



# IACW Quarterly Meeting

May 8, 2024



Immunization Action  
Coalition of Washington



Immunization Action  
Coalition of Washington

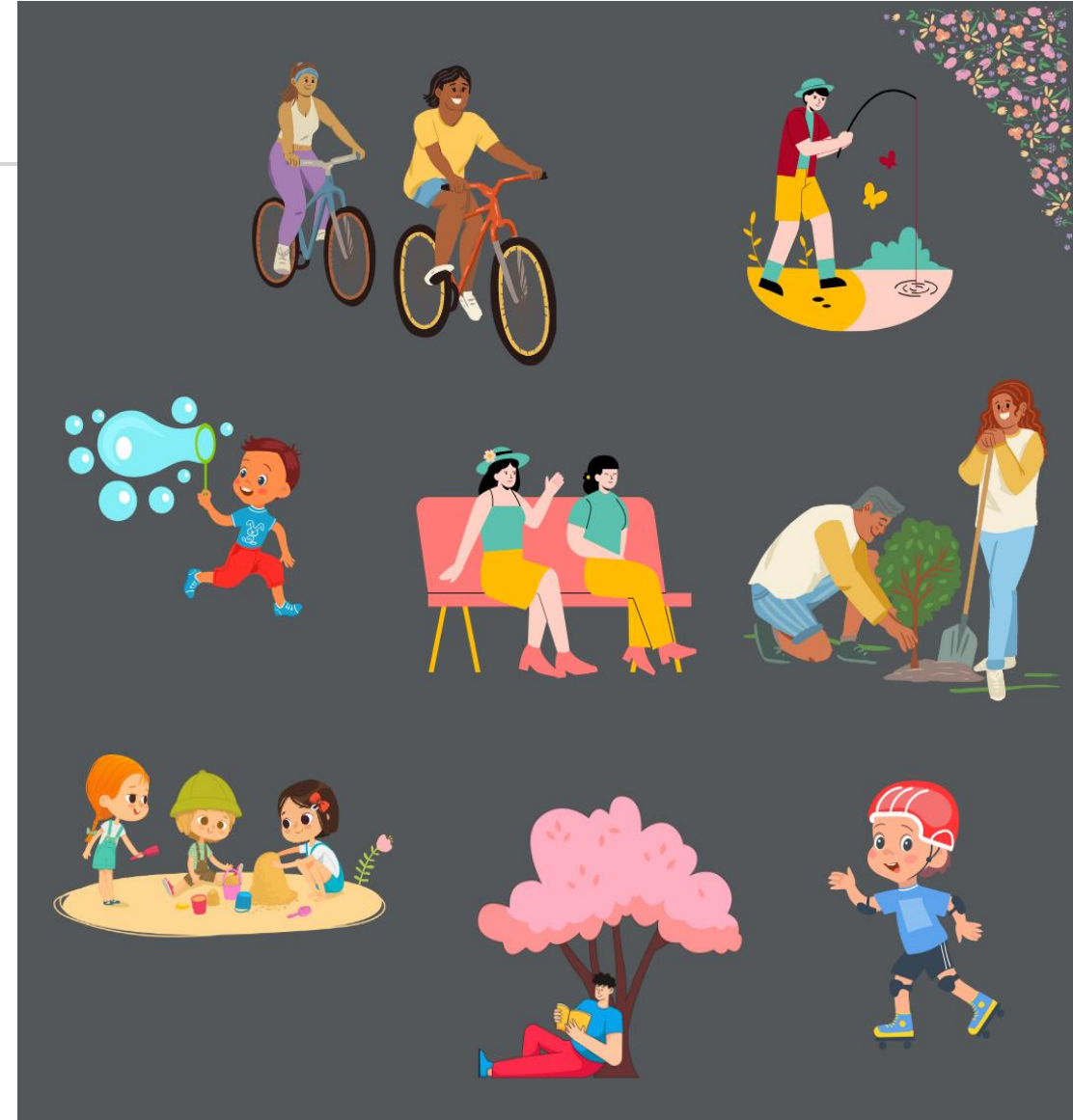


# Welcome & Announcements

**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 Drashti Patel 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).
- **Please introduce yourselves in the chat with your name, pronouns, your role as an immunizer, and your favorite spring activity!**



# 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
12:00pm	Welcome and Introductions	Neil Kaneshiro, IACW Chairperson
12:10pm	IACW Updates: IACW Immunization Champion Award Nomination Period is Open!	Drashti Patel, WithinReach Staff
12:20pm	DOH Updates	Jamilia Sherls, WA State Department of Health
12:40pm	Community Health Efforts Across Washington Series: Somali Health Board Followed by Q&A	Mohamed Shidane, Somali Health Board
01:10pm	Break	
01:15pm	Presentation: Hepatitis Education Project	Apoorva Mallya, Hepatitis Education Project
01:45pm	Respiratory Season Subcommittee Report Out	Ajia McAferty, Subcommittee Chair
1:55pm	Closing	Neil Kaneshiro, IACW Chairperson

# IACW Announcements & Updates

## IACW Executive Committee Staff Updates

- Welcome our new IACW Executive Member Ciara Vega, BSPH, CCMA.
- Welcome our IACW Executive Committee member, Jean-Jacques Kayembe, MD, MPH, in his new role as an IACW Vice-Chair.

## 2024 Immunization Champion Awards Nominations

- Nomination period ends on May 28, 2024
- Awardees will be announced in the next IACW Quarterly meeting on August 14, 2024
- New category this year to recognize efforts during the 2023-2024 respiratory season

## IACW Progress Report

# IACW Announcements & Updates Cont.

## May is Hepatitis Awareness Month

- Reach out to Mohammed Abdul-Kadir ([mohammedak@ichs.com](mailto:mohammedak@ichs.com)) to support and collaborate the Hepatitis B Coalition of WA (HBCW)'s mission of reducing the public threat of viral hepatitis within WA State.
- Check out the "Hepatitis B Health Disparities in Refugee and Immigrant Communities" e-course that provides tools for healthcare providers to effectively engage with patients with or at risk for Hepatitis B. Free CE credits available!

## PCIC Created "Recommended Vaccines for Adult" Co-brandable Poster

- Patient friendly, co-brandable poster featuring recommended immunizations most adults need, designed to prompt discussions between patients and providers.

## Upcoming Events

- WA HPV Roundtable on May 10th
- AIM VAC Regional Meeting from May 21 – 23 in Boise, Idaho
- August is National Immunization Awareness Month, keep an eye out on WithinReach's social media and the IC newsletter for more info.

## Recommended Vaccines for Adults

Ages 19 and older



Getting vaccinated provides lasting protection from life-threatening illnesses. Here are some recommended immunizations to discuss with your doctor or pharmacist. If you are immunocompromised or have a chronic condition, you may need some of these vaccines at an earlier age.

Most Adults Need	If not received in childhood	Most Older Adults Need
<ul style="list-style-type: none"><li>✓ Flu<sup>1</sup> (annually) ★</li><li>✓ COVID-19 (1 or more doses of updated vaccine) ★</li><li>✓ Tdap<sup>2</sup> (Booster every 10 years) ★◆</li><li>✓ Hepatitis B</li></ul>	<ul style="list-style-type: none"><li>✓ Meningococcal vaccines</li><li>✓ HPV<sup>3</sup></li><li>✓ Hepatitis A</li><li>✓ MMR<sup>4</sup></li></ul>	<ul style="list-style-type: none"><li>✓ Shingles (age 50+)◆</li><li>✓ RSV<sup>5</sup> (age 60+) ★◆</li><li>✓ Pneumococcal (age 65+)</li></ul>

1: Influenza  
2: Tetanus, diphtheria, pertussis  
3: Human papillomavirus  
4: Measles, mumps, rubella  
5: Respiratory syncytial virus

★ If you are pregnant (regardless of age)

◆ If you are over 65 and have Medicare Part D, you may need to receive this vaccine at a pharmacy



This material, prepared by the Pierce County Immunization Coalition, is provided by Cognize Health, a Medicare Quality Improvement Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. ID-5096-G01-24-Q16 04/24



# Washington State Department of Health - Updates

**Jamalia Sherls, DNP, MPH, RN, CPN, CDP**  
Director, Office of Immunizations





IACW Partner Update  
Office of Immunization  
May 8, 2024

# DOH Office of Immunization Updates



Jamilia Sherls, Director, Office of Immunization

# Agenda

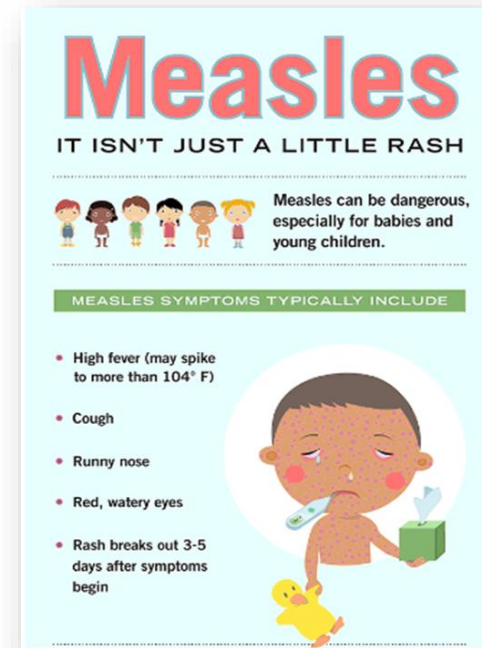
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- Communicable Disease Updates
  - Measles
  - MPOX
  - HPAI A/H5N1/Avian Influenza
  - COVID-19
  - Pertussis
- New/Updated Vaccines
- HPV @9 Report –released April 2024!
- Routine Childhood Immunization and School Immunization Dashboards



# COMMUNICABLE DISEASE UPDATES

# Measles Clinical Overview



## Post Exposure Prophylaxis (PEP)

- PEP within the target window may provide measles protection or modify the clinical course of disease among susceptible people



### MMR vaccine

- Should be given within **72 hours** (3 days) of initial measles exposure
- Vaccination can be given after this window, but would only be expected to protect from future exposures and is not considered “adequate PEP”

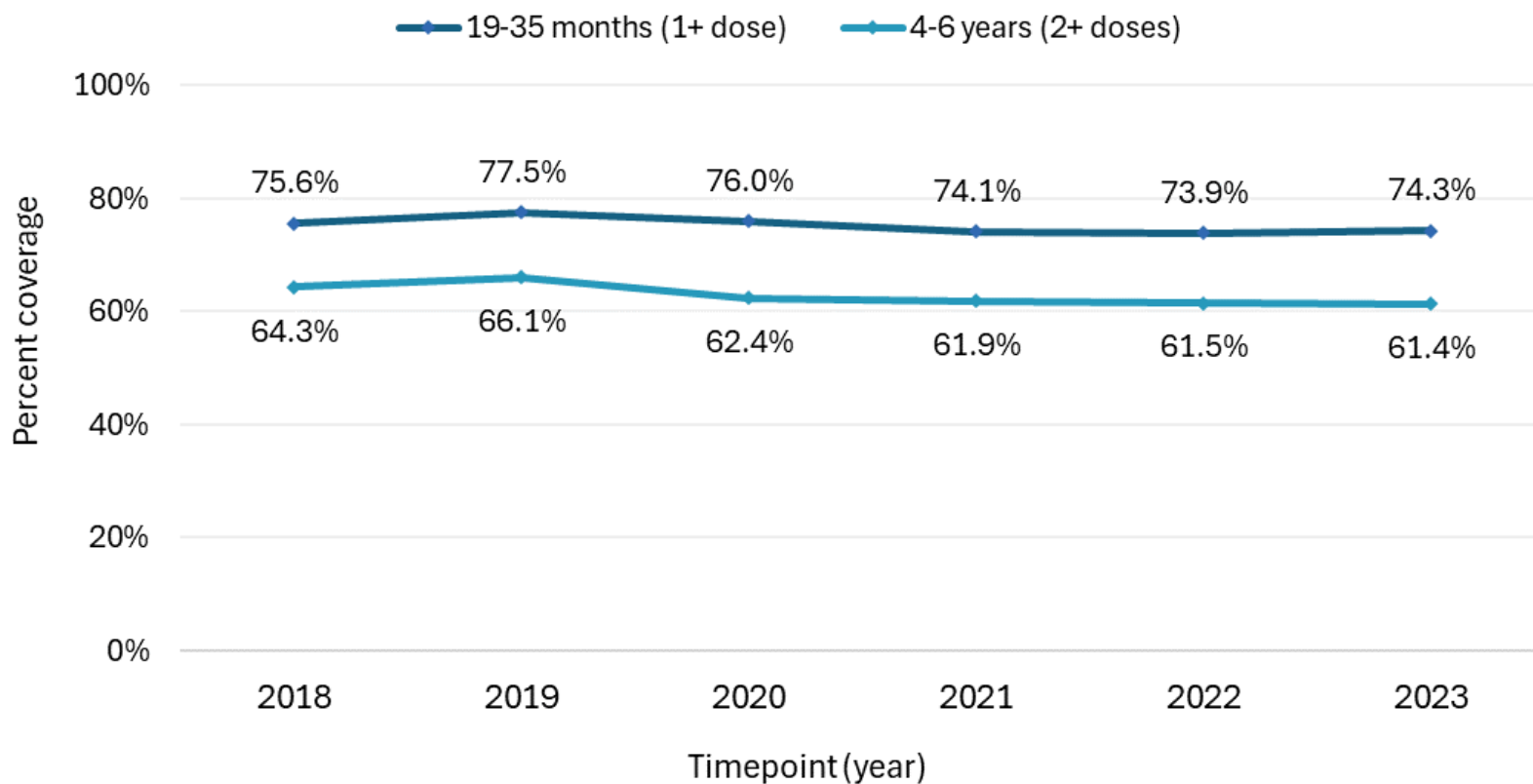


### Immunoglobulin

- Needs to be given within **6 days** of initial exposure
- Can be given intramuscularly (IMIG) or intravenously (IVIG)



## MMR coverage among children aged 19-35 months and 4-6 years in Washington State, 2018-2023



Data Source: WAIS as of 4/2/24

# School-Reported Measles Coverage – Percent Complete by Grade Level

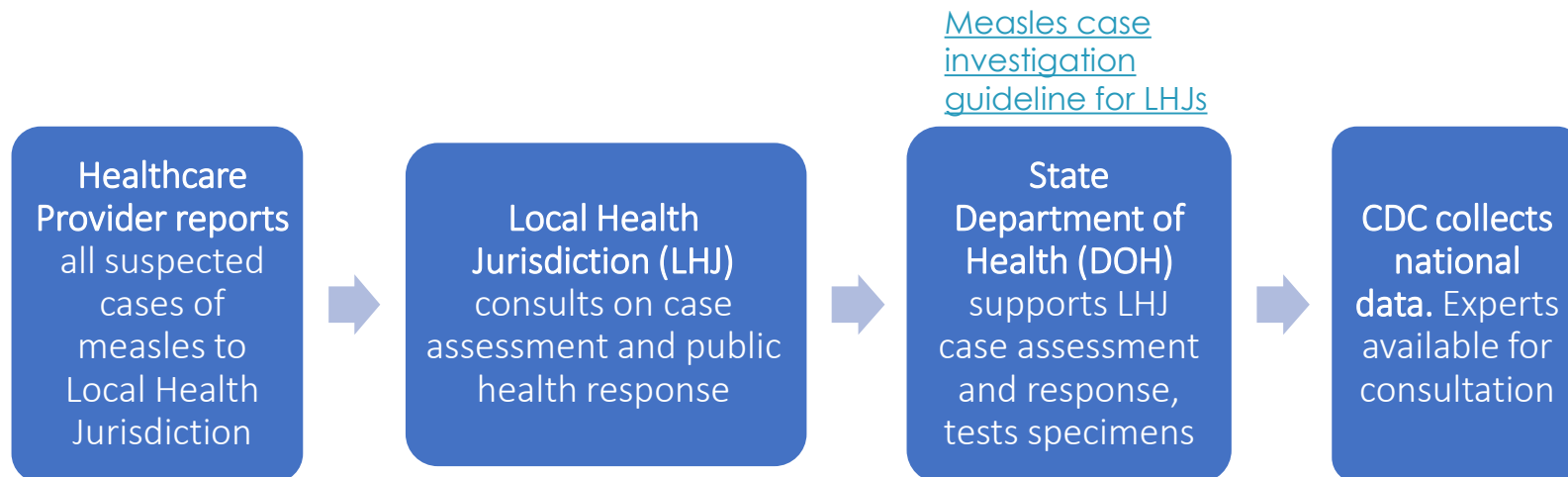
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Grade Level	2019-20	2020-21	2021-22	2022-23	2023-24
Kindergarten	94.4%	94.5%	92.6%	91.4%	91.3%
6 <sup>th</sup> /7 <sup>th</sup> Grade	97.2%	97.0%	96.7%	96.3%	96.4%
K-12	96.7%	96.5%	95.9%	95.4%	95.4%

Data for the 2023-24 school year are preliminary.  
The final data will be available when the [data dashboard](#) is updated end of May 2024.

## DOH Measles Resources

- [Measles Prevention and Control Webinar](#) - the recording is now available!
- Direct links to DOH webpages for the following resources:
  - [Measles | Washington State Department of Health](#)
    - *Provides various resources for the public, providers, and LHJs*
- Disease Surveillance Process – What do we do in public health?



# Mpox - Main Takeaways

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- Cases in WA continue to disproportionately, but not exclusively affect the LGBTQ+ community and specifically, cis-gender men of color. Skin-to-skin contact through sex/intimate acts is still being reported as the main source of transmission.
- CDC estimates that 1 in 4 people who are eligible to receive JYNNEOS have been fully vaccinated. Over 50% of individuals who tested positive for mpox in WA in 2023 were unvaccinated.
- Best way to reduce your risk of getting severe illness from any clade of mpox is to get vaccinated.
- For additional information on current outbreaks, testing, recommendations and vaccines, please visit [Mpox | Poxvirus | CDC](#)

# Mpox - JYNNEOS Commercialization

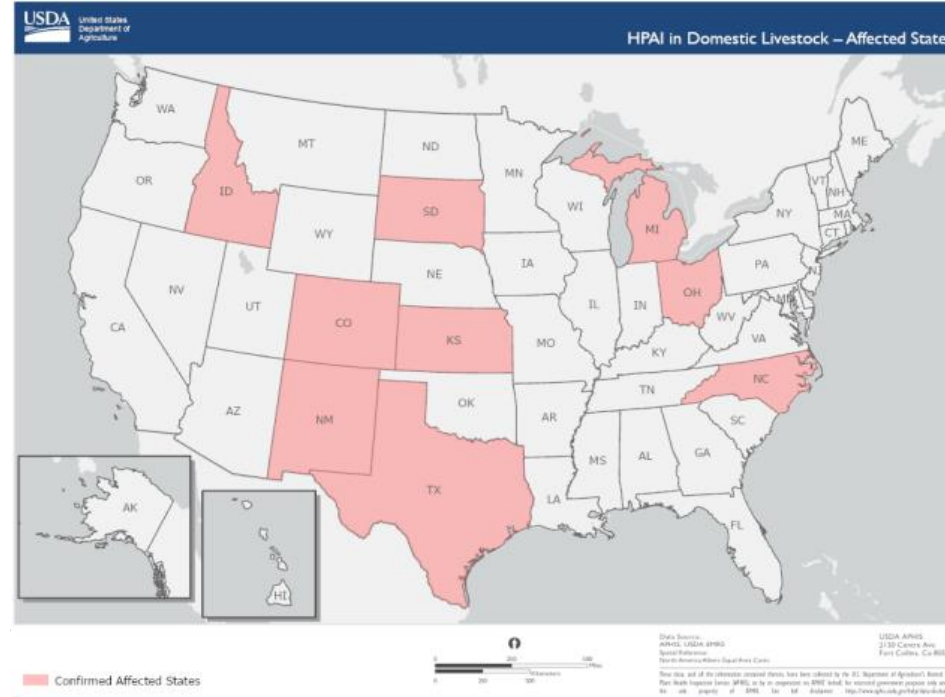
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- As of April 1, Bavarian Nordic launched the private sector sale of JYNNEOS vaccine.
- Providers will need to procure JYNNEOS on the commercial market to offer to patients recommended to receive.
- Providers will be able to access JYNNEOS vaccine for persons 18 years of age from the state's Childhood Vaccine Program at no cost to the provider or patient.
- After April 30 through August, state health departments will have access to limited JYNNEOS vaccine through the Strategic National Stockpile where commercial vaccine is not available or accessible.



# HPAI A/H5N1 /Avian Influenza Update

- Ongoing global outbreak in wild birds – HPAI A(H5N1) clade 2.3.4.4b
  - Outbreaks in poultry flocks
  - Infections in mammals
- Infrequent infection in humans
  - 13 cases of human infection with this specific clade to date (*2 in the U.S*)
    - Of these, 5 were severe, and 2 resulted in death.
- As of 4/25/24, there have been 36 confirmed HPAI positive dairy herds in 9 states.



# Links and Resources

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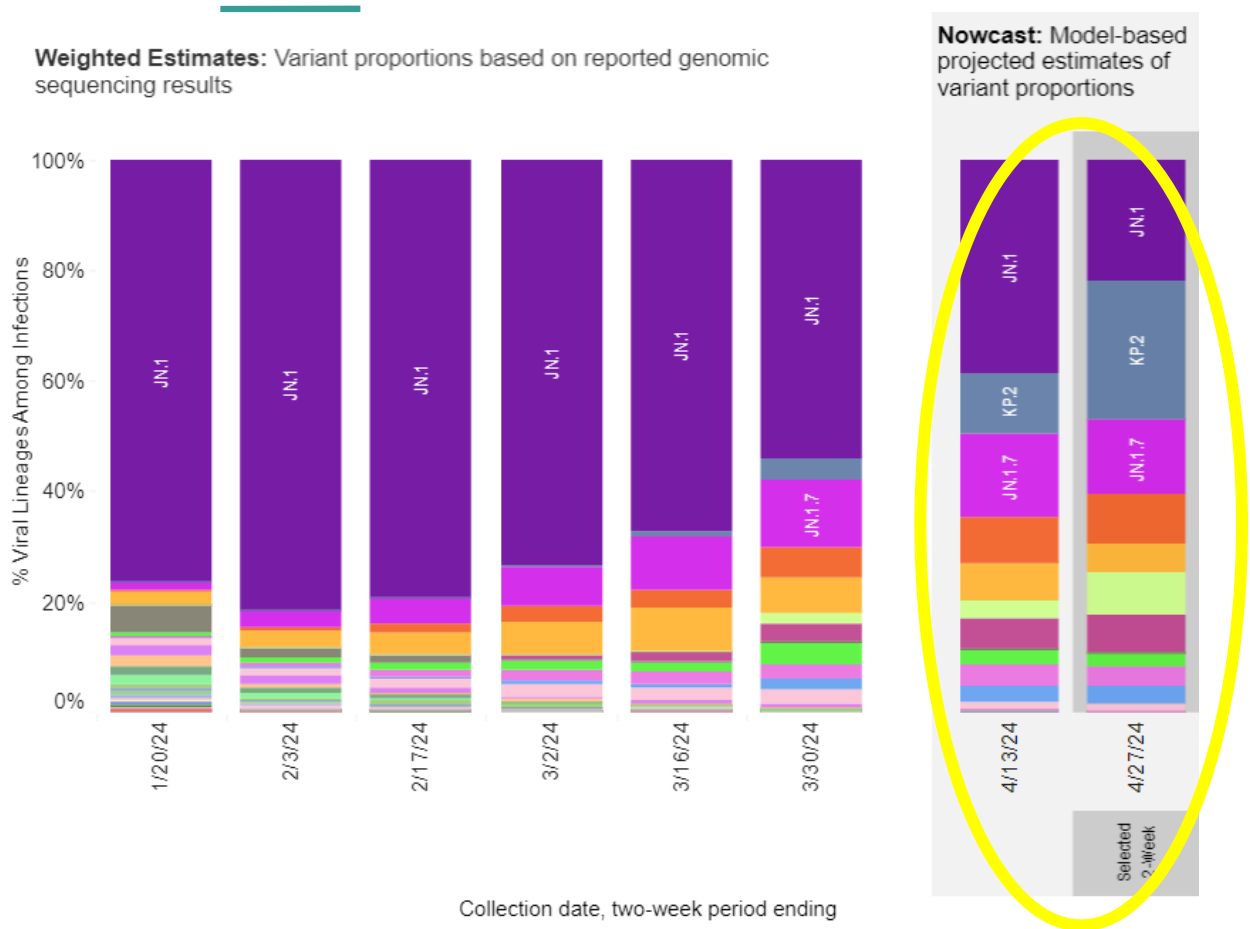
**“No human vaccines** for prevention of HPAI A(H5N1) virus infection are currently available in the United States. Seasonal influenza vaccines do not provide any protection against human infection with HPAI A(H5N1) viruses.” – [Updated 4/15/24](#)

- [CDC Interim Recommendations](#) for Prevention, Monitoring, & Public Health Investigations.
  - For the [Public](#)
  - For [Farmers](#)
  - For [Clinicians](#)
  - For [State Health Departments](#)
- [Treatment Recommendations](#): Antiviral and Chemoprophylaxis
- [Infection Prevention and Control](#) Recommendations
- [Testing and Surveillance](#) Recommendations
- [Current H5N1 Bird Flu Situation in Dairy Cows](#) – CDC 4/24/2024.
- [Updates on Highly Pathogenic Avian Influenza \(HPAI\) | FDA](#)

# COVID-19 Variants

4/27/24 CDC Report:

- KP.2 is a descendant of JN.1 (JN.1 is a descendent of BA.2.86)
- 2023-24 COVID-19 vaccine is effective against the JN.1 / BA.2.86 variants
- Read more:
  - <https://www.cdc.gov/respiratory-viruses/whats-new/JN.1-update-2023-12-22.html>
  - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>





County

Statewide

This page shows vaccine coverage for age, race/ethnicity, and sex reported for vaccine recipients.

Data reported as of 04/29/2024 11:59 PM

Learn More

Total Coverage *Hover over the legends below for the definition of each vaccine status.*

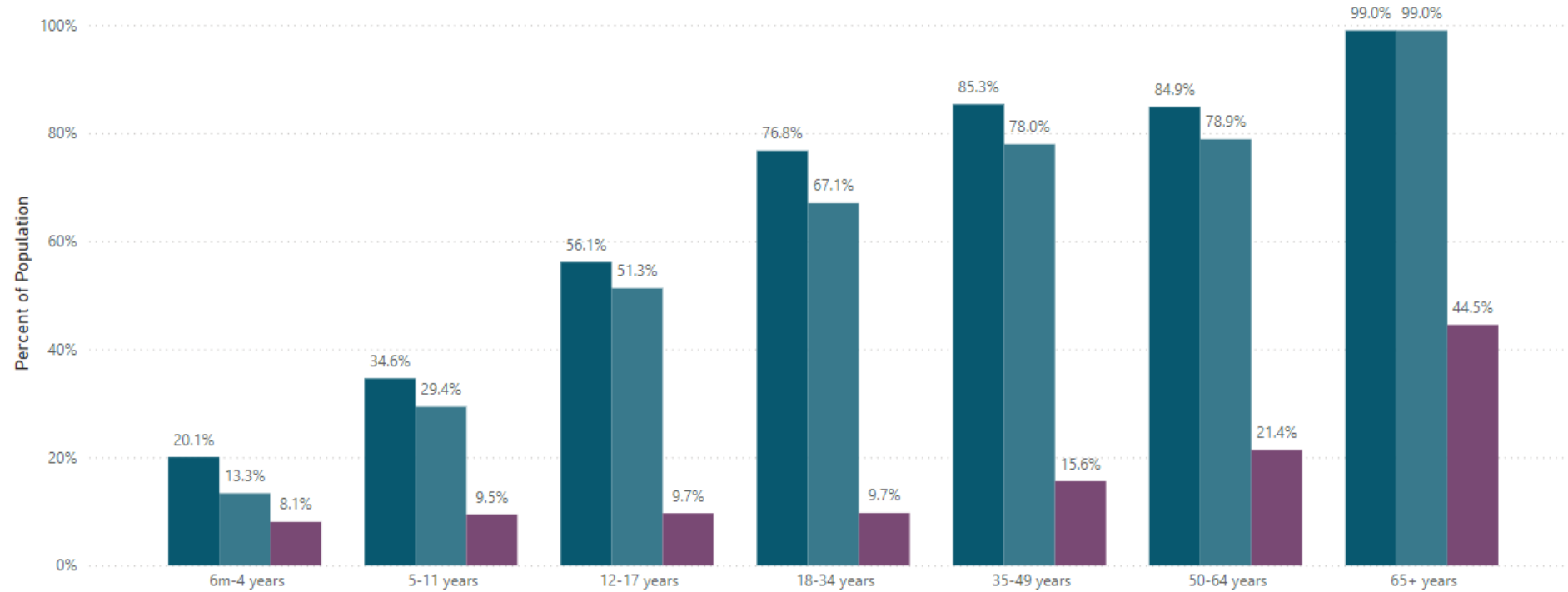
View Data For

Age

Race Ethnicity

Sex

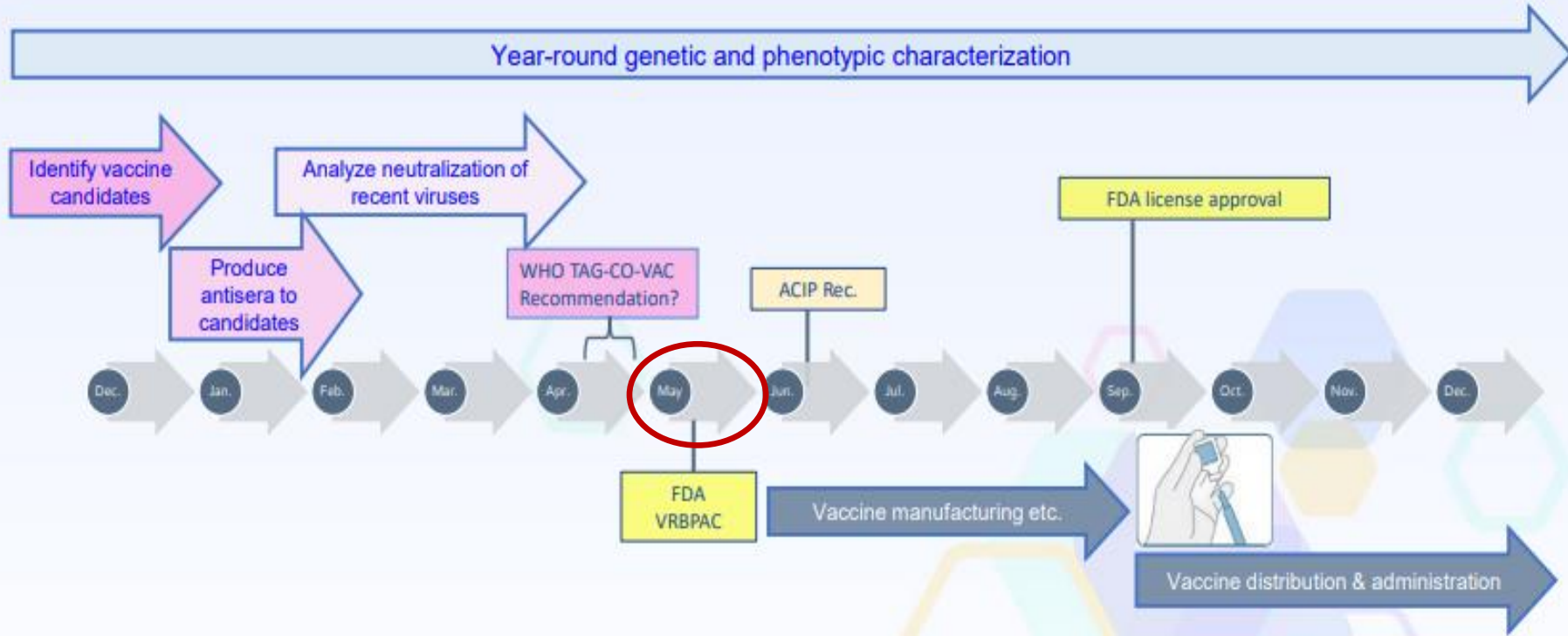
**i** Percent Initiated **i** Percent Completed **i** Percent Up to Date



To protect privacy, counts of less than 10 are not reported. Some additional values that could allow someone to calculate those small numbers are also not reported.

[COVID-19 Vaccination Data | Washington State Department of Health](#)

# 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.

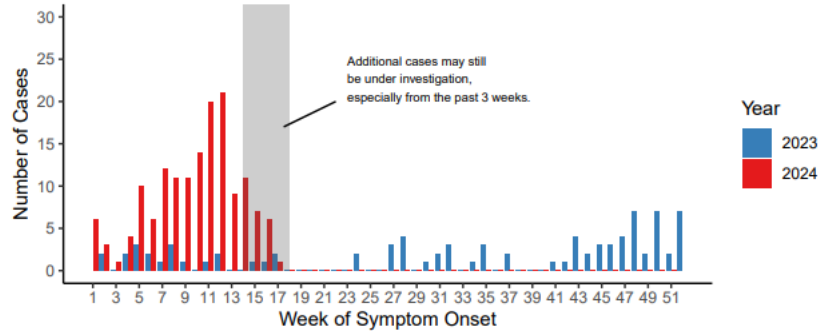
WHO: World Health Organization | TAG-CO-VAC: Technical Advisory Group on Covid-19 Vaccine Composition | FDA: Food and Drug Administration | VRBPAC: Vaccines and Related Biologic Products Advisory Committee | ACIP: Advisory Committee on Immunization Practices

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



# WA Weekly Pertussis Update, 2024 (Week 17)

**Figure 1:** Number of Pertussis Cases Reported in Washington State by CDC Week of Symptom Onset: 2023 (blue) vs 2024 (red)



**Figure 3:** Six-Week Pertussis Incidence Rates by County, 2024 weeks 11 - 17



Cases Reported Statewide	
Year (Week 1-17)	Total Cases
2023 (01/01/23 to 04/29/23)	24
2024 (12/31/23 to 04/27/24)	154*

\*Preliminary data


[Weekly Pertussis Update for Washington State](#)

# Pertussis Prevention


The best way to prevent whooping cough is to get vaccinated. CDC recommends whooping cough vaccination for everyone.

[Learn who should get which whooping cough vaccines and when.](#)

**People of all ages need WHOOPING COUGH VACCINES**



<b>DTaP</b> for young children	<b>Tdap</b> for preteens	<b>Tdap</b> for pregnant women	<b>Tdap</b> for adults
✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years	✓ 11 through 12 years	✓ During the 27-36th week of each pregnancy	✓ Anytime for those who have never received it

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough) 

# Vaccination Catch-Up Tools and Resources

- [Job Aids](#) help providers quickly determine catch-up schedule for children, especially with new polio, RSV, pneumococcal vaccines and recommendations.

## Catch-Up Guidance for Healthy<sup>1</sup> Children 4 Months through 4 Years of Age **Pneumococcal Conjugate Vaccine: PCV**

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

IF current age is	AND # of previous doses is	AND		THEN	Next dose due <sup>2</sup>
4 through 6 months	0 or unknown	→	→	Give Dose 1 today	Give Dose 2 at least 4 weeks after Dose 1
	1	→	It has been at least 4 weeks since Dose 1	Give Dose 2 today	Give Dose 3 at least 4 weeks after Dose 2
		→	It has <b>not</b> been at least 4 weeks since Dose 1	No dose today	Give Dose 2 at least 4 weeks after Dose 1
	2	→	It has been at least 4 weeks since Dose 2	Give Dose 3 today	Give Dose 4 ( <b>Final Dose</b> ) at 12 months of age or older
		→	It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 at least 4 weeks after Dose 2

- Immunize.org's excellent [Cheat Sheet of COVID-19 Vaccination Guidance and Clinic Support Tools](#)



# NEW/UPDATED VACCINES

# Penbraya

## (Meningococcal ACWY and B combination Vaccine)

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- The new pentavalent Meningococcal combination vaccine that covers ACWY and B strains.
- The vaccine is approved for use when both Men ACWY and Trumenba brand MenB are indicated at the same visit for:
  - Healthy individuals age 16 through 23 years (routine schedule) when shared clinical decision-making (SCDM) favors administration of MenB vaccination.
  - Individuals age 10 years and older at increased risk of meningococcal disease due for both vaccines.
- We expect the product to be available soon through CVP.
  - Penbraya contains the Trumenba brand of MenB vaccine, and the two brands of Men B on the market are not interchangeable.
  - Penbraya will be available only to providers that receive Trumenba as their Men B product.



## 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>



# HPV@9 REPORT

# Human Papilloma Virus (HPV) at 9 Report

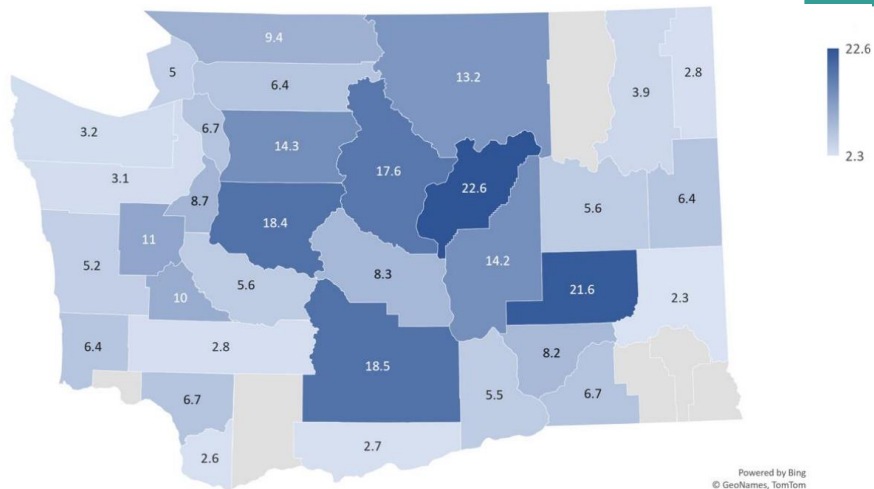


Figure 3. Percentage of 9–10-year-olds with one or more doses of HPV by county, 2023. Counties suppressed due to small numbers are represented in grey.

Statewide in 2023, 11.1% of 9–10-year-olds received one or more HPV doses, but coverage varied widely by county.

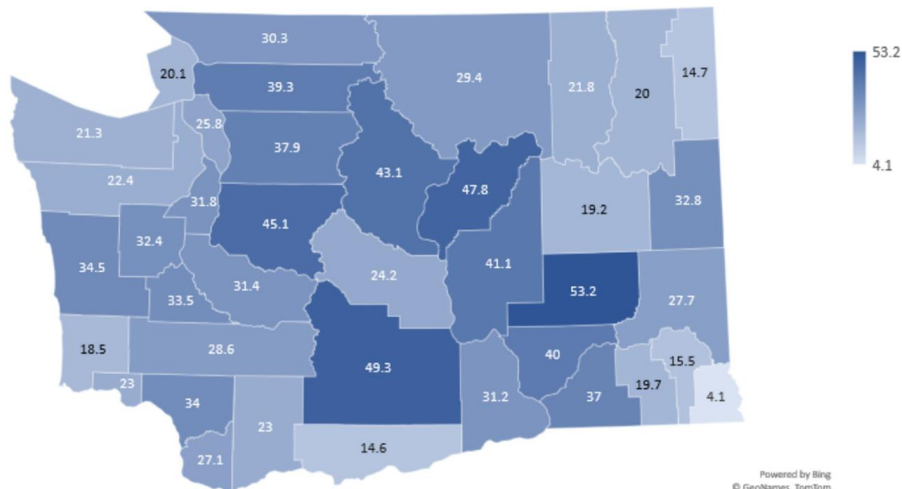


Figure 4. Percentage of 11–12-year-olds with one or more doses of HPV by county, 2023.

Similar trends were identified for 11–12-year-olds.

[Report on HPV Vaccination at 9 Years Old in Washington State \(govdelivery.com\)](https://govdelivery.com)

# HPV at 9 Report and Resources

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- [Report on HPV Vaccination at 9 Years Old in Washington State \(govdelivery.com\)](https://govdelivery.com)
- [Immunization Data | Washington State Department of Health](#)

## Upcoming Webinar

HPV Roundtable, Friday May 10<sup>th</sup>

- 8am-12pm.
- [Register here.](#)





# IMMUNIZATION DASHBOARDS

# Dashboards & Routine Childhood Immunizations

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## Immunization Coverage Data

- [School Immunization Coverage:](#)

A new report for the current school year is expected to be published at the end of May.

- [Childhood Immunization Rate Dashboard:](#)

We are currently working on a major update of this dashboard, which includes adding race/ethnicity data for the first time as well as transitioning it to a new format and making some methodological changes.

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Questions



Contact us at [OICP@doh.wa.gov](mailto:OICP@doh.wa.gov)



*Thank you!*

*Additional Resources Follow this Slide*



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).

# Washington-Based Immunization Data

## Comparison of Data Sources Used in this Presentation

### **WA IIS**

- Use to assess statewide vaccination coverage as well as geographic and demographic variation
- Continuous near real-time updates
- Generally underestimates true coverage

Public health planning use:

- Population-based interventions (e.g., media campaigns) to increase coverage

### **School-Reported Immunization Data**

- Use to assess school and district-level compliance
- Specific to school-going population
- Limited grade levels, demographics
- Single update at end of year

Public health planning use:

- Accurate school-level coverage as-of report deadline
- School-level risk and interventions

# Measles IGIM

The CDC created an immune globulin intramuscular (IGIM) information sheet, providing details on:

- The preparation for use of IGIM.
- Recommendations for health departments.
- How to procure IGIM measles post-exposure prophylaxis.

## Preparation for use of Immune Globulin Intramuscular as Measles Post-Exposure Prophylaxis

Post-exposure prophylaxis (PEP) for measles, when provided within the target window, may provide measles protection, or modify the clinical course of disease among susceptible people. MMR vaccine or immunoglobulin can be given for PEP; additional information is available in the ACIP MMWR: <https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>.

Immunoglobulin needs to be given within **6 days** of initial exposure and can be given intramuscularly (IGIM) or intravenously (IGIV).

GamaSTAN is the only available IGIM available in the U.S. GamaSTAN is supplied in 2mL and 10mL single dose vials. It is stored at 2-8°C (36-46°F) and has a shelf life of 3 years.

The CDC/ACIP IGIM recommended dose is **0.5mL/kg\***; maximum dose by volume: 15mL.

\*Note: CDC/ACIP recommended dosing different than the GamaSTAN package insert.

Package Insert available here: <https://www.fda.gov/media/86789/download?attachment>

**Planning** is critical to ensure rapid availability of IGIM after initial exposure.

To prepare for situations where IGIM may be needed for measles PEP, health departments can:

Before cases are identified

1. Establish a plan for obtaining IGIM, especially if there are areas with low MMR coverage. IGIM is not available through the Vaccines for Children (VFC) program. Contact your CDC Immunization Operations and Services Branch (IOSB) project officer for assistance if needed.
2. Work with **local hospitals or hospital systems** to identify available doses. IGIM does not require an infusion center or administration at a hospital, but local hospitals may have doses that could be used, if needed.
3. Health departments could also consider **acquiring doses directly** to use if needed for a measles exposure or outbreak.

Health departments could work through distribution partners to acquire IGIM.

Many states are members of [MMCAP Infuse](#); state and local health departments can purchase IGIM at a contracted rate through this national cooperative group. To get started with MMAP Infuse, contacts by region are here: <https://infuse-mn.gov/products/product-ordering/index.jsp>.

After cases are identified

1. Work with **local hospitals** to identify doses that are **immediately** available. IGIM does not require an infusion center or administration at a hospital, but local hospitals may have doses that could be immediately accessible.
  2. If local hospitals do not have sufficient doses and no other doses are available, contact MMAP Infuse distributors or the manufacturer representative (manufacturer information here: <https://www.gamastan.com/en/hcp/>).
- Note for orders to be filled rapidly, an MMAP account must already be established.

# Mpox Vaccine Recommendations

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DOH still recommends mpox vaccination for anyone where the following applies:

- You had known or suspected exposure to someone with mpox
- You had a sex partner in the past two weeks who was diagnosed with mpox
- You are a gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past six months has had any of the following:
  - A new diagnosis of one or more sexually transmitted infections (STIs; e.g., chlamydia, gonorrhea, or syphilis)
  - More than one sex partner
  - You have had any of the following in the past six months:
    - Sex at a commercial sex venue (like a sex club or bathhouse)
    - Sex related to a large commercial event or in a geographic area (city or county for example) where mpox virus transmission is occurring.
    - Sex in exchange for money or other items
- You have a sex partner with any of the above risks
- You anticipate experiencing any of the above scenarios
- You have HIV or other causes of immune suppression and have had recent or anticipate future risk of mpox exposure from any of the above scenarios
- You work in settings where you may be exposed to mpox (e.g., through working with orthopoxviruses in a laboratory)



# Community Health Efforts Across Washington Series

**Mohamed Shidane**  
Somali Health Board



# Strengthening Community Health Through Vaccine Awareness

Somali Health Board's  
Commitment to Health Equity

Members of the Somali Health Board at a drive-through COVID-19 testing event in south Seattle. Photo credit: The Somali Health Board

# Vaccine Education and Outreach

- **Education on MMR Vaccine:** Efforts to educate the community on the effectiveness and safety of the measles-mumps-rubella (MMR) vaccine, combatting misinformation and cultural barriers.
- **COVID-19 Taskforce Achievements:** Details of SHB's COVID-19 taskforce which has distributed over 70,000 COVID-19 supplies and administered significant numbers of adult and pediatric vaccines.

Education and Outreach Efforts



# Community Impact and Achievements

## Impact and Achievements in Vaccine Uptake

- **MMR Vaccination Rates:** Highlighting the increase in MMR vaccination rates among Somali children in King County, crucial in preventing outbreaks.
- **2023 Community Vaccination Drives:** Reflecting the ongoing impact with updates from 2023, showing substantial increases in community reach and vaccine uptake.



# Coping with COVID-19 and Ramadan



DR. ANISA IBRAHIM



DR. SH. YAHYA SUUFI



MOHAMED ALI (MPH)



DR. ABDIFATAH SHARIIF

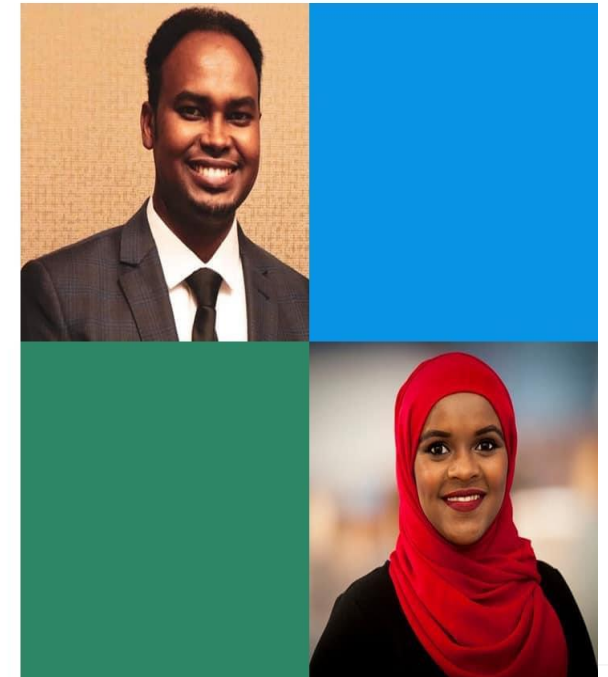


MOHAMED SHIDANE (HOST)



## Community Conversations on Immunizations

with Dr. Ahmed Ali and Dr. Anisa Ibrahim



Sunday, 6/11  
2:00–3:00pm  
Via Zoom





EVENT	Dental		TEST	Carepacks
	Flu shot	Services		
Abubakar Mosque testing			78	
I DID My PART			750	1255
I DID My PART			500	1700
8th Health Fair and Covid 19 Test			85	50
8th Health Fair and Covid 19 Test			94	50
8th Health Fair and Covid 19 Test			105	50
8th Health Fair and Covid 19 Test			75	50
Rainier Vista			65	40
Rainier Vista			36	40
Yesler testing			45	48
Abubakar testing			32	43
Abubakar testing and Flu shots	68		68	128
Al-nur Dental Van			12	21
Al-Hudda Dental Van			12	18
<b>Total</b>	<b>68</b>	<b>24</b>	<b>1933</b>	<b>3493</b>

# Collaborative Efforts and Community Engagement

- **Strategic Partnerships:** Highlighting SHB's relationships with the Washington State Department of Health and Public Health – Seattle & King County, securing vital health resources like vaccines and PPE.
- **Influence in Policy:** Active participation in decision-making on mental health, public health, and health care policy to ensure tailored health services for the Somali and East African communities.
- **2024 Initiatives:** New developments aim to expand community outreach and support, enhancing health education and resource access.







From Our 11<sup>th</sup> Annual Health Fair Last Summer



COVID-19 Health Disparities Grant Reverse Site Visit on Tuesday, March 26 - Thursday, March 28, 2024 in Chicago.

# How You Can Get Involved

**Become a Sponsor:** Engage with the Somali Health Board by choosing from various sponsorship levels that provide different benefits and recognition:

- **Diamond Sponsorship - \$20,000:** Maximum visibility, event-specific recognition, social media features, and special projects support.
- **Platinum Sponsorship - \$15,000:** Prominent website feature, social media, and newsletter features, recognition at specific events.
- **Gold Sponsorship - \$5,000** and **Silver Sponsorship - \$3,000:** Includes event day recognition, social media thank-you posts, and a certificate of appreciation.
- **Supporter Sponsorship - \$1,000** and **Friendship Sponsorship - \$500:** Recognition during specific events and social media mentions.

## Get on our mailing list to stay up to date our newsletters and updates

- **Volunteer:** Join us as a volunteer to support our various health programs and community outreach efforts.
- **Attend Events:** Participate in SHB events such as health fairs, educational workshops, and fundraising events to support and learn more about our initiatives.
- **Spread the Word:** Share information about SHB's work with your networks and social media platforms to help amplify our message.

**MMR presentation:** <https://ethnomed.org/resource/measles-outbreak-a-somali-health-board-presentation/>

**Anti vax movement puts Somali American kids at risk:** <https://seattleglobalist.com/2016/11/17/anti-vax-movement-somali-american-kids/59008>

**Third annual health fair seeks to provide culturally sensitive advice and services to local Somalis:** <https://www.seattletimes.com/seattle-news/somali-health-fair-to-help-bridge-the-gap/>





**BREAK**



# Hepatitis Education Project (HEP)

**Apoorva Mallya**  
Executive Director, HEP



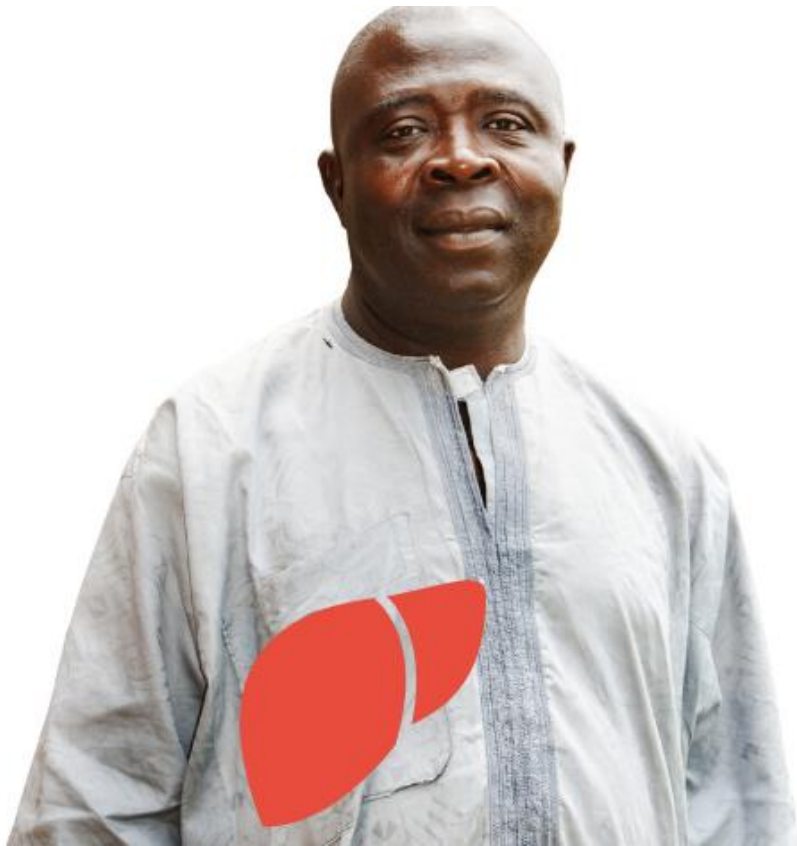
# Hepatitis Education Project

Tackling Hepatitis B

Presentation to IACW

*May 8, 2024*

# What is hepatitis B?



*Hepatitis B is a viral infection that can cause serious liver disease and even liver cancer.*

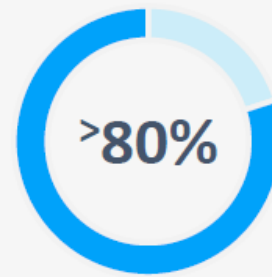
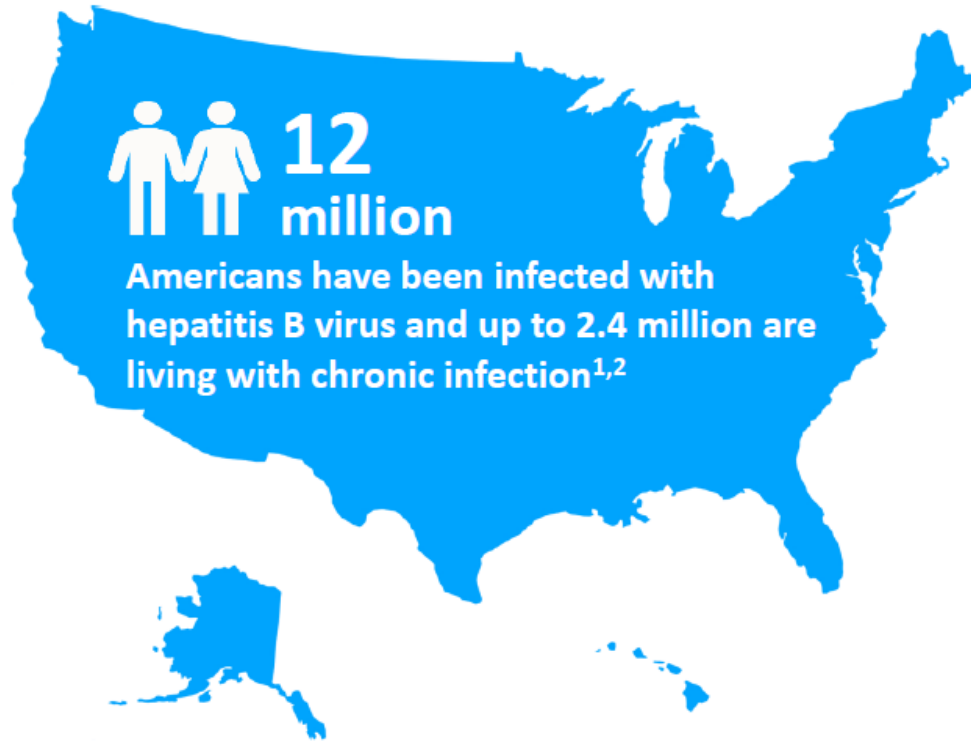
# Hepatitis is bigger killer globally than HIV or malaria



Worldwide  
More than 300 million  
people are living with  
hepatitis B

In the United States,  
up to 2.4 million people are  
living with hepatitis B

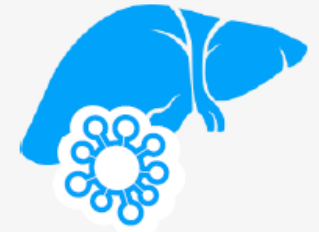
# Hepatitis B Remains a Significant Clinical and Public Health Burden



of people  
are unaware  
they are infected<sup>3</sup>



From 2016-2021,  
**more than 75%**  
of acute infections  
occurred **among people**  
**aged 30–59 years**<sup>4</sup>



**Chronic infection**  
can progress to  
**advanced liver**  
**disease**<sup>5</sup>  
(i.e., cirrhosis, hepatocellular  
carcinoma, or  
liver transplant)



# Adults at Risk for HBV Infection

Risk is increased by environmental factors, behavioral activities, and physiological conditions<sup>1,2</sup>

## Environmental

- Jobs with blood exposure
- Household contact with an HBV-positive person
- Patients or workers in institutions for people with developmental challenges
- Inmates of correctional facilities
- Person born in Asia, Africa, and specific nations in the Caribbean, The Americas, Europe, the South Pacific, and Middle East

## Behavioral

- Injecting illegal drugs
- Sex with an HBV-infected person
- Sexual activity outside of a long-term monogamous relationship
- Men who have sex with men (MSM)
- International travel to areas with moderate or high rates of HBV infection

## Physiological

- Hemodialysis patients
- Person with diabetes mellitus
- Persons with HIV, chronic liver disease, or those seeking evaluation or treatment for a sexually-transmitted disease

Anyone who is not vaccinated is at risk for hepatitis B infection

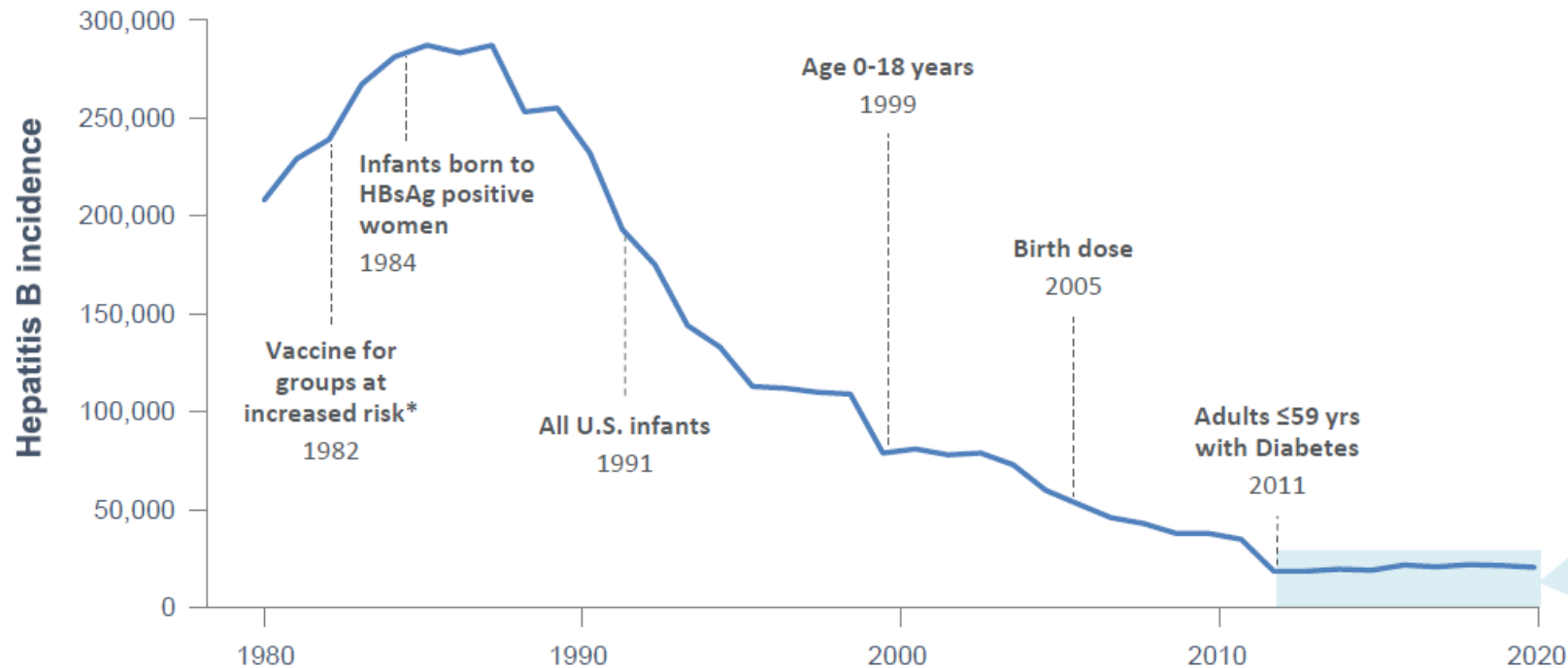
# Fortunately, we have a solution



***Hepatitis B vaccines are safe and effective providing lifetime protection with a few doses. This is a cancer prevention vaccine.***

# ACIP Recommendations Have Led to a Decrease in Acute Hepatitis B Cases, but Numbers Have Plateaued

## Hepatitis B Vaccine Recommendations, Estimated Acute Hepatitis B Cases in the US, 1980-2019<sup>1</sup>



- Previous age-based universal vaccination strategies have led to lower rates of hepatitis B infection among children and adolescents of all races and ethnicities<sup>2</sup>
- Case numbers have since plateaued, despite risk-based recommendations for adults

\*Health care providers, men who have sex with men, injection-drug users, hemodialysis patients, household & sexual partners of persons with chronic hepatitis B, persons in certain institutional settings, e.g., inmates of long-term correctional facilities.

ACIP, Advisory Committee on Immunization Practices; HBsAg, hepatitis B surface antigen.

# Universal Hepatitis B Vaccination Recommended in Adults\*

Updated policy simplifies hepatitis B vaccine recommendations in adults<sup>1,2\*</sup>

- All adults aged 19–59 years **should** receive hepatitis B vaccination
- Adults aged ≥60 years with risk factors for hepatitis B **should** receive hepatitis B vaccination
- Adults aged ≥60 years without known risk factors for hepatitis B **may** receive hepatitis B vaccination

Centers for Disease Control and Prevention

**MMWR**

Morbidity and Mortality Weekly Report

Weekly / Vol. 71 / No. 13

April 1, 2022

## Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2022

Mark K. Weng, MD<sup>1</sup>; Mona Doshani, MD<sup>1</sup>; Mohammed A. Khan, PhD<sup>1</sup>; Sharon Frey, MD<sup>2</sup>; Kevin Ault, MD<sup>3</sup>; Kelly L. Moore, MD<sup>4</sup>; Eric W. Hall, PhD<sup>5</sup>; Rebecca L. Morgan, PhD<sup>6</sup>; Doug Campos-Outcalt, MD<sup>7</sup>; Carolyn Wester, MD<sup>1</sup>; Noelle P. Nelson, MD, PhD<sup>1</sup>

“Removing the risk factor assessment previously recommended to determine vaccine eligibility in this adult age group could increase vaccination coverage and decrease hepatitis B cases.”<sup>2</sup>

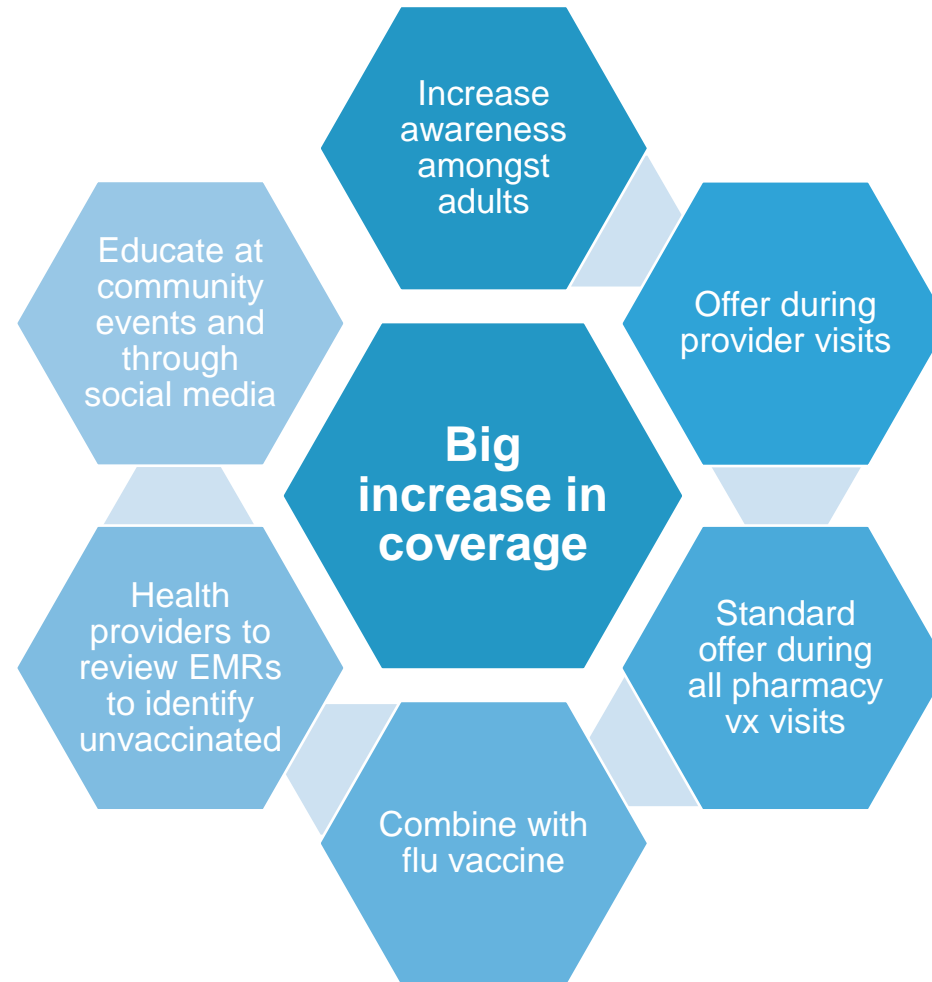
# Adult vaccination coverage is only at 25%



# Urgent action is needed

- Too many adults are at risk of hepatitis B infection
- More people will suffer liver disease and premature death without better vaccination coverage
- There is an elimination goal for hepatitis B of 2030
  - Much better vaccination coverage is a key driver of this goal

# Driving adult Hep B vaccination uptake



***Together we can tackle hepatitis b!!!***







Immunization Action  
Coalition of Washington



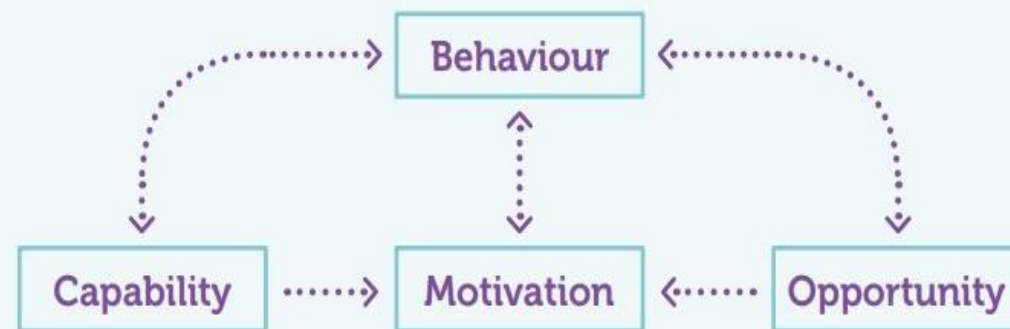
# Respiratory Season Subcommittee

Ajia McAferty  
*Subcommittee Chair*

# What We've Accomplished: November 2023 – March 2024

- Growing roster: Ajia McAferty (chair), Drashti Patel (staff support), and 19 immunization stakeholders
- Established a purpose "To identify and reduce barriers to vaccines which prevent respiratory illness (RSV, COVID-19, and influenza) among residents of Washington State through healthcare provider education and community engagement."
- Selected a theory of change (COMB-B Model), goal, and three objectives through a collaborative prioritization process
- Held monthly meetings throughout the respiratory season for resource sharing, data review, and collaboration

**Fig.1:**  
**The COM-B Model.**



*Source: A Guide on COM-B Model of Behaviour by Social Change UK. Authors: Susan Michie, Maartje M van Stralen, Robert West.*

# What's Next for the Subcommittee?

## April 2024 - March 2025

Goal:	Workgroups & Objectives:	Priorities/Projects:	
<ul style="list-style-type: none"><li>• Increase the number of Washington residents in who are vaccinated against COVID-19, influenza, and RSV.</li></ul>	<ul style="list-style-type: none"><li>• Group 1: Increase physical opportunities for WA residents to be vaccinated by the 2024-2025 season.</li><li>• Group 2: Disseminate and compile multilingual vaccine coverage resources and information to IACW network by the 2024-2025 season.</li><li>• Group 3: Increase vaccine confidence in respiratory illness vaccines by 2024-2025 season.</li></ul>	<ul style="list-style-type: none"><li>• Create statewide directory of partners/collaborators for pop-up vaccinations clinics</li><li>• Develop comprehensive webpage + online tool on vaccine insurance coverage</li><li>• IACW Respiratory Season Champion Award</li><li>• Addressing vaccine hesitancy: compile myth buster style resources</li></ul>	<ul style="list-style-type: none"><li>• Meeting every other month for 1.5 hours with a focus on project time to scope out and work on identified priorities/activities until November</li><li>• Preparing for 2024 - 2025 respiratory season</li><li>• On the lookout for -<ul style="list-style-type: none"><li>○ Funding</li><li>○ Ways to advocate for more funding for on-site/pop-up vaccination events</li></ul></li><li>• Email <a href="mailto:ajiam@withinreachwa.org">ajiam@withinreachwa.org</a> for more information and/or to be connected</li></ul>

Source: *Planning, Implementing, & Evaluating Health Promotion Programs A Primer* by McKenzie, Neiger, and Thackeray

# Stay Engaged: Ways to Connect with the Coalition

Mark your calendar for our Summer Quarterly Meeting on August 14th , 12-2pm

Sign up for our monthly Immunity Community Newsletter.

Nominate a Washington State Immunization Champion on AIM website by May 28, 2024.

Complete the post-meeting survey to give us feedback on this meeting and suggest future topics.



## For More Information:



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



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

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

**Thank you for attending!**

**Please complete the survey at the conclusion of this webinar.**

**Next IACW Quarterly meeting:  
August 14, 2024, 12-2pm**