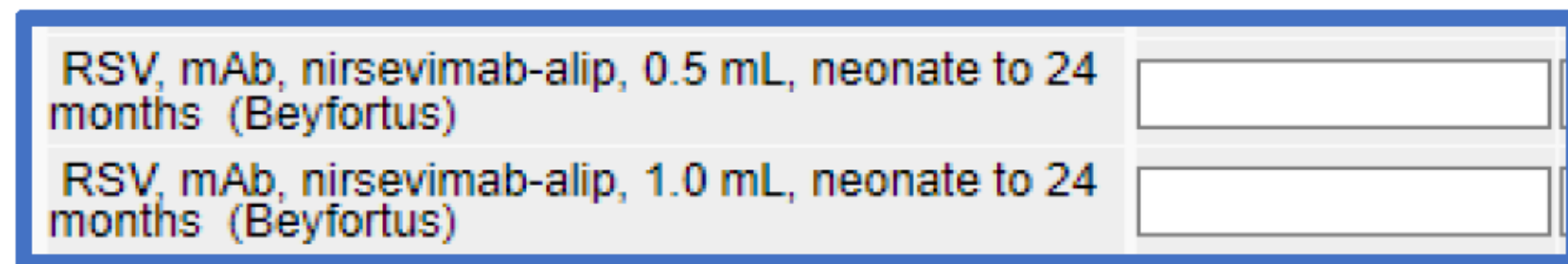
2023 Race/Ethnicity Data	
RACE	Count
White	6,194,634
Black or African American	262,497
Asian	532,504
American Indian or Alaska Native	142,927
Other	1,667,127
Native Hawaiian or Other Pacific Islander	90,792
Unknown	530,199
Not Reported to IIS	2,940,106
<b>Total</b>	<b>12,360,785</b>
ETHNICITY	Count
Hispanic or Latino	1,203,887
Not Hispanic or Latino	6,880,462
Unknown	245,857
Not Reported to IIS	4,030,579
<b>Total</b>	<b>12,360,785</b>

# RSV Documentation

1. Log into your organization and facility in the WA IIS with your username and password.
2. Search for the patient using their first/last name and DOB. If you are not able to find the patient, try using the first initial of their first name and DOB to broaden the search.
3. Select the patient from the search results. If the patient does not have a record in the WA IIS, you can add the patient to the system by following the instructions in [this](#) guide.
4. Select the **Vaccinations** heading in the navigation menu on the left. Click **View/Add**.



5. Scroll towards the bottom of the **Vaccination View/Add** section and find **Nirsevimab**.



6. Enter the administration date in the box to the right of the product that was administered.
7. Click the **Add Administered** button on the bottom left corner of the page.
8. Update VFC eligibility status as indicated.



9. Use the “Click to Select” link to choose the active lot number from your IIS inventory.

Vaccination Detail Add	
<b>Vaccine 1:</b>	RSV, mAb, nirsevimab-alip, 0.5 mL, neonate to 24 months (Beyfortus)
<b>Date Administered:</b>	<input type="text" value="10/19/2023"/>
<b>Historical:</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO
<b>Confidential:</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO
Manufacturer:	<input type="text"/> <a href="#">Click to select</a>
Lot Number:	<input type="text"/>

10. You will not be able to enter two immunization records for two doses of the same product in the same day. If the patient receives two doses of Nirsevimab in the same day, change the **Dose Size** to **Double**. Enter the **Volume** in mL (*not mg*) for both doses combined. If 1.0 mL was given *twice* in one day, enter 2.0 mL for the **Volume**. Click **Save**.
11. When you return to the **Vaccination View/Add** screen, you will see the administered Nirsevimab vaccine at the top of the page.

Vaccination View/Add	
(* - Historicals , # - Adverse Reaction , !1 - Warning , !2 - Warnin	
Documented By: VOSSTESTFAC1	
Double-click in any date field below to enter the default date: [	
Vaccine	1
RSV, mAb, nirsevimab-alip, 0.5 mL, neonate to 24 months (Beyfortus)	10/19/2023

# Nirsevimab Documentation

### *EHR documentation submitted to the WAIS via HL7 interface*

- Immunization records submitted electronically to the WAIS will only be accepted as a single dose. If you document a double dose in your clinic's EHR, only one dose will be subtracted from your clinic's WAIS inventory.
- For patients receiving two identical injections of Nirsevimab on the same day, report the combined volume in mL (*not mg*) for both doses. If 1.0 mL was administered twice in one day, enter 2.0 mL. Dose volume does not affect inventory quantity in the WAIS.

### *Direct data entry in the WAIS*


- Click [here](#) for instructions on documenting immunization records directly in the WAIS.
- On the **Vaccination Detail Add** screen, select '**Double**' from the drop down next to **Dose Size**. Use the [Click to select](#) link to choose the lot number, and two doses will subtract from your clinic's WAIS inventory once the record is saved.
- Enter the **Volume** in mL (*not mg*) for both doses combined. If 1.0 mL was given twice in one day, enter 2.0 for the Volume in the WAIS.

Dose Size:	Double
Volume (CC):	2.0

[Inventory Reconciliation](#) should be completed frequently (weekly) to account for more doses showing as available on your WAIS inventory reconciliation page than your clinic's physically inventory.

- When reconciling inventory to account for less **Physical Inventory** than **Quantity on Hand**, choose the Category: Administered, and the Reason: Administered but not linked to a vaccine.

Reconcile Inventory										
Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Funding Source	Inactive	Add Row
RSV, mAb, nirsevimab-alip, 0.5 mL, neonate to 24 months (Beyfortus)	TEST123	10/16/2024	30	<input type="text"/>	0.00	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	<input type="button" value="+"/>
RSV, mAb, nirsevimab-alip, 1.0 mL, neonate to 24 months (Beyfortus)	TEST345	10/11/2024	20	<input type="text" value="10"/>	-10.00	Administered	Administered but not linked to a vaccine	PUB	<input type="checkbox"/>	<input type="button" value="+"/>



## **What else should I know about documenting Nirsevimab in the WAIS?**

Patient weight data is not supported or accepted by the WAIS. Because weight information is not recorded, the WAIS will not detect when an invalid dose is administered.

Forecasting in the WAIS for Nirsevimab will not be accurate.

# Questions?

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**Jeff Chorath**

Immunization Information System Manager

[jeff.chorath@doh.wa.gov](mailto:jeff.chorath@doh.wa.gov)

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# Discussion & Networking Activity: Guiding Questions

- Introductions: Share name, pronouns, organization, and the role you play in immunizations
- What work do you do in your role to engage diverse audiences in immunizations? Do you have population-specific programming?
- What are 1 or 2 strategies/principles that ground your approach?
- What barriers have you encountered to effective engagement?





# 10 MINUTE BREAK

We'll be back at 1:10 pm



# Washington State Department of Health - Updates

**Jamalia Sherls-Jones, DNP, MPH, RN, CPN, CDP**  
Director, Office of Immunizations  
WA Department of Health



# IACW IMMUNIZATION UPDATE

Office of Immunization  
November 8, 2023

# Presentation Topics

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- ❑ Nirsevimab – Supply & Guidance
- ❑ RSV Vaccine for Adults and Pregnant Persons
- ❑ ACIP Meeting Recap
- ❑ COVID Vaccine Updates
- ❑ Respiratory Illness Data Dashboard
- ❑ Updated IPV recommendations for adults and related WAIS changes
- ❑ Limited Exchange Information Sharing Agreement
- ❑ Immunization Exemptions Toolkit for Healthcare providers
- ❑ Flu Vaccine Campaign
- ❑ SAW Changes Coming Soon – WAIS
- ❑ Immunization recorded webinars

# Nirsevimab Supply & Guidance

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- Limited supply & ordering pause
  - 14K doses of nirsevimab received in October
  - CDC has product under allocation and prioritizing states who did not receive or received limited doses. Additional product will be made available to CDC by manufacturer every 2-3 weeks.
  - Equitable distribution: DOH preparing allocation plans for future allocation from CDC.
  - 1.1M doses available nationally through CDC. We expect to receive 8K more doses for the season, mostly 50 mg product.
- [CDC HAN Health Advisory](#): recommends health care settings experiencing shortages of nirsevimab prioritize 100mg doses to infants at highest risk for severe RSV disease. Recommendations for 50mg doses of nirsevimab remain unchanged at this time.
- Abrysvo: when possible, we recommend providers encourage RSV vaccination in pregnant people from 32 to 36 weeks of pregnancy to protect babies from severe RSV disease. RSV vaccine is different from nirsevimab. Abrysvo is currently the only RSV vaccine recommended during pregnancy.

# Nirsevimab Availability & Ordering

## Original Orders Placed (Oct 5 – Oct 13)

Product Description	Quantity Ordered	# of Facilities
RSV; 50mg; SYR; 5-pack	6,445	126
RSV; 100mg; SYR; 5-pack	7,795	135
<b>Totals:</b>	14,240	136* Most facilities requesting both formulations

- Only 14% of CVP providers obtained doses before the ordering pause was implemented.
  - Two (2) Tribal health providers received product.
  - Four (4) birthing hospitals received doses.
  - Twenty-one (21) counties received product.
- Future allocations will aim at equitable distribution toward communities who have not yet received product or have received a smaller amount relative to available supply. We expect to receive another 8K doses for the season.

# HAN Alert – Prioritization of Nirsevimab

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Interim recommendations for healthcare settings with limited nirsevimab

- For infants weighing <5 kg
  - For infants born before October 2023, give 50mg dose of nirsevimab now.
  - For infants born during October 2023 and throughout the RSV season, give 50mg dose of nirsevimab in the first week of life.
- For infants weighing  $\geq$ 5 kg, prioritize using 100mg nirsevimab in infants at highest risk of severe RSV disease:
  - Young infants aged <6 months.
  - American Indian and Alaska Native infants aged <8 months.
  - Infants aged 6 to <8 months with conditions that place them at high risk of severe RSV disease: premature birth at <29 weeks gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.

[Health Alert Network \(HAN\) - 00499 | Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)

## HAN Alert – Prioritization of Nirsevimab

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- In palivizumab-eligible (Synagis) children aged 8–19 months, suspend using nirsevimab for the 2023–2024 RSV season. These children should receive palivizumab per [AAP recommendations](#).
- Continue offering nirsevimab to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care may be challenging, or in communities with known high rates of severe RSV among older infants and toddlers.
- Avoid using two 50mg doses for infants weighing  $\geq 5$  kilograms ( $\geq 11$  pounds)
  - 50mg doses should be reserved only for infants weighing  $< 5$  kilograms ( $< 11$  pounds)
- Providers should encourage pregnant people to receive Abrysvo between 32-36 weeks gestation.

[Health Alert Network \(HAN\) - 00499 | Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)



# RSV VACCINE FOR ADULTS AND PREGNANT PERSONS



## RSV Vaccine Availability & Ordering

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- Two products available
  - GSK/ Arexvy – 60+
  - Pfizer/Abrysvo – 60+ and pregnant persons
- Currently not available on CDC contract
  - Waiting on CDC contract to make Abrysvo available through CVP
- Will add Abrysvo to the Adult Vaccine Program this season for uninsured pregnant individuals
- Widely available on commercial/private market
  - Private market price approx. \$300/dose

## Tools and Resources

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- [DOH RSV webpage](#)
- [CDC RSV landing page](#)
- [RSV Codes 2023](#)
- [Beyfortus package insert](#)

### Recent Webinars

- [COCA Webinar – Protecting Infants from RSV](#)
- [CDC Webinar – Clinical Updates on the 2023 Respiratory Virus Season](#)
- [COVID-19 Vaccine and RSV Vaccine Updates Webinar - October 24, 2023 | Washington State Department of Health](#)

# COVID-19 VACCINE UPDATE



**COVID-19**

**INFLUENZA**

**RSV**

← Select a Vaccine to View

[LEARN MORE](#)

Data for the 2023-2024 COVID-19 Season

**834,847**

Doses administered

**10,616**

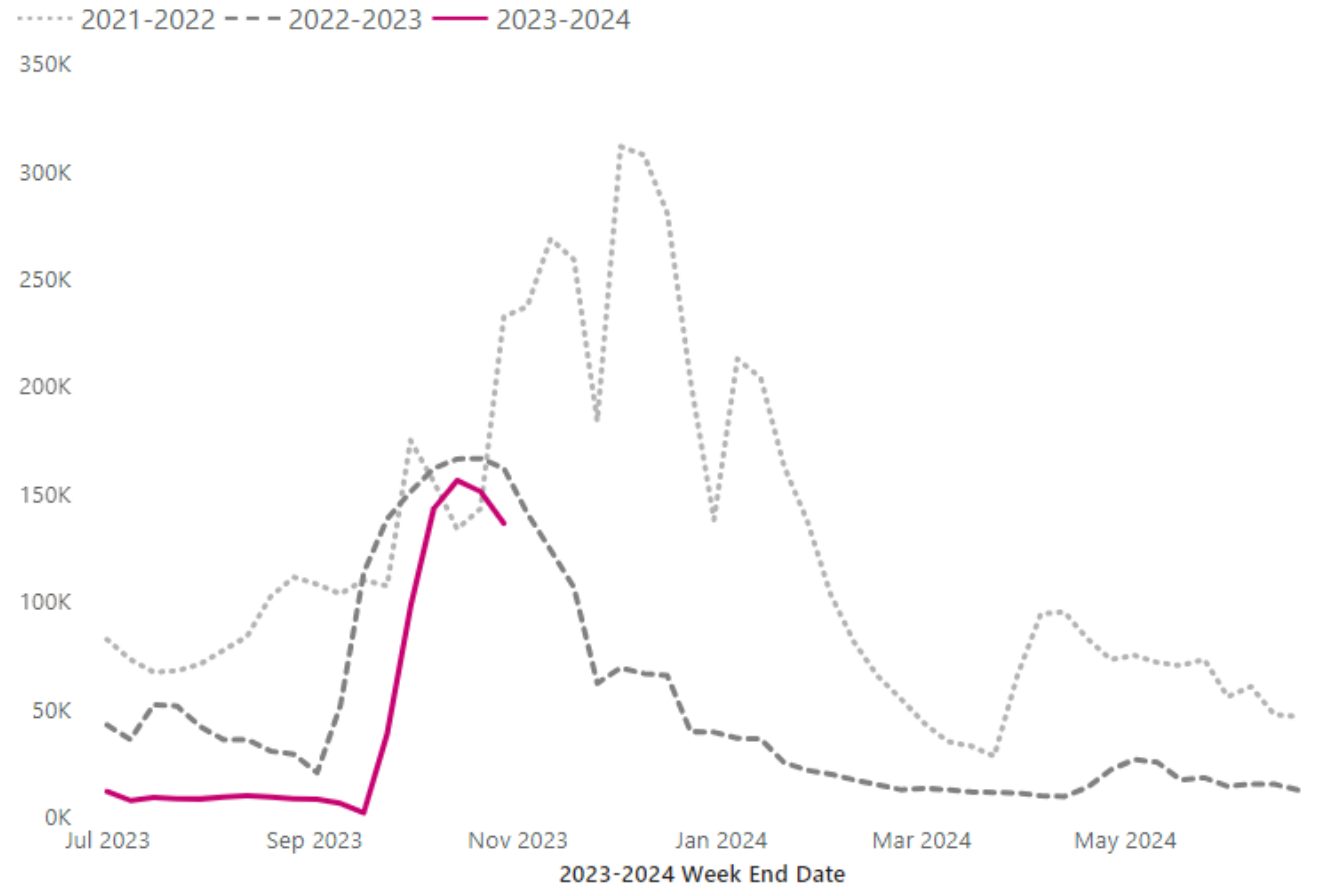
Doses administered per 100,000 people



**9.1%**

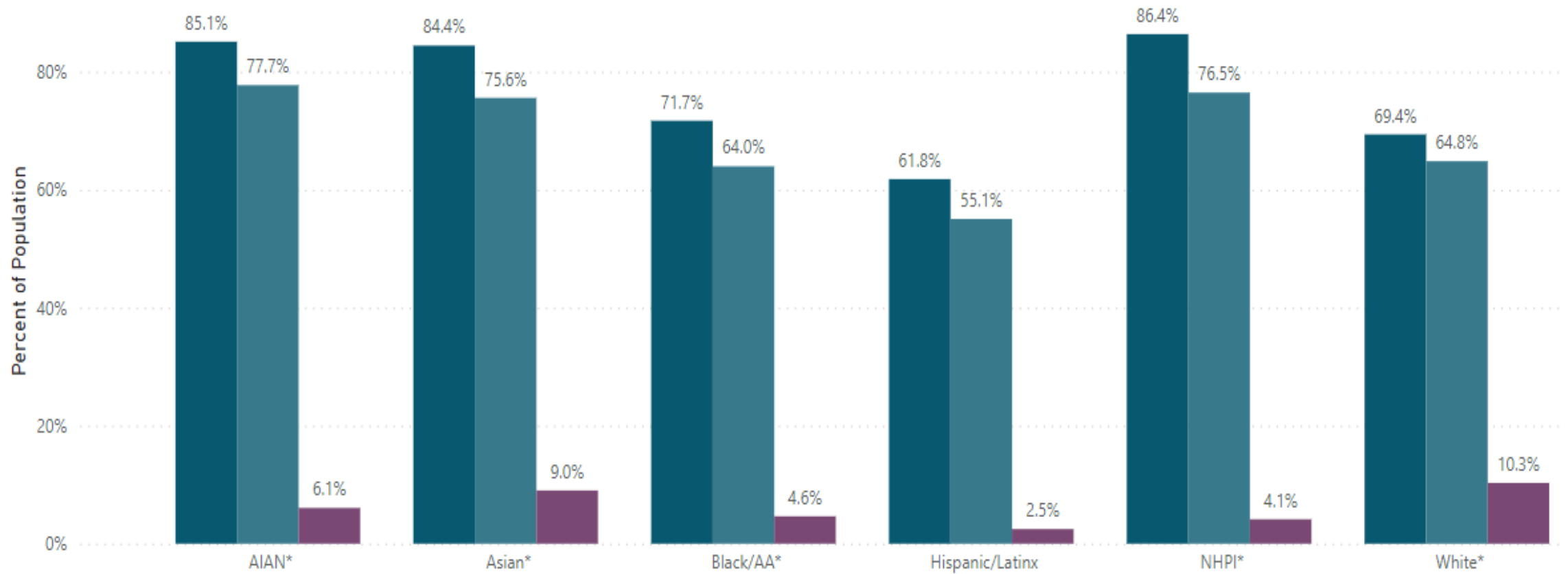
Vaccinated with all CDC-recommended doses (Up to Date)

Weekly Doses Administered Comparing Past and 2023-2024 COVID-19 Seasons



Visit the full [COVID-19 vaccination dashboard](#) for more data. [→](#)

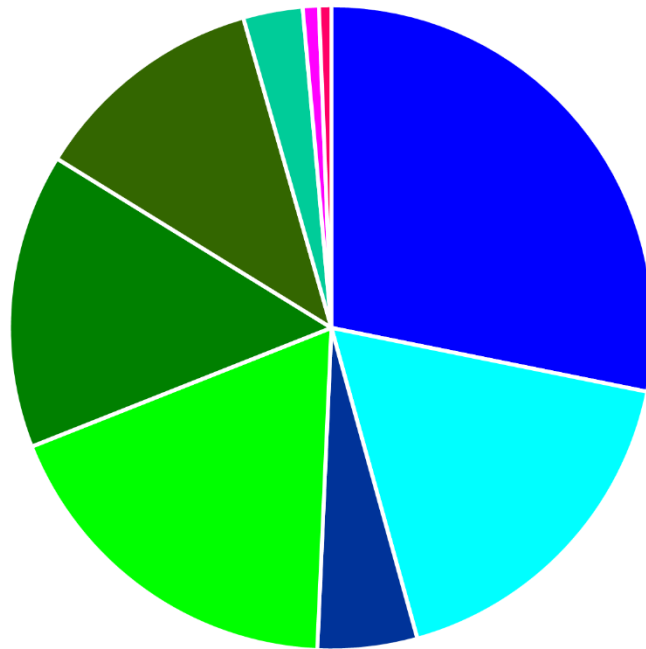
i Percent Initiated 
 i Percent Completed 
 i Percent Up to Date



\* = Non-Hispanic    **AIAN** = American Indian/Alaska Native    **Black/AA** = Black/African American    **NHPI** = Native Hawaiian/Pacific Islander

# Supply & Availability

Doses Distributed



■ Moderna 6m-11y ■ Moderna 12y-18y ■ Moderna 19y+ ■ Pfizer 6m-4y ■ Pfizer 5y-11y  
■ Pfizer 12y-18y ■ Pfizer 19y+ ■ Novavax 12y-18y ■ Novavax 19y+

127,410 updated public COVID-19 vaccine doses distributed\*

- 116,450 doses CVP
  - 35,900 Moderna 6m-11y
  - 22,330 Moderna 12y-18y
  - 23,310 Pfizer 6m-4y
  - 18,850 Pfizer 5y-11y
  - 15,030 Pfizer 12y-18y
  - 1,030 Novavax 12y-18y
- 10,960 doses AVP
  - 6,370 Moderna 19y+
  - 3,800 Pfizer 19y+
  - 790 Novavax 19y+

\* As of Nov. 6

# Interchangeability of COVID-19 vaccines

COVID-19 vaccine doses from the same manufacturer should be administered whenever recommended. In the following circumstances, COVID-19 vaccine from a different manufacturer may be given:

- Same vaccine not available at the time of the clinic visit
- Previous dose unknown
- Person would otherwise not receive a recommended vaccine dose
- Person starts but unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

Interchangeability	<ul style="list-style-type: none"> <li>• Updated (2023–2024 Formula) mRNA vaccines from different manufacturers administered for initial vaccination to recipients ages 6 months–4 years</li> </ul>	<ul style="list-style-type: none"> <li>• Recipients who received 1 dose of updated (2023–2024 Formula) Moderna and 1 dose of updated (2023–2024 Formula) Pfizer-BioNTech vaccine for the first 2 doses of the vaccination series should receive an age-appropriate third dose of either updated (2023–2024 Formula) Moderna or updated (2023–2024 Formula) Pfizer-BioNTech vaccine at least 8 weeks after the second dose.</li> </ul>
	<ul style="list-style-type: none"> <li>• Two or more doses of Original monovalent and/or bivalent mRNA vaccine from different manufacturers previously administered to recipients ages 6 months–4 years</li> </ul>	<ul style="list-style-type: none"> <li>• Administer 1 age-appropriate dose of either updated (2023–2024 Formula) Moderna or updated (2023–2024 Formula) Pfizer-BioNTech vaccine at least 8 weeks after last dose.</li> </ul>
	<ul style="list-style-type: none"> <li>• Updated (2023–2024 Formula) COVID-19 vaccines from different manufacturers inadvertently administered as part of a 2- or 3-dose initial vaccination series to recipients ages 12 years and older</li> </ul>	<ul style="list-style-type: none"> <li>• For people who are not moderately or severely immunocompromised, no further doses needed.</li> <li>• For people who are moderately or severely immunocompromised, administer 1 dose of any updated (2023–2024 Formula) COVID-19 (i.e., Moderna, Novavax, or Pfizer-BioNTech) at least 4 weeks after the last dose for a total of 3 doses.</li> </ul>

[Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendices, References, and Previous Updates | CDC](#) (updated 10/24/23)



# Age Transitions and COVID-19 vaccines

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Children who transition during the initial COVID-19 vaccination series from age 4 years to age 5 years [Table 1](#) (updated 10/24/23). Child who moves to an older age group between vaccine doses should receive the vaccine product and dosage for the older age group for all subsequent doses.

- **Moderna series**
  - 2-dose series with 2023–2024 Formula Moderna vaccine, 0.25 mL/25 ug (dark blue cap; green label); there is no dosage change.
- **Pfizer series**
  - Children who received 1 or 2 doses of Pfizer vaccine for ages 6 months–4 years, 0.3 mL/3 ug (yellow cap; yellow label) are recommended to get 1 dose of 2023–2024 Formula Pfizer, 0.3 mL/10ug (blue cap; blue label) on or after turning age 5 years. If the 10 ug dose is the second dose, give 3–8 weeks after the first dose; if it is the third dose, give at least 8 weeks after the second dose. **OR**
  - May complete the 3-dose series with 2023–2024 Formula Pfizer vaccine for ages 6 months–4 years, 0.3 mL/3 ug (yellow cap; yellow label)

# Age Transitions and COVID-19 vaccines, cont.

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Children who are **moderately or severely immunocompromised** who transition from 11-12 years during initial vaccination series [Table 2](#) (updated 10/24/23). Person who moves to an older age group between vaccine doses should receive the vaccine product and dosage for the older age group for all subsequent doses.

- **Moderna series**

- For all doses received on or after turning age 12 years: give updated 2023–2024 Formula Moderna vaccine, 0.5 mL/50ug (dark blue cap; blue label) **OR**
- May complete 3-dose series with updated 2023–2024 Formula Moderna vaccine for children ages 5–11 years, 0.25 mL/25ug (dark blue cap; green label)

- **Pfizer-BioNTech series**

- For all doses received on or after turning age 12 years: give updated 2023–2024 Formula Pfizer vaccine, 0.3 mL/30 ug (gray cap; gray label) **OR**
- May complete 3-dose series with updated 2023–2024 Formula Pfizer vaccine for children ages 5–11 years, 0.3 mL/10 ug (blue cap; blue label)

# Flu Vaccine Campaign



- Paid flu campaign launched in September and will run through December.
- Newly rebranded as [Flu Free Washington](#).
- Raise awareness of flu risks and promotes flu vaccination
- Assets include web banners, social media video ads, and radio ads in English and Spanish
- [Partner Toolkit](#)

A screenshot of the Washington State Department of Health website. The header includes the department's logo and navigation links for "About Us", "Contact Us", and "Newsroom". A search bar is located below the navigation. The main menu has categories like "You &amp; Your Family", "Community &amp; Environment", "Licenses, Permits, &amp; Certificates", "Data &amp; Statistical Reports", "Emergencies", and "Public Health &amp; Provider Resources". The breadcrumb trail shows the path: Home &gt; You &amp; Your Family &gt; Illness And Disease &gt; Flu &gt; Materials And Resources &gt; Flu Free Washington Partner Toolkit. The page content is organized into sections: "In this section" with a sub-section "Materials and Resources" containing "Flu Free in Schools and Child Care Facilities Toolkit"; "Flu Free Washington Partner Toolkit" with an introductory paragraph and audience information; "Social media graphics, text, and sample posts" with a link to "English &amp; Spanish social media sample posts"; "Blog posts" with a link to "English | Spanish"; "Newsletter &amp; drop-in articles" with a link to "English | Spanish"; "Email and signature samples" with a link to "English | Spanish"; and "Other Resources" with a list of external links including "Washington State Department of Health Flu Information (KnockOutFlu.org)", "Centers for Disease Control and Prevention Influenza (Flu)", "Centers for Disease Control and Prevention Seasonal Flu Digital Media Toolkit", "Centers for Disease Control and Prevention Promoting Vaccination in the Workplace", "Centers for Disease Control and Prevention National Influenza Vaccination Week", "Immunity Community Washington Mobile Clinic Guide", "National Minority Quality Forum and Center for Sustainable Health Care A Call for Community-Driven Equity in Flu Vaccination communications toolkit", and "Vaccinate Your Family Flu Toolkit".

# How Can the Public Find the Vaccines?

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1. Health care providers: Most Primary Care Providers and pharmacists can administer all respiratory disease vaccines.
2. Pharmacies: Many pharmacies also offer COVID-19 vaccination, such as CVS, [Walgreens](#), and eTrueNorth pharmacy partners.
  1. CVS appointments [here](#).
  2. eTrueNorth pharmacy appointments [here](#).
1. CDC website: Find flu and COVID-19 vaccines on <https://www.vaccines.gov/> or text ZIP code to GETVAX (438829).
2. [Federally Qualified Health Centers](#)
3. Newly updated [Provider Map](#) to find a clinic enrolled in the Childhood Vaccine Program and/or the Adult Vaccine program.
4. [Care-A-Van Mobile Vaccine Clinic Locations](#)

Find Flu & COVID-19  
Vaccines Near You



<https://www.vaccines.gov/>

# Respiratory Illness Data Dashboard

[Current Status](#)
[Disease Activity](#)
[Vaccination](#)
[Hospital Use](#)
[Wastewater](#)

[Summary Data Tables](#)
[Reports](#)
[Technical Notes](#)

## DISEASE ACTIVITY

DATA AS OF 10/30/2023 11:59PM PT

COVID-19 | Influenza | **RSV**

Disease Trends | Season Totals | Health Disparities

Click here for dashboard user tips

Typically, the respiratory disease season starts in October and ends in September the following year. This chart compares the current respiratory disease season's respiratory syncytial virus (RSV) hospital admissions (blue line) to the two previous seasons. New hospital admissions track the spread of disease in communities and show how severe the disease is compared to past years. [Learn More](#)

### Trend: Percent of RSV Hospitalizations for Statewide

Hospitalizations  
 Emergency Visits

SELECT LOCATION

- Statewide
- ACH Region
  - Better Health
  - Cascade Pacific
  - Elevate Health
  - Greater Health Now
  - Healthier Here
  - North Sound
  - Olympic
  - Southwest
  - Thriving Together

Map of ACH Regions

Less than 10 hospitalizations from the most recent complete week do not have an assigned county.

Download

## RSV Vaccinations in Washington State

Data reported as of 10/30/2023 11:59 PM

COVID-19 | INFLUENZA | **RSV** ← Select a Vaccine to View

[LEARN MORE](#)

Data for the 2023-2024 RSV Season

**177,880** Doses administered

**2,262** Doses administered per 100,000 people

**9.5%** Vaccinated with at least one dose among adults 60 years and older

### Weekly Doses Administered in the 2023-2024 RSV Season

2023-2024 Week End Date

Total Doses Administered by Week

Total Adults Vaccinated by County

[Respiratory Illness Data Dashboard | Washington State Department of Health](#)

ACIP MEETING



OCTOBER 25-26, 2023

# MenABCWY Vaccine

## Current meningococcal vaccine recommendations

### ACIP Recommendations for Meningococcal Vaccines

- **Routine schedule**
  - MenACWY: dose 1 at age 11–12 years, booster dose at age 16 years
  - MenB (shared clinical decision-making): two doses at age 16–23 years (preferred age 16–18 years)

- **Special situations**

Indication		MenACWY (age ≥2 months)	MenB (age ≥10 years)
Medical conditions	Asplenia	X	X
	Complement Deficiency	X	X
	Complement inhibitor use	X	X
	HIV infection	X	
Other	Some microbiologists	X	X
	Exposure during an outbreak	X	X
	Travel to hyperendemic areas	X	
	First-year college students	X	
	Military recruits	X	

- Pfizer; brand name Penbraya
- Licensed as 2-dose series, 6 months apart
- May be used when both both MenACWY and MenB are indicated at the same visit
- Another option to the currently licensed MenACWY and MenB vaccines
- Future ACIP discussion about meningococcal vaccine schedule

# Mpox Vaccine Proposed Interim Recommendations

## Guidance about vaccination before exposures to mpox

- Similar to what has previously been presented to ACIP
- Specific to pre-exposure vaccination
- Specific to the population at risk for mpox\*

\*Interim recommendation to be revisited in 2-3 years

† Dose 2 administered 28 days after dose 1

§Persons at risk:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
  - A new diagnosis of  $\geq 1$  sexually transmitted disease
  - More than one sex partner
  - Sex at a commercial sex venue
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring
- Sexual partners of persons with the risks described in above
- Persons who anticipate experiencing any of the above

ACIP recommends 2-dose JYNNEOS vaccine series for persons aged 18 years and older at risk for mpox.

Currently, JYNNEOS vaccine available through the HHS/SNS mpox vaccination program. Bavarian Nordic is working toward commercializing JYNNEOS.

[ACIP Meeting 102523 Mpox](#)



## IPV for adults and IIS changes

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The [Advisory Committee on Immunization Practices \(ACIP\) recently updated polio vaccine recommendations for adults.](#)

- Adults (age 18+) who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary vaccination series with inactivated polio vaccine (IPV).
- Adults who have received a primary series of trivalent oral polio vaccine (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV.
- The need for more than a single lifetime booster dose with IPV for adults is not indicated at this time.

Due to the updated ACIP recommendations, the WAIS forecast was updated to show that adults 18 years and older are recommended to get IPV if there is no history of a complete polio vaccine series.

# Limited Exchange Information Sharing Agreement (ISA)

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- Historically, the only way to gain access to the WAIS School module was if a school or facility had a licensed medical provider to sign their ISA.
- This new agreement is for schools and facilities that do not employ or contract with a licensed medical professional such as a nurse.
- Since many schools and child cares across the state do not have a nurse on staff, this ISA, which does not need a provider's signature, opens accessibility to the School Module to all schools and child care facilities within the state.
- Limited Exchange ISA for School Module gives users access to view and print the Certificate of Immunization Status (CIS), run School Module reports, and print letters. Since staff at these schools and facilities are not licensed medical professionals, they will not have the ability to add or edit vaccination records.
- **We plan on working with the WA State Board of Education and Department of Children, Youth, and Families to coordinate communication about the new ISA to all early learning programs they work with. In addition, we will be reaching out to all private schools and child cares who completed the Annual Immunization Report and are not currently using the School Module so that they are aware of the new ISA option. More information can be found on the School Module webpage: [Washington State Immunization Information System \(IIS\) School Module | Washington State Department of Health](#)**

# Immunization Exemptions Toolkit for Health Care Providers

- To help providers understand their role in exemptions and the COE, we have created the [Immunization Exemptions Toolkit for Health Care Providers \(PDF\)](#). It contains helpful information about the education requirement, how to bill for vaccine counseling, FAQs, and resources.
  - Children are required to have documentation of immunity to certain diseases or an exemption on file at their school or child care on or before their first day of attendance.
  - Parents and legal guardians may exempt their child from one or more of the immunization requirements by turning in a completed Certificate of Exemption (COE) form.
  - All exemptions except religious membership exemptions require education from a health care practitioner on the benefits and risks of immunizations.
  - Health care practitioners can sign health care practitioner declaration on the COE, or they can write and sign a letter with the same information.

CONTENTS	
Certificate of Exemption Quick Reference Guide & Instructions	PAGE 2
Certificate of Exemption (COE) form	PAGE 2
How to Bill For Vaccine Counseling	PAGE 2
COE Education Requirements	PAGE 3
COE Education Considerations	PAGE 3
Immunization Exemption FAQs	PAGES 4-6
Educational Resources	PAGES 7-8
Immunization Contraindication Resources	PAGE 8

## Secure Access Washington (SAW) & WAIS

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### **WAIS log-in changes coming soon**

- A **'Single Sign-On' (SSO)** login process will be implemented to improve the accessibility and ease of login to the WAIS. Previously, users accessed the WAIS site by logging into SAW. Once an SSO link is created, users no longer need to navigate through SAW to login.
- These enhancements will first be implemented in the [WAIS QA Testing](#) environment, accessed through [Secure Access Washington Test](#), and will only affect existing user accounts in Questions and Assistance (QA). The date these changes will occur is yet to be determined. Additional communications and training materials will be shared prior to implementation.

## Immunization recorded webinars

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### Recent recorded webinars

- October 24, 2023 – [COVID-19 and RSV Vaccine Updates Webinar](#)
- October 5, 2023 – [2023-24 Flu Updates Webinar](#)
- September 19, 2023 – [Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults](#)
- September 19, 2023 – [Updates in RSV Prevention](#)

Website Link: [Immunization Training | Washington State Department of Health](#)

### Power of Providers Upcoming Webinars

- November 3, 2023 – [Vaccine Fatigue: Addressing the Elephant in the Room](#)
- November 17, 2023 – [Beyond Burnout & Resilience: Purpose and Adaptability for Health Care Providers](#)

Website Link: [Power of Providers Webinars | Washington State Department of Health](#)

Questions?

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## Contact

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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).





# Immunization Resources For You – New Website Launch!

Kelly Moore, MD, MPH  
President & CEO  
Immunize.org

# Invitation to Participate: IACW Respiratory Season Subcommittee

- IACW is launching a subcommittee to identify and develop strategies for the coalition to reduce barriers to vaccines which prevent respiratory illness (RSV, COVID, flu) among WA state residents through
  - 
  - Provider education
  - Community engagement
- **Who:** any IACW member who identifies as an immunization advocate
- **When:** Next Wednesday November 15 12:30 – 2 pm virtually on Zoom
- **Why Now?** IACW has historically launched workgroups and subcommittee when there was an opportunity and interest to do so. This 2023- 2024 flu season poses unique challenges with the rollout of three vaccines.
- *Time stipends for participation available for those who meet eligibility requirements*





# Questions?

For more information complete the interest form:

<https://forms.office.com/r/Q0aJ2psk7q>

# Stay Engaged with IACW

## Sign up for the Immunity Community Connections (monthly newsletter):

Sign up at: <https://tinyurl.com/IC-newsletter-sign-up>

## Join us next quarter on February 14, 2024, 12 - 2pm on Zoom

Ideas for topics or speakers?

Email us: [ic@withinreachwa.org](mailto:ic@withinreachwa.org)

## Become a member of the Respiratory Season Subcommittee

Interested or need more information?

Submit [an interest form](#).



# For More Information



Email:

[ic@withinreachwa.org](mailto:ic@withinreachwa.org)



Visit:

[immunitycommunitywa.org](http://immunitycommunitywa.org)

[withinreachwa.org](http://withinreachwa.org)

# Thank You for Attending!

Please complete the survey at the conclusion of this webinar.

Next IACW Quarterly meeting:  
February 14, 2024

Interested in becoming more involved  
or joining the IACW Executive

Committee? Email

[IC@withinreachwa.org](mailto:IC@withinreachwa.org)