

2015 Flu Communication Outreach Update

- The annual flu campaign that we were able to run in 2013 and 2014 may switch to **pertussis** this year to maximize outreach and prevention awareness
- Flu outreach will continue via:
 - **Social Media**
 - **Employee Flu Clinics**
 - **Material & Resource updates**



2015 Flu Communication Outreach

SOCIAL MEDIA



Facebook & Twitter



OCTOBER: National Breast Cancer Awareness Month

Weekly posts stressing the importance of flu vaccination for people with cancer, who have had cancer, and the people around them



DECEMBER: National Influenza Vaccination Week

Dec. 6-12 – Daily topical posts focusing on specific topics

- * General Awareness
- * Families – especially young
- * Special Health Needs
- * High-Risk Groups
- * Pregnant Women
- * Prevention/Healthy Habits
- * Vaccine Availability



2015 Flu Communication Outreach

Employee flu clinic



Employee flu clinic



**KEEP
CALM
AND
GET YOUR
FLU SHOT**

Clinics held September – October at DOH work locations in:

- Tumwater
- Kent
- Shoreline
- Spokane
- Richland

2014: We had 503 participants

2015: Goal of 10-20% increase

Employee flu clinic



NEW plans for 2015 Clinic:

- **Social Marketing – Employee Polls**
- **Scheduled appointments option**
- **Expanded locations**
- **Clinics held ONE MONTH EARLIER than previous years**
- **NEW vendor:**



Seattle Visiting Nurse Association

Materials & resources



NEW Flu & Pregnancy FAQ webpage

News Releases during flu season

Provider flu update letters:

- * OB/GYN**
- * Facilities & Clinics**
- * Long-term Care**

H.E.R.E. promotional material updates

Child Profile flu insert brochure

Newsletter articles

Public and Community Health Update:

Former Assistant Secretary Allene Mares has transitioned to her new role as the head of the newly formed Center for Public Affairs, a policy and communication workgroup developed by the Secretary of Health. Former Immunizations Director Janna Bardi is the acting Assistant Secretary while the department conducts a nationwide search for the best possible candidates to replace Allene. Michele Roberts works closely with and reports directly to the Assistant Secretary, which is wonderful news for the immunizations program as we explore policy options concerning immunization compliance.

IIS and Child Profile Transition Update:

The transition of the operations of the IIS and Child Profile from Public Health-Seattle & King County to OICP is complete as of July 1, 2015. The IIS help desk functions are currently contracted with STC (the vendor that built and maintains the IIS). This is the major IIS user-facing element of the transition. We continue to communicate with providers and other IIS users about the features of the new help desk interface and to trouble-shoot any complications that may arise.

Staffing at DOH is continuing for IIS and IT work.

Staffing at DOH is complete for the Child Profile Health Promotion system. Contracts and major areas of this work are under operational management of DOH. OICP has sent the Child Profile mailings since early June without complications.

Legislative Update:

Legislative Session ended July 10, 2015.

- **Budget:** The final operating budget included Health Care Authority's request for funding to pay for vaccines for kids enrolled in the Children's Health Program, with \$2.3 million included in the final budget.
- **Legislation:**
 - **SB5143:** This bill, requiring the Department of Health to provide education about immunization to pregnant women, was passed out of the Senate and has been voted out of Health and Wellness Committee. This bill does not require anything new to be done by the department, and did not receive a floor vote.
 - **HB2009:** A bill to change Washington's exemption law to remove the personal belief exemption. This bill did not pass out of the House, and the department is working with internal workgroups, stakeholders and legislators over the interim session to determine the best options for increasing immunization rates.
 - **ESSB 5557:** This bill requires that pharmacists be reimbursed by health care plans for services rendered that address the ten core functions of health care, which includes vaccinations as a preventative measure. This bill was voted out of the Senate and Health and Wellness Committee after amendments addressing the core functions for which reimbursement is required. Both the

House and Senate voted to approve the bill, and Governor Inslee signed the bill on May 11, 2015.

Center for Public Affairs Update:

The newly formed Center for Public Affairs at the Department of Health has chosen the Office of Immunization and Child Profile to pilot its first project. After working closely with OICP management and staff, it was determined that the pilot group would develop recommendations for the Executive Team to explore in an effort to increase compliance with school vaccine requirements. The workgroup has developed proposals, which have been shared with VAC members, and are currently getting feedback from stakeholders. These recommendations will be finalized in August, and the Executive Team will determine which recommendations are implemented. These proposals are strategies designed to increase immunization rates statewide, while OICP continues to work closely with other policy groups that are developing recommendations for addressing other key immunization issues, like exemptions. The core goal for all policy work in the department is to increase immunization coverage.

Pink Book Conference Registration Open:

The training, “Epidemiology and Prevention of Vaccine Preventable Diseases” (the “Pink Book” course) will be held at Hotel Murano in Tacoma, September 16 – 17, 2015. Registration is now open at www.CDC2day.eventbrite.com Early bird registration is open until July 15. Scholarships have been provided to nearly 80 local and tribal health professionals. There will be a pre-conference on September 15, including a provider training on HPV and making a strong recommendation to parents; vaccine management and quality assurance; STC (IIS vendor); and vaccine hesitancy.

Pertussis Communication Tools

Four communication tools about pertussis were distributed to local health jurisdictions in late June: A model internal staff email from Dr. Lofy, letters to parents of children at child care facilities and summer camps, and letters to summer camp directors. We also provided model social media posts regarding pertussis.

Vaccination During Pregnancy Online Provider Training

OICP has collaborated with WHIN (Washington Healthcare Improvement Network) to create a new online provider training, “Vaccinations During Pregnancy.” The online module will be live shortly, and we will use our distribution lists, newsletters and contacts with provider organizations to spread the word. This interactive training offers .5 CME and focuses on Tdap and flu vaccination, with data examples from this year’s pertussis outbreak that make the case for vaccinating during pregnancy. Other vaccines that can or cannot be given during pregnancy are also described.

Immunize Washington Update:

OICP participates in the Washington Health Plan Partnership, along with Health Care Authority, the Immunization Action Coalition of WA, and all the major health plans in our state (fact sheet attached). The Partnership focuses on quality improvement activities, specifically promoting health care provider use of the Washington Immunization Information System (WAIIS). Providers can use the WAIIS to generate reports and analyze their own immunization rates.

Earlier this year, the Partnership rolled out an exciting new program, Immunize WA, recognizing provider clinics that reached immunization rates of 70% or higher. 42 clinics received letters and window stickers acknowledging their achievements. Clinics were divided into Gold (80%+) or Silver (70-79%) level recognition for their child and/or adolescent immunization rates.

HPV Grant Update

Provider Training

The HPV Provider training, You Are the Key to HPV Cancer Prevention: Understanding the Burden of HPV Disease, the Importance of the HPV Vaccine Recommendation, and Communicating about HPV Vaccination, continues to prove popular. Over 449 people have completed the training as of July 1.

Reminder-Recall

We have contracted for mailing of r/r postcards to 11 – 18 year olds. Two versions will be sent: for parents of 11 – 12 year olds and parents of 13 – 18 year olds. 90,000 cards are expected to be mailed in the months of July, August and September.

Public Awareness Campaign

We have contracted with a media company to produce the public campaign. The digital, radio, video and social media messages will run August – September.

Stakeholder Group

We have requested permission from CDC to continue the stakeholder meetings for two quarters in 2016 due to the high level of participation and enthusiasm in the group.

Provider Feedback

Site visits with HPV focus are continuing.

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. This is about 40,000 more doses than pre-booked for 2014 – 2015. The increase is in anticipation of greater demand expected due to the change in the virus strains this year. We expect flu vaccine to start being available in late July or early August. However, FluMist will be delayed until September. We will provide 100% quadrivalent flu vaccine for the state Childhood Vaccine Program. The brands we'll supply this season include:

- Fluzone .25mL preservative free, syringe for children 6 – 35 months of age
- Fluzone MDV 5mL, for children 36 months through 18 years of age
- Fluzone .5mL preservative free, prioritized for use with pregnant adolescents
- FluMist, Nasal Spray for children 2 through 18 years of age

Nine Valent HPV Vaccine Update:

As of 7/8/15, we distributed over 36,000 doses of 9vHPV. 12,000 doses were distributed in May and 15,000 in June, 1,000 more doses than we distributed last year during May and June Washington's Childhood Vaccine Program made the new nine valent HPV vaccines (9vHPV) available well ahead of many states. LHJs and providers are doing an excellent job rolling out this new vaccine. We continue to work closely with LHJs and providers to manage the introduction of the vaccine responsibly, and minimizing vaccine waste.

Providers should order 9vHPV vaccine based on their EOQ ordering schedule. Providers may contact LHJs to ask for an off-schedule order exception. We are asking that providers build safety stock slowly. We are assuring adequate supply of 9vHPV vaccine, monitoring inventory and working closely with LHJs and providers to assure HPV vaccine availability. Providers should contact their LHJ to order 4vHPV vaccine. ACIP recommendations allow the use of 9vHPV vaccine for males 16 through 18 years of age. The Guidelines for the Use of State Supplied Vaccine support the ACIP recommendation.

Meningococcal B Vaccine:

In late June, the Advisory Committee on Immunization Practices (ACIP) expanded the recommendation for meningococcal B vaccination. Their vote allows the permissive vaccination of 16 through 18 year olds who are not at high risk for meningococcal disease. Previously, they recommended it only for children 10 through 18 years old at increased risk for meningococcal disease. When ACIP voted, they also passed Vaccines for Children Resolution. The resolution allows the use of VFC vaccine for 16 through 18 year olds who do not meet the high risk criteria.

The ACIP recommendation has not been published in the MMWR. We typically wait for the publication of the ACIP recommendation before we change guidelines for using vaccines for the Childhood Vaccine Program. We will work with the State Vaccine Advisory Committee on clinical guidance for meningococcal B vaccination. While we wait for the MMWR, we will work with LHJs and providers to help them meet the needs of their patients.

Combination DTaP/IPV Vaccine Update:

The vaccine is currently not available on the CDC contract at this time, and we cannot make it available until that time.



2014-15 School Year Immunization Data

Today's presentation

- Background
- Reporting statistics
- Trends in coverage
- Immunization exemptions
- Geography of immunization status
- Updated website

School Immunization Data

Data source

- Public and private school immunization reports
- Mandatory annual reporting for K, 6, and K-12 students
- Immunization status as of November 1st

Immunization status categories

- Complete: student meets all requirements for their age and grade
- Exempt: student has a signed Certificate of Exemption on file at the school excusing the student from one or more vaccinations due to medical, personal, or religious beliefs
- Conditional: student lacks appropriate documentation or is missing one or more of the required immunizations
- Out-of-compliance: conditional status has ended and the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation

Reporting process

- Schools collect and track student immunization status
 - Student Information Systems (SIS)
 - By hand
 - Lots of questions to DOH about immunization status
- Schools report immunization status to DOH
 - Through our Immunization Information System (IIS)
 - Electronic extract from SIS
 - On paper or scanned PDF
 - Lots of questions to DOH about how to report
- We clean and analyze the data
 - Report to CDC
 - Publish state numbers

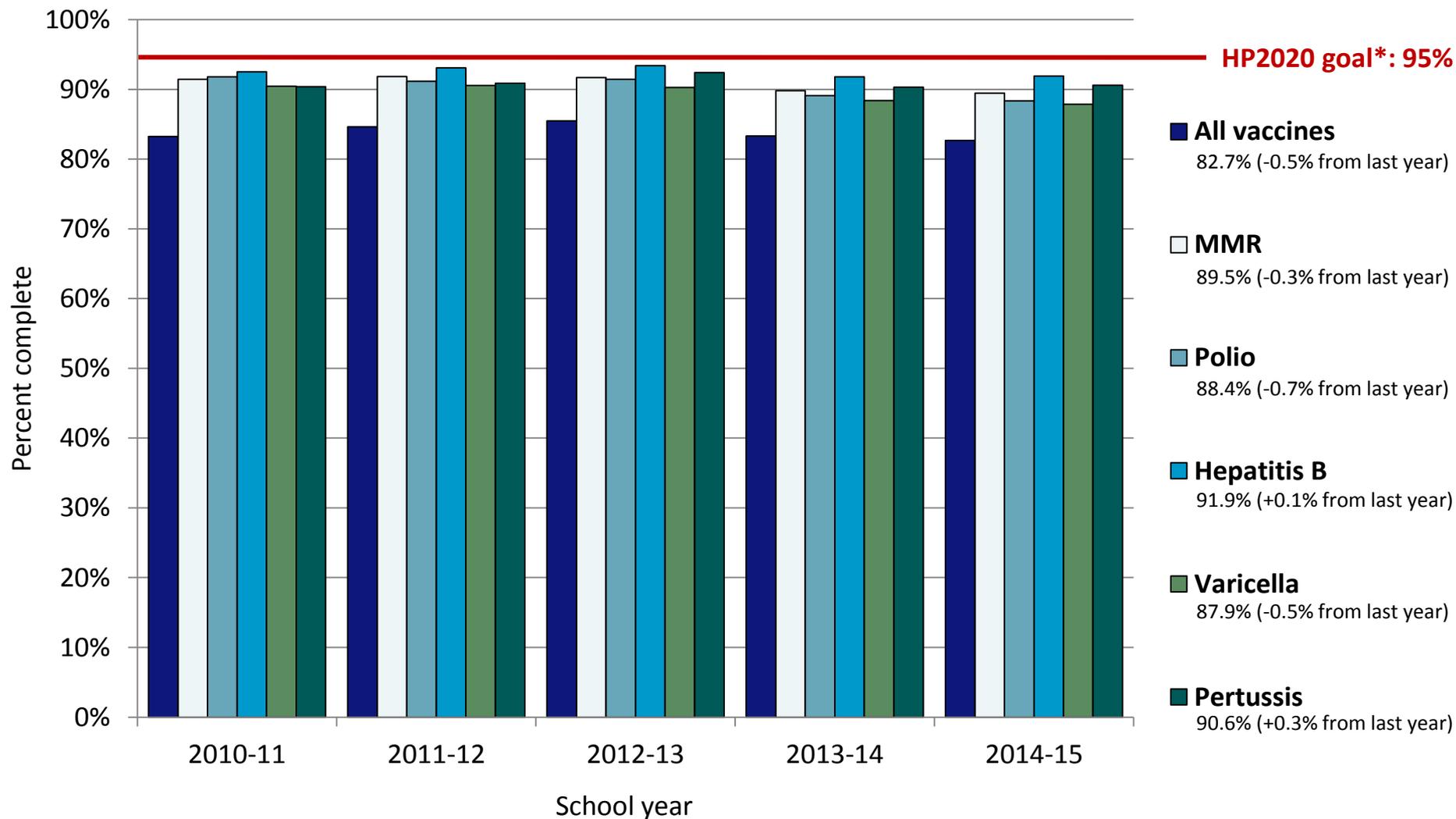
School reporting is improving but the number of kids who are fully immunized is decreasing.

School Year	Number of reports received	Non-reporting schools	# Kindergartners reported	% Kindergartners complete	% Kindergartners OOC
2011-2012	1,934	32% (N = 907)	75,870	85%	9%
2012-2013*	2,430	9% (N=249)	79,624	86%	8%
2013-2014*	2,327	12% (N=308)	83,495	83%	10%
2014-2015	2,440	7% (N=182)	85,754	83%	11%

*Data are weighted to account for schools that did not report.
Data source: WA DOH OICP school immunization data through 2014-2015.

Washington is well below the HP2020 goal of 95% immunization coverage

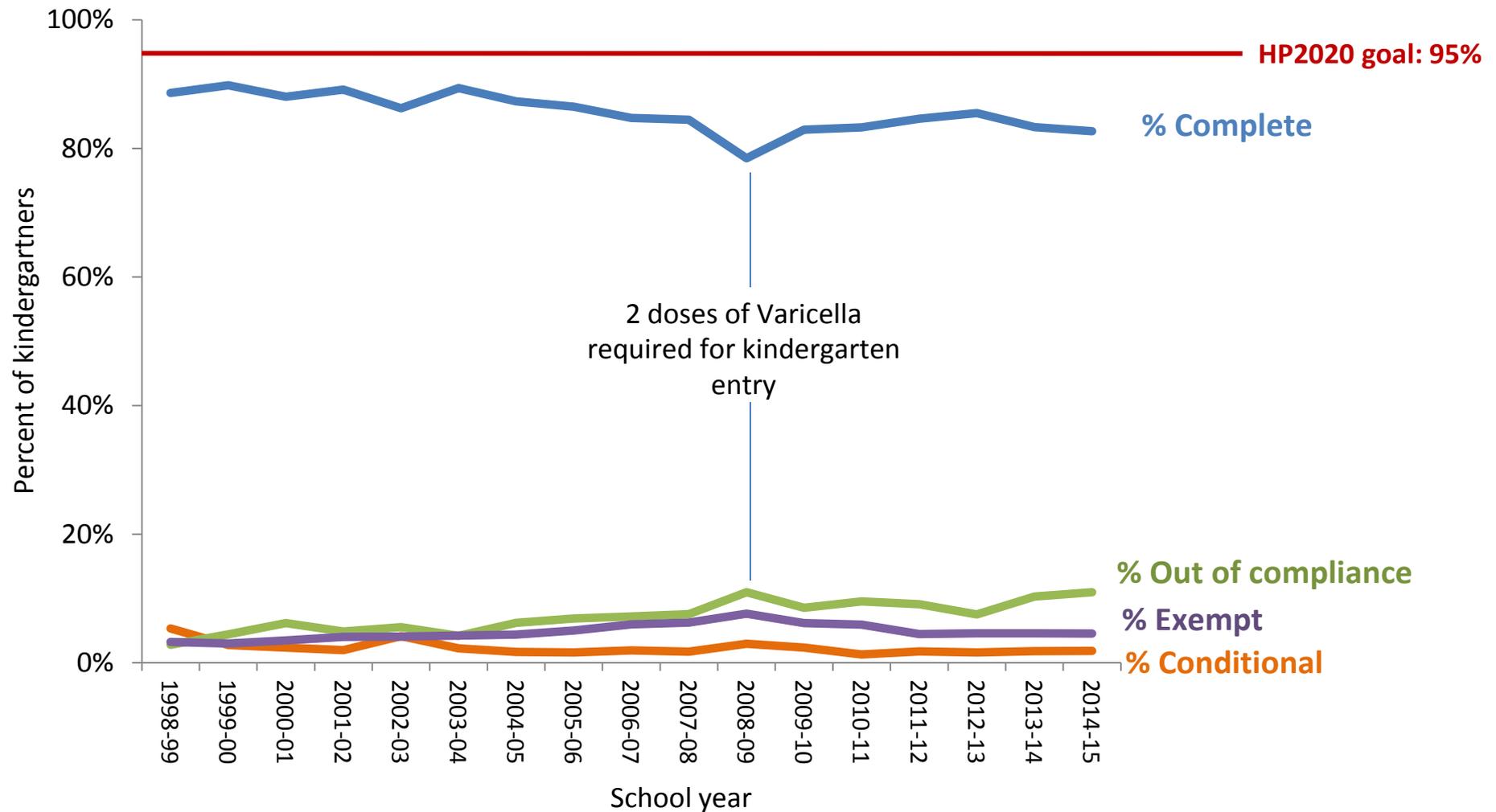
Completeness for each required vaccine is below 95%. No single vaccine is responsible for the decreases in coverage.



*HP2020: Healthy People 2020, ten-year state and national goal for kindergarten immunization completeness.

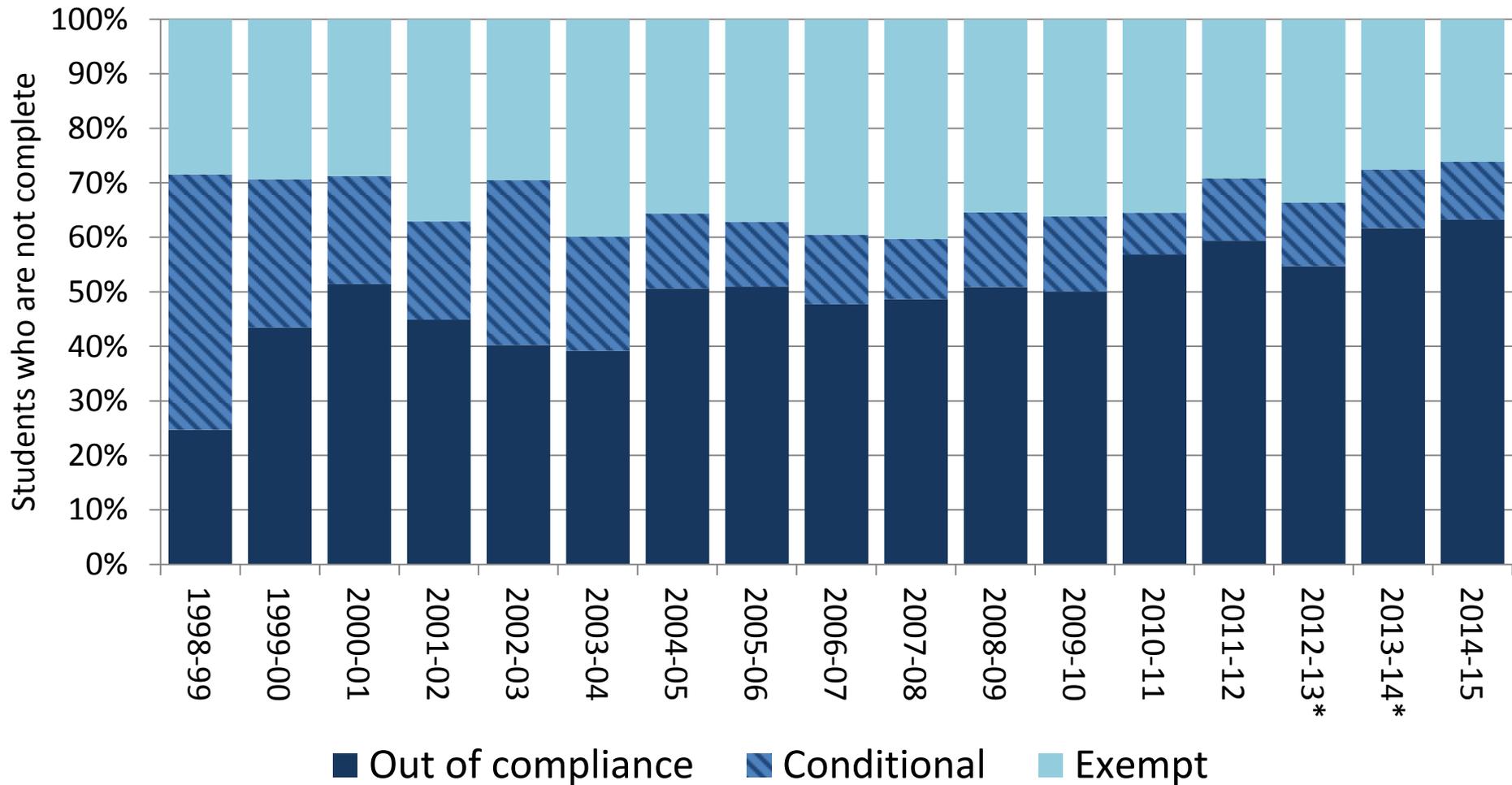
Immunization status of kindergarteners, 1998 - 2015

The percentage of kindergartners complete for required immunizations has dropped during each of the last two years. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.



*HP2020: Healthy People 2020, ten-year state and national goal for kindergarten immunization completeness.

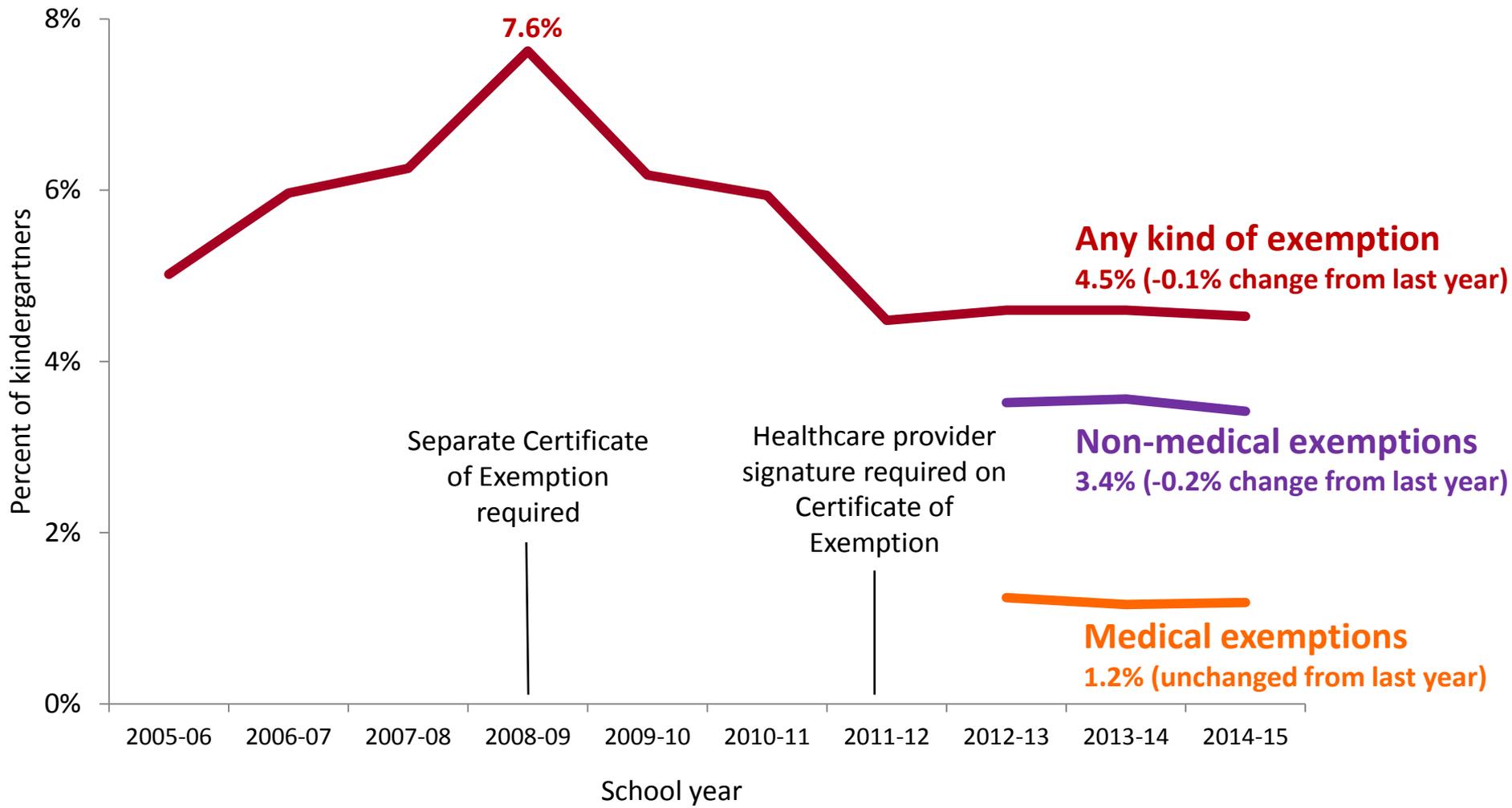
The percentage of kids who are incomplete due to out-of-compliance status is increasing.



**Data for schools year 2012-13 and 2013-14 were weighted to account for schools that did not report.
Data source: WA DOH OICP kindergarten immunization data, SY2014-2015.*

School immunization exemptions among kindergartners, 2005 - 2015

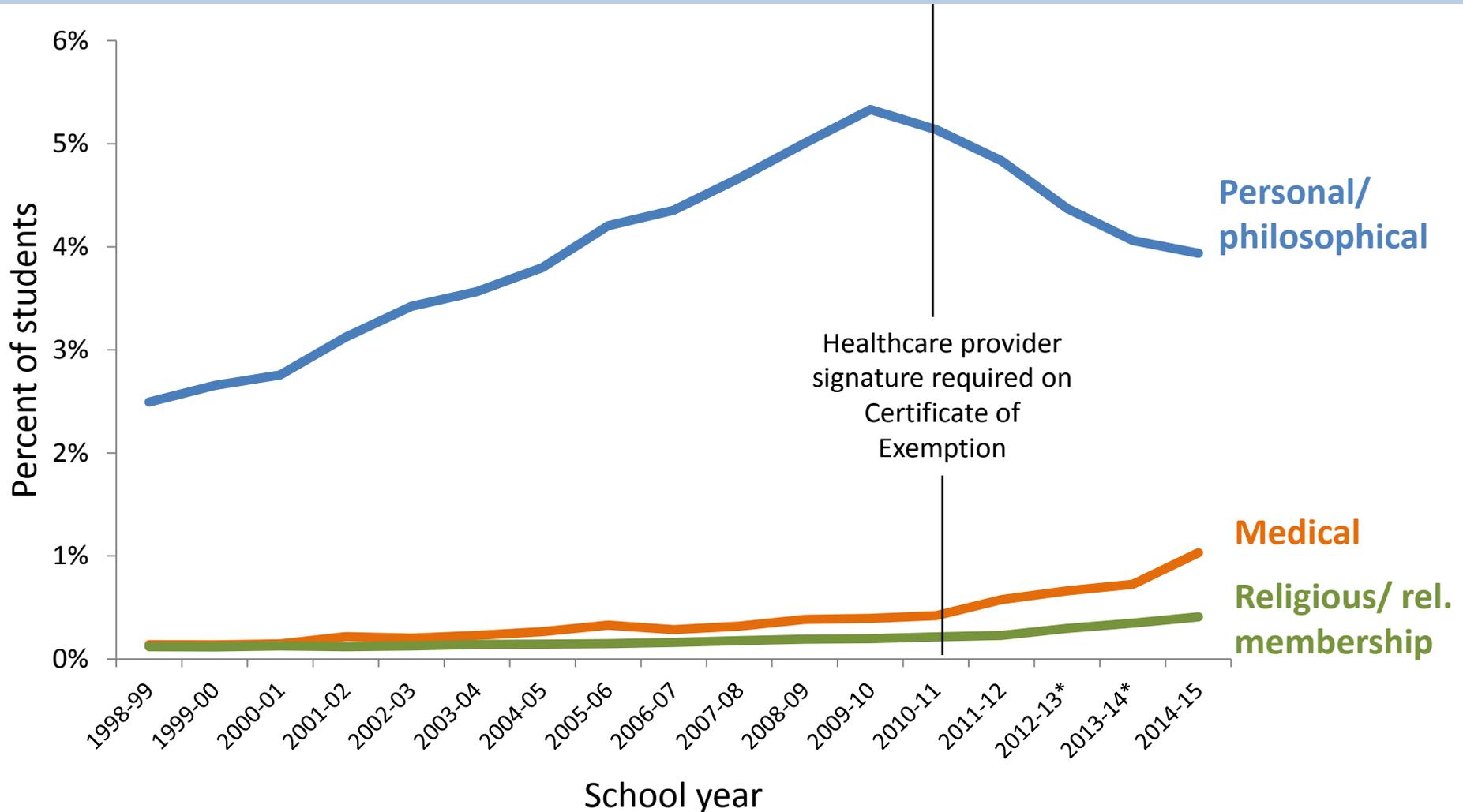
Exemption rates have remained stable over the last four school years. Washington State has one of the highest exemption rates in the country. While most exemptions are for personal and religious reasons, Washington's medical exemption rate is 6 times higher than the national average of 0.2%



Exemption type data were not collected for kindergartners prior to 2012-13.
*Data for schools year 2012-13 and 2013-14 were weighted to account for schools that did not report.

Trends in exemptions by type among all students, grades K-12, 1998 - 2015

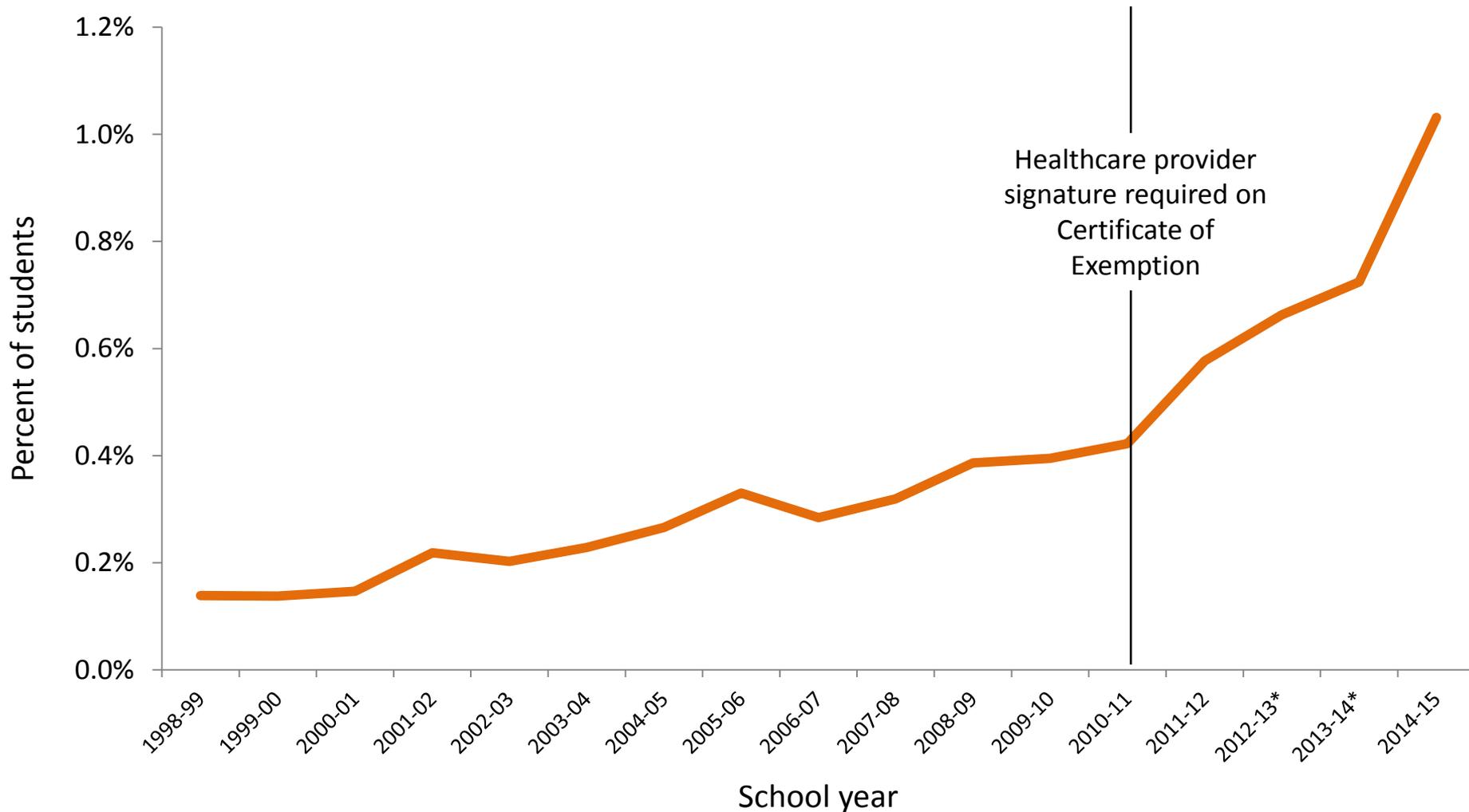
After the 2011 changes to exemption law and the exemption form, personal exemptions decreased. Despite this, Washington State's exemption rates are higher than the national average. Religious and religious membership exemptions are stable. Medical exemptions have increased.



*Data for schools year 2012-13 and 2013-14 were weighted to account for schools that did not report.

Medical exemptions among all students, grades K-12, 1998 - 2015

Medical exemptions are increasing in Washington. While most exemptions are for personal and religious reasons, our state medical exemption rate in kindergartners is 6 times higher than the national average of 0.2%. The rate for all students increased to 1.0% in 2014-15. Medical exemptions should be stable over time.



*Data for schools year 2012-13 and 2013-14 were weighted to account for schools that did not report.

Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements¹



DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').² Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name: [Redacted] First Name: [Redacted] Middle Initial: [Redacted] Birthdate (mm/dd/yyyy): [Redacted] Sex: [Redacted] Parent/Guardian Name (please print): [Redacted]

Parent/Guardian, please choose the exemption(s) that apply to your child below.

Temporary Medical Exemption *Has been up to date on DTaP rounds. all listed* **Personal/Philosophical Exemption (see Box 1)**

Permanent Medical Exemption *Until 2025* **Religious Exemption (see Box 1)**

Religious Membership Exemption (see Box 2)

I do not want my child to get the following vaccine(s):

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> Rubella
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

Other (indicate):

Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP): [Redacted]

X [Redacted] 2.15
Signature of Licensed Health Care Provider Date

Box 1

Provider Statement²: "I, [Redacted], MD, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."

X [Redacted]
Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

X 6.2.15
Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."

X
Name of Church or Religious Body

X
Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over."

X [Redacted]
Signature of Parent or Guardian

X
Date

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

¹ RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

² A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

Certificate of Exemption

SIDE A:
For Religious, Personal,
Philosophical, and Medical
Exemptions¹

FOR OFFICE USE ONLY CHILD'S LAST NAME

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

- Step 1: Fill in your child's information in Boxes 1-4
- Step 2: Read the Parent/Guardian Declaration
- Step 3: Provide your initials where indicated
- Step 4: Print your name, sign, and date in Boxes 5-6
- Step 5: Have a provider complete Part 2 of this form

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

- Male
 Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is

In order for this form to be valid, please:

- Step 1: Mark which disease(s) and what type of exemption is requested. If medical write a T for Temporary or P for Permanent.
- Step 2: Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3: Read the Provider Declaration
- Step 4: Print your name, credentials, sign, and date in Boxes 7-8

Vaccine	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

**A provider may grant a medical exemption only if there is a medical contraindication to a vaccine.

Provider Declaration

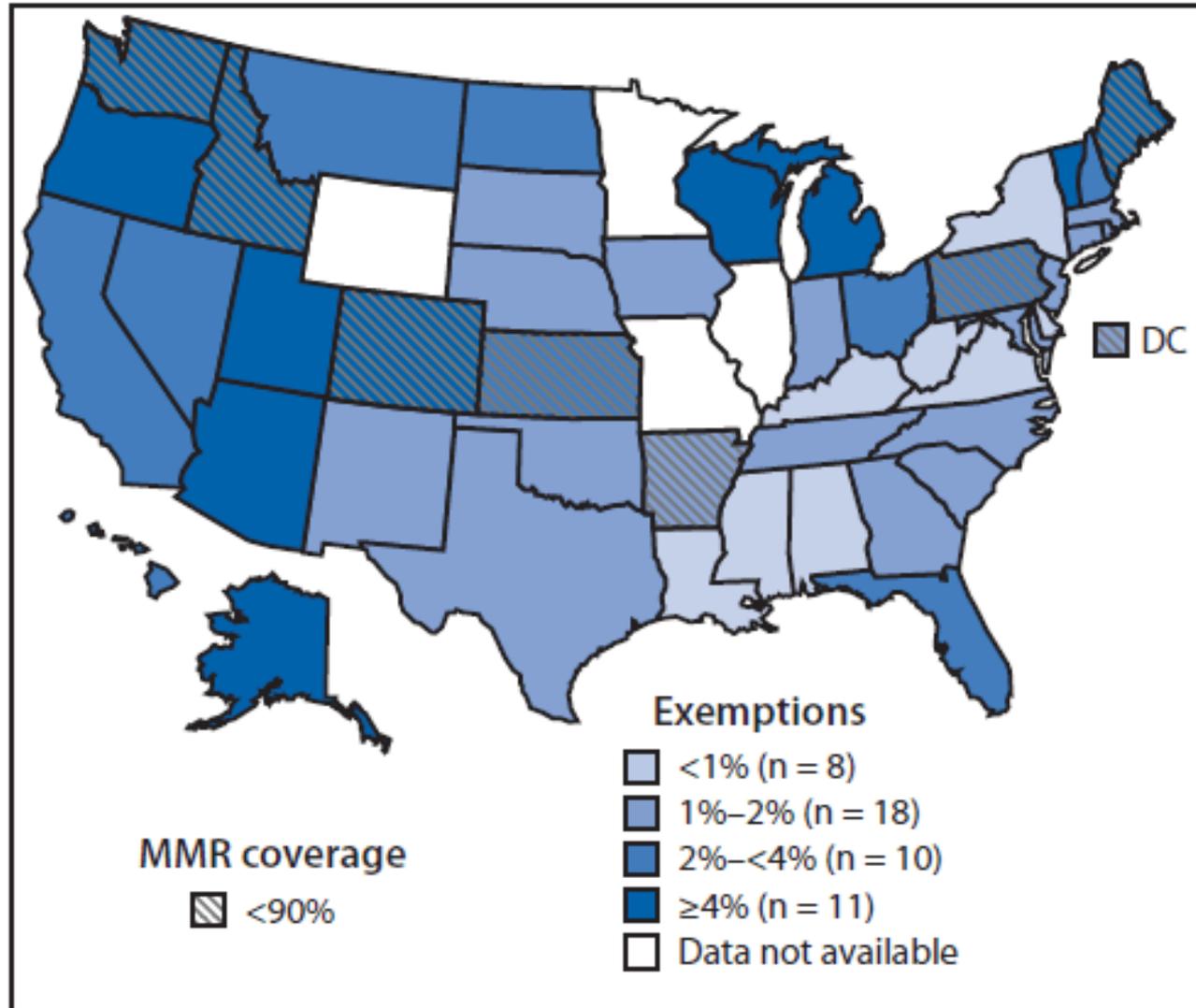
I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA

FIRST NAME

Geography of kindergarten immunization status

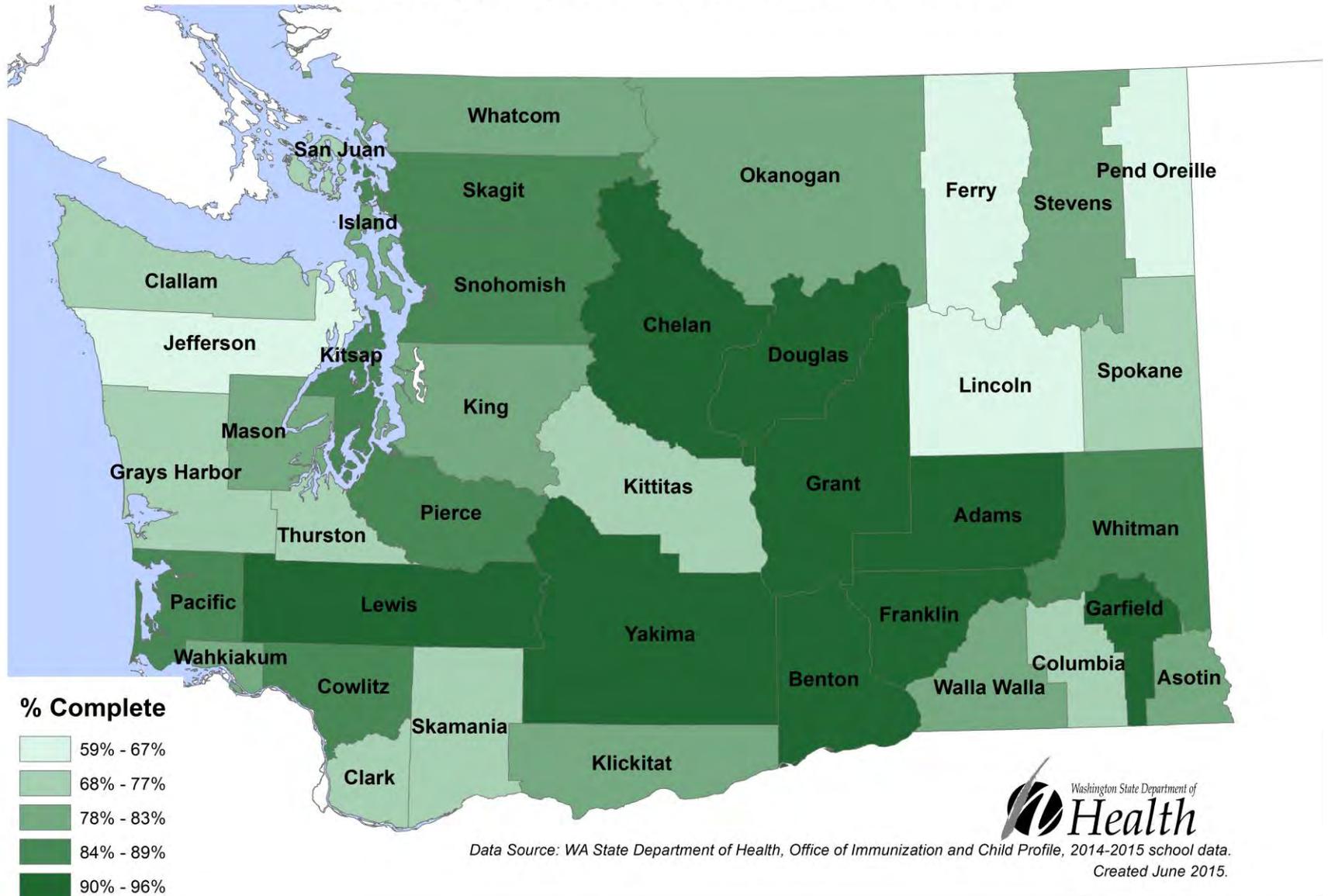
Washington State has low MMR coverage and a high exemption rate compared to other states.



Estimated percentage of children enrolled in kindergarten who have been exempted from receiving one or more vaccines and with <90% coverage with 2 doses of measles, mumps, and rubella (MMR) vaccine — United States, 2013–14 school year

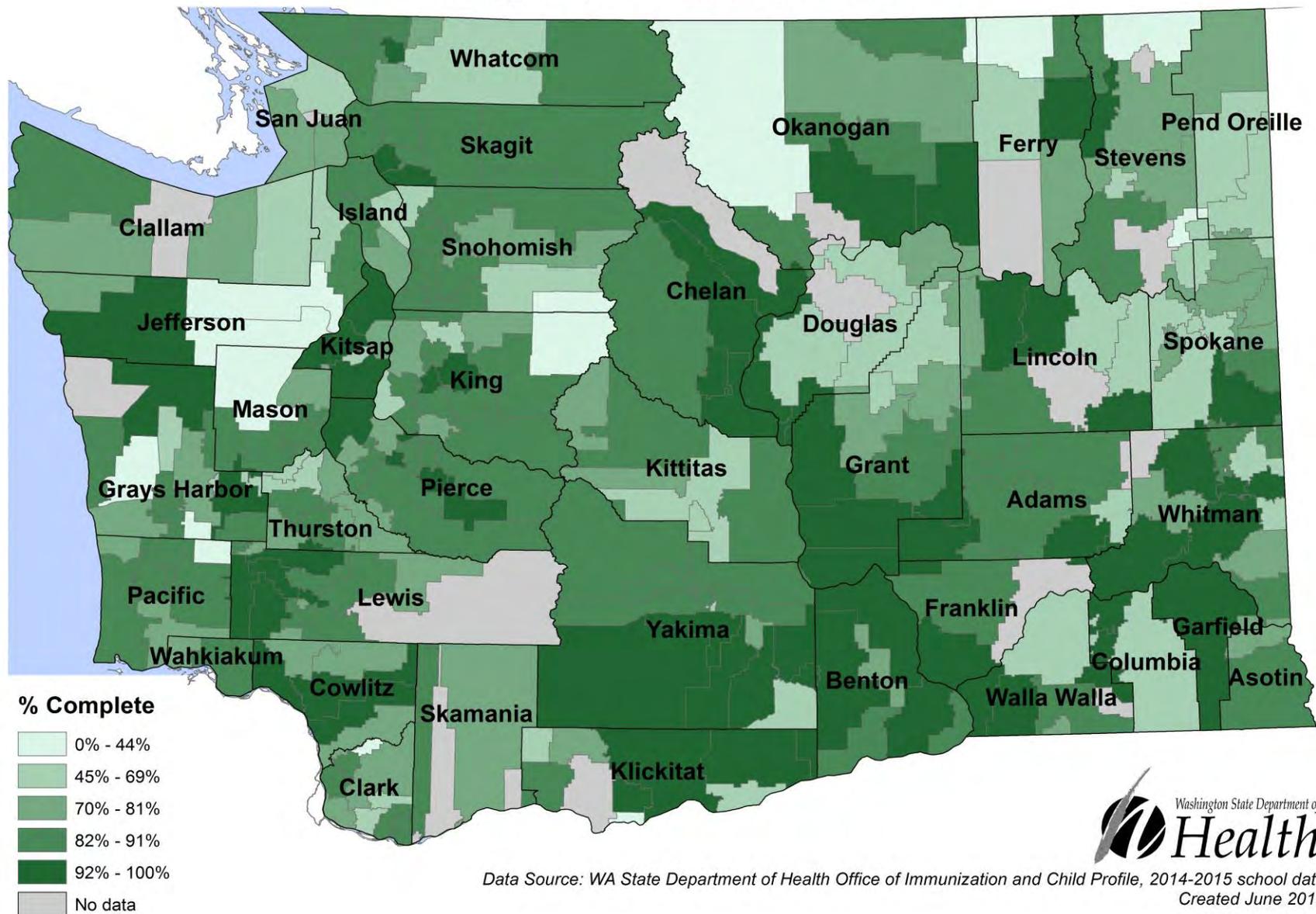
Source: Centers for Disease Control and Prevention (CDC). Vaccination Coverage Among Children in Kindergarten — United States, 2013–14 School Year. *MMWR Morb Mortal Wkly Rep.* 2014;63(41):913-920.

Kindergartners complete for required immunizations by county Washington, school year 2014-2015



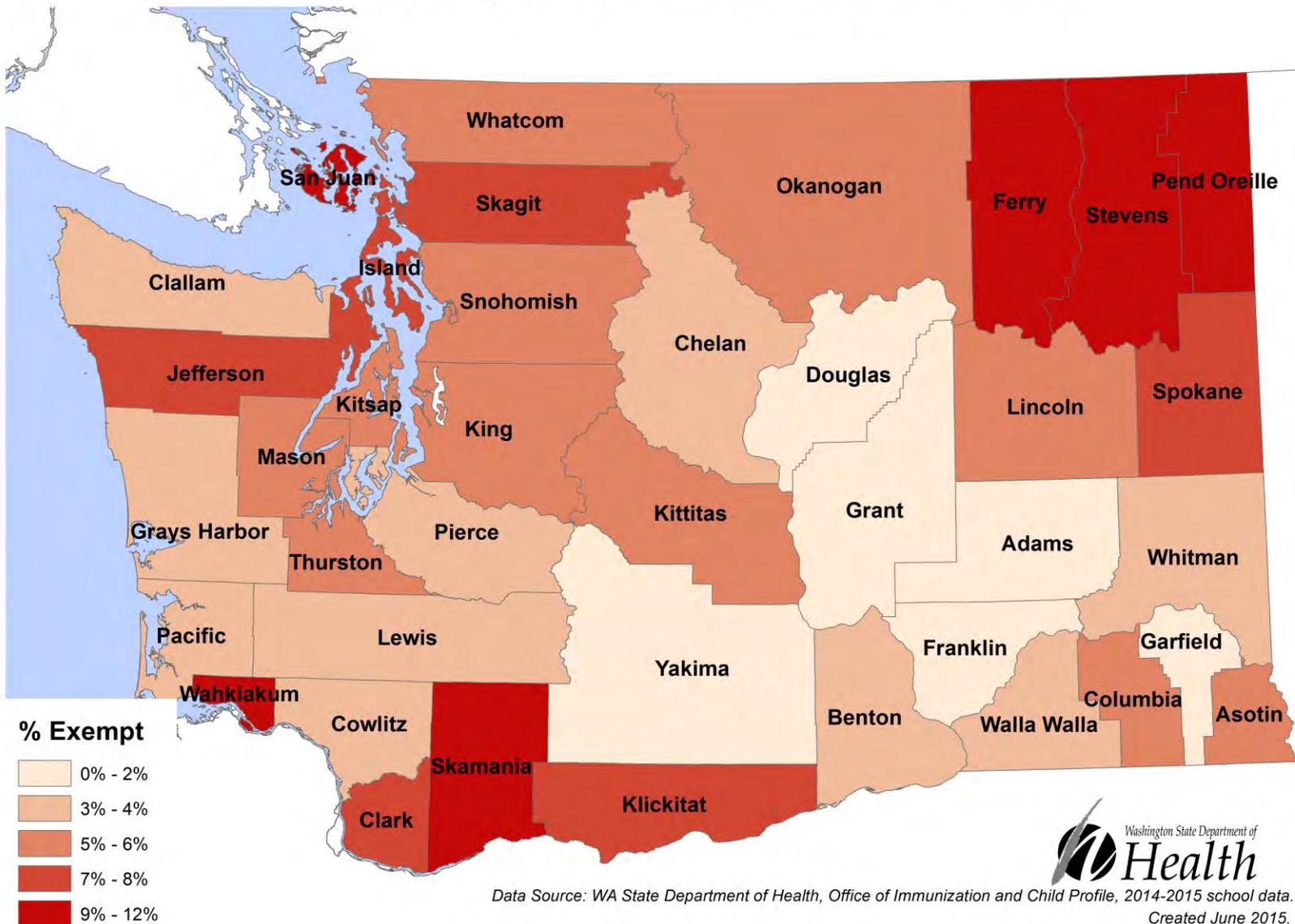
Data Source: WA State Department of Health, Office of Immunization and Child Profile, 2014-2015 school data.
Created June 2015.

Kindergartners complete for required immunizations by school district Washington, School Year 2014-2015



Data Source: WA State Department of Health Office of Immunization and Child Profile, 2014-2015 school data.
Created June 2015.

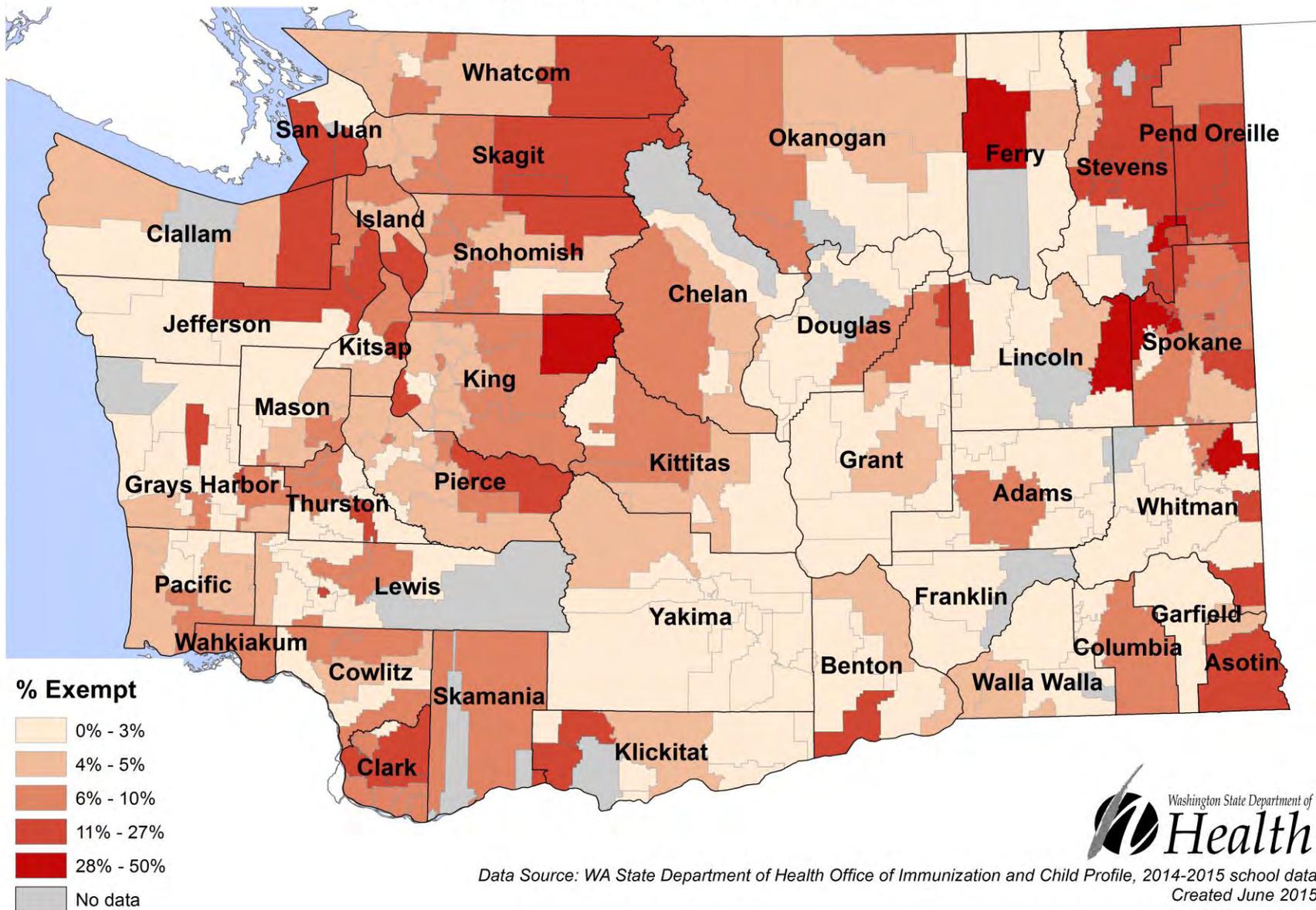
Kindergartners with school immunization exemptions by county Washington, school year 2014-2015



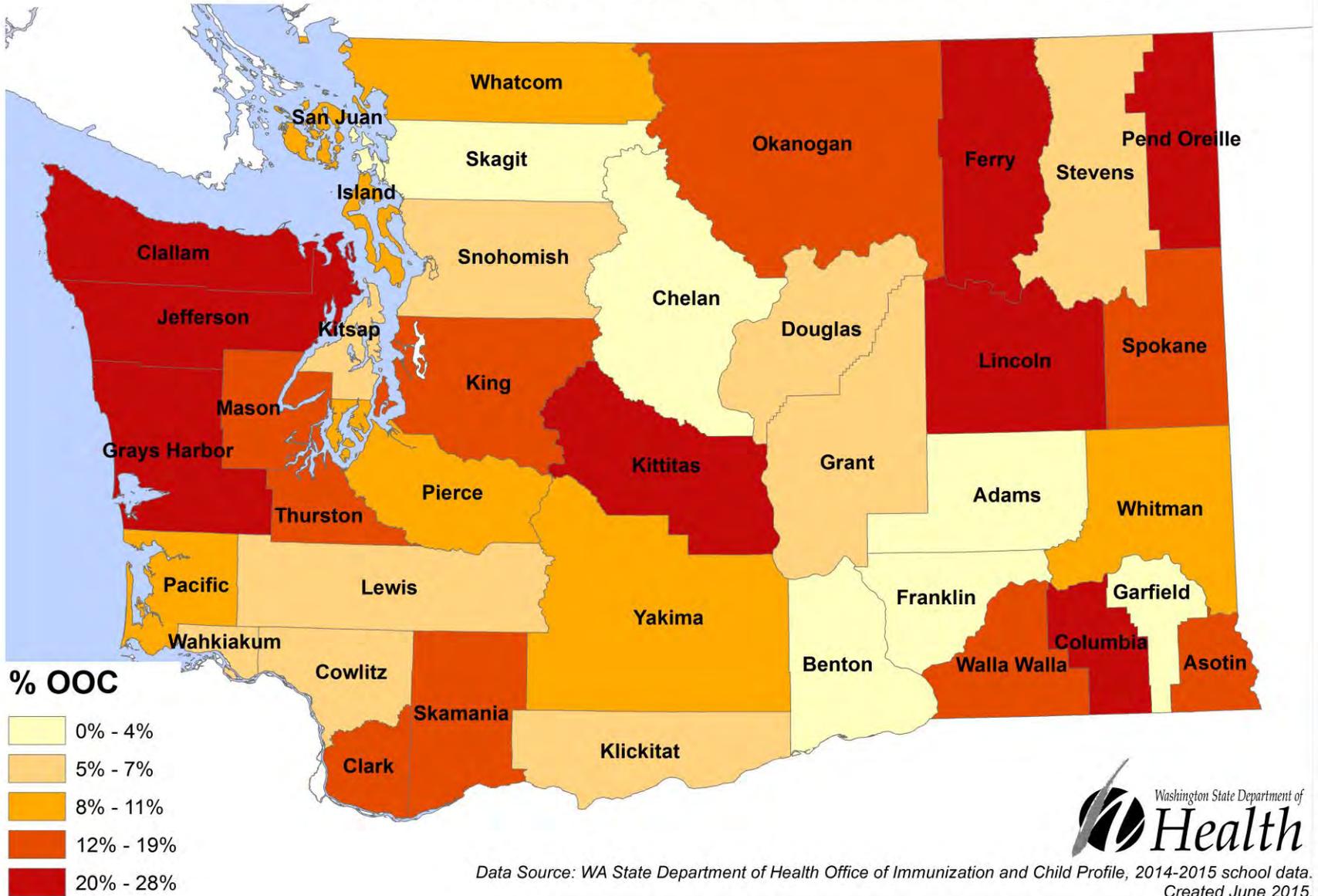
Data Source: WA State Department of Health, Office of Immunization and Child Profile, 2014-2015 school data.
Created June 2015.



Kindergartners with school immunization exemptions by school district Washington, School Year 2014-2015

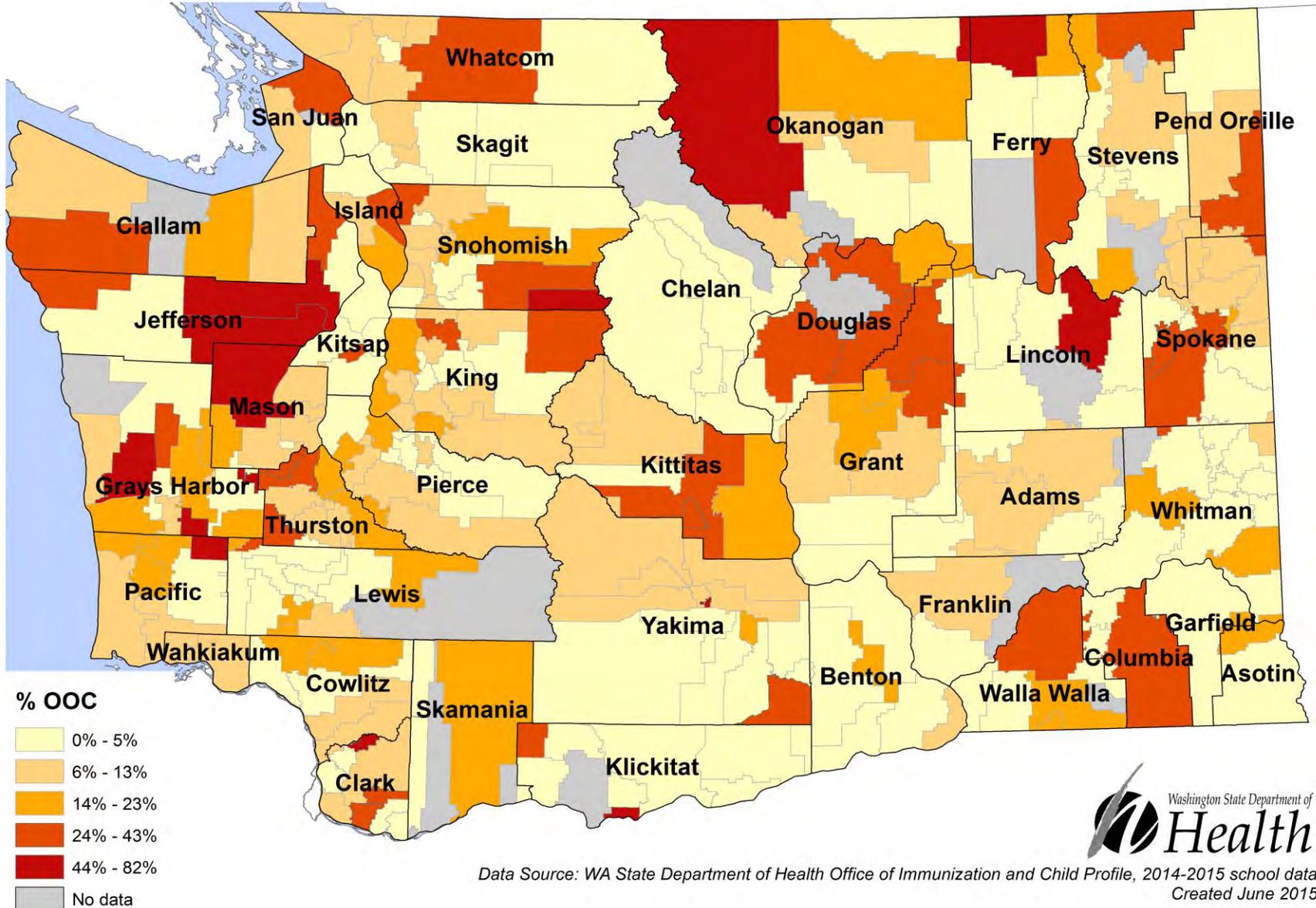


Kindergartners who are out-of-compliance (OOC) with school immunization requirements by county, Washington, School Year 2014-2015



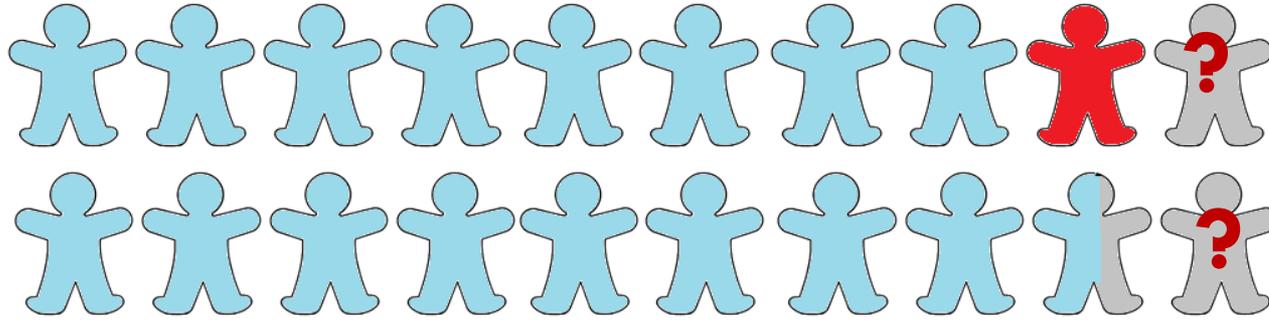
Data Source: WA State Department of Health Office of Immunization and Child Profile, 2014-2015 school data.
Created June 2015.

Kindergartners who are out-of-compliance (OOC) with school immunization requirements by school district, Washington, School Year 2014-2015

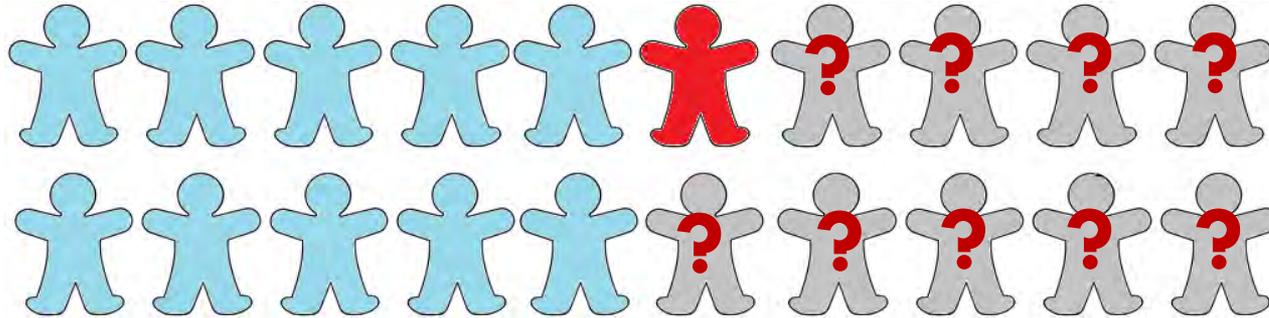


Data Source: WA State Department of Health Office of Immunization and Child Profile, 2014-2015 school data.
Created June 2015.

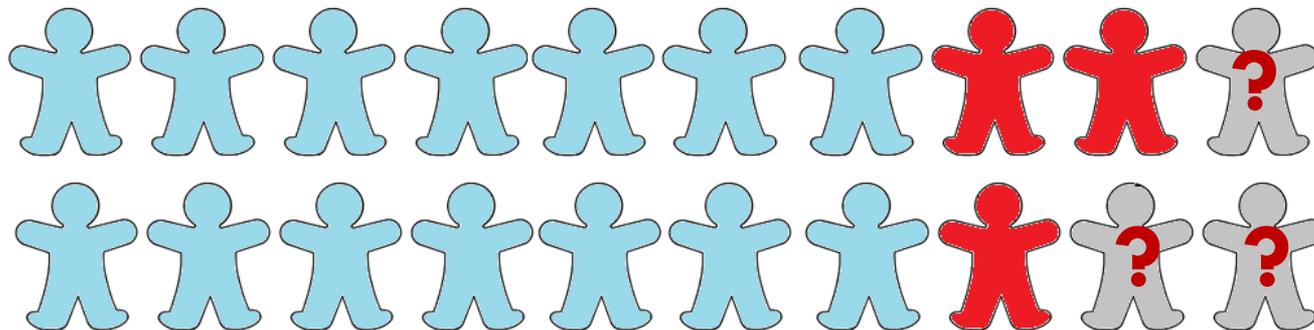
Kindergarten immunization rates vary by school district.



Typical WA school district



WA school districts with highest OOC



WA school districts with highest exemptions

Take home messages

- Reported immunization coverage has decreased
- Exemption rate is stable but medical exemptions are increasing
- Percent of kids out of compliance is increasing
- There are pockets of under-immunized kids in our state that are vulnerable to disease

For more information, please contact oi cpschools@doh.wa.gov or call 360-236-3527.

Updated webpages

<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports>



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School Immunization Reports

Graphs of School Immunization Trend

- [School year 2014-2015 graphs \(PDF\)](#) June 2015
- [School year 2013-2014 graphs \(PDF\)](#) June 2015

Maps of School Immunization Data

- [School year 2014-2015 maps \(PDF\)](#) June 2015
- [School year 2013-2014 maps \(PDF\)](#) June 2015

Interactive Map of School Immunization Data

- Coming Soon!

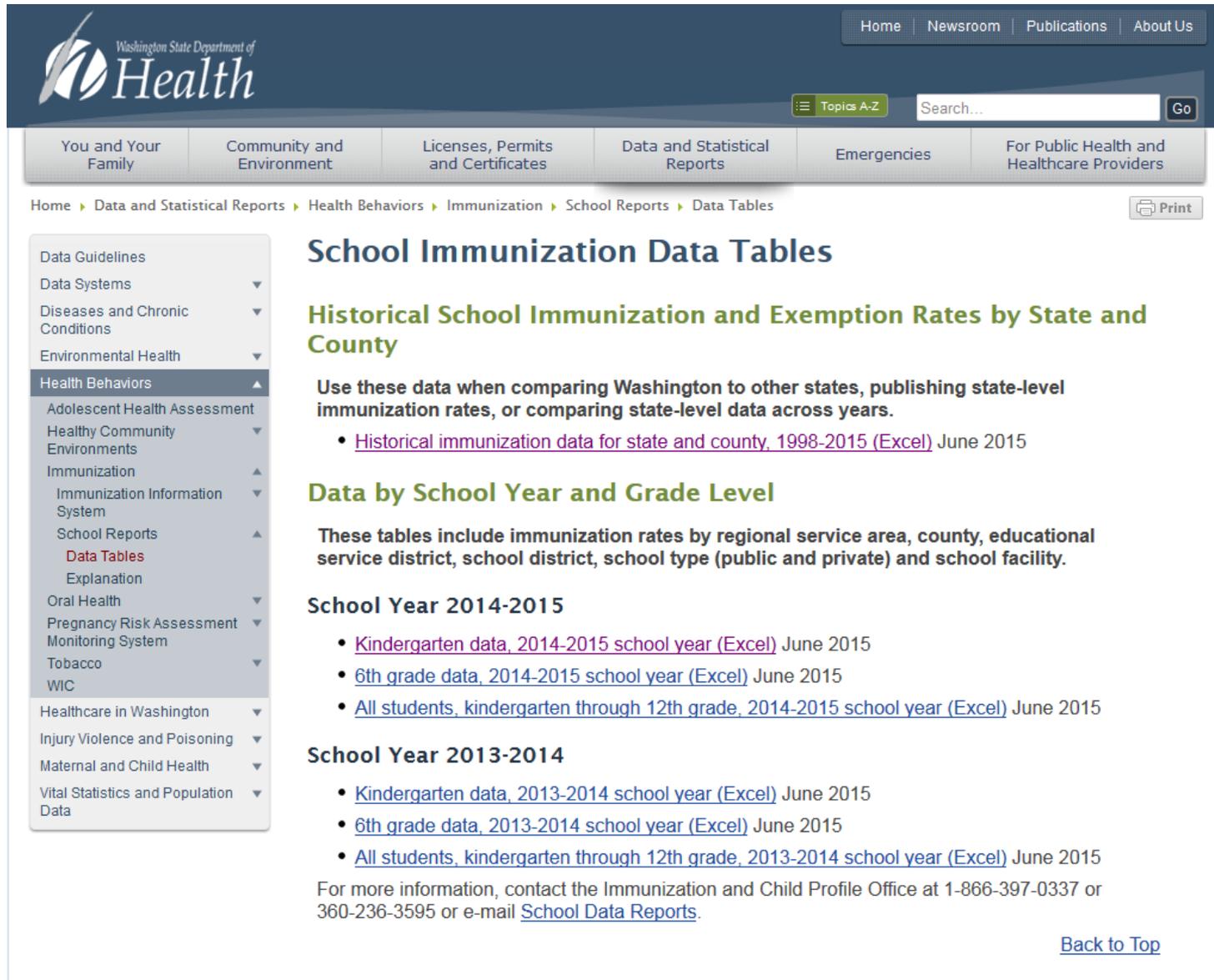
For more information, contact the Office of Immunization and Child Profile at 1-866-397-0337 or 360-236-3595 or email [School Data Reports](#).

[Get School Immunization Data Tables](#)

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Available Data Tables

- Data for kindergartners, 6th graders, and all students in K – 12
 - State
 - County
 - Public/private schools
 - Educational Service District
 - District
 - School
- Historical immunization data by state and county



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School Immunization Data Tables

Historical School Immunization and Exemption Rates by State and County

Use these data when comparing Washington to other states, publishing state-level immunization rates, or comparing state-level data across years.

- [Historical immunization data for state and county, 1998-2015 \(Excel\)](#) June 2015

Data by School Year and Grade Level

These tables include immunization rates by regional service area, county, educational service district, school district, school type (public and private) and school facility.

School Year 2014-2015

- [Kindergarten data, 2014-2015 school year \(Excel\)](#) June 2015
- [6th grade data, 2014-2015 school year \(Excel\)](#) June 2015
- [All students, kindergarten through 12th grade, 2014-2015 school year \(Excel\)](#) June 2015

School Year 2013-2014

- [Kindergarten data, 2013-2014 school year \(Excel\)](#) June 2015
- [6th grade data, 2013-2014 school year \(Excel\)](#) June 2015
- [All students, kindergarten through 12th grade, 2013-2014 school year \(Excel\)](#) June 2015

For more information, contact the Immunization and Child Profile Office at 1-866-397-0337 or 360-236-3595 or e-mail [School Data Reports](#).

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**Washington State
Childhood Vaccine Program
Vaccine Update**

**Vaccine Advisory Committee
July 20, 2015**

**Jan Hicks-Thomson, MSW, MPA
Vaccine Section Manager
Washington State Department of Health**

Vaccines for Adults

- Outbreak response:
 - 40,000 doses of Tdap vaccine
 - 10,000 doses of MMR vaccine
- Vaccine for uninsured / underinsured adults:
 - 3,200 doses of PCV13 (Pevnar 13)
 - 6,500 doses of shingles vaccine (Zostavax)
- Work with LHJs and tribal clinics to distribute

9vHPV Vaccine Update

- Started well ahead of other states
- >36,000 doses distributed May – June
 - 1,000 more doses than 4vHPV 2014

Meningococcal B Vaccine

- June – ACIP vote expanded recommendation
 - May be given to persons 16-23 years of age
 - Short-term protection against most strains of Meningococcal B disease.
 - The preferred age for vaccination is 16 through 18 years of age (Category B)

Meningococcal B Vaccine

- VFC Resolution updated:
 - “...to allow individual clinical decision-making regarding the use of Serogroup B Meningococcal vaccines in children aged 16-18 years.”
 - Children aged 16 through 18 years without high risk conditions may also be vaccinated

Meningococcal B Vaccine

- Washington implementation
- ACIP not yet published
- Working with LHJs and providers to order as needed
 - Received and filled some orders
- Would like VAC input on clinical guidance for providers on permissive use

Meningococcal B Vaccines at a Glance

Characteristic	Bexsero	Trumenba
Manufacturer	Novartis Vaccines	Wyeth Pharmaceuticals
CPT / CVX Codes	90620 / 163	90621 / 162
Age indication	10 through 25 years	10 through 25 years
ACIP – Eligibility	<ul style="list-style-type: none"> • High risk • Permissive - 	<ul style="list-style-type: none"> • High risk • Permissive -
Schedule	Two doses, at least one month apart (0 and 1 – 6 month schedule)	Three doses (0,2, and 6 month schedule)
Storage	Store refrigerated, at 36°F to 46°F (2°C to 8°C).	Store refrigerated, at 36°F to 46°F (2°C to 8°C).

Childhood Flu Vaccine Supply

- 100% quadrivalent vaccine
- >710,000 doses pre-booked
- > 40,000 more than last year
- Initial deliveries – Late July / early August
- FluMist delayed until September

Childhood Flu Vaccine Supply

Vaccine Type	2014- 2015 Pre-book	2015- 2016 Pre-book	Change
0.25 mL PF	208,400	206,000	(2,200)
5.0 mL Multi Dose	202,000	236,150	34,150
.5mL Single Dose	9,000	6,000	(3,000)
Nasal Spray	250,600	262,480	11,880
Grand Totals	670,000	710,630	40,630

Childhood Flu Vaccine Supply

- Fluzone .25mL preservative free
 - children 6 – 35 months of age
- Fluzone MDV 5mL
 - 36 months through 18 years of age
- Fluzone .5mL preservative free
 - prioritized for pregnant adolescents
- FluMist, Nasal Spray
 - 2 through 18 years of age

Tweens Need Vaccines



HPV Vaccine is Cancer Prevention



VPD Surveillance Update Vaccine Advisory Committee July 20, 2015

Office of Communicable Disease Epidemiology

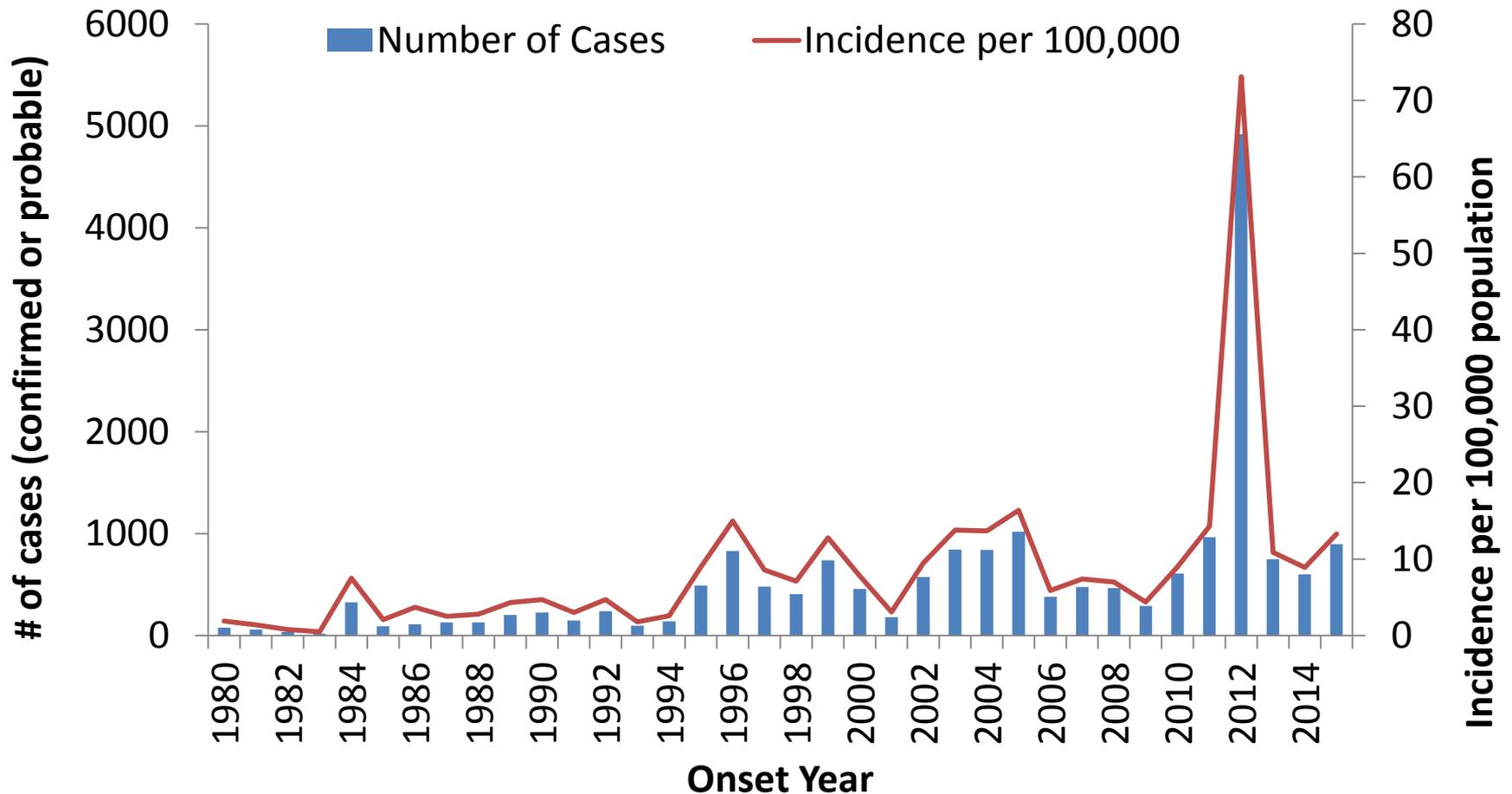
PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



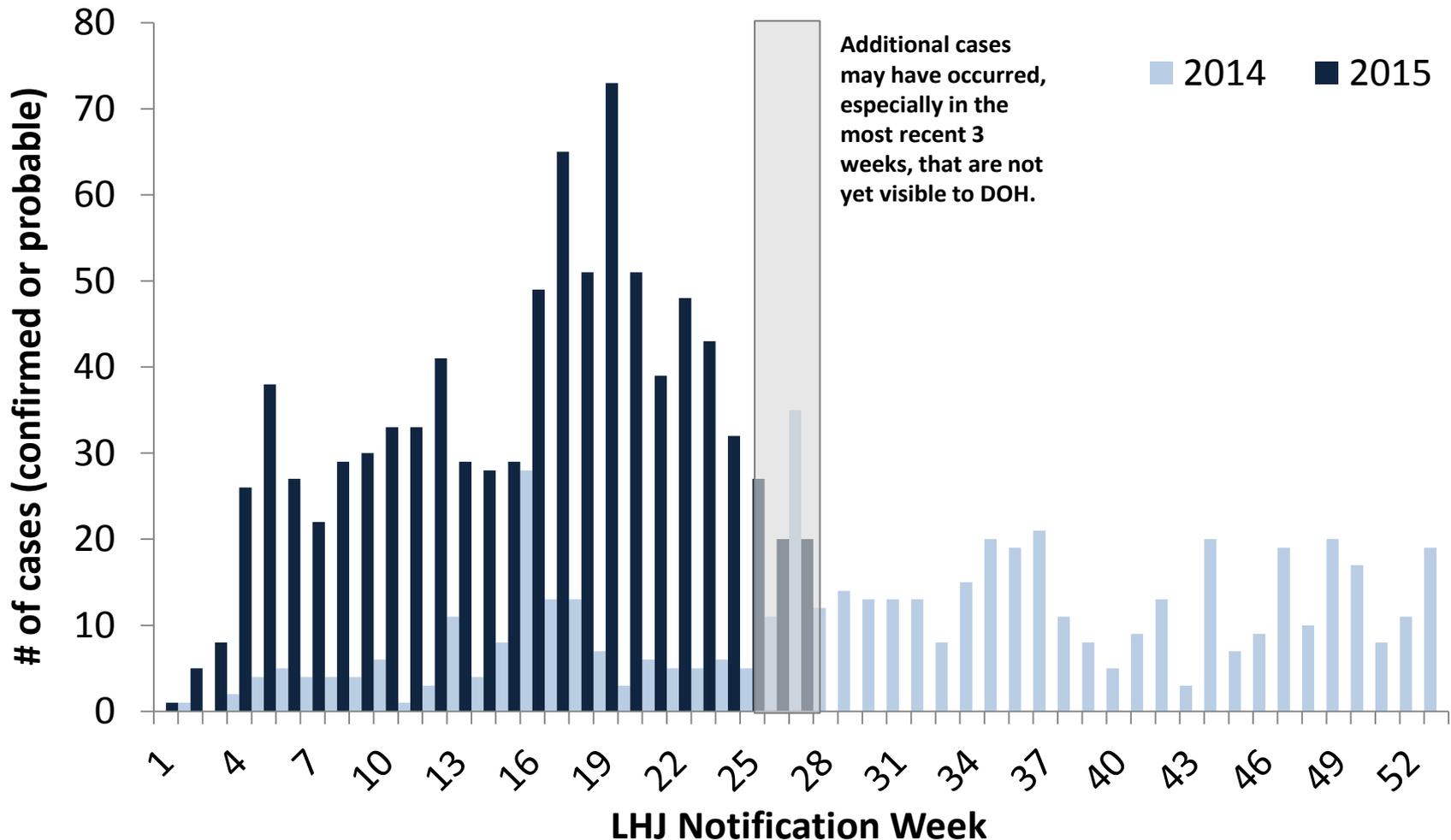
Outline

- **Epidemiology Update**
 - Current pertussis surveillance trends
 - Tdap in pregnancy recommendations since licensure
 - Changes in proportion of WA pertussis cases in infants
 - Maternal Tdap status and infant pertussis cases
- **Tdap in Pregnancy pilot study (WA 2013-15)**

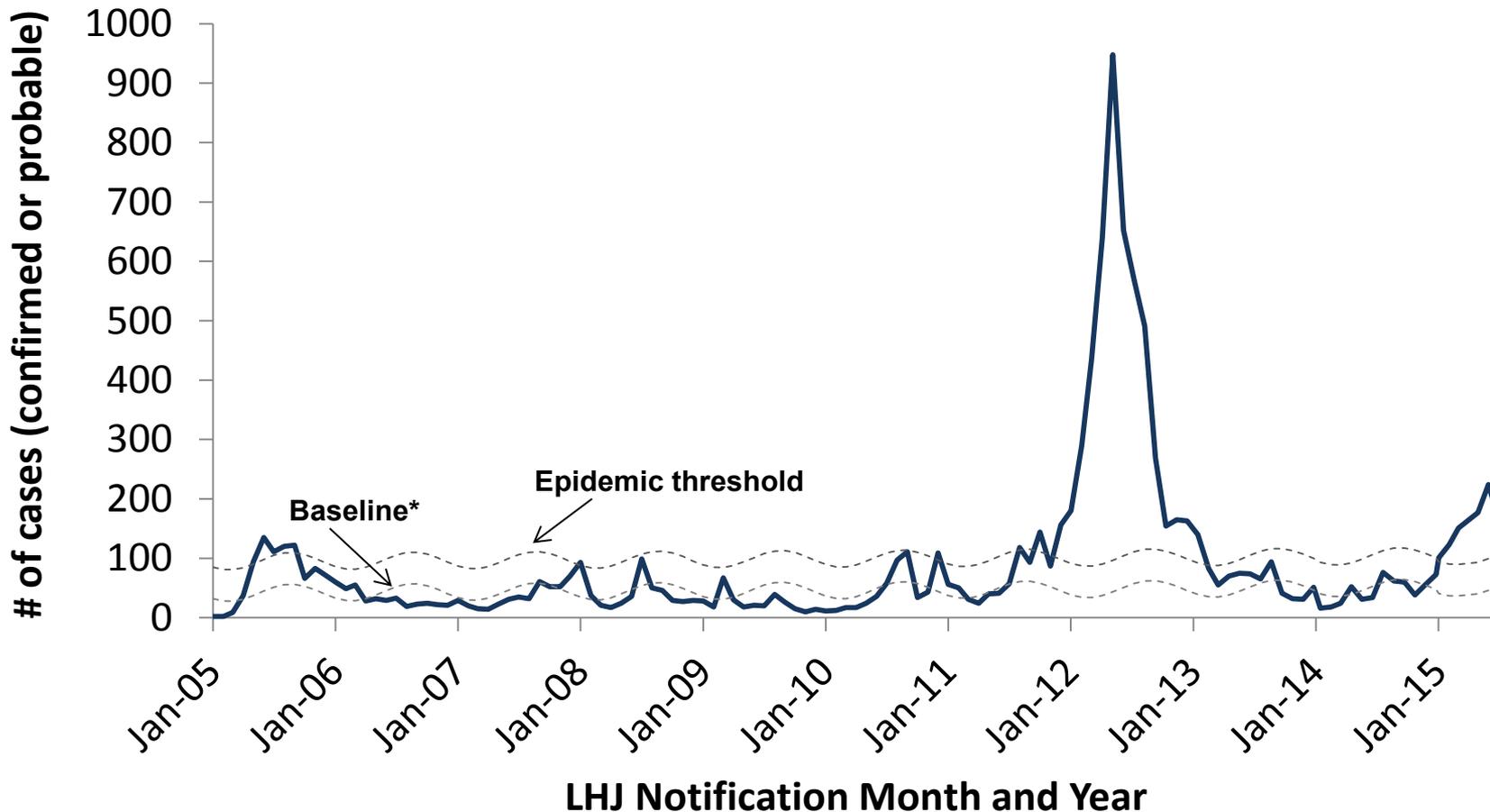
Reported Pertussis Cases, WA State 1980 – 2014 and 2015 YTD (7/11, week 27)



Pertussis Cases by Notification Week 2014 versus 2015 YTD (week 27)



Pertussis Cases by Notification Month 2005–2014 and 2015 YTD (through June)



**Monthly data values from the epidemic period were not used to project baseline and epidemic threshold*

Severity of Pertussis Cases 2015 YTD

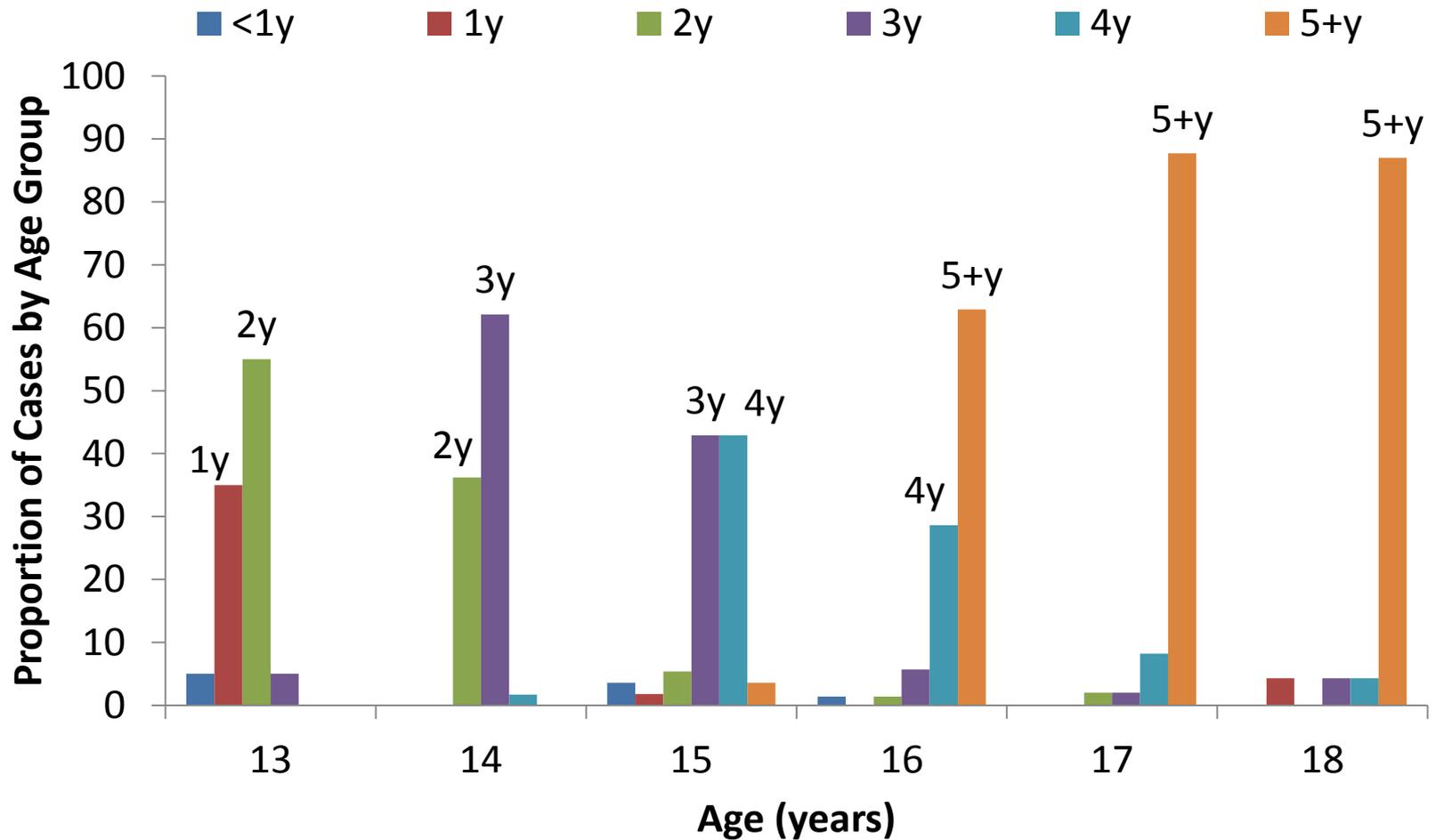
- 21 cases hospitalized
 - 11 (52%) hospitalizations in infants <1 year old
 - 8 (73%) hospitalizations in infants <4 mos old
 - 5 (24%) required ICU admission
- 17 cases diagnosed with pneumonia
 - 3 in infants <1 year old
- No deaths

Vaccination Status of Cases 2015 YTD

Age Group	Total Number of Cases	Cases with Valid Vaccination History		Up-to-date (UTD)	
		n	%	n	%
UTD for age per ACIP					
3m-10 y	298	290	97%	175	60%
11-12 y	73	69	95%	56	81%
Receipt of Tdap					
13-14 y	123	121	98%	98	81%
15-18 y	253	240	95%	197	82%

Note: Surveillance case report vaccination information is “self-reported”

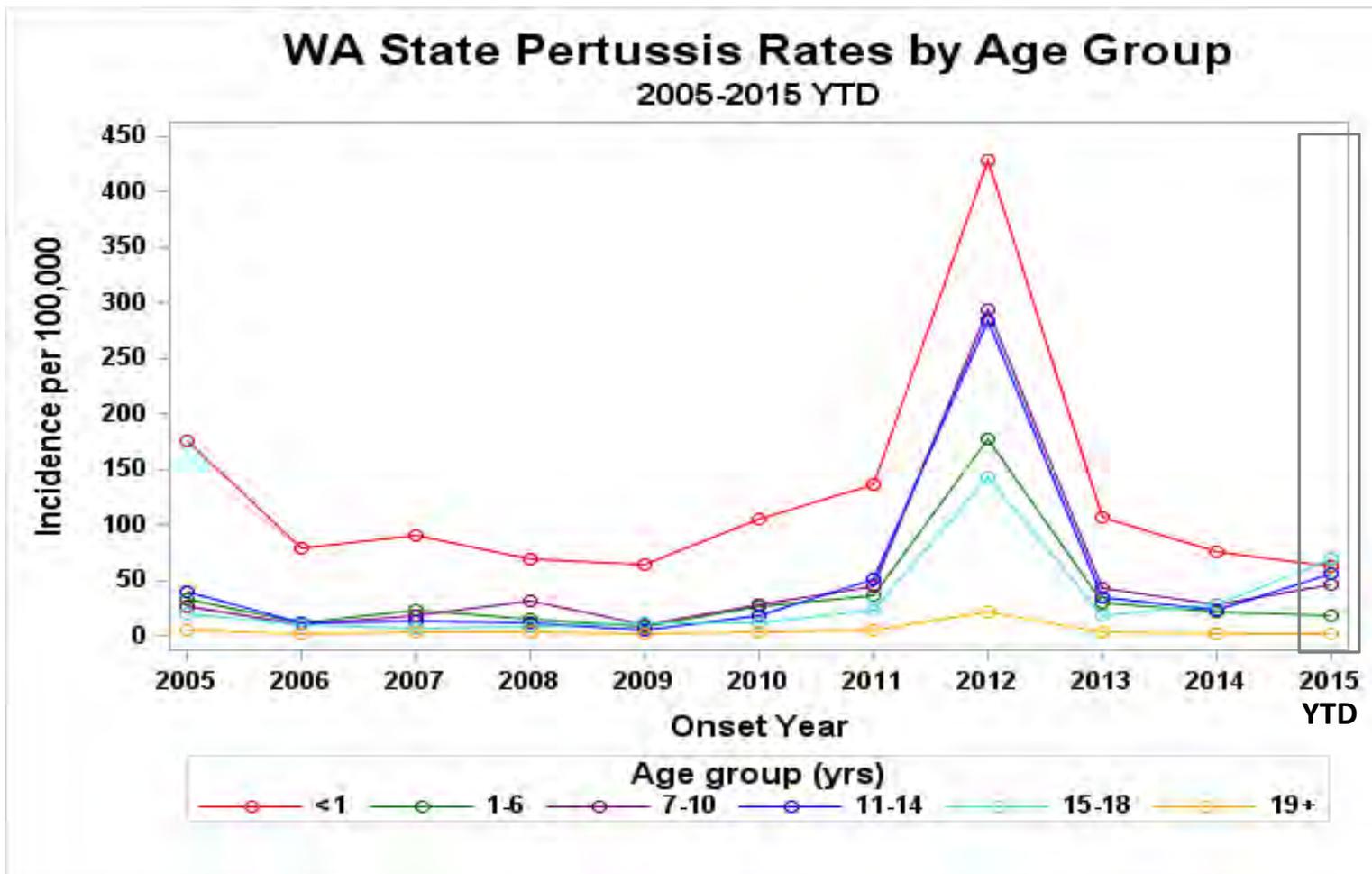
Years since last Tdap dose among adolescents, 2015 YTD



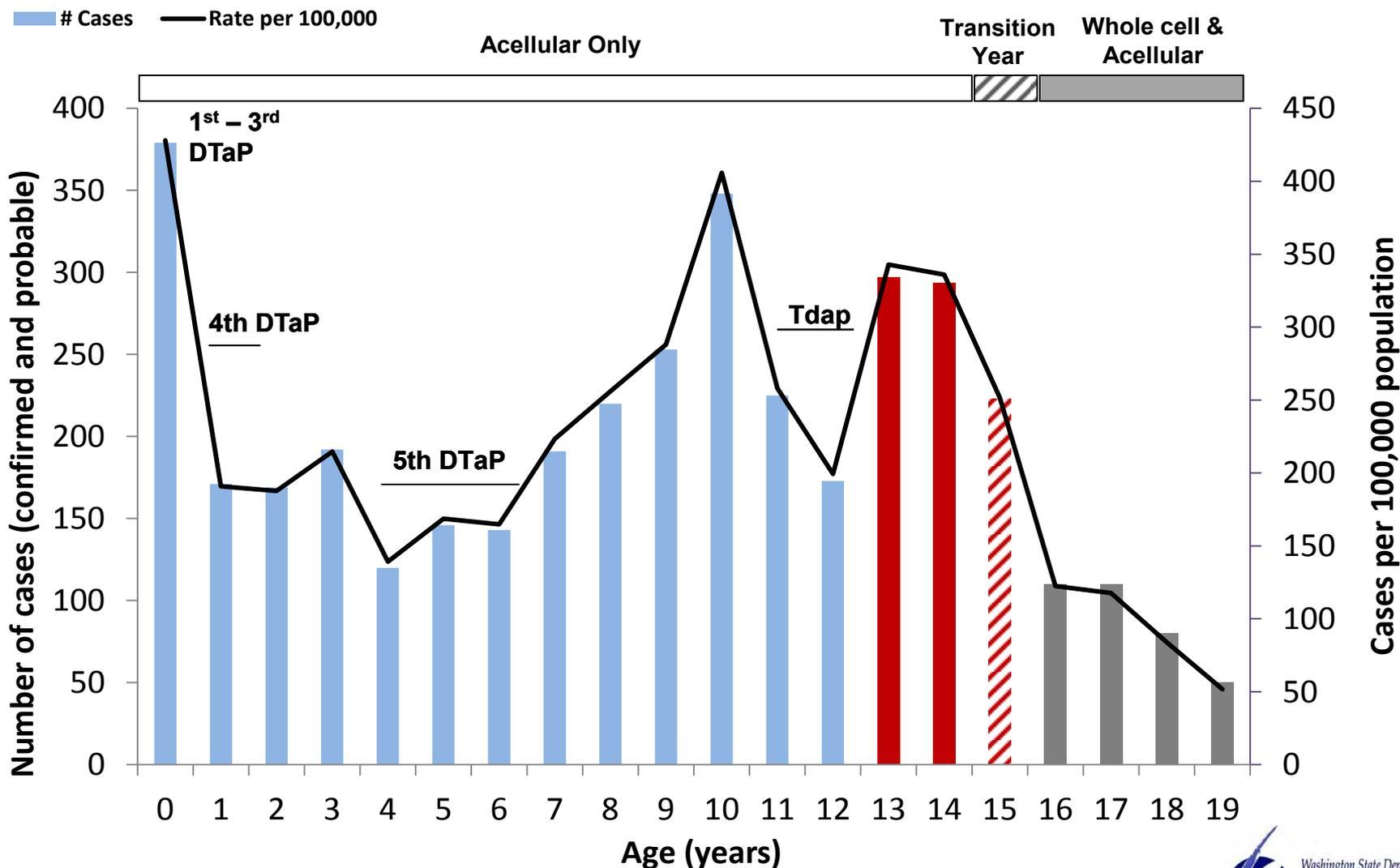
Cases by age group, 2015 YTD

	N	Rate per 100,000	%
Age Group (years)			
<1 y	55	62.1	6.1
1-4 y	71	20.0	7.9
5-9 y	132	30.5	14.7
10-13 y	181	52.3	20.2
14-18 y	323	71.0	36.0
19+ y	135	2.7	15.1

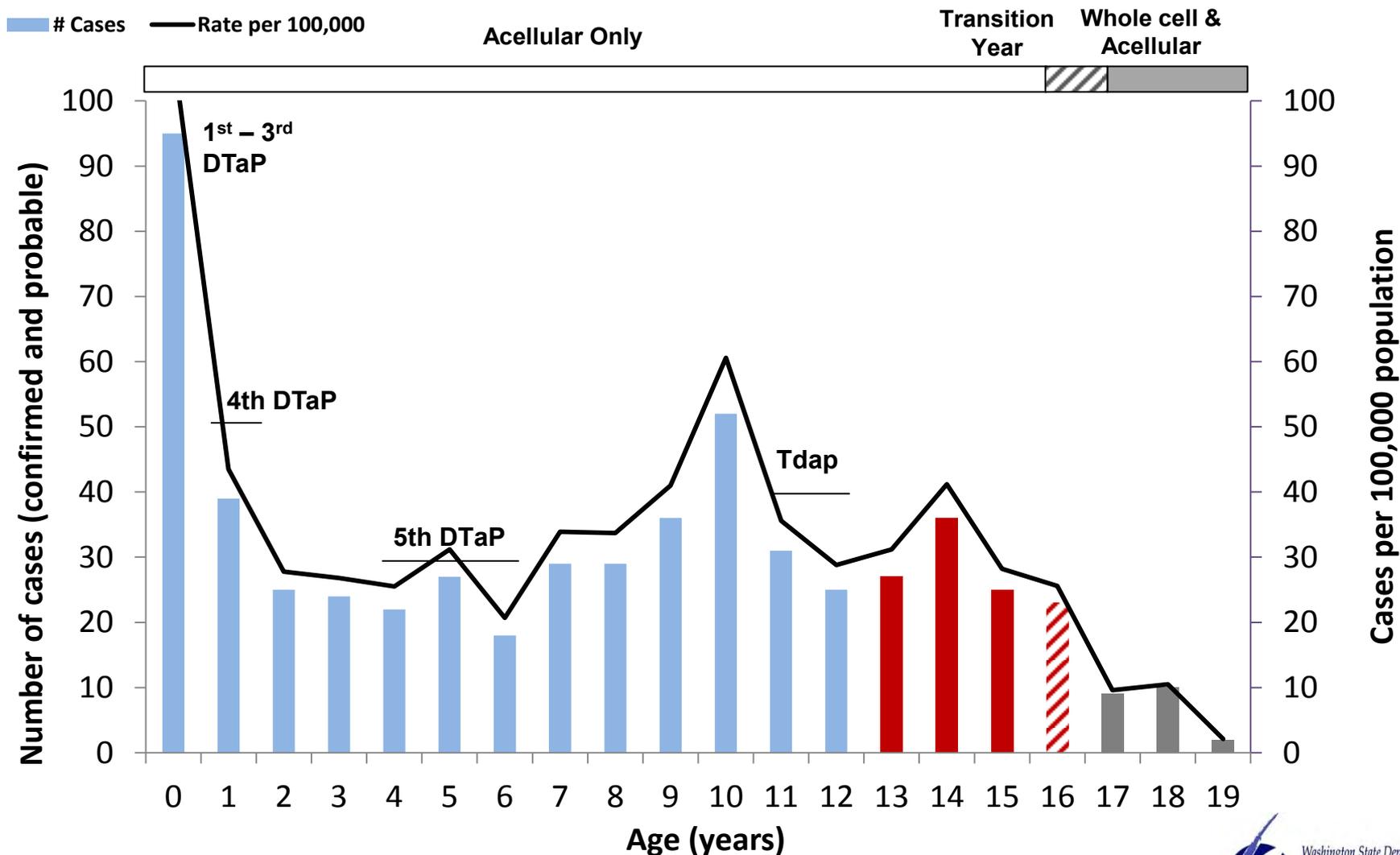
WA State Pertussis Rates by Age Group, 2005-2014 and 2015 YTD



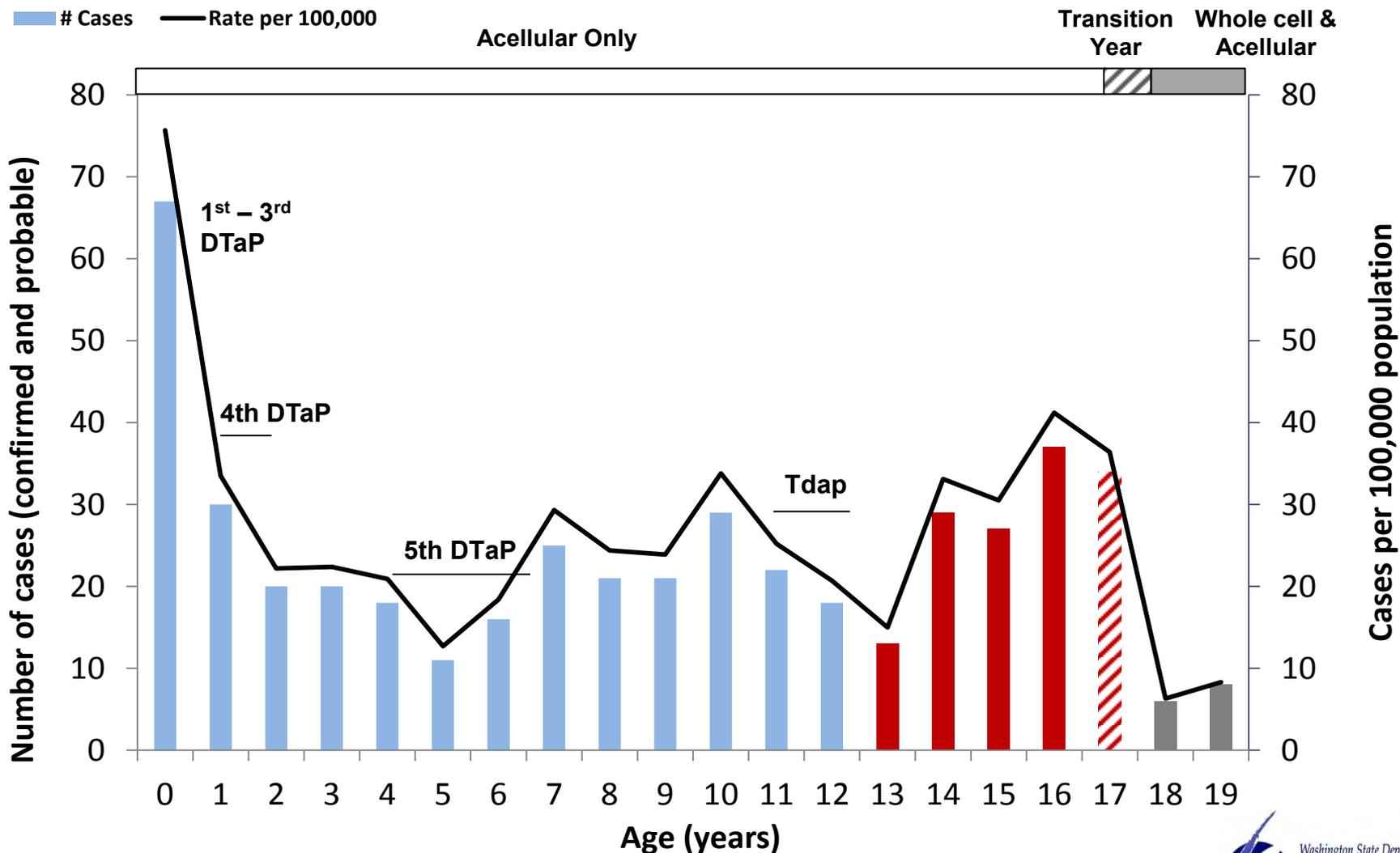
Pediatric Pertussis Cases by Age 2012



Pediatric Pertussis Cases by Age 2013



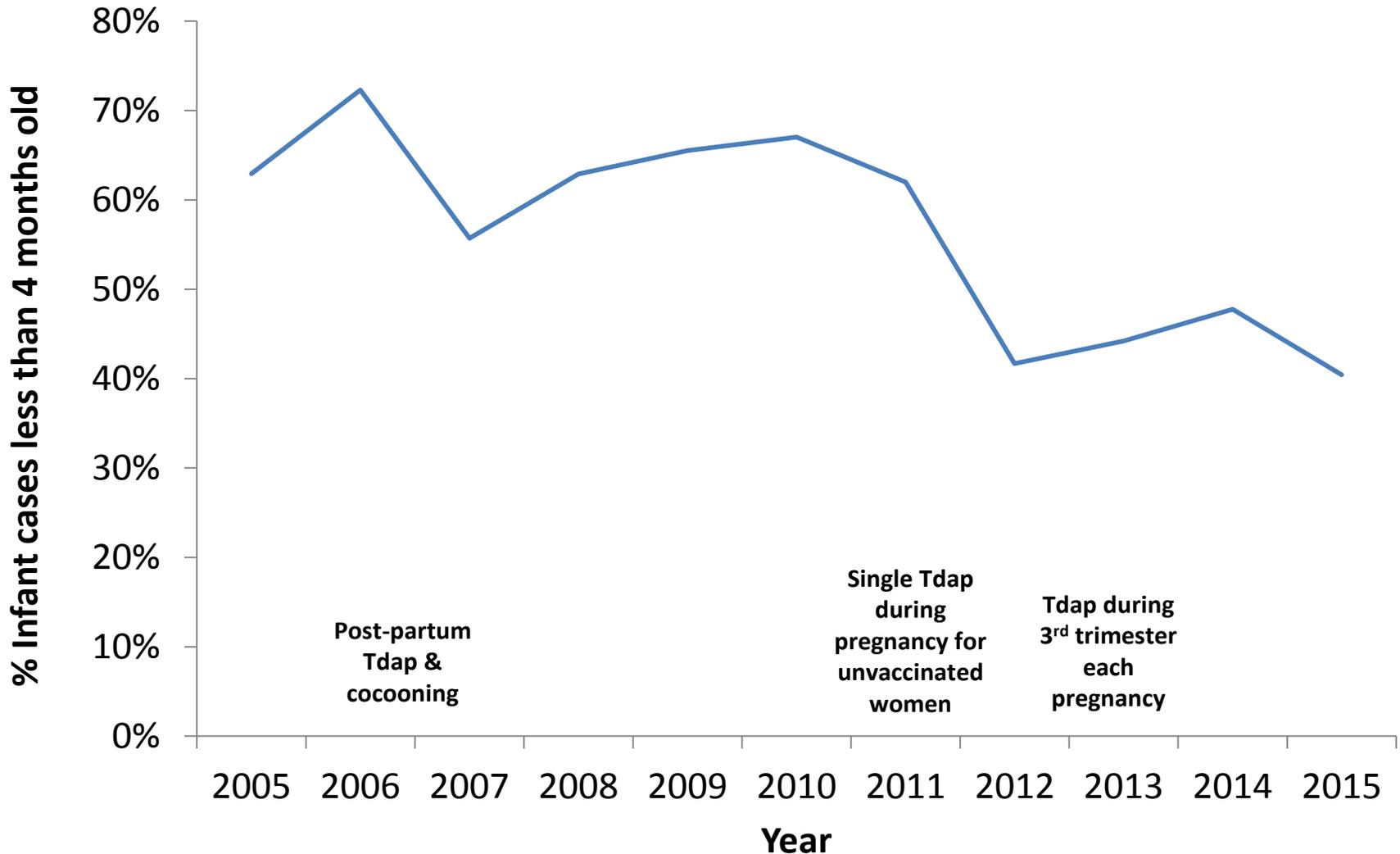
Pediatric Pertussis Cases by Age 2014



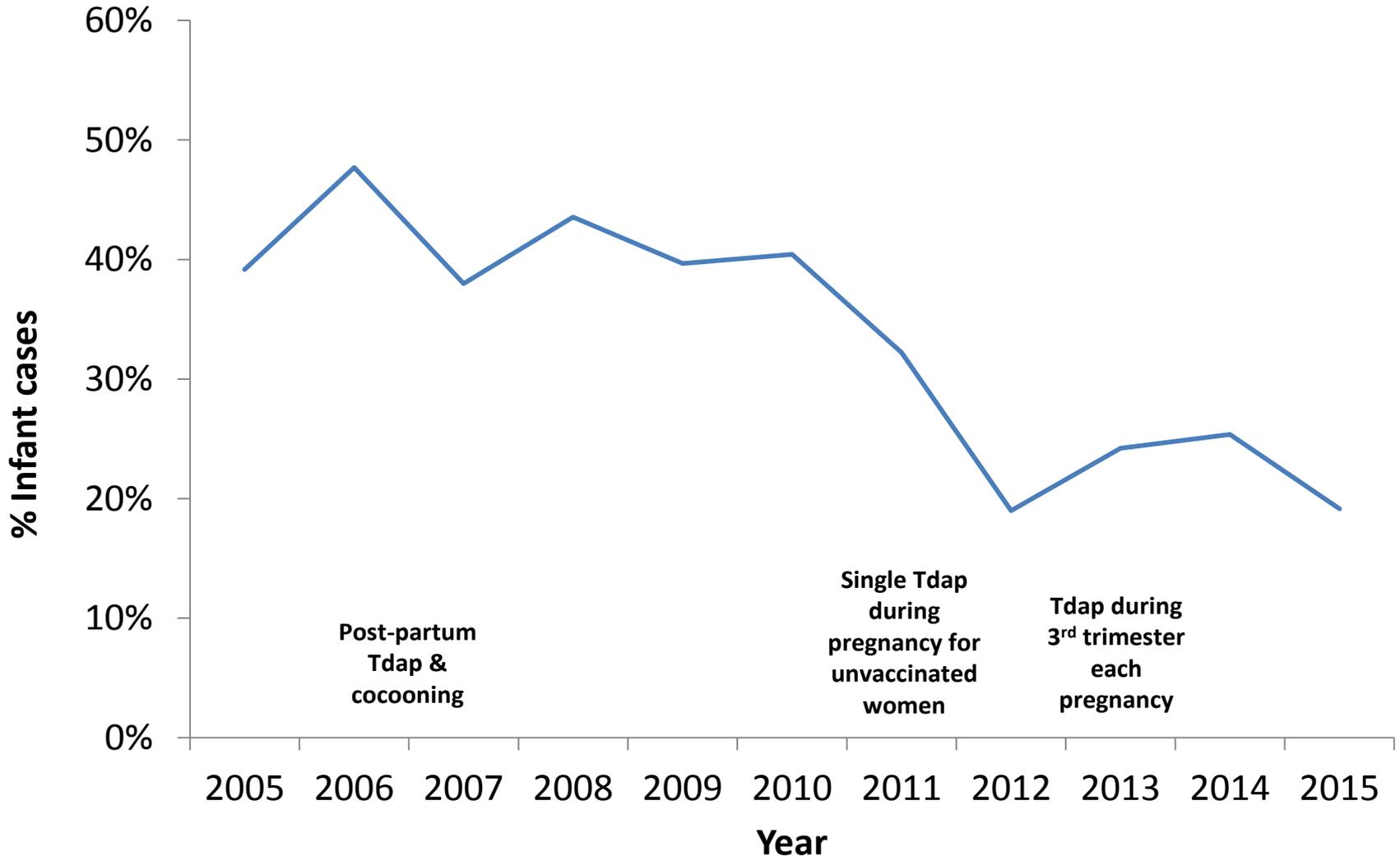
Pregnancy-related Tdap recommendations

ACIP Recommendation	Date of ACIP Vote	Date Published
Tdap post-partum plus Tdap for close family members/contacts of infant	October 26, 2005	December 15, 2006
Tdap during pregnancy (ideally after 20 weeks gestation) for women previously unvaccinated (one-time dose)	June 22, 2011	October 21, 2011
Tdap during third trimester <u>each</u> pregnancy	October 24, 2012	February 22, 2013

Proportion of infant pertussis cases <4mos by year, WA State 2005-2015 YTD



Proportion of all infant pertussis cases hospitalized by year, WA State 2005-2015 YTD



Infant pertussis cases in WA State 2015 YTD

- **Total cases: 55 confirmed and probable**
 - 24 (44%) <4 months old
- **Lab confirmed cases: 48 (87%)**
 - co-infection with RSV (1 infant)
 - 14 counties
 - Benton, Clark, Cowlitz, Douglas, Island, King, Kitsap, Lewis, Pierce, Snohomish, Spokane, Walla Walla, Whatcom, Yakima

Maternal Tdap receipt among lab-confirmed infant pertussis cases, WA State, 2015 YTD

Maternal Tdap receipt:	Infant cases N=35	
	n	%
No Tdap OR received prior to pregnancy	15	43%
First 2 Trimesters	2	6%
Third Trimester	9	26%
Postpartum	9	26%

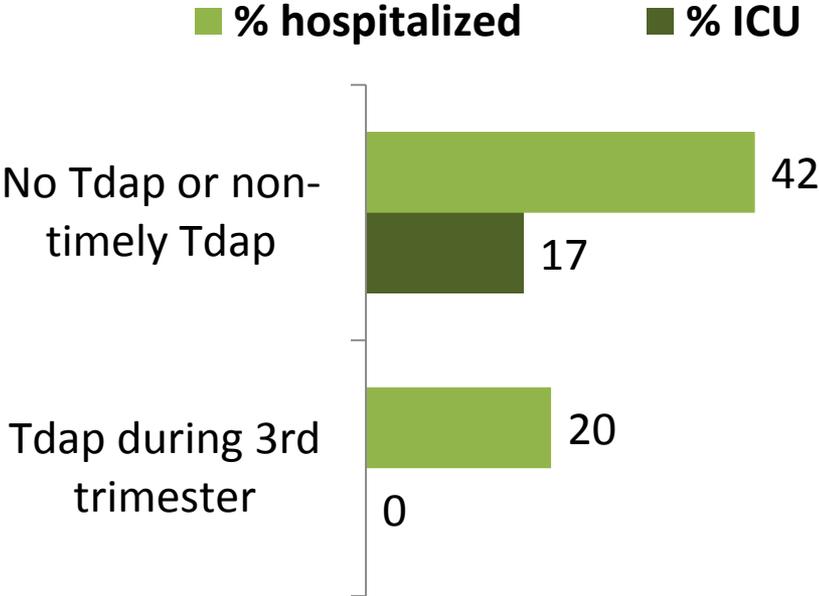
**Excludes 13 cases (27%) with unknown or pending status*

High risk exposure identified for most infant pertussis cases

- 100% of infant cases less than 4 months of age whose mothers received Tdap in the 3rd trimester had an exposure to a close contact with pertussis symptoms identified.
- 75% of infant cases 4-11 months of age were up to date for DTaP administration despite maternal Tdap status.

Severity of illness in infant pertussis cases <4 months of age by maternal Tdap status

Maternal Tdap Status	Number of Cases
No Tdap OR non-timely Tdap	12
Tdap during 3 rd trimester	5



Summary

- Pertussis continues to be a public health problem despite a well-implemented vaccination program
 - High burden of disease in adolescents that received solely acellular vaccines
 - Adolescent rates exceed infant rates
- Prevention and control efforts should continue to focus on protecting infants and others at highest risk
 - Vaccinate in 3rd trimester every pregnancy to protect vulnerable babies
- Key message: Keep people away from babies if they are coughing!

Summary

- Pertussis continues to be a public health problem
 - High burden of disease in adolescents that may have infant siblings
- Important to promote vaccination in 3rd trimester every pregnancy to protect vulnerable babies
 - Prevents pertussis in infants too young to be vaccinated
 - Pertussis illness can be less severe, less hospitalization
- Keep people away from babies if they are coughing
- Need for better understanding of Tdap uptake among pregnant women in WA State

Tdap in Pregnancy Project – Washington State 2013-2015

Project:

- Estimate % of pregnant women who received Tdap vaccine during pregnancy or at delivery in WA
- Ask LHJs to sample all birthing hospitals in their county
- N=29 LHJs with birthing hospitals
- N=64 birthing hospitals

Data elements:

- Gestational age
- Date of last Tdap & flu
- Mother's county of residence
- Source of payment

Acknowledgements

Disease Investigators and Health Officers from
the 35 Local Health Jurisdictions in WA State

Measles Death in Washington State 2015

- CDC estimates 1-2 deaths per 1000 cases
- First confirmed measles death in the US since 2003
 - Last reported measles deaths in WA (n=2) in 1990
- Adult female
- Underlying condition required immuno-suppressive medications

Measles Death in Washington State 2015

Epidemiology

- 5-case community outbreak in Clallam County
- Cases were contagious late January to early March
- During the outbreak the woman who later died was identified as a potentially exposed contact
- Had been present at a health care facility 7 days earlier at a time when a contagious measles case was also present

2015 Measles Cases WA State – Vaccination Status

	Age Category	Immunization Status
1	Adult	Unknown
2	Adult	Unknown
3	Adult	Unknown
4	Adult	MMR x 1
5	Adult	Unimmunized
6	Adult	Unimmunized
7	Adult	Unknown
8	School-aged Child	Unimmunized
9	School-aged Child	Unimmunized
10	School-aged Child	Unimmunized
11	School-aged Child	Unimmunized

Immunization status of case

- Parent recalled vaccination; unable to provide date(s)
 - With no documented date(s) of vaccination, status is considered to be "unknown"
- Testing was done after the potential exposure to measles was discovered
 - Serum collected 4 days after exposure was tested
 - Found to have long term antibodies to measles (IgG)
 - Positive IgG should indicate adequate protection against measles in a person with a fully functional immune system
 - Day 7 after exposure
 - No immune globulin (IG) given

Measles Death in Washington State 2015

Clinical presentation

- No recognizable measles presentation
 - i.e. did not have a classic measles rash illness
- Hospitalized ~6 weeks after potential exposure
 - Frequent hospitalizations in 2014
 - Admitted to community hospital for several problems
 - Began having episodes of hypoxia
 - Transferred to large urban medical center with LE swelling and SOB
 - Progression to hypoxemic respiratory failure
 - Eventually fatal
- Measles pneumonia was discovered at autopsy

Measles Death in Washington State 2015

Lab Confirmation

- Giant cell pneumonia recognized at autopsy
 - Histopathology unique to measles
- Confirmation by immunohistochemistry at CDC's ID Pathology laboratory
- RNA sent to CDC measles laboratory
 - PCR positive for measles DNA
 - Genotyped as D9 (matches the Clallam outbreak)
- Follow-up testing in progress

Questions?