



# IACW Summer Quarter Meeting

Wednesday, August 14, 2024 | 12-2 PM



Immunization Action  
Coalition of Washington



Immunization Action  
Coalition of Washington



# Welcome & Announcements

**Debra Berliner**  
IACW Executive Committee Member

# 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://www.immunitycommunitywa.org).

**Please feel free to introduce yourselves in the chat with your name, pronouns, your role as an immunizer, and your favorite summer 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	Debra Berliner, <i>IACW Executive Committee Member</i>
12:05pm	IACW Updates	Drashti Patel, <i>WithinReach Staff</i>
12:10pm	DOH Updates	Danielle Koenig, <i>WA State Department of Health</i>
	Pertussis Updates	Nicholas Graff & Meredith Cook, <i>WA State Department of Health</i>
12:35pm	2024 Immunization Champion Awards Announcement and Recognition	Meredith Cook, <i>WA State Department of Health</i>
12:55pm	10-minute break	
01:05pm	Community Health Efforts Across Washington Series: AIHC Tribal and Urban Indian Health Immunization Coalition followed by Q&A	Wendy Stevens, <i>AIHC Tribal Immunizations, Tribal and Urban Indian Health Immunization Coalition</i>
01:35pm	Respiratory Season Subcommittee Report Out	Drashti Patel, <i>WithinReach Staff</i>
01:50pm	Closing	Debra Berliner, <i>IACW Executive Committee Member</i>





# IACW Updates

**Drashti Patel**  
WithinReach Staff



# 30<sup>th</sup> Anniversary of Immunization Action Coalition of Washington (IACW)

**Please feel free to share in the chat any thoughts or highlights- whether it's a work you have done with the coalition or any of the coalition's work that you would like to recognize - as we celebrate our 30<sup>th</sup> anniversary!**

# Immunity Community/IACW Activities: June – August 2024

## Vaccine Training for Medical Assistants E-course

- Newly relaunched! Check out this updated free e-course that provides a comprehensive overview of best practices for vaccinations. 1 hour in length. Free CE credits available.
- One pager quick tip sheet for medical assistants.



### Quick Tips for Medical Assistants: Pediatric Immunizations

#### KEY THINGS TO REMEMBER

- Remember the Seven Rights:
  1. Right Vaccine
  2. Right Dose
  3. Right Interval
  4. Right Route
  5. Right Patient
  6. Right Reason
  7. Right Documentation

#### FLOAT

Find a resource  
Lower your stress level  
Orient yourself to the clinic  
Ask questions!  
Tap into resources

#### DON'T GET CONFUSED!

Triple-Check The Names & Acronyms

DTaP ≠ Tdap      HEPB ≠ Hib  
VAR ≠ VZV      MMR ≠ MMRV  
PPSV23 ≠ PCV20

- The facility will have separate stocks for patients aged 0 mos to 18yrs (VFC Stock) and patients that are 19+ years (Private Stock). Be sure to check the stock you are using is for the right age group!
- Get to know the vaccines in the clinic. Is it inactivated? Live? Does it need a diluent or to be reconstituted? Oral, nasal, SQ, or IM?
- Follow recommended doses, routes, intervals, and positioning
- Use a presumptive approach "Your child needs Hepatitis B, polio, and chickenpox vaccines today."
- Give current Vaccine Information Sheet (VIS) and obtain consent or complete screening form before immunizing

#### STEPS TO DELIVER ERROR-FREE VACCINES

- STEP 1** - Check your vaccine order, verify patient identity, review patient's EHR and WAIS to determine needed vaccines, give VIS forms, and complete consent procedure per clinic protocol
- STEP 2** - Prepare vaccine order
- Double check vaccine label and expiration date with order and verify appropriate stock to use
  - Use diluent or reconstitute vaccine, use 1" needle and determine route (pro tip: label multiple syringes) and location for immunization
  - Final check of vaccines to order and expiration dates then go to patient care area and prep limb for administration
- STEP 3** - Ensure limb is secure (hands not free to interfere), ask for help if needed
- STEP 4** - Deliver vaccines one inch apart on limb, ideally no more than three (3) IM and one (1) SQ on the same limb
- STEP 5** - Assess patient for aftercare needs and observe for 15 minutes as a safety precaution.
- STEP 6** - Document the vaccine(s) in electronic health record, as appropriate

#### PREPARING RECONSTITUTED VACCINES

VACCINE PRODUCT NAME	MANUFACTURER	LYOPHILIZED VACCINE (POWDER)	LIQUID DILUENT (MAY CONTAIN VACCINE)	TIME ALLOWED BETWEEN RECONSTITUTION & USE
ActHIB (Hib)	Sanofi	Hib	Sodium chloride 0.4%	24 hours
Hiberix (Hib)	GSK	Hib	Saline 0.9% prefilled syringe	24 hours
M-M-R II (MMR)	Merck	MMR	Sterile water prefilled syringe	8 hours
Menveo* (MenACWY)	GSK	MenA	MenCWY	8 hours
Pentacel	Sanofi	Hib	DTaP IPV	Within 30 minutes
Priorix	GSK	MMR	Sterile water prefilled syringe	Immediately**
ProQuad (MMRV)	Merck	MMRV	Sterile water prefilled syringe	30 minutes
Varivax (VAR)	Merck	VAR	Sterile water prefilled syringe	30 minutes

\* Available in one-vial formulation for all patients 10 and older. The reconstituted vaccine is still used under age 10  
\*\* Store between 36-46F (2-8C) and use within 8 hours if not used immediately



### Vaccine Information Sheets

#### MOST COMMONLY USED VACCINES IN STOCK AT THIS CLINIC

NAME	DILUENT/ RECONSTITUTE	AGES	ROUTE	LOCATION

#### VACCINE SCHEDULES

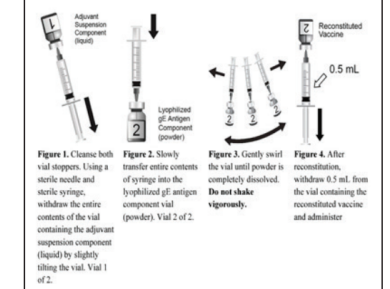


Birth to 6 years  
[cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](https://cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf)

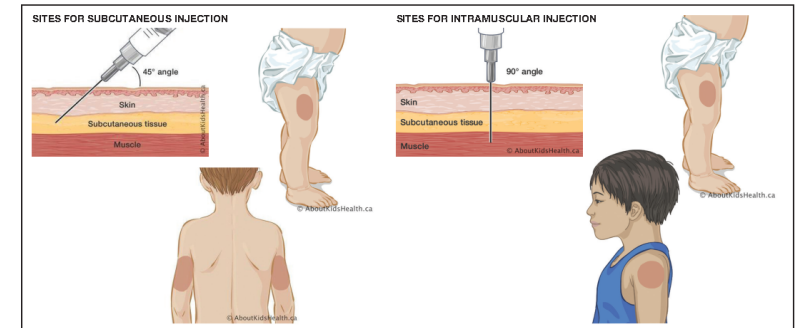


7-18 years  
[cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf](https://cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf)

#### RECONSTITUTING LYOPHILIZED VACCINE NEOGRAPHIC



#### PICTOGRAPHS FOR INJECTION SITES & DELIVERY



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# Immunity Community/IACW Activities: June – August 2024

## Committees

- Respiratory Season Subcommittee launched November 2023
- Executive Committee last met on June 5, 2024
  - Finalized IACW FY24-26 priorities.
- Have an idea or proposal for the coalition activity? Let us know!

## Upcoming Events

- What's up Doc by Pierce County Immunization Coalition-  
October 17<sup>th</sup>.



State Department of Health Updates

Danielle Koenig

Acting Director, Health Promotion & Education

# Respiratory Season Planning

## *RSV, Flu, and COVID-19*

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### **DOH respiratory immunization planning includes:**

- Outreach to birthing hospitals (nirsevimab, CVP)
- Flu vaccination promotion for agricultural workers
- Social marketing and media campaigns to promote flu and COVID-19 vaccines

### **COVID-19 vaccine**

- Updated COVID-19 vaccine should ship in August-September.
- ACIP recommends everyone age 6 months and older receive the updated 2024-25 vaccine.

### **RSV immunization products**

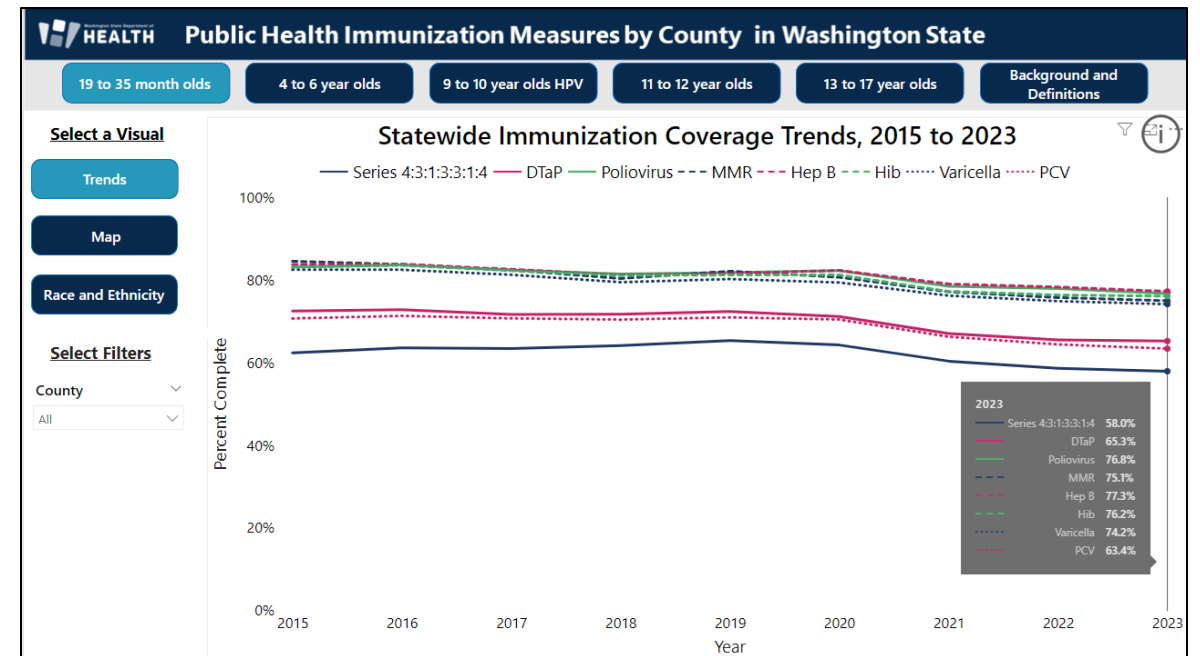
- You can begin administering RSV vaccine to pregnant people starting September 1
- You can begin administering nirsevimab to infants starting October 1

# Data Dashboard Updates

- The [school immunization dashboard](#) has been updated with the 2023-24 school year reporting.
  - Overall, rates remained flat compared with the previous year.
  - School immunization data is available at school and district levels.

- The [routine childhood immunization dashboards](#) have been updated

- Feedback on either dashboard is welcome:  
[WAIISDataRequests@doh.wa.gov](mailto:WAIISDataRequests@doh.wa.gov)





# Structural changes at DOH, Office of Immunization

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- The **COVID-19 Vaccine Program** ended in June 2024. Many aspects moved to the Office of Immunization, i.e. Bridge Access Program, but some are in other offices.
- **Care-a-Van** Funding has been extended through June 2025.
  - To schedule: [www.doh.wa.gov/careavan](http://www.doh.wa.gov/careavan)
- **New Office of Immunization section: Engagement & Planning**
  - Engagement with partners, i.e. LHJs, Tribes, providers, community.
  - Pandemic/VPD response planning and readiness
  - Project Planning
  - Vaccine Equity
- **End of PrepMod**
  - Fully supported to December 31, then it will close due to funding
  - Details were sent by email and newsletter
  - Feedback and questions: [prepmod@doh.wa.gov](mailto:prepmod@doh.wa.gov)

# New Office of Immunization Personnel

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**Jéaux Rinedahl, PhD, RN**  
**Clinical, Quality, and School Manager**

*Started May 1, 2024*



**Kena Fentress**  
**Engagement and Planning Section Manager**

*Started June 16, 2024*

# Education, Campaign, and Materials Updates

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- Several social marketing and media campaigns running now; several more coming soon
- [Pop-Up Vaccination Clinic Guide](#) is now available for immunization clinic organizers
- National Immunization Awareness Month: August. Please share social media posts!
- Upcoming provider webinars: [www.doh.wa.gov/pop](http://www.doh.wa.gov/pop)
- The measles basic information flyer is getting an update in 18 languages
  - Find it at [www.doh.wa.gov/measles](http://www.doh.wa.gov/measles)
- Long COVID webpage getting updated
- Center for Health Promotion & Education now has an external email address
  - [HealthEducation@doh.wa.gov](mailto:HealthEducation@doh.wa.gov)
  - Use if you need to ask campaign questions, are looking for a publication, or have questions about DOH's educational efforts on any topic

*Thank you!*



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov). TTY users dial 711.





# PERTUSSIS IN 2024: A RESURGENCE

Office of Communicable Disease  
Vaccine-Preventable Disease Program

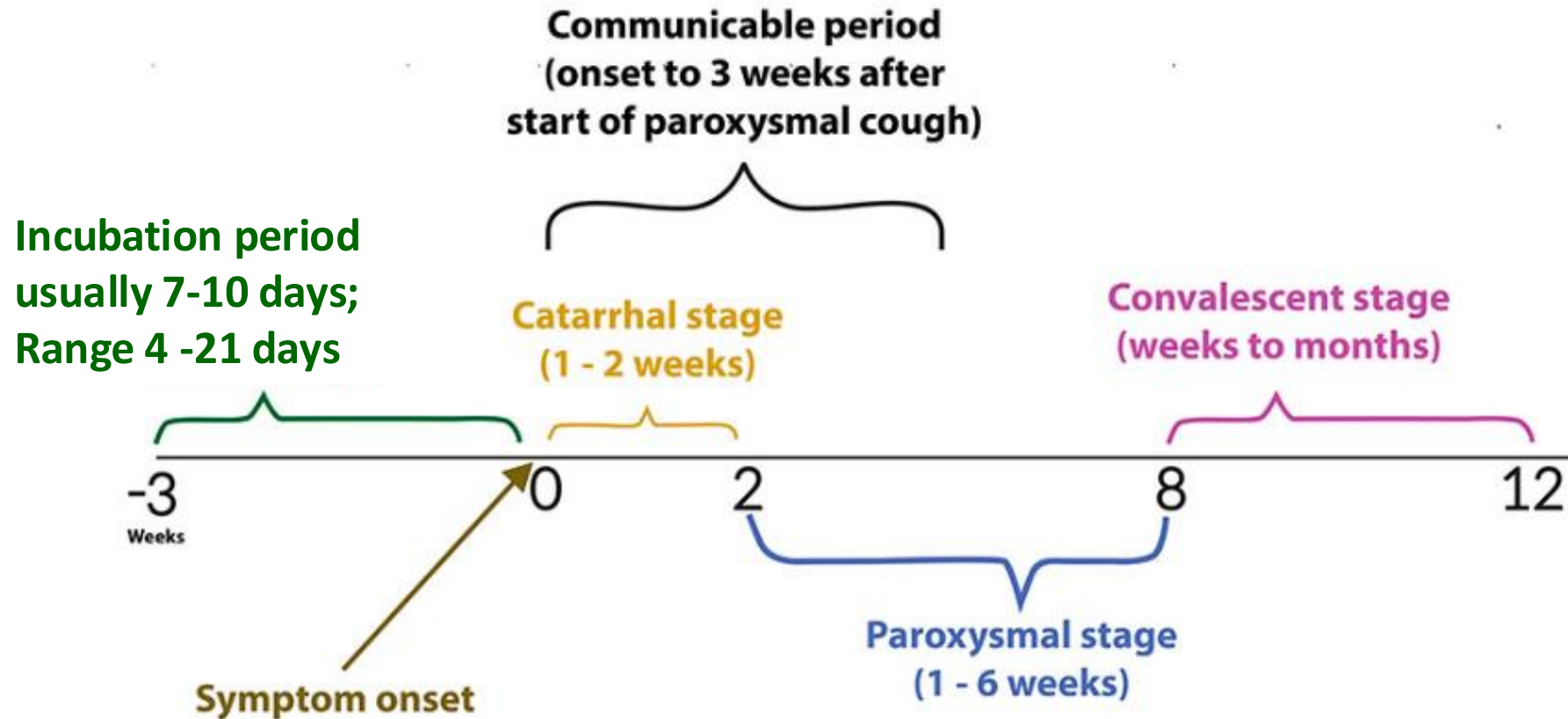
# Outline

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- Pertussis overview
- Reduction in cases in 2020
- Resurgence in 2024
- Public health response

# Incubation and disease progression

## Pertussis Disease Progression



# What we're looking for to find pertussis cases

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## Clinical case definition

A cough illness lasting at least 2 weeks, with at least one of the following:

- Paroxysms of coughing
- Inspiratory whoop
- Post-tussive vomiting
- Apnea



## Laboratory diagnostics

- A positive bacterial culture for *B. pertussis*
- Positive PCR test for *B. pertussis*

Serology is not counted.

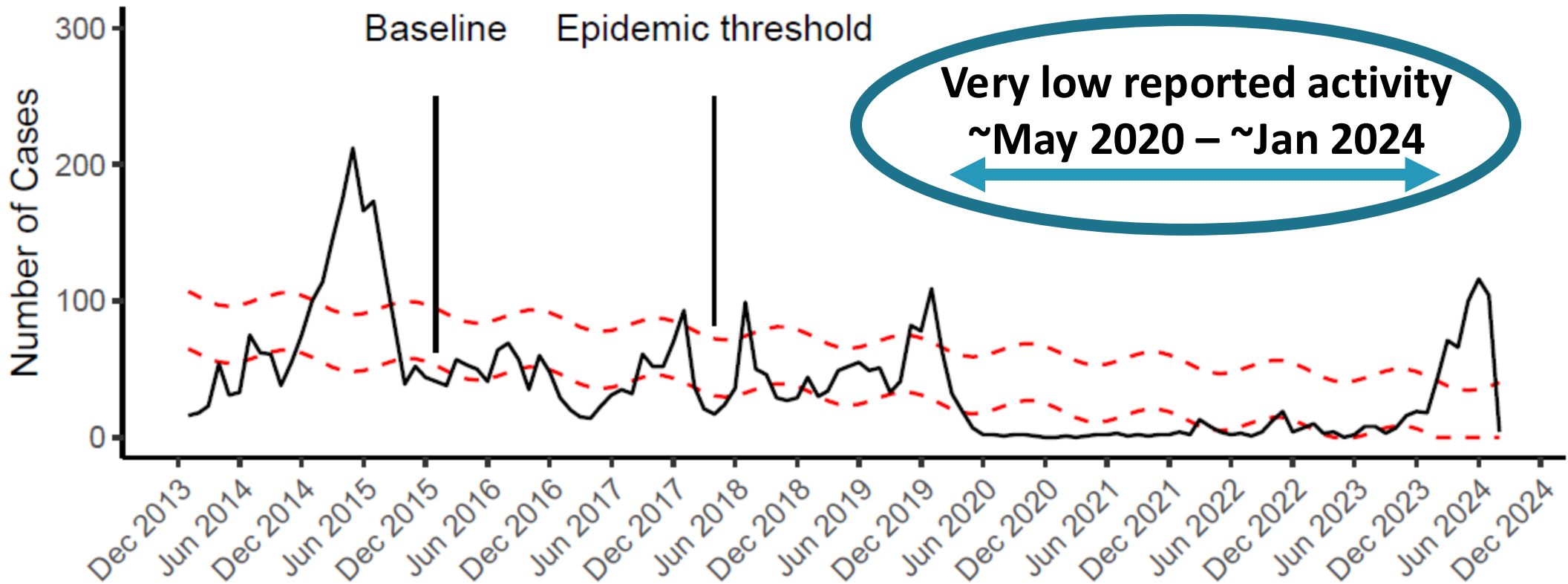


Please note!

All data presented in this slide deck is preliminary and is subject to change.

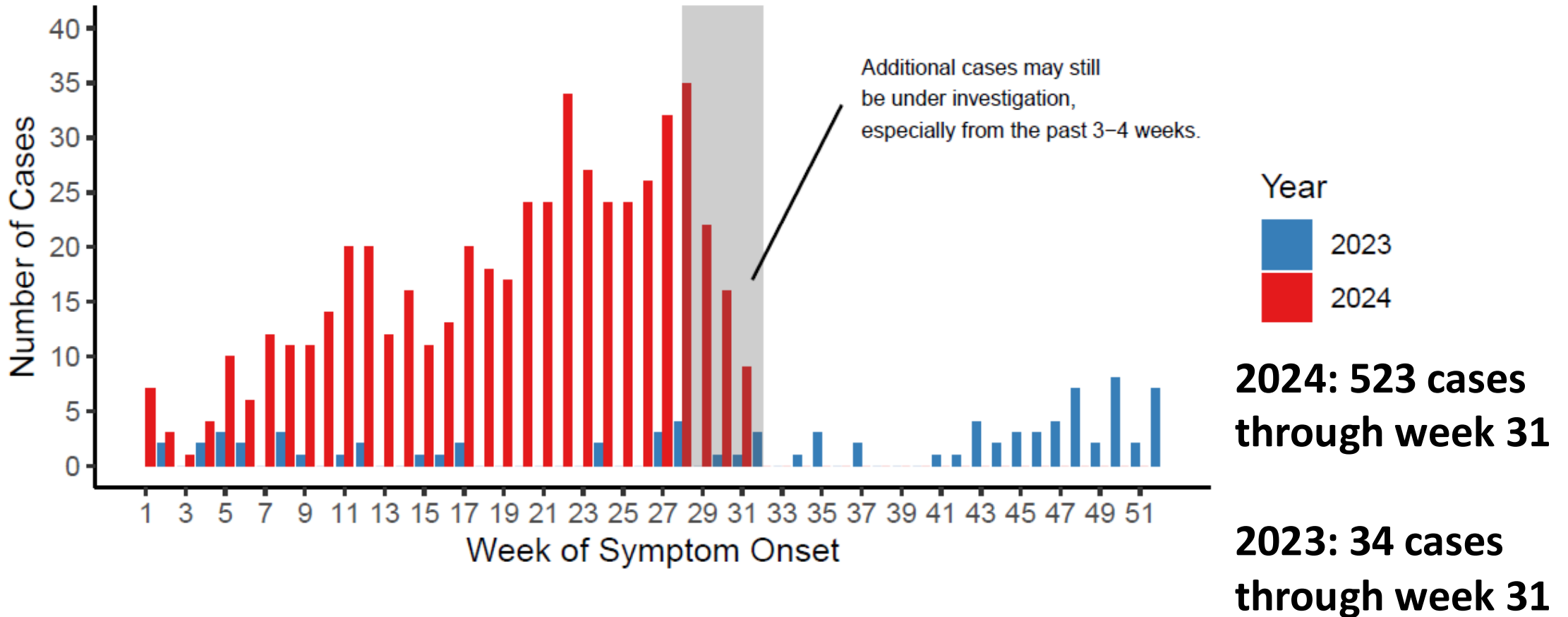
# Context for today

**Figure 2:** WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2014 through year-to-date 2024<sup>1</sup>

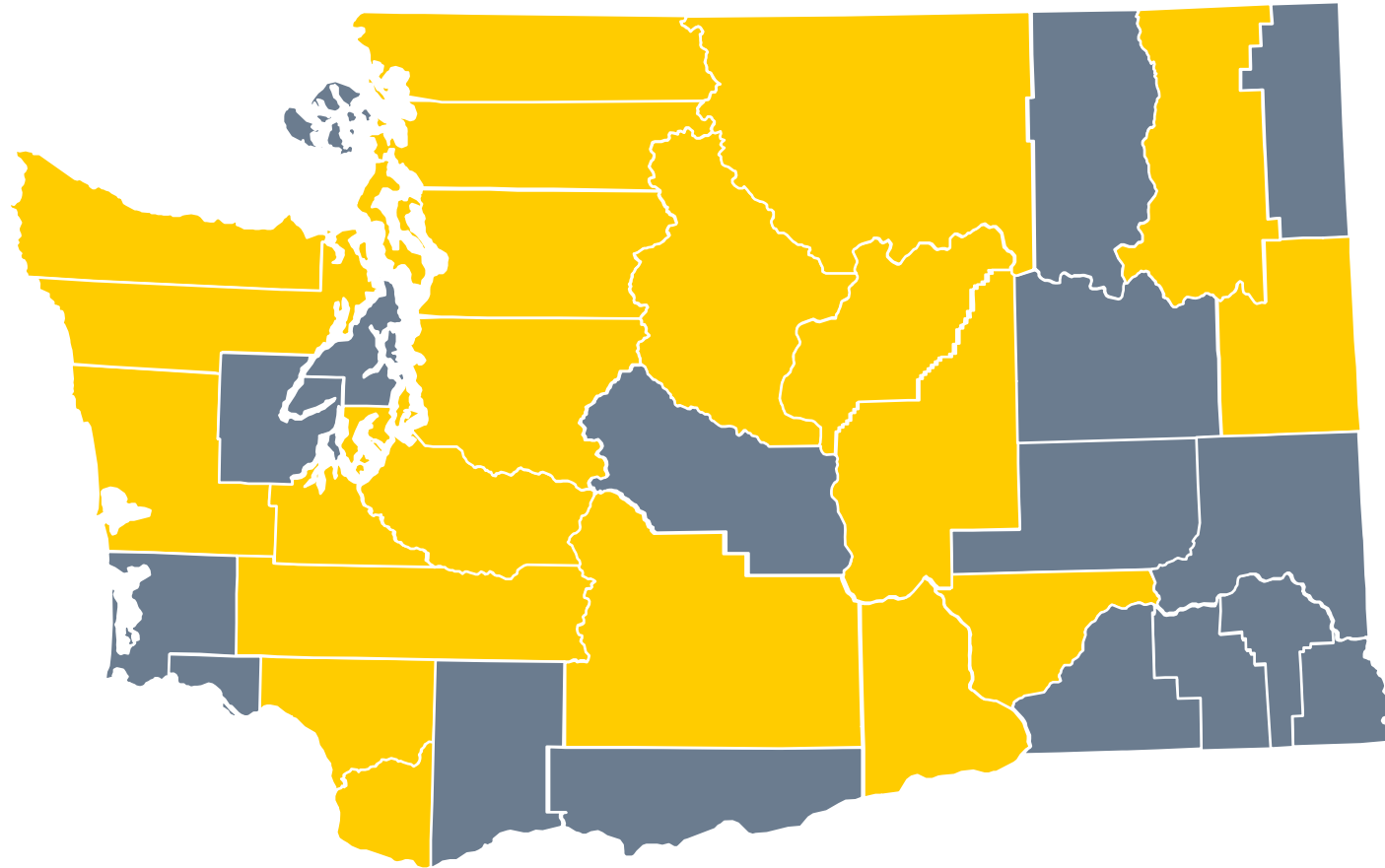


# Comparing 2023 and 2024 through week 31 (8/3/2024)

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



# Counties with reported pertussis cases in 2024 (yellow)



# Public health response

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- State level:
  - Health Advisory
  - Provider Alert
- Local health jurisdictions:
  - Case interviews
  - Contact tracing
  - Recommending treatment and prophylaxis
  - Working with schools



## Links

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- WA State Weekly Pertussis Update – [landing page](#) | [direct link to pdf](#)
- WA Health Alert Network – [landing page](#) | [pertussis advisory](#)
- [Provider Alert](#)

# Questions?

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Office of Communicable Disease Epidemiology  
Division of Disease Control and Health Statistics  
Washington State Department of Health  
[vpd-cde@doh.wa.gov](mailto:vpd-cde@doh.wa.gov)



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# PERTUSSIS: VACCINE RECOMMENDATIONS AND COVERAGE DATA

Meredith Cook, PhD  
Office of Immunization


# DTaP and Tdap Vaccine Recommendations

## Pertussis-containing Vaccines


- DTaP (Daptacel and Infanrix)
- Tdap (Adacel and Boostrix)
- DTaP-HepB-IPV (Pediatrix)
- DTaP-IPV/Hib (Pentacel)
- DTaP-IPV (Kinrix and Quadracel)
- DTaP-IPV-Hib-HepB (Vaxelis)

[Chapter 16: Pertussis | Pink Book | CDC](#)

**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) 

[About Whooping Cough | Whooping Cough | CDC](#)



# Vaccine Resources

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- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2024 U.S. \(cdc.gov\)](#)
- [Catch-Up Guidance for Children 4 Months through 6 Years of Age Vaccines: DTap, December 2023 \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines-- Catch-up Guidance for Children 7 through 9 years of age \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines-- Catch-up Guidance for Children 10 through 18 years of age \(cdc.gov\)](#)
- [Chapter 16: Pertussis | Pink Book | CDC](#)
- [Ask The Experts: Pertussis | Immunize.org](#)
- [Pertussis \(Whooping Cough\) | Whooping Cough | CDC](#)
- Clinical questions: [immunenurses@doh.wa.gov](mailto:immunenurses@doh.wa.gov)



[About Whooping Cough | Whooping Cough | CDC](#)

# Pertussis Immunization Coverage in Washington

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# Pertussis Immunization Coverage for Children 19-35 Months: WAIS-Based Data

# WAIS Immunization Coverage Data

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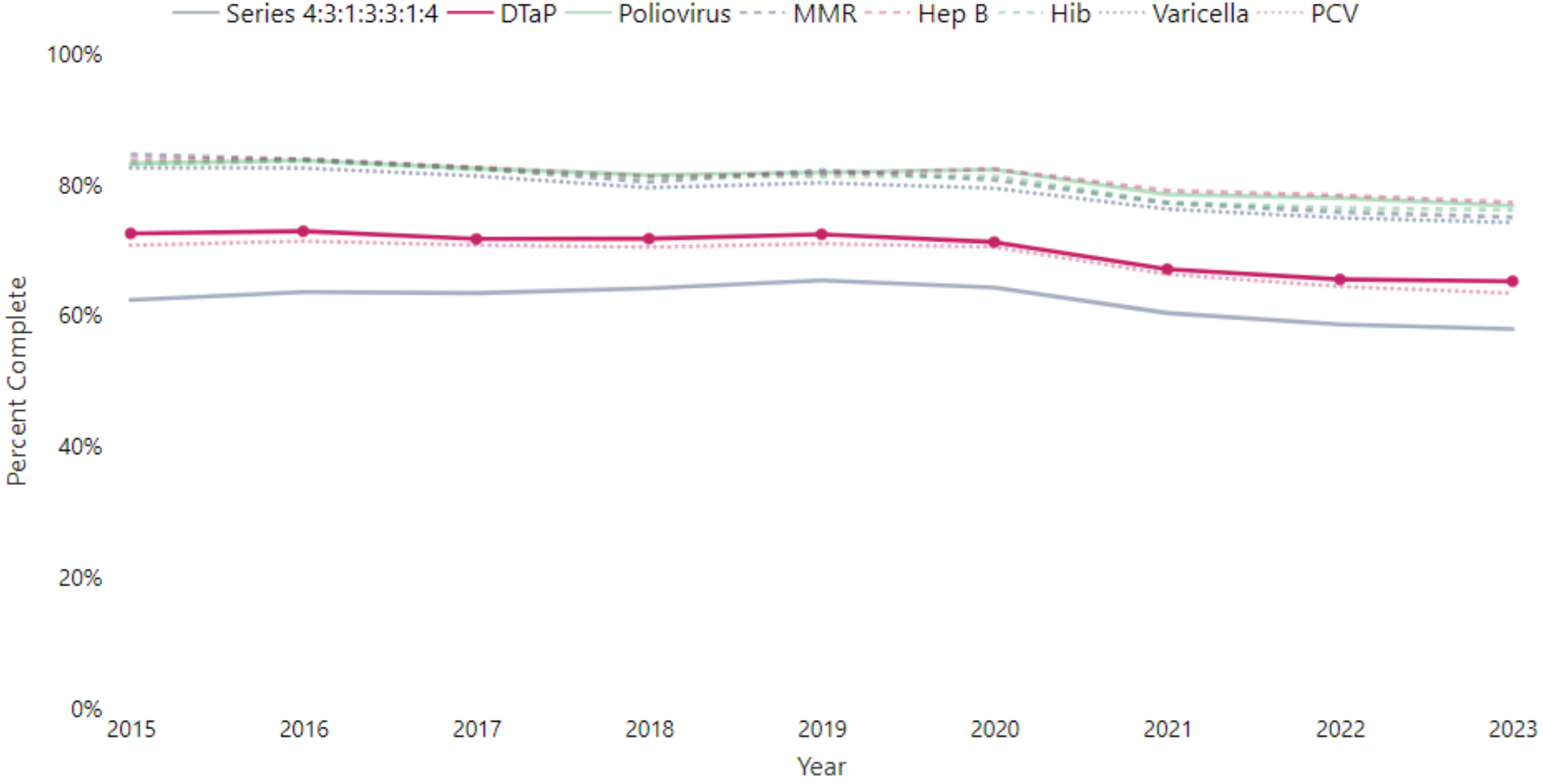
## **Applications**

- Use to assess statewide vaccination coverage as well as geographic and demographic variation
- Provides continuous near real-time updates

## **Limitations**

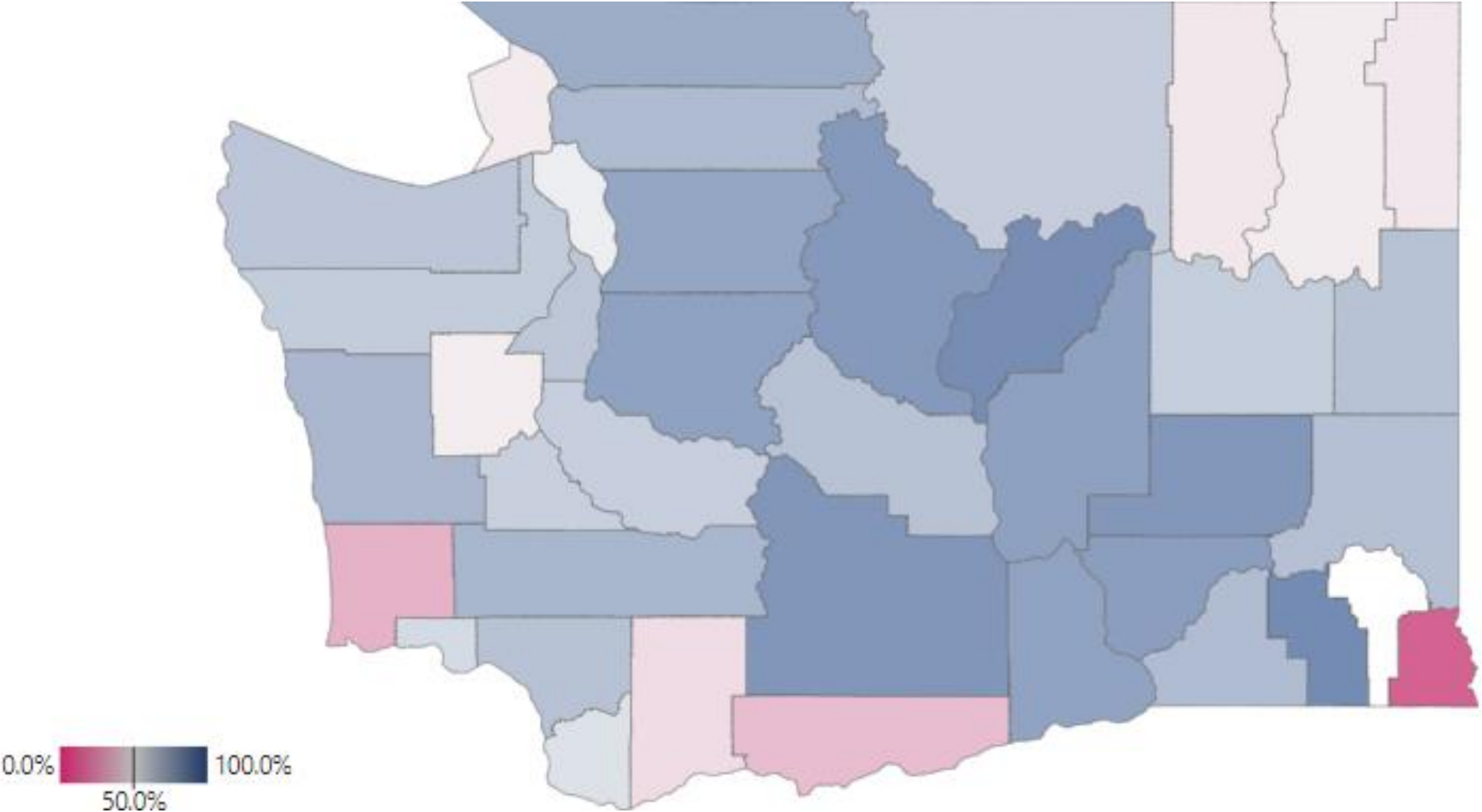
- IIS denominator inflation results in underestimates
- Race and ethnicity data are based on provider report to WAIS
- Coverage estimates for earlier time periods can change over time. IIS is an ‘in the moment’ registry

# Statewide Immunization Coverage Trends Among 19-35 Month-Olds, 2015 to 2023

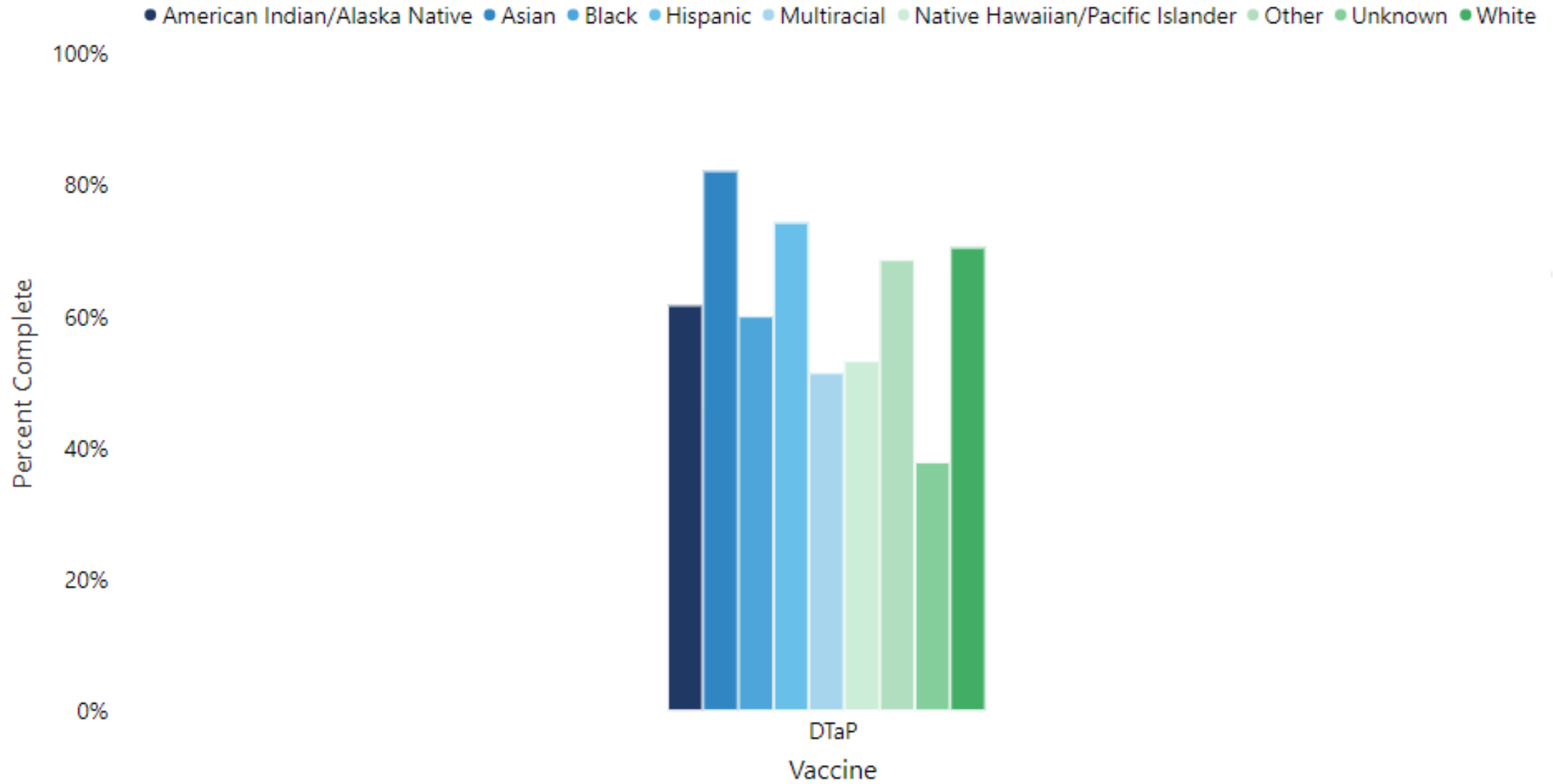




# Statewide DTaP Coverage Trends Among 19-35 Month-Olds by County, 2023



# Statewide DTaP Coverage Trends Among 19-35 Month-Olds by Race and Ethnicity, 2023



# Pertussis Immunization Data for the K-12 Population: Washington School Reports

# About School Reported Immunization Data

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## Data Collection

- State law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by December 1 of each school year.
  - Submit data in WAIS School Module or through a REDCap report.

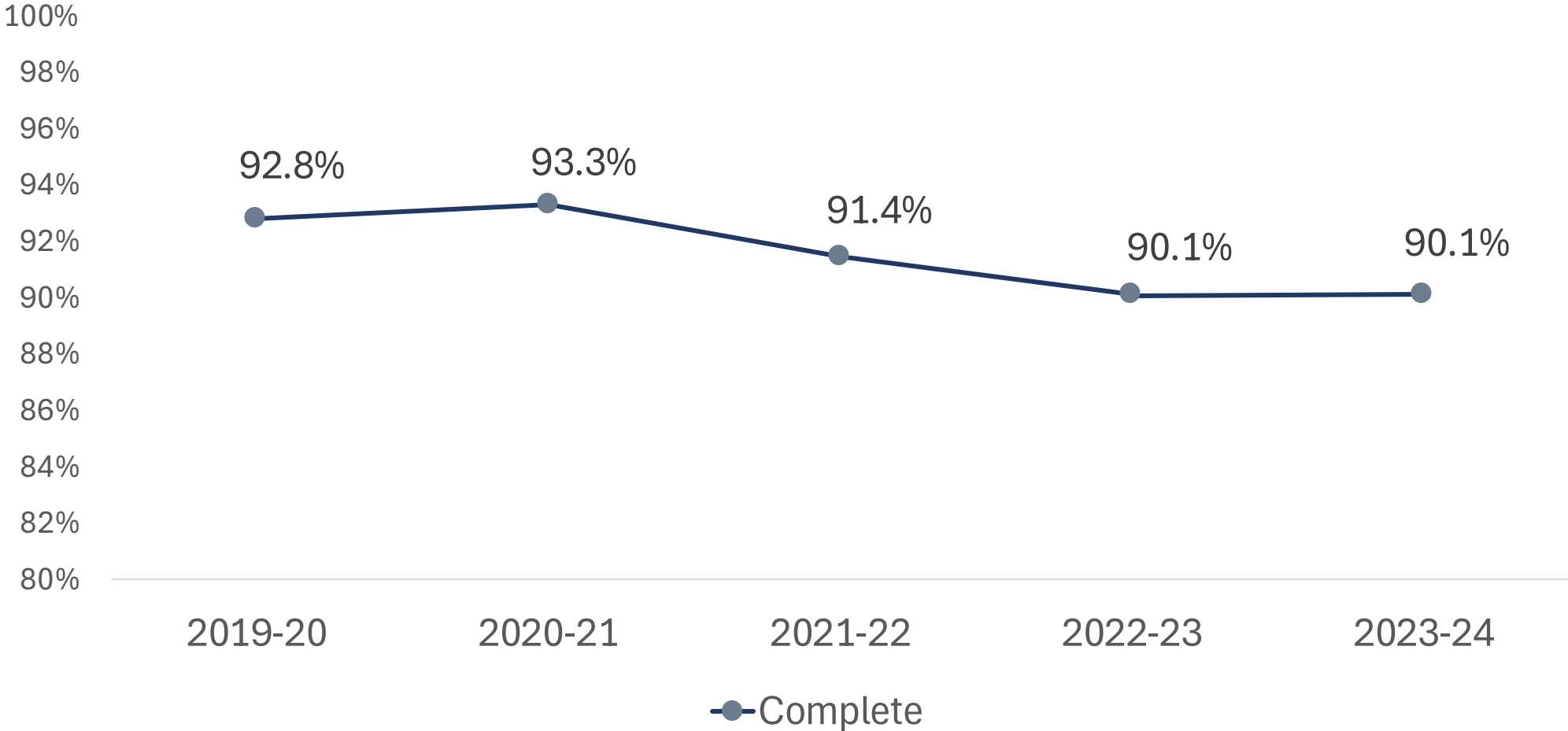
## Applications

- Used to assess school and district-level vaccination status
- Provides accurate school-level vaccine coverage data on annual basis

## Limitations

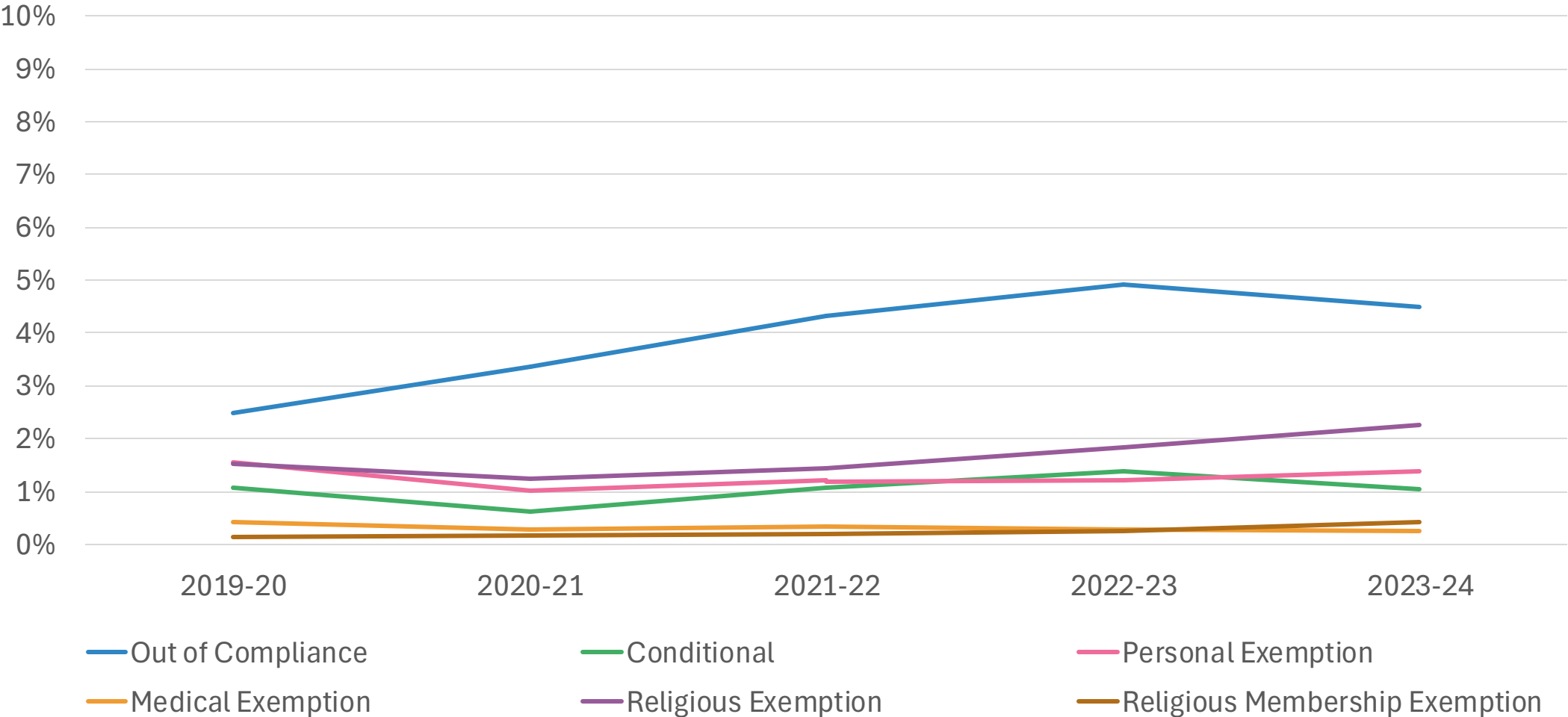
- Specific to school-going population
- Limited grade levels and demographics
- Single update at end of year

# School Immunization Data: Kindergarten Pertussis Immunization Status

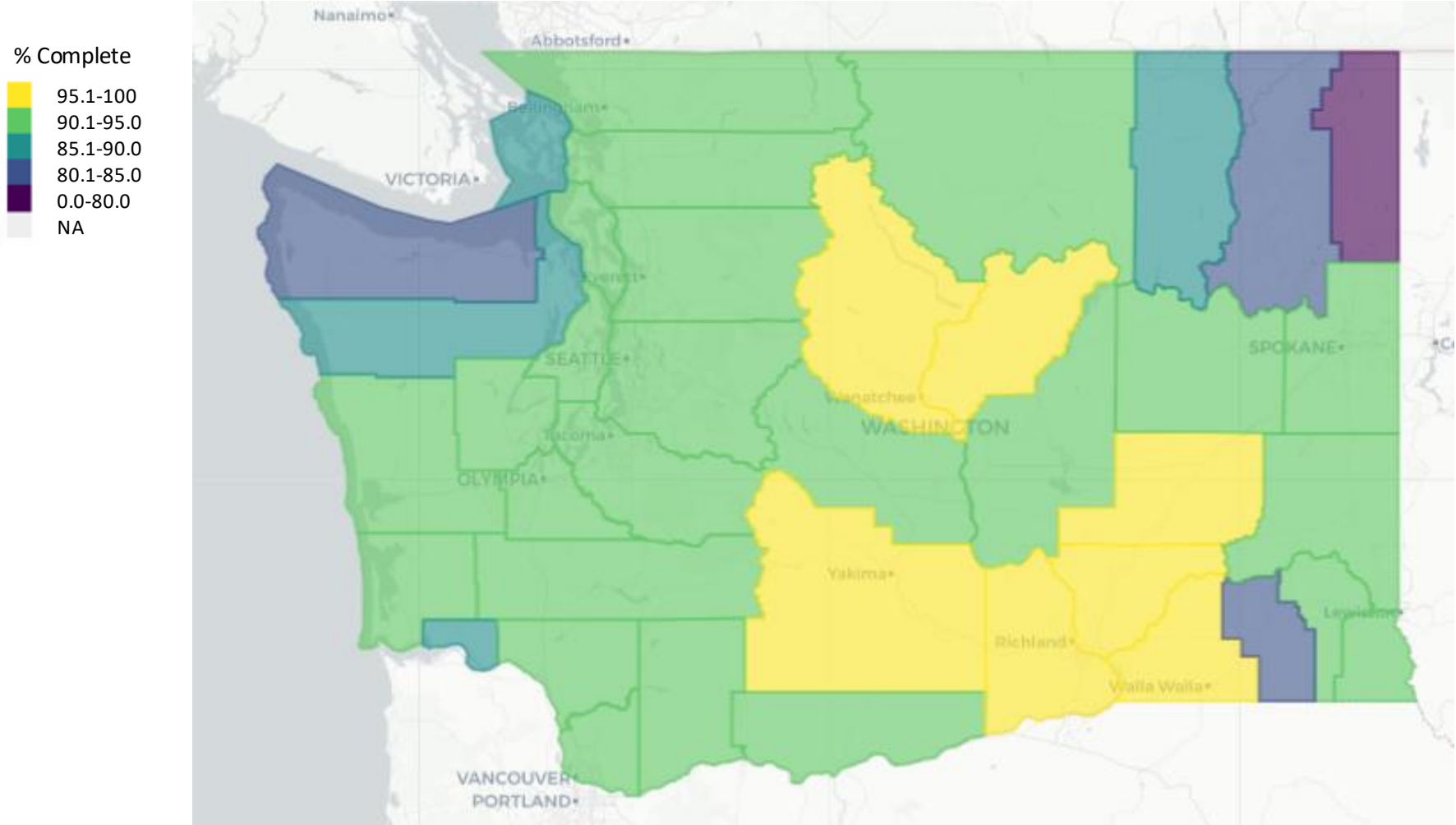




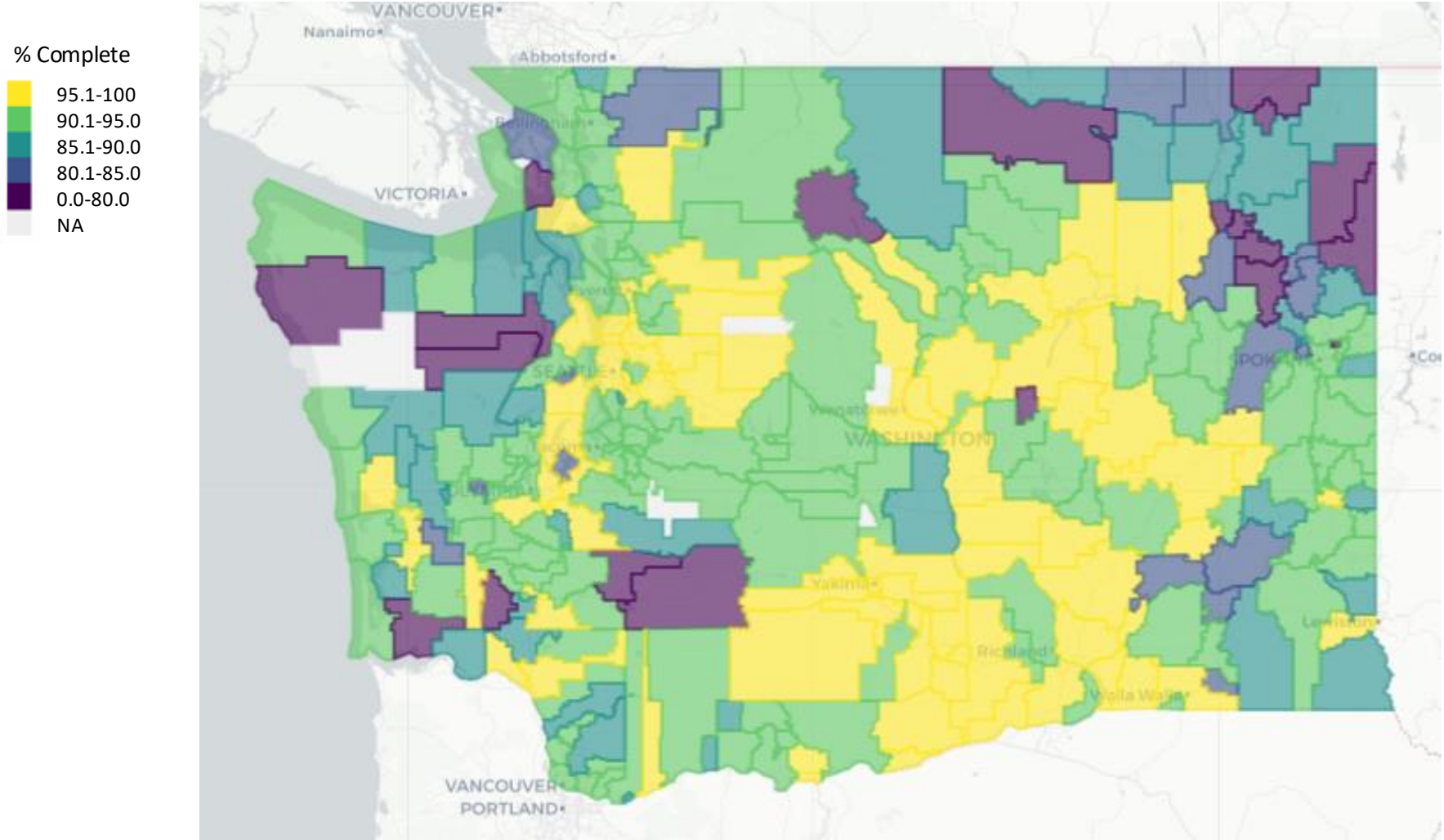
# School Immunization Data: Kindergarten Pertussis Immunization Status



# School Immunization Data – K-12 County Level



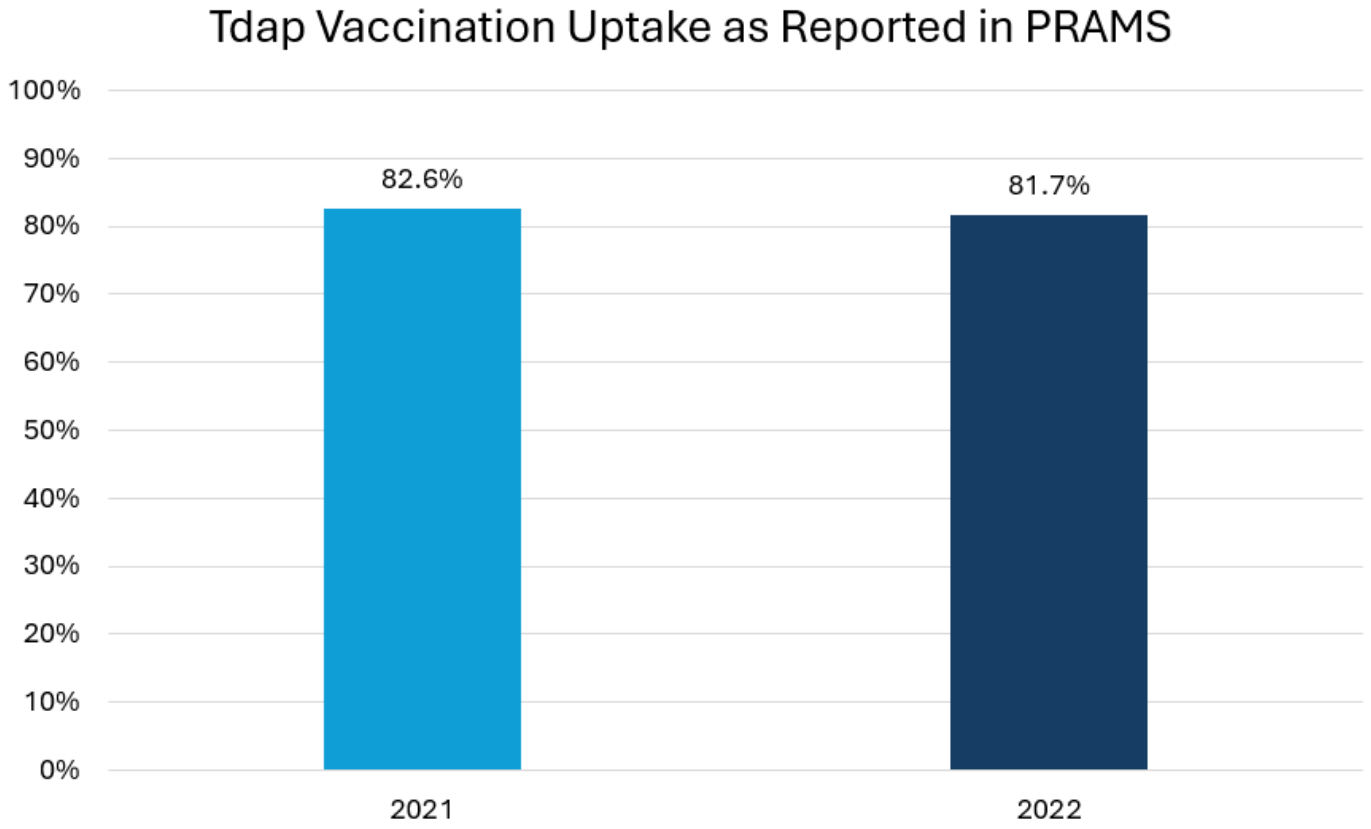
# School Immunization Data – K-12 School District Level



# Self Reported Tdap Vaccine Uptake for People Who Had a Live Birth in Washington State



*“During your most recent pregnancy, did you get a Tdap shot or vaccination?”*



# Tdap Coverage Estimates for People Who Had a Live Birth in Washington State in 2021 (n= 83,417)

<b>Uptake Rates</b>	<b>Tdap</b>	<b>Birth Parent's Education Level</b>	<b>Tdap</b>
Overall	54.7%	8th Grade or less	57.0%
<b>Age Group</b>		9th-12th Grade, No Diploma	54.8%
12-17 years	53.4%	High School Graduate or GED	52.1%
18-24 years	51.6%	Some College, No Degree	51.3%
25-29 years	53.8%	Associate Degree	51.5%
30-34 years	56.3%	Bachelor's Degree	57.5%
35-39 years	56.6%	Master's Degree	60.9%
40-44 years	51.6%	Doctorate or Professional Degree	63.4%
45-49 years	51.0%	<b>Adequacy of Prenatal Care - Kotelchuck Index</b>	
50-55 years	50.0%	Inadequate	42.9%
<b>Race Ethnicity of Birth Parent</b>		Intermediate	52.3%
Hispanic	58.5%	Adequate	57.4%
Non-Hispanic AIAN	52.9%	Adequate Plus	57.1%
Non-Hispanic Asian	53.7%	<b>No. of Prenatal Visits Only</b>	
Non-Hispanic Black	54.6%	<6 visits	38.4%
Non-Hispanic Multiracial or Other	55.7%	7-10 visits	53.7%
Non-Hispanic NHOPI	53.8%	11-14 visits	59.9%
Non-Hispanic White	53.7%	15+ prenatal visits	62.6%
<b>Marital Status at Time of Birth</b>		<b>Risk Factors</b>	
Married	54.6%	Yes	55.1%
Not Married	55.1%	No	54.2%
		<b>Women Infants Children (WIC) Program</b>	
		No	54.6%
		Yes	49.8%

Thank you!

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Questions?

Data can be found on DOH immunization dashboards:

[Immunization Measures by County Dashboard](#)

[School Immunization Data Dashboard](#)

Questions or data requests can be sent to: [waiisdatarequests@doh.wa.gov](mailto:waiisdatarequests@doh.wa.gov)



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# 2024 Immunization Awards Announcement and Recognition

# Congratulations!



## Elizabeth Bowman-Clark

### 2024 Immunization Champion

### IACW COLLABORATOR AWARD



Immunization Action  
Coalition of Washington

# Congratulations!



## Tara Cullinan

**2024 Immunization Champion**  
**IACW ADVOCATE AWARD**



Immunization Action  
Coalition of Washington

# *Congratulations!*



## **Dr. Maria Huang**

**2024 Immunization Champion  
IACW RESPIRATORY SEASON AWARD**



Immunization Action  
Coalition of Washington



# Congratulations!



## Jazel Jane M. Bautista

# BREAK

We'll be back by 1:10pm

**August 14, 2024**

# **VACCINE HESITANCY**

**AMERICAN INDIAN HEALTH COMMISSION  
Tribal and Urban Indian Health  
Immunization Coalition (TUIHIC)**

**Wendy Stevens, MNPL, MSS  
Tribal Immunization/Tribal Health**



Tribal and Urban Indian Health Immunization Coalition

**PULLING TOGETHER  
FOR WELLNESS**

*Photo at the courtesy of Dr. Frank James, Lummi / Nooksack Tribe*



# AIHC Tribal and Urban Indian Health Immunization Coalition



## Vaccine Hesitancy to Vaccine Confidence

Wendy Stevens, MNPL, MSS serves the American Indian Health Commission in support of tribal immunizations and health, and the development of the AIHC Tribal Urban Indian Health Immunization Coalition, and tribal immunization work in the Pacific Northwest (Alaska, Washington, Idaho, Oregon), as well as regionally and nationally addressing tribal immunization, vaccine and emergency response and preparedness work addressing systemic disparities and equity in access to services.

Wendy has served AIHC TUIHIC by identifying and providing expertise in key topic areas in response to COVID-19 related to immunization systems and practice, vaccine hesitancy, and building community confidence.

Thank you for inviting me today 😊





The Tribal and Urban Indian Health and Immunizations Coalition monitors immunization & vaccine and infectious disease issues with TUIHC members and collaborating with partners, and serving as a trusted source of information sharing.



# Seven Generation Way of Living

PULLING TOGETHER FOR WELLNESS



We Make Choices to Protect Our Families and Communities Today, Tomorrow, and into the Future

Contact your Tribal Health Clinic or Provider to make sure your family is on track with vaccinations.

Tribal/Urban Indian Health Immunizations Coalition  
<https://aihc-wa.com/immunizations>



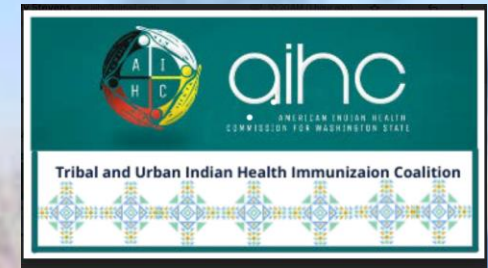




IDENTIFYING EMERGING  
TRIBAL/URBAN INDIAN HEALTH  
IMMUNIZATION AND INFECTIOUS  
DISEASE ISSUES



# PUBLIC HEALTH GOVERNMENTAL POWERS: JURISDICTION, JURISDICTION, JURISDICTION



## Federal Public Health Powers

Under the “**Doctrine of Implied Powers,**” the federal government can exercise authority to act in the interest of public health and safety<sup>3</sup>

## **Federal Trust Responsibility**

To protect Tribal Sovereignty and Health of AI/AN and Tribes<sup>1</sup>

## **Government-to-Government**

## Tribal Public Health Powers

***Inherent.***\* Not derived from the federal government<sup>2</sup>

## **The Three Sovereigns<sup>4</sup>**

## State Public Health Powers

Derived largely from sovereign powers via the 10<sup>th</sup> Amendment<sup>3</sup>

## Local Public Health Powers

Derived largely from state police powers via state constitutional, legislative, or executive means.<sup>3</sup>

*Cherokee Nation v. Georgia*, 30 U.S. (5 Pet.) 1 (1831); Indian Health Care Improvement Act, Pub. L. 94-437 (25 U.S.C. 1601 et seq.)

<sup>2</sup> *Worcester v. Georgia*, 31 U.S. (6 Pet.) 515, 559 (1832); Aila Hoss, *Toward Tribal Health Sovereignty*, 2022 WIS. L. REV. ONLINE 413, 420 (2022)

<sup>3</sup> James G. Hodge Jr., PUBLIC HEALTH IN A NUTSHELL, 54-60 (3d ed. 2018).

<sup>4</sup> RESTATEMENT OF THE LAW OF AMERICAN INDIANS, Ch. 1, intro. note (Am. L. Inst. 2022) (citing to Sandra Day O’Connor, *Lessons from the Third Sovereign: Indian Tribal Courts*, 33 U L.J. 1, 1 (1997)).





## 1) Not understanding Federal Indian Law and Tribal Jurisdiction can cause *great harm* to people

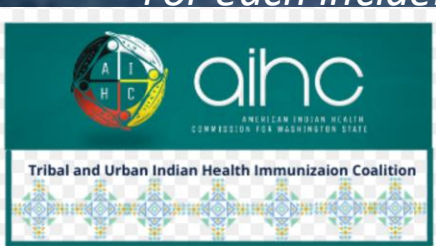
- H1N1 state/locals not understanding Tribal sovereign authority to choose their tribal priority populations
- State/locals withheld vaccines – outcome – people in Indian country died.
- Later all AI/AN were prioritized, yet for some it was too late – lost lives.

## Health Equity Time Vaccine Equity

2) **CAPABILITY + CAPACITY** -- When Tribal Health Jurisdictions (THJs) are **given access to resources** that other jurisdictions are receiving *tribes can do amazing work*

3) In Washington State, Tribes and UIHOs are **codified in law** part of the governmental public health system

*“ For each incident, the Tribe, not the local health jurisdiction or Washington State, shall determine the Tribe's service Tribe will coordinate with the State on the specific allocation of MCM to be distributed to the Tribe.”*



# AIHC Tribal/Urban Indian Health Immunization Coalition

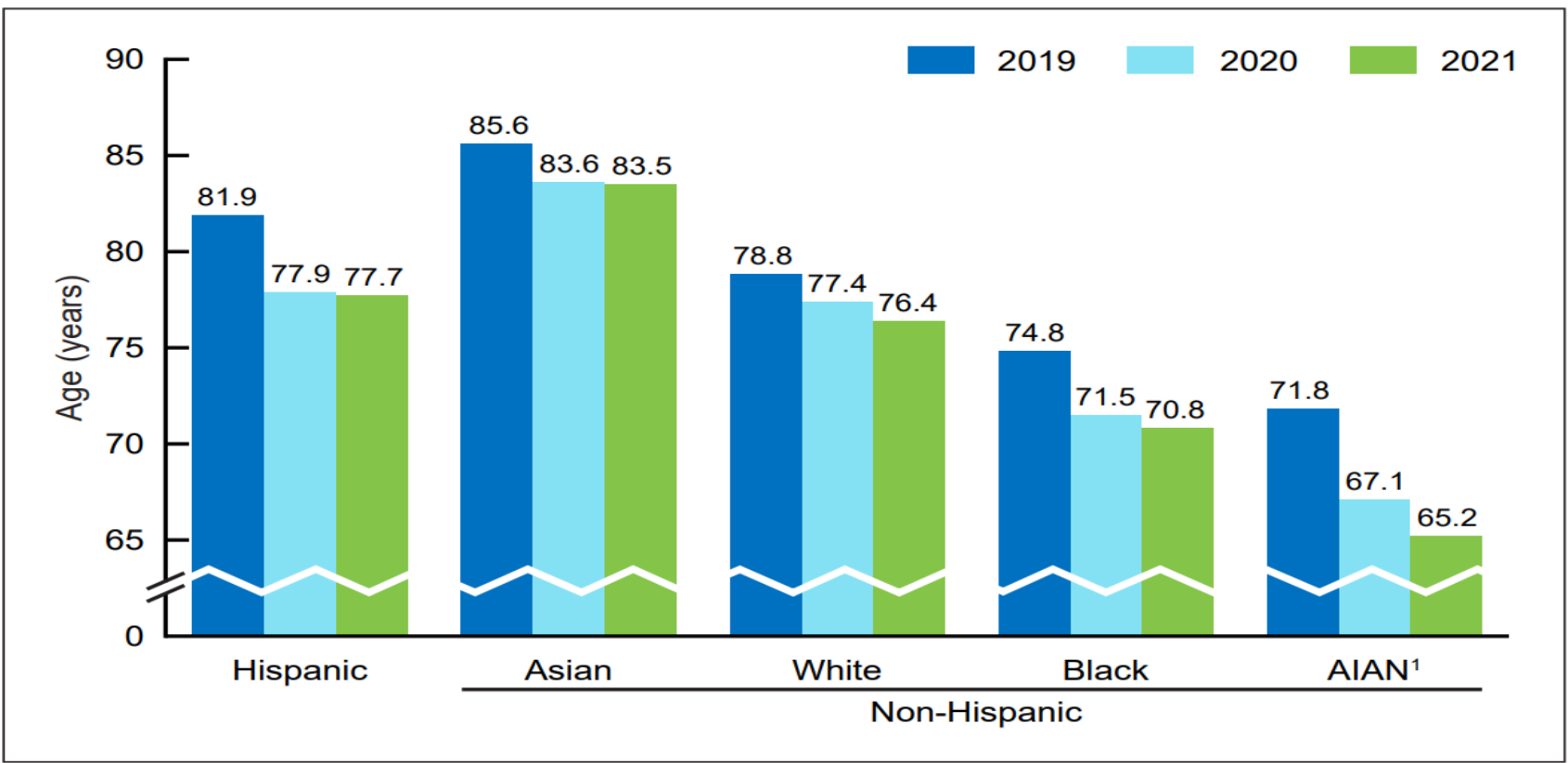
The non-Hispanic AIAN population experienced the largest decline in life expectancy. From 67.1 in 2020 to 65.2 years in 2021, ...the same life expectancy of the total U.S. population in 1944

(8) NVSS National Vital Statistics System. August 2022 <https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

## National Center for Health Statistics

### National Vital Statistics System (NVSS) Mortality

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019–2021



<sup>1</sup>American Indian or Alaska Native.  
 NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2019 and 2020 are based on final data. Life tables by race and Hispanic origin are based on death rates that have been adjusted for race and Hispanic-origin misclassification on death certificates; see Technical Notes in this report.  
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



# AIHC Tribal/Urban Indian Health Immunization Coalition

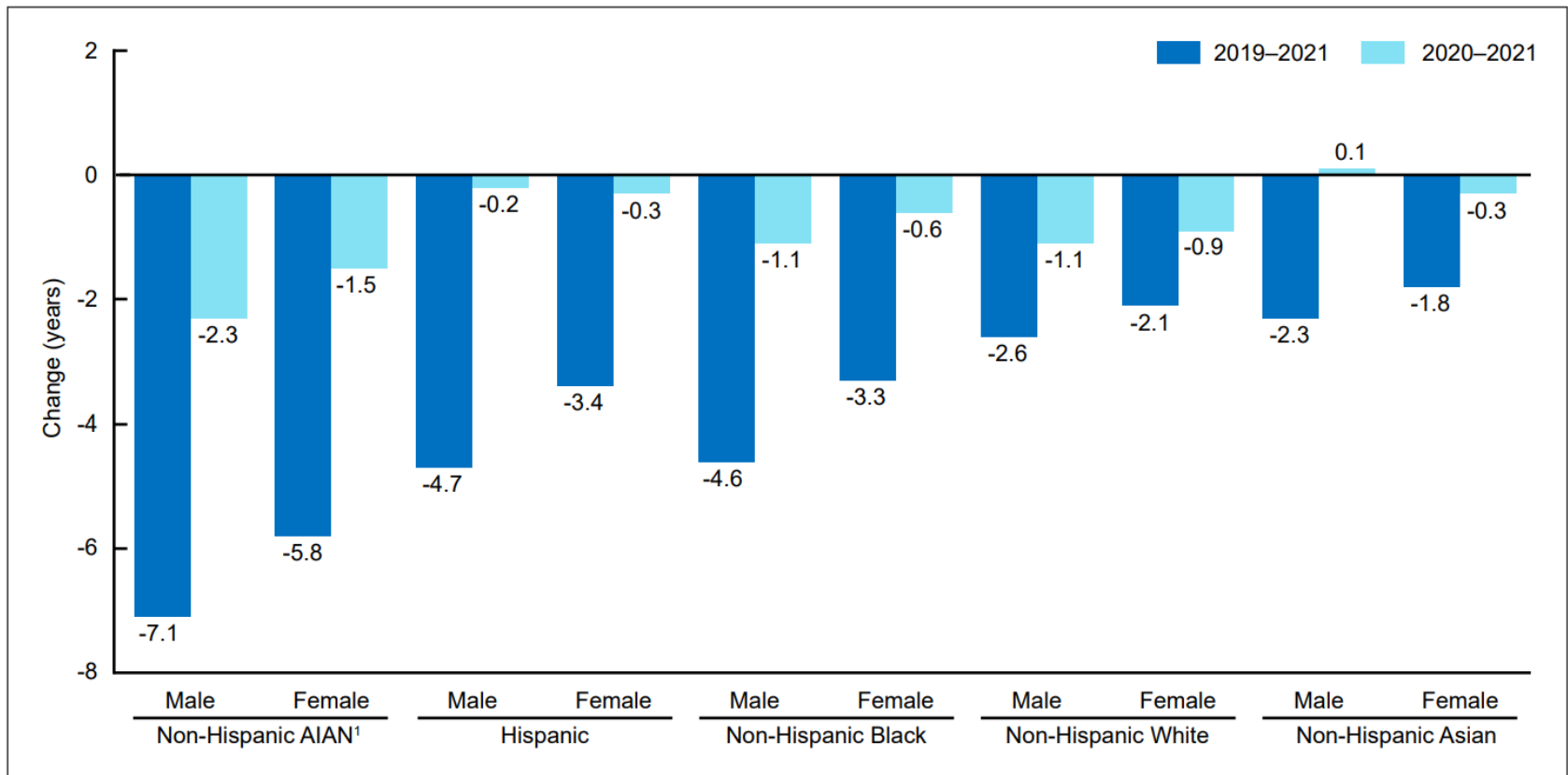
## National Center for Health Statistics

### National Vital Statistics System (NVSS) Mortality

The non-Hispanic AIAN population experienced the largest decline in life expectancy, 2019-2021 a loss of combined years of 7.1 loss of life expectancy years.

NVSS National Vital Statistics System.  
August 2022  
<https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

Figure 3. Change in life expectancy at birth, by Hispanic origin and race: United States, 2019–2021 and 2020–2021



<sup>1</sup>American Indian or Alaska Native.  
NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2019 and 2020 are based on final data. Life tables by race and Hispanic origin are based on death rates that have been adjusted for race and Hispanic-origin misclassification on death certificates; see Technical Notes in this report.  
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.





# AIHC Tribal and Urban Indian Health Immunization Coalition

## TUIHC's role in Addressing Vaccine Hesitancy in Indian Country



- SUPPORTS TRIBALLY DRIVEN EFFORTS
- PROVIDE CULTURALLY RELEVANT MESSAGING
  - CUSTOMIZED MESSAGES
- TECHNICAL ASSISTANCE TO MEET SPECIFIC TRIBAL/COMMUNITY NEEDS
  - BUILD CONFIDENCE IN THE VACCINE
- INCREASE AI/AN HEALTH AND IMMUNIZATION LITERACY

# AIHC Tribal and Urban Indian Health Immunization Coalition

## TUIHC's role in Addressing Vaccine Hesitancy

SUPPORTS TRIBALLY DRIVEN EFFORTS TO PROVIDE CULTURALLY RELEVANT MESSAGING, CUSTOMIZED MESSAGES, AND TECHNICAL ASSISTANCE TO MEET SPECIFIC TRIBAL/COMMUNITY NEEDS, BUILD CONFIDENCE IN THE VACCINE, AND INCREASE HEALTH AND IMMUNIZATION LITERACY.

**BUILDING** vaccine confidence through the creation of unique narratives that honor our AI/AN histories and protects future generations.

**JAMESTOWNN S'KLALLAM TRIBE'S**

**COVID TRIBAL IMMUNIZATION DOCUSTORY**

<https://vimeo.com/723086085>



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*Photo at the courtesy of Dr. Frank James, Nooksack Tribe*



# AIHC Tribal and Urban Indian Health Immunization Coalition

*MONITORING VACCINE AND INFECTIOUS DISEASE ISSUES WITH TUIHIC MEMBERS AND COLLABORATING WITH PARTNERS, SERVING AS A TRUSTED SOURCE OF INFORMATION SHARING*



- Support & Provide: Trust & Continuity in support of Tribal and Urban Indian health immunization systems
- Support & Provide: Prevention of vaccine preventable disease.
  - **Increasing equitable access to the vaccines**
    - by addressing AI/AN specific barriers.
  - **Building confidence in the vaccines and vaccination systems.**
  - **Providing credible tribal & urban immunization & vaccine information via trusted messengers.**



# AIHC Tribal and Urban Indian Health Immunization Coalition

*MONITORING VACCINE AND INFECTIOUS DISEASE ISSUES WITH TUIHIC MEMBERS AND COLLABORATING WITH PARTNERS, SERVING AS A TRUSTED SOURCE OF INFORMATION SHARING*

## Increase tribal & urban AI/AN immunization & vaccine health literacy.

- Develop strategies to address vaccine hesitancy and build vaccine confidence
- Address long-term AI/AN barriers to access tribal immunization/tribal health (ie. Immunization systems, health data, vaccine, response & distribution systems, institutional racism, and more)
- Provide vaccine technical assistance, trainings, culturally appropriate materials, fact sheets, and messages
- Convenes TUIHIC quarterly/annual meetings, & special workgroup/task force meetings
- Build and enhance trusted partnerships to share scientifically accurate data and information through culturally relevant communication





# AIHC TRIBAL AND URBAN INDIAN HEALTH IMMUNIZATIONS COALITION



"WE DO KNOW THE VACCINE IS SAFE AND IT WORKS. IT'S THE BEST STUDIED VACCINE IN HISTORY."



**Vaccination is the best protection from COVID-19**

American Indian Health Commission  
Tribal/Urban Indian Health Immunizations Coalition  
<https://aihc-wa.com/immunizations>



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*Photo at the courtesy of Dr. Frank James, Nooksack Tribe*



For the health of Indigenous people  
**TODAY, TOMORROW, AND INTO THE FUTURE**

**THANK YOU!!**

**Wendy Stevens MNPL, MSS**

**[ws.aihc@gmail.com](mailto:ws.aihc@gmail.com)**



**aihc**

AMERICAN INDIAN HEALTH  
COMMISSION FOR WASHINGTON STATE

**Tribal and Urban Indian Health Immunizaion Coalition**



**PULLING TOGETHER  
FOR WELLNESS**



Immunization Action  
Coalition of Washington



# Respiratory Season Subcommittee Report Out

**Drashti Patel**  
*Subcommittee Member*



# Respiratory Season Subcommittee

- **Purpose:** To identify and reduce barriers to vaccines which prevent respiratory illness (RSV, COVID-19, and influenza) among residents of Washington State through (i) healthcare provider education and (ii) community engagement.
- **Membership:** Ajia McAferty (chair), Drashti Patel (staff support), and 35 immunization stakeholders.
- Selected a theory of change (COMB-B Model), goal, and three objectives through collaborative prioritization process.

# Goal

- Increase % of residents in Washington State who are vaccinated against COVID-19, RSV, and influenza by March 2025.

# Objectives

- **Objective 1:** Increase physical opportunities for WA residents to be vaccinated by the end of the 2024-2025 season (March 31, 2025).
- **Objective 2:** Compile and disseminate multilingual vaccine coverage resources and information to IACW network by the end of the 2024-2025 season.
- **Objective 3:** Increase vaccine confidence in respiratory illness vaccines by the end of the 2024-2025 season.

# Activities

- Create a state directory of partners willing to collaborate/partner on providing pop-up/mobile vaccination clinics.
- Develop a brochure providing patient-friendly information on RSV, COVID-10, and influenza insurance coverage in multiple languages (based on the available funding).
- **2024 IACW Respiratory Season Champion Award**
- Compile and disseminate myth buster style resources for respiratory illness.



# Questions?

*For more information contact:*

*Name: Drashti Patel*

*Title: Subcommittee Staff Support*

*Email: [drashtip@withinreachwa.org](mailto:drashtip@withinreachwa.org)*

# Stay Engaged: Ways to Connect with the Coalition

Mark your calendar for our Winter Quarterly Meeting on November 13<sup>th</sup>, 12-2pm

Sign up for our monthly Immunity Community Newsletter.

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



Immunization Action  
Coalition of Washington

## 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:  
November 13, 2024, 12-2pm**