



# VACCINE ADVISORY COMMITTEE MEETING

April 10, 2025

# Today's Agenda

Time	Agenda Item	Facilitator
10:30 – 10:45	Welcome, Announcements, Introductions, Land Acknowledgement	Dr. Tao Sheng Kwan-Gett
10:45 – 10:50	Conflict of Interest Declaration	Cheryl Ann Barnes
10:50 – 10:55	Approval of Last Meeting Minutes	Dr. Tao Sheng Kwan-Gett
10:55 – 11:05	Public Comment	Dr. Tao Sheng Kwan-Gett
11:05 – 11:20	Office of Immunization Program Director Updates	Dr. Jamilia Sherls
11:20 – 11:30	BREAK	
11:30 – 12:15	Measles Update <ul style="list-style-type: none"> <li>• 10 min Data on Measles Cases</li> <li>• 10 min Measles Vaccine Recommendations</li> <li>• 10 min Measles Immunization Coverage Data</li> <li>• 10 min Measles Communications               <ul style="list-style-type: none"> <li>○ 5 min Toolkit</li> <li>○ 5 min Watch me Grow, School Flyers</li> </ul> </li> <li>• 5 min Measles Immunization Guide &amp; PEP Guide</li> </ul>	Amanda Dodd Trang Kuss Trevor Christensen Poornima Jayaraman Philip Wiltzius Adriann Jones
12:15 – 12:25	Routine Child Immunization Dashboard	Kelley Meder
12:25 – 12:35	Vaccine Equity	Marissa Davison
12:35 – 12:55	VAC Member Report Out	Dr. Tao Sheng Kwan-Gett VAC Members Cheryl Ann Barnes

# Conflict of Interest Declaration

Decisions made by committee members should always be based solely on the best interest of the department and the people of Washington State. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any affiliation with an organization having fundamental goals that conflict with the department and VAC mission should be avoided. Any current, previous (within two years), or future potential conflict of interest should be disclosed at the beginning of each VAC meeting.

A potential conflict of interest exists when a committee member has a relationship or engages in any activity or has any personal financial interest which might impair their independence or judgment or inappropriately influence their decisions or actions concerning VAC matters.

A potential conflict of interest exists and should be disclosed if the committee member:

- Has a relationship with an entity that benefits financially from the sale of vaccines, such as a consultancy, serving on a speaker's bureau, receiving honoraria, research and/or travel support.
- Owns a material financial interest in any business that provides or seeks to provide goods or services to the department.
- Serves as an officer or participates on the board or committees of other related professional societies that receive direct financial benefit from the sale of vaccines.
- Has an affiliation with an organization that has a financial interest in VAC recommendations.
- Has an affiliation with an organization that has a competing activity.

Each committee member has a high duty and obligation to disclose to the entire committee any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. Ultimately, it is the responsibility of the entire committee to determine what, if any, limitations on activities with regard to the committee member's conflict are required to protect the VAC.

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## **Immunization Update**

- *Dr. Jamilia Sherls, Office of Immunization Director*

### **Topics**

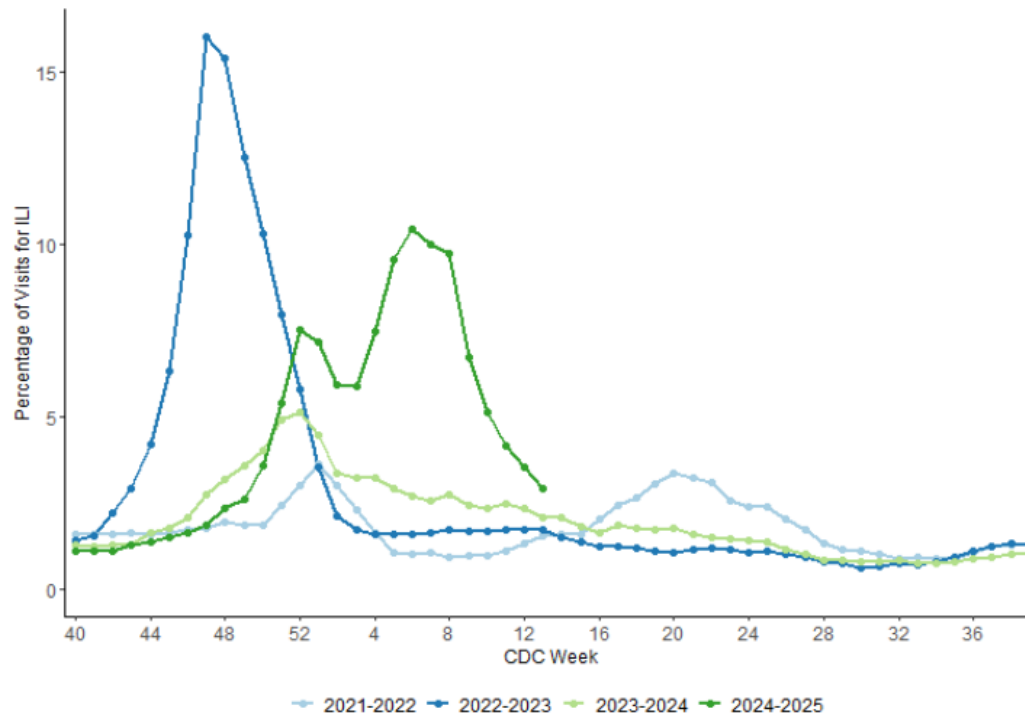
- **Respiratory Vaccines – Flu, RSV, COVID**
- **Pop-Up Vaccination Clinic Guide Webinars**
- **Laminated immunization schedules**
- **Award nominations – Immunize WA & Immunization Champion Award**
- **Adult & Maternal Immunization work**
- **Funding**

Flu, RSV, COVID

# Flu Season Surveillance

- Washington State Influenza Update

Figure 4: Syndromic Surveillance, Percentage of Hospital Visits for a Chief Complaint of ILI, or Discharge Diagnosis of Influenza, by CDC Week, Washington, 2021-2025



## Washington State Influenza Update

Week 13: March 23 – March 29, 2025

Quick facts are below. See full report on pages 1-9 for details.

Influenza-like illness activity in Washington is currently

Low

Take Me to:

Strains and Trends  
Other Viruses  
Deaths

Page 1  
Page 7  
Page 8

Number of reported lab-confirmed deaths

376

Most common type this week

A

How do you stop the flu?  
Get vaccinated! After getting vaccinated, also:



Wash your hands often



Cover your cough



Stay home when you're sick

More Information:

Learn about flu and flu activity in Washington:

[www.FluFreeWA.org](http://www.FluFreeWA.org)

[National flu report](#) from the CDC

Washington [flu resources for providers](#)

Read detailed Washington weekly flu report following this page.

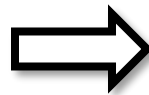


# Using Market Research to Change Campaign Messaging

- Flu Free WA originally launched in 2023 and was adapted for the 2024-2025 season
- With season-high infection and hospitalization rates spiking, we decided to extend campaign and explore new messaging
- Survey fielded to our Market Research Online Community (MROC) in March
- Of the n=314 respondents, 45.9% had not yet received the flu vaccine this season
- We tested the current campaign messaging with potential new messages for **believability, motivation and resonance**
- We utilized the message that was the most believable, motivating and resonant for the updated campaign assets



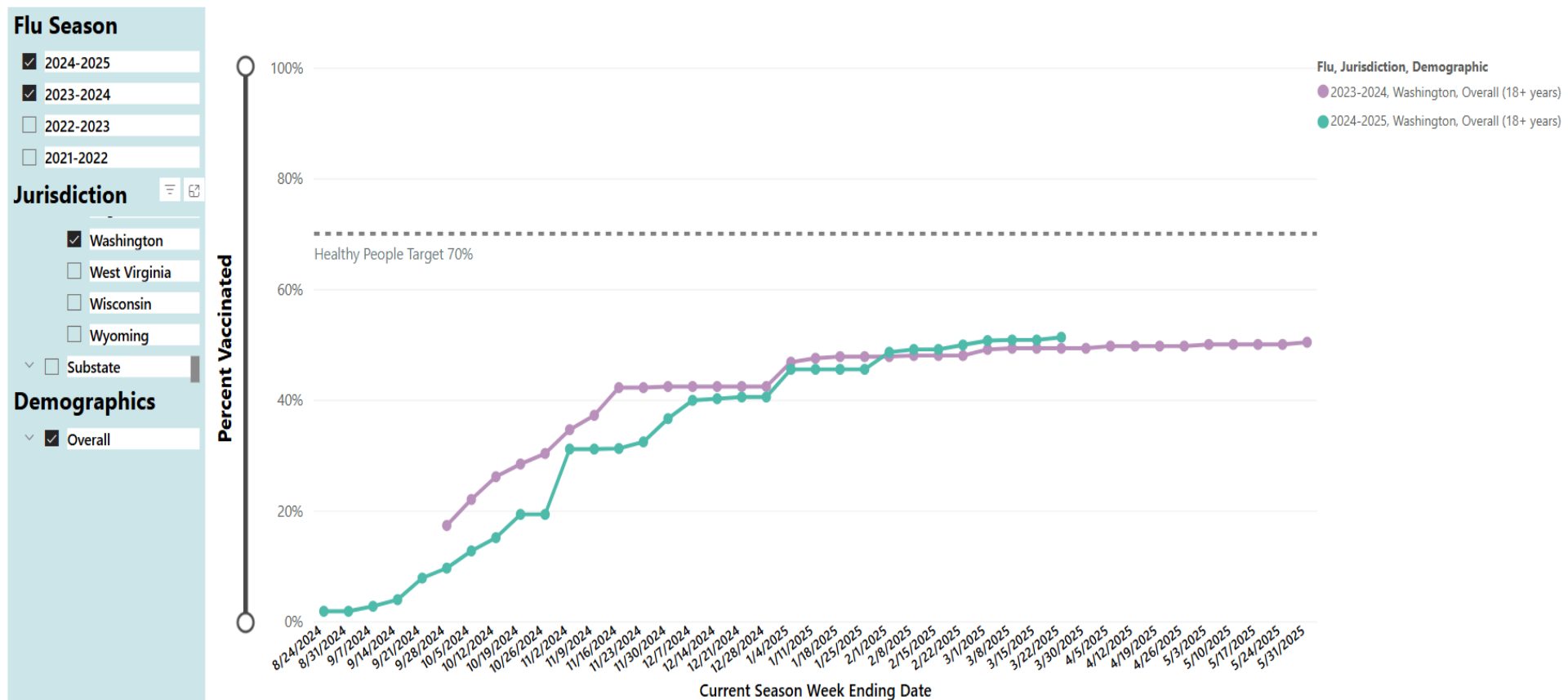
OLD: It's flu (vaccine) season!  
Get your flu vaccine and get  
back to everything you'd  
rather do than have the flu.



NEW: Flu infection and hospitalization  
rates remain high this season.  
But it's not too late, **get your flu  
vaccine.** Live flu free.

**Figure 4A. Influenza Vaccination Coverage, Overall by Selected Demographics, 2024-25 and Jurisdiction, Among Adults 18 Years and Older <sup>\*,†,§,±</sup>**

**Data Source: National Immunization Survey–Adult COVID Module**



# 2025-2026 Flu Vaccine Composition

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- [Influenza Vaccine Composition for the 2025-2026 U.S. Influenza Season | FDA](#)
  - FDA made recommendations to vaccine manufacturers for the virus strains to include in flu vaccines next season.
  - Recommendations similar to previous year's strain selection.
  - FDA, CDC, and DoD staff evaluated and analyzed U.S. and global surveillance data related to the epidemiology and antigenic characteristics of flu viruses currently circulating.

## Egg-based flu vaccine

As a result of the meeting with the federal partners, the FDA recommends that the trivalent formulation of egg-based influenza vaccines for the 2025-2026 U.S. influenza season contain the following:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Croatia/10136RV/2023 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

## Cell- or recombinant-based flu vaccine

The FDA recommends that the trivalent formulation of cell- or recombinant-based influenza vaccines for the 2025-2026 U.S. influenza season contain the following:

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/District of Columbia/27/2023 (H3N2)-like virus; and
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

COVID-19

INFLUENZA

**RSV**

← Select a Vaccine to View

*i* **LEARN MORE**

Select a Population to View

**Child**

Adult

Data for the 2024-2025 RSV Season

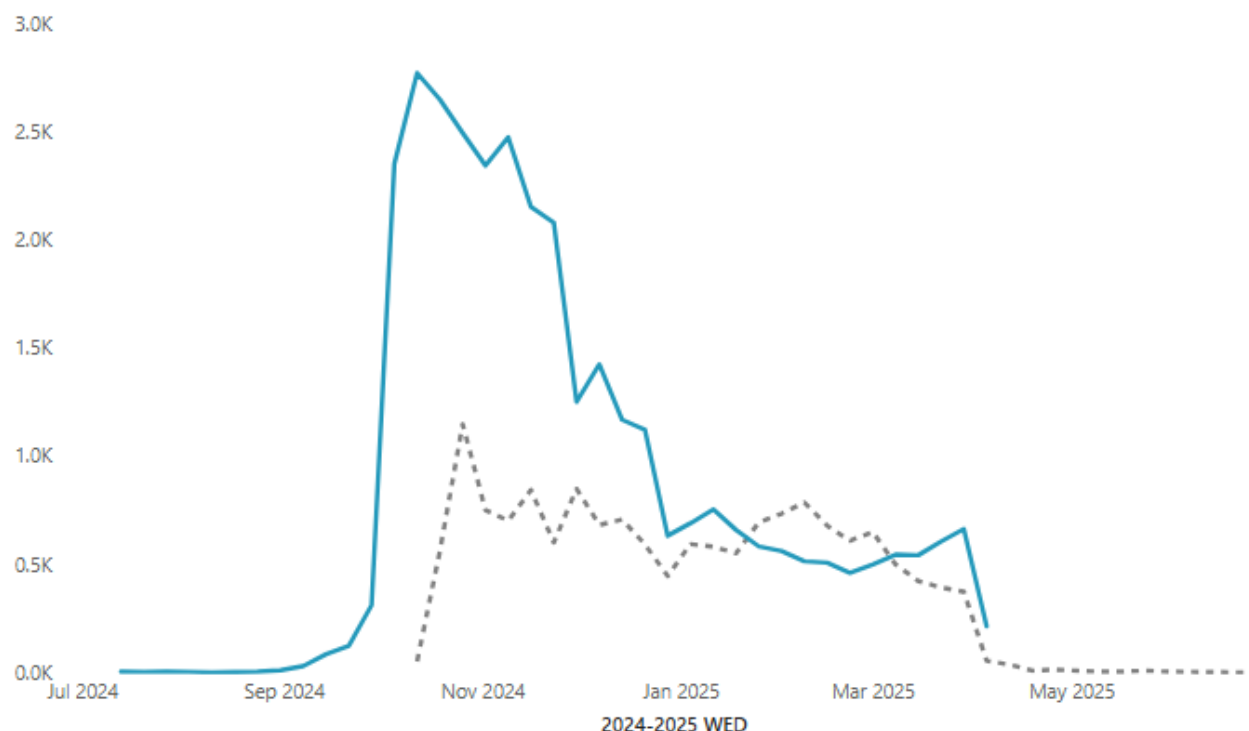
# 33,284

RSV immunization  
doses administered to  
children 0-19 months old

## Weekly Doses Administered to Children 0-19 Months Old

Comparing the 2023-2024 and 2024-2025 RSV Seasons

--- 2023-2024 — 2024-2025



**COVID-19**

**INFLUENZA**

**RSV**

← Select a Vaccine to View

**LEARN MORE**

Data for the 2024-2025 COVID-19 Season (2024 Updated Vaccines)

**1,508,840** Doses Administered

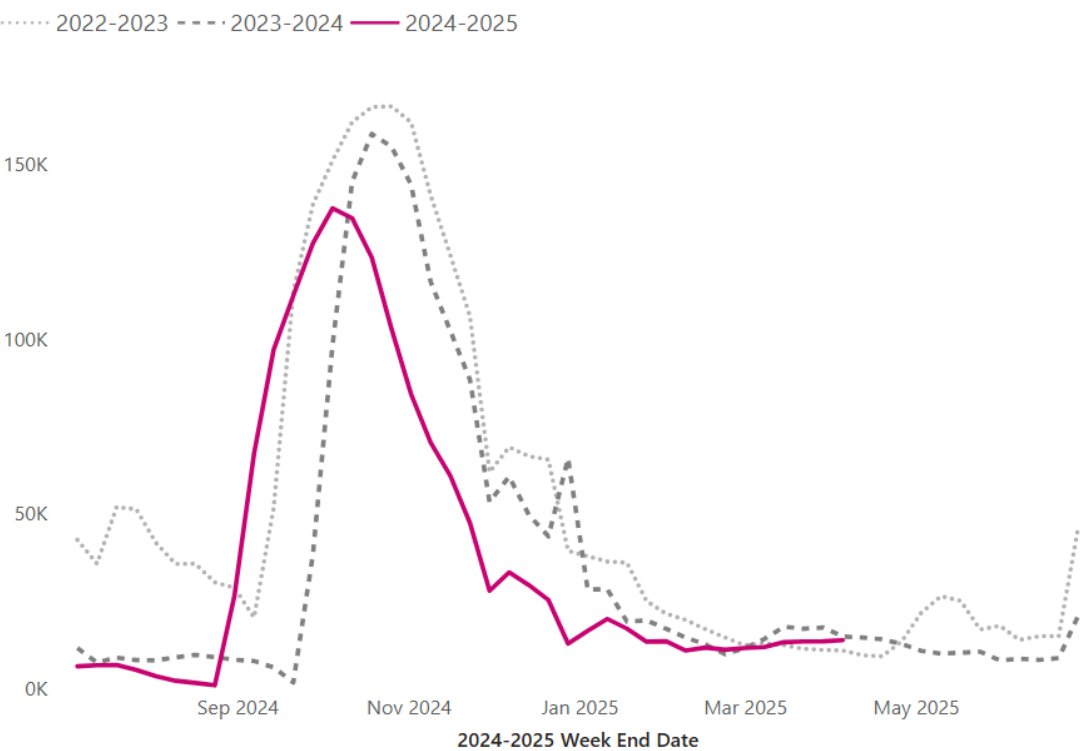
**19,294** Doses administered per 100,000 people



**18.4%**

Vaccinated with at least one dose during the current COVID season

## Weekly Doses Administered Comparing Past and 2024-2025 COVID-19 Seasons



Visit the full [COVID-19 vaccination dashboard](#) for more data. →

# Update on Novavax COVID-19 Vaccine

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- Novavax ordering has been turned off in the IIS for all providers.
- The last lot of Novavax COVID-19 vaccine will expire **on April 30, 2025**. Please note that this vaccine will not have a shelf-life extension.
- These doses will be the final Novavax vaccines available for the 2024–2025 season



# POP-UP VACCINATION CLINIC GUIDE WEBINAR SERIES

Date: April 22, 23, 29, 30

Time: 12PM-1PM

## **Why You Should Attend:**

- Expert Insights: Learn from experienced Department of Health public health professionals who will share their expertise and best practices in establishing effective pop-up vaccination clinics.
- Actionable Strategies: Gain practical techniques that you can implement to enhance clinic efficiency and reach underserved populations.
- Continuing Education Credits: Earn valuable CE credits for MAs, nurses, pharmacists, and pharmacy technicians, to enhance your professional development.





# POP-UP VACCINATION CLINIC GUIDE WEBINAR SERIES

Date: April 22, 23, 29, 30  
Time: 12PM-1PM

**For Details and Registration Information Click [HERE](#)**

- Host: Cheryl Ann Barnes, MPH
- Email: [cherylann.barnes@doh.wa.gov](mailto:cherylann.barnes@doh.wa.gov)
- Phone: 564-233-5421
- Website: [Immunization Training](#)



# Laminated immunization schedules available soon!

Recommended Child &amp; Adolescent Immunization Schedule for 18 Years or Younger, United States, 2025

[illegible]

Table 1: Recommended Child &amp; Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2022

[illegible]

Table 2: Recommended Catch-up Immunization Schedule for Children &amp; Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2010

[illegible]

Table 3. Recommended Child &amp; Adolescent Immunization Schedule by Medical Indication, United States, 2025

[illegible]

Notes: Recommended Child & Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2019

[illegible]

# Immunization Awards

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IMMUNIZE WA  
IMMUNIZATION CHAMPION AWARDS

# Immunize WA 2025

Nomination period June 1-July 15, 2025

Providers must self nominate their  
clinics

Award Announcements on Aug 20, 2025



# Nomination Period Now Open for the 2025 Immunization Champion Award!



- The Washington State Department of Health, in conjunction with Association of Immunization Managers (AIM), has launched the nomination period for the **2025 Immunization Champion Award!**
- We look forward to receiving your 2025 Immunization Champion nomination for Washington state by April 28, 2025. Individuals can be recognized for their work in childhood, adolescent, or adult vaccines. Our nomination period will be open from March 28, 2025, to April 28, 2025.
- The Immunization Champion Award is a national award hosted by AIM that honors individuals going above and beyond to foster and/or promote immunization in their communities.
- [Access the nomination form on AIM's website here](#). Completed nominations should be emailed to Elizabeth Guajardo ([OIEngagementPlanning@doh.wa.gov](mailto:OIEngagementPlanning@doh.wa.gov)) at the Washington State Department of Health.
- Additional information about this award can be found at the [AIM Immunization Champion Award web page](#) or on the [Centers for Disease Control and Prevention \(CDC\) website](#).

# ADULT & MATERNAL IMMUNIZATION WORK

## Partnerships

VaxNW –  
Vaccinations During Pregnancy  
PATH-DOH collaboration to strengthen  
maternal immunization



## Adult Immunization Data

WA DOH Data  
External Data Resources  
Future goals



## Adult Vaccine Access

AVP Routine Vaccine Distribution  
Vaccine for Outbreak Response



## Adult IQIP Project

Collaboration with Johns Hopkins  
University and immunization partners.  
Test interventions to increase adult  
vaccination rates in the clinic setting.



## Provider Communication & Education

Fall Respiratory Season letters to perinatal healthcare  
providers to promote maternal vaccinations  
Adult Vaccine Schedule Materials & Webinars  
Maternal Vaccination Materials & Webinars



## Adult Immunization Framework

CDC tool to assess and expand operational capacity to  
improve adult vaccination uptake.  
Optional activity in 2024, and required activity in 2025



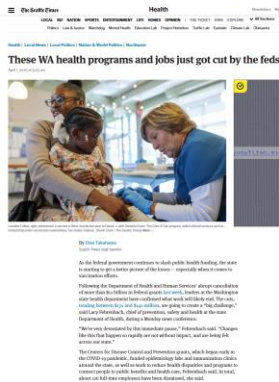
# Funding Updates

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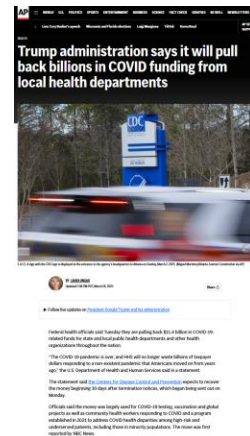
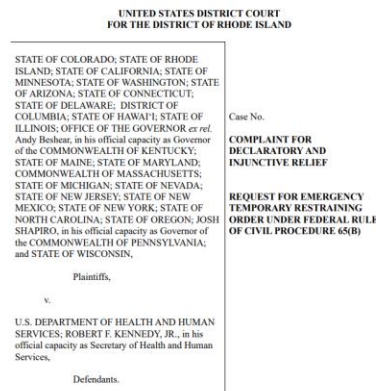


# Funding Terminations

- HHS terminated funding for several COVID-related awards as of March 24
  - For WA DOH Immunization Office – this impacted investments in local health contracts, tribal contracts, Care-A-Van contracts, POP staffing, and immunization staffing.
  - Additional impacts to other program areas at DOH – totaling \$130 to \$140M
  - WA joined 23 states and DC in a [legal challenge](#). Temporary restraining order obtained on April 3 for the 24 entities part of the suit. Able to resume use of funds for now, as the legal process unfolds.
  - Nationally, an abrupt termination of \$11 billion in critical public health funding



Case 1:25-cv-00121 Document 1 Filed 04/01/25 Page 1 of 43 PageID #: 1



# Pandemic Funding Termination Impacts to Immunization

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- Unable to sustain mobile vaccinations services (Care-A-Van). Immediate reduction in ability to vaccinate those at-risk for COVID and other VPDs.
- Reduction in respiratory virus health promotion campaign (Covid/Flu/RSV)
- Reduced ability to respond to emerging VPD outbreaks for mpox, measles, and H5N1 (directed to use COVID funding to support efforts given lack of other funding sources)
- Reduced capacity for fulfilling data requests and assessment of immunization data
- Direct impact to local health jurisdiction and tribal funding and ability to respond at the local level to COVID and other VPD outbreaks
- Data quality efforts will be reduced
- Health education for COVID and other VPD limited

# Routine Immunization Funding Application

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- “*Strengthening Vaccine–Preventable Disease Prevention and Response*” grant was submitted in early March and under review by the CDC. Expect to receive a Notice of Award in late June.
- 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 (target award)
  - Rapid Small-Scale VPD outbreak (funded, use upon consultation/approval) - \$250K
  - Rapid Large-Scale VPD outbreak (approved, unfunded) - \$3M

# Seeking Feedback

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- How do we continue to improve coverage rates?
- What are things we should continue to be mindful of as we plan future immunization work?

# Questions and Discussion

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# Measles Surveillance

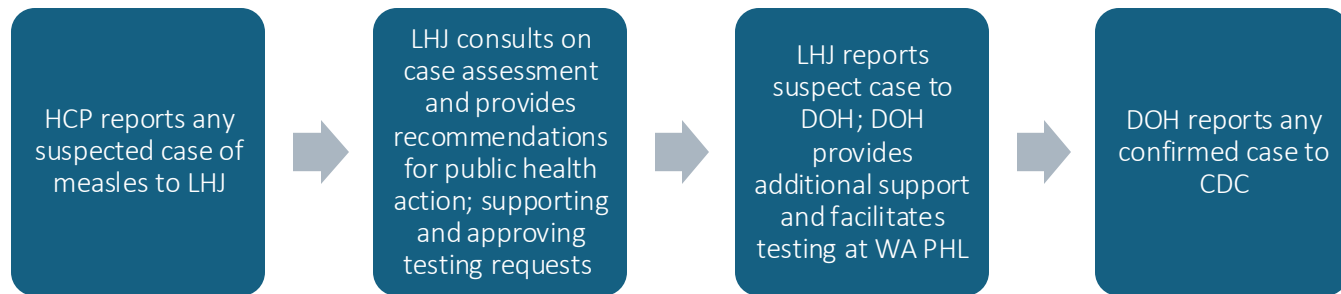
VAC meeting April 10, 2025

**Amanda Dodd, MPH**

Epidemiologist | Vaccine-Preventable Disease  
Office of Communicable Disease Epidemiology  
Division of Disease Control and Health Statistics  
Washington State Department of Health

# Measles Case Reporting

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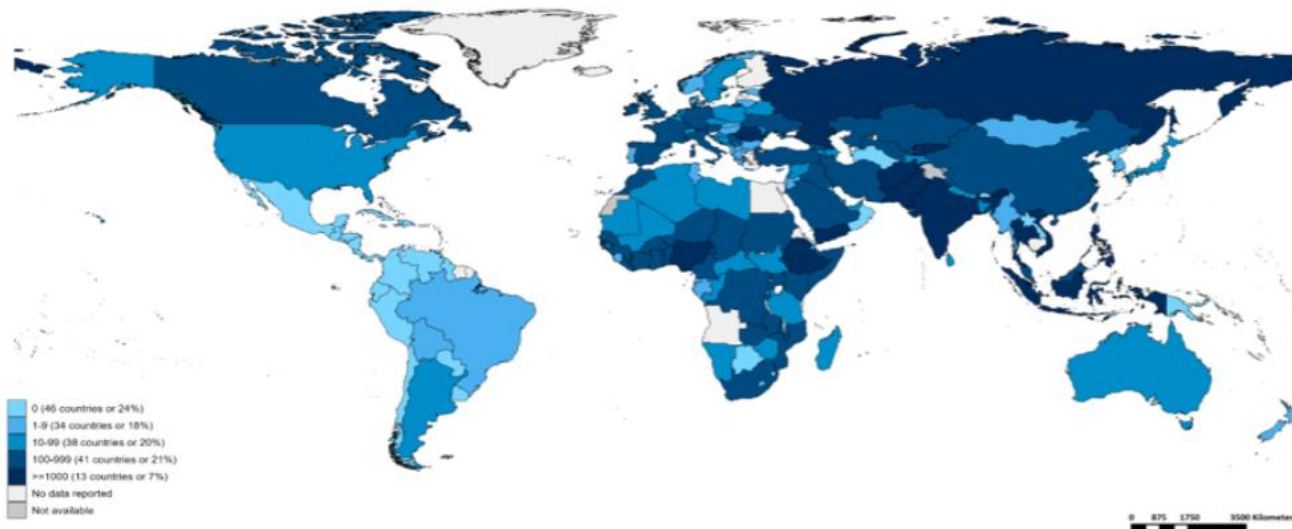
## Legal Reporting Requirements

1. Health care providers and Health care facilities: **immediately notifiable to local health jurisdiction**
2. Laboratories: **immediately notifiable to local health jurisdiction**; specimen submission required - isolate or clinical specimen associated with positive result (2 business days)
3. Local health jurisdictions: **immediately notifiable to Washington State Department of Health (DOH) Communicable Disease Epidemiology (CDE)**

# Global Measles

## Number of Reported Measles Cases (Last 6 months)

*Based on data received 2025-03 – Surveillance data from 2024-08 to 2025-01*



Country	Cases*
Yemen	7,584
Pakistan	6,661
India**	6,532
Thailand	6,224
Ethiopia	4,596
Romania	4,478
Afghanistan	4,358
Indonesia	3,346
Kyrgyzstan	2,966
Viet Nam	1,835



Map production: World Health Organization, 2025. All rights reserved  
Data source: IVB Database

**Disclaimer:** The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

[WHO Measles and Rubella Global Update March 2025](#)

# Measles in the US

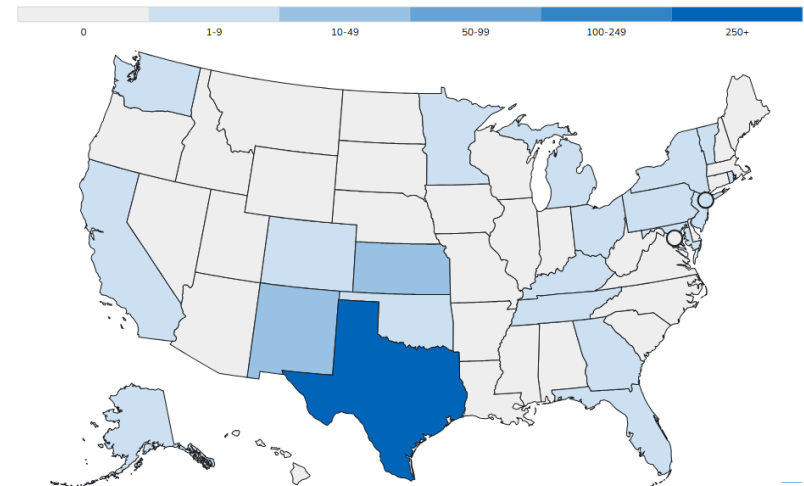
Total of 607 confirmed cases in the US reported as of April 3, 2025

- 6 outbreaks ( $\geq 3$  cases)
- 93% of cases are outbreak-associated
- 72% of cases have been  $\leq 19$  years old
- 97% of cases were unvaccinated or had unknown vaccination status
- 12% of cases hospitalized
- 3 deaths (2 confirmed deaths from measles and death under investigation)

1

Map of US Measles cases in 2025

as of April 3, 2025



[Health Alert Network \(HAN\) 00504– Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the US and Those Traveling Internationally 6 Months or Older are Current on MMR Vaccination](#)

<https://www.cdc.gov/measles/data-research/index.html>

# Measles in Washington State

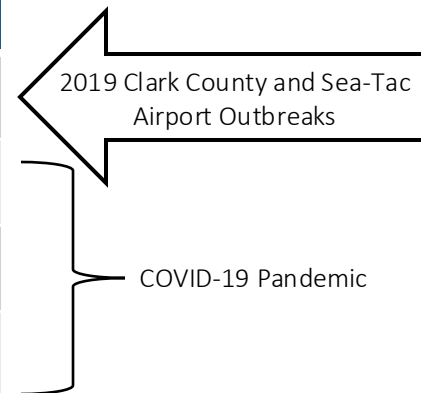
Year	Cases	Deaths
2005	1	0
2006	1	0
2007	3	0
2008	19	0
2009	1	0
2010	1	0
2011	4	0
2012	0	0
2013	4	0
2014	33	0
2015	10	1
2016	0	0
2017	3	0
2018	8	0
2019	90	0
2020	1	0
2021	0	0
2022	1	0
2023	12	0
2024	6*	0

\*Preliminary

Statewide case data published annually by WA DOH  
[2023 Communicable Disease Report](#)

Year	Case Count
2019	90
2020	1
2021	0
2022	1
2023	12
2024*	6*
2025*	3*

\*Preliminary case counts



# 2025 Washington State Measles Cases Summaries

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## February 26 – first measles case identified in an infant from King County

- Associated with international travel
- Several public exposure locations
- Monitoring for secondary cases:
  - First incubation period for possible secondary cases to present ended March 18
  - Second incubation period will end on April 8

## March 17 – second measles case identified in an adult from Snohomish county

- Known exposed contact to the first case (linked to first case)
- No public exposure locations identified
- Healthcare exposures occurred
- Monitoring for secondary cases:
  - Secondary cases from healthcare exposures could present through approximately April 10

## April 1 – third measles case identified in an infant from Snohomish county

- Associated with international travel
- Multiple public exposure locations
- As of April 7:
  - Identifying close contacts for immunization history and PEP
  - Public media release distributed with exposure locations identified

Thank you

Please reach out to [vpd-cde@doh.wa.gov](mailto:vpd-cde@doh.wa.gov) with any questions

# Measles Vaccine Recommendations

VAC meeting April 10, 2025

Trang Kuss, RN, MN, MPH  
Immunization Nurse Consultant  
Office of Immunization  
Washington State Department of Health



# Vaccination is the best protection

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One dose of MMR (measles-mumps-rubella) vaccine is 93% effective at protecting against measles infection

**Two doses of MMR are 97% effective**

# Presumptive evidence of measles immunity

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At least one of the following:

- Written documentation of adequate vaccination:
  - one or more doses MMR for preschool-age children and adults not at high risk
  - two doses of MMR for school-age children, adolescents, and adults at high risk, including college/vocational students, healthcare personnel, and international travelers
- Lab evidence of immunity or disease (verbal history of measles does not count)
- Birth before 1957

Health care workers born before 1957 who do not have evidence of immunity should receive 2 doses of MMR vaccine.

During an outbreak, healthcare facilities should recommend 2 doses of MMR vaccine for unvaccinated personnel regardless of birth year if no lab evidence of immunity.

# MMR vaccine recommendations - Children

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- Dose 1 at 12-15 months
- Dose 2 at 4-6 years
  - Dose 2 can be given as early as 28 days after dose 1
- Early dose may be considered at 6-11 months
  - International travel
  - Domestic travel to community with measles outbreak
  - Early dose doesn't count toward series completion; need 2 more doses at 12-15 months and 4-6 years



Source: [Measles Vaccination](#)  
[| Measles \(Rubeola\) | CDC](#)

# MMR vaccination of infants 6-11 months

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DOH shared two letters from CDC related to giving an early MMR dose

- The level of protective antibodies is lower and may remain lower in children vaccinated at younger than 12 months of age than in children vaccinated later.
- Infants younger than 12 months of age are at **greatest risk of severe illness**. Vaccination of infants aged 6–11 months minimizes the risk of disease and death that could occur in these infants during measles outbreaks.
- Providers should weigh the **benefit of protection from measles during an outbreak against the risk of decreased immune responses** in infants vaccinated with MMR before 12 months of age.

CDC measles message

[CDC MMR Travel and Outbreak Recommendations](#)

Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013

# MMR vaccination of infants 6-11 months

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- Consultation with local or tribal public health is not required before administering early dose for travel-related exposure to international destination or a domestic location affected by an outbreak.
- Consultation with local or tribal public health is required before administering early dose to an infant who is not traveling, unless public health has issued the recommendation for an early dose because of a local outbreak.
- [Texas Department of State Health Services \(DSHS\)](#) recommends infants 6 through 11 months receive an early dose of MMR vaccine in affected counties in Texas. Subsequent doses should follow CDC's recommended childhood schedule. Reference: [CDC HAN alert](#)

# MMR Vaccine Recommendations – Adults

Number of MMR doses	Considerations
No doses	<ul style="list-style-type: none"> <li>• Birth before 1957 except healthcare worker (HCW)</li> <li>• Born 1957 or later, already received <math>\geq 1</math> doses and at low risk:               <ul style="list-style-type: none"> <li>○ Not international traveler</li> <li>○ Not HCW</li> <li>○ Not in college/post-high school education</li> </ul> </li> <li>• Lab evidence of immunity or lab confirmation of measles</li> <li>• Documentation of live measles vaccine in 1960s</li> </ul>
1 dose	<ul style="list-style-type: none"> <li>• At low risk, born 1957 or later</li> <li>• No documented live measles vaccine</li> <li>• No lab evidence of immunity or measles infection</li> <li>• Vaccinated before 1968 with inactivated (killed) measles vaccine or measles vaccine of unknown type               <ul style="list-style-type: none"> <li>○ Killed measles vaccine available in 1963-1967 not effective</li> </ul> </li> <li>• Received MMR before 1989 and at high risk               <ul style="list-style-type: none"> <li>○ Healthcare worker</li> <li>○ International travelers born in 1957 or later</li> <li>○ Attending college/post-high school education</li> </ul> </li> </ul>
2 doses	<ul style="list-style-type: none"> <li>• High-risk</li> <li>• No documentation live measles vaccine</li> <li>• No lab evidence of immunity or measles infection</li> <li>• Vaccinated before 1979 with killed mumps vaccine or mumps vaccine of unknown type at higher risk</li> </ul>

# MMR vaccine recommendations – International Travel

- **Infants 6-11 months** should receive one dose of MMR vaccine at least two weeks before travel.
- Before leaving the United States, **travelers 12 months and older, including adults born during or after 1957 who do not have evidence of measles immunity** should receive two doses of MMR vaccine (ideally with the second dose given at least two weeks before travel and at least 28 days apart).



<https://youtu.be/mv9LILA8s5M>

# MMR vaccine recommendations – Domestic Measles Outbreak

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- Health care providers should follow vaccination recommendations issued by local or tribal public health for areas experiencing sustained, community-wide measles transmission. Additional vaccinations may be recommended beyond the routine MMR vaccination schedule:
  - Second dose of **MMR vaccine for adults** who received one dose and living in or traveling to affected areas. Adults with no documentation of vaccination should receive two doses, at least 28 days apart.
  - Second dose of **MMR vaccine for children aged 1 to 4 years** who received one dose and live in or plan to travel to the outbreak area. Children with no documentation of vaccination should receive two doses, at least 28 days apart.
- Vaccination of **visitors to outbreak-affected areas** should be consistent with guidance for residents of the outbreak-affected community. For example, if no vaccination recommendation was made by the local health department for infants aged 6–11 months living in the outbreak community, then vaccination of infants visiting the outbreak area would also not be recommended.

[2025ProviderLetterMMRTravelOutbreakRecommendations.pdf](#)



# Measles Vaccination FAQs

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- Adults with [evidence of immunity](#) do not need any further vaccines. No “booster” doses of MMR vaccine are recommended for adults or children. They are considered to have life-long immunity if they received the recommended number of MMR doses or have other acceptable evidence of immunity.
- Two documented doses of MMR vaccine given on or after age 12 months and separated by at least 28 days is considered proof of measles immunity. **Documentation of appropriate vaccination supersedes the results of serologic testing for measles, mumps, and rubella.**

# MMR Vaccine FAQs

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- Titers are not necessary for adults born before 1957, received two doses of MMR vaccine, or had measles disease. However, IF serologic testing is done for people born before 1957 and shows no immunity, 1 or more doses can be given.
- Titer results sometimes show someone is not immune to some combination of measles, mumps, and/or rubella. If a person is at increased risk and doesn't have documentation of either MMR vaccine or disease, and titers are negative, they should receive two doses.

# Resources

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[Measles Resources](#) | [Measles \(Rubeola\)](#) | [CDC](#)

- Send email to [immunenurses@doh.wa.gov](mailto:immunenurses@doh.wa.gov) for vaccine questions
- [Ask The Experts About Vaccines: MMR \(Measles, Mumps, and Rubella\) | Immunize.org](#)
- [Measles Vaccination | Measles \(Rubeola\) | CDC](#)
- [MMR Vaccination: For Providers | CDC](#)
- [Measles | Washington State Department of Health](#)
- [Plan for Travel | Measles \(Rubeola\) | CDC](#)
- [WA Measles Updates 2025 - April 2, 2025 | Washington State Department of Health](#)

## Adult Vaccine Program - Outbreak Response

---

- AVP vaccines are normally limited to uninsured adults 19+
- However, AVP vaccine can be used for additional populations beyond uninsured adults when used for **outbreak control and post-exposure prophylaxis (PEP)**.
  - *Consultation with DOH and pre-approval is required to utilize AVP vaccine for additional populations.*
  - Limited funding for vaccine. Prioritized for jurisdictions managing case(s) and PEP needs for susceptible contacts.

# AVP Outbreak Provider Agreement

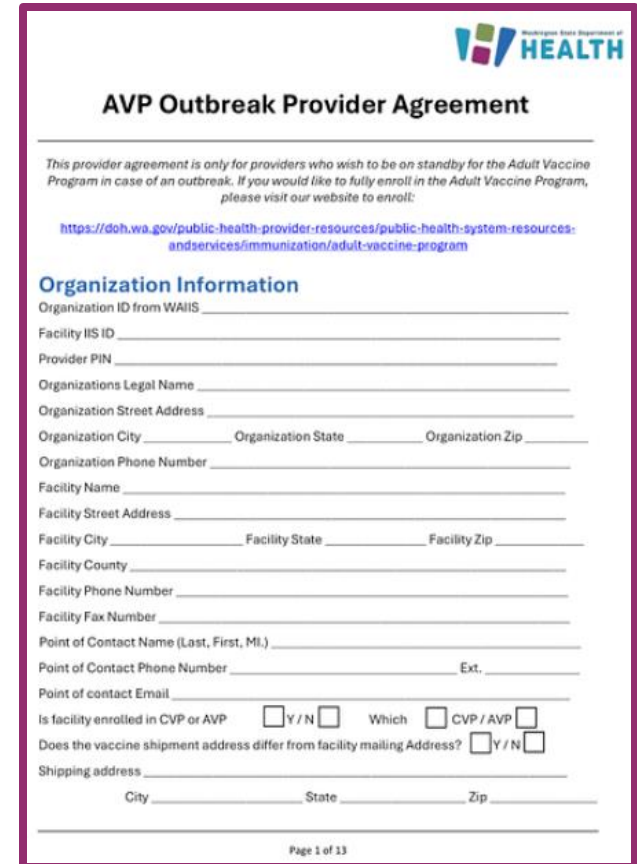
The Adult Vaccine Program has an Outbreak Provider Agreement that will be used for future independent outbreaks without requiring full enrollment into AVP.

This provider agreement is intended for providers who are not enrolled in AVP but would like to support vaccination **in case of an outbreak**. They will receive notification and information of an outbreak and be able to place orders through this enrollment.

*Feel free to share this with providers and partners to prepare for an outbreak in your jurisdiction.*

For questions about the Outbreak Provider Agreement, please contact the AVP team at [WAAdultVaccines@doh.wa.gov](mailto:WAAdultVaccines@doh.wa.gov)

If you or another provider would like to enroll in the full Adult Vaccine Program, please visit the [AVP website](#).

The image shows a form titled "AVP Outbreak Provider Agreement" from the Washington State Department of Health. The form includes a header with the department's logo and name. Below the title, there is a paragraph explaining the purpose of the agreement and a link to the enrollment website. The form is divided into sections for "Organization Information" and "Facility Information". The "Organization Information" section includes fields for Organization ID from WAHS, Facility IIS ID, Provider PIN, Organizations Legal Name, Organization Street Address, Organization City, Organization State, Organization Zip, Organization Phone Number, Facility Name, Facility Street Address, Facility City, Facility State, Facility Zip, Facility County, Facility Phone Number, Facility Fax Number, Point of Contact Name (Last, First, MI.), Point of Contact Phone Number, Ext., and Point of contact Email. The "Facility Information" section includes checkboxes for "Is facility enrolled in CVP or AVP" (Y/N), "Which" (CVP / AVP), and "Does the vaccine shipment address differ from facility mailing Address?" (Y/N). It also has a "Shipping address" section with fields for City, State, and Zip. The form is labeled "Page 1 of 13" at the bottom right.



# MEASLES COVERAGE

Office of Immunizations  
Trevor Christensen

# Washington State Immunization Information System

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## **WAIIS**

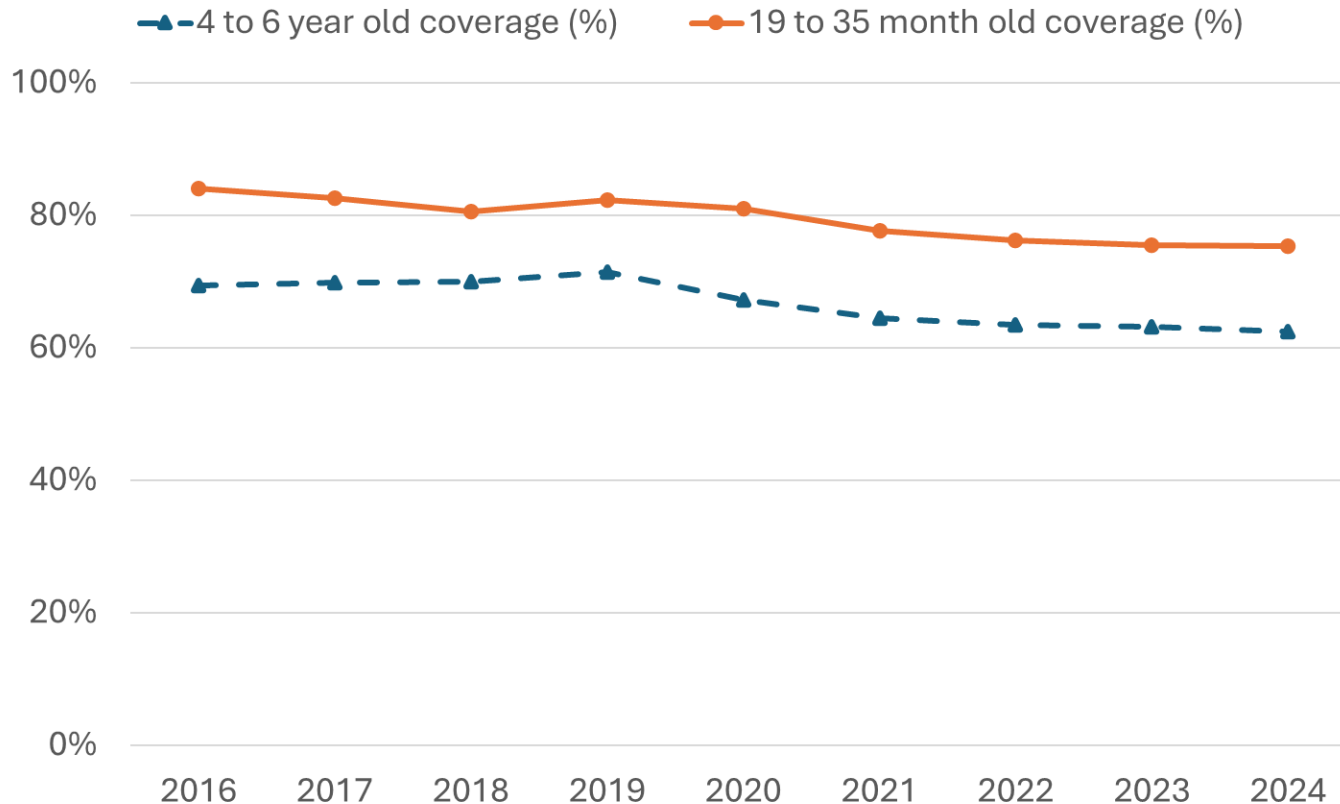
- Administrative database first, surveillance system second
  - Holds on to everything resulting in duplicates, fragmented data
  - Data elements necessary for surveillance must sometimes be inferred
- Surveillance utility dependent on high, uniform population capture
  - Generally true for children, less so for adults

## **Limitations**

- IIS denominator inflation results in underestimates
- Race and ethnicity data are based on provider report to WAIIS
- Current data is used to calculate estimates retrospectively, so, depending on data vintage, historical estimates will shift



# MMR coverage



4 to 6 year olds covered if **2+** valid doses on record

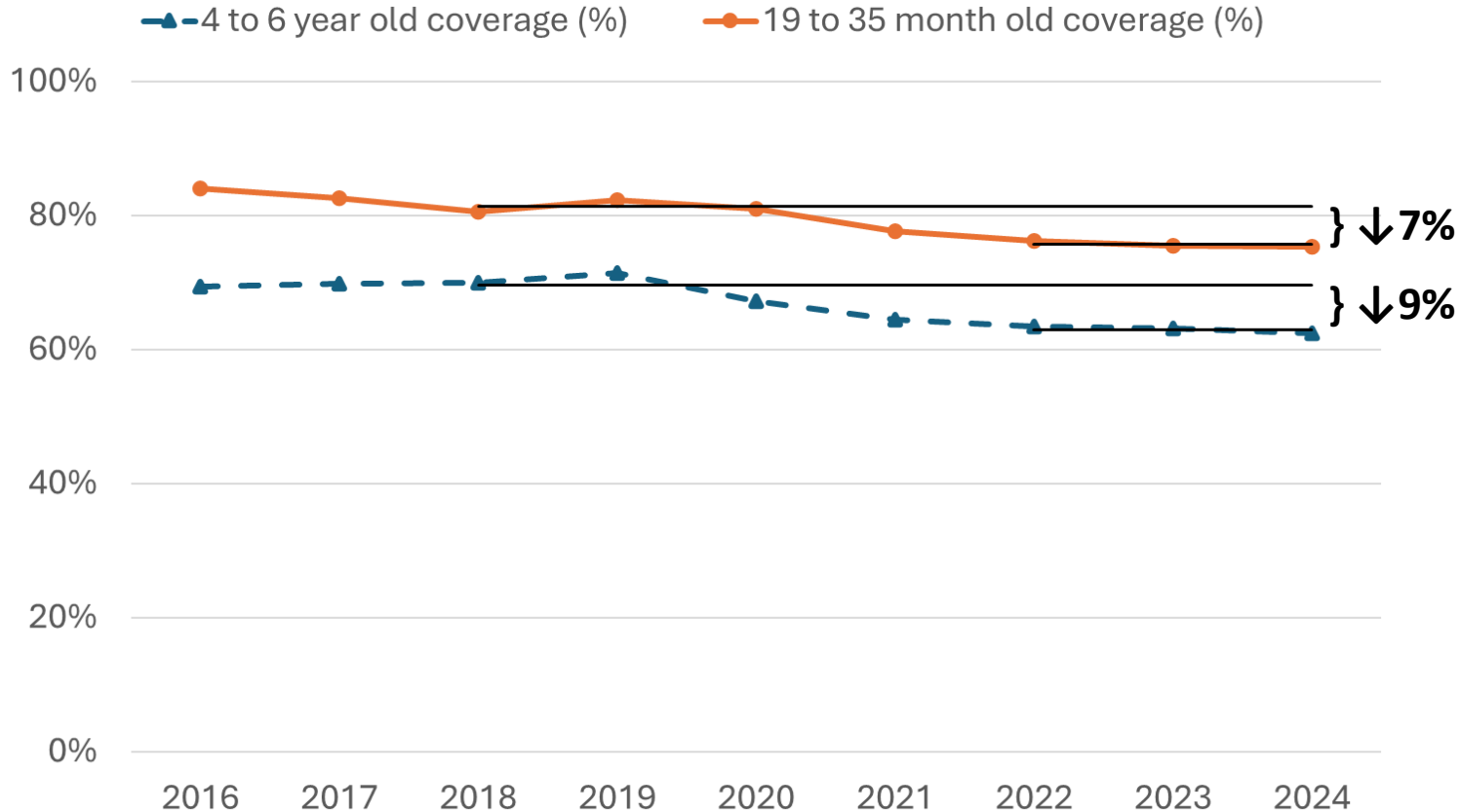
19 to 35 month olds covered if **1+** valid doses on record

Routine vaccination schedule is 12-15 months and 4-6 years old

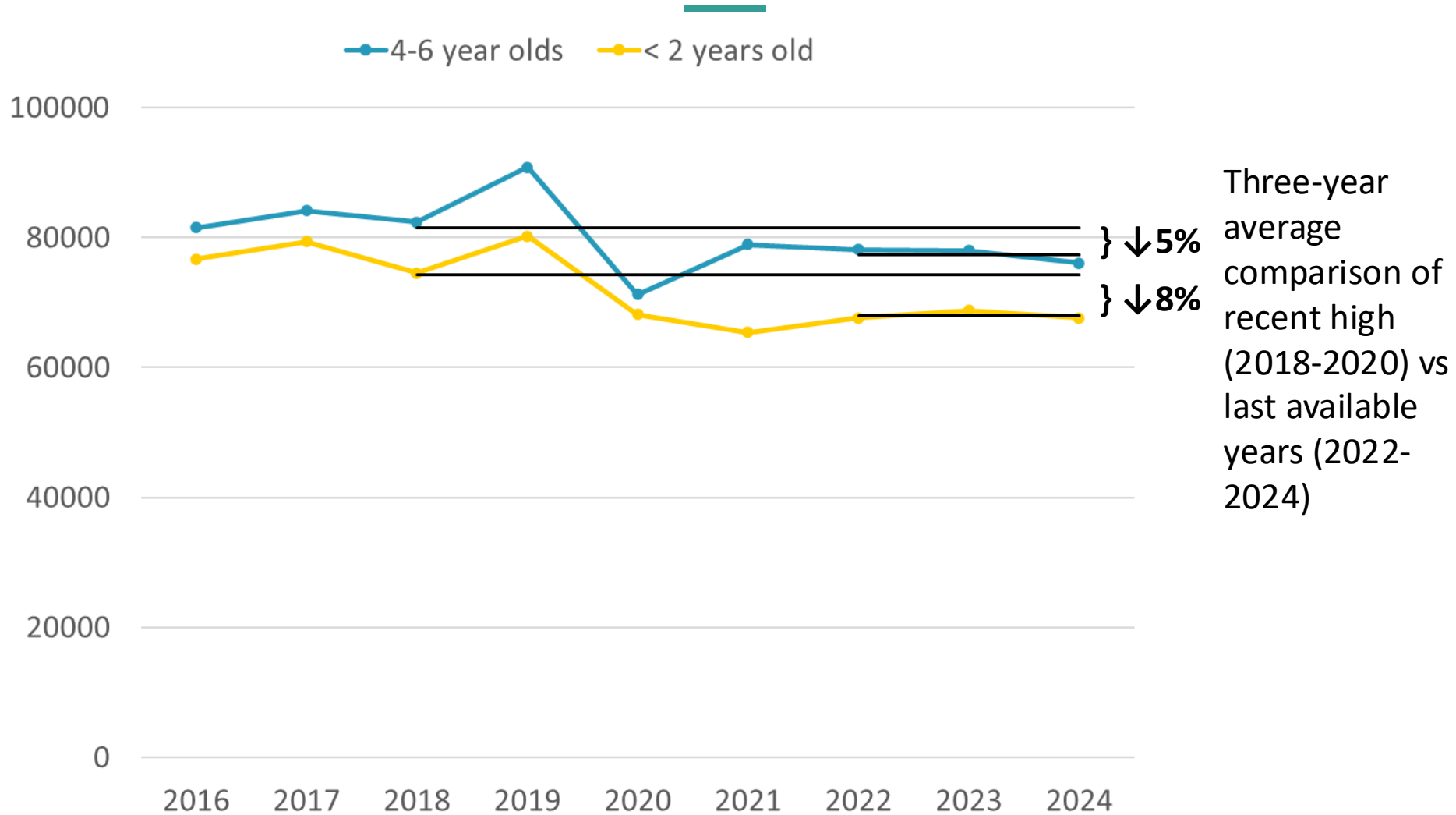
4 to 6 years old is a period of recommended vaccination and 19-35 months old is not



# MMR coverage



# MMR doses administered



# New report for Local Health Jurisdictions

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- Coverage of 2+ MMR (up-to-date) among 7-10 year olds
- Breakdowns by gender, language spoken, Hispanic ethnicity and two types of race categorization
- Small area estimates by county and Census tract
- Estimates as of March 4, 2025

# Demographic differences in coverage

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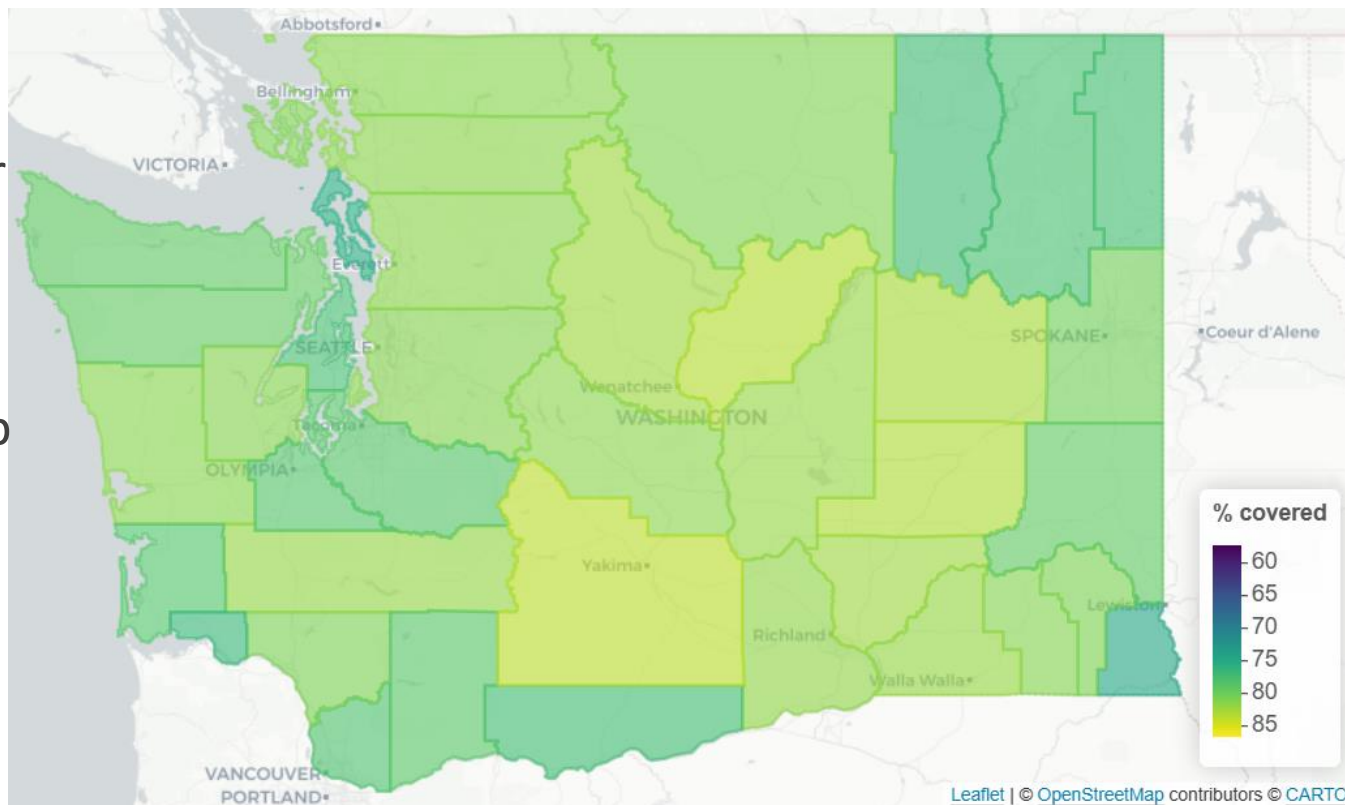
Coverage ratios ranged up to 1.11 or 11% higher than the reference group

MMR coverage was...

- 11% higher among Asian children than those who were not Asian
- 9% higher among Hispanic/Latino than those who were white, non-Hispanic
- 8% higher among those who speak Spanish than those who speak English
- 6% higher among those who are American Indian or Alaska Native than those who are not

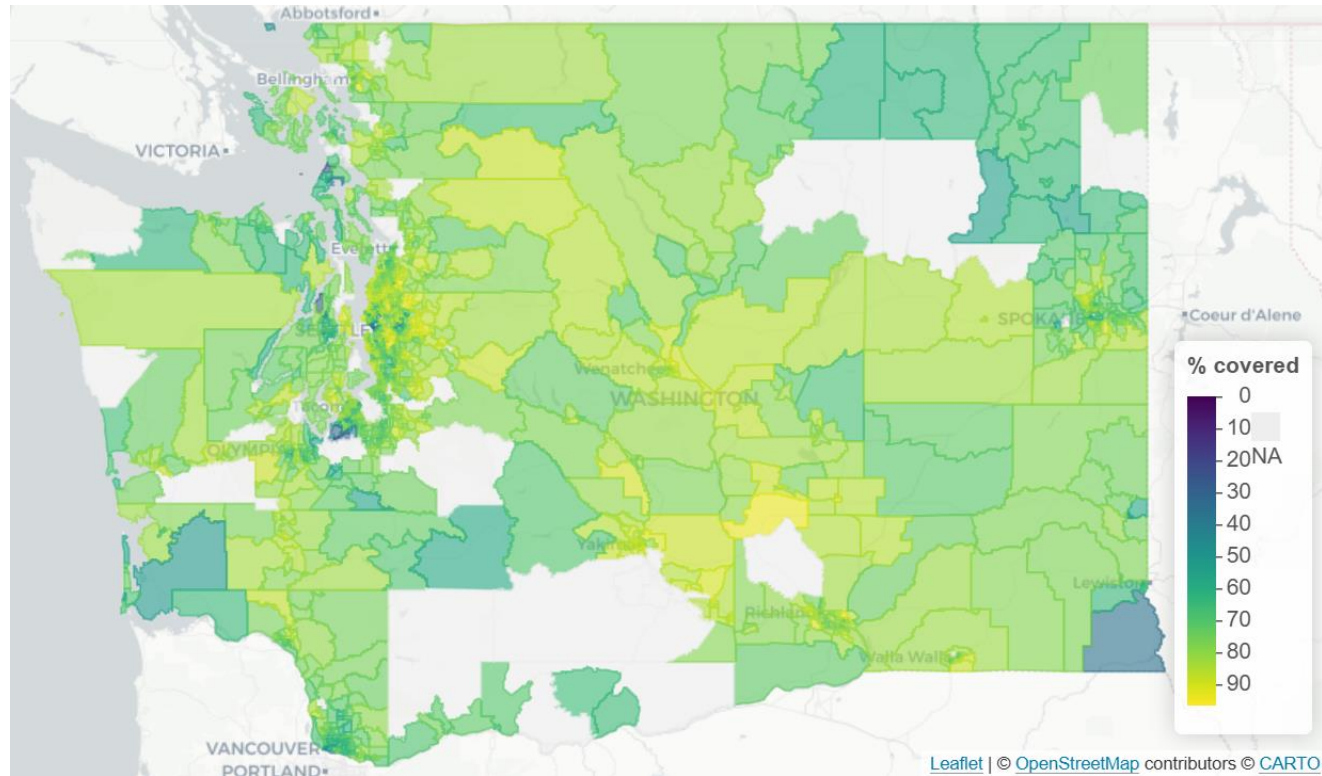
# County MMR coverage, 7-10 year olds, March 2025

- 7-10 years old is after active vaccination period
- Of about 0.5M records, 75.6% are up to date



# Census tract MMR coverage, 7-10 year olds, March 2025

- Excludes tribal Census tracts and those with small numbers



# Summary

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MMR coverage declined over the COVID-19 pandemic and has not recovered

Some areas of the state have lower rates of coverage

Close inspection of small area estimates helps identify potential explanations for lower rates

- Border communities
- Non-residential areas
- Highly transient population (e.g., near military bases)

# Measles Communications

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## Measles Communications Toolkit for Washington State Partners



Resources for Addressing Misinformation, Promoting  
Vaccine Safety, and Strengthening Community Health



For use by Local Health Jurisdictions,  
Providers, Tribal Nations and Confederacies,  
Urban Indian Health Organizations (UIHOs),  
and Community Partners.

# Measles toolkit offers guidance and messaging

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WASHINGTON STATE DEPARTMENT OF HEALTH

## Measles Communications Toolkit for Washington State Partners



For use by Local Health Jurisdictions,  
Providers, Tribal Nations and Confederacies,  
Urban Indian Health Organizations (UIHOs),  
and Community Partners.

DOH 620-310 MARCH 2025

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



# Download the Measles Communications Toolkit from the DOH Measles page today!



## Measles Communications Toolkit for Washington State Partners (PDF)

Resources for addressing misinformation, promoting vaccine safety, and strengthening community health

### NUMBER AT RISK OF GETTING MEASLES

3%



Vaccinated with MMR

100%



Not vaccinated



### Common Symptoms

High  
Fever



Cough



Watery  
Eyes



Runny Nose



Full Body  
Rash



¿Cómo se  
propaga el  
sarampión?

Una persona enferma puede transmitir el sarampión al toser, estornudar, respirar o hablar. Las personas pueden contraer sarampión cuando respiran este aire o si contraen el virus en las manos y se tocan la cara. El sarampión permanece en el aire hasta dos horas, por lo que las personas pueden contraer el sarampión incluso después de que una persona enferma haya abandonado el área.



# UPDATES TO MEASLES MATERIALS AND CONTENT

**PHIL WILTZIUS**


SCHOOL AND CHILD CARE IMMUNIZATION HEALTH EDUCATOR  
HEALTH PROMOTION AND EDUCATION  
DEPARTMENT OF HEALTH

## WEB UPDATES


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- Over the past year, our team has worked to update vaccine/disease pages across Office of Immunization and Vaccine Preventable Disease.
- This allowed us to pivot quickly given the increase in measles over the last year.
- We've made sure our recent measles landing page, the VPD measles page, was prepared for more public eyes.
- As part of this overall effort, we also updated links and materials across pages.








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You & Your Family 

Community & Environment 

Licenses, Permits, & Certificates 

Data & Statistical Reports 


Emergencies 

Public Health & Provider Resources 

Stay Safe from Measles

Vaccination is the best defense.


Learn More






<


||

>



Find it Fast





## Resources and Materials

- [Measles Basic Information \(PDF\)](#)
  - [Amharic \(PDF\)](#) | [Arabic \(PDF\)](#) | [Burmese \(PDF\)](#) | [Chinese Simplified \(PDF\)](#) | [Chinese Traditional \(PDF\)](#) | [Dari \(PDF\)](#) | [Hindi \(PDF\)](#) | [Khmer \(PDF\)](#) | [Korean \(PDF\)](#) | [Nepali \(PDF\)](#) | [Pashto \(PDF\)](#) | [Russian \(PDF\)](#) | [Somali \(PDF\)](#) | [Spanish \(PDF\)](#) | [Swahili \(PDF\)](#) | [Tigrinya \(PDF\)](#) | [Ukrainian \(PDF\)](#) | [Vietnamese \(PDF\)](#)
- ["Are You at Risk for Measles?" flyer \(PDF\)](#)
  - [¿Corre riesgo de contraer el sarampión? \(PDF\)](#)
- [Vaccine Safety - Office of Immunization](#)
- [Learn about the MMR vaccine](#)
- ["Measles Vaccine: Our Best Protection" flyer \(PDF\)](#)
- [Frequently asked questions about measles in the U.S. \(CDC\)](#)
- [Measles information for travelers \(CDC\)](#)
- [Washington school immunization data and reports](#)
- ["Protect Your Family and Community from Measles" brochure \(PDF\)](#)
- [Кір та вакцина \(ін'єкція\), яка запобігає йому \(PDF\)](#) ("Measles and the Vaccine that Prevents It" flyer - Ukrainian) (CDC)
- ["This is how easy it is to spread measles" video \(NFID\)](#)
- ["Five things you need to know about measles in 30 seconds" video \(NFID\)](#)

## For Local Health Jurisdictions and Healthcare Providers

- [Measles Communications Toolkit for Washington State Partners \(PDF\)](#)  
Resources for addressing misinformation, promoting vaccine safety, and strengthening community health
- [Immunization Response Guide: Measles \(PDF\)](#)  
This partner guide lays out immunization-specific needs in a measles response including key considerations and response strategies. The focus is on general vaccine guidance, distribution, policy considerations, staffing considerations, Immunization Information System (IIS) utilization and communication strategies.
- [Measles Post-Exposure Prophylaxis \(PEP\) for Non-Symptomatic Susceptible Contacts \(PDF\)](#)



## WEB HIGHLIGHTS


- Alignment of OI and VPD content, plaintexted measles overview
- New links from CDC site changes
- Updated public resources (often 3-6 years old)
- Relevant WMGW content
- Addition of short NFID videos on measles

# BASIC MEASLES INFORMATION

## *Public handout*

- Available in 19 languages
- Originally a collaboration between DOH, Somali Health Board, and SeaKing Public Health
- More visuals, plain talked.










## Learn About Measles

### What is measles?

Measles is a very contagious disease caused by the measles virus. Measles begins with a high fever, cough, runny nose, and red, watery eyes. After three to five days, a rash starts at the face and spreads to other parts of the body.

In some cases, measles can cause hospitalization, brain swelling, pneumonia, and death. Children under 5 years of age, those with weak immune systems, and pregnant people are most at risk.

### Common Symptoms

High Fever	Cough	Runny Nose	Red, Watery Eyes	Full Body Rash
				

### How Does Measles Spread?




A sick person can spread measles by coughing, sneezing, breathing, or talking. People can get measles when they breathe this air or if they get the virus on their hands and touch their face. Measles stays in the air for up to two hours, so people can get measles even after a sick person has left the area.

### Stay At Home and Call Your Doctor

If you have symptoms of measles, call your doctor's office. They will give you special instructions to avoid getting others sick. It's important not to spread measles to others. Stay at home if you have measles. Don't have visitors if you have a fever or rash.

### Protect Your Family From Measles

- The measles, mumps, and rubella (MMR) vaccine is the strongest protection against measles.
- The MMR vaccine is more safe than getting sick with measles.
- Children get MMR vaccine at one year and four years of age.
- People can still get the MMR vaccine if they didn't get it as a child.
- People should get vaccinated two weeks before travel to different countries.
- The United States and other countries still have measles outbreaks.
- Getting vaccinated protects yourself, your family, and your community from getting sick.
- Talk to a trusted doctor, nurse, or pharmacist if you have questions.



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DOH 348-651 June 2024



# ARE YOU AT RISK FOR MEASLES?

## *Public handout*

- Focus on vaccination & protecting community
- Also in Spanish



### Are You At Risk For Measles?

**Most children and adults are protected against measles if:**


- They've received 2 doses of measles, mumps and rubella (MMR) vaccine.
- They were born before 1957.
- They've had measles before.

**Who is most at risk for getting measles?**

- People who have not had measles, have not been vaccinated, or only had one MMR vaccine.
- Children under 12 months of age because they're too young to be vaccinated.
- People in a community currently experiencing a measles outbreak.
- People who travel to countries where measles is common.

**Why is the MMR vaccine important?**


Measles is one of the quickest spreading diseases. If you breathe the air in a space where someone has measles, you can get measles. A person doesn't even have to feel sick to spread measles in the air!

 Measles stays in the air for up to 2 hours.

**How do we stop measles in our communities?**

Because measles spreads to people without immunity very quickly, 95% of the community needs to be vaccinated or immune from measles to stop it from spreading. Two doses of MMR vaccine protects 97% of people from getting measles.


19 in 20 people must be immune from measles to stop it from spreading.



**Protect those who can't get vaccinated.**

Certain people, like babies younger than 6 months of age, those who are pregnant, and people with weakened immune systems can't get vaccinated. Vaccinating yourself protects those who can't.

**Talk to a trusted health professional to see if you're protected or need MMR vaccine today!!**

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# MEASLES VACCINATION: OUR BEST PROTECTION

## Public handout

- Focus on protection from measles vaccination
- Childhood vaccines offered at no cost
- Information for international travel



## Measles Vaccine: Our Best Protection

### What is measles?

Measles is a contagious disease which spreads through the air when a sick person coughs or breathes. Measles is commonly known for a rash of red spots that starts at the forehead and progresses down the body.

Measles can lead to severe complications including pneumonia, brain swelling, and death.

### Common Symptoms

High Fever



Cough



Runny Nose



Red, Watery Eyes



Full Body Rash



**There is no treatment for measles, but vaccination can prevent it.**

Two doses of measles, mumps, and rubella (MMR) vaccine works very well to prevent sickness from measles in 97 out of 100 people. Measles vaccination protects you for life.



Only 3% of people are at risk for getting measles if they've been vaccinated with two doses of MMR.



100% of people are at risk for measles if they haven't been vaccinated with MMR.

**MMR vaccination is a part of the national childhood vaccine schedule.**

Children in Washington state can receive childhood vaccines at no cost. Talk to a trusted healthcare provider to make sure your child is up to date!

See your family's vaccination records by using MyIR. Go to <https://myirmobile.com> for more info.

**Most measles cases come from international travel.**

Unvaccinated people who travel internationally tend to be the most common source of measles outbreaks in the United States.

### Tips for international travel

If you plan to travel out of the country, make sure you are fully vaccinated against measles at least two weeks ahead of time.

Children above 12 months of age, teens and adults who are unvaccinated should get two MMR vaccines spaced one month apart before travel.

Infants 6 to 11 months of age traveling internationally can get one MMR dose for protection.

Monitor your symptoms after returning home from travel for 3 weeks.

Talk to a trusted health professional if you plan to travel internationally or if you got sick after traveling in other countries.



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DOH 348-649 March 2025

# PROTECT YOUR FAMILY AND COMMUNITY FROM MEASLES

## Public brochure

- One of our WMGW mail brochures focused on measles
- Written for families
- Focus on vaccinating infants and young children
- Great resource for pediatricians and family practice docs, regularly updated



### Learn more about vaccine benefits and risks. ☺ ☺ ☺

**HOW COMMUNITY IMMUNITY WORKS:**

- VISIT: [doh.wa.gov/healthknowledgy/herd-immunity.html](http://doh.wa.gov/healthknowledgy/herd-immunity.html)

**RELIABLE VACCINE INFORMATION:**

- VISIT: [vaccineinformation.org/trusted-sources](http://vaccineinformation.org/trusted-sources)

**MEASLES IN WASHINGTON STATE:**

- VISIT: [doh.wa.gov/Measles](http://doh.wa.gov/Measles)

**VACCINE INFORMATION AND MORE:**

- VISIT: [immunitycommunitywa.org](http://immunitycommunitywa.org)

**SEE VACCINE RECORDS ONLINE:**

- VISIT: [myrmmobile.com](http://myrmmobile.com)

**Help Me Grow**  
WASHINGTON

Call our hotline to speak to a Family Resource Navigator at 1-800-332-2988 or visit [www.helpmegrow.org](http://www.helpmegrow.org)

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growing  
WASHINGTON

**Washington State Department of HEALTH**

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Watch Me Grow is a program of the Washington State Department of Health.

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### Facts About Measles:

Child with red spots and bumps from measles.

- People infected with measles can spread the disease to others up to one week before symptoms appear.
- A quarter to half of people infected with measles will not have symptoms.
- Pregnant people who get measles may cause a miscarriage, birth defects, or infant death.
- Since the introduction of measles vaccine in 1963, measles cases have reduced by 99%.
- MMR vaccine is required for child care and school entry in the state of Washington.
- People can still get the MMR vaccine if they didn't get it as a child.
- Measles is one of the most contagious diseases. MMR vaccine provides the best protection.

### Protect Your Family and Community from Measles

MMR VACCINE PROTECTS AGAINST MEASLES, MUMPS, AND RUBELLA

### The best protection against measles is to get vaccinated. ☺ ☺ ☺

In recent years, outbreaks of measles have occurred in our state. **The best protection against measles is to get vaccinated** with the MMR (measles, mumps, and rubella) vaccine.

Measles virus travels through the air. You can get measles even if you go into a room for up to two hours after an infected person was there. Almost everyone who has not had the vaccine or measles will get sick if they are exposed to the virus.

Measles starts with a fever, runny nose, coughing, red watery eyes, and tiredness. After a few days, a rash begins. Some people also get pneumonia, brain damage, or death, and some may die.

### Protect your family. Protect your community. Vaccinate.

What is community immunity?

Community (or herd) immunity helps slow down and stop the spread of disease among people. It works when most people in a community have immunity to, or protection from, a disease. People become immune by getting vaccinated or by having had the disease. For some diseases, such as measles, more than 9 out of 10 people must have immunity to keep the disease from spreading.

Who depends on community immunity?

We all depend on community immunity. People who can't fight diseases on their own or who aren't immune really depend on it. When you vaccinate yourself and your family, you also

help protect others at risk in your community, such as:

- Infants and the elderly
- People with weak immune systems, such as those with cancer
- People who aren't fully immunized
- Pregnant people

Does your community have immunity?

VACCINATE your child on time. Make sure you and your child's caregivers are vaccinated, too.

Ask your child care, preschool, or school about their vaccine rates.

SPEAK UP and tell others your child is fully vaccinated. Make sure your friends and neighbors know about the risks of not vaccinating and the benefits of community immunity.

### If traveling outside the United States, talk to your health care provider about vaccine recommendations for your whole family.

### Did you know?

When you get vaccinated, you protect not just yourself, but your whole community! You can help stop the spread of measles to other people who can't get vaccinated because of their health or age.

### Measles is very contagious and can be serious, especially for young children.

MMR vaccine protects against measles, mumps, and rubella. The vaccine is about 93 percent effective with one dose and 97 percent effective with two.

**Kids should get two doses:**

- First dose between 12 and 15 months
- Second dose between 4 and 6 years

# OVERALL GOALS

- Update materials to modern DOH standards
- Meet our audience by reducing text, increasing visuals, and plaintalking more content (including for healthcare professionals!)
- Increase translated materials

## **Moving forward...**

- Work to update our OI vaccine web pages into Spanish
- Work with other teams and offices to identify out-of-date materials that need updates quicker



Washington State Department of **HEALTH**

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Handwashing

**Immunization**

Child Care Immunization Laws

## School and Child Care Immunization

This page contains health care provider and staff resources on school and child care immunization requirements and reporting. We update it regularly to reflect changes from year to year.

If you're a parent or guardian looking for information about school or child care requirements, visit our [family-friendly immunization page](#) in multiple languages.

Select any of the links below to jump to a specific topic.

[Immunization Manual for Schools, Preschools and Child Care Facilities](#)

[Immunization Laws and Rules](#)

[Immunization Requirements](#)

[Certificate of Immunization Status \(CIS\)](#)

[Exemptions from Immunization Requirements - Certificate of Exemption \(COE\)](#)

[Conditional Status Attendance](#)

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Child Care Status Reporting

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School Immunization Laws

School Status Reporting

School and Child Care Immunization Module

English

## School and Child Care Immunizations Information for Families



It is important to keep your child up to date on required immunizations for school and child care. Vaccinations can reduce the severity of disease or prevent disease entirely. Vaccinations play an important role in keeping your child healthy.

This web page is designed to help you understand the rules around school and child care immunizations. The page has all the forms families need to meet immunization requirements.

# SCHOOL & CHILD CARE

<https://doh.wa.gov/scci>

- Outbreaks & Exclusion FAQs
- Immunization Reminder Letters
- Staff/volunteer MMR requirement for child care centers info

<https://doh.wa.gov/vax2school>

- Student immunization charts
- Certificate of Immunization Status
- Certificate of Exemption
- (Materials in 18 languages, web page in 4 languages)



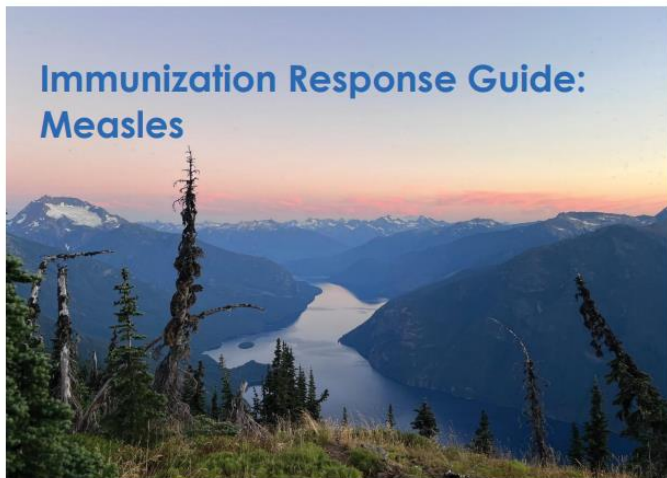


## OFFICE OF IMMUNIZATION UPDATES

Adriann Jones, MPA

Immunization Planning & Emergency Response Supervisor

## Immunization Response Guide: Measles



*For Tribal Nations, Confederacies, Urban Indian Health Organizations (UIHO),  
local health jurisdictions (LHJs) and community providers*

*Last updated: March 20, 2025*



DOH 348-1089 March 2025

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

## Intended Audiences:

- Tribal Nations, Confederacies, Urban Indian Health Organizations (UIHO)
- Local Health Jurisdictions (LHJs)
- Community providers

# Priorities

---

## **Immediate Actions:**

1. Initiate communication, coordination, and training with your internal team and partners.
2. Ensure an adequate supply of vaccine is available in affected area.

## **Key Priorities:**

- Working with providers
  - Inform healthcare providers about the outbreak.
- Working with Community Partners
  - Help partners connect to vaccination resources.



# Planning Considerations for Readiness

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- **Vaccine Response**
  - Assess and evaluate what services you can support in relation to implementing vaccination events.
- **Immunization Data**
  - Consider how you will assess MMR coverage or other measures of uptake.
- **Clinical Guidance and Vaccine Safety**
  - Update and prepare educational content on Measles and MMR vaccine.
- **Partner and Community Engagement**
  - Create or consider establishing engagement plans and culturally appropriate materials for partners and impacted communities.
- **Immunization, Communication, Health Promotion and Education**
  - Consider partnering with affected communities to develop culturally appropriate materials, if needed.
- **Outbreaks in School or Childcare Settings**
  - Consider vaccination coordination during a school or childcare measles outbreak with school or childcare partners.
- **Other Considerations**
  - Consider areas where additional staffing may be temporarily needed.

# Guidance

---

- Vaccine guidance for adults, children, evidence of immunity, and Post-exposure Prophylaxis (PEP).
- Equity considerations including identifying high risk populations and integrating a pro-equity approach to fostering trusted messengers.
- Immunization Information System (IIS): Assessment training modules and Data Requests.

## **Additional information includes:**

- Clinical Immunization Education and Vaccine Safety
- Vaccine Distribution

# Resources and Support

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## **DOH'S Method of Engagement:**

During an outbreak DOH will establish communication with:

- LHJs/Counties
- Tribal nations, Confederacies, and UIHO impacted through DOH Tribal Liaisons
- Regional Coordinators, and Partner Liaisons.



## **Communication & Education:**

- Alerts and Publications
- Immunization Laws and Rules
- Public Communication Plain Language Examples



## **Appendices:**

- Vaccination support
- Public Communication & Education
- Education Toolkits for Specific Audiences
- Vaccine Uptake Strategies
- Etc.

## Measles Post-Exposure Prophylaxis (PEP) for Non-Symptomatic Susceptible Contacts



### To determine appropriate post-exposure prophylaxis:

- Determine patient's risk factor and identify time from first exposure to measles case. Refer to [Appendix E of the WA DOH Measles Guideline](#) for algorithm to assess for exposure.
- PEP should only be given to a person without [evidence of immunity](#).
- Contact the [Local Health Jurisdiction \(LHJ\)](#) with questions or if further guidance is needed.

People exposed to measles who do not have [presumptive evidence of immunity to measles](#) should be offered [post-exposure prophylaxis \(PEP\)](#). There are two types of PEP for measles: MMR vaccine or immune globulin (IG). The efficacy of either form of PEP (MMR vaccine or IG) for preventing measles disease is greatest when administered as soon as possible after exposure. Any person who is not immune to measles who received IG PEP should also get MMR vaccine.

### Recommended Dose and Timing of Measles PEP (see footnotes 1-5)

Risk Factor	Time from First Exposure	
	Less than 72 hours	72 hours through day 6
Infant less than 6 months old <sup>1</sup>	Give intramuscular IG (IMIG): 0.5 mL/kg (max dose = 15 mL)	Give IMIG: 0.5 mL/kg IM (max dose = 15 mL)
Infants 6 through 11 months old <sup>1,2</sup>	MMR vaccine preferred over IG	Give IMIG: 0.5 mL/kg IM (max dose = 15 mL)
Susceptible pregnant woman <sup>3</sup>	Give intravenous IG (IVIG): 400 mg/kg	Give IVIG: 400 mg/kg
Severely immunocompromised <sup>3,4</sup>	Give IVIG: 400 mg/kg	Give IVIG: 400 mg/kg
Susceptible close contact over 1 year old <sup>5</sup>	Give MMR vaccine if no contraindications	Can consider giving IMIG : 0.5 mL/kg to those less than 66 pounds

1. Patients under age 12 months who receive MMR vaccine should be revaccinated with 2 additional doses after their first birthday. To avoid interference with the immune response between MMR or MMRV and IG, wait 6 months after IMIG administration. Do not administer MMR and IG at the same time.
2. IMIG is recommended for infants younger than 12 months old.
3. IVIG is recommended for severely immunocompromised people and pregnant people. IG is not indicated for people who have received 1 dose of measles-containing vaccine at 12 months or older unless they are severely immunocompromised. Wait 8 months after IVIG before vaccinating.

Page 1 of 3

## Intended Audiences:

- Tribal Nations, Confederacies, Urban Indian Health Organizations (UIHO)
- Local Health Jurisdictions (LHJs)
- Community providers
- Immunizers

# Guidance

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## **Recommended Dosing & Timing**

- Precautions
- Contradictions
- How to determine if PEP is appropriate



## **Planning Access to IG**

- How to plan for obtaining before and after cases are identified
- How it is supplied



## **Additional Resources**

- Clinical resources
- Support contacts

# Measles Post-Exposure Prophylaxis (PEP)

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There are two types of PEP for measles. The efficacy of either form of PEP (MMR vaccine or IG) for preventing measles disease is greatest when administered as soon as possible after exposure.

## 1. MMR Vaccine

- Available through AVP & CVP



## 2. Immune Globulin (IG)

- **Not available** through AVP or CVP



Located:

Measles | Washington  
State Department of  
Health



Questions?





# Today's Agenda

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10:30 – 10:45	Welcome, Announcements, Introductions, Land Acknowledgement	Dr. Tao Sheng Kwan-Gett
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SUMMARY OF ANNUAL DATA CHANGES TO  
WAIS-BASED CHILDHOOD IMMUNIZATION  
COVERAGE

*DECEMBER 2023 – DECEMBER 2024*

*KELLEY MEDER, OFFICE OF IMMUNIZATION*



# METHODS

- Extracted annual 2016-2024 data from WAIS on February 4, 2025.
- Reviewed vaccination coverage for five age groups:
  - 19-35 months - 4:3:1:3:3:1:4 series
  - 4-6 years – 5:4:4:3:2:2:2:4 series
  - 9-10 years – 1 dose HPV
  - 11-12 years – 1:1:1 series
  - 13-17 years – 1:1:UTD series
- Assessed coverage for completeness at the state level, by county of residence, and by reported race and ethnicity

# Summary of Data Changes December 2023-2024

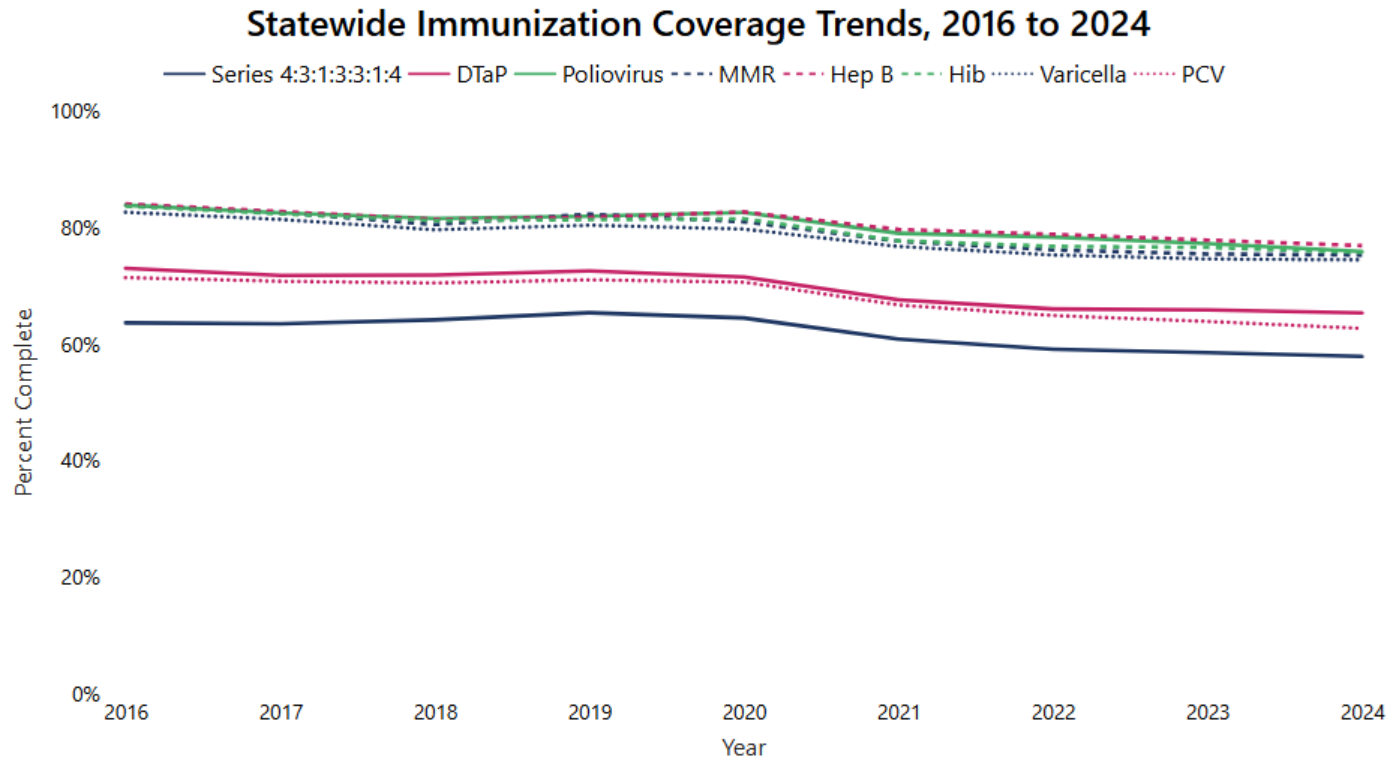


## OVERALL TRENDS

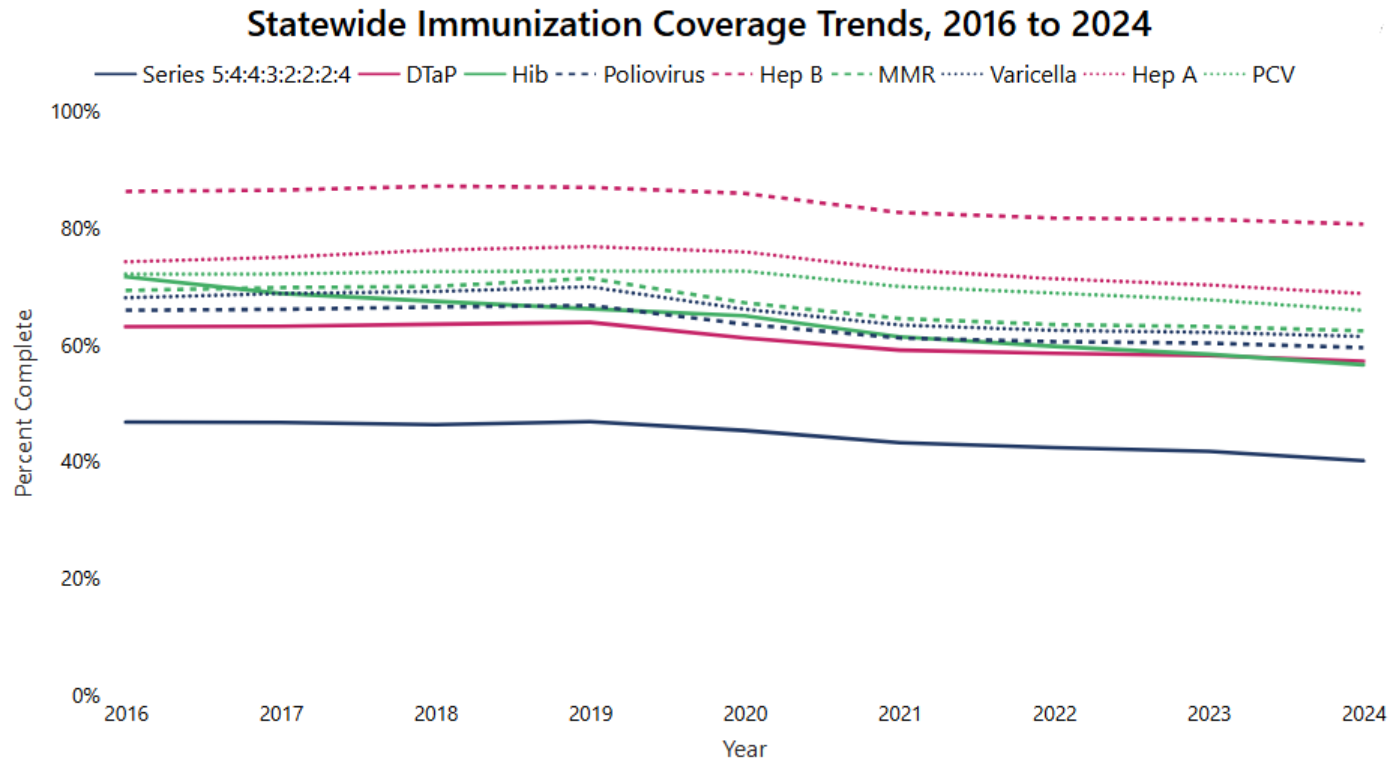
## OVERALL TRENDS – DECEMBER 2023 TO DECEMBER 2024

- The small declines observed again between 2023 and 2024 were comparable to those observed between 2022 and 2023 for most age groups
- There were a few exceptions:
  - HPV in the 9-10 year-olds increased by 3.7 percentage points from 11.2% to 14.9%
  - HPV increased by 2.1 percentage points, from 36.8% to 38.9%, among the 11-12 year-old age group
- Coverage remains below pre-pandemic levels

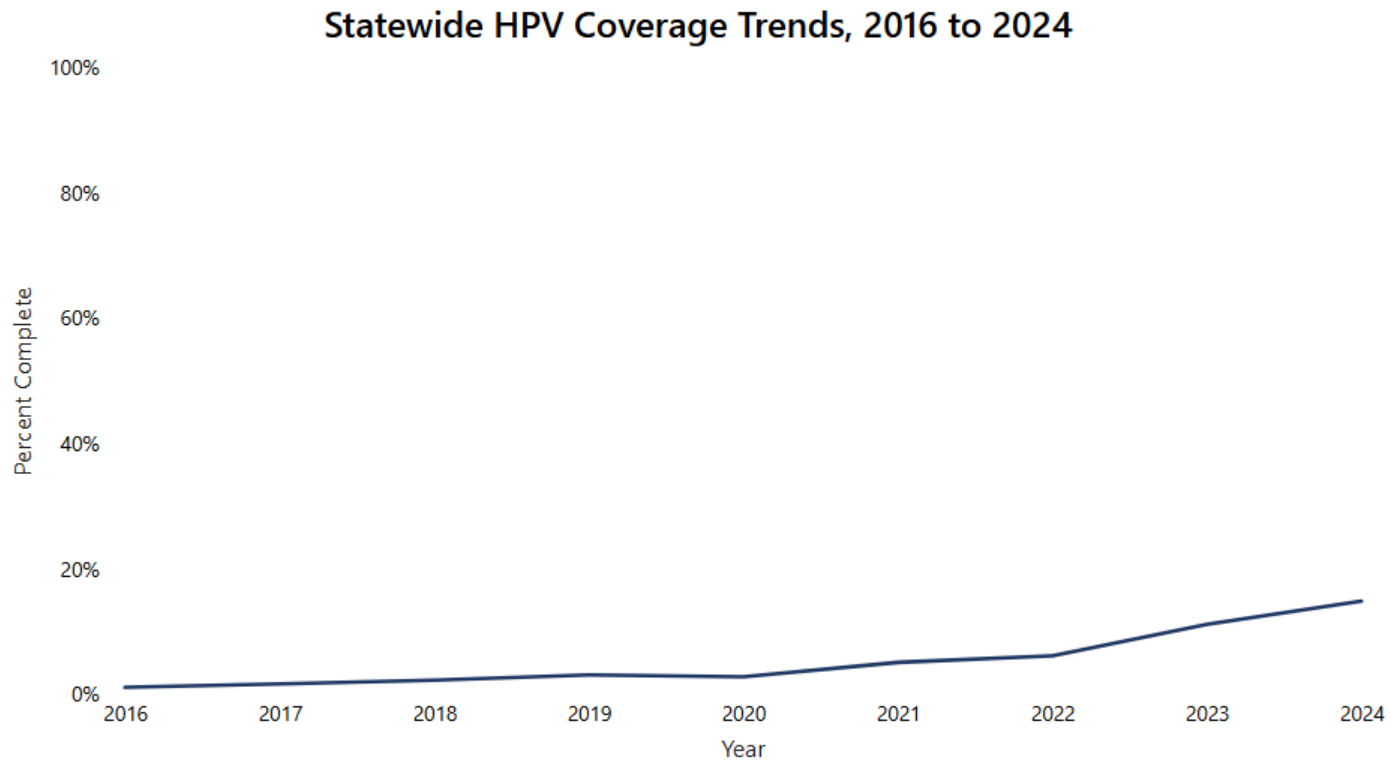
## 19-35 month-olds



## 4-6 year-olds

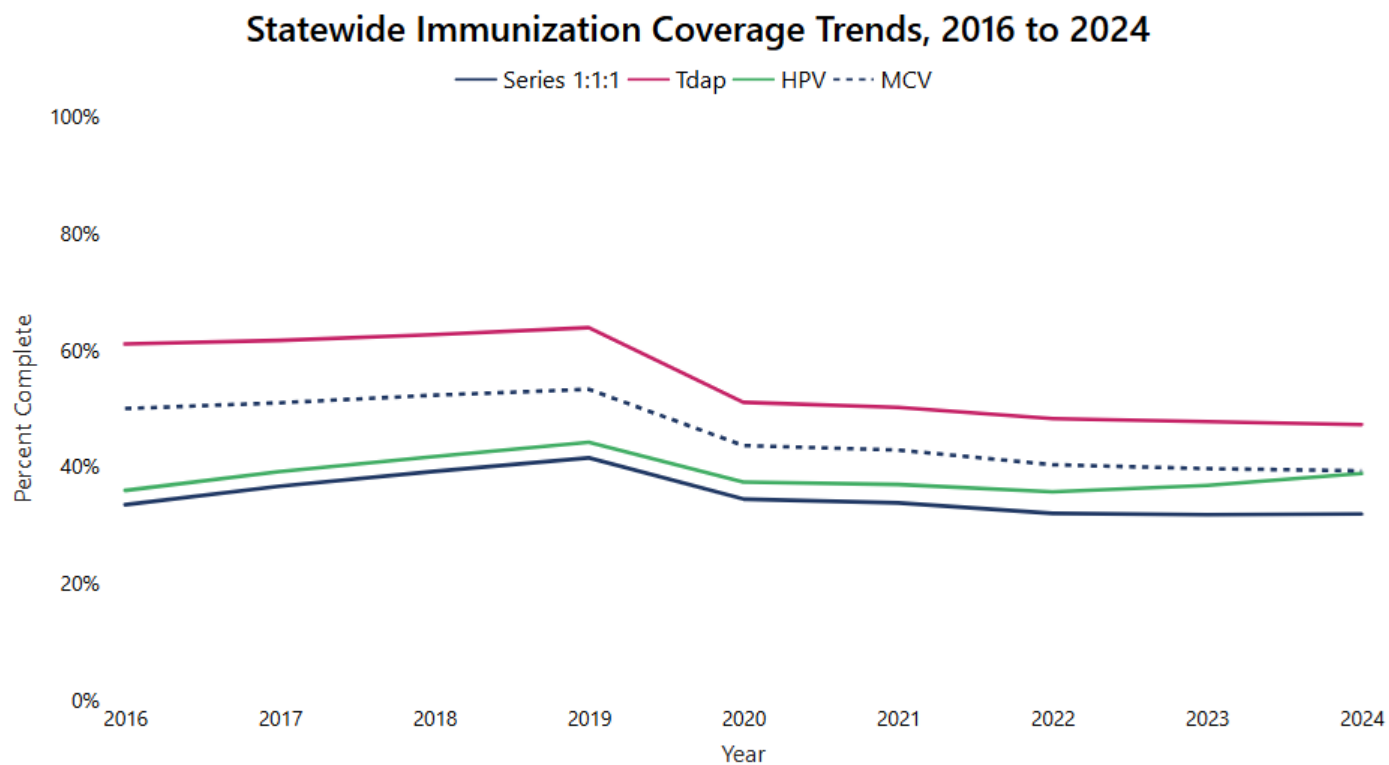


## 9-10 year-olds

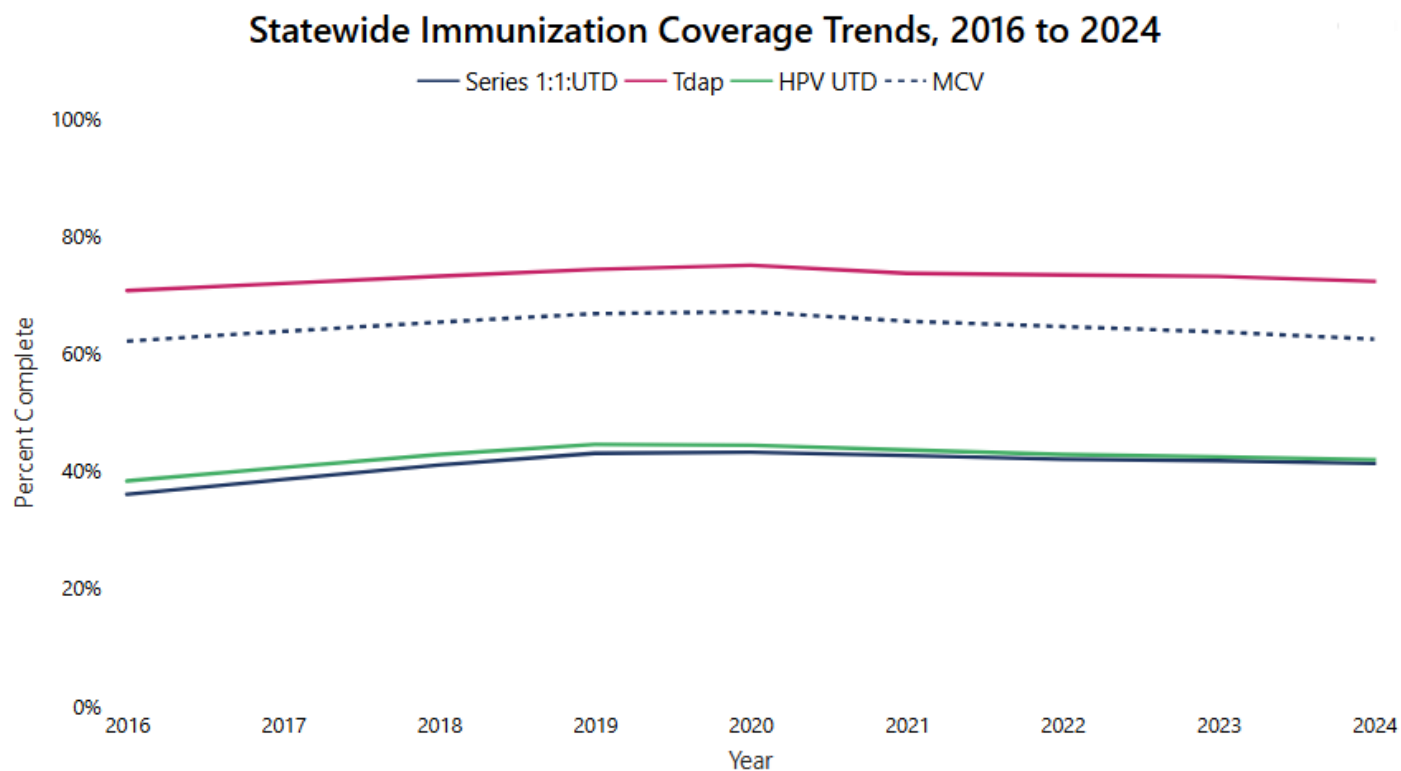




# 11-12 year-olds



## 13-17 year-olds



# Summary of Data Changes December 2023-2024



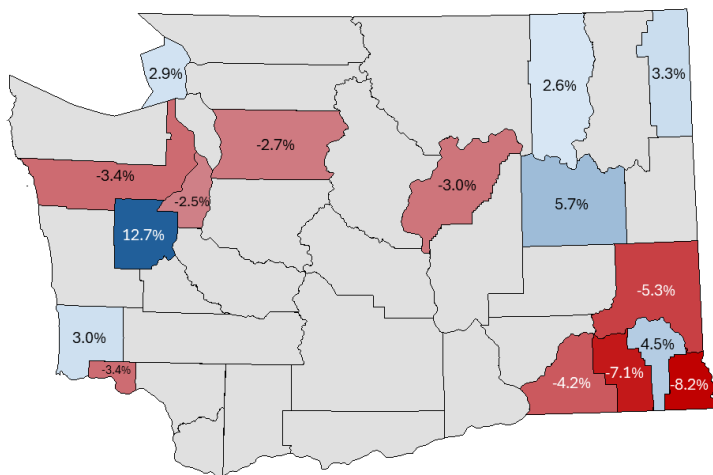
## BY COUNTY

## BY COUNTY COVERAGE FOR SERIES COMPLETION - DECEMBER 2023 TO DECEMBER 2024

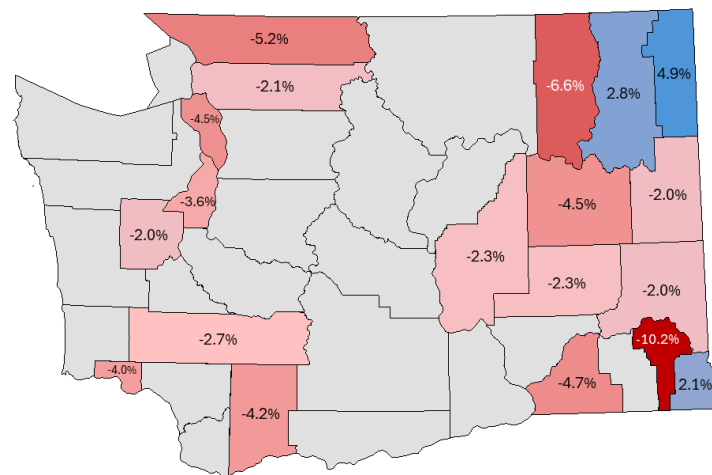
- There were fewer counties with notable changes for series completion coverage (more than +/-2.0 percentage points) among older age groups (excluding 9-10 year-olds)
- The 4-6 year-old age group had the greatest number of counties with declines (15)
- The 19-35 month-old age group had the greatest number of counties with increases (7)
- Among the 9-10 year-olds, 24/39 counties showed significant increases for HPV coverage

## WA counties with series completion coverage changes of +/-2pp

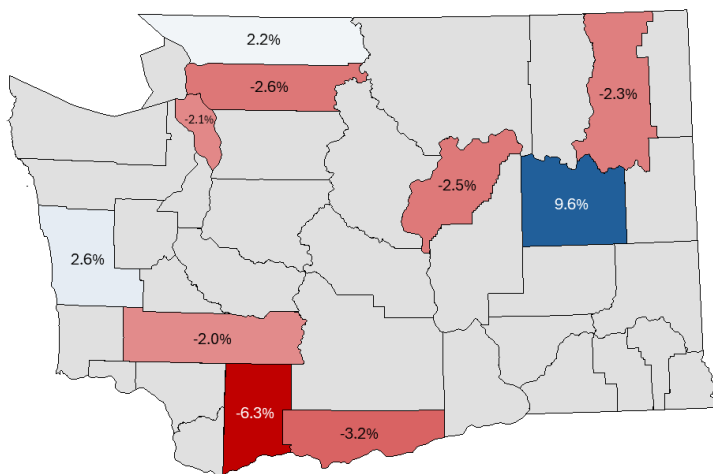
19-35 months



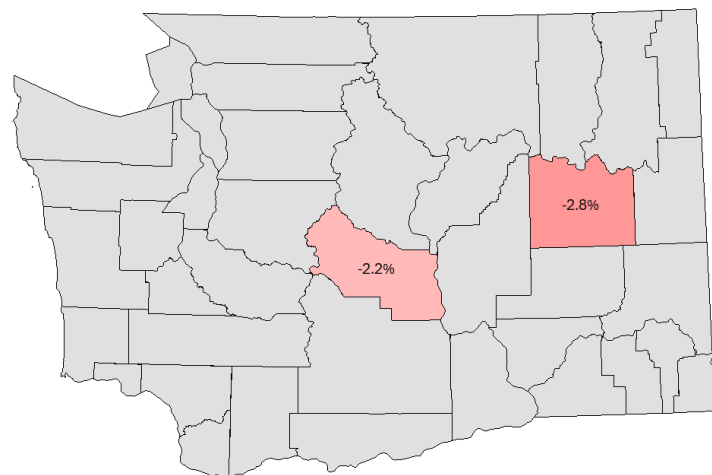
4-6 years



11-12 years

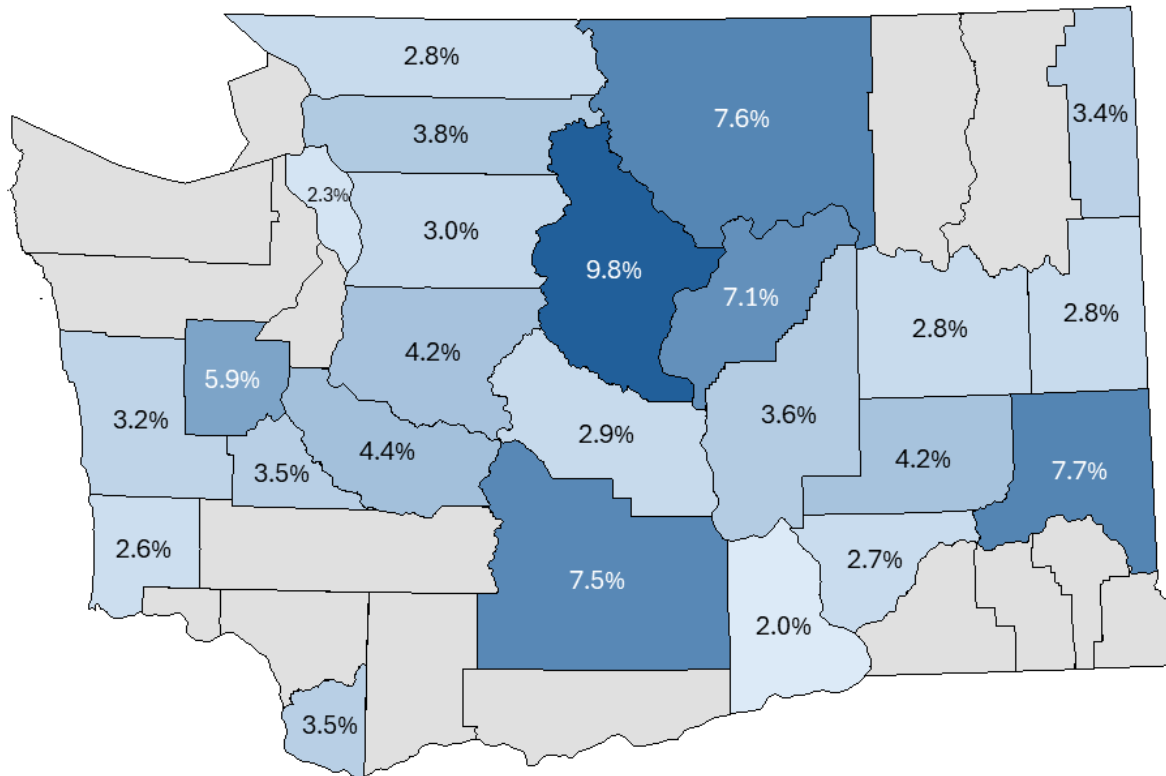


13-17 years



## 9-10 year-olds

WA counties with series complete coverage of +/- 2 percentage points



- 0 counties w/decreases
- 24 counties w/increases between 2.0 and 9.8 pp

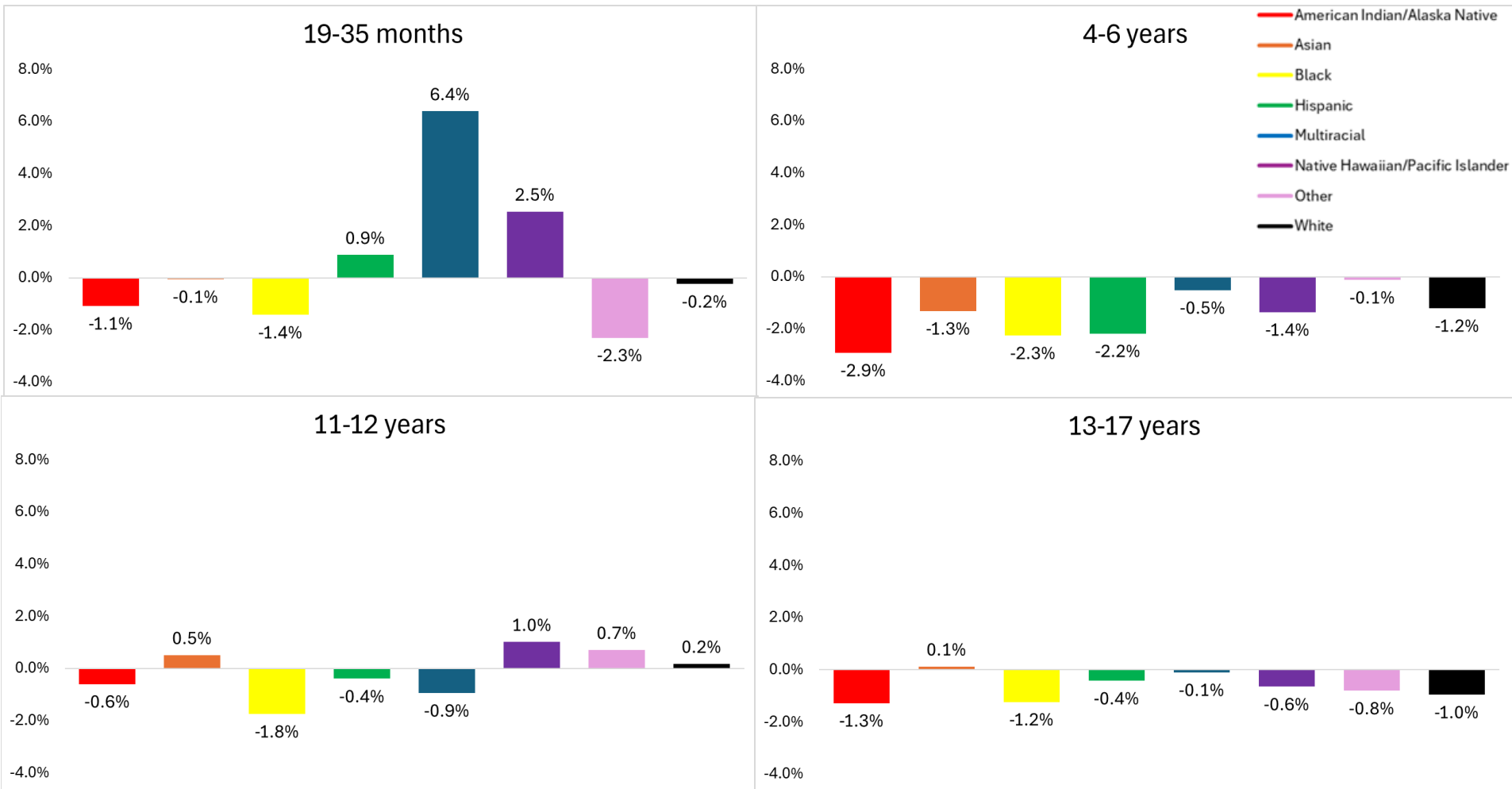
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# Summary of Data Changes December 2023-2024

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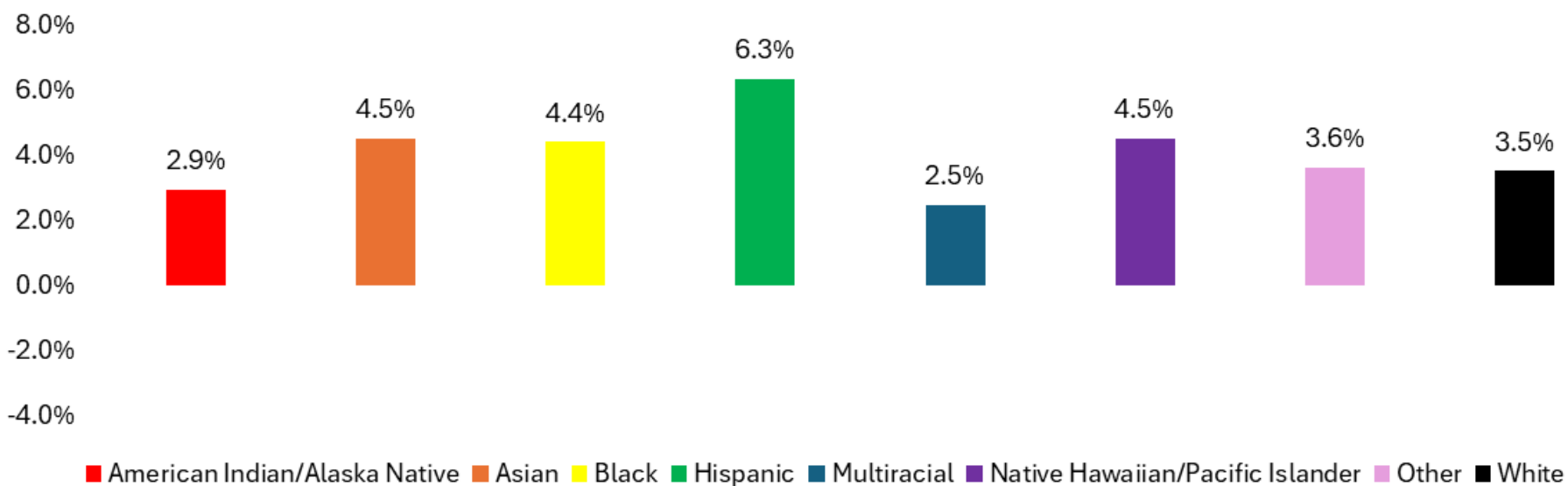
## BY RACE AND ETHNICITY

# Complete series coverage by age group and race and ethnicity

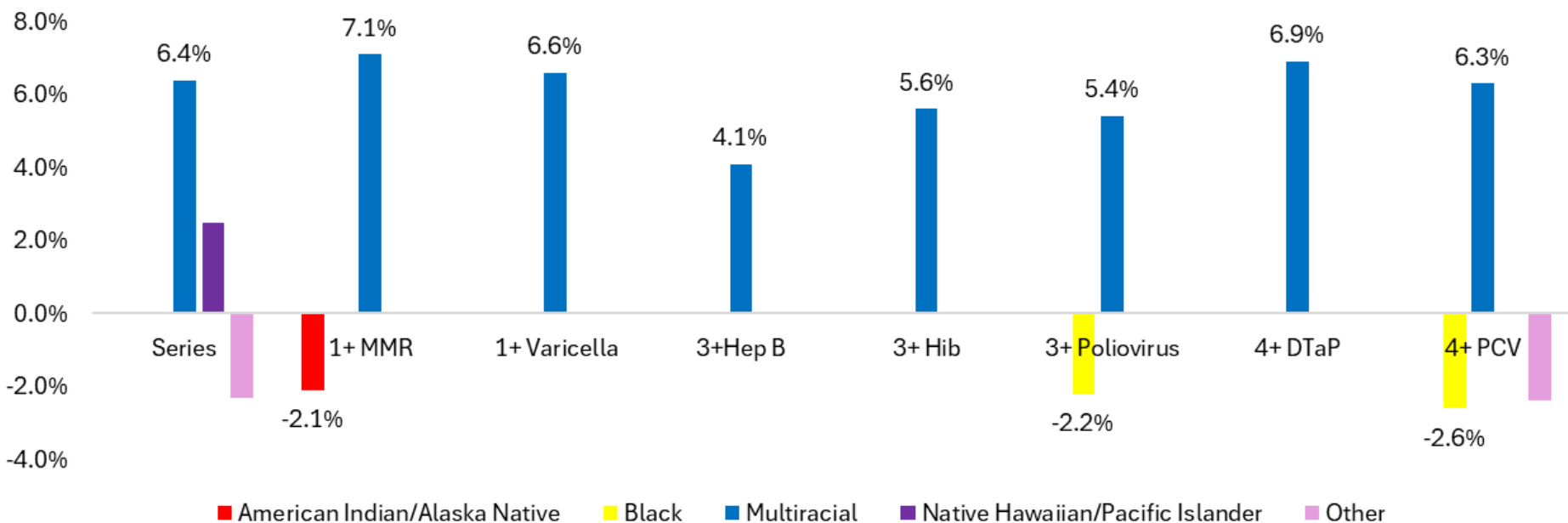




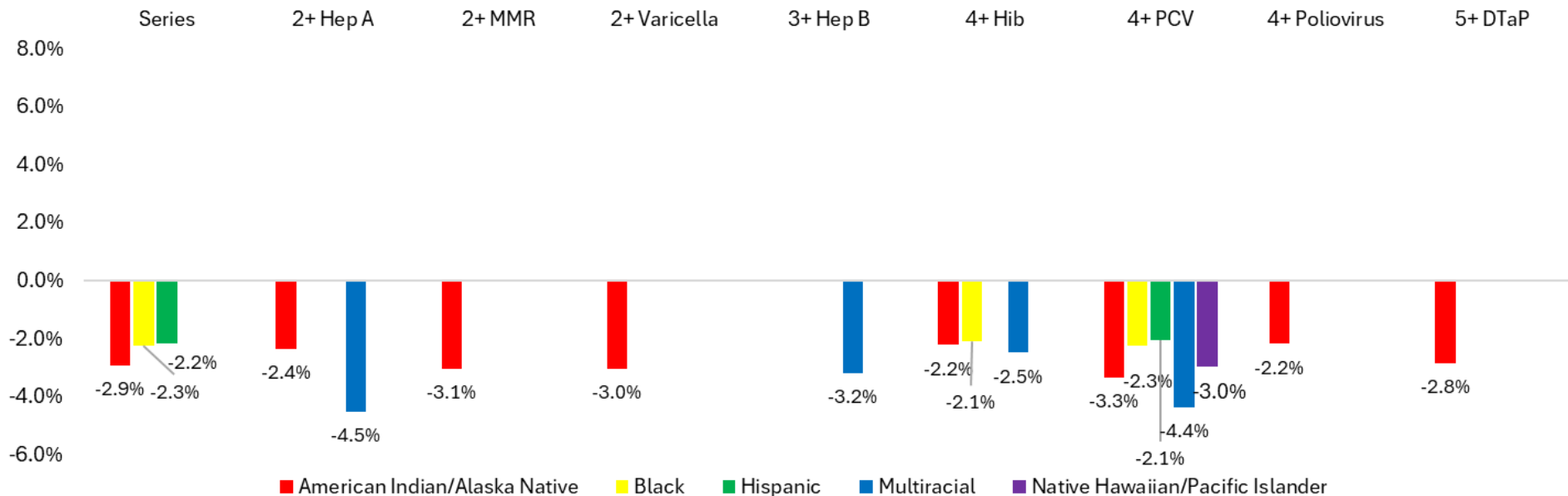
Coverage changes for HPV from December 2023 to December 2024 among 9-10 year-olds, by Race and Ethnicity



## Coverage changes from December 2023 to December 2024 among 19-35 month-olds, by Race and Ethnicity



## Coverage changes from December 2023 to December 2024 among 4-6 year-olds, by Race and Ethnicity



# KEY TAKEAWAYS

- Coverage rates for all age groups and vaccines have not recovered from pandemic levels, except for HPV among the 9-10 and 11-12 year-olds, which continues to increase
- By county, we have seen more significant decreases in coverage than increases, with a greater number of counties in the younger age groups affected
  - However, 62% of counties showed an increase for 9-10 year-old HPV coverage of 2.0pp or greater
- There were large increases in the 19-35 month-olds who reported as Multiracial, but this is mainly attributed to a system change and should not be seen as a true change in coverage
  - The 4-6 year olds saw the most frequent decreases by series vaccine type
  - HPV coverage increased in all race and ethnicity groups among the 9-10 year-olds

QUESTIONS?

# Today's Agenda

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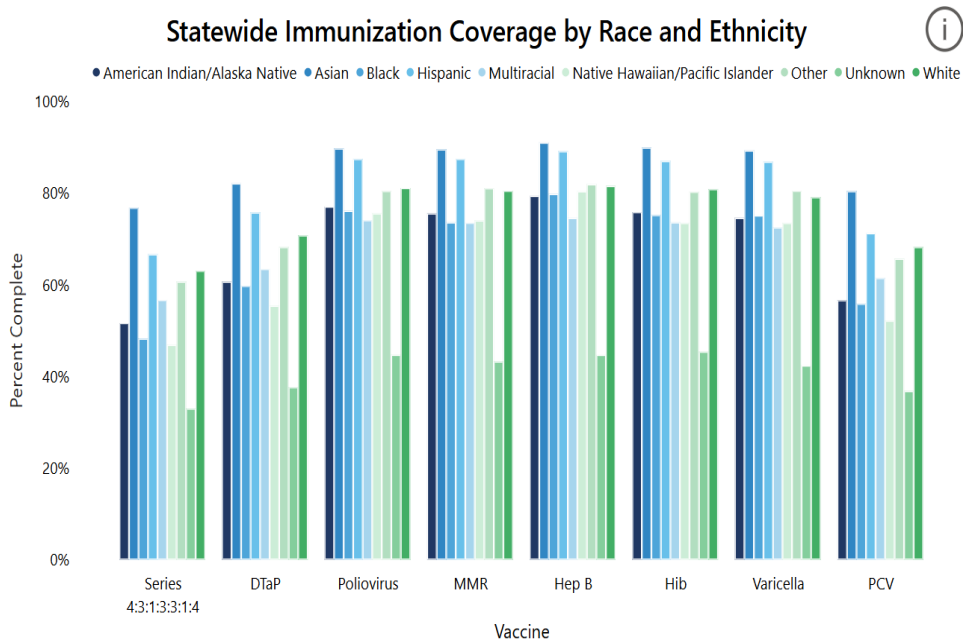
ADVANCING  
VACCINE  
EQUITY IN  
WASHINGTON  
STATE  
BY: MARISSA  
DAVISON





# IMMUNIZATION DISPARITIES IN WASHINGTON

Statewide Immunization Coverage by Race and Ethnicity



## Examples of Disparities:

■ **Childhood Immunizations:** Gaps in vaccine coverage for Black, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native children compared to White children.

■ **Maternal & Infant Vaccination:** Lower uptake of maternal RSV and Tdap vaccines in historically marginalized communities.

## CURRENT VACCINE EQUITY WORK

### **1. Agricultural Workers Project**

- Outreach efforts to improve flu vaccination among farmworkers in response to the H5N1 outbreak.
- Partnering with local health jurisdictions (LHJs) and Care-a-Van for mobile clinics.

### **2. Birthing Hospital Enrollment Project**

- Increasing hospital enrollment in the Childhood Vaccine Program (CVP) to improve access to Nirsevimab (RSV immunization for infants).
- Collaborating with hospitals to ensure equitable vaccine distribution.

### **3. Maternal Health Initiative**

- Developing culturally appropriate vaccine education materials.
- Addressing barriers to maternal vaccination through outreach and provider engagement.

## FUTURE VACCINE EQUITY EFFORTS

### **Vaccine Equity Assessment**

- Equity assessment to evaluate program gaps.

### **Increase Access to Vaccination**

- Increase access to vaccination by establishing additional or alternative vaccination providers.

## CALL TO ACTION & CLOSING

- Vaccine equity is a shared responsibility—we must continue working together to remove barriers.
- We welcome feedback and collaboration to improve vaccine access for all communities.
- Questions?



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