



# VACCINE ADVISORY COMMITTEE MEETING

July 13<sup>th</sup>, 2023

# Today's Agenda

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Time	Agenda Item
11:00 – 11:15	Welcome, Announcements, Introductions, Land Acknowledgement
11:15 – 11:20	Conflict of Interest Declaration
11:20 – 11:25	Approval of Last Meeting Minutes (Handout)
11:25-11:35	Office of Immunization Program Director Updates
11:35-11:50	COVID-19 Vaccine Director Updates
11:50-11:55	Director Update Discussion
11:55-12:15	ACIP Updates and Vaccine Safety
12:15-12:25	Certificate of Exemption
12:25-12:45	School Reporting Data and School Module
12:45 – 12:55	Public Comment
12:55 – 1:00	Future Agenda Items 2023 VAC Meeting Dates: Oct 12 Adjourn

## Office Of Immunization Director Update

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- New Section Managers -Welcome Meredith Cook & Peter Dieringer!
- Annual School Immunization Report
- LTC WAIS Use Project
- Updated Hepatitis A & B Forecast for Adults
- CDC Site Visit
- CDC Funding cuts: IIS
- 2023 Immunize Washington Provider Recognition Awards

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## COVID-19 VACCINE DIRECTOR UPDATES

Heather Drummond, COVID-19 Vaccine Director

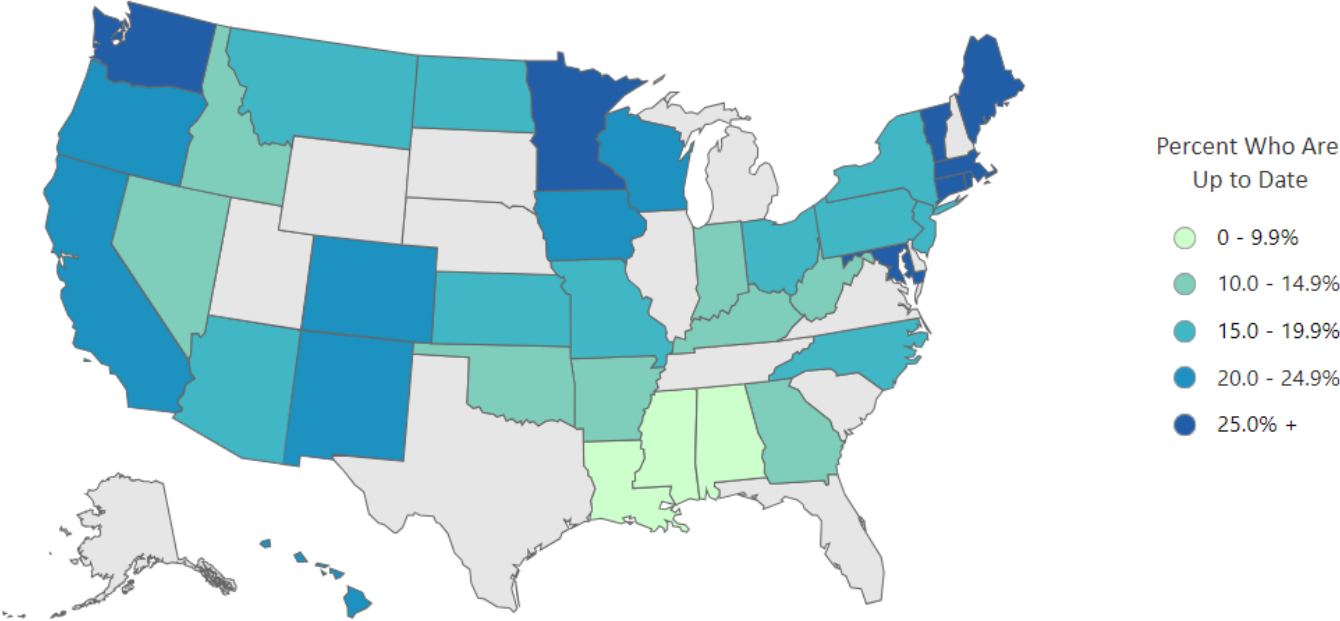
# CDC COVID-19 Data Tracker

Percent of the Total Population Who Are Up to Date with COVID-19 Vaccines



Administrations through May 31, 2023

27.4% of people in Washington are up-to-date with COVID-19 vaccination.

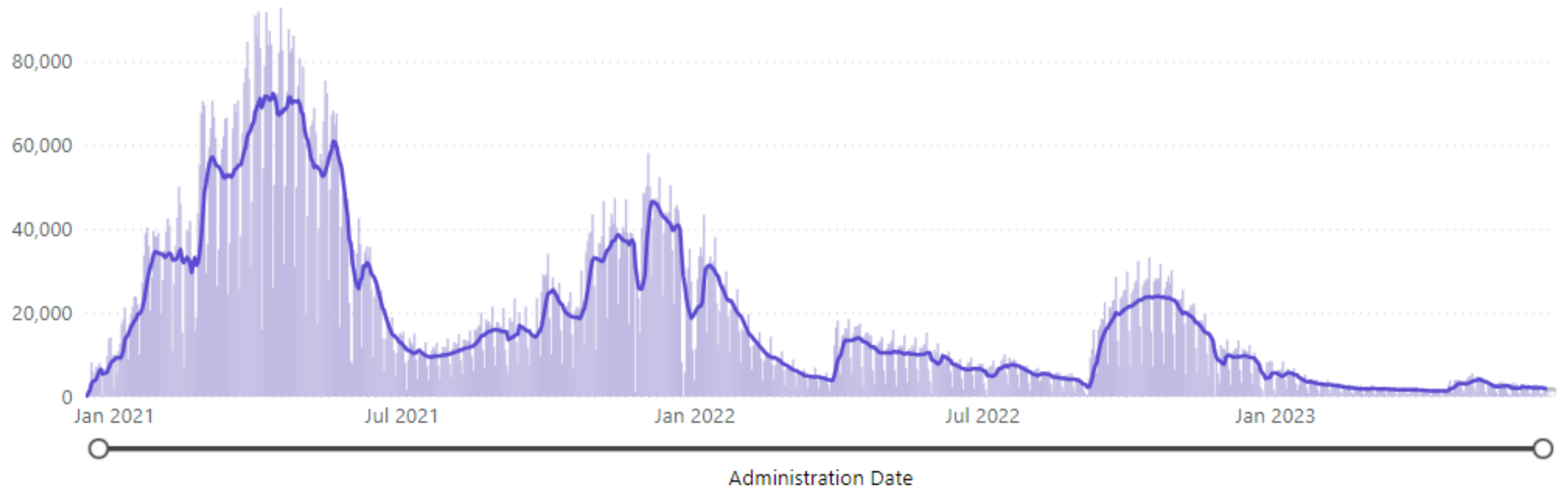


[CDC COVID Data Tracker: Vaccinations in the US](#)

# State Summary: COVID-19 Vaccinations Over Time

## VACCINE DOSES GIVEN BY DATE

● Vaccine Doses Given ● Incomplete data — Vaccine Doses Given (7 day avg.) — Incomplete data (7 day avg.)



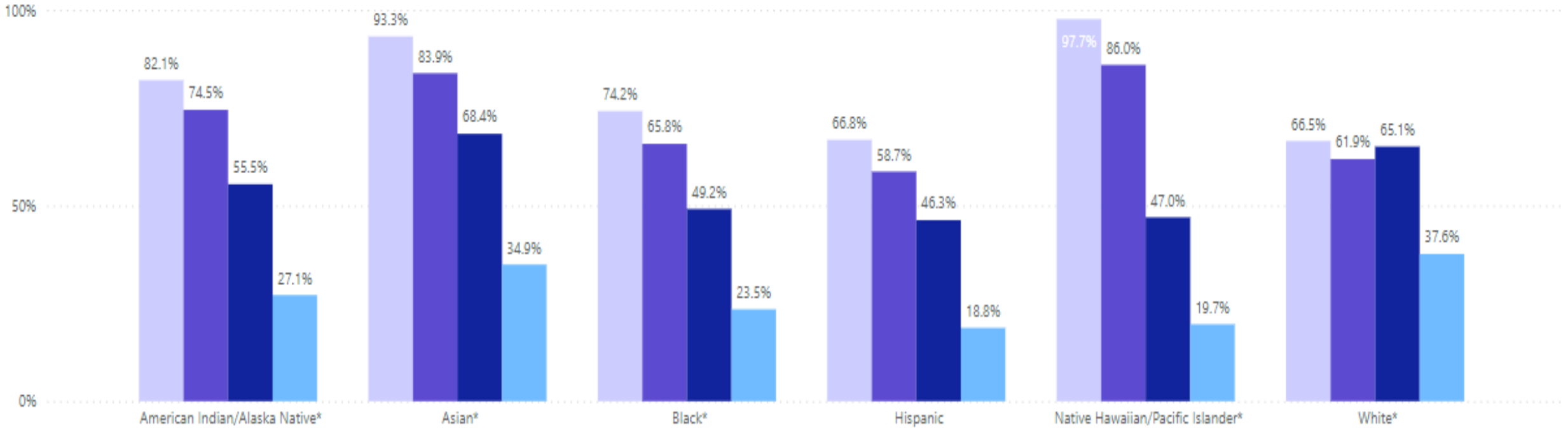
[COVID-19 Data Dashboard | Washington State Department of Health](#)



# Percent Vaccinated for COVID-19 in WA by Race/Ethnicity

PERCENT VACCINATED, WITHIN RACE/ETHNICITY GROUP

● Initiated Primary Series (6mo+) (%) 
 ● Completed Primary Series (6mo+) (%) 
 ● Eligible People Who Received Any Booster (6mo+) (%) 
 ● Eligible People Who Received a Bivalent Booster (6mo+) (%)



\*Non-Hispanic

Note: Individuals with race/ethnicity reported as Unknown, Multiracial, or Other Race/Ethnicity are not included in above chart.

Washington State data last updated 7/5/23

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



# Fall/Winter 2023 COVID-19 Vaccine Updates

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**The FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted unanimously on recommending a 2023-2024 Formula update of the current COVID-19 vaccine composition to a monovalent XBB-lineage.**

- FDA advised manufacturers to develop vaccines with a **monovalent XBB.1.5 composition**.

# COVID-19 Vaccine Ordering Shut-Off

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**In anticipation of commercialization this Fall, WA Immunization Information System (IIS) COVID-19 vaccine ordering will be terminated at 4 PM PST on Wed., August 2<sup>nd</sup>.**

## [Sunsetting of the US Government COVID-19 Vaccine Distribution Program](#)

- Provides direction to those participating in the COVID Vaccine Program as the USG stops distributing COVID vaccines through the current ordering system.

# COVID-19 Vaccine Access Considerations

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DOH has received concerns from public that some patients have been turned away from receiving COVID-19 vaccine doses from providers because they are not established patients at those facilities, or because of their insurance plan/coverage.



**Important reminder: Providers enrolled in the CDC-DOH COVID-19 vaccination program remain subject to the terms of the CDC COVID-19 Vaccination Program Provider Agreement, until the COVID-19 vaccine is commercialized this fall, at which time the COVID-19 Vaccine Provider Agreements will be nullified.**

Thank you for your ongoing partnership!

Questions? [COVID.vaccine@doh.wa.gov](mailto:COVID.vaccine@doh.wa.gov)

# HHS Bridge Access Program

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[The "Bridge Access Program For COVID-19 Vaccines and Treatments"](#) is an HHS program currently in planning stages.

**Program purpose:** to ensure broad access to COVID-19 vaccines and treatments for under- and uninsured adults once these products are commercialized.

Additional program details:

- Providers enrolled in the [Adult Vaccine Program \(AVP\)](#) will be eligible to participate in vaccine ordering and distribution through the Bridge Program.
- CDC will procure and distribute COVID-19 vaccines under the Bridge Program to awardees. Still figuring out details surrounding vaccine ordering and allocation.
- CDC will carry out a needs assessment with awardees in July 2023. The results of this assessment will allow CDC to determine the quantities and types of vaccines that should be purchased for the program.
- Depots will not be permitted under the Bridge Access Program.

More details to come in future!

For additional questions related to the Bridge Program: [PolicyISDBridge@cdc.gov](mailto:PolicyISDBridge@cdc.gov)



# Care @ Van

Caravana de Salud

HEALTH IN MOTION



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## Care-a-Van (CAV)

The Care-a-Van (CAV) is a mobile health clinic that serves people across Washington state. CAV works closely with community partners and local health jurisdictions (LHJ) or departments to increase access to vaccine for priority communities.

Offering the following vaccines:

- COVID-19
- Mpox
- Childhood Vaccines
- Flu

### "Take Your Shot"

- DOH has partnered with the Seattle Storm for the "Take Your Shot" vaccine campaign.



**TAKE YOUR  
SHOT**



# CAV: COVID-19 Vaccine Highlights

## 2,320 events supported to date!

- 53,363 COVID vaccine doses administered total
- 54% of events served over 50% BIPOC individuals
- 77% of events in areas with moderate to high SVI (7+)
- 60% in Western WA and 40% in Eastern WA
- 26% rural areas



# Power of Providers (POP) Updates

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**POP is holding a Virtual Recognition Event on July 19 from 12:30 to 1:30 p.m. PT**

Featuring:

- ***Words of appreciation from Governor Jay Inslee and Secretary of Health Dr. Umair Shah.***
- Highlights of POP member efforts over the past 2 years.
- Words of inspiration from Dr. Kira Mauseth on recognizing our collective achievements.

[Register here!](#)



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# VACCINE UPDATES AND VACCINE SAFETY

Heidi Kelly, MSHS, RN-BC



## ACIP Meeting Updates

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- RSV in Adults
- Polio
- Influenza vaccine for the 2023-2024 season (vote)
- Pneumococcal Vaccines in Children Update
- RSV Children
- Dengue Fever, Chikungunya, mPox, MCG vaccines
- Vaccine Safety
- COVID-19 vaccines

## RSV in Adults

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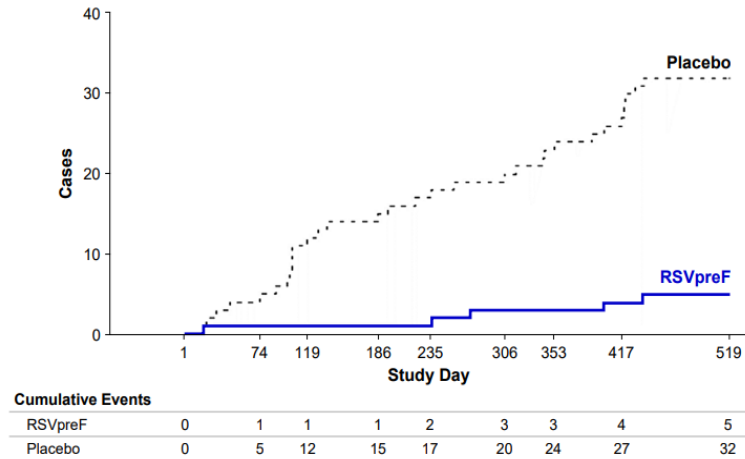
- FDA licensed 2 RSV vaccines in May (Arexvy and Abrysvo)
- Manufacturers provided VE
- Cost effectiveness reviewed
- Considerations for favoring vaccination include comorbid conditions and advanced age, in addition to other variables.

ACIP recommendation: Adults 60 years of age and older may receive a single dose of RSV Vaccine, using shared clinical decision making

# ABRYSO Effectiveness Data



## Persistent VE against RSV-LRTD with $\geq 3$ Symptoms through Mid-Season 2



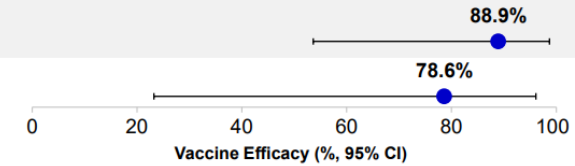
RSV-LRTD, lower respiratory tract disease due to RSV; RSV, respiratory syncytial virus; VE, vaccine efficacy.



## Efficacy against RSV-LRTD – Demonstrated through Mid-Season 2 Analysis

### RSV-LRTD with $\geq 3$ symptoms

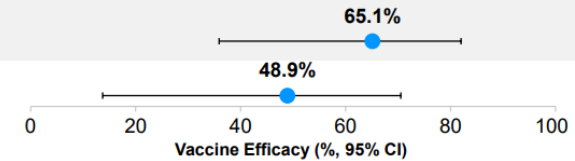
Season 1 (N = 36,127)  
Mid-Season 2 (n = 20,019)



Number of Events	
RSVpreF	Placebo
2	18
3	14

### RSV-LRTD with $\geq 2$ symptoms

Season 1 (N = 36,127)  
Mid-Season 2 (n = 20,019)



Number of Events	
RSVpreF	Placebo
15	43
23	45

Mid-Season 2 includes Northern Hemisphere only (US, Canada, Finland) through January 31, 2023



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/02-RSV-Adults-Gurtman-508.pdf>

# AREXVY Vaccine Effectiveness Data

AReSVi-006

CO-7

## AREXVY Produces Durable Vaccine Efficacy Against RSV-Severe LRTD Over 2 Full Seasons

	Median Follow-Up (months)	Number of events		VE (95% CI)	VE (95% CI)
		AREXVY	Placebo		
<b>Single Dose</b>				<i>W/o season as covariate<sup>#</sup></i>	<i>W/ season as covariate<sup>†</sup></i>
<b>Season 1*</b> VE 1	6.7	1 / 12,466	17 / 12,494	<b>94.1%</b> (62.4, 99.9)	<b>94.1%</b> (62.4, 99.9)
<b>Mid Season 2</b> Post dose 1	14	4 / 12,469	33 / 12,498	<b>86.8%<sup>#</sup></b> (63.0, 96.6)	<b>84.6%<sup>†</sup></b> (56.4, 96.1)
<b>Season 2 Only</b> Post dose 2	6.4	5 / 4,991	28 / 10,031	<b>64.2%</b> (6.2, 89.2)	<b>64.2%</b> (6.2, 89.2)
<b>Season 1 + 2**</b>	18	7 / 12,469	48 / 12,498	<b>82.7%<sup>#</sup></b> (61.6, 93.4)	<b>78.8%<sup>†</sup></b> (52.6, 92.0)
<b>Annual (2 doses, ~12 months apart)</b>					
<b>Season 2 Only</b> Post dose 2	6.4	5 / 4,966	28 / 10,031	<b>64.1%</b> (5.9, 89.2)	<b>64.1%</b> (5.9, 89.2)
<b>Seasons 1 + 2**</b>	18	7 / 12,469	48 / 12,498	<b>82.7%<sup>#</sup></b> (61.6, 93.4)	<b>78.8%<sup>†</sup></b> (52.5, 92.0)

Modified exposed set

\*96.95% CI for VE 1; \*\*97.5% CI for Season 1 + 2

0 20 40 60 80 100  
Presentation by GSK at ACIP June 21, 2023

AReSVi-006

CO-6

## AREXVY Produces Durable Vaccine Efficacy Against RSV-LRTD Over 2 Full Seasons

	Median Follow-Up (months)	Number of events		VE (95% CI)	VE (95% CI)
		AREXVY	Placebo		
<b>Single Dose</b>				<i>W/o season as covariate<sup>#</sup></i>	<i>W/ season as covariate<sup>†</sup></i>
<b>Season 1*</b> VE 1	6.7	7 / 12,466	40 / 12,494	<b>82.6%</b> (57.9, 94.1)	<b>82.6%</b> (57.9, 94.1)
<b>Mid Season 2</b> Post dose 1	14	15 / 12,469	85 / 12,498	<b>80.9%<sup>#</sup></b> (66.7, 89.8)	<b>77.3%<sup>†</sup></b> (60.2, 87.9)
<b>Season 2 Only</b> Post dose 2	6.4	20 / 4,991	91 / 10,031	<b>56.1%</b> (28.2, 74.4)	<b>56.1%</b> (28.2, 74.4)
<b>Season 1 + 2**</b>	18	30 / 12,469	139 / 12,498	<b>74.5%<sup>#</sup></b> (60.0, 84.5)	<b>67.2%<sup>†</sup></b> (48.2, 80.0)
<b>Annual (2 doses, ~12 months apart)</b>					
<b>Season 2 Only</b> Post dose 2	6.4	20 / 4,966	91 / 10,031	<b>55.9%</b> (27.9, 74.3)	<b>55.9%</b> (27.9, 74.3)
<b>Seasons 1 + 2**</b>	18	30 / 12,469	139 / 12,498	<b>74.5%<sup>#</sup></b> (60.0, 84.4)	<b>67.1%<sup>†</sup></b> (48.1, 80.0)

Modified exposed set

\*96.95% CI for VE 1; \*\*97.5% CI for Season 1 + 2

0 20 40 60 80 100  
Presentation by GSK at ACIP June 21, 2023

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/03-RSV-Adults-Friedland-508.pdf>

# Polio

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Summarized work group deliberations on adult polio

Clarified and updated inactivated polio (IPV) recommendations for adults



ACIP Recommendation for adults incompletely immunized against polio:

Adults (age 18 or older) who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary series with IPV.

ACIP recommendation for the option of one adult polio booster, if at risk of exposure:

Adults who received a primary series of trivalent OPV (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/02-POLIO-Kidd-Jun-2023.pdf>



# Influenza Vaccine

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All Vaccines will be quadrivalent for the 2023-2024 influenza Season  
2023-24 composition includes updated influenza A(H1N1) pdm09 components

Addressed egg-allergy with following statement:

All persons aged 6 months and older with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.

# Pneumococcal Vaccine Recommendations

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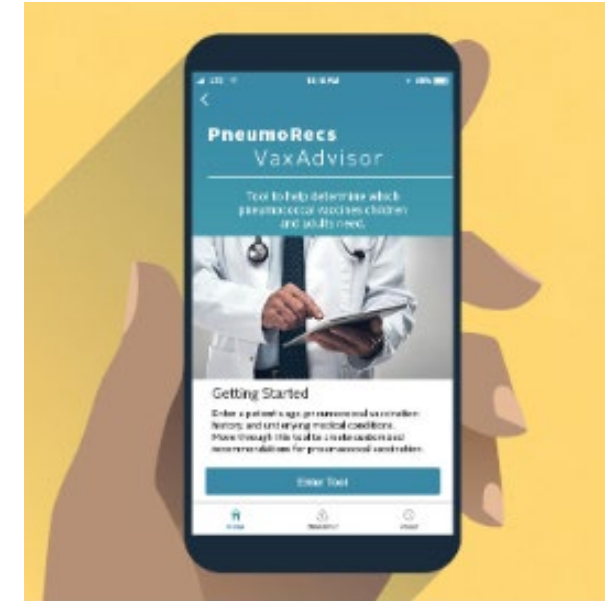
- Either PCV15 or PCV20 is recommended for all children age 2 through 23 months according to currently recommended PCV dosing and schedules
- For older children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedule is recommended for:
  - Healthy children age 24 through 59 months
  - Children with specified risk conditions age 24 through 71 months
- For children age 2 through 18 years with any risk condition who have received all recommended doses before age 6 years:
  - If they received at least 1 dose of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
  - If they received PCV13 or PCV15 (but no PCV20): ACIP recommends a dose of PCV20 alone, or PPSV23 using previously recommended doses and schedule
- For children ages 6 through 18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, give a single dose of PCV20 alone, or PCV15 followed by a dose of PPSV23 at least 8 weeks later, if not previously given

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/04-Pneumococcal-Kobayashi-508.pdf>

# PneumoRecs VaxAdvisor

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- The ***PneumoRecs VaxAdvisor*** mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when.
- The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.



PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

SOURCE: <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>

## Informational Topics

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**RSV vaccine-pediatric/maternal-** the use of a vaccine given to mothers and a long-acting monoclonal antibody administered directly to infant.

**Dengue Fever-**new dengue vaccine that may not require pre-vaccination screening

**Chikungunya-**report on outbreak in Paraguay and promising vaccine being developed. Discussed possible options for use of vaccine among Americans at risk.

**mPox-** review of updates to mPox epidemiology, mPox vaccine safety and effectiveness, the use of 2-dose Jynneos vaccine, and began discussion of longer-term protection against mPox.

**Meningococcal vaccines-** discussion on the possible uses of a new pentavalent meningococcal conjugate vaccine that protects against serogroups A,B, C, W and Y.

SOURCE: <https://www.cdc.gov/vaccines/acip/index.html>

## COVID-19 Vaccines

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- Current COVID-19 Vaccine epidemiology and vaccine effectiveness reviewed
- Uptake of bivalent continues to be low
- Plans are underway for the transition to routine commercial use of COVID-19 vaccines
- A new monovalent COVID-19 vaccine containing a current variant XBB.1.5 has been recommended by FDA for fall 2023
- Once updated vaccines are licensed or authorized by FDA, ACIP will review evidence to inform its recommendations.

SOURCE: <https://www.cdc.gov/vaccines/acip/index.html>



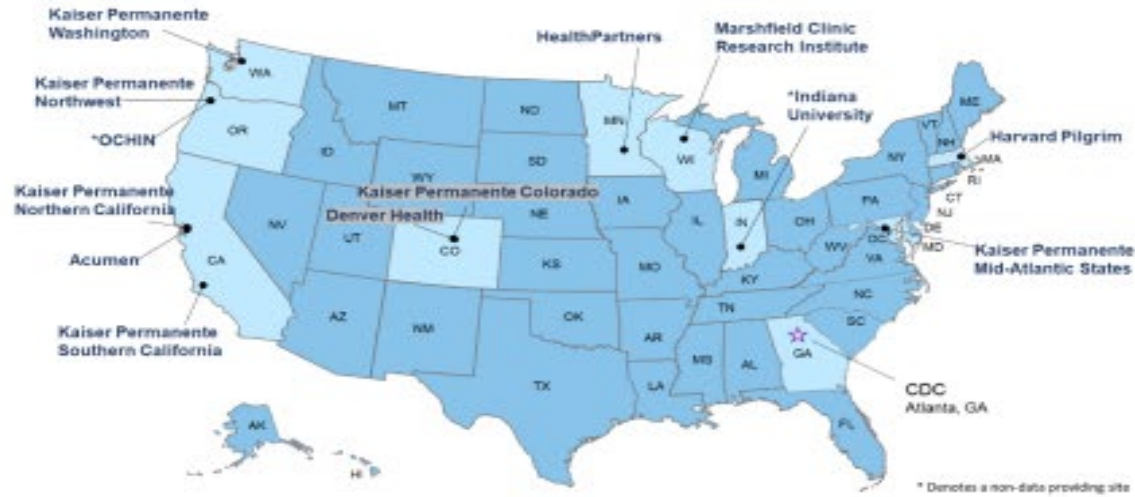
# Vaccine Safety

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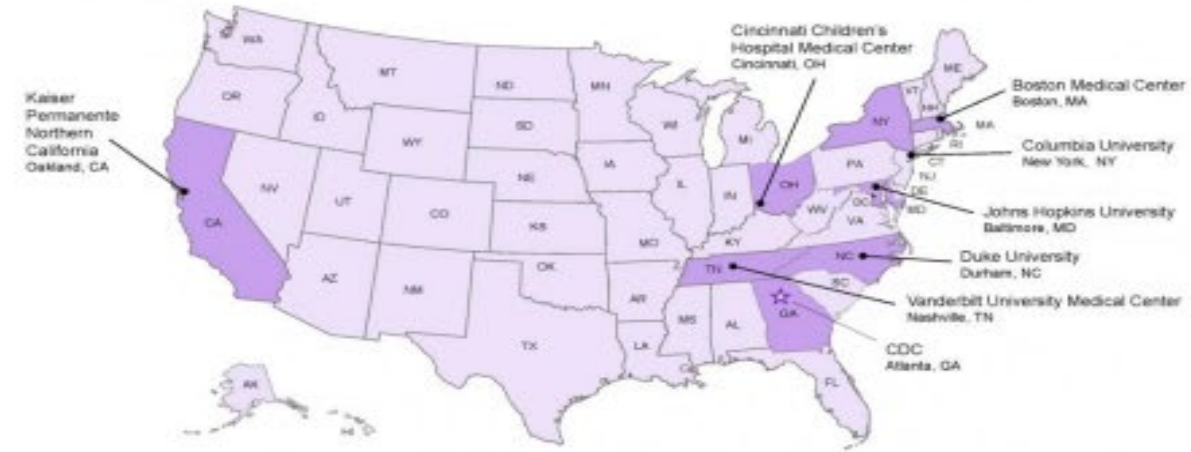
- Background on the CDC Safety Office and efforts to evaluate studying the safety of the childhood immunization schedule
- The childhood immunization schedule safety: Studies in the Vaccine Safety Datalink
- Preliminary evaluation of aluminum content in childhood vaccine and risk of asthma in a Danish nationwide cohort

# Participating VSD Healthcare Organizations **VSD**

Sites that do not provide data are denoted with an asterisk[\*].



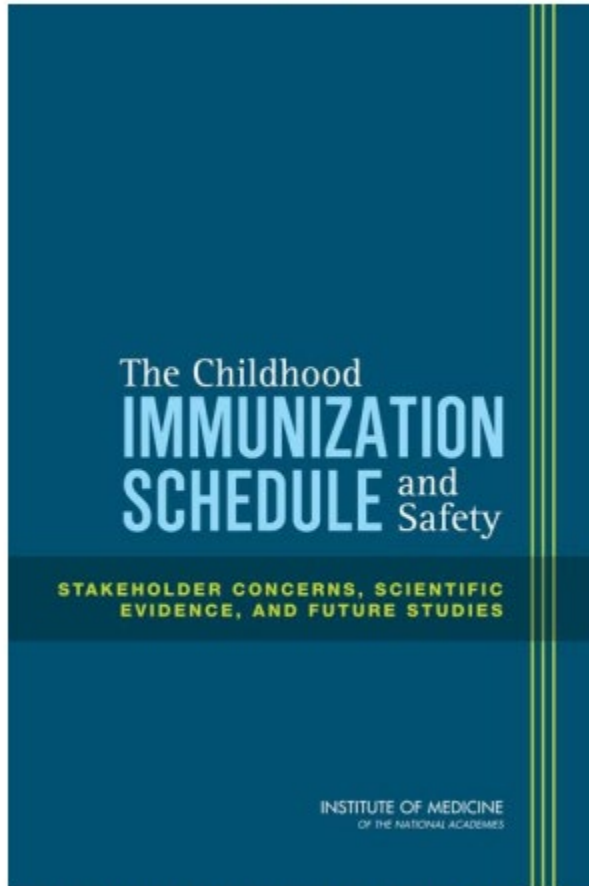
# Current CISA Project Sites **CISA**



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/01-VaxSafety-Shimabukuro-508.pdf>

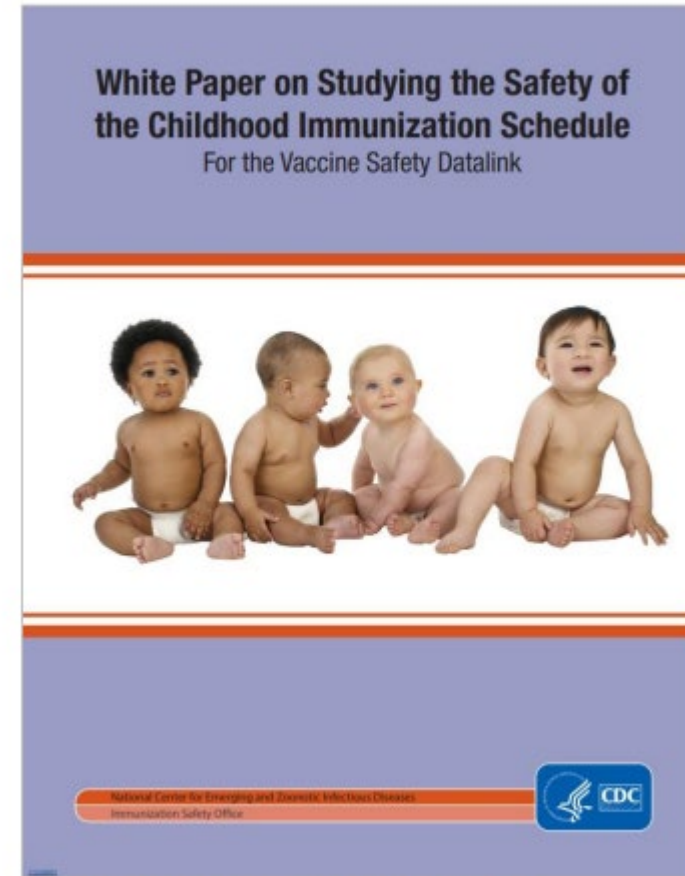
# Intro to Discussion on Studies

2013



Institute of Medicine. The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies. Washington (DC): National Academies Press (US); 2013.

2014



[White Paper on Studying the Safety of the Childhood Immunization Schedule. For the Vaccine Safety Datalink \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/downloads/white-paper-studying-the-safety-of-the-childhood-immunization-schedule-for-the-vaccine-safety-datalink)

## Studies in the Vaccine Safety Datalink

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- VSD provides an opportunity to study possible trends associated with vaccines.
- Studies highlighted in ACIP meeting:
  - Antigens and non-targeted infections-addressed Public concerns over vaccines overloading immune system and found no association
  - Schedules and type 1 diabetes (T1DM)-addressed Public concerns over possibility of vaccines causing autoimmune disorders and found vaccine schedule not associated with increased risk of T1DM.
  - Aluminum and asthma-addressed concerns over possibility of vaccines causing increased risk of allergic disorders including asthma and some associations although large limitations noted such as lack of data on dietary/environmental exposures.

## Danish Study

STATENS  
SERUM  
INSTITUT



**Preliminary evaluation of aluminum content in childhood vaccines and risk of asthma in a Danish nationwide cohort**

- Large Study found no support for an association between aluminum in vaccines and asthma by 5 years of age.



## The Schedule and Safety: Broader Context

- Totality of available evidence continues to support the safety of the routine childhood vaccination schedule
- Existing federal vaccine safety surveillance systems robust and responsive to concerns expressed by parents of young children
- Precipitated by 2013 IOM Report on schedule, new field of study is being developed:
  - Examine cumulative, repeated exposures to vaccines and vaccine ingredients
  - Examine long-term health outcomes
- At time of IOM Report, few studies of the safety of the schedule “as a whole”
- Evidence accumulating around specific testable hypotheses; results which can be communicated to parents
- Additional studies related to aluminum and asthma risk planned and ongoing
- Benefits of vaccination strongly outweigh known and potential risks

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# School and Child Care Immunization Requirements Webinar

March 30, 2023



**Katherine Graff BSN, RN**

*School and Child Care Immunization Nurse Consultant*

Office of Immunization

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

## Topics

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- 2023-2024 Requirements
  - Updated guidance for 4 year old students
  - Tdap roll-up
  - Polio
- Exemptions from the Requirements
- Resources
  - New Family Friendly Webpage



# IMMUNIZATION REQUIREMENTS

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2023-2024

Vaccines Required for School: Preschool -12th							
August 1, 2023 to July 31, 2024							
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib ( <i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
<b>Preschool/Kindergarten (including Transitional Kindergarten)</b> Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
<b>Kindergarten through 6th</b> Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>7th through 10th</b>	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>11th through 12th</b>	5 doses DTaP** Plus Tdap at age ≥11 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.							

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

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

Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

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 [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

DOH 348-051 Jan 2023

## Preschool/Kindergarten age 4 on 09/01

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
<b>Preschool/Kindergarten</b> (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age $\geq$ 5 years)	2 doses	4 doses** (Not required at age $\geq$ 5 years)	4 doses**	2 doses

\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later

For example, if the 4<sup>th</sup> birthday is:

- 08/15 then documentation is due on 09/14
- 09/01 then documentation is due on 09/30
- More than 30 days before the 1<sup>st</sup> day of school then documentation is due on or before the first day of attendance

This does **not** mean that all students have a 30-day grace period from the start of school.

## 2023-2024 Tdap Minimum Age Roll-up

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<b>7th through 10th</b>	5 doses DTaP** <i>Plus Tdap at age ≥10 years</i>
<b>11th through 12th</b>	5 doses DTaP** <i>Plus Tdap at age ≥7 years</i>

### Minimum age:

- Grade 7-10: must have 1 Tdap at age 10+
- Grade 11-12: must have 1 Tdap at age 7+

## **POLIO (IPV, OPV), continued**

### **Rules of Vaccination and Exceptions**

1. ACIP polio recommendations changed on August 7, 2009. This date is used in the polio immunization requirement and by the WA Immunization Information System to calculate doses in its forecasting. The rules differ by the date of 4<sup>th</sup> (or final) dose.
2. The national immunization schedule for polio is: 2 months, 4 months, 6-18 months, and 4-6 years (before preschool/school entry). If any doses are OPV see number 4 below.
  - a. Minimum age for dose 1 is  $\geq 6$  weeks of age.
  - b. Minimum interval between doses 1, 2, and 3 is  $\geq 4$  weeks each.
  - c. Dose 4 (or final dose)
    - i. Administered on or after 08/07/2009:
      1. Minimum age is  $\geq 4$  years of age
      2. Minimum interval from previous dose is  $\geq 6$  months.
    - ii. Administered before 08/07/2009:
      1. Minimum age is  $\geq 18$  weeks of age
      2. Minimum interval from previous dose is  $\geq 4$  weeks.
  - d. Exception: Dose 4 is not required if dose 3 was given on or after the 4th birthday AND
    - i. If administered on or after 08/07/2009: minimum interval from dose 2 is  $\geq 6$  months.
    - ii. If administered before 08/07/2009: minimum interval from dose 2 is  $\geq 4$  weeks.
3. The 4-day grace period can be applied if polio vaccine was given within the 4 days before the recommended minimum interval or age.
4. Since 2000 the United States has only used IPV for polio vaccination. Students vaccinated in another country may have had doses of OPV. OPV doses given on or after 04/01/2016 do not protect against poliovirus type 2 and are not valid in the U.S schedule. Do not consider doses of OPV administered on or after 04/01/2016 when calculating minimum intervals between doses. Schools are not required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student with an invalid OPV, follow-up with the family to get additional IPV doses, if needed, to complete the series.
5. An antibody blood test showing immunity is acceptable only if there is documentation of immunity to all three types of polioviruses. Testing for poliovirus type 2 has not been available since 2010.
6. Documentation of immunity to polio is required even if the student is 18+ years old.

## Individual Vaccine Requirements Summary (IVRS)

:

## Polio

6. Documentation of immunity to polio is required even if the student is 18+ years old.





EXEMPTIONS FROM THE SCHOOL AND CHILDCARE  
IMMUNIZATION REQUIREMENTS  
AND THE  
CERTIFICATE OF EXEMPTION (COE)

## Certificate of Exemption (COE)

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

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

The COE is created by the Department of Health.

It can be downloaded in several languages from: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

Exemption forms or letters from other state's are not acceptable.

# Education Requirement

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Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner licensed in WA State:

- *Medical Doctor (MD),*
- *Doctor of Osteopathy (DO),*
- *Doctor of Naturopathic Medicine (ND),*
- Physician Assistant (PA) or
- Advanced Registered Nurse Practitioner (ARNP).

that they:

*“provided the signator with information about the benefits and risks of immunization to the child.”*

A health care practitioner who, in good faith, signs the statement about the education is immune from civil liability for providing the signature. [RCW28A.210.090](#)

Signing the COE does not mean that the health care practitioner agrees with the parent’s beliefs.

## Education Requirement

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Barriers to providers signing the COE?



## RESOURCES

# School and Child Care Immunization Page

Website:

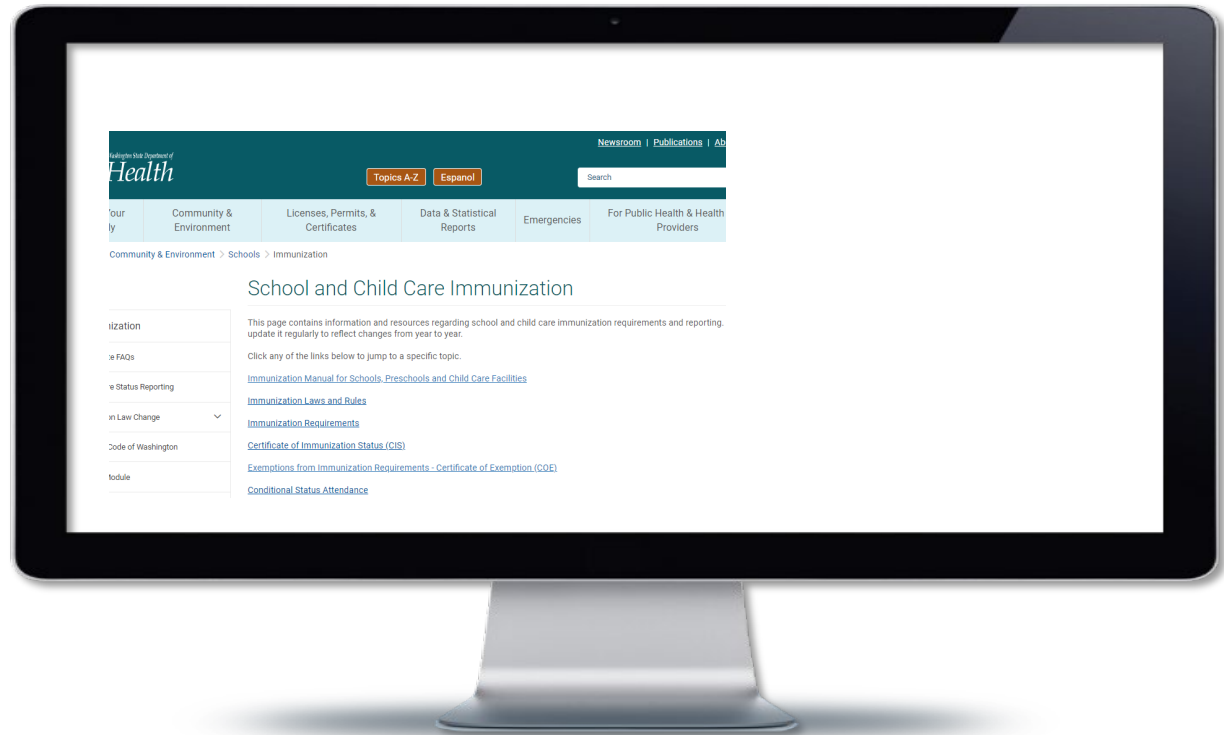
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)





# NEW! Immunization Page for Families

Website:

[www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto:schoolmodule@doh.wa.gov)



# Today's Agenda

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Time	Agenda Item
12:25-12:45	School Reporting Data and School Module
12:45 – 12:55	Public Comment
12:55 – 1:00	Future Agenda Items 2023 VAC Meeting Dates: Oct 12 Adjourn



# SCHOOL DATA 2022-23 SCHOOL YEAR

Meredith Cook, Assessment Section Manager

# The Annual School Report

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

Schools submit data in one of two ways:

- WAIS School Module
- Through a REDCap report submission (since the 2020-2021 school year)

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

## School Module & The Annual Report

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- WAIS School Module is the preferred reporting method for school immunization annual report data
- Active users keep a roster of students attending the school up-to-date, and must enter missing immunization dates and exemptions for each individual student
- Annual data is pulled from the system indicating status rates for students at the school level
- School Module began in the 2017-18 school year, and schools and districts are continually onboarding



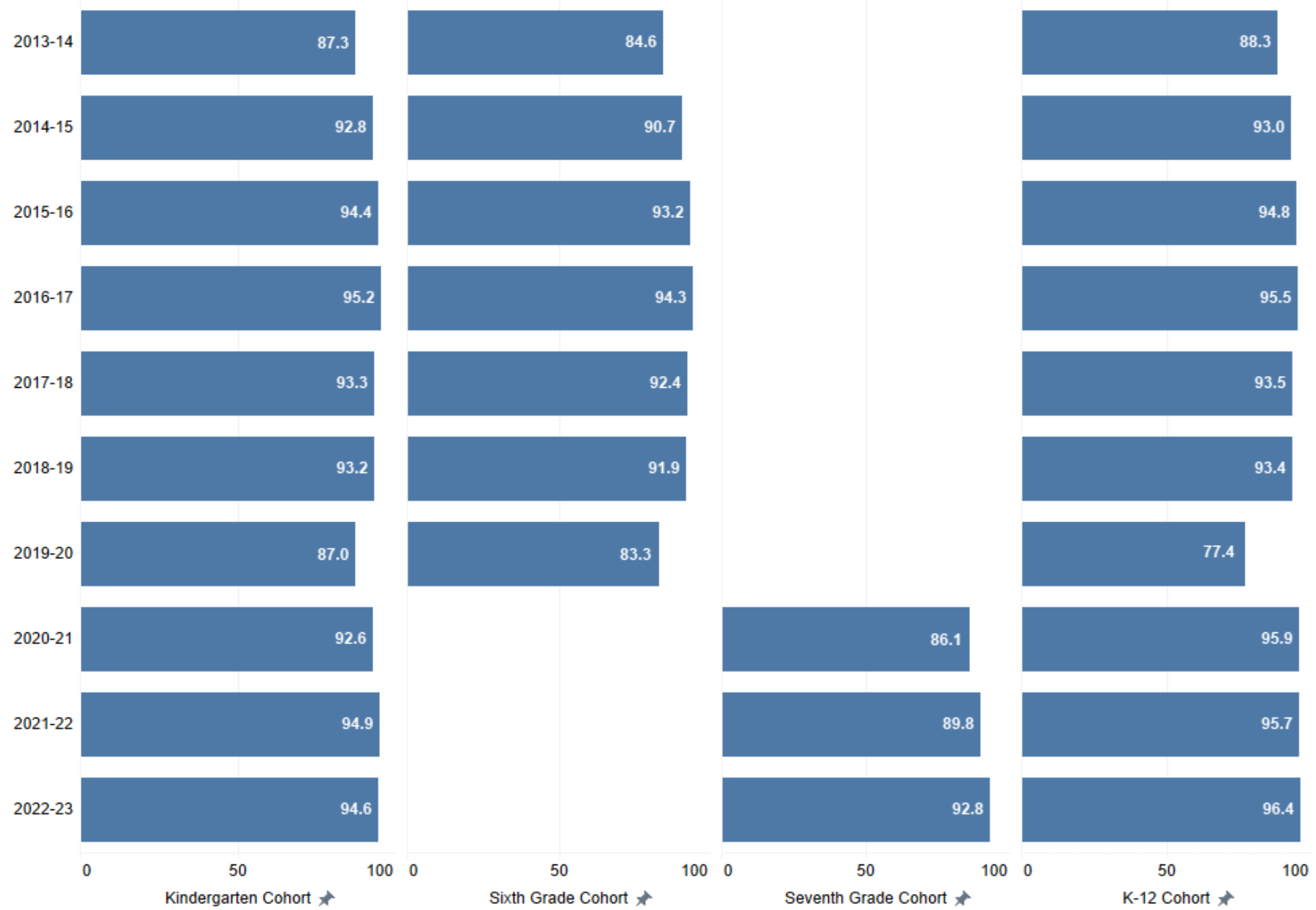
## Definitions

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



# Percent of Required Schools that Report by School Year



Percent of Schools Reporting

# Immunization Status of K-12 2022-2023

## State-level Data

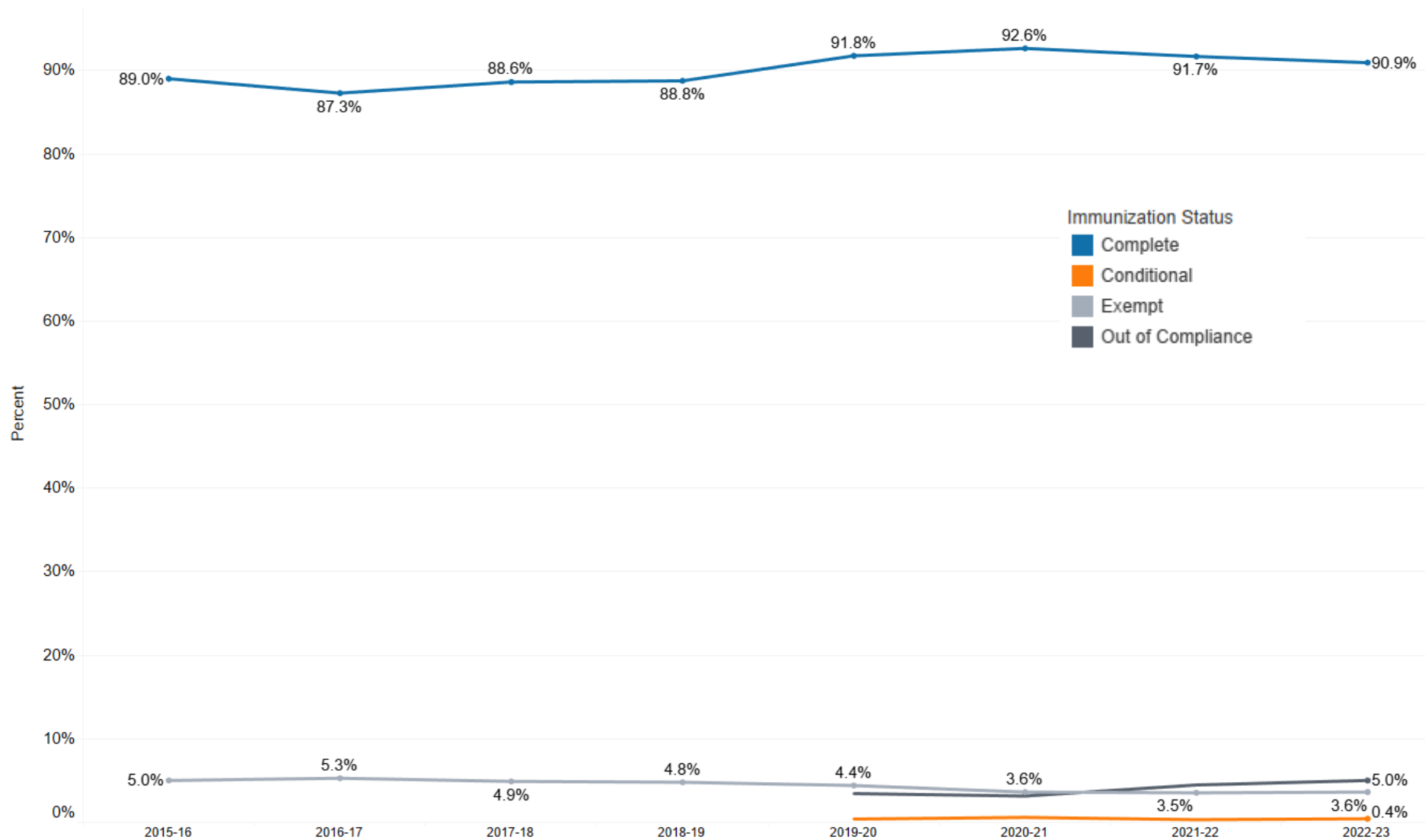
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- 90.9% complete for all immunizations or proof of immunity
- 0.4% conditional status
- 5.0% out-of-compliance
- 3.6% exempt for one or more vaccines
  - Non-medical: 3.8%
    - Personal: 1.9%
    - Religious: 1.6%
    - Religious Membership: 0.3%
  - Medical: 0.6%

# Immunization status of all K-12 students, 2015 – 2023

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

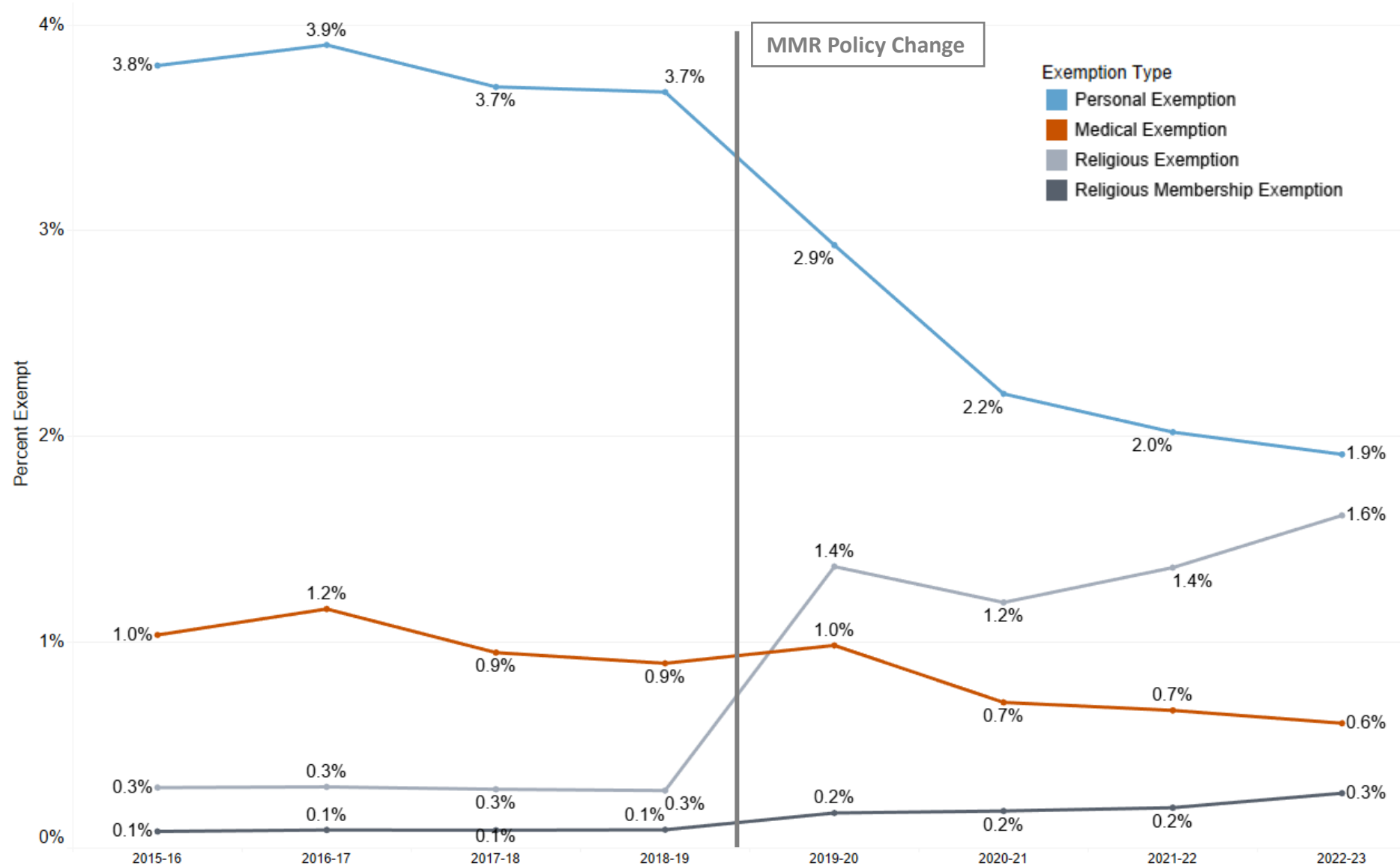
K-12 Immunization Status by School Year



# School immunization exemptions among all K-12 students, 2015 – 2023

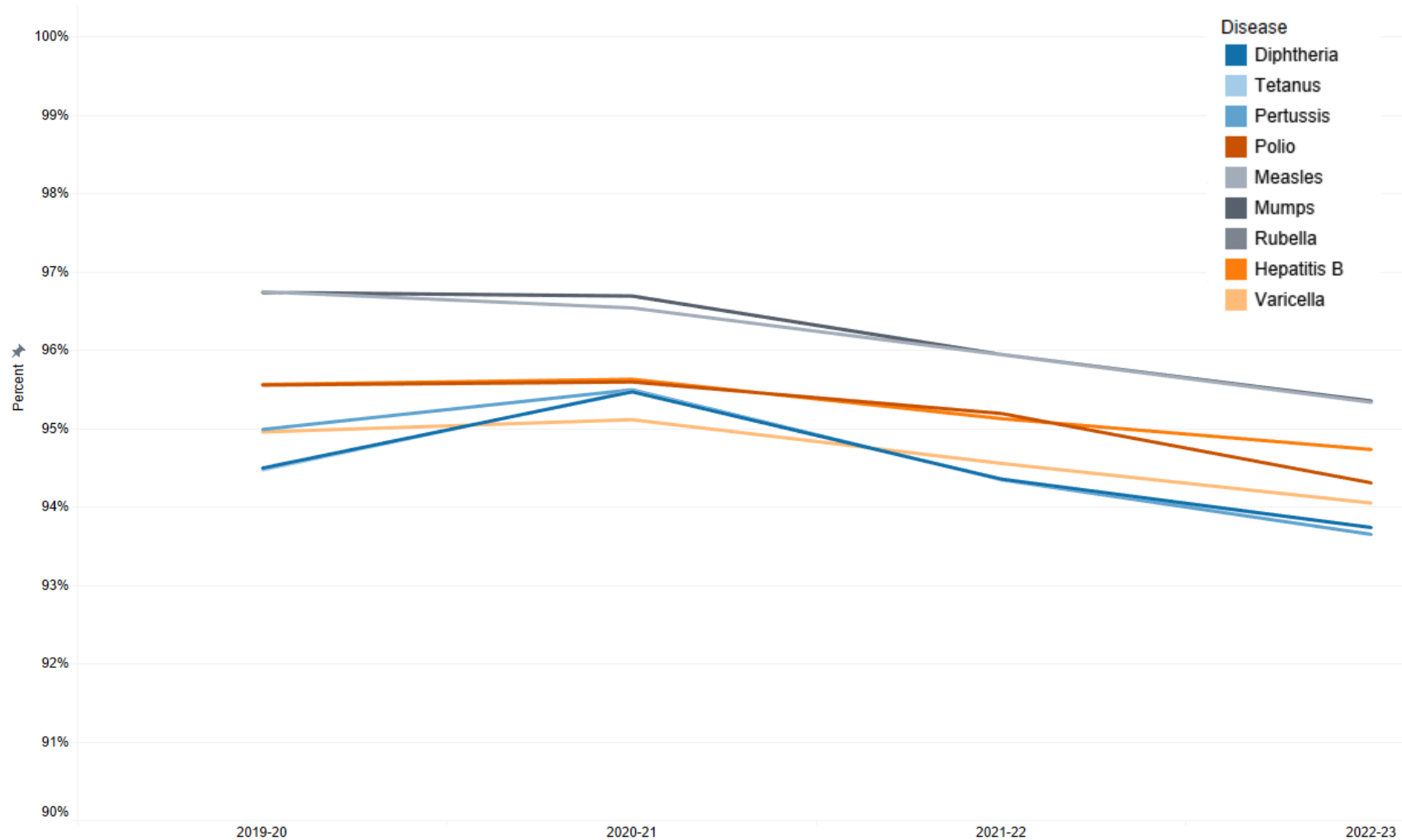
While most exemptions are for personal/philosophical reasons, there has been a sharp drop in this type of exemption and an increase in religious exemptions.

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

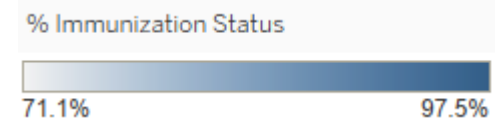
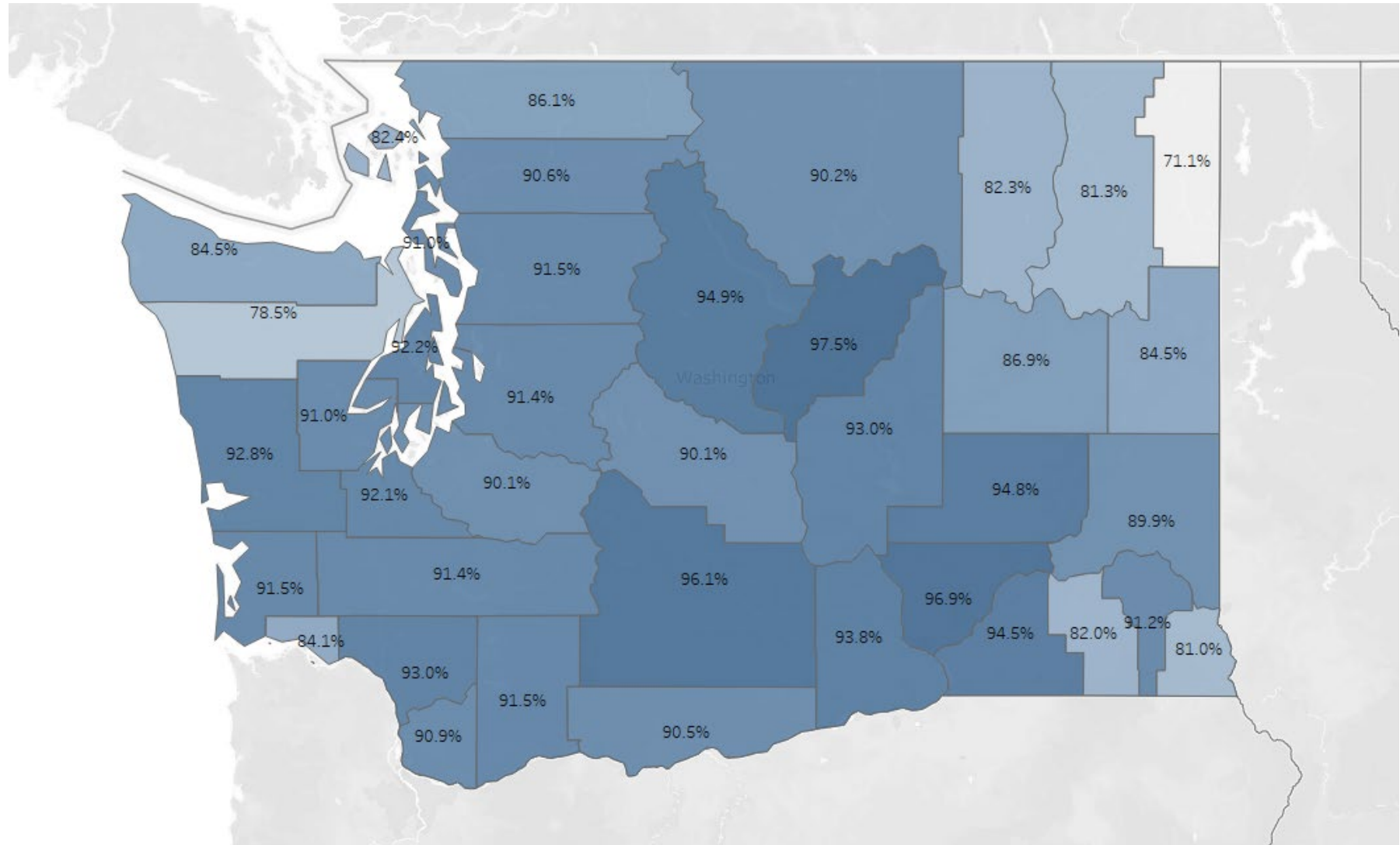


# All K-12 students complete for required immunizations, 2019 – 2023

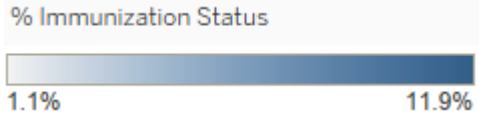
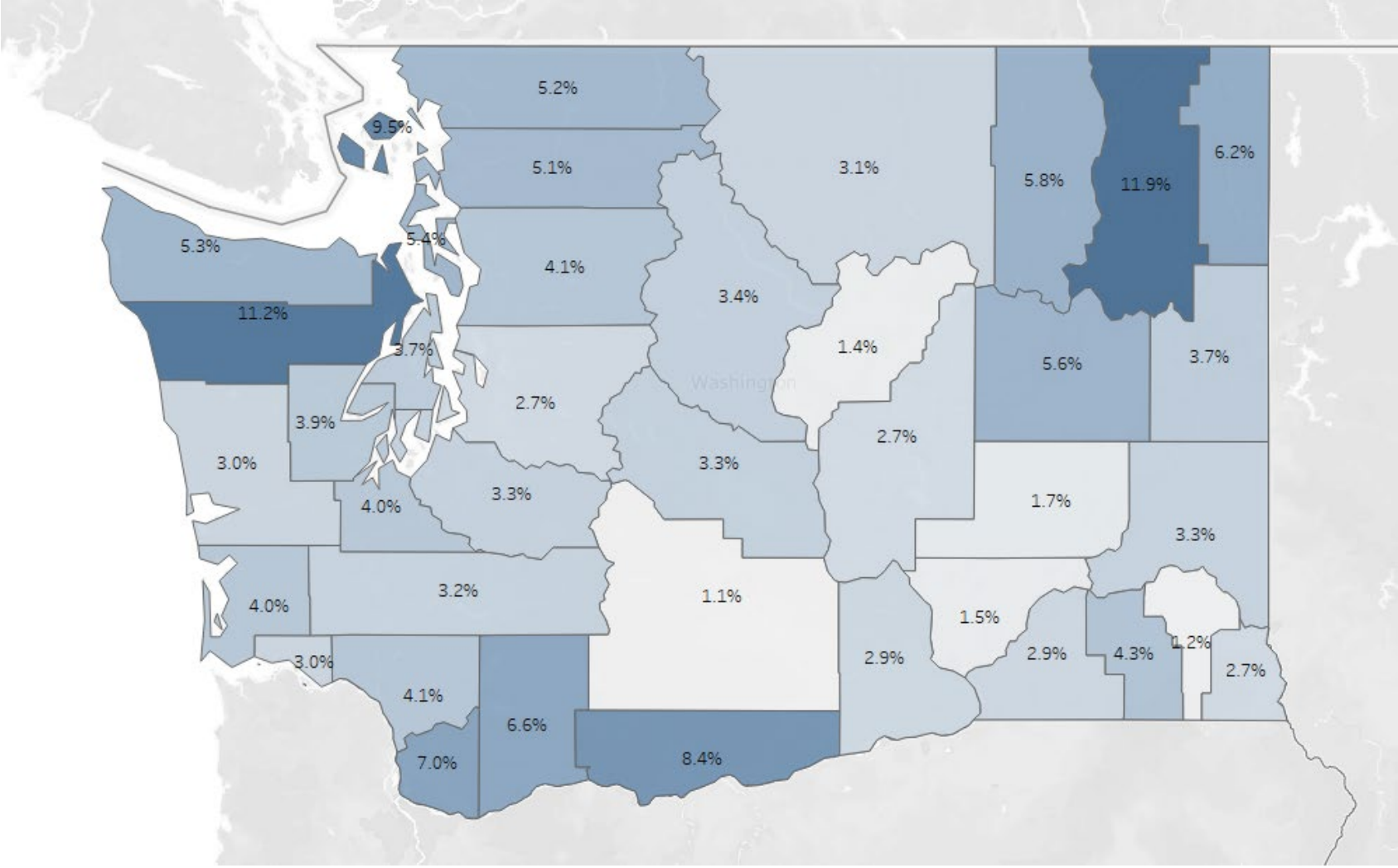
The percentage of all students complete for required immunizations was slightly lower than last school year. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.



# All K-12 students complete for required immunizations by county, Washington, school year 2022-23

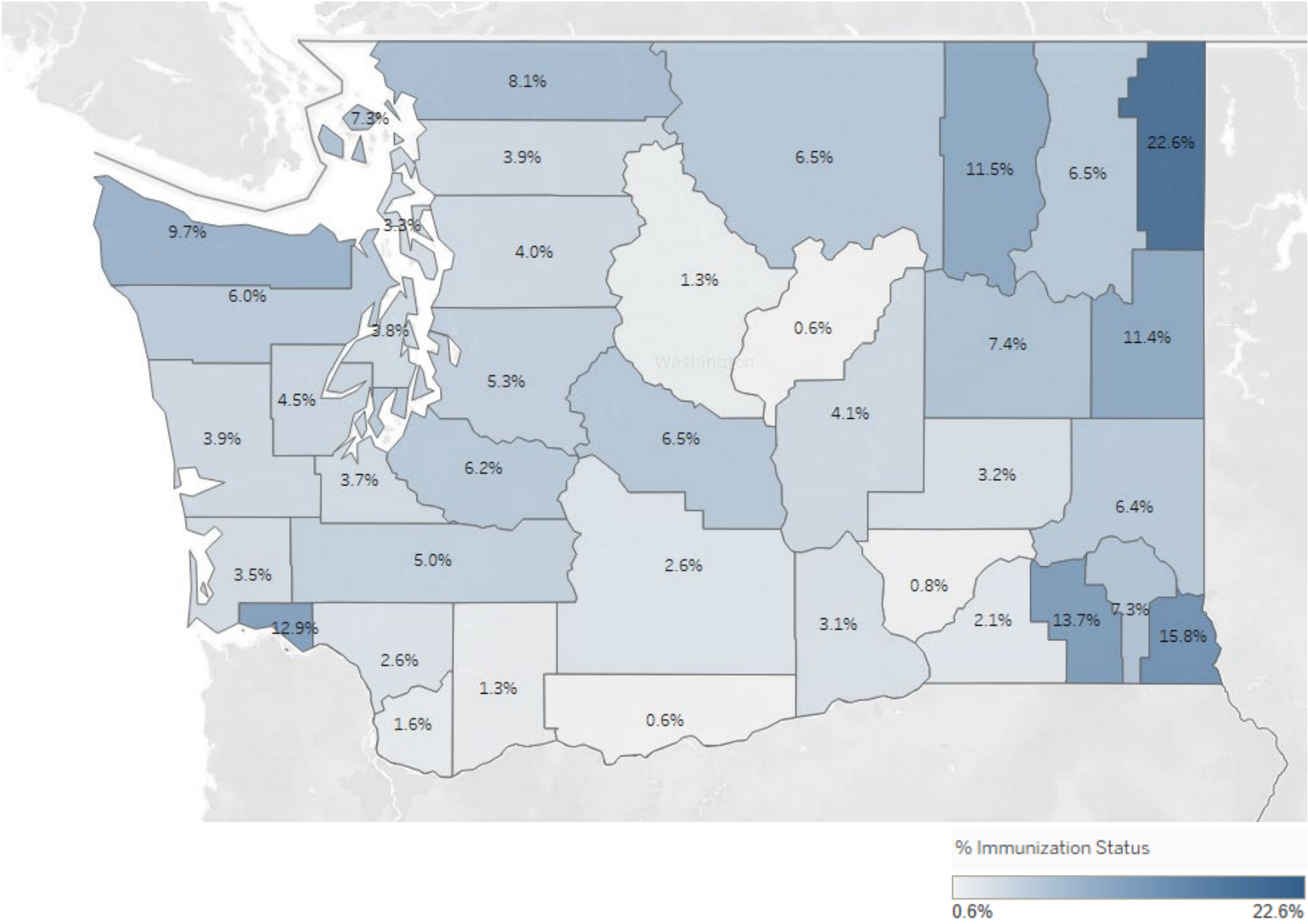


# All K-12 students with school immunization exemptions by county, Washington, school year 2022-23

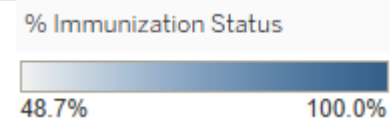
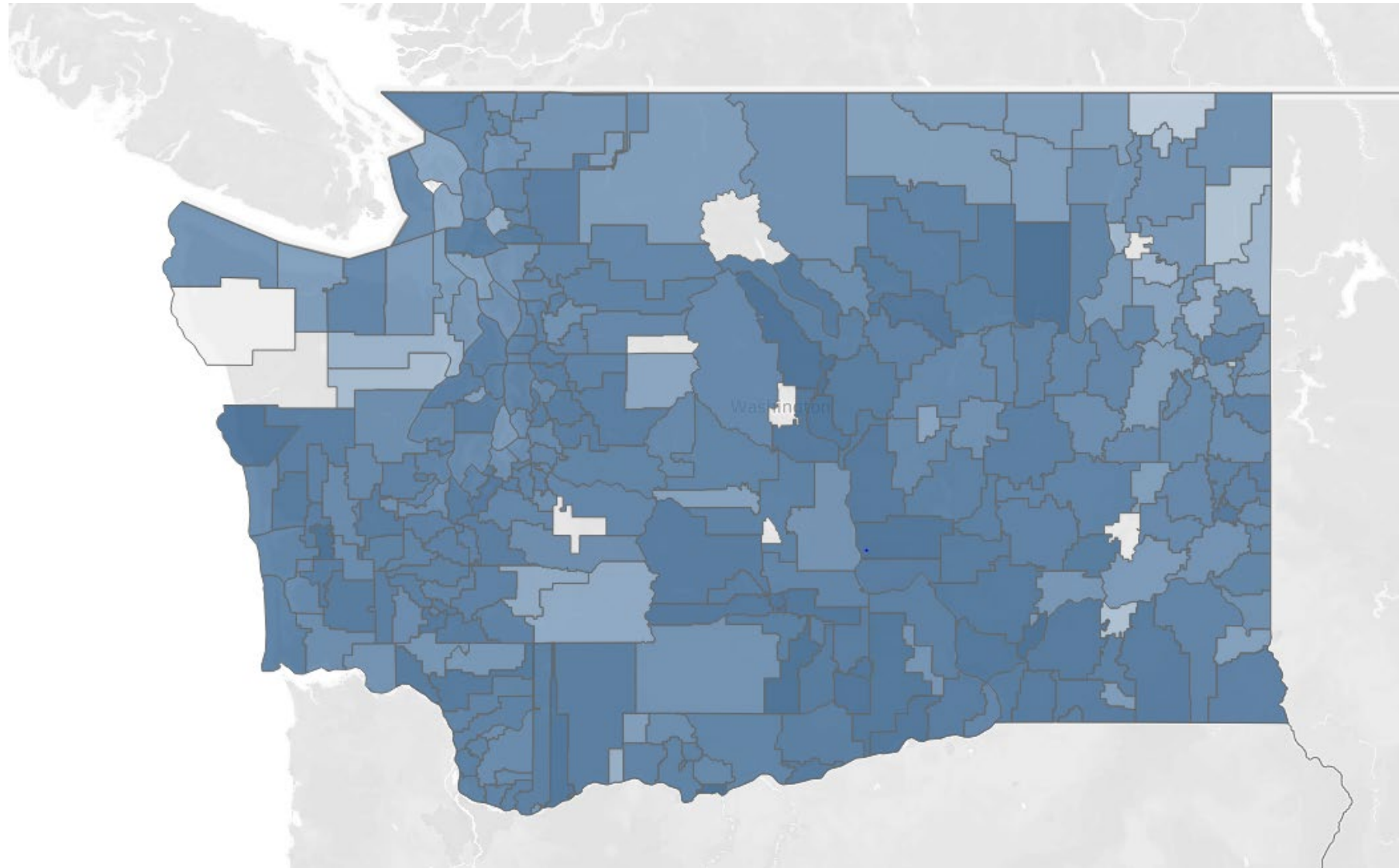




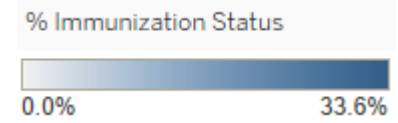
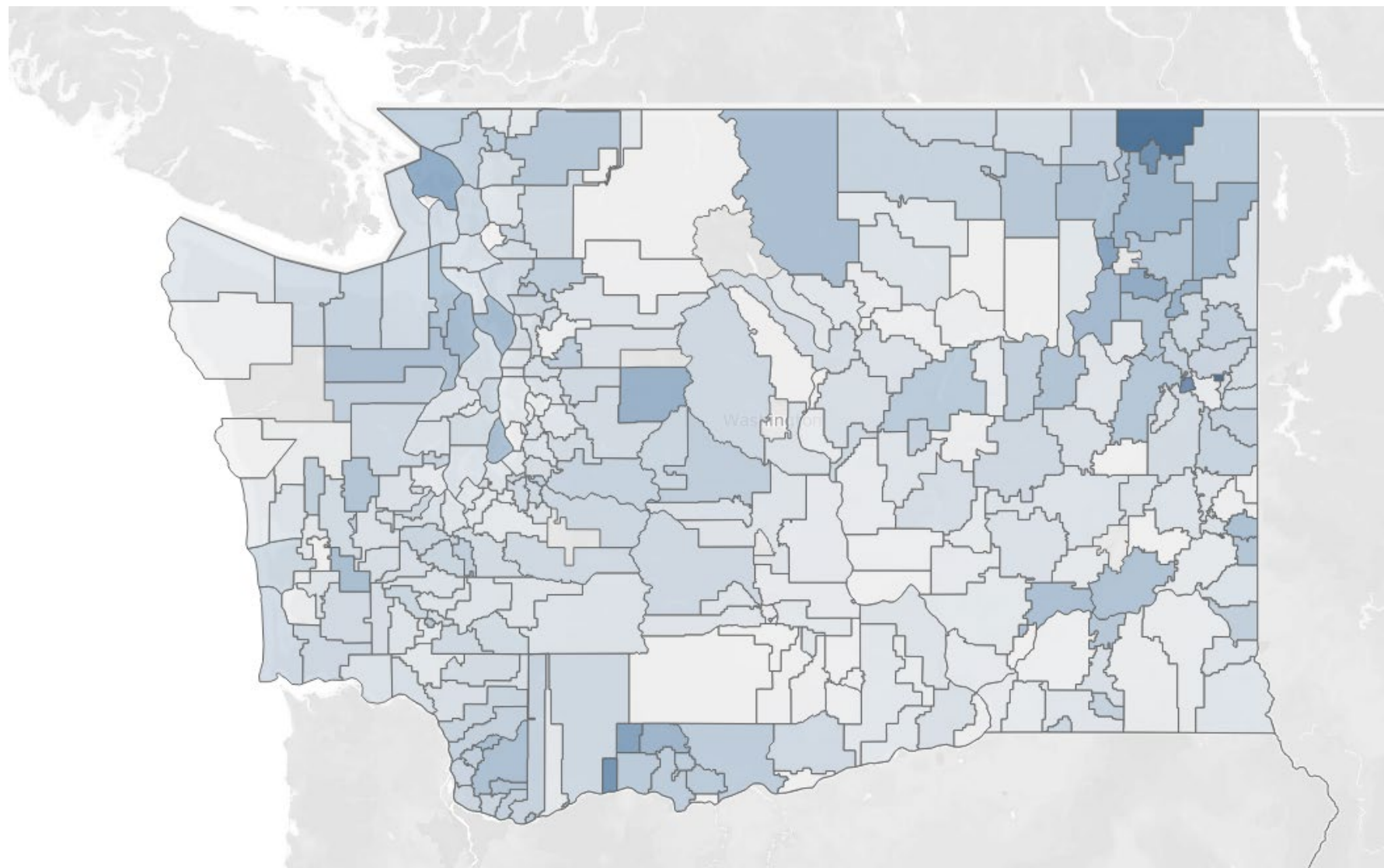
# All K-12 students who are out-of-compliance with school immunization requirements by county, Washington, school year 2022-23



# All K-12 students complete for required immunizations by school district, Washington, school year 2022-23

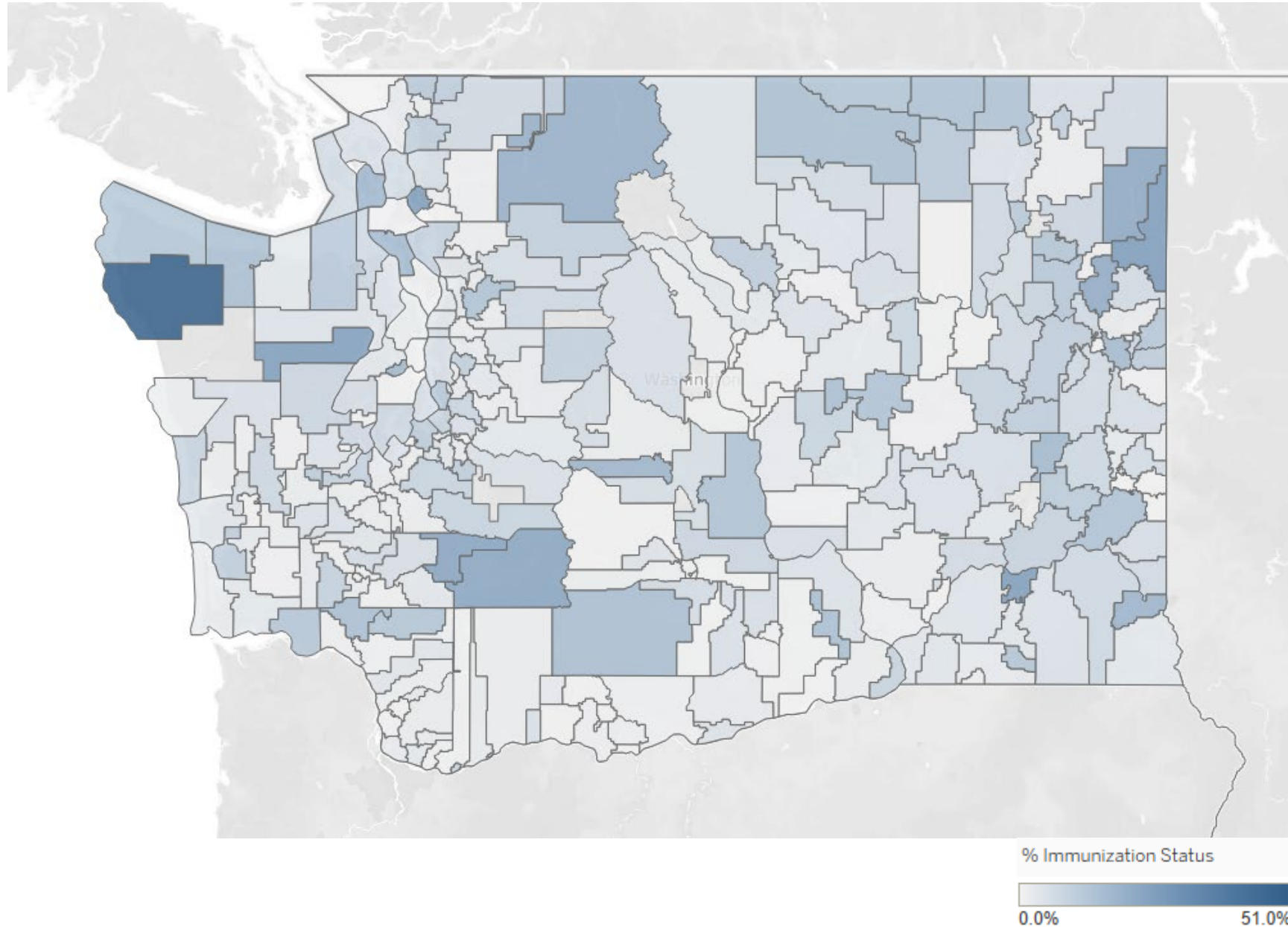


# All K-12 students with school immunization exemptions by school district, Washington, school year 2022-23





# All K-12 students who are out-of-compliance with school immunization requirements by school district, Washington, school year 2022-23



## Summary

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- 96.4% of all schools reported
  - 95.6% of private schools reported
  - 96.8% of public schools reported
  - 44% reported via school module
  - 56% reported via REDCap
- 90.9% completion rate for all students
  - Slightly lower than last year, and has been slightly decreasing the past two school years
- 3.6% with documentation of any type exemption
  - 3.8% Non-medical
  - 0.6% medical
- 5.0% out-of-compliance rate
  - Slightly higher than last year, and has been slightly increasing the past two school years
- Completion rates by county ranged from 71.1% to 97.5%

## Outreach

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The Clinical, Quality, School team would love to work on focused improvement with schools, school districts and/or support the LHJ on their work in whatever way we can.

Please contact Kathy Bay, [kathy.bay@doh.wa.gov](mailto:kathy.bay@doh.wa.gov).

# Resources

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## **School Module**

- Webpage: [www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)
- Email: [SchoolModule@doh.wa.gov](mailto:SchoolModule@doh.wa.gov)

## **School Annual Report Data**

- Graphs and Maps:  
<https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports>

## **School Requirements/Reporting Questions:**

[OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov)





## THE SCHOOL MODULE

Washington State Department of Health Office  
of Immunization



## The School Module

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- The School Module is a portal into the Washington State Immunization Information System or, WAIS
- The WAIS is used across the state by providers to record most of the state administered vaccines
- The School Module assists with tracking and managing student and school-level immunization information
- It is available to Public School Districts, Private Schools, Charter Schools, ECEAP (Early Childhood Education and Assistance Program), and Child Care

# Benefits of the School Module

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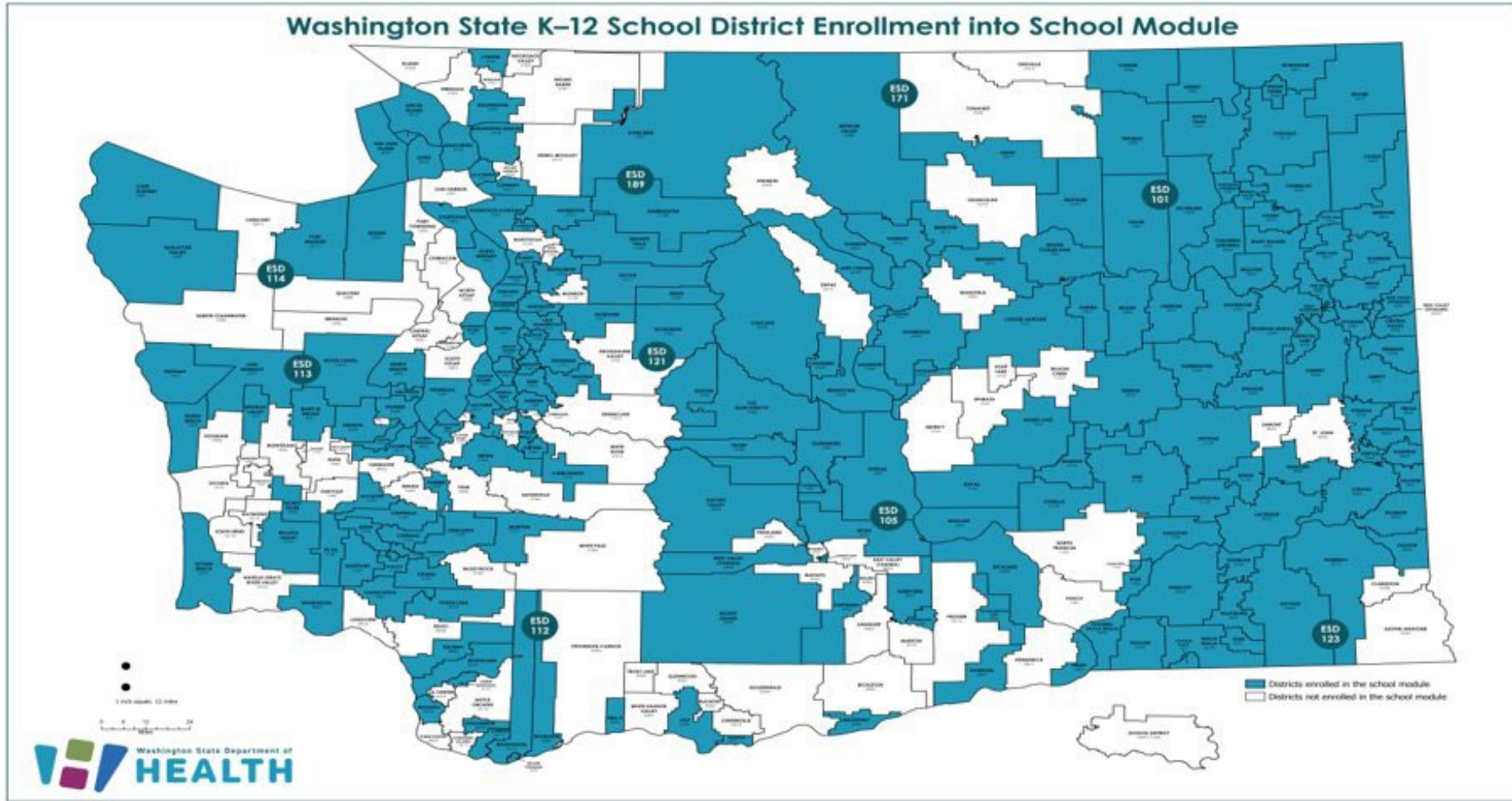
- Gives users access to a roster where all their students are listed with their immunization status
- Allows users to run reports to see who is in and out of compliance with State required immunizations
- Allows users to send letters to parents notifying them that their child is out of compliance with State required immunizations
- Can be used to complete annual immunization reporting
- Helps with filling immunization data gaps by allowing qualified users to enter Medically Verified Records
- Assists users in gaining access to students Certificates of Immunization Status or CIS's
- And best of all, It is free!

## School Module Use Across the State

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- As of June 2023, 75% (221 of 295) Public School Districts are using the School Module
- 89 Private Schools and 15 child cares and ECEAP use the system
- In total, we serve approximately 834,620 Washington State Students, which is about 76 percent of the States student population
- In a Spring 2022 Survey of School Module users, 94% recommended the use of the School Module
- In the same survey, 87% of users answered that the School Module made immunization work more efficient
- A comprehensive list of all the School Module users can be found on our website linked here: [List of Districts and Schools Using the School Module \(wa.gov\)](#)

# Map of School Module Use Across the State



# Future Plans

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- Skyward, a student information system, is removing the ability for schools to track immunizations within their system.
  - DOH has no connection with Skyward nor did we request their change of business practices/service
  - This change is causing a large increase in schools transitioning to School Module
- Current barriers and solutions for schools:
  - Private schools access to a health care provider for access
  - Reassessment of Information Sharing Agreement
  - Allowing limited access for private schools and child cares coming
- Supporting schools and students:
  - Created method to allow an alternative name to be added within the record for transgender and/or those who are going by an alias for legal reasons
  - Streamlining and developing some reports based on use feedback to continue to improve functionality for schools

# Interested in more information about the School Module?

- Visit our website at [School Module :: Washington State Department of Health](#) to find all our documents and training materials
- School Module Flyer: [School Module Promotion Flyer \(wa.gov\)](#)
- School Module Fact Sheet: [IIS School Module Fact Sheet \(wa.gov\)](#)
- School Module Frequently Asked Questions: [School Module Frequently Asked Questions \(wa.gov\)](#)
- School Module Training Guide and Educational Videos: [348-889WAIISchoolModuleTrainingGuideforChildcares.pdf](#)

# Today's Agenda

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Time	Agenda Item
12:45 – 12:55	Public Comment
12:55 – 1:00	Future Agenda Items 2023 VAC Meeting Dates: Oct 12 Adjourn



# Today's Agenda

Time	Agenda Item
12:55 – 1:00	Future Agenda Items 2023 VAC Meeting Dates: Oct 12 Adjourn



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