



VACCINE ADVISORY COMMITTEE MEETING

December 15, 2022



Welcome Jamilia



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Office of Immunization Director

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@WADeptHealth

Welcome Meghan



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@WADeptHealth

Welcome Heather

COVID-19 Vaccine Program Update



Heather Drummond, MPH
COVID-19 Vaccine Director

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@WADeptHealth

ACIP Immunization Schedule Vote

The CDC's Advisory Committee on Immunization Practices (ACIP) voted to include approved or authorized COVID-19 vaccines into the routine immunization schedule and the Vaccines for Children (VFC) program on October 20, 2022

- Updated immunizations schedules will not be available until 2023
- VFC Program changes will not take effect until there is a date for vaccine commercialization
- This action **does not** mandate a school requirement for the vaccines

COVID-19 Vaccine Commercialization

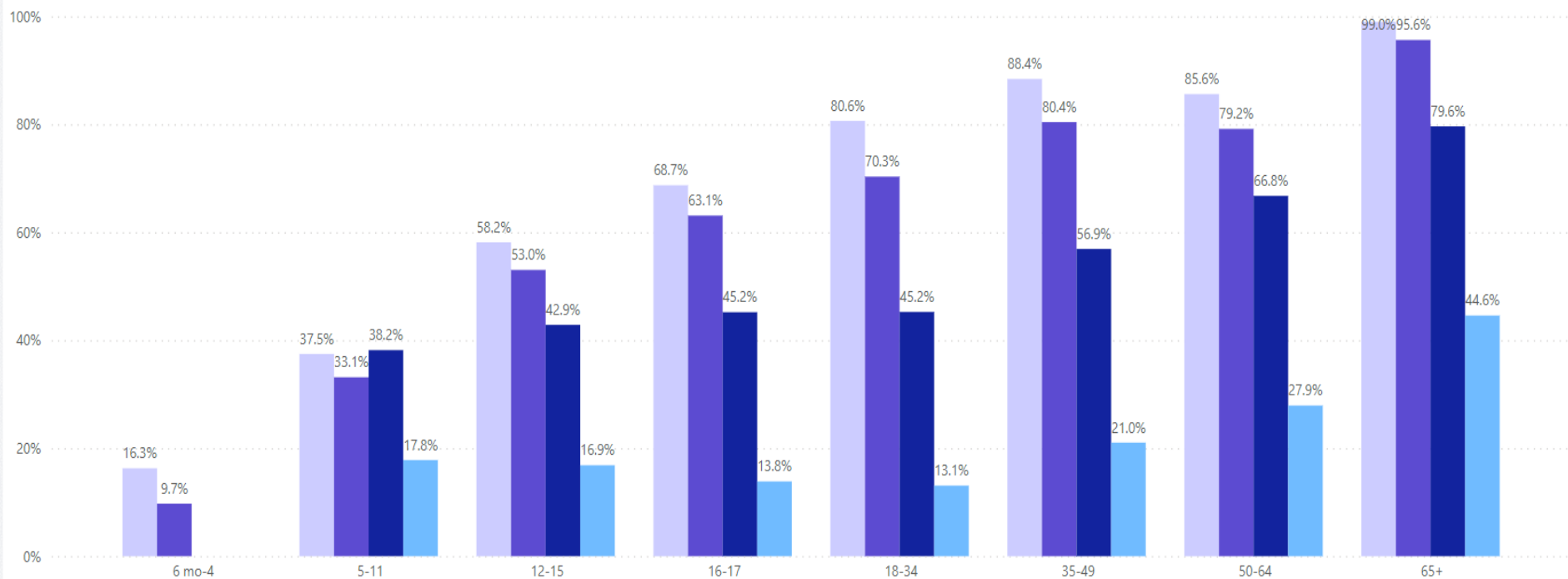
The federal government is still in the planning phase for commercialization and seeking to understand product demand and funding

- A formal plan has not been released yet and is not anticipated to be available until early 2023
- Dependent on the public health emergency extension and December 17th congressional continuing resolution, adult and pediatric COVID-19 vaccines are expected to be commercialized early to mid 2023 if no additional money is allocated

COVID-19 Vaccinations by Age Group

PERCENT VACCINATED, WITHIN AGE GROUP

■ Initiated Primary Series (%) ■ Completed Primary Series (%) ■ Eligible People Who Received Any Booster (5+) (%) ■ Eligible People Who Received a Bivalent Booster (5+) (%)



Washington State data as of 12/05/22

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

Bivalent Booster – Age Expansion

COVID-19 vaccine providers are now able to offer omicron variant-targeted bivalent booster doses of COVID-19 vaccines to children ages 6 months and older.

The newly released recommendations include:

- Children ages 6 months through 5 years who previously completed a Moderna primary series are eligible to receive a Moderna bivalent booster 2 months after their final primary series dose.
- Children ages 6 months through 4 years who are currently completing a Pfizer primary series will receive a Pfizer bivalent vaccine as their third primary dose.
- Children 6 months through 4 years of age who have already completed their three-dose primary series with Pfizer are **not eligible** for a bivalent booster dose at this time.

Fall Booster “Reset”

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose



REMINDER: Children 6 months through 4 years of age who have already completed their three-dose primary series with the original (monovalent) Pfizer are **not eligible** for an updated (bivalent) booster dose at this time.

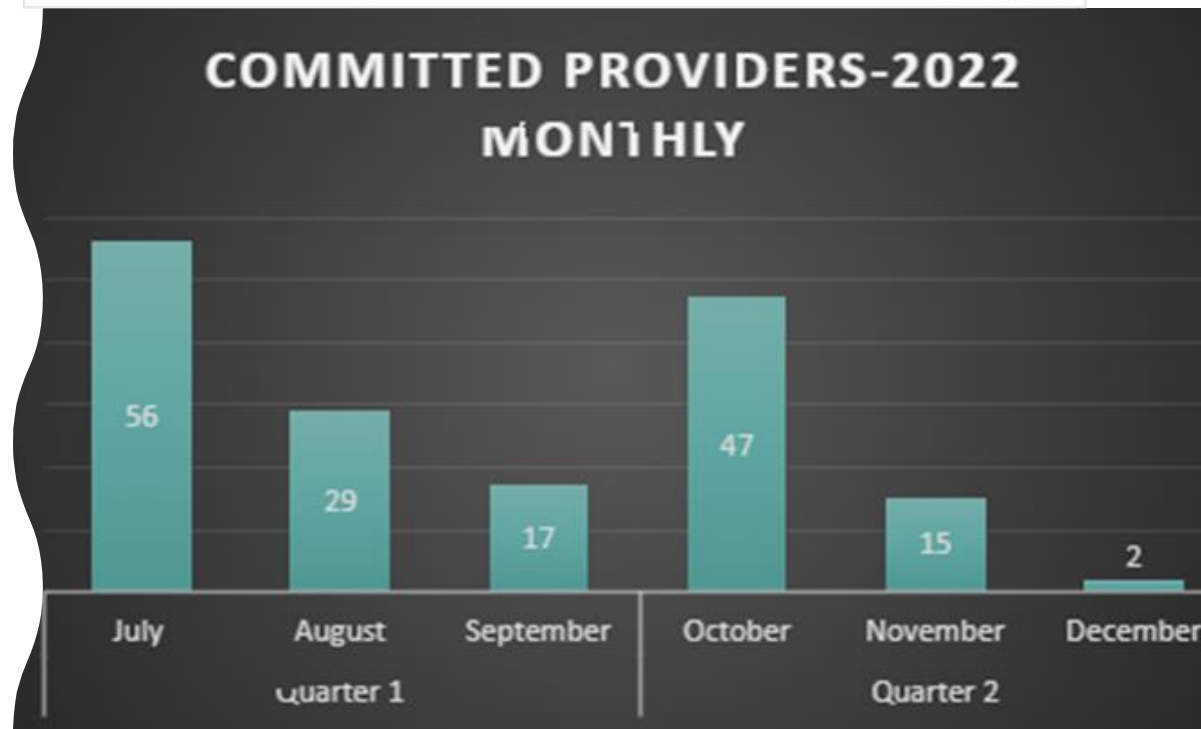
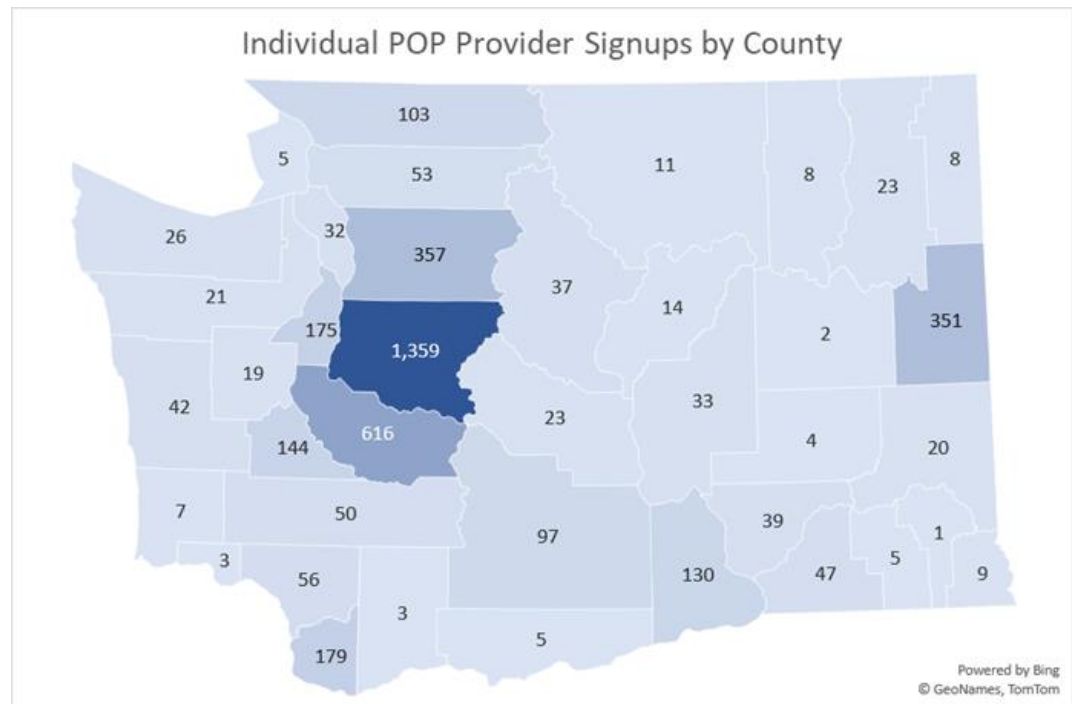


The Power of Providers (POP) Initiative

- Established in 2021 to help combat the devastation of the COVID-19 pandemic.
- **Vision:** Establish partnerships with trusted health care professionals to ensure the health and safety of our communities.
- **Mission:** Partner with providers to understand and overcome health care barriers and engage, educate and empower the people of Washington.

POP Member Distribution and Growth

- Nearly 4,500 individual members, including providers from all 39 counties
- Another 58,000 providers are represented by organizations who have joined
- Data on vaccine coverage, priority populations for equity focus, and healthcare staffing are informing planned recruitment



Highlighted Activities

Member Engagement

- Recently placed 545 calls to POP Member providers across the state, resulting in 93 conversations about their successes and challenges. Followed up and provided requested resources.
- Recruited six new Advisory Group members representing pediatrics, podiatry, massage therapy, naturopathic medicine, rural family medicine, and FQHC.

Communications

- Conducted outreach to health care associations to set up regular communication cadence.
- Most recent POP Newsletter set a new record for the initiative:
 - email open rate of 56%
 - click through rate of 12%

Webinars

Webinar Series for Health Care Workers

- Two presentations on Behavioral Health Support for health care workers and one presentation on Long Covid were well received.

Webinar Survey feedback

- *I will use what I learned in the webinar today in my role as a health care professional.*
 - ◆ 70% strongly agree
 - ◆ 30% agree
- *This webinar was a good use of my time.*
 - ◆ 60% strongly agree
 - ◆ 40% agree

- **Upcoming Webinars, all from 12-1pm:**

12/19/22: [Moral Injury and Personal Coping for Health Care Providers](#)

1/13/23: [The Work Starts Here: Supporting Employees with Long COVID](#)

1/27/23: [Active Coping in the Long-Term: Health Care Provider Resilience](#)

Care-a-Van

- WA DOH mobile COVID-19 vaccination initiative
- Available at no cost to partners across the state
- Work closely with community partners and LHJs to increase access to vaccine for priority communities
- Administers all age-appropriate COVID-19 vaccine doses and limited MPV and Flu vaccine
- Provides supplies and equipment needed to host outdoor clinics, if needed (pop-up tents, tables, chairs, and signage)
- To request the Care-a-Van, visit doh.wa.gov/careavan



Care-a-Van and Flu

- Care-a-Van (CAV) is piloting the integration of flu vaccine into scheduled CAV events this December for adults and children 6 months and older
- Will be taking new flu related clinics in January
- Intake forms will be including an option for the flu vaccine
- To request the Care-a-Van, visit www.doh.wa.gov/careavan



Care-a-Van Metrics

(As of 12/13/22)

- 914 events supported by Care-a-Van
- 33,532 vaccine doses administered via Care-a-Van
- 55% events served over 50% BIPOC
- 77% events in areas with Moderate to High/High SVI (7+)
- 54% events in West and 46% in the East



COVID Vaccine Hot Topics

- Moderna and Pfizer are continuing to extend product expiration dates.
 - ◆Pfizer: <https://lotexpiry.cvdvaccine.com>
 - ◆Moderna: <https://modernacovid19global.com/vial-lookup>
 - ◆Novavax: <https://us.novavaxcovidvaccine.com/hcp>
 - ◆Johnson and Johnson/Janssen: <https://vaxcheck.jnj/>
 - ◆Vaccine Waste Guidance: [Toolkit and Resources | DOH](#)
- Monovalent vaccines are anticipated to begin phasing out early next year.
- Single Dose Vials for Bivalent Boosters are available from Pfizer in small amounts.



VACCINE ADVISORY COMMITTEE
SCHOOL DATA & MMR POLICY CHANGE

December 15, 2022

Agenda

1. Immunization Laws and Rules, RCW and WAC
2. School and Child Care Immunization Requirements
3. Annual School Immunization Report
4. EHB 1638 MMR Exemption Law Change Assessment
5. Questions?



IMMUNIZATION LAW AND RULES RCW & WAC

Revised Code of Washington (RCW)

WA State Legislature passes legislation which is signed into law by the Governor

28A.210 RCW--Health - screening and requirements:

- 28A.210.060—through 28A.210.170

Washington Administrative Code (WAC)

The immunization laws give the WA State Board of Health the authority to determine the immunization rules

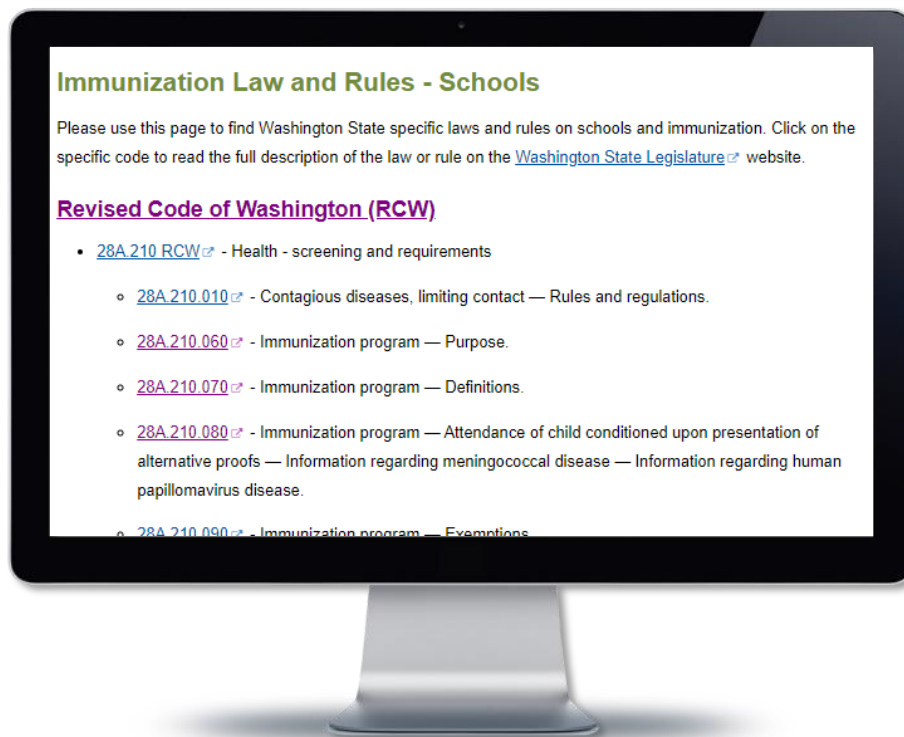
246-105 WAC Immunization of childcare and school children against certain vaccine-preventable diseases

- 246-105-010 - through 246-105-090

Links to the RCW and WAC

The School and Child Care
Immunization page: has
links to the RCWs and
WACs:

www.doh.wa.gov/SCCI





IMMUNIZATION REQUIREMENTS

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			3 rd dose												
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		3 rd or 4 th dose, See Notes										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		4 th dose										
Inactivated poliovirus (IPV: <18 yrs)			1 st dose	2 nd dose	3 rd dose							4 th dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only			
or													or				
Influenza (LAIV)											Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes	1 st dose					2 nd dose						
Varicella (VAR)							1 st dose					2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)													Tdap				
Human papillomavirus (HPV)													See Notes				
Meningococcal B													See Notes				
Pneumococcal polysaccharide (PPSV23)										See Notes							

Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making
No recommendation

Recommended vs. Required



ACIP Recommended

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV
Hib
Hepatitis A
HPV
Meningococcal
Flu
Rotavirus
COVID-19



WA State Required

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV (until 5 years old)
Hib (until 5 years old)

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care



	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

*Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: www.doh.wa.gov/SCCI

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

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DOH 348-053 Dec 2021

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care



	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

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DOH 348-053 Dec 2021

Vaccines Required for Preschool-12th Grade School 2022-2023

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

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DOH 348-295 April 2022

Vaccines Required for Preschool-12th Grade School 2022-2023

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



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	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses* (Not required at age ≥5 years)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

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DOH 348-295 April 2022

Vaccines Required for Child Care 2022-2023

Vaccine	Dose #	Minimum Age*	Minimum Interval* Between Doses	Notes
Hepatitis B (HepB)	Dose 1	Birth	4 weeks between dose 1 & 2	The final dose in the series should be given at least 24 weeks of age.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Typical vaccine schedule: 2, 4, 6 and 15-18 months of age.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	Recommended: 6 months between dose 3 and 4, but at least 4 months minimum interval acceptable.
	Dose 3	14 weeks	6 months between dose 3 & 4	
Haemophilus influenzae type B (Hib)	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥ 12 months of age.			
Pneumococcal Conjugate (PCV13)	Only one dose required if the dose is given on or after 15 months of age. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI			
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Three doses are acceptable if the child received dose 3 on or after their 4th birthday.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable.
	Dose 2	15 months	—	Must be given the same day as MMR OR at least 28 days apart, also see* footnote.

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

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DOH 348-053 Dec 2021



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State
SCHOOL YEAR 2022-2023

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

IVRS: Individual Vaccine Requirements Summary

Available on our website:

www.doh.wa.gov/SCCI



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

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Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

4. Catch-up immunization schedule for students ≥ 7 years of age not fully vaccinated with DTaP:

Student must get one Tdap vaccine followed by additional doses of Td or Tdap if needed. DTaP given in error to a student ≥ 7 years of age in a catch-up schedule is valid for the Tdap.

- a. A student who has not received any DTaP/DT vaccines before the age of 7 must get one dose of Tdap followed by 2 doses of Td or Tdap.
 - i. The interval between dose 1 and dose 2 must be ≥ 4 weeks.
 - ii. The interval between dose 2 and dose 3 must be ≥ 6 months.
- b. If DTaP/DT dose 1 was given < 12 months of age, a minimum of 4 total doses of a combination of DTaP, Tdap, or Td are needed. Tdap must be included.
 - i. The interval between dose 1, dose 2, and dose 3 must be ≥ 4 weeks each.
 - ii. The interval between dose 3 and dose 4 must be ≥ 6 months.
 - iii. If 4 doses of DTaP given < 4 years of age, but none ≥ 4 years, Tdap must be given ≥ 7 years of age.
- c. If DTaP/DT/Tdap/Td dose 1 was given ≥ 12 months of age, a minimum of 3 total doses of a combination of DTaP, Tdap, or Td are needed. Tdap must be included.
 - i. Interval between dose 1 and 2 must be ≥ 4 weeks each.
 - ii. Interval between dose 2 and dose 3 must be ≥ 6 months.
 - iii. If 4 doses of DTaP given < 4 years of age, but none ≥ 4 years, Tdap must be given ≥ 7 years of age.

IVRS: Individual Vaccine Requirements Summary

Available on our website:

www.doh.wa.gov/SCCI

Certificate of Exemption (COE)

A child may be exempted from one or more required immunizations, [RCW 28A.210.090](#).

- Personal or philosophical exemption
 - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical

To request an exemption, a parent/guardian must turn in a completed, signed Certificate of Exemption (COE) to the school or childcare.

School and Child Care Immunization Page

Website:

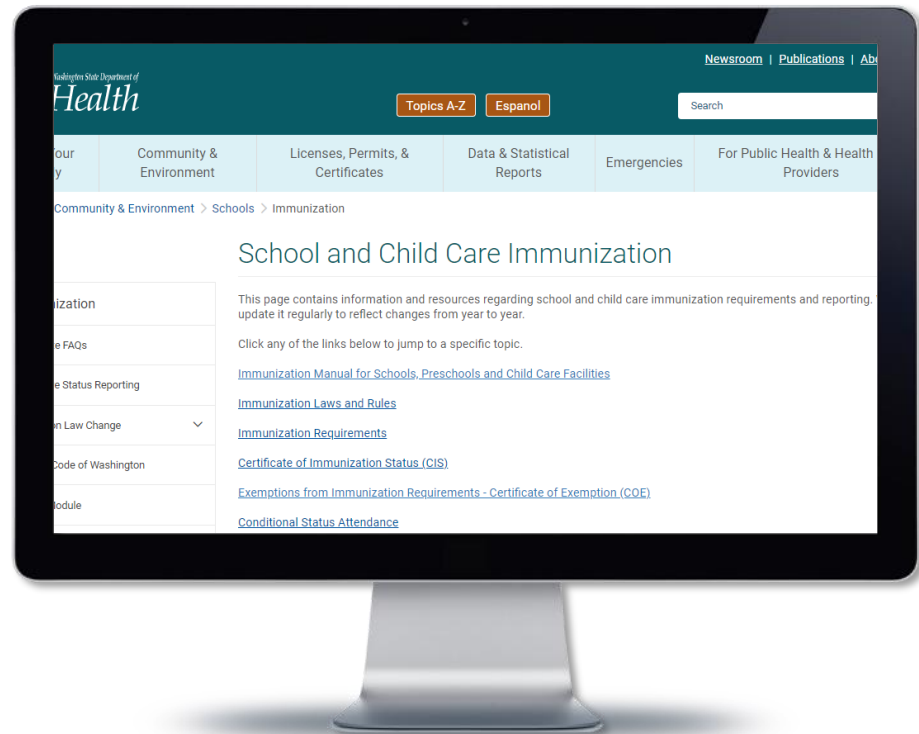
www.doh.wa.gov/SCCI

Questions?

Feedback!

Email us at:

Olschools@doh.wa.gov





ANNUAL SCHOOL IMMUNIZATION REPORT

The Annual School Report

Washington State law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by November 1 of each school year.

Schools submit data in various ways including:

- WAIS School Module or
- through a REDCap report submission

The immunization status report is a snapshot in time. Enrollment and immunization status of students changes over time, so these reports all represent data submitted between November 1st and December 1st.*

School Module & The Annual Report

- WAIS School Module is the preferred reporting method for school immunization annual report data
- Active users keep a roster of students attending the school up-to-date, and must enter missing immunization dates and exemptions for each individual student
- Annual data is pulled from the system indicating status rates for students at the school level
- Schools started reporting via School Module in the 2017-18 school year, and schools and districts are continually onboarding
 - In 2021-22 school year, over 900 schools (about 35% of reporting schools) reported via School Module
 - Some schools see an expected initial decline in compliance rates as school nurses work to get medically verified records for missing historical doses
- For more information about the School Module, please visit:
www.doh.wa.gov/schoolmodule

REDCap Report

- Each year, a unique survey is distributed to all schools that are not reporting via School Module.
- This tool was developed in the 2020-2021 school year
- Schools reporting via REDCap report immunization data at the aggregate school level, not the individual student level.

Data Cohorts

- Collect data for the following cohorts:
 - Transitional Kindergarten*
 - Kindergarten
 - 6th Grade/7th Grade
 - Overall K-12

Immunization Status Definitions

- Complete: The student has been fully immunized for their age or has provided proof of acquired immunity
- Conditional: a temporary status for children lacking immunization against one or more of the required vaccine-preventable diseases who are working towards compliance.
- Exempt: The student has a signed Certificate of Exemption on file at the school excusing the student from one or more diseases due to medical, personal, or religious beliefs
- Out-of-compliance: Conditional status has ended, but the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation

Immunization Status Collection

- Overall Status
- Disease Level
 - Diphtheria
 - Pertussis
 - Tetanus
 - Polio
 - Measles
 - Mumps
 - Rubella
 - Hepatitis B
 - Varicella
 - Pneumococcal*
 - Hib*

Data Products

- Report Kindergarten data to CDC
 - <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>
- Publish data on website
 - www.doh.wa.gov/SchoolReports

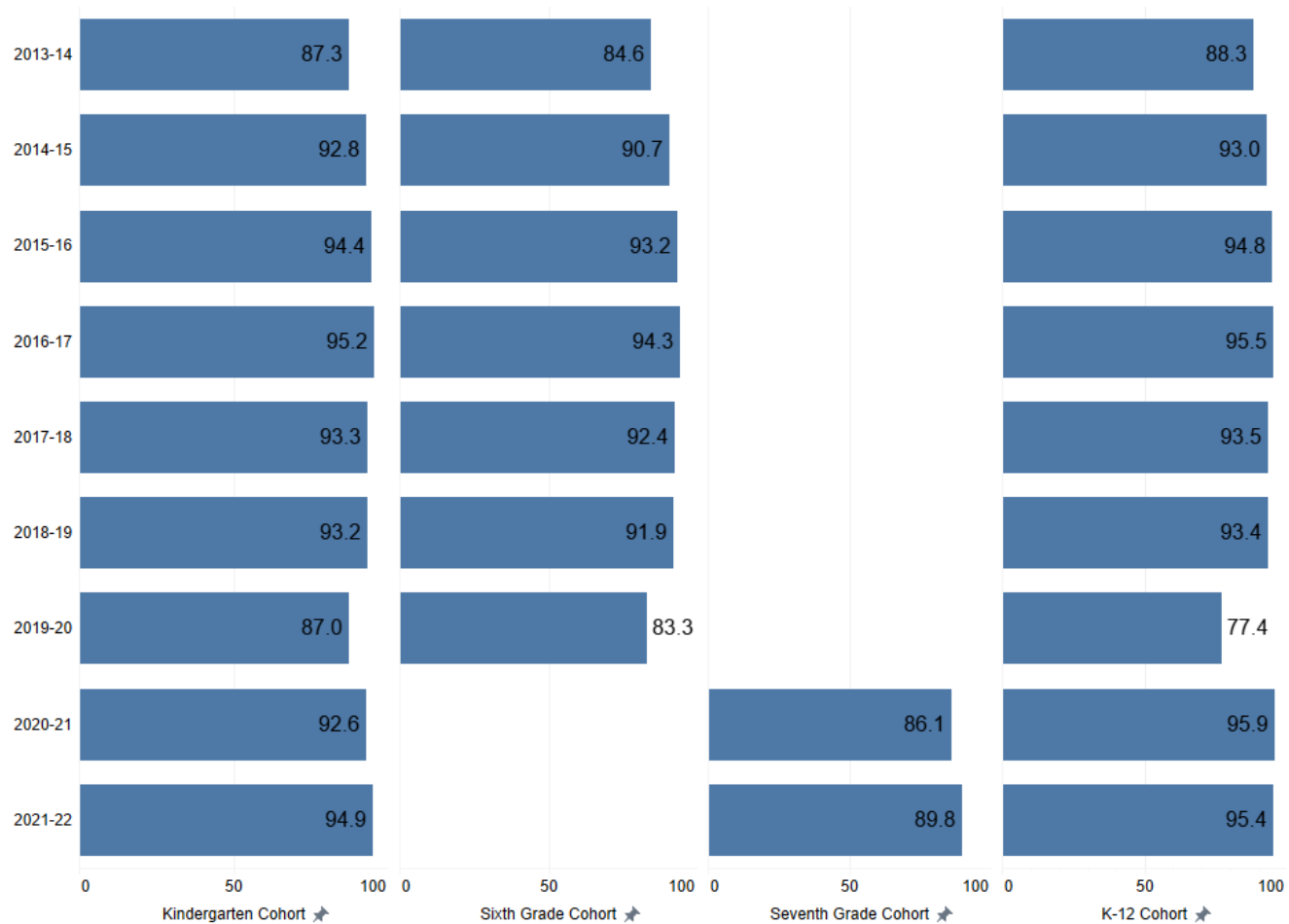


ANNUAL SCHOOL IMMUNIZATION DATA – 2019-2022

RELEASED OCTOBER 17, 2022

Schools Reporting

Percent of Required Schools that Report by School Year

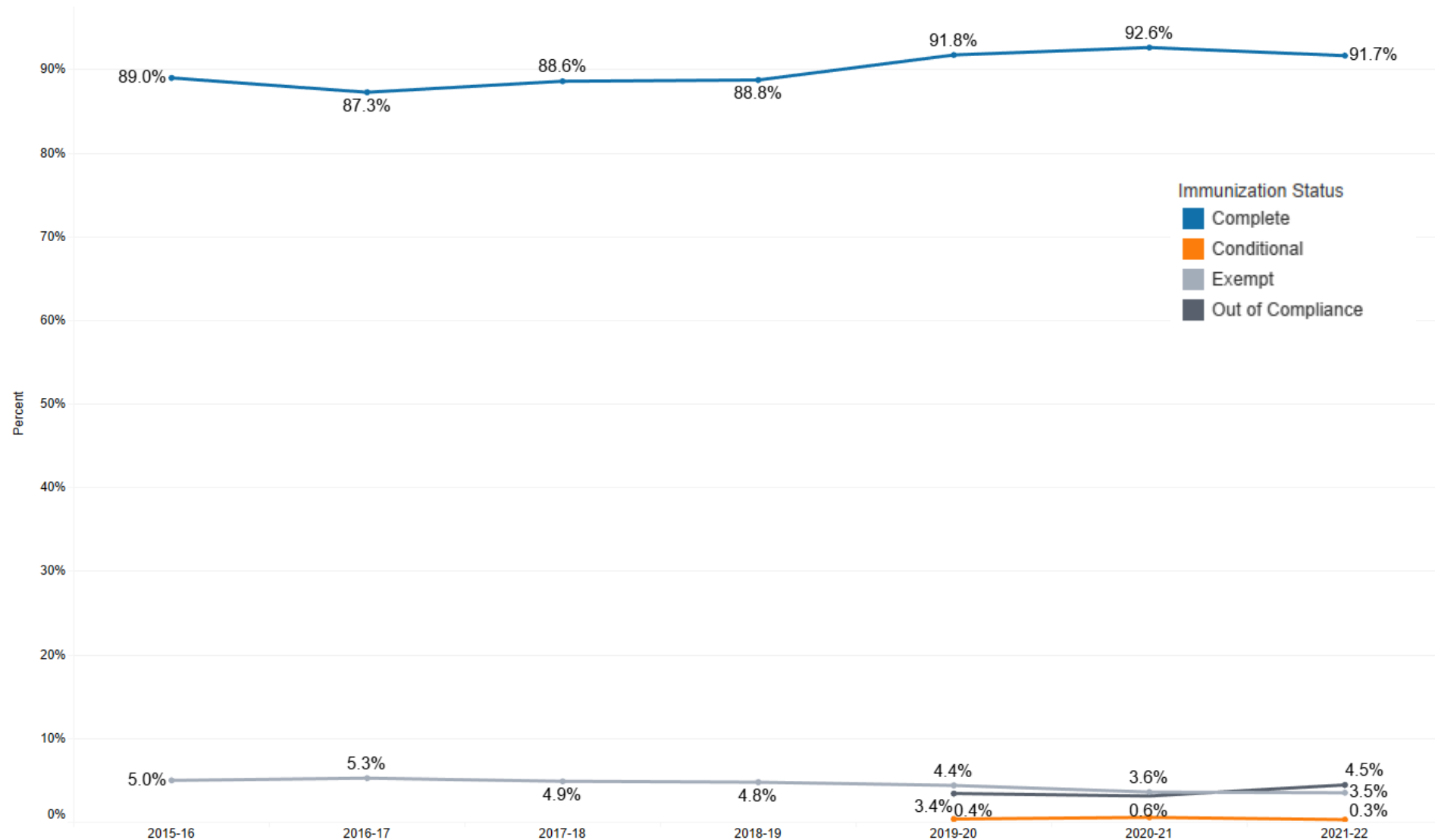


Percent of Schools Reporting

Immunization status of all K-12 students, 2015 – 2022

The percentage of all students complete for required immunizations was slightly lower than last school year but has consistently been above 90% since the 2019-20 school year. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.

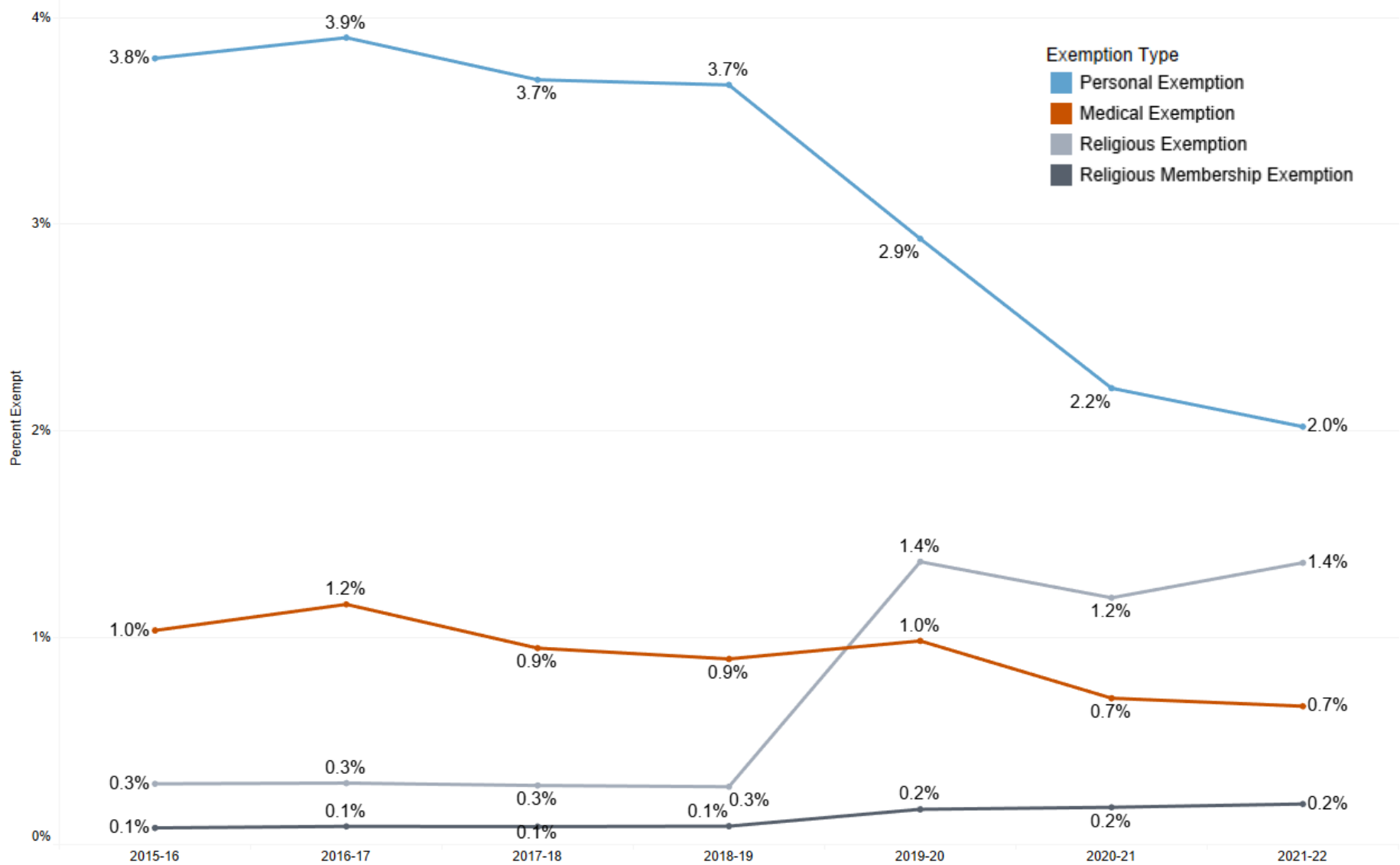
K-12 Immunization Status by School Year



School immunization exemptions among all K-12 students, 2015 – 2022

While most exemptions are for personal/philosophical reasons, there has been a sharp drop in this type of exemption and an increase in religious exemptions.

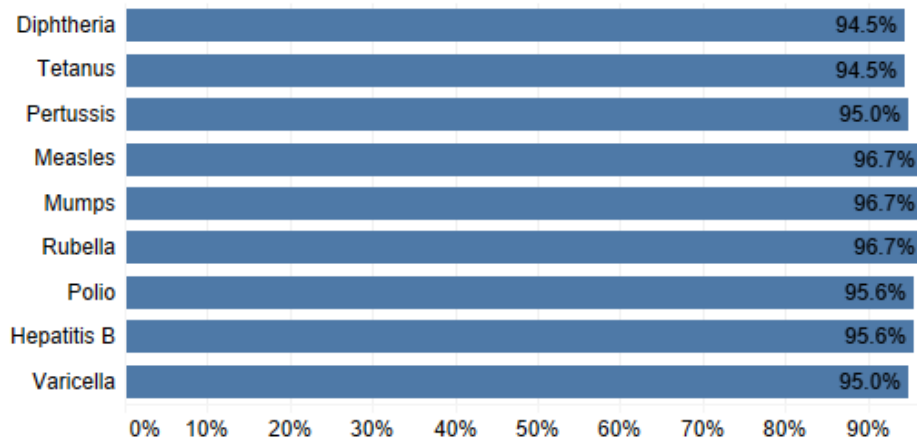
K-12 with at least one Exemption by Type and School Year



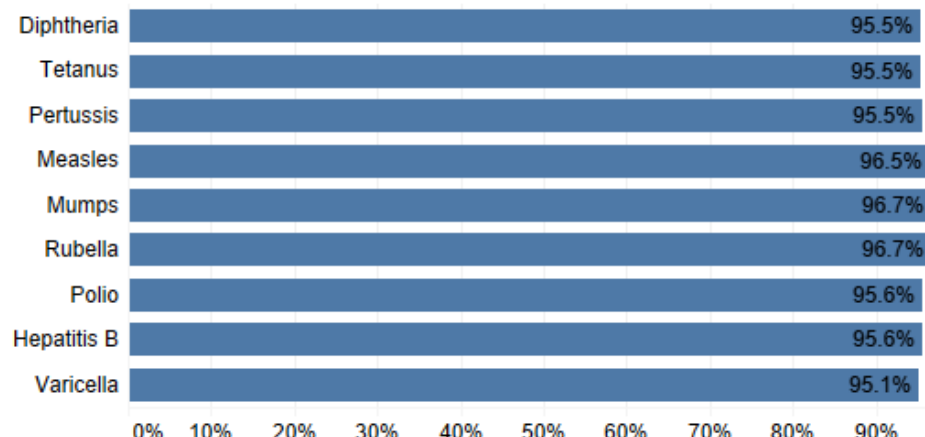
All K-12 students complete for required immunizations, 2019 – 2022

The percentage of all students complete for required immunizations was slightly lower than last school year. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.

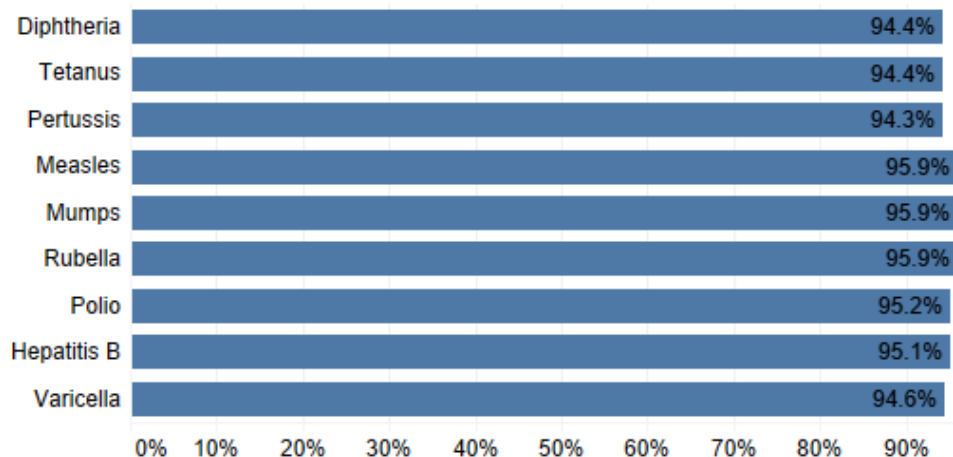
State K-12 % complete by disease, 2019-20



State K-12 % complete by disease, 2020-21



State K-12 % complete by disease, 2021-22

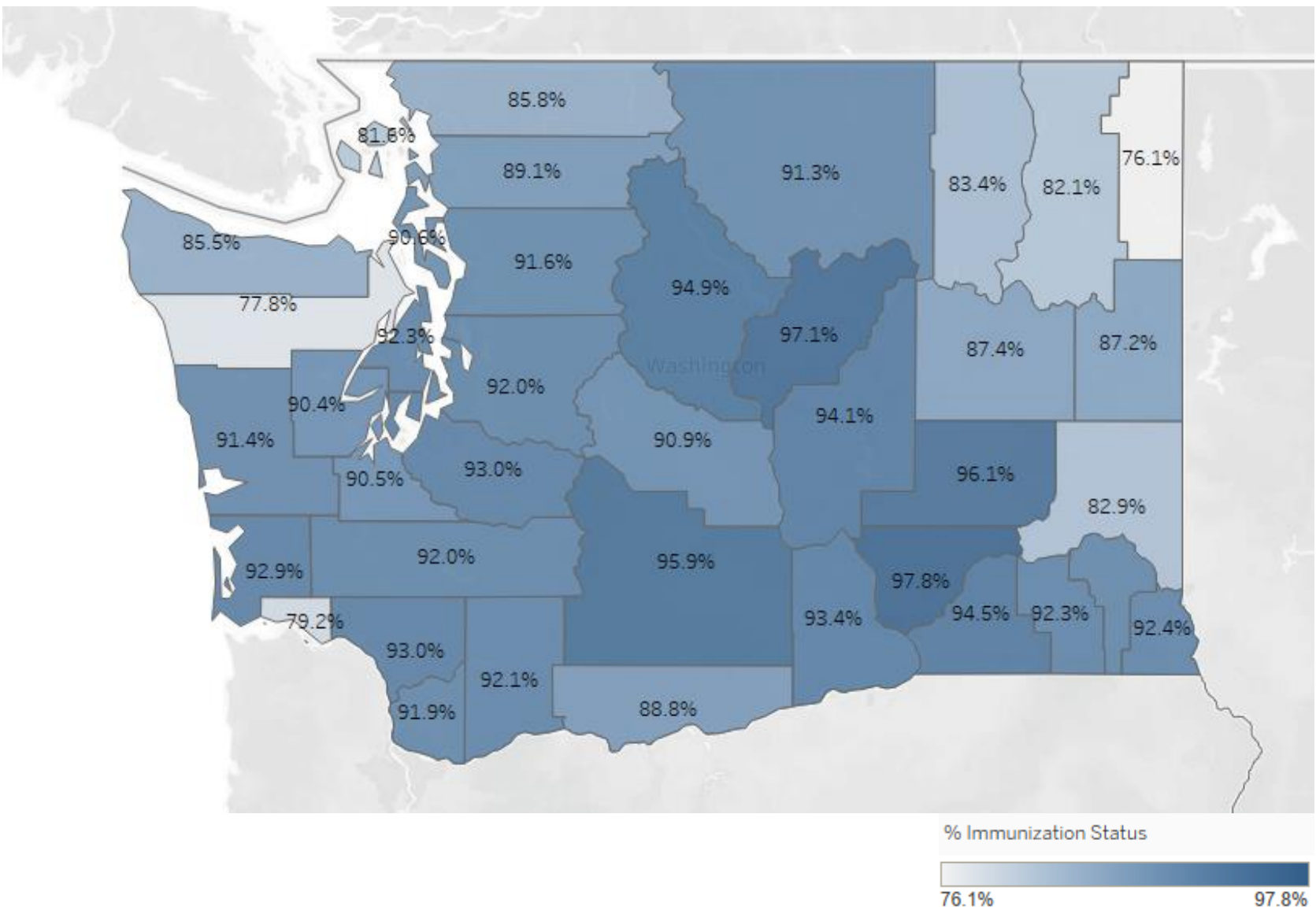


Immunization Status of K-12 2021-2022

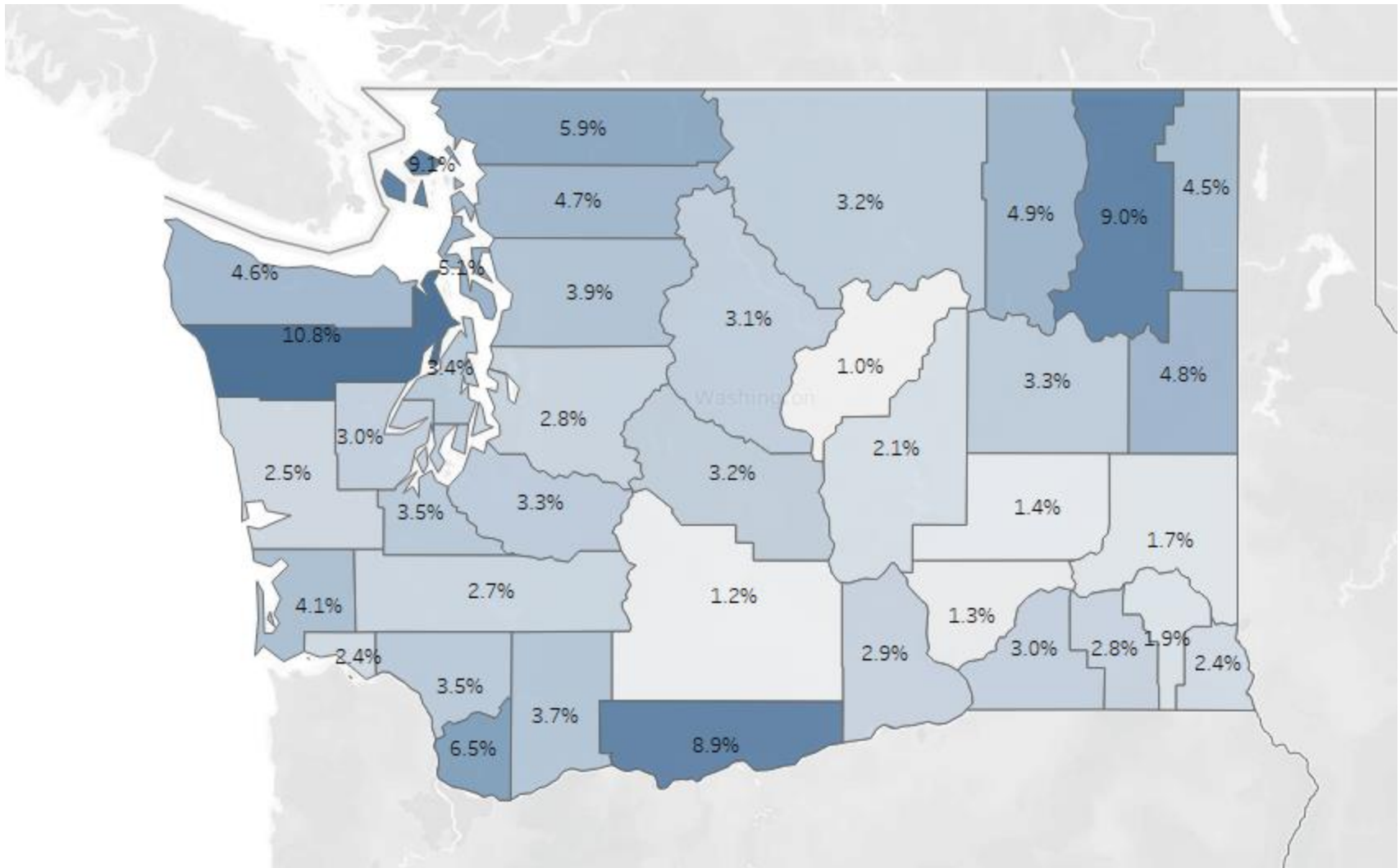
- 91.7% complete for all immunizations or proof of immunity
- 0.3% conditional status
- 4.5% out-of-compliance
- 3.5% exempt for one or more disease
 - Non-medical: 3.6%
 - Personal: 2.0%
 - Religious: 1.4%
 - Religious Membership: 0.2%
 - Medical: 0.7%

All K-12 students complete for required immunizations by county

Washington, school year 2021-22



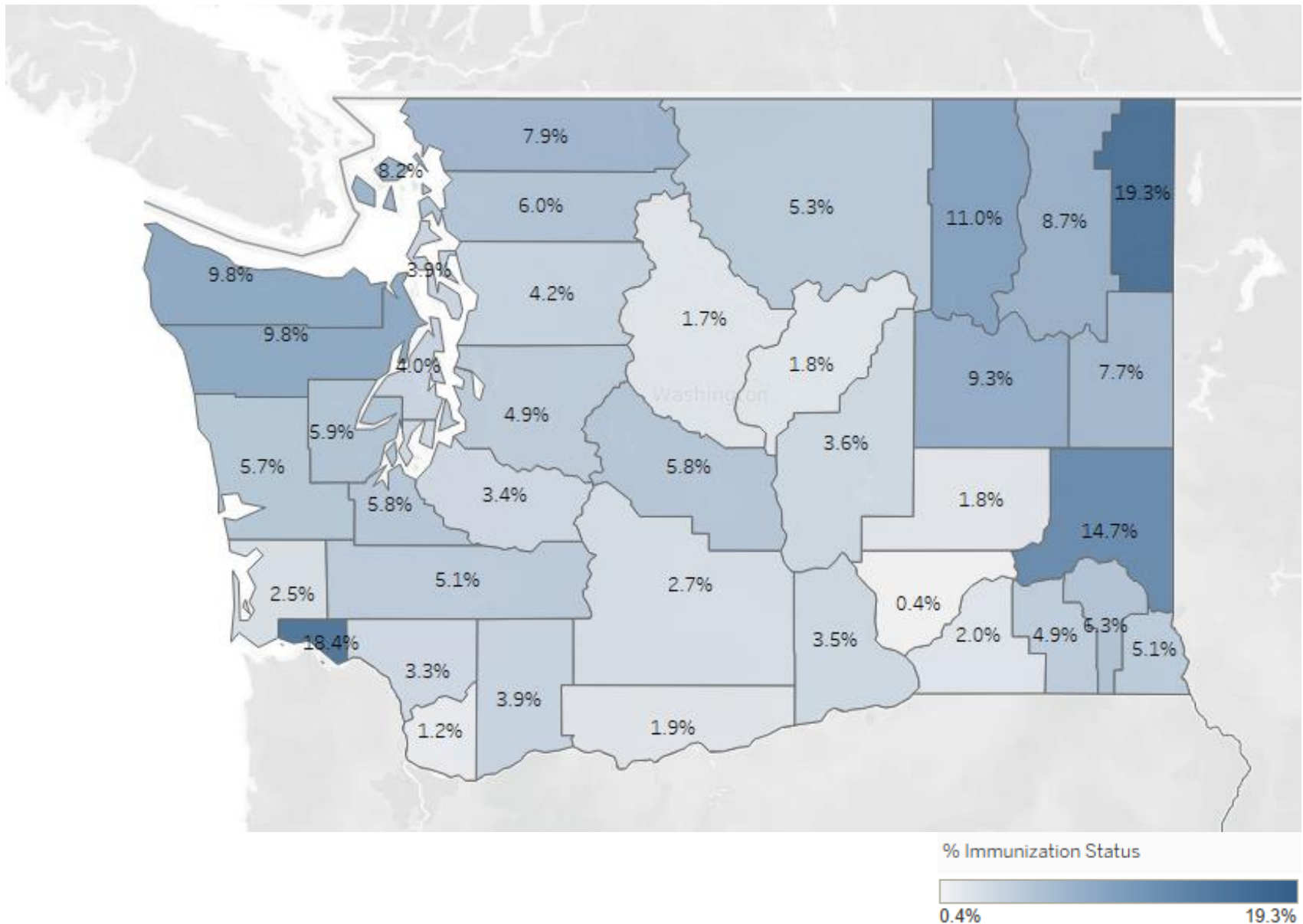
All K-12 students with school immunization exemptions by county Washington, school year 2021-22



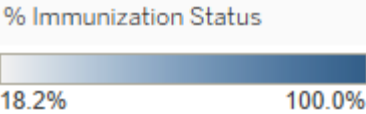
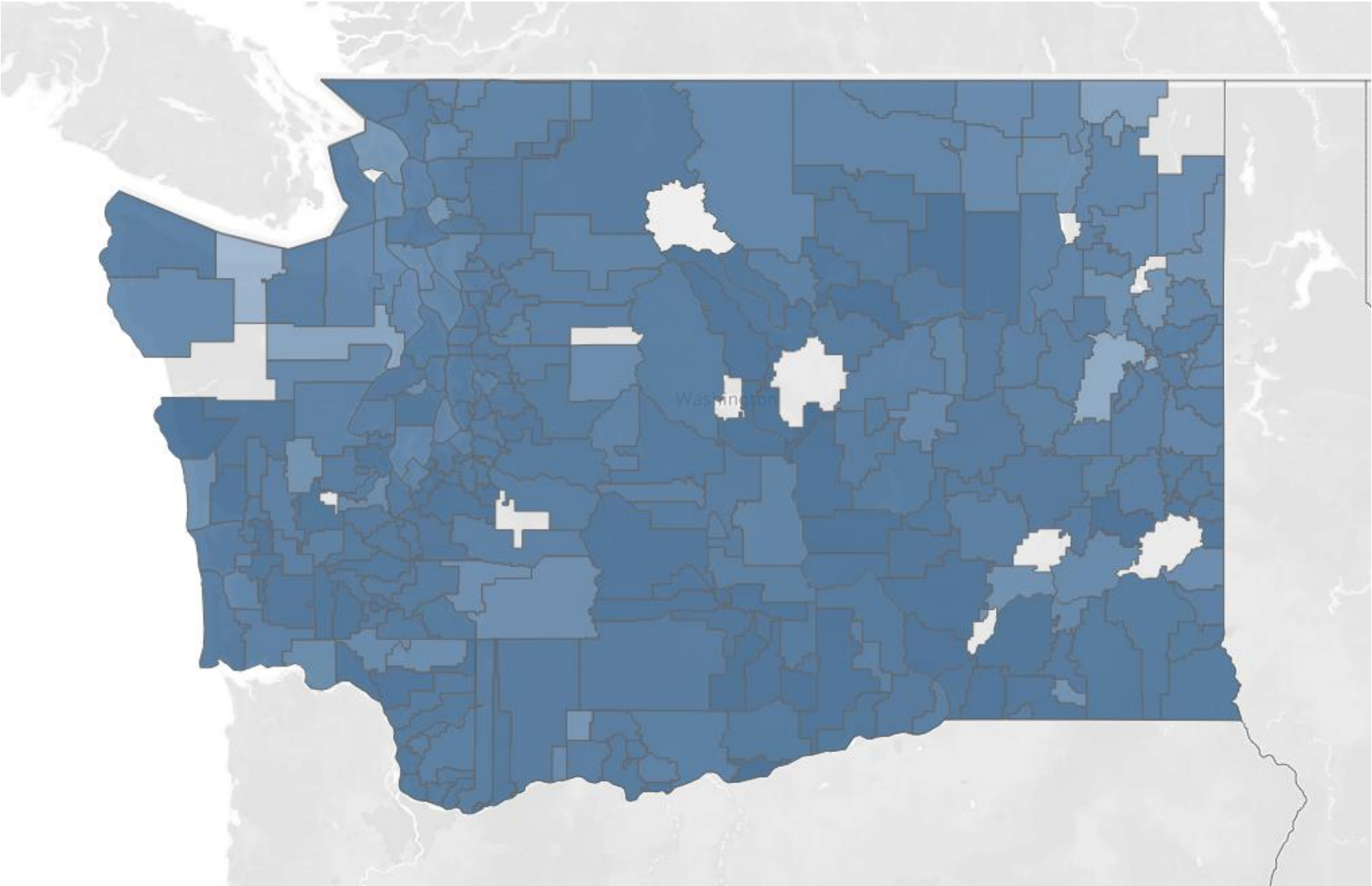
% Immunization Status



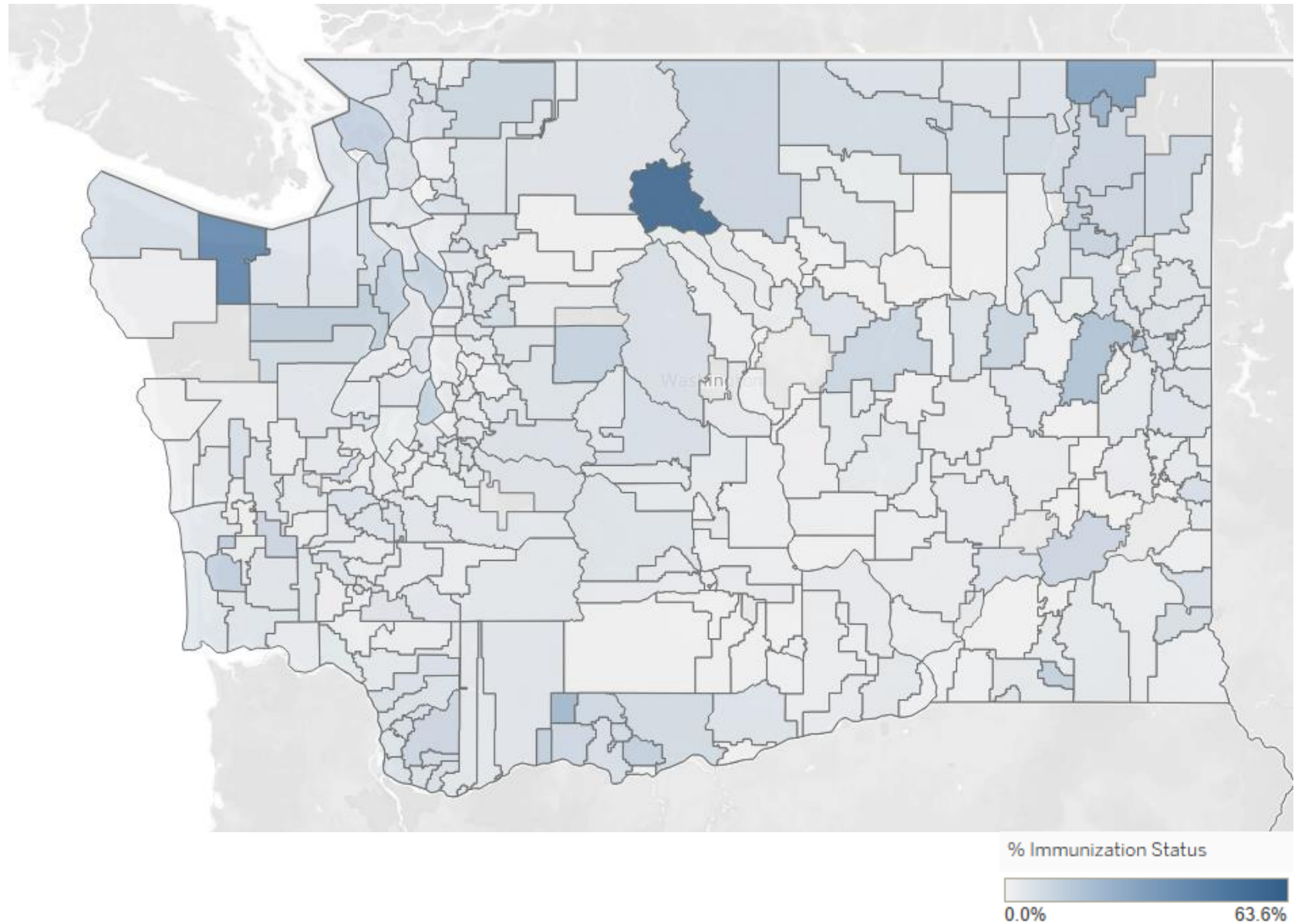
All K-12 students who are out-of-compliance with school immunization requirements by county, Washington, school year 2021-22



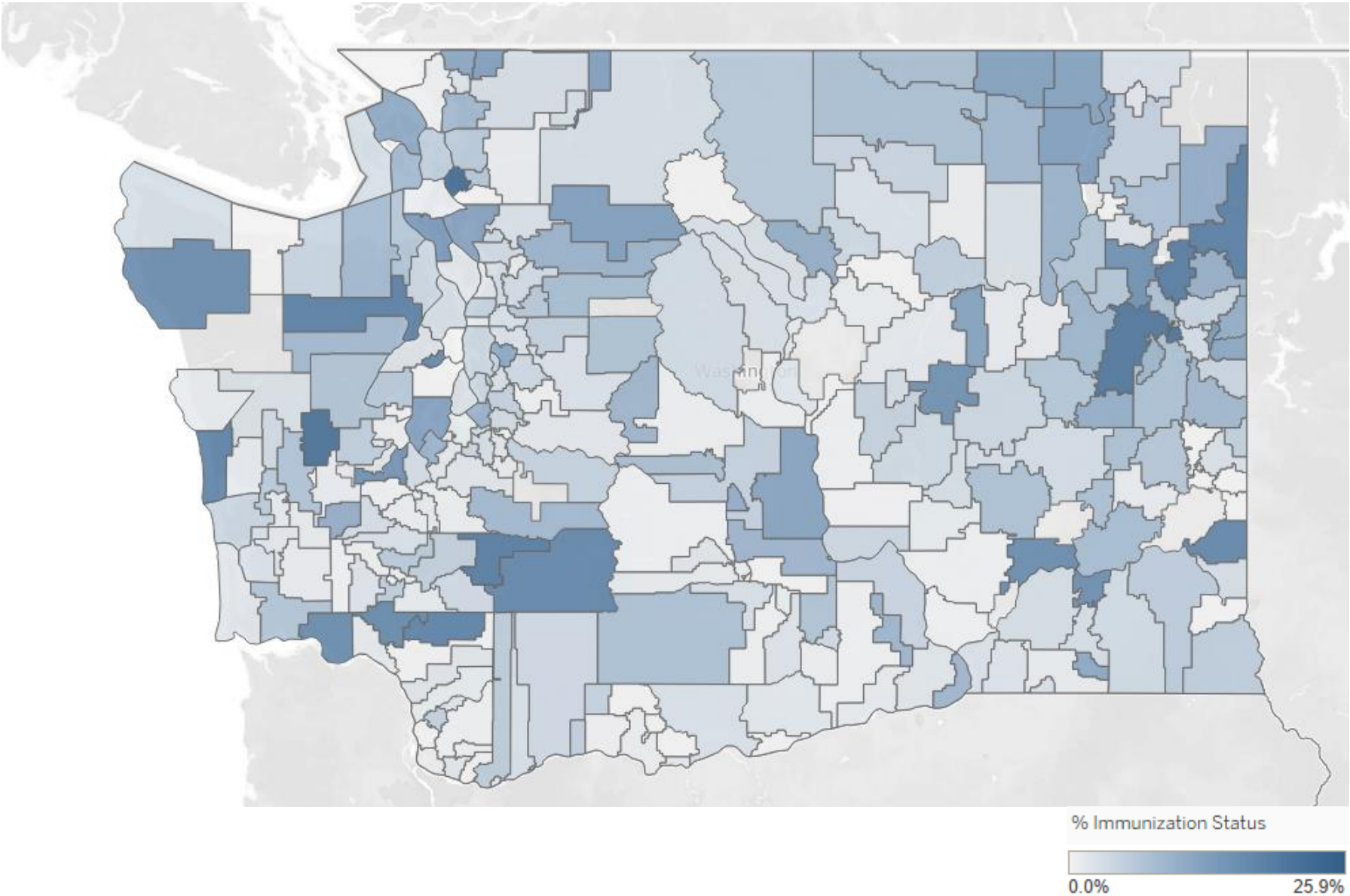
All K-12 students complete for required immunizations by school district, Washington, school year 2021-22



All K-12 students with school immunization exemptions by school district, Washington, school year 2021-22



All K-12 students who are out-of-compliance with school immunization requirements by school district, Washington, school year 2021-22



Summary

- 91.7% completion rate for all students
 - Slightly lower than last year, but has steadily improved in the last several years
- 3.5% with documentation of any type exemption
 - 3.6% Non-medical
 - 0.7% medical
- 4.5% out-of-compliance rate
 - Slightly higher than last year, but has steadily improved in the last several years
- Completion rates by county ranged from 76.1% to 97.8%

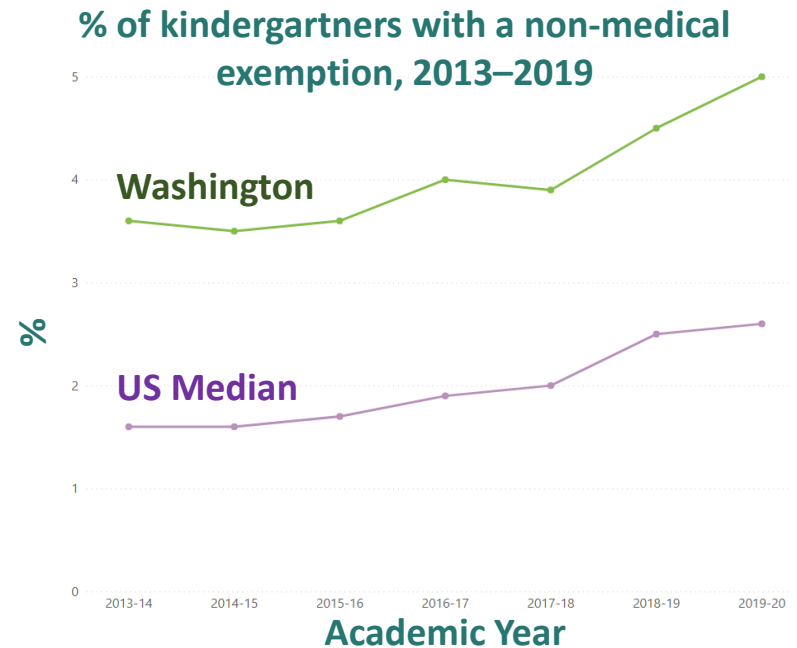
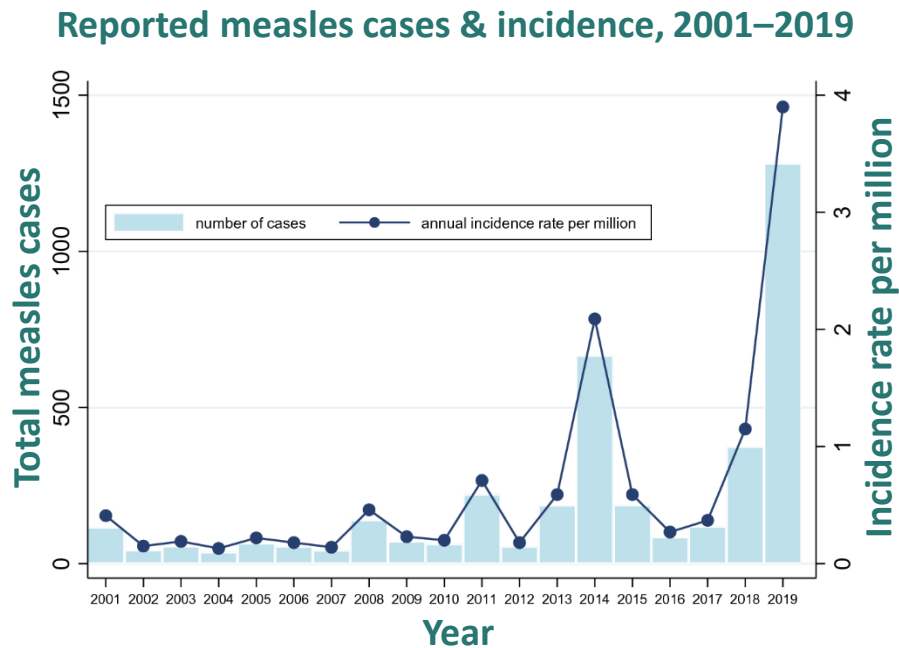


EHB 1638 MMR EXEMPTION LAW CHANGE ASSESSMENT

Introduction



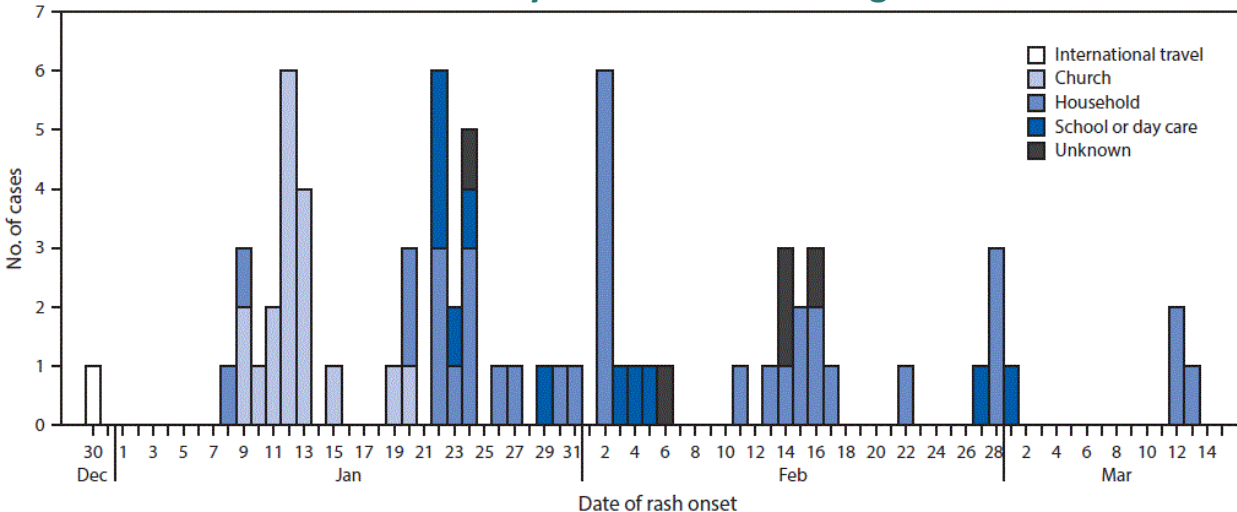
The public health problem: preventable measles in the US



Dimala, CA, Kadia, BM, et al. Factors associated with measles resurgence in the United States in the post-elimination era. *Sci Rep* 2021;11: 51. / Hall E, Wodi AP, et al. *Epidemiology and Prevention of Vaccine-Preventable Diseases*, 2021. Bednarczyk RA, King AR, et al. Current landscape of nonmedical vaccination exemptions in the United States: impact of policy changes. *Expert Rev Vaccines*. 2019;18(2):175-190.

2019 WA measles outbreak among mostly unvaccinated children

Number of measles cases by transmission setting & date of rash onset



- 71 cases – most statewide since 1990
- Declared a public health emergency
- 230 people worked on outbreak
- >\$800,000 cost to Clark County Public Health
- Low MMR vaccination coverage

“We must improve our immunization rates to prevent future outbreaks & keep our children & other vulnerable people safe.”

-Dr. Alan Melnick, Clark County health officer & Public Health director

EHB 1638

ENGROSSED HOUSE BILL 1638

AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

State of Washington 66th Legislature 2019 Regular Session

By Representatives Harris, Stonier, Robinson, Macri, Jenkins, Cody, Thai, Davis, Appleton, Doglio, Frame, Stanford, Bergquist, Santos, and Tarleton

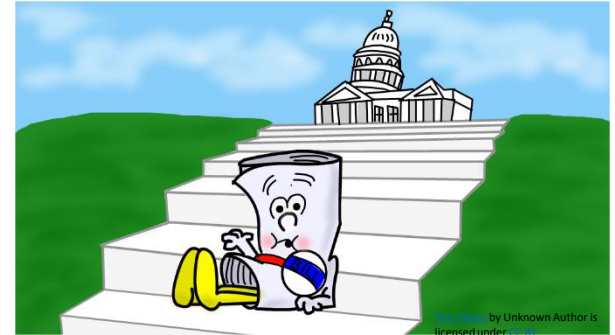
Read first time 01/25/19. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to promoting immunity against vaccine preventable
2 diseases; amending RCW 28A.210.080 and 28A.210.090; adding a new
3 section to chapter 43.216 RCW; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 *Sec. 1. RCW 28A.210.080 and 2007 c 276 s 1 are each amended to
6 read as follows:

7 (1) Except as provided in subsection (2) of this section, the
8 attendance of every child at every public and private school in the
9 state and licensed day care center shall be conditioned upon the
10 presentation before or on each child's first day of attendance at a
11 particular school or center, of proof of either (a) full
12 immunization, (b) the initiation of and compliance with a schedule of



- Took effect July 2019
- Medical & religious exemptions still allowed
- Only applies to MMR (personal & philosophical exemption still allowed for other vaccines)
- Concern about “replacement effect” and backlash

<https://www.washingtonpost.com/health/2019/04/18/washington-state-senate-passes-vaccine-bill-rebuke-anti-vaxxers/>

Study Aims

1. Estimate the impact of EHB 1638 on MMR completion and exemption rates among WA students
2. Determine if geographic completion and exemption rate patterns prior to EHB 1638 have persisted following EHB 1638 implementation

Methods



Data Sources

Annual Immunization Report Worksheet **TK-12 Schools - Public and Private**

If the school has Transitional Kindergarten, enter the total immunization status of each disease for all students in Transitional Kindergarten. *Count all children 5 years old and older as Complete for PCV and Hib, even if they have no PCV or Hib vaccine doses or have an exemption on file. PCV and Hib immunity is not required at 5+ years of age. Each disease can only have one immunization status per child.

Number of TK STUDENTS whose disease immunization status is	Grade	Diphtheria	Tetanus	Pertussis	Polio	Measles	Mumps	Rubella	Hepatitis B	Varicella	*Pneumococcal	*Hib
Complete	TK											
Out of Compliance	TK											
Conditional	TK											
Exempt – Personal/Philosophical Not allowed for Measles, Mumps or Rubella	TK					NA	NA	NA				
Exempt - Medical	TK											
Exempt - Religious	TK											
Exempt – Religious Membership	TK											

For SYs 2014-2015 – 2021-2022:

WA School Immunization Report

- Kindergarten MMR vaccine coverage
- K-12 exemption data
- Statewide, by county & by school district

OR School Immunization Report

- Kindergarten MMR vaccine coverage
- Statewide and Tri-County (Portland metro area)

Estimating Relative Changes in K MMR Completion

K MMR Completion – Interrupted Time Series Analyses (2014/15 – 2021/22)

1. In WA
2. In WA vs. OR (state)
3. In WA vs. OR (county)
4. In WA public vs private schools

Negative binominal regressions: model # of kindergarteners with complete MMR vaccination over time with population offset

Estimating Relative Changes in K-12 Exemptions

K-12 Exemptions

1. Any MMR exemption (*not specific to exemption type*)
2. Overall exemption types (*not specific to vaccine*)
 - Personal belief/philosophical
 - Medical
 - Religious
 - Religious membership

Stratified by public vs. private schools

Chi squared tests to identify significant changes from pre- to post-EHB 1638

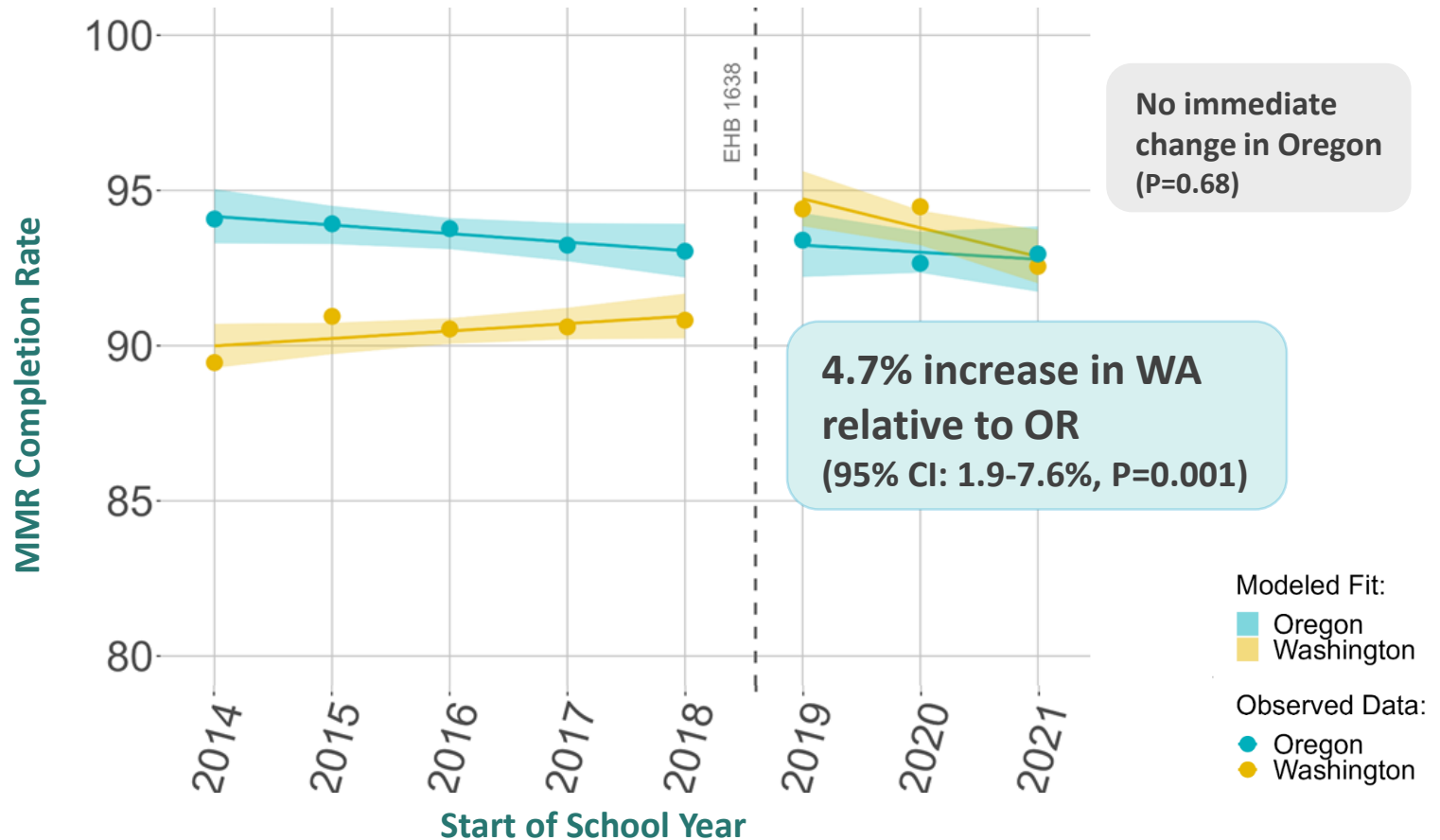
Assessing Geographic Patterns

- Pooled (all available years) Pearson correlation coefficients to assess changes at school district level:
 1. MMR exemptions rates pre- and post-EHB 1638
 2. Personal belief exemption rates pre-EHB 1638 and change in religious exemptions rates from pre- to post-EHB 1638
- Mapped MMR completion rates and exemption rates pre- and post-EHB 1638 by school district

Results

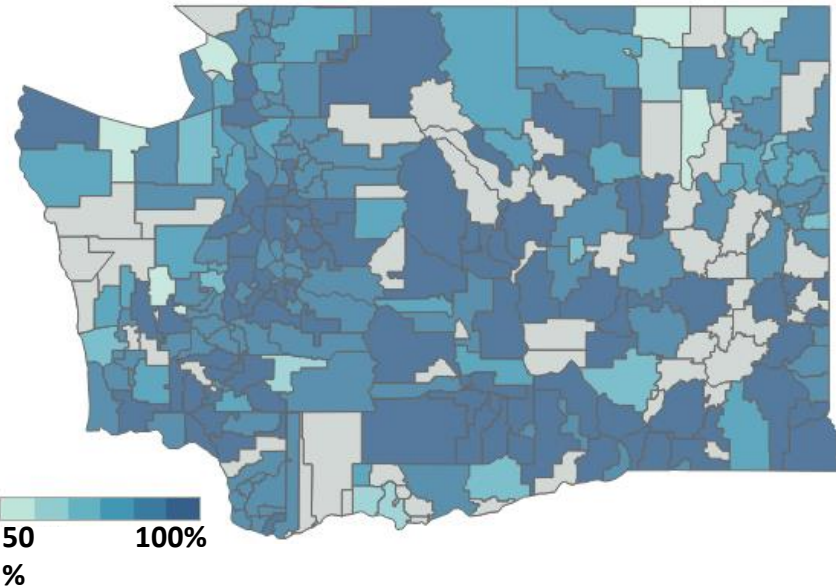


Change in MMR Completion Rates: WA vs OR

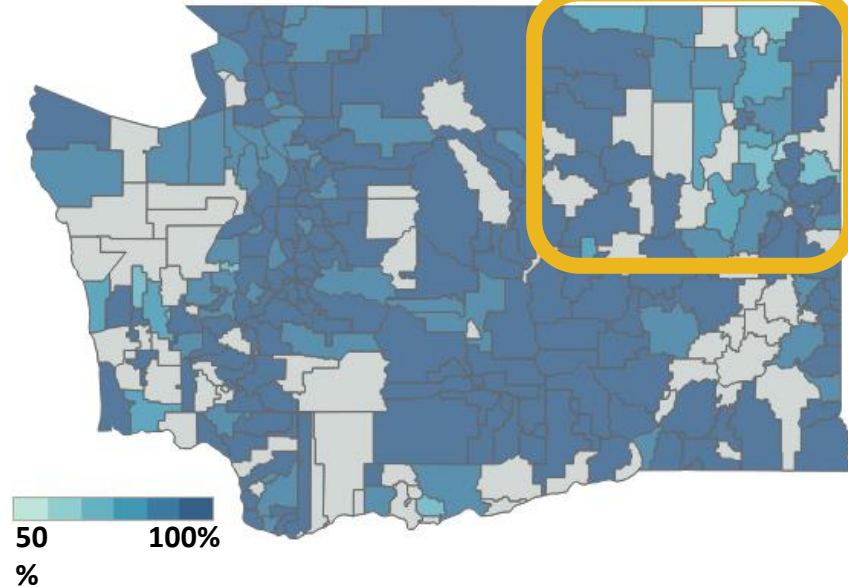


Change in MMR Completion Rates: Geographic Variability

Pre-EHB 1638



Post-EHB 1638



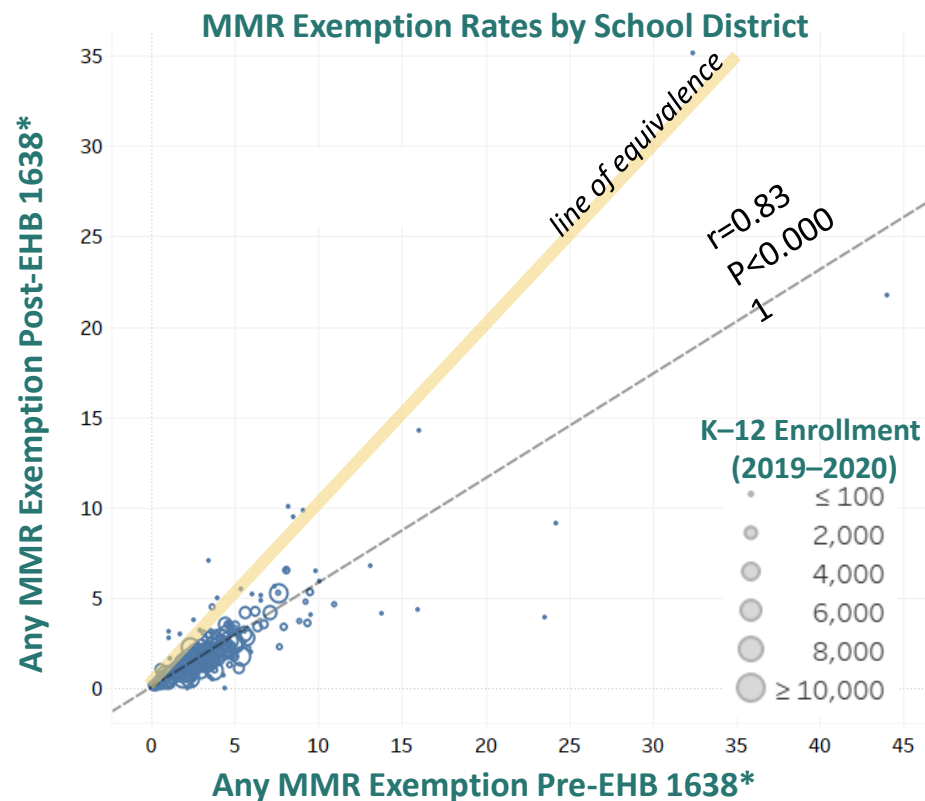
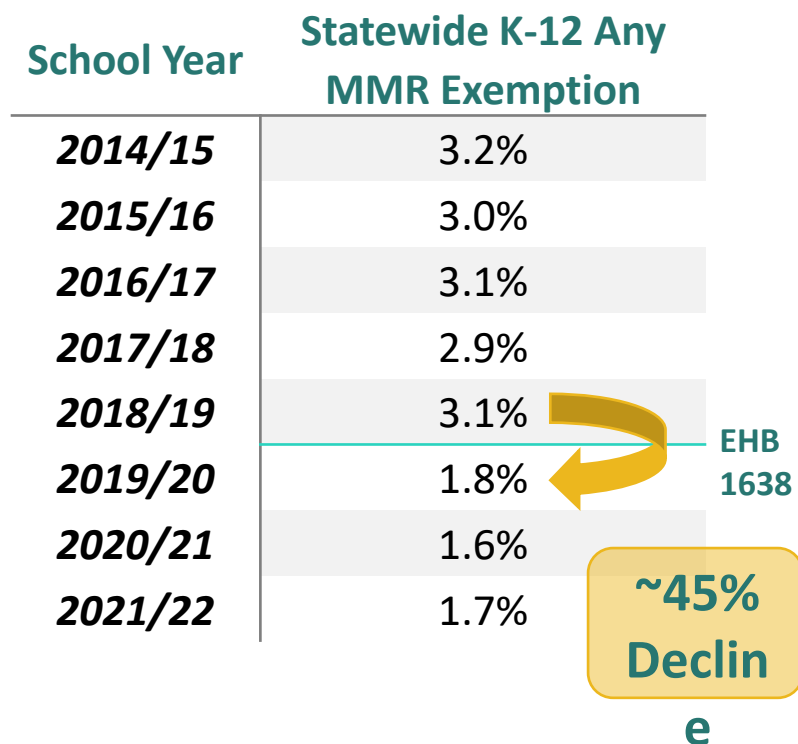
Districts in grey represent those without data for the relevant year, those excluded due to reporting errors, or those suppressed due to student enrollment under 10.

Summary: Change in MMR Completion Rates

Following EHB 1638, kindergarten MMR completion rates increased significantly relative to the years prior to EHB 1638

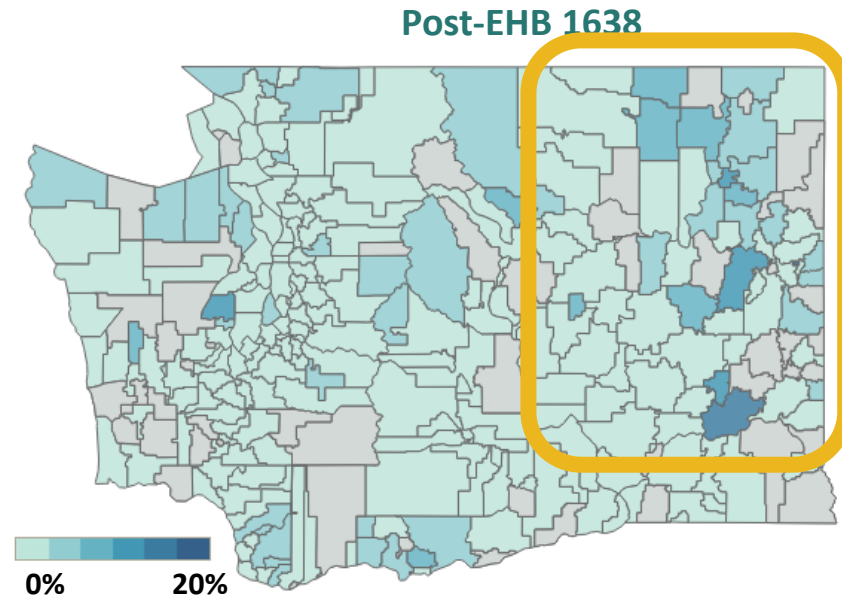
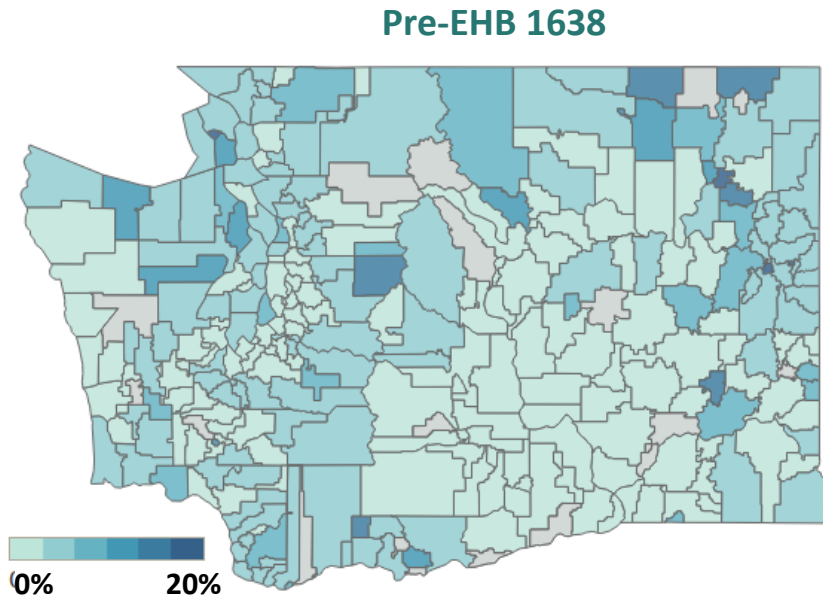
- 3.6% absolute increase in first year (90.8% in 2018/2019 to 94.4% in 2019/2020)
- Results similar when using Oregon as a control state
- Relative increase similar for public and private schools, although lower MMR completion rates lower overall for private schools
- Some geographic variability

Change in MMR Exemption Rates by School District



*All pre- and all post- years of data pooled.

Change in MMR Exemption Rates: Geographic Variability



Districts in grey represent those without data for the relevant year, those excluded due to reporting errors, or those suppressed due to student enrollment under 10.

Change in Religious, Personal Belief, and Medical Exemption Rates

K-12 Exemption Type				
School Year	Religious	Religious Membership	Medical	Personal Belief
2014/15	0.3%	0.1%	1.0%	3.9%
2015/16	0.3%	0.1%	1.0%	3.8%
2016/17	0.3%	0.1%	1.2%	3.9%
2017/18	0.3%	0.1%	1.0%	3.7%
2018/19	0.3%	0.1%	0.9%	3.7%
2019/20	1.4%	0.2%	1.0%	2.9%
2020/21	1.2%	0.2%	0.7%	2.2%
2021/22	1.4%	0.2%	0.7%	2.0%

4.6-fold-increase

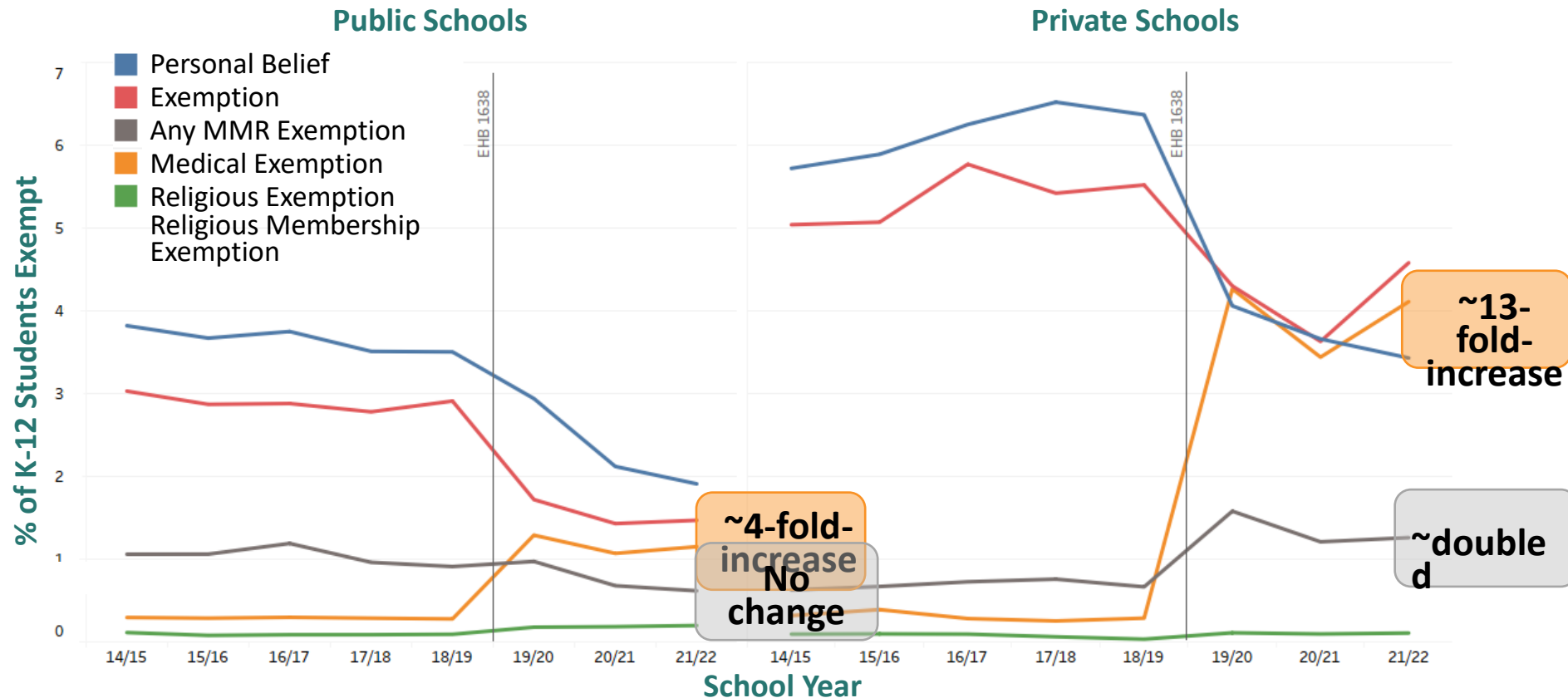
2X-increase

No Change

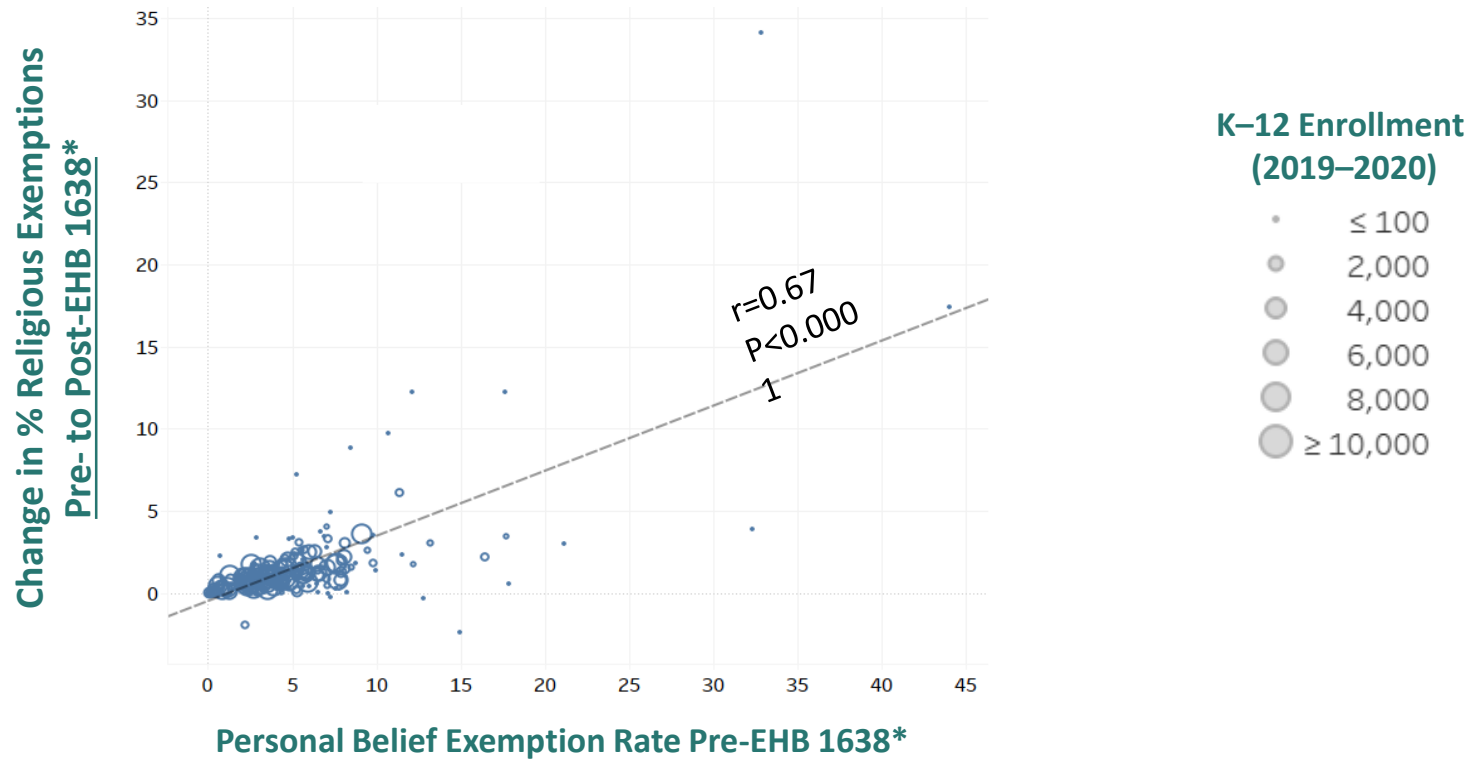
~25-45% Decline

EBH 1638

Change in Exemption Rates: Public vs. Private Schools



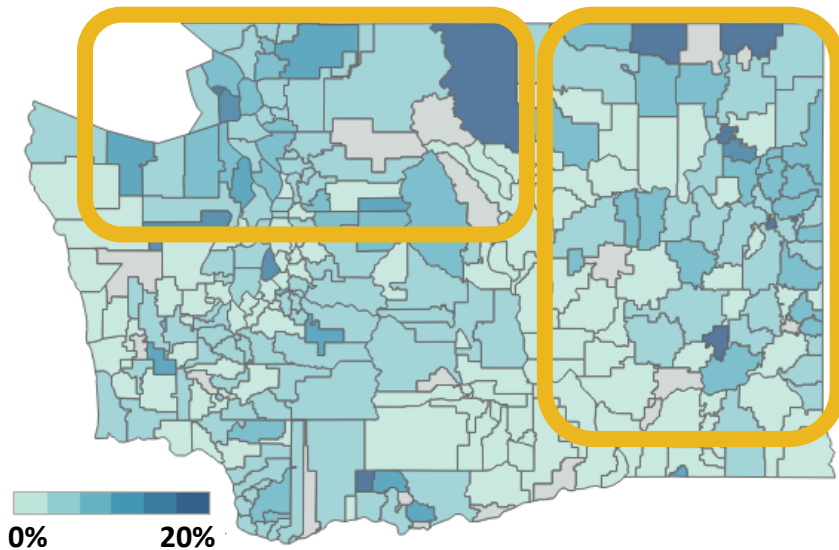
Correlation between personal belief exemptions and change in religious exemptions by school district



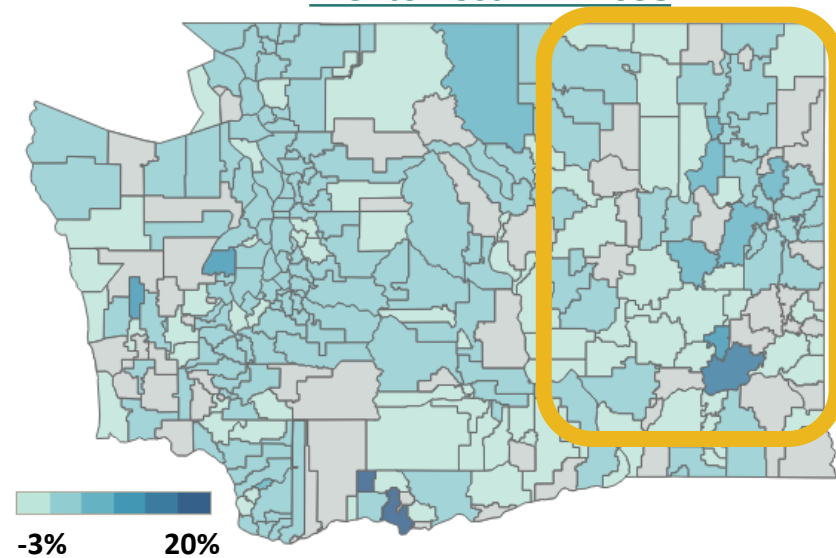
*All pre- and all post- years of data pooled.

Change in Exemption Rates: Geographic Variability

Personal Belief Exemption Rate Pre-EHB 1638



**Change in Religious Exemptions
Pre- to Post-EHB 1638**



Districts in grey represent those without data for the relevant year, those excluded due to reporting errors, or those suppressed due to student enrollment under 10.

Summary: Change in Exemption Rates

Following EHB 1638, K-12 MMR exemptions (any exemption type) decreased ~45% statewide

- Statewide personal belief exemptions (for any vaccine) decreased 25-45%
- Statewide religious exemptions (for any vaccine) increased ~2-4.6-fold and medical exemptions did not change
- Increase in religious exemptions much greater for private school and
 - medical exemptions increased for private schools only
- Personal belief exemption rate pre-EHB 1638 correlated with increase in religious exemptions
- Some geographic variability

Limitations

Data collection

- MMR exemptions by type / K-12 MMR completion not collected prior to 2019

Unable to assess long term impact

- Only three years post-EHB 1638 are available

COVID-19 disruptions

- Delayed data collection in first two years post- EHB 1638
- Disruptions to routine immunization services

Monitoring trends remains essential, particularly in communities with low vaccine coverage

Conclusions

1. EHB 1638 associated with **increases in kindergarten MMR completion rates**, but impact likely partially offset by increases in religious exemptions
2. Differences exist between **public and private schools** and vary **geographically**
3. Eliminating personal belief exemptions while allowing other exemption types for the MMR vaccine only **may be an effective approach to increase MMR coverage while balancing parental autonomy**

Thank you!

Vaccines protect individuals and communities.

Vaccination not only protects you.
It protects those who can't be vaccinated



#VaccinesWork
for All



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The Pharmacy
Guild of Australia

**NOT EVERYTHING
DESERVES A
COMEBACK.**

ESPECIALLY MEASLES.





QUESTIONS ?

Resources

School Module

- Webpage: www.doh.wa.gov/SchoolModule
- Email: SchoolModule@doh.wa.gov

School Annual Report Data

- Data Notes and Visualizations:
<https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization>

School Requirements/Reporting Questions: OICPSchools@doh.wa.gov

Thank you!

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