

# Immunization & Vaccine Access in Washington State

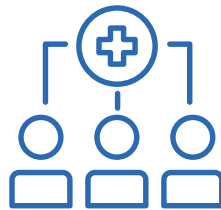
Protecting communities through prevention—federal appropriations at work in all 39 counties.



## Why it matters



Vaccines are one of the most effective public health tools to prevent disease, save lives, and reduce health care costs.



With support from federal appropriations, the Washington State Department of Health (DOH) works with local health jurisdictions, health care providers, Tribes, and community partners to ensure people across Washington can access safe, effective vaccines regardless of age, income, insurance status, or geography.

## At a Glance

- Washington's routine childhood coverage remains below goals. Children 19–35 months up-to-date on the ACIP routine series are in the high-50% range (57–58%).
- Kindergarten immunization coverage is roughly 91–93%. This is below the 95% level typically associated with community protection for measles.
- Regional coordination supports consistent, evidence-based guidance. Through the West Coast Health Alliance, Washington collaborates with neighboring states on aligned respiratory virus season recommendations (COVID-19, influenza, and RSV).

## Congressional Action Needed

- Sustain and strengthen CDC immunization investments, including stable appropriations for Section 317 and core immunization infrastructure.
- Protect the Vaccines for Children (VFC) program backbone that ensures pediatric vaccines remain available regardless of a family's ability to pay.
- Invest in immunization data modernization and interoperability to identify gaps faster and target resources effectively.
- Support community trust-building and culturally responsive outreach to improve coverage. Especially where rates are below community protection thresholds.

## Coverage snapshot (2024–2025)

Measure / Population	Approx. coverage	Notes
Children 19–35 months up-to-date on ACIP routine series	57–58%	Coverage for the full routine series remains well below target (~80%).
Kindergarteners — fully immunized (all required vaccines)	91–93%	Below the 95% threshold often used for measles community protection.
HPV first dose (ages 9–10)	10–14%	QI cohorts have increased coverage across participating clinics; statewide trend indicates modest gains.

## Federal programs driving impact in Washington

Federal immunization investments reduce pressure on hospitals, protect workforce productivity, and lower overall health care spending by preventing outbreaks of measles, pertussis, influenza, COVID-19, and other vaccine-preventable diseases while strengthening readiness for future threats.

### How federal funding flows to impact

- **CDC Immunization Cooperative Agreements**  
Core infrastructure for statewide immunization program operations (including provider network support, vaccine management, and quality improvement).
- **Vaccines for Children (VFC)**  
A federal entitlement program—CDC purchases vaccines and provides them to states at no cost for eligible children (uninsured, underinsured, Medicaid-eligible, or American Indian/Alaska Native).
- **Section 317 Immunization Program**  
Annual discretionary appropriations that support immunization infrastructure beyond VFC. This includes vaccine access for uninsured and underinsured adults through Washington's Adult Vaccine Program.
- **Immunization Information System (WAIIS)**  
Washington's lifetime registry supporting vaccine ordering, dashboards, consumer access tools, and identification of coverage gaps and disparities.

### Vaccines for Children (VFC): keeping pediatric vaccines available statewide

DOH administers VFC statewide and distributes vaccines directly to enrolled providers. Federal support helps Washington:

- Enroll and support providers across all 39 counties (pediatric offices, family practices, community health centers, and Tribal clinics).
- Maintain vaccine integrity and safety statewide (storage/handling, monitoring, and accountability).
- Reduce access barriers for families and prevent coverage gaps that can lead to outbreaks.

### Section 317: closing adult vaccine gaps and preventing costly outbreaks

Unlike VFC, Section 317 funding is not an entitlement and must be appropriated each year. In Washington, Section 317 is a critical component of the Adult Vaccine Program and broader immunization system.

### Section 317:

- Helps purchase recommended vaccines for uninsured and underinsured adults (e.g., influenza, hepatitis, shingles).
- Supports outbreak control and prevents downstream costs such as hospitalizations, emergency response spending, and disruptions to schools and workplaces.
- Reaches adults experiencing barriers to care, including rural residents, essential workers, and communities disproportionately impacted by chronic disease.

### Strengthening access where people live

- Federal immunization funds flow through DOH to local health jurisdictions and partners to support rural and underserved-area vaccination clinics, school- and child care-based efforts, and data systems that track coverage and identify gaps.

### What's at risk if federal funding is reduced or delayed

- Reduced access for eligible children if provider participation and infrastructure support weaken.
- Fewer vaccines for uninsured adults if Section 317 funding is cut—raising the risk of preventable disease spread.
- Higher health care costs from outbreaks requiring emergency response and hospitalizations.
- Less capacity to respond rapidly to outbreaks and emerging threats. This increases risk for infants, older adults, and people with chronic conditions.

### Washington Story: 2019 Clark County Measles Response

**Challenge:** 72 confirmed measles cases in Clark County, 86% unvaccinated; state of emergency declared

**Response:** 230+ responders deployed including 89 local staff (12,684 hours), 57 DOH staff, 50 Medical Reserve Corps volunteers, and CDC support; 3,800 contacts traced from 46 exposure sites

**Actions:** Daily monitoring calls to 800+ susceptible individuals; immunoglobulin administered to 44 infants and pregnant women; 849 susceptible students identified in schools

**Outcome:** Outbreak contained after 63 days in full incident response; no new cases associated with this outbreak since March 13, 2019.