



# IACW Winter Quarter Meeting

Wednesday, February 12, 2025 | 12-2 PM



Immunization Action  
Coalition of Washington



Immunization Action  
Coalition of Washington



# Welcome & Announcements

**Neil Kaneshiro**  
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 feel free to introduce yourselves in the chat with your name, pronouns, and your favorite winter activity!**



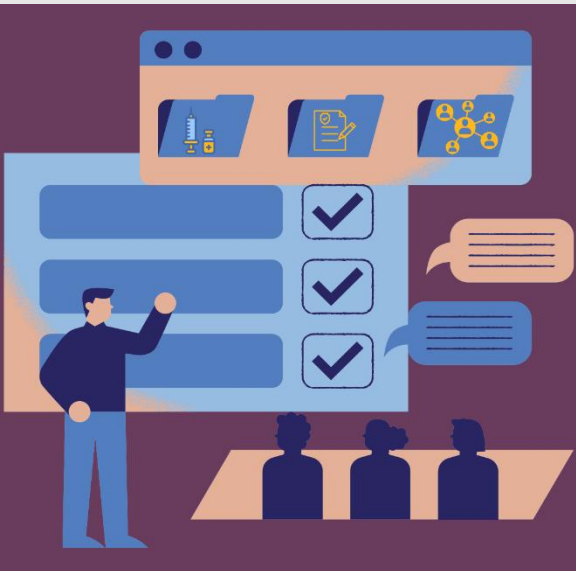
# IACW Code of Conduct

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, <i>IACW Chair</i>
12:05pm	IACW Updates	Drashti Patel, <i>WithinReach Staff</i>
12:10pm	DOH Updates	Jamilia Sherls, <i>WA State Department of Health</i>
12:30pm	Breakout Activity	All
01:05pm	5-minute break	
01:10pm	Presentation: Language Access Team Public Health of Seattle & King County (PHSKC)	Claudia Dow-Flores & Adriana Nodal-Tarafa, <i>Public Health of Seattle &amp; King County</i>
01:40pm	Respiratory Season Subcommittee Report Out	Ajia McAferty, <i>Subcommittee Chair</i>
01:55pm	Closing	Neil Kaneshiro, <i>IACW Chair</i>





# IACW Updates

**Drashti Patel**  
WithinReach Staff

# Upcoming Events

- Washington Pink Book Training Course cancelled due to unforeseen circumstances – **alternative Spring 2025 event details coming soon**
- Other events on the horizon:
  - Vax Expo 2025 in Spokane, WA
  - Immunization Summit 2026 in Tacoma, WA

**The CDC's Pink Book Training: *The Epidemiology & Prevention of Vaccine Preventable Diseases* course is coming to Washington state!**

**Save the Date** Tacoma, WA  
ImmunityCommunity  
Part of the WithinReach Family  
**2025**

**EVENT CANCELLED**

Hosted by WithinReach in partnership with Washington Department of Health

Registration and conference details coming soon to [immunitycommunitywa.org](https://immunitycommunitywa.org)

# IACW Overview & Structure:

- **Mission:** Founded in the 1994, the Immunization Action Coalition of Washington (IACW) seeks to improve the health of Washington individuals and families by minimizing the incidence of vaccine-preventable diseases through promotion of equitable access and optimal use of immunizations across the lifespan.
- **Structure:**
  - *Host/Convener:* WithinReach
  - *Leadership/Decision-Making Body:* Executive Committee
  - *Ad-hoc Subcommittees:* Currently one active- Respiratory Season Subcommittee (previously have had Policy Subcommittee and one that is now the HPV Taskforce)
  - *Coalition Members:* Traditional and non-traditional immunization stakeholders from across the Washington state – state and local public health agencies, physicians, nurses, pharmacists, medical assistants, school nurses, health systems, health plans, corporate partners, and more.
  - *Current Funding:* Washington Department of Health



# IACW Executive Committee Members

Jamilia Sherls, DNP,  
MPH, RN, CPN, CDP  
WA DOH Office of  
Immunizations

*Chair*

Neil Kaneshiro, MD  
Woodinville Pediatrics

*Vice-Chair*

Jean Jacques Kayembe,  
MPH, MD  
Congolese Health Board

*Subcommittee Chair*

Ajia McAferty, MPH  
WithinReach

*Partnership Manager*

Drashti Patel, PharmD  
WithinReach

Mylinh Nguyen, PharmD  
Washington State Pharmacy  
Association

Debra Berliner, MPH  
Public Health Seattle & King  
County

Derek Lane  
Faith Leader & Lane  
Consulting Inc.

Laura Widdice, RN  
Renton School District

Ciara Vega, BSPH, CCMA  
Skagit County

# IACW Priorities for 2024-2026

- Engage in efforts to increase the proportion of Washington residents who are vaccinated against COVID-19, influenza, and RSV throughout the 2024 – 2025 respiratory season.
- Advocate for increased mobile vaccination efforts in Washington State.
- Provide Washington State immunizers with opportunities, tools, and information to implement best practices, with a particular focus on Hepatitis B, HPV, measles (MMR), and vaccinations during pregnancy.
- Collaborate statewide to disseminate multilingual immunization materials to those with limited English proficiency including recent refugees and immigrants.
- Support statewide efforts to increase the proportion of Washington children under two years older who are vaccinated in accordance with the ACIP/CDC recommended schedule.



Please vote yes, no, or may be!

## Poll: In-Person 2025 IACW Quarterly Meeting



DOH Office of Immunization Update  
IACW - February 2025  
**Jamilia Sherls, Director**

## DOH and OI Program Updates

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- **Dr. Umair Shah resigns as DOH's Secretary of Health**
  - Resignation is effective as of January 15, 2025
  - Jessica Todorovich, DOH Chief of Staff, is serving as the Acting Secretary during this interim period.
  
- **State Budget Freeze**
  - Impacts hiring and contracts/purchases over \$10,000
  - Federal funding is an exception to the freeze, which is a bulk of the funding that supports the Office of Immunization.
  - Still need to seek approval in most spending including federal funding in some cases.
  - Expect freeze to remain in place through June 30, 2025.

# Immunization Notice of Funding Opportunity (NOFO)

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- “Strengthening Vaccine-Preventable Disease Prevention and Response” [NOFO guidance](#) posted January 6
- Required activities under 7 priority strategies:
  - Strengthen Program Infrastructure and Management
  - Increase Vaccine Access
  - Improve Vaccination Equity
  - Promote Vaccine Confidence and Demand
  - Enhance Data and Evaluation
  - Strengthen Program Support for Partners
  - Enhance Vaccination Response Readiness
- 3 components
  - Core (routine immunization) – \$9.55M
  - Rapid Small-Scale VPD outbreak (funded, use upon consultation) – \$250K
  - Rapid Large-Scale VPD outbreak (approved, unfunded) – \$3M



# Vaccine Coordinator Training Instructions

## 1. Create an Account with TRAIN.org

- Go to [TRAIN.org](https://www.train.org)
- Select **Create an Account**
- You'll get a prompt to the register page--fill out the following information:

- Login name
- Password
- Confirm Password
- Email Address
- First Name
- Last Name
- Zip Code

- Check the box to agree to all TRAIN policies
- Click on **Create Account**
- The HOME page will open, and a window will pop up informing you that your profile is incomplete



### Announcements



**LJ** [FAQs - Washington TRAIN](#)  
Lisa Johnson  
Sep 1, 2017

**Question: Why doesn't the system let me register for a course?**

- Answer:** Does the course have prerequisites? If so, registration is not available until those are met. Click [HERE](#) to download a guide to registering for courses with prerequisites.

**Question: How do I upload Independent Study (IS) course certificates?**

### Notifications

  [Your profile is incomplete](#)

1 Notification

4 of 5

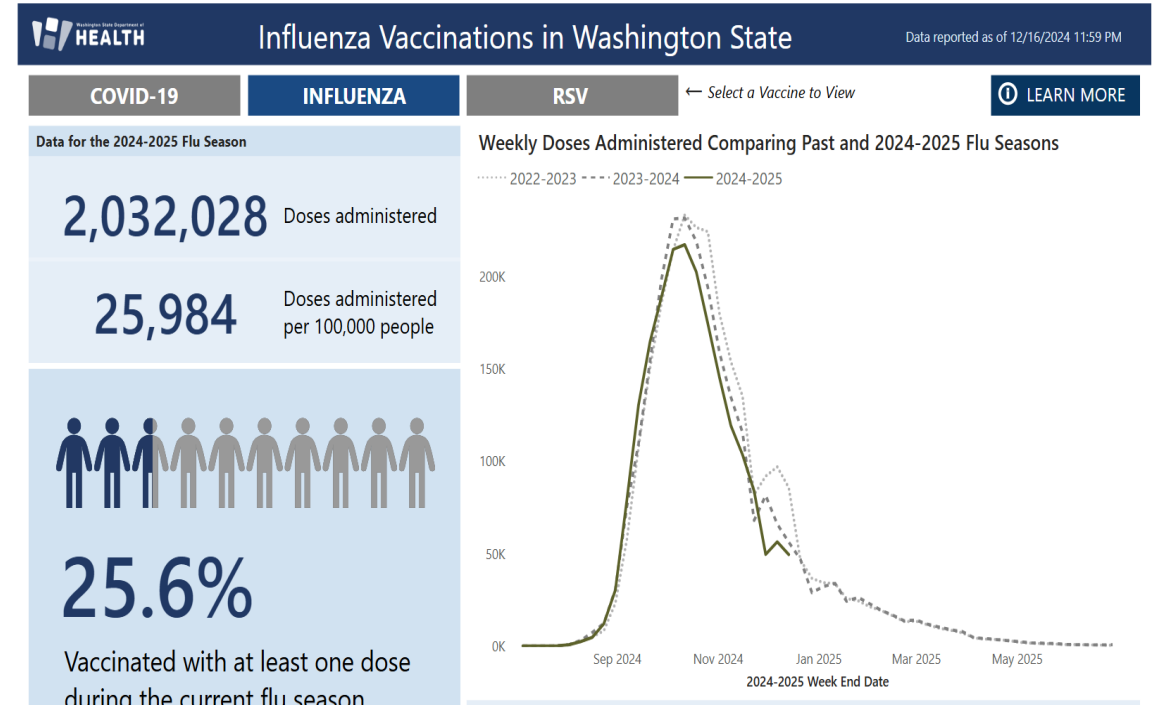
# Data & Surveillance: Vaccination Dashboards

The Office of Immunization vaccine dashboards.

- [COVID-19 Vaccination Dashboard](#)
- [Respiratory Illness Vaccination Dashboard](#)
- [Influenza Vaccination Dashboard](#)

Dashboards are updated weekly on Wednesdays.

If you have questions or need any technical assistance with any of the available vaccine dashboards, please email [waiisdatarequests@doh.wa.gov](mailto:waiisdatarequests@doh.wa.gov).



# 2024-25 COVID-19 Vaccination Recommendations



- 1 Dose: All people 6 months and older.
- 2 Doses:
  - People aged 65 years and older
  - All people 6+ months old who are Immunocompromised.
    - NOTE: While it's *recommended* to get the 2<sup>nd</sup> dose 6 months after the first, the *minimum* time is 2 months apart.
- 3+ Doses: Using a shared clinical decision making process, moderately or severely immunocompromised people ages 6 months and older may receive additional doses.

Resource:

<https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>

# Seasonal Flu Outreach to Agricultural Communities

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## 1. Care- A- Van

- Collaboration with partners to schedule a series of impactful [Care-A-Van service](#) events in communities and on farms, which includes translation services and opportunities to increase health literacy.

## 2. Outreach Planning Guide:

- Information on how organizations and communities can support Agricultural workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success. [Guide Link](#)

## 3. Pop-Up Clinic Guide:

- DOH's Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#) to guide community organizations or providers with clear directions for a successful event.

## 4. Direct Funding and Collaboration with Local Health Jurisdictions (LHJs):

- Work with each LHJ partner to support and communicate with the Agricultural workers in their region.

## 5. Culturally and Linguistically Appropriate Outreach:

- We launched outreach materials tailored to the cultural and linguistic needs of agricultural workers. These materials provide essential information about influenza and the benefits of immunization. [DOH Flu Free Washington partner toolkit](#)



# Agricultural Worker Flu Vaccine Outreach

**Washington State Department of HEALTH**

## Protéjase de la gripe de temporada

Vacúnese contra la gripe todos los años

**¿Por qué debería ponerme la vacuna contra la gripe?**

La vacuna contra la gripe es la mejor defensa contra la gripe de temporada. Esta vacuna puede reducir entre un 40 % y un 60 % las probabilidades contraer una gripe grave. Si contrae la gripe, la vacuna puede evitar que la enfermedad sea más grave.

Al colocarse la vacuna, también protege a su familia y a sus amigos. La gripe puede ser una enfermedad grave para los niños pequeños, los adultos mayores, las embarazadas y las personas que tienen ciertas afecciones health conditions.

La vacuna contra la gripe estacional no protege contra la gripe aviar (H5N1). Vacunarse es importante para prevenir la coinfección (estar enfermo con más de una enfermedad).

**Seguridad de la vacuna contra la gripe**

La vacuna contra la gripe no puede contagiarle la enfermedad. No todas las vacunas contra la gripe se elaboran con el virus de la gripe. Para las que se elaboran con un virus, se utilizan virus de la gripe “debilitados” o “muertos” que no pueden provocar la enfermedad.

Las vacunas contra la gripe se han utilizado de forma segura durante más de 50 años. Se implementan muchos sistemas de seguridad para garantizar que las vacunas que usamos sean efectivas y seguras. Las reacciones alérgicas a la vacuna contra la gripe son poco frecuentes.

**Dónde vacunarse contra la gripe**

Puede ponerse la vacuna contra la gripe en casi todas las clínicas y farmacias. Llame antes de su visita para consultar la disponibilidad.

Care-a-Van es una clínica de salud móvil que brinda servicio a personas de todo Washington.

Llame al 800-525-0127 para encontrar una clínica Care-a-Van cercana o escanee este código QR.

**Vacunas de bajo costo y sin costo**

La mayoría de los planes de seguro, incluido Apple Health, cubren el costo de la vacuna contra la gripe para los adultos. En Washington, todos los niños, niñas y adolescentes menores de 19 años reciben vacunas contra la gripe sin costo.

Obtenga más información en [WASinGripe.org](http://WASinGripe.org)

**flu free WASHINGTON**

DOH 820-297 October 2024 Spanish  
Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

The Flu vaccine information for agriculture worker audience flyer is available on DOH’s [Flu Materials and Resources webpage](#) under the section “Resources”, or directly found here:

- [Stay Safe From Seasonal Flu \(PDF\)](#)
- [Protéjase de la gripe de temporada \(PDF\)](#)

**Washington State Department of HEALTH**

## Stay Safe from Seasonal Flu

Get a flu vaccine every year

**Why should I get a flu vaccine?**

The flu vaccine is your best defense against seasonal flu. The flu vaccine can lower your chances of becoming very sick from the flu by 40-60%! If you do get the flu, the vaccine can help your illness be less severe.

Getting vaccinated also protects your family and friends. The flu can be a serious illness for young children, older adults, pregnant people, and people with certain health conditions.

The seasonal flu vaccine does not protect against bird flu (H5N1). Getting vaccinated is important to prevent co-infection (being sick with more than one illness).

**Flu vaccine safety**

The flu vaccine can not give you the flu. Not all flu vaccines are made using a flu virus. Those that are use “weakened” or “killed” flu viruses that can’t make you sick.

Flu vaccines have been safely used for over 50 years. There are many protective systems in place to make sure vaccines we use work well and are safe. It is rare to have an allergic reaction to a flu shot.

**Where to get a flu vaccine**

You can get a flu vaccine at most clinics and pharmacies. Call ahead of your visit to ask about availability.

The Care-a-Van is a mobile health clinic that serves people across Washington.

Call 800-525-0127 to find Care-a-van clinics near you, or scan this QR code.

**Low-cost and no-cost vaccines**

Most insurance plans, including Apple Health, cover the cost of flu vaccine for adults. In Washington, all children under age 19 get flu vaccines at no cost.

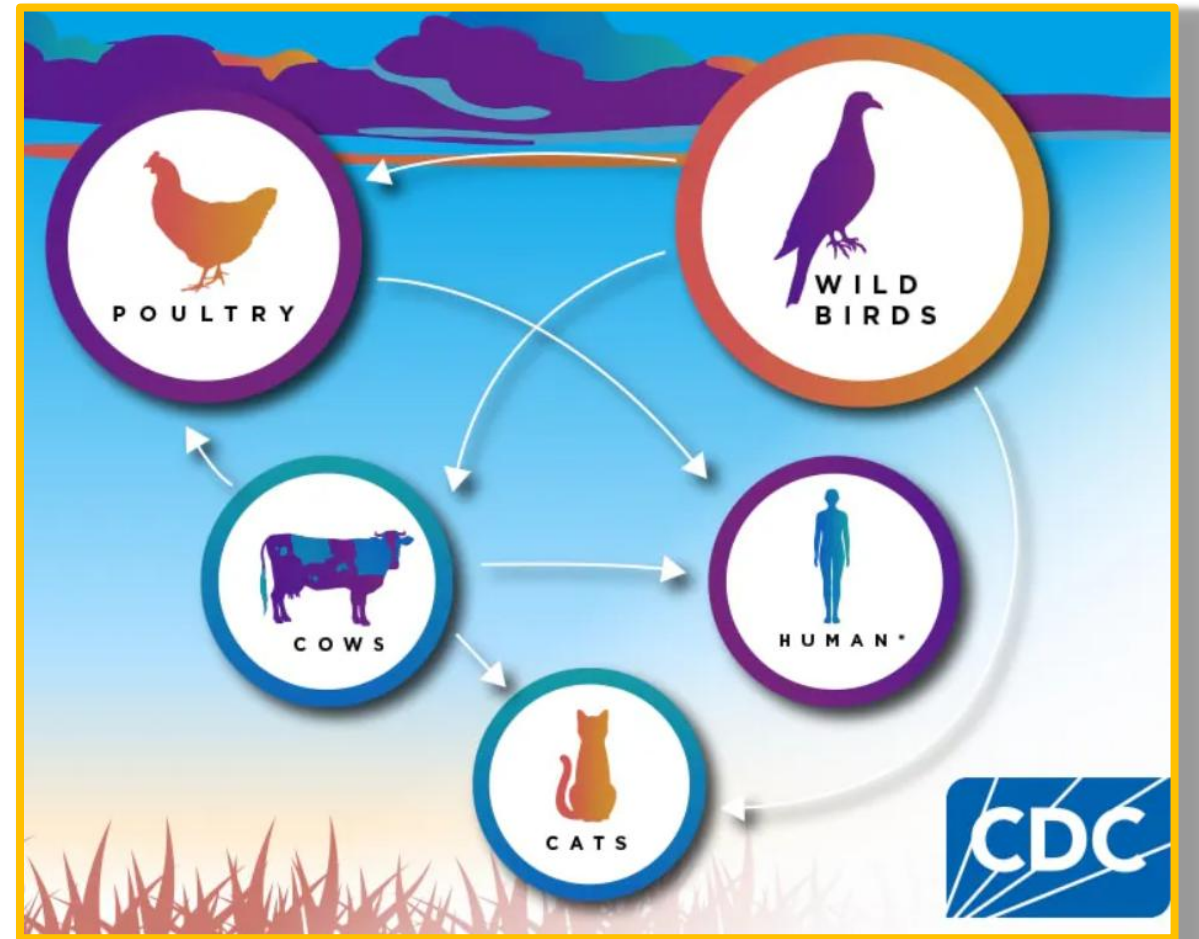
Learn more at [FluFreeWA.org](http://FluFreeWA.org)

**flu free WASHINGTON**

DOH 820-297 October 2024  
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

# Future Vaccine Resources: H5N1

- [CDC Bird Flu Situation Summary & Current Activities](#)
- [ASPR preparing vaccine against H5 influenza](#)
- [Arcturus Begins H5N1 Human mRNA Flu Vaccine Trials](#)
- [Moderna receives 590M from HHS for H5N1 move to Phase 3 trials](#)
- [GSK \(CureVac\) Human Vaccine Trial](#)
- [CDC - Genetic Analysis of recent human infections](#)
- [HHS News - Bovine Vaccine Trials.](#)





# ACIP RSV Immunization Seasonal Recommendations Summary\*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>Infants and children</b> (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†				
<b>Pregnant people</b> (Pfizer, Abrysvo)	Administer during September–January in most of the continental U.S.					ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†						
<b>Adults 60+</b> (Abrysvo, Arexvy, mRESVIA approved 5/24)	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.											

Recommended timing for immunization	Timing NOT recommended for immunization, except in limited situations (as indicated in chart)
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Source: CDC/NCIRD/ISD All-Awardee Call (January 2024)

# RSV Nirsevimab Distribution Update

as of 12/30/24

## **Total Doses Ordered to date: 44,505 doses**

- ✓ 19,295 doses of 50 mg
- ✓ 25,240 doses of 100 mg
- ✓ (89 doses of Abrysvo)

## **Tribal Nations and Confederacies**

- ✓ 14 Total Tribal orders
- ✓ 295 Doses ordered
  - ✓ 90 doses of 50mg
  - ✓ 205 doses of 100mg

# Birthing Hospital Outreach

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- Outreach to birthing hospitals regarding RSV Nirsevimab administration
- Identifying needs and barriers for hospitals
- Creating and implementing webinars
- Facilitating hospital enrollment in CVP



# Health Promotion Activities

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- COVID-19 and flu vaccine social marketing campaigns have ended for the season.
- RSV social marketing campaign is still running.
- In the works: New long COVID webpage
- In the works: Laminated immunization schedule pocket guides



# 2025 Immunization Schedule Updates

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**01/16/25: CDC issued MMWR articles describing changes for the 2025 immunization schedules.**

- Pneumococcal: Lower age from 65 to 50 years old.
- Meningococcal Group B Vaccine: Added Bexsero schedule.
  - Administered as a 2-dose series at least six months apart to people aged 16–23 years, based on shared clinical decision-making.
  - Administered as a 3-dose series over a six-month period to people aged 10 years and older who are immunocompromised or at increased risk.

*For more information, please visit [Schedule Changes & Guidance website](#).*

People of  
all ages need

# Tetanus, Diphtheria, & Pertussis Immunization



## **DTaP**

for young children

- ✓ 2, 4, and 6 months
- ✓ 15 through 18 months
- ✓ 4 through 6 years

## **Tdap**

for preteens

- ✓ 11 through 12 years

## **Tdap**

for pregnant people

- ✓ During the 27-36th week of each pregnancy

## **Tdap / Td**

for adults

- ✓ Tdap anytime for those never immunized
- ✓ Booster every 10 years



# Pertussis Surveillance Summary

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- Weekly Pertussis surveillance report can be found at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>
- More than half of cases were among school-aged children (5 – 18 years old).
  - All school-aged children were born when only acellular pertussis vaccine was available.
  - K-12 schools may be a key setting for the transmission of pertussis in WA in 2024.
- A high percentage of pertussis cases have been reported among children 1 to 4 years old.
  - Most of these children were born since 2020, when routine pertussis immunization coverage decreased.
- **Most hospitalized patients had no documented history of pertussis vaccination.**

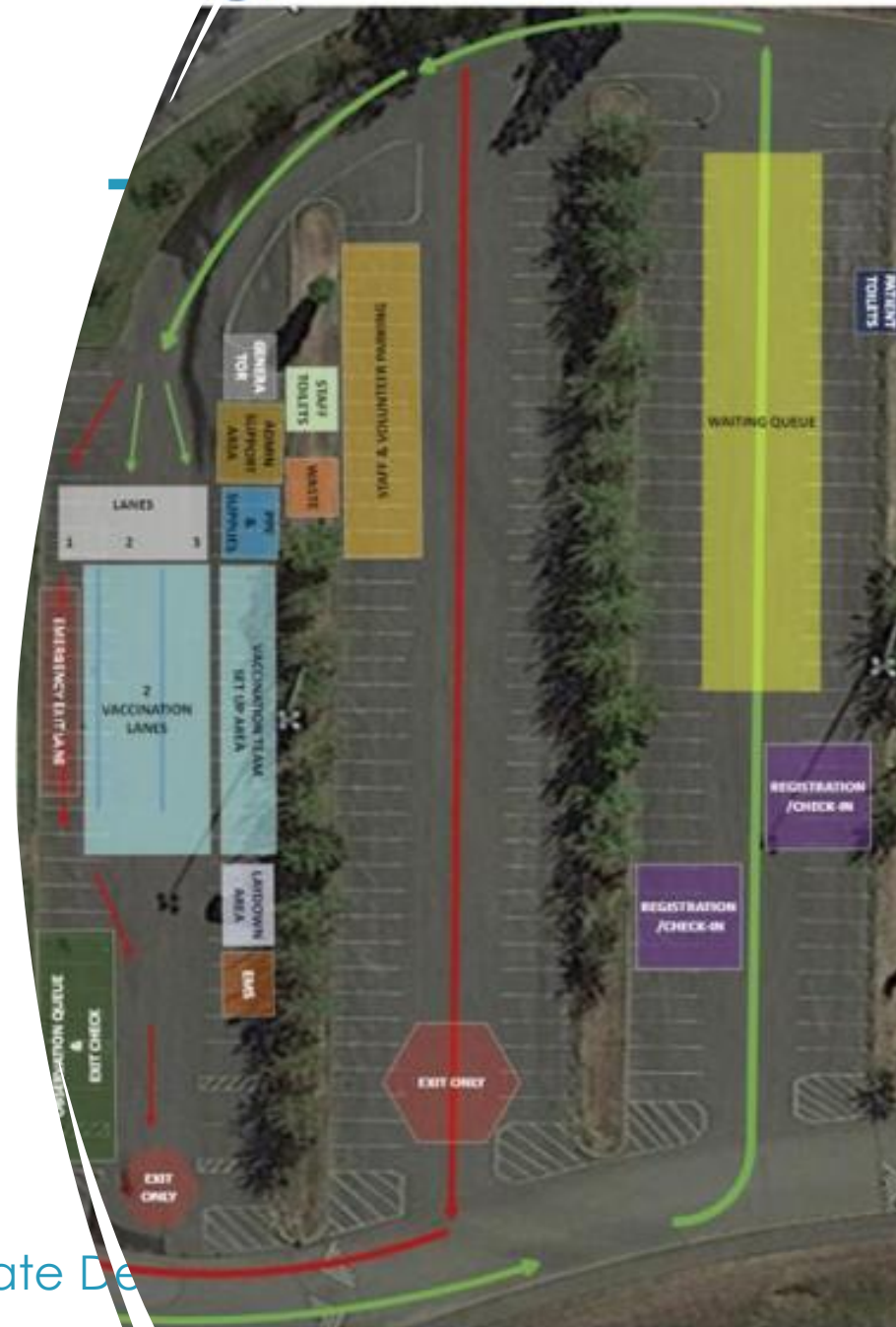
Questions? Contact: [vpd-cde@doh.wa.gov](mailto:vpd-cde@doh.wa.gov)

# Pop-Up Immunization Clinic Guide

DOH's Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#) that is now available to the public on the [Immunization | Washington State Department of Health](#) webpage, in the *LHJ Resources subsection*.

**Intended Audience:** LHJs, Tribes, Community Organizations, and Immunization Providers.

**Intended Purpose:** A tool to be used as a general guide of common steps an organizer would need to consider and prepare for when planning and setting up a Pop-Up Vaccination/Immunization Clinic in their community.



- REGISTRATION/CHECK-IN
- WAITING QUEUE
- VACCINATION (LANE & TEAM) AREA
- OBSERVATION QUEUE/EXIT CHECK
- ADMINISTRATION SUPPORT AREA  
*Staff breakroom, medical and clean storage, general waste, etc.*
- STAFF/VOLUNTEER PARKING
- PPE & BACKUP SUPPLIES AREA
- WASTE
- LAYDOWN AREA
- EMS AREA
- GENERATOR AREA
- STAFF TOILETS
- PATIENT TOILETS
- EXIT AREAS
- ENTER/TRAFFIC FLOW
- EXIT/EMERGENCY EXIT FLOW

# Vaccine Access & Resources

- [Job Aids](#) help providers quickly determine catch-up schedule for childhood polio, RSV, pneumococcal vaccines and recommendations.
- Immunize.org’s excellent [Quick Sheet of COVID-19 Vaccination Guidance and Clinic Support Tools](#)
- Improved access via the DOH Care-A-Van Service will continue  
<https://doh.wa.gov/you-and-your-family/care-van-mobile-health-services>

IF current age is	AND # of previous doses of DTaP or DT is	AND	THEN	Next dose due <sup>2</sup>
4 months through 11 months	Unknown or 0	→	Give Dose 1 (DTaP) today	Give Dose 2 (DTaP) at least 4 weeks after Dose 1
	1	It has been at least 4 weeks since Dose 1	Give Dose 2 (DTaP) today	Give Dose 3 (DTaP) 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 (DTaP) at least 4 weeks after Dose 1
	2	It has been at least 4 weeks since Dose 2	Give Dose 3 (DTaP) today	Give Dose 4 (DTaP) at least 6 calendar months after Dose 3 <b>and</b> at 15 months of age or older <sup>3,4</sup>
		It has <b>not</b> been at least 4 weeks since Dose 2	No dose today	Give Dose 3 (DTaP) at least 4 weeks after Dose 2



## Additional Updates

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- Jamilia Sherls elected as 2025 Secretary-Treasurer for the Association of Immunization Managers (AIM).
- Sherry Carlson and Jamilia Sherls co-presented “Authentic Engagement with Ukrainian Communities as an Approach to Vaccine Education and Outreach” at the 2024 AIM Leadership in Action Conference, New Orleans, LA.
- Katherine Graff presented at the 2024 STChealth Conference on use of the school module functionality. She also presented at the School Nurses Organization of Washington Conference last October on updates for school and childcare immunization requirements.
  - Grade 7 through 11 must have 1 Tdap at age 10+ (in addition to 5 doses of DTaP)
  - Grade 12 must have 1 Tdap at age 7+
  - 2025-2026 school year – all students grade 7-12 must have a Tdap at age 10+
  - Must have DTaP, IPV, MMR, Varicella vaccines by the 1<sup>st</sup> day of school or within 30 days after 4<sup>th</sup> birthday, whichever is later.



**Ol@doh.wa.gov**

To request this document in another format or language, 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).

# Breakout Activity:

## Three Breakout Topics:

1. Resources (for communities) addressing vaccine misinformation and disinformation.
2. Strategies and toolkits (for advocates/ organizations) on how to address vaccine misinformation and disinformation.
3. Multilingual resources for vaccine-preventable respiratory illnesses (such as COVID-19, influenza, pertussis, and RSV).

## Guiding Questions for Discussion:

1. How are you utilizing the resources, strategies, or toolkits for your immunization efforts?
2. Are there any barriers to utilizing these resources, strategies, or toolkits?
3. Are there any gaps in these resources or toolkits? For example, is there a specific language or format missing that would make these resources or toolkits more impactful?





Break

# Language Access Services

**February 2025**

*Presented by:*

[Claudia Dow](#), Community Language Service Provider Manager

[Adriana Nodal-Tarafa](#), Community Language Services Project Mgr.

# Working Upstream

**Language Access** is **equity in motion**. It is evidence of commitment to **belonging and inclusion**. When we incorporate language access services into **standard practice**, we say this information is for everyone, and everyone's health and safety is important.

**Language Justice** encompasses the right of every person and group to speak, understand, and be understood in the language in which they feel most articulate and powerful.

**The aim of language justice** is for all to **equitably participate** in governance, **lead** in shaping community life conditions, and **benefit from safety and opportunities**.

# Providing language access to achieve language justice

**Our Public Health Language Access model aims to accomplish two key tasks to halt institutional racism in our field:**

1. Enable the consistent high quality of final products delivered to communities (information, conversations, services, etc.) tailored to their cultural context and literacy.
2. Lay groundwork for long-term language justice capacity in King County and neighboring health jurisdictions through upstream actions.

**Two building blocks toward language justice often overlooked in this context are:**

1. Materially valuing the skills, voices, labor, and thoughts of direct language access providers through fair compensation and inclusion in decision making.
2. Ensuring that as many resources allocated for language access services as possible go back to the communities served.

# Understanding What Language Access Is

**Language Access Services:** The bridge for information, services and communication gaps within communities that use a language other than English (LOTE).

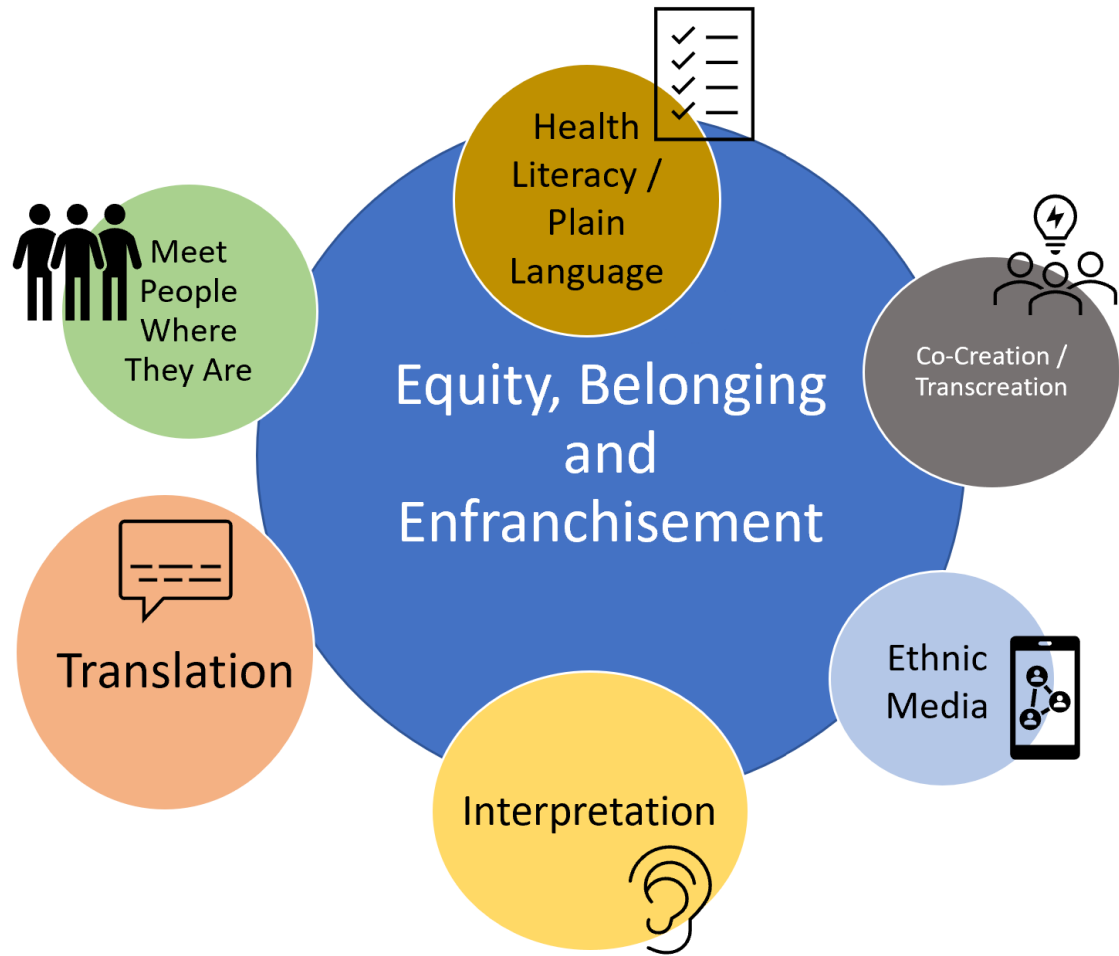
**Translation:** Translations are written materials from English to requested language or requested language to English

**Interpretation:** The oral process of rendering a spoken message from one language into another

**Co-creation and Transcreation:** working directly with affected communities to create culturally relevant and impactful messaging

**Organizational Health Literacy:** the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.





# Becoming a Health Literate Organization

- Make information easier to understand and more accessible to the residents we serve
- Increase cultural mindfulness for Public Health professionals
- Ensure translation is easier for our Community Language Service Providers
- Provide guidance and policy that all staff can follow

# How We Work

- **Funding:** Foundational Public Health Services investment and Program budgets
- **Partners:** DCHS, Snohomish PH, Tacoma-Pierce, Kittitas, Okanagan, Chelan-Douglas, Grant
- **Staff:** Sida (Star) Zhang, Adriana Nodal-Tarafa, Carey May Wong,, Claudia Dow
- **Process:** Centralized language access services via on-line submission forms and a website
- **Providers:** Community Language Service Providers (CLSP) and agencies

# Language Access Models

## “Traditional” industry standard model

\*Source: <https://www.languagewire.com/en/blog/top-translation-companies>

NEED	RESOURCE	BARRIER	WHO CARRIES THE BURDEN?	WHO PROFITS?
<b>Translation &amp; Interpretation</b>	Language Line, TransPerfect etc. Global agencies  Some smaller local agencies (Boutiques – LSPs with revenues between USD 1m and USD 8m)*	Lack of certified professionals	Untrained bilingual people in BIPOC communities  BIPOC tax payer communities + overall taxpayer	<b>Corporations shareholders</b>  *Super Agencies – full-service, LSPs with revenues between USD 8m to USD 200m)
<b>Certification (Quality Assurance)</b>	Courts, DSHS, ATA, NBCMI, CCHI, Undergraduate and Graduate programs.	Cost, time, not all languages offered, especially non-Romance languages	Interested professionals have to pay to get certified if their language is available to evaluate.  The certification non-profit or for profit org.	<b>The certification non-profit or for profit org. Corporations shareholders</b>
<b>Payment structure for translation work</b>	Cents per word	Not all words are created equal.	Translators are not paid for labor and expertise not contemplated in cost per word (Research, subject matter expertise, regional dialect competency, etc.)  BIPOC tax payer communities + overall taxpayer	<b>Corporations shareholders</b>
<b>Funding for language access services</b>	Taxpayers		BIPOC tax payer communities + overall taxpayer	<b>Corporations shareholders</b>

# Language Access Models

## Language Justice informed model our program uses

NEED	RESOURCE	BARRIER	WHO CARRIES THE BURDEN?	WHO BENEFITS MOST?
<b>Translation &amp; Interpretation</b>	Individual, local direct language services providers CLSP (Freelancers who are community based in KC and surrounding LHJs)  Priority to small local and WA state traditional agencies	Lack of certified professionals	SKCPH on behalf of taxpayers:  Internally coordinated professional skills assessment at no cost to applicant, including language services skills assessment if not certified.  Continue to build capacity from there with monthly meetings.	<p style="text-align: center;"><b>Communities where LOTE is the main language, including those where freelance CLSP live, and all taxpayers.</b></p>
<b>Certification (Quality Assurance)</b>	Internally coordinated language services skills assessment provided by <a href="#">ALTA</a> at no cost to applicant, in addition or instead of certification.  Continue to build capacity from there as part of a team.	King County Public Health application process.	SKCPH on behalf of taxpayers, <b>not the freelance language service provider.</b>	
<b>Payment structure for translation work</b>	Per hour rate, with 0.5 h minimum and 0.25 h increments, and estimated time guidelines for projects based on agreed complexity scale, all in consultation with CLSP.	Takes building buy-in institutionally, takes listening to feedback from CLSP.	SKCPH on behalf of taxpayers, including “one stop” billing.	
<b>Funding for language access services</b>	Grant/Taxpayers	Still grant based. Needs to be embedded in core, permanent funding.	Taxpayers	



# Our Linguists

- Community members
- Tested and vetted
- Paid \$70 an hour
- Work in teams
- Professional development

# Questions?!



Immunization Action  
Coalition of Washington



# Respiratory Season Subcommittee Report Out

Ajia McAferty, MPH  
*Subcommittee Chair*

# Overview & Updates

- **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:** ~35 immunization stakeholders.
- Launched in 2023 - theory of change (COMB-B Model), one goal, and three objectives selected through collaborative prioritization process which guides activities.
- **Meeting Cadence:** monthly 4th Tuesday 2 – 3 PM through April (*May - June will wrap up projects and transition to summer schedule*)
- **Current Activities:** Monitor COVID-19, RSV, and flu activity and vaccination rates, share resources collaboratively, and progress two projects

## Flu activity is **VERY HIGH**

- 28.0% of Washingtonians are vaccinated with this year's flu shot. - less than 3 out of 10 Washingtonians per [WA DOH's Respiratory Illness Dashboard](#)



Source: [CDC Weekly US Map Influenza Summary Update](#)

## 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.

## Progress on Activities

- **COMING SOON:** IACW Pop-Up Vaccination Event Planning Directory
- **IN PROGRESS:** brochure on RSV, COVID-10, and influenza insurance coverage in 6 languages
- **2024 IACW Respiratory Season Champion Award**
- **Myth buster style brochure for respiratory illness created thanks to WSPA!**





# RSV VACCINE



RSV vaccines provide protection from severe respiratory illness caused by the respiratory syncytial virus (RSV).

RSV vaccines are recommended for all adults ages 75 and older and adults ages 60-74 who are at an increased risk with certain medical conditions.

Although RSV can impact individuals of all ages, it poses a particularly high risk for infants and older adults.

## Debunking Myths



RSV vaccines are for older adults only.



There is a maternal RSV vaccine recommended for pregnant people between 32-36 gestational weeks to protect their newborn from serious respiratory illness.

Scan for more information about RSV and available vaccines!



# Protect Your Health!

## KEY FACTS ABOUT INFLUENZA, COVID-19 AND RSV VACCINES



Your Logo Here

Information sourced from immunize.org, CDC, cdc.gov/vaccines/, and WA Department of Health: doh.wa.gov

# INFLUENZA (FLU) VACCINE



The flu vaccine is an annual vaccine recommended for everyone aged six months and older. Vaccination provides important protection from influenza illness and its potential complications.

## Debunking Myths



The flu shot gave me the flu.

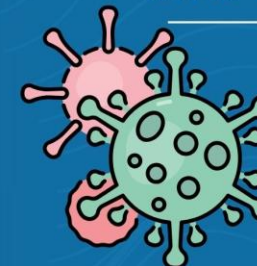
No one I know gets the flu so it's not serious.



The flu shot cannot give you the flu. It contains inactivated (killed) virus or uses recombinant technology, which is not capable of causing illness.

The CDC reported that there have been at least 35 million cases of the flu, 400,000 hospitalizations, and 25,000 deaths during the 2023-2024 season.

# COVID-19 VACCINE



The COVID-19 vaccine for the 2024-2025 season is recommended for everyone aged six months and older.

The COVID-19 vaccine offers protection against severe illness, hospitalization, and death.

## Debunking Myths



You can get COVID-19 from receiving the vaccine.

Once you've had COVID, you don't need the vaccine.

The vaccine was developed too fast, so it's unsafe.



The vaccines do NOT contain the SARS-CoV-2 virus. mRNA vaccines help human cells make protein that triggers an immune response and the spike protein itself is harmless and cannot cause COVID-19.

Re-infection with COVID-19 is possible! You can receive the latest vaccine dose 2-3 months after onset of symptoms if you haven't already gotten the current season's vaccine.

The vaccine went through extensive full-term clinical trials, testing, and safety monitoring. Multiple federal agencies worked together to ensure that COVID-19 vaccines are safe and effective.



# Questions?

*For more information contact:  
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# Stay Engaged: Ways to Connect with the Coalition

Mark your calendar for our Winter Quarterly Meeting on May 14<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.



## 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:  
May 14 2025, 12-2pm**