Public and Community Health Update:

IIS and Child Profile Transition Update:
The Child Profile team is fully staffed and has delivered the health promotion product routinely since the transition from Public Health-Seattle & King County concluded on June 30. We send approximately 29,000 mailings weekly to families with children aged birth to six years. We are beginning to test a technology correction that we anticipate will permit us to resume our delivery of Child Profile by email to families that have requested that option.

Legislative Update:
A decision package has been submitted to the Office of the Secretary for review. While no legislative changes have been recommended at this time, today we will discuss the requested funding to support medically validated records and the IIS School Module. OICP is currently working with various policy and stakeholder groups and the State Board of Health to determine where our collective efforts should be focused in the coming session. The 2016 legislative session is a short session, where all bills submitted in 2015 may be re-submitted for consideration. Bills that may be re-introduced include exemption legislation, influenza vaccination requirements for foster care licensure, and the promotion of existing DOH vaccination materials for expectant parents. Session begins Monday, January 11, 2016.

State Board of Health Update:
A Technical Advisory Group has been established by the Board and will convene on December 8th to discuss the possibility of requiring Meningococcal conjugate vaccine for school entry. The group will make a recommendation whether to support this requirement to the State Board of Health, and if approved, will begin a 12 month rulemaking process. If approved, the rule would not be implemented until the 2017-18 school year at the earliest.

Vaccine Supply Updates:

Influenza Vaccine for the 2015-2016 Flu Season:
We pre-booked over 710,000 doses of flu vaccine for the 2015-2016 season. We've made over 440,000 doses available for ordering. Providers have ordered about 244,000 doses as of 10/7/15. MedImmune's distribution of FluMist is delayed. We received about 83,000 doses of FluMist. Providers have ordered 79,000 doses. We expect an additional 15,700 doses by mid-October. The total pre-book for FluMist was over 262,000 doses. 100% (236,150 doses) of the multidose vial vaccine pre-book is available, and providers have ordered less than 50% to date. Over 120,000 doses of pediatric .25mL vaccine was available. Providers have ordered about 60% of it.

Vaccine for Adults Update:

We purchased the vaccine with federal 317 direct assistance funds. We distributed about 58,600 doses of vaccine valued at over $3 million. The vaccine was for uninsured and underinsured adults, and supported outbreak prevention. We worked with over 250 providers. Tribal clinics, LHJs, pharmacies and almost 200 private provider offices participated. We offered nine different vaccines: Tdap, MMR, HepA/B, PPSV23, PCV13, MenB, Zoster, 9vHPV and MCV4.

Nine Valent HPV Vaccine Update:

Beginning in October, we are no longer using a vaccine allocation to assure balance between the ordering and use of 9vHPV vaccine. Managing an allocation during the back-to-school rush was challenging, and it took a lot of hard work by providers, LHJ and state staff to get through it. We had some bumps along the way, and worked closely with providers and LHJs to overcome them. Even with the allocation, from June through September 2015, about 4% more doses of 9vHPV vaccine were ordered than the same time in 2014. The majority (24) of local health jurisdictions ordered more 9vHPV vaccine in 2015 than 2014. Of the remaining LHJs (11), 10 did not order their full allocation during the June through September period.

Meningococcal B Vaccine:

The ACIP recommendation for meningococcal b vaccination is still not published. However, we continue working with providers and LHJs to make the vaccine available as requested. Twenty pediatric providers ordered about 300 doses of meningococcal b vaccine to date. Twenty-two providers ordered the vaccine through the vaccine for adults program. A variety of providers participated, including LHJs, pediatric practices, colleges, free clinics, and family practice physicians.

Horizon Vaccines:

- **Combination DTaP/IPV Vaccine Update:** Quadracel, the Sanofi-Pasteur DTaP/IPV combination vaccine is not on the CDC contract at this time. Sanofi expects the product to be available during the first quarter of 2016. We will add Quadracel to the vaccine choice providers in April 2016 if it is on the market at that time.
- **Combination DTaP/HepB/IPV/Hib Vaccine Update:** Licensed in Canada for children less than 7 years of age needing the primary series at 2, 4 and 6 months of age and for the booster at 4 months of age. Sanofi-Pasteur produces a **DTaP/HepB/IPV/Hib** product brand name Hexaxim. GSK produces a **DTaP/HepB/IPV/Hib product, brand name Infanrix-hexa.**

Provider Vaccine Choice:

The provider vaccine choice window will be open from October 15 through 30, 2015. Providers make their brand selections in the IIS. For information about how to do this, see the training video at: http://jitt-wa.stchome.com/ Clinic associations or networks should coordinate their vaccine choices. However, individual clinics may have different brands if desired. New vaccine selections will be reflected in the November order screens. Please use all the existing inventory of the "old," brand to avoid vaccine waste.

Practice Profile Validation Project: Over the next few months, we will contact billing staff in some provider offices as part of a Practice Profile Validation Project. Each year, when clinics renew their

Provider Agreement, they include a count of kids by age and insurance and VFC status, known as the Practice Profile. We use that data to assign a fund source to each provider vaccine order throughout the year. It's critically important that the Practice Profile data be as accurate as possible because it determines the vaccine cost by fund source for the Childhood Vaccine Program. We are analyzing data from several reports in the Washington Immunization Information System, provider ordering and usage data to validate the reported Practice Profiles. The last step in the validation process is to compare those data sources with non-identified billing data from clinics. We will work to minimize impact on provider offices.

HPV Grant Update:

Our CDC Prevention and Public Health-funded HPV grant has been extended until October 31, 2016, which permits us to continue our work on our five components:

COORDINATION: We accomplish this through an HPV subcommittee of the Immunization Action Coalition of Washington. We will continue these quarterly meetings through April 2016. The response of the members has been enthusiastic and we are beginning to talk about ways to continue this work beyond that date.

PROVIDER TRAINING: Our online HPV provider training course has been completed by over 378 people this year, and will remain active and available for CME and CE through 2016. The training was provided live at the Pink Book conference to more than 100 people.

PROVIDER FEEDBACK: We have conducted over 75 provider feedback visits through our AFIX program and are developing a provider status report that will permit clinicians to view their own immunization rates and missed opportunities in an easy-to-view graphic interface.

REMINDER/RECALL: We have distributed over 74,000 reminder/recall postcards to parents of kids ages 11 – 18 who are due and overdue for the 3rd dose of HPV vaccine. We are examining expanding this project to kids due for 2nd dose to be sure we distribute all postcards.

PUBLIC AWARENESS CAMPAIGN: A statewide radio, web and social media campaign ran from August 10 – September 27. An evaluation is in progress.

Pertussis Public Awareness Campaign:

A major public awareness campaign, funded by CDC, is beginning soon. The campaign vendor has been chosen and message design is currently in final stages. This campaign will feature original creative content. The target audience will be pregnant women and the message will be based on current recommendations to vaccinate with Tdap during the 3rd trimester of each pregnancy. The campaign will run from late October through December and will include radio, web and social media avenues.