

DOH Community Collaborative Session Summary

October 18, 2023 | 3:30 pm – 5:00 pm PT

Welcome and Introductions

Todd Holloway, Community Collaborative Thought Partner and Facilitator of the Session, welcomed Community Collaborative members to the meeting.

Meeting attendees introduced themselves in the Chat.

Accessibility & Zoom Navigation

Tom Dineen, KAI Tech Facilitator, reviewed Zoom features and explained how to seek technical and language assistance during the meeting, if needed.

Along with English, the following language interpretations and accessibilities were provided during the meeting:

- Spanish
- Chinese
- Russian
- Korean
- Portuguese
- Vietnamese
- American Sign Language (ASL)
- Closed caption

Land Acknowledgement and Overview of Agenda

Todd read the Land & Labor Acknowledgement (see slides of the meeting for details) and reviewed the meeting agenda.

Todd noted that the meeting is being recorded for the accuracy of meeting notes and for keeping a record, and that the recording can be stopped at any time if needed.

Respiratory Virus Vaccine Season and Immunizations Updates from DOH

Jamilia Sherls-Jones, Director of the Office of Immunization at DOH, and Heather Drummond, COVID-19 Vaccine Director at DOH, provided background information about the respiratory viruses, updated community members on DOH's vaccine programs and immunization efforts, and shared resources. Jamilia explained that the purpose of the presentation is to provide updates and hear from community members. Below is a summary of the presentation. For more details, please review the presentation slides.



Topics covered in the presentation included the following:

- Flu vaccine
- Respiratory Syncytial Virus (RSV) vaccine for adults ≥ 60 years and for pregnant persons
- RSV nirsevimab immunization for infants
- COVID-19 vaccine
- Discussion about the information presented and other related information

Updates on Flu Vaccine

- Jamilia briefly explained the Flu (a contagious respiratory illness caused by the influenza virus) and its symptoms (e.g., fever, chills, cough, sore throat, runny nose, body aches, and fatigue).
 - She noted that while there are similarities between the Flu and COVID, there are differences: 1) the Flu and COVID are caused by different viruses, 2) the Flu is less contagious than COVID and less likely to cause severe illness (though both can cause severe symptoms), and 3) the treatments and vaccines are different.
- Flu vaccination rates differ between racial/ethnic groups: Black and Hispanic communities have lower immunization rates, which correlates with higher flu-associated hospitalization rates.
 - Jamilia noted that the figures shown on the slides are based on reported data only, which may be incomplete. She pointed out that there is an opportunity to improve vaccination rates across all racial/ethnic groups especially Black and Hispanic communities.
- The 2023-2024 Flu vaccines are available to children through the Childhood Vaccine Program.
 - Jamilia explained that egg allergy itself necessitates no additional safety measures for flu vaccination beyond those recommended for any recipient of any vaccine, and that all persons 6 months and older with egg allergy should receive flu vaccine.
- Adults ≥ 65 years should receive any one of the vaccines: quadrivalent high-dose inactivated vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvant inactivated influenza vaccine (AIIV4).
 - If none of the 3 vaccines is available, any other age-appropriate influenza vaccine should be used.
- DOH is conducting a fall Flu media campaign titled “Flu Free Washington” to raise awareness (<http://flufreewa.org>). DOH also shares information in multiple languages and provides data using the Respiratory Illness Data Dashboard (<https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#:~:text=The%20data%20on%20these%20dashboards,%2C%20flu%2C%20and%20RSV%20pages>) and the Health Influenza Vaccination Dashboard (<https://doh.wa.gov/data-and-statistical-reports/health-behaviors/immunization/influenza-vaccination-data>).
- Resources:

- [ACIP Influenza Vaccine Recommendations | CDC](#)
- [CDC webinar Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults](#)
- [Immunization Schedules for Healthcare Professionals | CDC](#)
- [Flu Vaccines at a Glance \(wa.gov\)](#)
- [Ask the Experts: Influenza Vaccines \(immunize.org\)](#)
- [Flu Overview | Washington State Department of Health](#)
- [2023-24 Flu Updates Webinar | Washington State Department of Health](#)

RSV Vaccine for Older Adults

- Introduction to RSV
 - RSV is a common respiratory virus that usually causes mild and cold-like symptoms that includes a runny nose, decreased appetite, coughing, sneezing, fever, and wheezing. Infants and older adults are more likely to develop severe symptoms and need hospitalization.
- New immunizations to protect people: There are different types of products (vaccine and antibodies) for older adults and babies.
- The Advisory Committee on Immunization Practice (ACIP) and the CDC recommend that adults 60 years and older may receive a single dose of RSV vaccine based on discussion and decision with their doctors.
- Older adults with chronic underlying medical conditions should get immunized as soon as the vaccine is available (<https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html>); the vaccine will continue to be offered throughout the RSV season to eligible adults.
- Adults can use CDC's V-safe after vaccination health checker (a vaccine safety monitoring system, <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/v-safe/index.html>) to report to CDC health problems or adverse events after vaccination.
- Resources
 - [RSV Vaccination: What Older Adults 60 Years of Age and Over Should Know | CDC](#)
 - [Frequently Asked Questions About RSV Vaccine for Adults | CDC](#)
 - [Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)
 - [ACIP Shared Clinical Decision-Making Recommendations | CDC](#)
 - [Respiratory Syncytial Virus | Washington State Department of Health](#)
 - [CDC webinar RSV Vaccination in Adults 60 years and Older](#)

RSV Vaccine for Pregnant Persons and Nirsevimab for Infants

- For pregnant persons: Maternal RSV vaccine is recommended for pregnant people during 32- through 36-week gestation with seasonal administration, and it may be simultaneously administered with other vaccinations (<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-22/07-mat-peds-jones-508.pdf>).

- For infants: Nirsevimab is a form of passive immunization, and it can help prevent severe illness in newborns.
(<https://www.cdc.gov/vaccines/vpd/rsv/public/child.html#:~:text=Nirsevimab%20is%20recommended%20for%3A,their%20mother%20got%20RSV%20vaccine>).
 - CDC and ACIP recommend one dose of nirsevimab for infants aged <8 months born during or entering their first RSV season and for infants (if the mother did not receive RSV vaccine) and children aged 8–19 months who are at increased risk of severe RSV disease entering their second RSV season (<https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm>).
 - Nirsevimab is not needed for most infants born ≥14 days after maternal vaccination.
- Nirsevimab implementation in Washing State: Washington State is able to purchase nirsevimab for all babies as part of the Childhood Vaccine Program. However, ordering had to be paused due to the high demand of nirsevimab. The Department is waiting for updates from CDC so that orders can be resumed soon. DOH will continue to update providers.
 - Given that nirsevimab is technically not a vaccine, a rule change is needed so that providers can use the code for reimbursement and readily offer the product.
- Resources
 - [ACIP September 22, 2023 Presentation Slides | Immunization Practices | CDC](#)
 - [ACIP Vaccine Recommendations and Schedules | CDC](#)
 - [Update on RSV and New Vaccine Recommendation | CDC](#)
 - [CDC Webinar Clinical Guidance for Use of Products to Prevent RSV Disease in Infants](#)
 - [Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)
 - [Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC](#)

COVID-19 Vaccine Program Updates

Heather provided updates on DOH's COVID-19 vaccine programs, and she used charts from DOH's dashboard to illustrating weekly doses administered across the state and vaccination rates (percentage of the population) across ethnic/racial groups (<https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard>). She noted there is continued work to be done to improve equitable access and uptake.

During her presentation, Heather answered the following questions in the chat.

Question: *Can you explain what is 5% (of the chart [on slide 42])?*

Response: It is the percentage of people who have received 2023-2024 vaccine. There are still a lot of demands and challenges to finding COVID vaccine.



Question: *What was the success rate on vaccine in previous years?*

Response: In terms of uptake, in the first couple of weeks after the FDA and ACIP recommendation, the administration data are similar across Washington State. Due to supply challenges, the Department is not able to get as much vaccine out as we would like. We are working with our Federal partners to get more vaccines out quickly, which will increase uptake.

Heather continued the presentation by explaining the changing landscape of COVID-19 vaccines and highlighted the new 2023-24 COVID-19 vaccines:

- Updated mRNA COVID vaccines (Moderna and Pfizer)
 - All updated vaccines are formulated to better target currently circulating variants.
 - Everyone aged 6 months and older are eligible for the updated COVID-19 mRNA vaccine.
 - Updated resources:
 - [Interim COVID-19 Immunization Schedule](#) (Updated 9/22/2023)
 - [COVID-19 Vaccination Recommendations Infographic](#) (Updated 9/20/2023)
 - [COVID-19 Vaccination Recommendations Infographic \(Immunocompromised\)](#) (Updated 9/20/2023)
 - [COVID-19 Vaccine Product Information](#) (Updated 9/25/2023)
- Novavax COVID vaccine
 - Authorized for use in individuals 12 years of age and older
 - Only CVS will offer Novavax in the pharmacy arm of the Bridge Access Program
 - For more information, check out the updated factsheet
 - [Novavax Fact Sheet for Healthcare Providers](#)
 - [Novavax Fact Sheet for Recipients and Caregivers](#)
- Administration of COVID-19 and other vaccines together: CDC issued guidelines stating that providers may simultaneously administer all three vaccines (COVID-19, influenza, and RSV), which hopefully will help reduce barriers to access.

Question: *Has there been any health-related issues from the vaccinations you are referring?*

Response: CDC, ACIP, and FDA take it very seriously before issuing authorizations, approvals, and recommendations. Data continue to demonstrate safety and enhanced effectiveness of these vaccines in reducing severity of the illness including hospitalization and death. CDC's V-safe is back online for people to share health problems or side effects after vaccination.

- Jamilya shared via the Chat: Per CDC, serious side effects that could cause long-term health problems are extremely rare following any vaccination, including COVID-19 vaccination. We do know that there are chronic health complications that can develop after having COVID-19 (long COVID) that are being studied. Benefits of receiving a COVID-19 vaccine outweighs risks.
- A meeting attendee shared the following information in the Chat: CDC Information on Side effects of the COVID-19 Vaccine is available here:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>



Question: Clarifying, it's safe to have all three vaccines-COVID, flu and RSV at the same time?

Response: Based on CDC guidance, yes.

- DOH Immune Nurse Team added via the Chat: Yes, they can be given at the same time. However, shingles vaccine can create a painful localized reaction, so people can consider getting this one a separate time.

Question: I was wondering when taking the Care-A-Van to public locations, are these locations considered for disability access? (Paved walkways, adequate space, other accommodations)?

Response: Thanks for this question. Our intake process for Care-A-Van includes discussions with the organization to determine accessibility. Care-a-Van doesn't have to be an event with an actual van and can occur anywhere (<https://doh.wa.gov/you-and-your-family/care-van-mobile-health-services#event-list>)

Heather continued her presentation and shared that manufacturer and supply chain constraints have caused vaccine delays. DOH will continue to share updates on supplies. Community members can sign up Partner Newsletter for further update (<https://public.govdelivery.com/accounts/WADOH/subscriber/new>).

- Covid-19 vaccine costs:
 - Most people will not pay any cost per CARES Act.
 - All recommended vaccines are available at no cost for children through age 18 via the Childhood Vaccine Program of Washington.
 - The Federal Bridge Access Program will provide vaccines at no cost to uninsured and underinsured adults.
- To find COVID-19 vaccines: use the following resources:
 - Health care providers: Most primary care providers and pharmacists can administer all respiratory disease vaccines.
 - CVS, [Walgreens](#), and eTrueNorth pharmacy partners.
 - CDC website: <https://www.vaccines.gov/> or text ZIP code to GETVAX (438829).
 - [Federally Qualified Health Centers](#)
 - Newly updated [Provider Map](#) to find a clinic enrolled in the Childhood Vaccine Program and/or the Adult Vaccine program
 - [Care-A-Van Mobile Vaccine Clinic Locations](#)

Question: How do you foresee that limited availability of COVID-19 vaccines could affect the level of trust within the communities we serve? Additionally, are there any plans to prioritize vaccine distribution for Black, Indigenous, and People of Color (BIPOC) communities?

Response: it is a concern of the DOH. We are advocating to our Federal partners to ensure supply meets the demand. Because the limited allocation of COVID-19 vaccines, especially for public programs, we have a very detailed distribution plan that takes into account of various factors (social vulnerability, BIPOC communities, etc) to try to equitably distribute in



collaboration with local health jurisdiction, which has a better understanding which partners are serving those at highest risk and how we can allocate those limited doses to those communities.

Question: *Some people have received bills for up to \$200. Has that problem solved?*

Response: I don't know I can say that the issue has been resolved. We can work with other partners to look into this further. This is another challenge associated with commercialization. We appreciate people continuing to bring those instances to our attention so that we can try to address them at the provider and system levels.

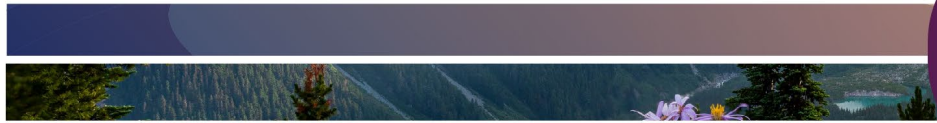
Question: *How are the vaccines being distributed to those that are home bound?*

Response: This is another growing pain that we are experiencing with commercialization of COVID-19 vaccines. Our Care-A-Van program works with community-based organizations across the State to support vaccination efforts. It started with COVID-19 vaccines and has grown to support flu and other vaccines. Earlier this year, we integrated Care-A-Vans into the Childhood Vaccine Program. We have been working with our Care-A-Van vendors to support long-term care facilities, adult family homes, and hopefully homebound people. We have been continuing to work with our vendors to integrate insurance reimbursement as well so that when they come to a community, they can vaccinate anyone who shows up. There are some unique challenges that have risen since the end of the Federal public health emergency, we are trying to work through to be able to address those challenges.

- Jamilia shared via the Chat: DOH also has a home based vaccination form that homebound residents can complete and we work with them to find resources: <https://redcap.doh.wa.gov/surveys/?s=WCML4WRWXK>
- Updated COVID-19 vaccine resources
 - For the general public
 - [Getting Vaccinated to Protect Against COVID-19 Illness](#)
 - [Pediatric COVID-19 Vaccines What Parents/Guardians Should Know](#)
 - For providers and community health workers:
 - [Health Care Provider Discussion Guide: Novavax](#)
 - [COVID-19 Vaccines: Pediatric Vaccine Toolkit for Providers](#)
 - [Provider Discussion Guide](#)
 - [Discussion Guide for People Experiencing Homelessness](#)
 - [Discussion Guide for Immigrants and Refugees](#)
 - [Pregnancy and COVID-19 Vaccine Toolkit](#)
 - [2023-2024 COVID-19 Vaccine Product Chart](#)
 - [COVID-19 Vaccines: Toolkit for Schools](#)

At the end of her presentation, Heather highlighted the following care provider peer-to-peer webinars, which are open to the public.

- October 18: [COVID-19 Disaster Cascade Recovery Updates](#)
- November 3: [Vaccine Fatigue- Addressing the Elephant in the Room](#)



- Gretchen LaSalle, MD, FAAFP is a board-certified family physician who practices in Spokane.
- November 17: [Beyond Burnout & Resilience: Purpose and Adaptability for Health Care Providers](#)
- December 8: [Beyond Burnout & Resilience: Connection and Hope for Health Care Providers](#)

Discussion

Attendees shared comments in the Chat and asked additional questions.

Comment: Please consider adding other language interpretations moving forward particularly East African Languages (Amharic, Oromo, Somali, Swahili, Tigrinya, etc.)

Question: *The majority of clients we serve are >55 years. Some are getting pneumonia and shingles vaccines. Are they contraindicated?*

Response: I have not heard that they are contraindicated but will need to confirm with our clinical team and will circle back.

Question: *Strategies to improve equity?*

Response: The COBs have access to all resources. DOH's website continues to be updated with resource. COVID funding is not lasting forever, we try to best use lessons learned during the response to strengthen our long-term immunization infrastructure and leverage the remaining funding in partnership with local health jurisdictions and others. There is a recent opportunity offered by the Community Relations and Equity team to support COVID-19 resilience work in communities. Additionally Care-A-van can be expanded. We have integrated blood pressure checks and blood glucose screenings. We also start to plot Naloxone distribution at Care-A-Van events, and we are exploring other chronic illness prevention and dental services. We welcome suggestion and collaboration.

- A DOH team member shared in the Chat: In addition to the detailed strategic plans Heather mentioned that we use to prioritize populations that are most at risk, the DOH Care A Van also always prioritizes underserved communities for mobile vaccine services.

Question: *Is anything planned to utilize partners to get more outreach to communities who need help?*

Response: We would love to continue the collaboration. Community Collaborative is a perfect example. Additionally, there are funding opportunities that community organizations can apply for to do messaging. DOH continues to do campaign along with Care-A-van. We welcome recommendations.

- Jamila added through the Chat that Covid vaccine remains a priority. There is a decline in routine vaccine. Whatever you think your community needs, we'd love to work with you.



- Frances Limtiaco, Community Investments and Engagement Manager, DOH added that DOH is funding community-driven outreach programs. We have 10 CBOs that are funded. They gave a presentation a few months ago and we can invite them back to provide updates on what they are doing. These organizations in turn have subcontracted with community-rooted organizations across the State. In total we have close to 100 community-rooted organizations throughout the State representing the community component of our public health infrastructure. We can invite Heather and Jamilia to one of the community conversations to discuss more about how we can collaborate on some of the work because they do meet quarterly to discuss some of their successes and challenges. Frances listed the following 10 Community Driven Outreach Partner organizations funded by DOH: Asia Pacific Cultural Center (APCC); APartnership; Center for MultiCultural Health; Centro Cultural Mexicano; Comagine Health; Desautel Hege (DH); Health Commons Project; Momentum; Refugee and Immigrant Services NW; Yakima Valley Community Foundation.
- A representative of APCC shared that on October 12th, APCC partnered with the National Asia Pacific Center of Aging (NAPCA), worked with a couple pharmaceutical companies, and offered vaccination to uninsured and underinsured people in the community. They were able to give about 81 vaccines on that day, and the community is asking for more.

For more questions and comments related to vaccines, reach out to Jamilia and Heather at : Jamilia.Sherls-Jones@doh.wa.gov, and Heather.Drummond@doh.wa.gov

Defining Disability--Access Functional Needs

Todd read an acknowledge in recognition of the indigenous people around the world, and briefly talked about disability—access functional needs. He encouraged everyone to read the documents below, which he said would provide some insights into how our individual rights can be affected by the categories we are put into.

- The Americans with Disabilities Act (<https://www.ada.gov>)
- Civil Rights and Civil Liberties
- Disability Community Letter to Federal Colleagues
(<https://disasterstrategies.org/disability-community-letter-to-federal-colleagues/>)
(<https://disasterstrategies.org/update-letter-to-federal-colleagues/>)

Close and Next Steps

In closing, Todd emphasized the importance of this space, expressed appreciation for all the people who provided support to the meeting, and encouraged meeting attendees to reach out to corresponding presenters for comments and questions.

Contact Information:

For more question, comments, or considerations, please contact Community Collaborative:



- Juliet Kwakye, Health Equity Communications Outreach Coordinator
at Juliet.Kwakye@doh.wa.gov
- Frances Limtiaco, Community Investments and Engagement Manager
at Frances.Limtiaco@doh.wa.gov

For more questions and information about COVID vaccines, email COVID.Vaccine@doh.wa.gov,
or reach out to Jamilia and Heather at: Jamilia.Sherls-Jones@doh.wa.gov, and
Heather.Drummond@doh.wa.gov

Adjournment

The meeting was adjourned at 5:00 pm.