

Vaccine Advisory Committee (VAC) Meeting Minutes Draft

January 9, 2025

Chair/Facilitator:

Dr. Tao Sheng Kwan-Gett Washington State Department of Health

Members:

Dr. Beth Harvey

Dr. Christopher Chen

Dr. Charisse Gumapas

Dr. Gretchen LaSalle

Libby Page

Mylinh Nguyen

Dr. John Dunn

Dr. Francis Bell

Pediatrics

Dr. John Merrill-Steskal

Lauren Greenfield

Dr. Mary Alison Koehnke

Dr. Mark Larson

Dr. Stephen Pearson

Stephanie Stookey

Tam Lutz

Magali Sanchez

Sarah Kim

Dr. Seema Abbasi

Dr. Maithri Sarangam

Annie Hetzel

Korrina Dalke

Dr. Mary Anderson

Dr. Alisa Kachikis

Dr. Ed Marcuse

Wendy Stevens

Dr. Mark Larson

Representing:

Consultant

Health Care Authority

National Association of Pediatric Nurse Practitioners

Washington Academy of Family Physicians

Public Health Seattle – King County

Washington State Pharmacy Association

Kaiser Permanente

Washington Chapter of the American Academy of

Washington Academy of Family Physicians

Childcare Health Program Public Health

Naturopathic Medicine

Washington State Association of Local Public Health Officials

Washington Chapter of the American Academy of Pediatrics

Washington State Association of Local Public Health Officials

Northwest Tribal Epidemiology Center

Student Representative, University of Washington

School Nurse Representative, Bellevue School District

Washington Chapter of the American Academy of Pediatrics

Seattle Indian Health Board (appointed by Urban Indian Health Institute)

Office of Superintendent of Public Instruction

Health Care Authority

American College of Physicians

American College of Obstetricians and Gynecologists

Consultant

American Indian Health Commission for Washington (AIHC)

Kittitas County Health Officer

Washington State Department of Health Staff:

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Heather Drummond

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Teri Maitri

Meghan Cichy

Amy Sullivan

Katherine Graff

Janel Jorgenson

Peter Dieringer

Jessica Tatum

Jessica Haag

Kena Fentress

Jeaux Rinedahl

Topic	Presented Information
Welcome, Announcements, Introductions, Land Acknowledgement Dr. Tao Kwan-Gett	<p>Dr. Tao Kwan-Gett welcomed the committee members and notified them that packets are available for them.</p> <p>Dr. Tao Kwan-Gett did an overview of the agenda and housekeeping.</p> <p>This meeting has gone from ZOOM to Teams format.</p> <p>Dr. Tao Kwan-Gett provided a land acknowledgment and recognition.</p>
Conflict of Interest & Approval of Previous Meeting Minutes Meghan Cichy Dr. Tao Kwan-Gett	<p>Meghan read the committee's Conflict of Interest Policy.</p> <p>Meghan did roll call for the following who were present.</p> <p>No conflicts of interest were declared.</p> <p>Dr. Tao Kwan-Gett asked committee members to review the minutes from October 17, 2024.</p> <p>The meeting minutes were approved and will be published on the website.</p>
Public Comment Dr. Tao Kwan-Gett Lisa Balleaux	<p>Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.</p> <p>3 minutes were given for public comment.</p> <p>Natalie Chavez- talked about the health board in Idaho removing COVID vaccines after hearing public comments about COVID-19 vaccines. This individual brought up the documentary My Biggest Battle – which is about someone who got permanently disabled after getting the COVID-19 vaccine. They encourage everyone to visit this site heikosepp.com and to visit this person's GoFundMe page.</p> <p>Juliet Dang – executive medical science liaison, has said that 34 million 6th awards for Barta. CSL secures helps with outbreak awareness. Patients would come in and they would vaccinate them. This study is in the second season.</p>
Office of Immunization Program Director Updates Jamilia Sherls	<p>Office Updates:</p> <ul style="list-style-type: none"> • Dr. Umair Shah resigns as DOH's Secretary of Health <ul style="list-style-type: none"> ○ Resignation is effective as of January 15th, 2025 • State Budge Freeze <ul style="list-style-type: none"> ○ Impacts hiring and contracts/purchases over \$10,000 ○ Federal funding is an exception to the freeze, which is a bulk of the funding that supports the Office of Immunization ○ Still need to seek approval in most spending including federal funding in

some cases.

- Expect freeze to remain in place through June 30, 2025.

Immunization Notice of Funding Opportunity (NOFO)

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

Will be working on this over the next 60 days. They received notice of no cost extension through June 2027.

Data and Surveillance: Vaccination Dashboards

The Office of Immunization vaccine dashboards.

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

Dashboards are updated weekly on Wednesdays.

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

Birthing Hospitals

- Seeing less demand for COVID vaccines and RSV vaccines.
- Nirsevimab was administered to 26,000 doses were administered to infants.
- Going to reach out to every birthing hospital in Washington State, even those not enrolled.
- Outreach to birthing hospitals regarding RSV Nirsevimab administration
- Identifying needs and barriers for hospitals
- Creating and implementing webinars

- Facilitating hospital enrollment in CVP

**RSV Nirsevimab
Distribution Update**

as of 12/30/24

Total Doses Ordered to date: 41,820 doses

- ✓ 17,680 doses of 50 mg
- ✓ 24,140 doses of 100 mg
- ✓ (84 doses of Abrysvo)

Tribal Nations and Confederacies

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

ACIP RSV Immunization Seasonal Recommendations Summary*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Infants and children (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†				
Pregnant people (Pfizer, Abrysvo)	Administer during September–January in most of the continental U.S.						ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†					
Adults 60+ (Abrysvo, Arexxy, mRESVIA approved 5/24)	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.											
					Recommended timing for immunization				Timing NOT recommended for immunization, except in limited situations (as indicated in chart)			

*Source: CDC/NCHD/ATSDR All American Fall (season 2024)

2024-25 COVID-19

Vaccination Recommendations

- Everyone 6 months and older is recommended to receive a single 2024-2025 COVID-19 vaccine dose.
- People ages 65 years and older are up to date when they have received 2 doses of any 2024–2025 COVID-19 vaccine 6 months apart.
- While they are *recommended* to get 2024-2025 COVID-19 vaccine doses 6 months apart, the *minimum* time is 2 months apart, which allows flexibility to get the second dose prior to typical COVID-19 surges, travel, life events, and for those who have infrequent healthcare visits.

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

Agricultural Seasonal Flu Outreach

Care- A- Van

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

Outreach Planning Guide:

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

Pop-Up Clinic Guide:

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

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

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

Culturally and Linguistically Appropriate Outreach:

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

Agriculture Worker Flu Vaccination Outreach Plan Updates

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

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

This guide has information on how organizations and communities can support Agricultural workers in their region, what their barriers are, what successful actions we can build on together.

Agriculture Worker Flu Vaccination Outreach Plan Updates



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Future Vaccine Resources: H5N1

- [CDC Bird Flu Situation Summary](#)
- [ASPR Human Vaccine preparation](#)
- [FDA Approves Arcturus Human Vaccine Trials](#)

- [CureVac Human Vaccine Trial](#)
- [CDC - Genetic Analysis of recent human infections](#)
- [HHS News - Bovine Vaccine Trials.](#)
- **2 human vaccine trials for H5N1**
- **Started bringing vaccines from storage to distribution.**
- **USDA is starting Bovine Vaccine Trials**

DTaP and Tdap Vaccine Recommendations



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Pop-Up Immunization Clinic Guide

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

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

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

Vaccine Access and Resources

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

OI Kudos

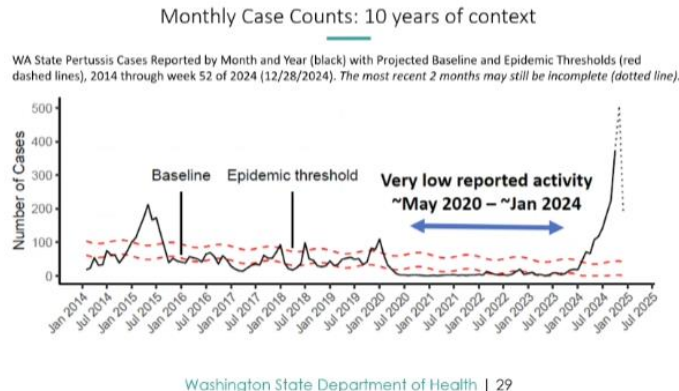
	<ul style="list-style-type: none">• Jamilia Sherls elected as 2025 Secretary-Treasurer for the Association of Immunization Managers (AIM).• Sherry Carlson and Jamilia Sherls co-presented “Authentic Engagement with Ukrainian Communities as an Approach to Vaccine Education and Outreach” at the 2024 AIM Leadership in Action Conference, New Orleans, LA.• Katherine Graff presented at the 2024 STC Health Conference on use of the school module functionality. She also presented at the School Nurses Organization of Washington Conference last October on updates for school and childcare immunization requirements.• Grade 7 through 11 must have 1 Tdap at age 10+ (in addition to 5 doses of DTaP)• Grade 12 must have 1 Tdap at age 7+• 2025-2026 school year – all students grade 7-12 must have a Tdap at age 10+• Must have DTaP, IPV, MMR, Varicella vaccines by the 1st day of school or within 30 days after 4th birthday, whichever is later. <p>No questions at this time.</p> <p>Dr. Tao Kwan-Gett says great job about vaccinating ag workers. Promoting this helps protect against co-infection.</p> <p>Minutes are now approved.</p>
<p>Office of Immunization Updates</p> <p>Pertussis and Mpox Update</p> <p>Benjamin Meana Amanda Dodd Chas DeBolt</p>	<p>Pertussis Immunization Coverage in Washington</p> <div><p>Pertussis</p><p>1. DISEASE REPORTING</p><p>A. Purpose of Reporting and Surveillance</p><ol style="list-style-type: none">1. To prevent illness and death, particularly among infants younger than 1 year, and among persons who may transmit pertussis to infants.2. To limit transmission of pertussis in settings with infants or others who may transmit pertussis to infants.3. To monitor the epidemiology of pertussis in Washington state.<p>B. Legal Reporting Requirements</p><ol style="list-style-type: none">1. Health care providers and facilities: notifiable to local health jurisdiction within 24 hours.2. Laboratories: <i>Bordetella pertussis</i> notifiable to local health jurisdiction within 24 hours; submission of culture isolates required, when available (2 business days).</div> <p>Washington State Department of Health 26</p> <p>All data presenting in the following slides is preliminary and subject to change. Some cases are still under investigation.</p> <p>Criteria used for classifying pertussis cases</p> <p>Clinical case definition</p> <p>A cough illness lasting at least 2 weeks, with at least one of the following:</p> <ul style="list-style-type: none">• Paroxysms of coughing• Inspiratory whoop• Post-tussive vomiting• Apnea

Laboratory diagnostics

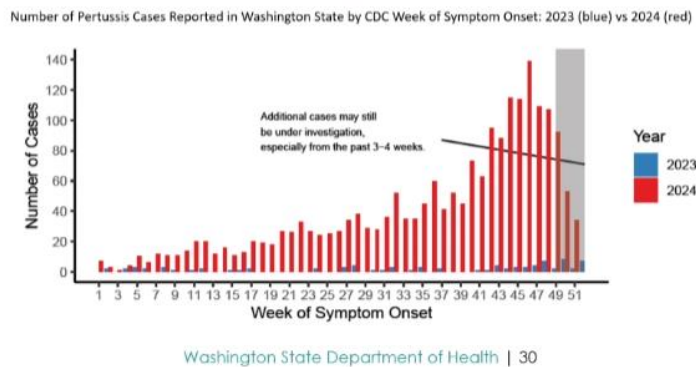
- A positive bacterial culture for *B. pertussis*
- Positive PCR test for *B. pertussis*

Serology is not considered a valid test for surveillance purposes.

Monthly Case Counts: 10 years of context

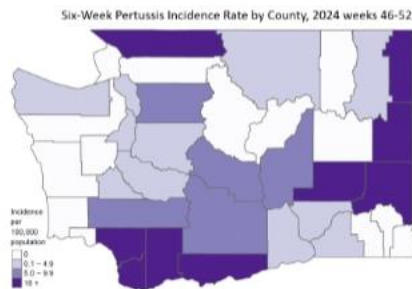


Weekly pertussis case counts, through 12/28/2024 (week 52) 2,040 cases compared to 87 by the same week in 2023



- 2,040 statewide in 2024 compared to 80 something in 2023
- Peak 6-8 weeks prior potentially

Six-Week Pertussis Incidence Rates by County,



The incubation period for pertussis is up to 21 days, so six weeks represents two 21-day incubation periods. Outbreaks of pertussis are usually declared over after six weeks have passed with no additional cases. The map above uses the past six weeks of data to highlight areas where the potential for continuing outbreaks exists based on current patterns of reported pertussis disease.

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- Higher populated areas are seeing a lot of cases

Ages of Confirmed and Probable Pertussis Cases

WA Pertussis Cases by Age Group, 2024 weeks 1-52

Age Group	OFM 2022 Population	Number of Cases	Rate per 100,000 persons	% of cases by age group*
< 1	88,441	172	194.5	8
1 - 4	349,505	384	109.9	19
5 - 9	476,054	328	68.9	16
10 - 13	396,426	244	61.5	12
14 - 18	480,566	529	110.1	26
19 - 24	588,771	164	27.9	8
25 - 44	2,225,672	135	6.1	7
45 - 64	1,911,375	60	3.1	3
65+	1,347,568	24	1.8	1
All ages	7,864,378	2,040	25.9	100

*Due to rounding, percentages may not always add up to 100%

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- 14-18 age group is highest now

Ages of Confirmed and Probable Pertussis Cases

School age children: 1,101 cases, 54%

WA Pertussis Cases by Age Group, 2024 weeks 1-52

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Hospitalization (under 1)

Hospitalized at least overnight for pertussis?	n	%
Yes	14	8.1%
No	155	90.1%
Missing (not yet completed)	3	1.7%
Total	172	

Of the 14 hospitalized infants:

- Only one was known to have been born to a person who had received Tdap during this pregnancy (7%)
- Four were old enough to have received one or more doses (29%)
- Two had received any doses of pertussis-containing vaccine

Hospitalization (all ages)

Hospitalized at least overnight for pertussis?	n	%
Yes	33	1.6%
No	1,979	97.0%
Unknown	3	0.1%
Missing	25	1.2%
Total	2,040	

- Only 11 hospitalized patients were known to have ever received a documented dose of pertussis-containing vaccine (33%)

Summary

- More than half of cases were among school-aged children (5 – 18 years old).
- All school-aged children were born when only acellular pertussis vaccine was available.
- K-12 schools may be a key setting for the transmission of pertussis in WA in 2024.
- A high percentage of pertussis cases have been reported among children 1 to 4 years old.

- Most of these children were born since 2020, when routine pertussis immunization coverage decreased.
- Most hospitalized patients had no documented history of pertussis vaccination.

Weekly Pertussis surveillance report can be found at:

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-254-PertussisUpdate.pdf>

Questions? Contact: vpd-cde@doh.wa.gov

Final report for 2024 will be later in 2025

Questions for Pertussis: 1/9/2025

Do you know how these cases are being diagnosed and how the testing varies by county?

Answer: Not sure about that data, does not know lab confirmed vs probable. Most cases confirmed by PCR, or clinical, or epidemiology. Testing has increased with as more awareness is about pertussis. The requirement for 2-week of cough after PCR positive has been removed. Probable case is the full definition with 2 week of cough and 2 other symptoms. What is being diagnosed is probably 10-15% of what is actually out there. PCR was available they were inundated. Now they don't see many at the state public health lab.

Ed Marcuse: Pertussis among healthy adults is not suspected and goes under diagnosed. What we know is the tip of the ice burg on that.

Frank Bell: Has heard from families with large bills following visits for pertussis testing does not help, financial barrier to testing Adequately. But it does not change the treatment for the symptoms.

Dr. Gretchen LaSalle: Do we have data on adults up to date on their Tdap? In the adult category of Tdap?

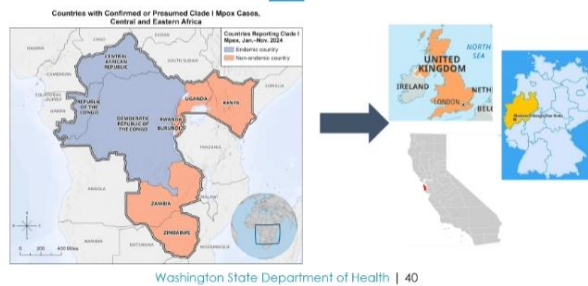
Jamilia- I do not have a lot of adult data but will let Meredith add on.

Meredith: Data quality in IIS for adults that makes it more challenges for surveillance the way they do for children. There is some work they are doing on that to have more reliable data.

Jamilia: They push boosters after 10 years. There is a push for pregnant people. Partnering with Vax NW and hope to have results in June and hope to see how they can increase rates at that time.

Mpox Update

Clade I Mpox Case Reported in CA



- Clade 2 is mild, still had lesions and quality of life issues
- Clade 1 and 2 endemics in central Africa
- Clade 1 outbreak has been transmitted to other countries
- Current case fatality is 3%
- Central African region and a case reported in France
- Global transmission is happening
- Clade 1 transmission can occur in the household

Clade I Outbreak Risk in United States

Population	Overall risk
Overall U.S. population	Low
Children (via household transmission and direct, non-sexual contact)	Low
Men who have sex with men (MSM) and people who have sex with MSM, regardless of gender (via sexual transmission)	Low to Moderate
Adults (via sexual transmission between men and women)	Low
Confidence level in assessment Moderate <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

- If clade 1 outbreak happened in children, even though low, it would be a moderate risk because children have more disease

Health Alerts and Advisories

- 11/16: CDC Health Alert
- [CDC HAN - First Case of Clade I Mpox Diagnosed in the United States](#)
- 11/16: CADPH Health Alert
- [California Department of Public Health \(CADPH\) - California Reports First Known U.S. Case of Emerging Mpox Strain](#)
- 11/22: WA DOH Provider Alert
- [Provider Alert: First reported case of clade I mpox in California](#)
- 12/05: [CDC Dear Clinician Letter – Mpox Updates for Clinicians](#)

Action Items

- If a patient is anticipating traveling to [an area where clade I mpox is spreading in between people](#), health care providers should:
- Conduct a sexual health history with their patients and discuss travel plans, including whether the patient anticipates having any sexual or direct contact with individuals while traveling.
- Discuss [mpox prevention strategies](#).
- Offer mpox vaccination to travelers regardless of the patient's gender identity or sexual orientation if they anticipate experiencing any of the following:
 - Sex with a new partner,
 - Sex at a commercial sex venue, like a sex club or bathhouse,
 - Sex in exchange for money, goods, drugs, or other trade,
 - Sex in association with a large public event or festival.
- Continue to consider the diagnosis of and test for mpox in all patients with [compatible signs and symptoms](#).

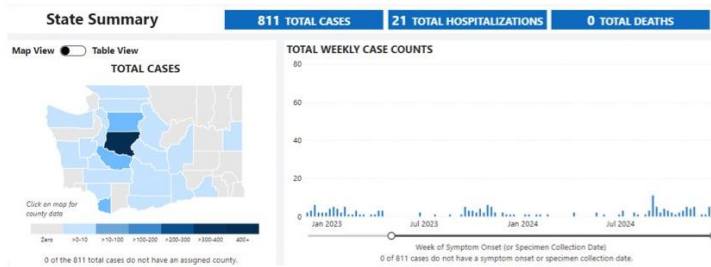
Action Items (continued)

- Continue to consider the diagnosis of and test for mpox in all patients with [compatible signs and symptoms](#).
- This includes individuals with symptoms who have traveled to Central or Eastern Africa in the 21 days before symptoms onset (including, but not limited to, Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of Congo, Rwanda, Uganda, Zambia, or Zimbabwe).
- Management for clade I mpox is the same for clade II mpox and local health jurisdictions and health care providers should follow [WA DOH](#) and [CDC guidance](#).
- Health care providers should continue to vaccinate [individuals who are eligible](#) to receive mpox vaccination and order vaccine supply off of the commercial market for their own clinics and practices.

50% of people with cases still got Mpox vaccine

- Send specimens to the WA PHL for patients with clinically compatible signs of mpox AND
- Report recent travel to central Africa (or other areas with ongoing clade I mpox transmission) AND/OR
- Contact with a confirmed clade I mpox case.
- Provide appropriate [isolation recommendations](#) to patients while their test results are pending and after a positive test result.
- Medical care providers who provide care to gay or bisexual men, their partners, or members of the community should talk to their patients about [mpox vaccination](#), as well as [PrEP to prevent HIV](#) and [doxy PEP](#) to prevent STIs.

Clade II Cases



- We continue to receive reports of clade II mpox. Transmission is still sexual in nature among queer men.
- No wastewater detection

Mpox Guidelines Update

- See guidelines here: [Mpox Reporting and Investigation Guidelines](#)
- Major updates include:
- Interim case definitions for clade I mpox and incorporation of clade I mpox in infection control and prevention, case investigation, and vaccine recommendations (Section 3E).
- Expanded mpox testing and clade determination testing at Washington State Public Health Laboratories (PHL), recommendations for conducting clade determination testing, and how to submit specimens to PHL for clade determination testing (Section 4).
- Expanding close contact exposure notification based on whether there was a high-risk, intermediate-risk, uncertain to minimal risk, and no identifiable risk of exposure including recommendations for each exposure risk level (Section 5G).
- Occupational mpox exposure risk level changes where high-risk criteria narrowed (Section 6A).
- Infection control guidance for schools based on recommendations from the Office of Superintendent of Public Instruction and the CDC (Section 6B).
- Infection control guidance for reducing mpox transmission in congregate settings based on new CDC guidance (Section 6C).

Vaccine Locator Tool Update

- CDC has retired Mpox vaccine locator tool: <https://mpoxvaccine.cdc.gov/>
- If you have the tool on your website, consider removing it.
- Feel free to promote the DOH Care-a-van which continues to offer JYNNEOS at events.
- [Care-a-Van Mobile Health Services | Washington State Department of Health](#)
- Start to identify where JYNNEOS is being administered in your jurisdiction.

JYNNEOS Vaccine Coverage

- Medicaid and Children's Health Insurance Program (CHIP)
- Medicare

- Part D
- Covers vaccines for preventative care
- Part B
- Covers PEP
- VA
- TRICARE
- Private/Commercial Insurance
- WA Early Intervention Program
- WA PrEP Drug Assistance Program (for those who are insured and uninsured)

Needing help with clinics and providers to have Jynneos in clinics. Hoping for better reimbursement rates in 2025. Finding access point gaps. Walgreens typically has it
Under affordable care act they have to reimburse
WA AIDS program will cover Jynneos, and Prep with cover for last resort

TPOXX Update

- On 11/27, STOMP trial stopped enrolling people with mpox into trial.
- No adverse safety signal was reported and people who received tecovirimat were not instructed to stop taking it.
- Only option to connect patients to TPOXX is through [CDC's Expanded Access-Investigational New Drug Protocol \(EA-IND\)](#).
- Providers and Facilities need to enroll online: [TPOXX IND Registry for Providers and Facilities](#)
- If a patient is not eligible to receive TPOXX through EA-IND, there are other therapeutics for a patient [supportive care and pain management](#).
- Health care providers should enroll in the TPOXX IND Registry and call their LHJ for support in getting TPOXX. LHJs should contact DOH (mpoxconsult@doh.wa.gov) for support if they need support.

CDC TPOXX EA-IND Criteria

Oral TPOXX Via NIH's STOMP vs. CDC's EA-IND Protocol



STOMP Inclusion Criteria

- Illness duration <14 days;
 - At least 1 active lesion (i.e., not scabbed) or proctitis; and
 - No prior or concomitant TPOXX receipt*
- Randomized STOMP Arm Only**
- Non-pregnant or non-lactating adults with mild illness who do not have severe immunocompromise or active skin conditions
 - Those who develop severe mpox or have persistent severe pain will move to the open-label arm and receive oral TPOXX

EA-IND Eligibility Criteria[§]

- Severe immunocompromise (e.g., HIV with CD4 < 200 cells/mm³, leukemia, solid organ transplantation)
- Active skin condition(s) affecting skin integrity (e.g., eczema, impetigo)
- Pregnant or lactating
- Child < 18 years
- Protracted or life-threatening manifestations (i.e., lesions affecting ≥ 25% of body surface that may be confluent, necrotic, and/or hemorrhagic in appearance or cause sepsis; disease resulting in airway compromise or affecting the nervous system; cardiac and/or neurologic disease; ocular or periorbital infection)

Open-Label STOMP Arm or EA-IND

- Severe immunocompromise
- Active skin conditions
- Pregnant or lactating
- Child < 18 years
- Severe mpox† or protracted or life-threatening manifestations of mpox‡

EA-IND Only: patients who meet EA-IND eligibility but not STOMP inclusion criteria (e.g., illness onset ≥ 14 days and/or prior TPOXX receipt)

* Children <18 years and pregnant and/or lactating persons may have received up to 3 days of TPOXX immediately prior to enrollment
 † STOMP severe mpox definition (e.g., ocular involvement; facial lesions on the malar, nose, or eyelid; confluent facial lesions; hospitalization due to monkeypox virus infection) is broader than the EA-IND's protracted or life-threatening manifestations
 ‡ As defined in Section 2.1 of the EA-IND protocol

CDC/NIH 4 | 9/18/2024

Mpox Care Kit

TOOLS TO BUILD YOUR OWN MPPOX CARE KIT
THIS CAN ALSO HELP PREVENT EXPOSURES



How to take care of yourself when diagnosed with Mpox



These are recommendations. You should always talk to your provider for recommendations based on your case and symptoms.

Paquete de cuidado para la viruela símica

¿Qué es la viruela símica (el Mpox en inglés)? La viruela símica es una enfermedad causada por el virus de la viruela símica. Este virus pertenece a la misma familia del virus de la viruela, pero la viruela símica es menos contagiosa que la viruela. Además, no se transmite de persona a persona.

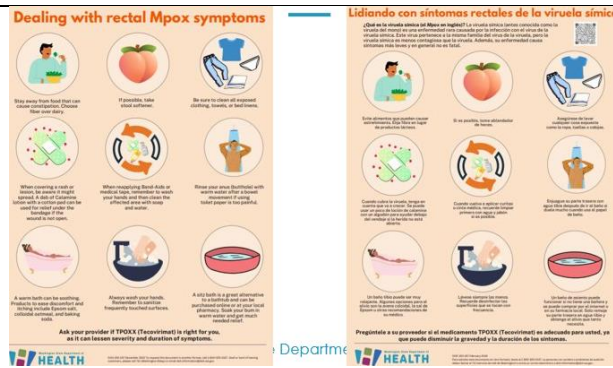
Las herramientas de cuidado para la viruela símica. Esto también puede ayudar a prevenir exposiciones.



Cómo cuidarse cuando se le diagnosticó con la viruela símica



Estas son recomendaciones. Siempre debe hablar con su proveedor para obtener recomendaciones basadas en su caso y síntomas.



DOH Mpox Website Update

- Updated FAQs in both [English](#) and [Spanish](#).
- New FAQs/talking points for:
- Booster doses
- Clade I
- Additional coverage options for JYNNEOS – EIP and PrEP DAP
- Vaccine hesitancy
- Provider information:
- Commercial availability of JYNNEOS

Resources

- [Mpox | Washington State Department of Health](#)
- [Mpox Frequently Asked Questions | Washington State Department of Health](#)
- [WA DOH Mpox Reporting and Investigation Guidelines](#)
- [WA DOH Guidelines For JYNNEOS Vaccine Use](#)
- [Care-a-Van Mobile Health Services | Washington State Department of Health](#)
- [JYNNEOS-Coverage-Fact-Sheet-10-24.pdf](#)
- [MPOX Care Kit](#)
- [MPOX Care Kit - Spanish](#)
- [How to Take Care of Yourself When Diagnosed With Mpox](#)
- [How to Take Care of Yourself When Diagnosed With Mpox - Spanish](#)
- [Dealing With Rectal Mpox Symptoms](#)
- [Dealing With Rectal Mpox Symptoms - Spanish](#)

Mpox Program, Office of Infectious Disease

Mpoxconsult@doh.wa.gov

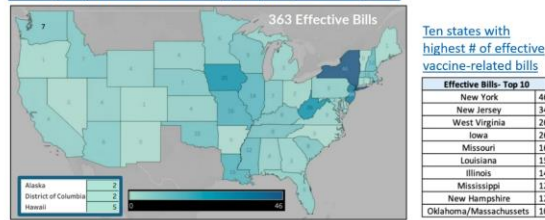
564-669-3442

Policy Outlook
Update
Meghan Cichy

Legislative Trends

Legislative Trends

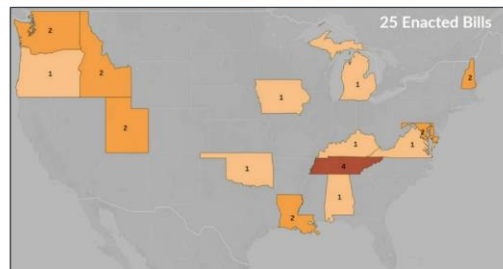
Effective vaccine-related bills that were **introduced, considered, enacted, and/or vetoed** between August 1, 2023, and June 1, 2024



- Information is from the Association for Immunization Manager or AIM's summary report for the 2023/2024 Legislative Session
- AIM identified 497 total vaccine-related bills that were introduced, considered, enacted, and/or vetoed between August 1, 2023, and June 1, 2024
- Because it is common in many states for the same bill language to be introduced in both the house and senate AIM accounted for this "duplicative" legislation and identified 363 effective vaccine-related bills. This is a decrease from the past few years but is still above pre-COVID-19 levels.
- Washington state had 7 bills introduced during last year's legislative session

Legislative Trends

Effective vaccine-related bills **enacted** between August 1, 2023, and June 1, 2024



Effective vaccine-related bills **enacted** between August 1, 2023, and June 1, 2024

Of the 362 vaccine-related bills, 27 bills were enacted by the legislature, that's 7.44%, between August 1, 2023, and June 1, 2024. Two bills were subsequently vetoed by the governor, for a total of just 25 vaccine-related bills, or 6.89%, becoming law during this period. Fifteen of the enacted bills or 60%, make it easier to get vaccinated and ten of bills, or 40%, make it harder to get vaccinated.

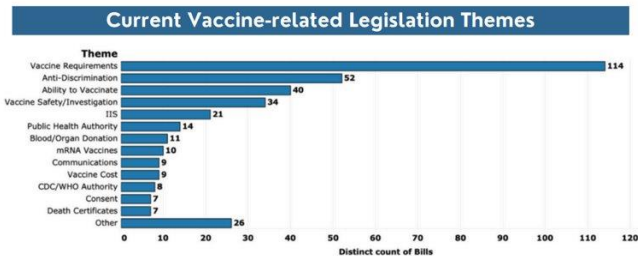
The bills that were enacted in Washington include:

- HB 1957 which preserves health insurance coverage of preventive services, including vaccination, without cost sharing.

- And SB 5982 and its companion HB 2157 which was our agency request legislation updating the definition of vaccine in the Washington Vaccine Association statute for purposes of maintaining access to vaccines through Washington’s Universal Vaccine program

Legislative Trends

- [Vaccine Related Legislation](#)



- Last session, Washington state had bills introduced related to Vaccine Requirements, Anti-Discrimination, Public Health Authority (standing orders agency request legislation), Vaccine Costs, Communications, and one “Other” category bill which was our agency request legislation to update the definition of vaccine in the Washington Vaccine Association statute.

Future Policy Update

- Pre-filed bills started dropping in December
- Any immunization/vaccine related bills?
- Legislative Session begins on January 13th
- Sine Die will be April 27th
- [Cutoff Calendar](#)
- Our next VAC meeting will be April 10th

Questions: None

Immunization Quality Improvement for Providers (IQIP) Update

Chrystal Averette

Washington State Immunization Quality Improvement for Providers (IQIP)

VFC/AFIX Background

- The VFC program was created by the Omnibus Budget Reconciliation Act of 1993 and was implemented in October 1994.
- VFC funds were awarded to state, local, and territorial jurisdictions to conduct quality assurance reviews to assess VFC-enrolled providers’ compliance with the requirements of the VFC program.
- CDC later developed and implemented the “Assessment, Feedback, Incentives, and eXchange” (AFIX) program in partnership with its Immunization and Vaccines for Children program, assessment visits were implemented in public-sector clinics to improve immunization practices and vaccination coverage.

CDC AFIX Evaluation from 2016-2018

- Reviewed AFIX policies and procedures
- Reviewed data collection and analytic tools
- Observed AFIX site visits
- Analyzed IIS and AFIX Online Tool data
- Gathered feedback
 - CDC colleagues
 - Awardee AFIX staff
 - Program managers
 - AIM's IPOM review (AFIX section)
 - External partners

What is IQIP?

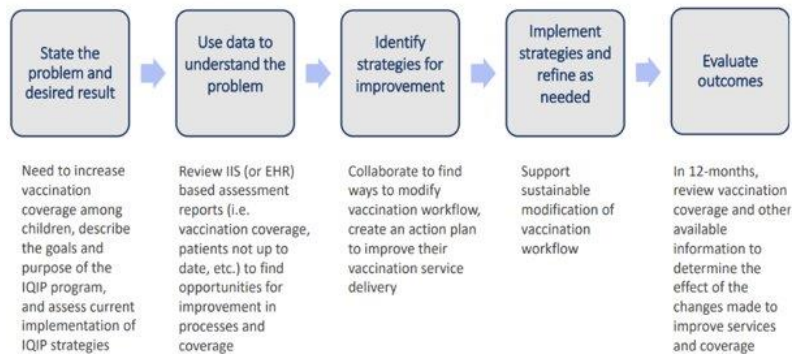
- A QI initiative for immunizations offered to providers enrolled in the VFC program implemented by CDC IQIP Team
- A framework for partnering with VFC providers to conduct customized, one-year immunization QI projects at their office
- Implemented by federally funded state, local, and territorial immunization programs

IQIP Purpose

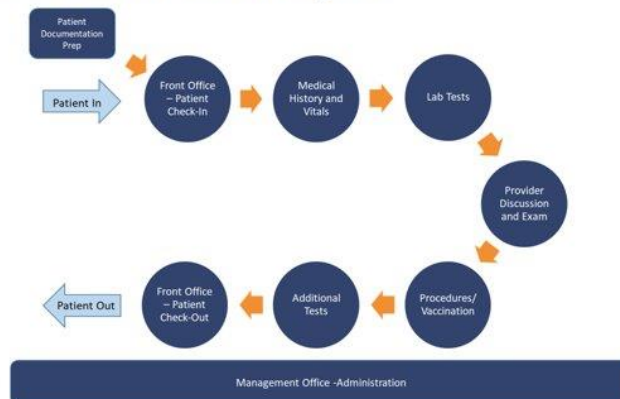
- The purpose of IQIP is to promote and support the implementation of provider-level strategies designed to increase on-time vaccination among child and adolescent patients in adherence to the Advisory Committee on Immunization Practices' (ACIP) routine immunization schedule.
- Promote and support: Collaborate with provider location to identify opportunities for workflow improvement, select QI strategies, and provide ongoing support and motivation
- Provider-level strategies: Update vaccination workflow changes at provider location to implement IQIP strategies
- Routine immunization schedule: Achieve on-time vaccination according to ACIP immunization schedule, reducing future need to catch-up
- This is a flexible program

12-Month Process		
SITE VISIT	2- AND 6-MONTH CHECK-IN	12-MONTH VISIT
<ul style="list-style-type: none"> Vaccination workflow is observed, and initial coverage is reviewed Quality improvement strategies are selected Technical assistance provided Action items are chosen for practice improvement plan 	<ul style="list-style-type: none"> Progress toward practice improvement is reviewed Technical assistance provided Practice improvement 	<ul style="list-style-type: none"> Progress toward practice improvement reviewed/updated Technical assistance is provided Year-over-year coverage change is reviewed

How IQIP Aligns with the Basic QI Process



Example: Vaccination Workflow Diagram



Coverage Rate Report






Older Teen Cohort

- Project year (PY) 1 through PY5**
 - Older Teen cohort was optional
 - Not eligible for IQIP as the only cohort
- PY6**
 - Older Teen is still optional
 - Now is eligible for IQIP as the only cohort

Recommended parameters for IQIP coverage assessments by age cohort			
Recommended Parameter	Assessment Cohort		
	Childhood	Adolescent	Older Teen
Patient age	2 years (24-35 months)	13 years	17 years
Patient evaluated at/compliance by	2 nd birthday	13 th birthday	17 th birthday
Assessment "as of" date	Assessment date	Assessment date	Assessment date

Strategies and Action Items

IQIP Core Strategies

-  Facilitate return to clinic for vaccination.
-  Leverage IIS functionality to improve immunization practice.
-  Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients).
-  Strengthen vaccination communications.
-  Recommend HPV vaccination series starting at age 9.

Benefits of IQIP Participation

- Tailored support to meeting Immunize WA and HEDIS measures
- Offers flexibility, clinic decide strategies and time
- Individualized WAIS Training
- Technical Assistance as needed to support immunization practices
- Receive updates on new materials and trainings
- Continuing education credits for nurses and medical assistants (1.0 contact hours)



(111) 111-1111
OLYCLINIC@OLYCLINIC.COM

To the parents/guardians of:

AVERY 5160 LABEL HERE

Hello! Our records show your child may be due for a wellness visit or vaccinations. This visit is important for keeping your child healthy! Please call our office to schedule your child's appointment.

We look forward to seeing you soon.

مرحباً! سجلاتنا تظهر أن طفلك قد يحتاج إلى زيارة طبية أو تطعيم. هذه الزيارة مهمة للحفاظ على صحة طفلك. يرجى الاتصال بـ مكتبنا لجدول موعد لطفلك.

ننتظر رؤيتك قريباً.

안녕하십니까! 저희 기록에 따르면 귀하의 자녀는 건강검진 또는 예방접종을 해야 하는 시기에 해당하십니다. 이 방문은 자녀의 건강을 지키는 데 중요합니다. 귀하의 방문을 예약하시려면 저희 사무소에 전화해 주십시오.

Hola. Según nuestros registros, su hijo necesita una cita para un examen físico o para vacunarse. Este es un paso importante para cuidar su salud. Llame a nuestra clínica para programar una cita.

Esperamos verlo pronto.

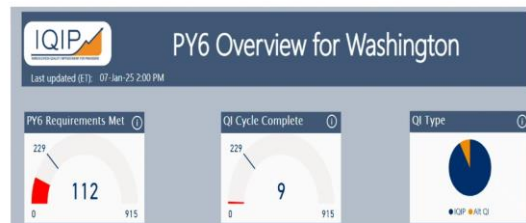
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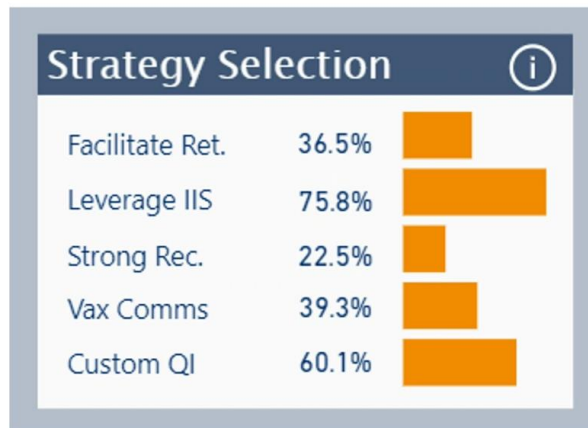
Iakwel Reikoot ko ad rej kwalök ke ajiri eo nejum emaror aiukuj in loetak takto akio bök wä. Ien loetak in aurok äimwet ke ej kôbarok ejmour an ajiriñ Jouj kurrok opij eo ad fan jkeduul ien loetak an ajiri eo nejum.

11 different languages

IQIP Visits for PY6 (June 2024- July 2025)



- Local health regional consultants do the visits



IQIP Resources:

- [CDC IQIP](#)
- [DOH IQIP](#)
- [Immunize WA](#)

Dr. Tao Kwan-Gett: A valuable part of the process what not just with providers but with medical assistants who have a big role in talking to patients How do you engage in those other ones? Like vaccine coordinators?

Chrystal: Vaccine Champions- takes those resources, medical assistants and nurses work with DOH closely to disseminate information

Tam Lutz: Have many tribes participated in this?

Chrystal: Tribal clinics have participated but would like to get out more information. They would love to work together to help improve rates with tribes

Tam Lutz: She can take info to a quarterly board meeting to reach tribal board members.

Dr. Tao Kwan-Gett: HPV at 9 is a key element recognizes Ed Marcuse for advocating for

	that.
VAC Member Report Out Dr. Tao Kwan-Gett VAC Members	<p>Dr. Tao Kwan-Gett: HPV at 9 is a key element recognizes Ed Marcuse for advocating for that.</p> <p>VAC Member Report Out</p> <p><u>Dr. Gretchen LaSalle</u> Have seen her first case ever of pertussis and feels like a pressing issue in Spokane. She continues to be curious about Novavax data. Asked if we are making an in roads with those with are not vaccinated because of the mRNA vaccines.</p> <p>Jamilia: Not much has changed with Novavax, trailing behind with that. Janel: Ordering for Novavax remains very low for providers.</p> <p><u>Dr. Mark Larson</u> Kittitas County has seen a lot of pertussis from 4-21 year-olds. Providers probably are not testing enough. Steve Krager, Health officer for multiple counties, communicating about the group who spoke in Spokane to stop COVID vaccines. Group is sharing video with a lot of misinformation to health boards and county commissioners. Expect a lot of pushing in this direction.</p> <p><u>Tam Lutz</u> Had experienced 2 deaths related to flu. Counsel has instructed them to increase efforts around flu. A lot of cases with children that are doing sports activities. Lots of cultural activities are going on to. Speaking to leaders to help mitigate spread. Increasing vaccination rates for covid and flu from last year but hovering around 25%.</p> <p><u>Dr. Ed Marcuse</u> Pertussis numbers are really concerning. And the question is what can we do? Last child he took care of that died of pertussis died from a woman who was pregnant and had a noticeable cough while pregnant. They should be testing women in their last trimester who have a cough illness.</p> <p><u>Dr. Frank Bell</u> This really is an opportunity to concentrate on obstetrics colleagues to talk about vaccinating during pregnancy like RSV. Nirsevimab is very effective from what he is seeing. However, can we try and do an end of season coverage for pregnant people and infants? Want to look at end of this season so we can prepare for the next season and help improve the next season. Hard for people in pediatrics to do things before. Opportunity for focusing on pregnancy. The cost is an issue in clinics but in the long run it is worth it. Change the messaging for Absrybo that it is mainly for children. RSV has not gone away but the younger children aren't getting it as much as the older ones that might be a good thing.</p>

Dr. Beth Harvey

Struck with effectiveness of Nirsevimab. Hard to figure out what pregnant people getting vaccinated. WAIS can take up to a week to populate that vaccination. Seen less pertussis from a months ago. Seeing a lot of flu and pneumonia.

Mylinh Nguyen (OUT Jenny Arnold, PharmD)

Support of grant funds. Enrolling additional pharmacies in VFC programs and more to come. But they are helping on that front.

Seema Abbasi

Wanted to make a note that they see a lot of families and parents on delaying Hep B vaccine. Questioning why they should get it. What they have done with HPV they should do with Hep B that it is also cancer preventing.

Wendy Stevens – no response

Korrina Dalke

No updates

Charisse Gumapas – no response

Mary Anderson

No updates

Sarah Kim

No updates, still trying to prioritize immunizations, 1 student at a time, still in the thick of it.

Dr. Mary Alison Koehnke – no response

Magali Sanchez

One Vax Two Lives – lack of education, has brochure for childhood vaccines [One Vax Two Lives](#)

Dr. Maithri Sarangam

Insurance issues with Abrysbo, had to get an outside pharmacy and considering it as a VFC vaccine would be helpful. Working on respiratory illness resources for children seen at the urban Indian health center.

Lauren Greenfield

no updates

Annie Hetzel – no response

	<p><u>Libby Page</u> Continue with DOH funding and partnership with Bellevue college school of nursing providing vaccine clinics for out of compliance students at risk of exclusion. Scheduling for spring quarter. VaccineinfoKingcounty.gov</p> <p><u>Dr. Tao Kwan-Gett</u> A lot about H5N1 vaccine that he does not know about. Need to increasingly think about. Might be a good update coming forward. Would like to hear more at a future meeting</p>
<p>Future Agenda Items 2025 Vac Meeting Dates Adjourn</p> <p>Dr. Tao Kwan-Gett</p>	<p>XI. Future Agenda Items</p> <p>Upcoming 2025 meetings Suggested agenda items: no suggested items</p> <p>Upcoming 2025 meetings April 10th, July 10th, October 9th 2025</p> <p><i>Please review notes above</i> Next VAC Meeting: April 10th, 2025</p>