



CHILDCARE AND SCHOOL AGE IMMUNIZATIONS BRIEFING

Office of Immunization

Presenters



Katherine Graff BSN, RN

*School and Child Care Immunization
Nurse Consultant*



Jamilia Sherls-Jones, DNP, MPH, RN, CPN, CDP

Office of Immunization Director

Office of Immunization

Olschools@doh.wa.gov

Today's Presentation

- Immunization Law and Rules
- Immunization Requirements
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- Data analysis of immunization coverage in school-aged population (pre- to post-pandemic timeframes)



IMMUNIZATION LAW AND RULES

RCW & WAC

Revised Code of Washington (RCW)

WA State Legislature passes legislation which is signed into law by the Governor.

[28A.210 RCW](#)--Health - screening and requirements:

- [28A.210.060](#)—through [28A.210.170](#)

Washington Administrative Code (WAC)

The immunization laws give the WA State Board of Health the authority to determine the immunization rules.

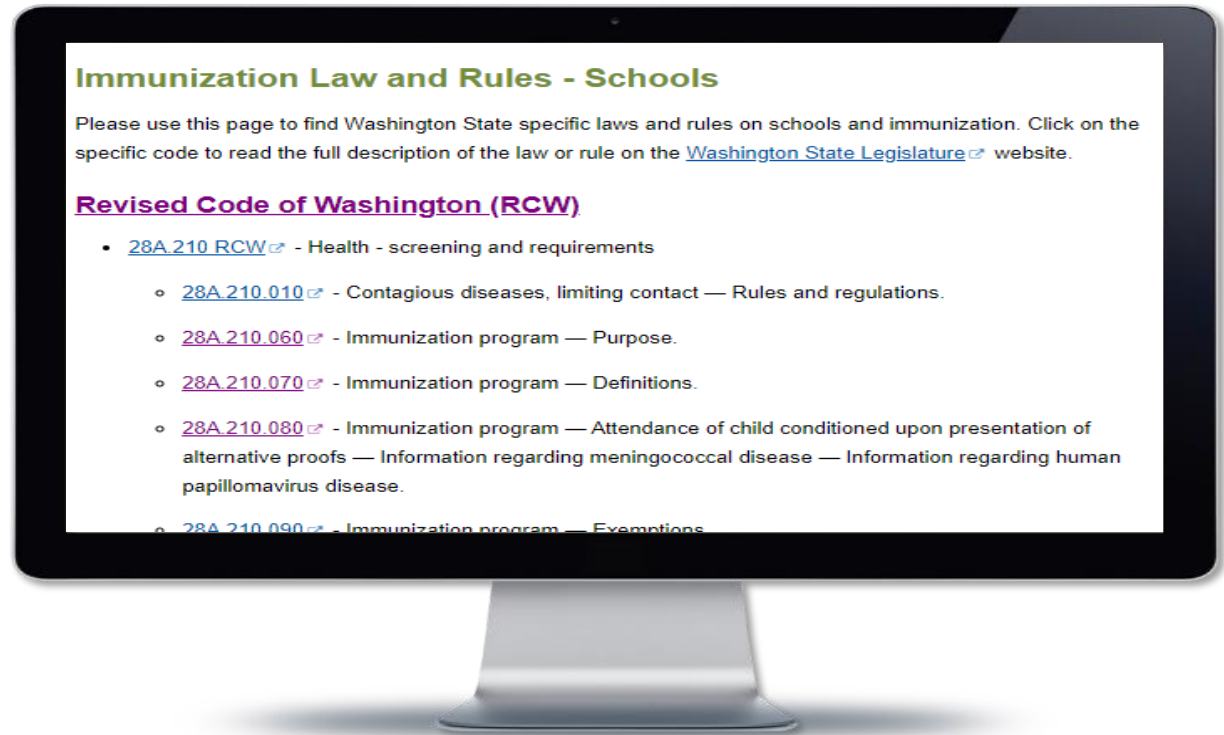
[246-105 WAC](#) **Immunization of childcare and school children against certain vaccine-preventable diseases**

- [246-105-010](#) - through [246-105-090](#)

Links to the RCW and WAC

The School and Child Care Immunization page: has links to the RCWs and WACs:

www.doh.wa.gov/SCCI





IMMUNIZATION REQUIREMENTS

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			3 rd dose												
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, & acellular pertussis (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose				4 th dose		5 th dose						
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes	3 rd or 4 th dose, See Notes											
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose	4 th dose											
Inactivated poliovirus (IPV; <18 yrs)			1 st dose	2 nd dose	3 rd dose							4 th dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only			
or														or			
Influenza (LAIV)					Annual vaccination 1 or 2 doses									Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes	1 st dose					2 nd dose						
Varicella (VAR)							1 st dose					2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis (Tdap; ≥7 yrs)														Tdap			
Human papillomavirus (HPV)															See Notes		
Meningococcal B														See Notes			
Pneumococcal polysaccharide (PPSV23)											See Notes						
<div><div></div> Range of recommended ages for all children</div> <div><div></div> Range of recommended ages for catch-up immunization</div> <div><div></div> Range of recommended ages for certain high-risk groups</div> <div><div></div> Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making</div> <div><div></div> No recommendation</div>																	

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making

No recommendation

Recommended vs. Required



ACIP Recommended

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV
Hib
Hepatitis A
HPV
Meningococcal
Flu
Rotavirus
COVID-19



WA State Required

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV (until 5 years old)
Hib (until 5 years old)

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care



	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

*Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: www.doh.wa.gov/SCCI

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.

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.

DOH 348-053 Dec 2021

Vaccines Required for Preschool-12th Grade School 2022-2023

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2022-2023



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/ Transitional Kindergarten Age ≥4 years on 09/01/2022	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**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 9th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
10th through 12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines that are not required for school at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.
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DOH 348-295 April 2022



CERTIFICATE OF IMMUNIZATION STATUS (CIS)

Certificate of Immunization Status (CIS)

Before a child may attend a school or child care center, a parent must provide proof of the required immunizations or immunity using a department-approved Certificate of Immunization Status (CIS) form. [WAC 246-105-050](#)

The CIS form is created by the Department of Health.
(it should not be recreated in an electronic health record)

Acceptable CIS Versions

There are three acceptable versions of the CIS:

- Printed from and medically verified by the WA Immunization Information System (no provider or parent validation signature needed):
 - (1) Validated CIS
 - (2) CIS printed from MyIR
- Hardcopy, handwritten CIS verified as accurate by:
 - Health care provider signature; or
 - School nurse, administrator, childcare health consultant (or their designee) signature that the information on the CIS matches attached medical vaccination records

Validated CIS

Child's Last Name:		First Name:		Middle Name:		Birthdate (MM/DD/YYYY):		SIHS ID Number					
CAT		IRIS LILY				02/01/2019		11846329					
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.						I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.							
Parent/Guardian Signature						Date		Parent/Guardian Signature Required if Starting in Conditional Status		Date			
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS						NOT COMPLETE							
Validated by the Immunization Information System on 10/20/2021						can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.							
* Required for Preschool/Child Care Only		MM/DD/YY		MM/DD/YY		MM/DD/YY		MM/DD/YY		MM/DD/YY		Positive Titer	
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS													
DT or Td (Tetanus, Diphtheria)													
Hepatitis B												IMMUNE	
Hib (<i>Haemophilus influenzae type b</i>)*		04/01/2019		06/01/2019		08/01/2019							
IPV (Polio)		04/01/2019		06/01/2019		08/01/2019							
OPV (Polio)													
MMR (Measles, Mumps, Rubella)													
PCV/PPSV (Pneumococcal)*		04/01/2019		06/01/2019		08/01/2019							
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS													
Recommended Vaccines (Not Required for School or Child Care Entry)													
COVID-19													
Flu (Influenza)													
Hepatitis A													
HPV (Human Papillomavirus)													
MCV/PPSV (Meningococcal Disease types A, C, W, Y)													
MenB (Meningococcal Disease type B)													
Rotavirus													


Validation is:

- Complete
- Not Complete
- Conditional

For series selected

- Child Care by age
- Preschool: 19 months-3 years
- Preschool-TK: 4 years
- Grade K-6
- Grade 7-9
- Grade 10-12

Hardcopy CIS

		<h2 style="margin: 0;">Certificate of Immunization Status (CIS)</h2>		Reviewed by: _____ Date: _____ Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.					
Child's Last Name:		First Name:		Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.			Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.		
X _____ Parent/Guardian Signature Date			X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date		
Required Vaccines for School or Child Care Entry					
▲ Required for School • Required Child Care/Preschool		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
•▲ DTaP (Diphtheria, Tetanus, Pertussis)					
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)					
•▲ DT or Td (Tetanus, Diphtheria)					
•▲ Hepatitis B					
• Hib (<i>Haemophilus influenzae type b</i>)					
•▲ IPV (Polio) (any combination of IPV/OPV)					
•▲ OPV (Polio)					
•▲ MMR (Measles, Mumps, Rubella)					
• PCV/PPSV (Pneumococcal)					
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
COVID-19					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus					
I certify that the information provided on this form is correct and verifiable.		Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.			

Documentation of Disease Immunity (Health care provider use only)

 If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

 I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

☐ Polio (all 3 serotypes must show immunity)

 Licensed Health Care Provider Signature Date



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

Certificate of Exemption (COE)

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 from this website: <https://www.doh.wa.gov/SCCI>

Exemption forms or letters from other states are not acceptable.

Types of Exemptions for Children

- Personal or philosophical exemption
 - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	

Parent/Guardian Declaration
One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X
Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Health Care Practitioner Declaration
I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X
Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION
Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X
Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 October 2019



Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption
A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hq/acip-rev/general-rev/contraindications.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration
I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X
Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License # _____

Parent/Guardian Declaration
I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X
Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

If you have a disability and need this form in a different format please call 1-800-525-0127 (TDD/TTY Call 711).

DOH-348-106 October 2019

Education Requirement

Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner that he or she:

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

A health care practitioner is a physician (MD, DO), Naturopath (ND), Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) licensed in WA State.

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](#)

Clinician and school staff have no role in assessing a parent’s personal or religious beliefs.

School and Child Care Immunization Page

Website:

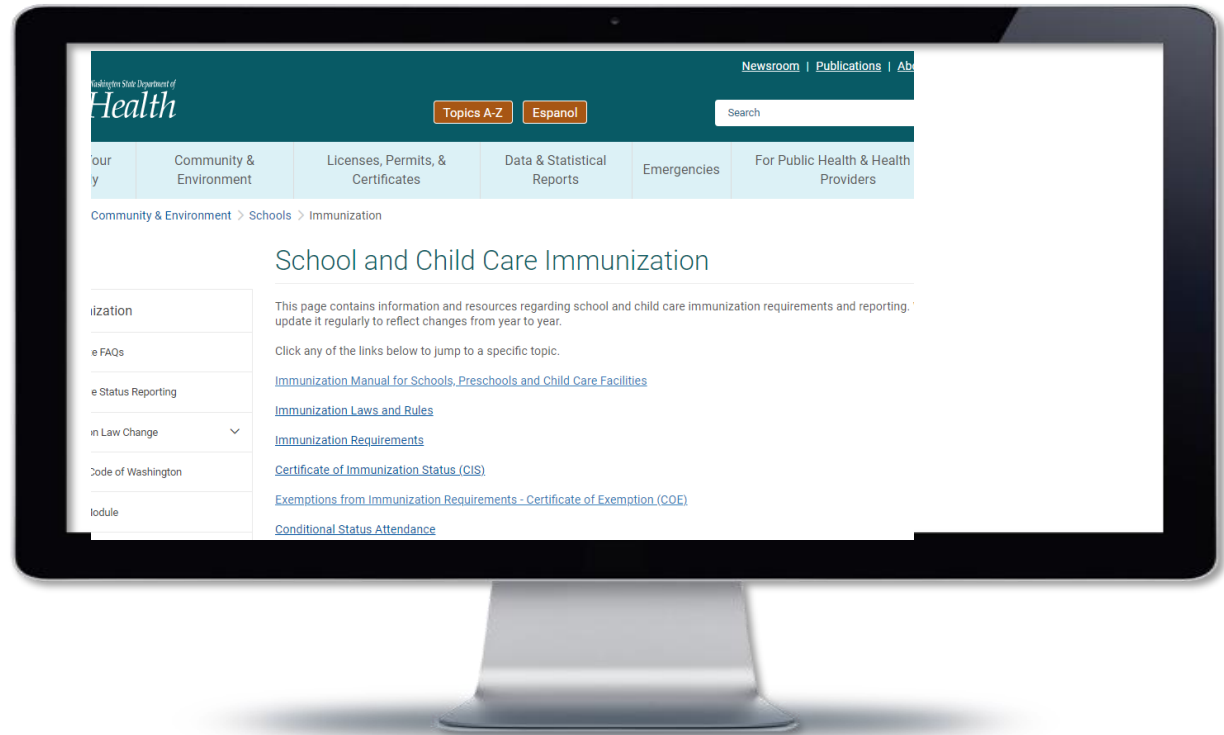
www.doh.wa.gov/SCCI

Questions?

Feedback!

Email us at:

Olschools@doh.wa.gov





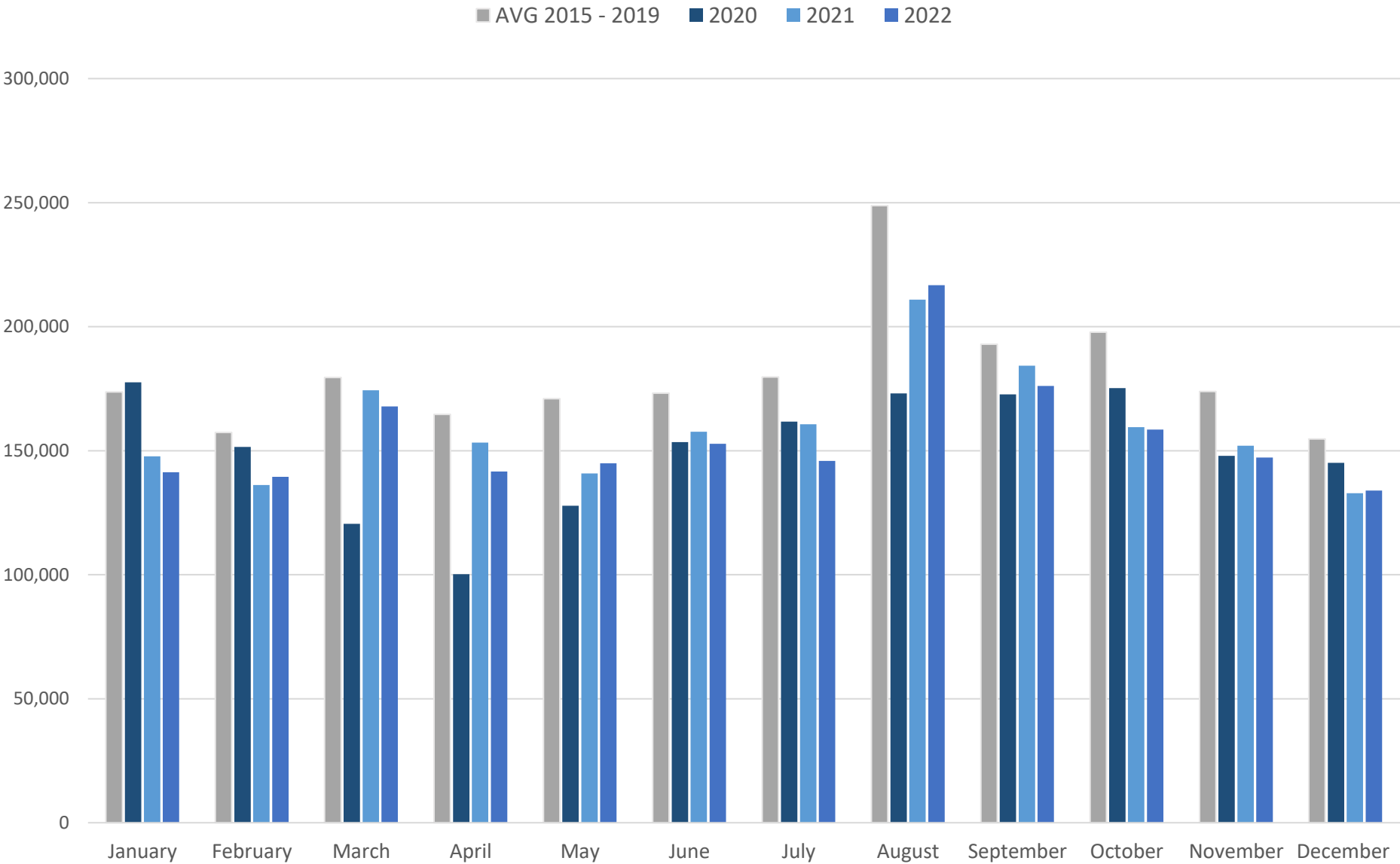
CHILDCARE AND SCHOOL AGE IMMUNIZATION DATA UPDATE

The Washington State Immunization Information System (IIS)

WADOH routinely uses immunization data from the Washington State Immunization Information System (WAIIS):

- A lifetime registry for WA resident immunization data
- Licensed healthcare providers track immunizations
- Considered the most complete and independent source of medically verified immunization data for WA state
- Different from data used in school reporting
 - During the COVID-19 pandemic, school reporting was considered less reliable

Monthly Vaccines* Administered for Individuals 0 through 18 years old in Washington
State Comparing Average Number in 2015-2019 with 2020, 2021, 2022



Data source: WA State Immunization Information System; all vaccines reported as of 01/17/2023

*Does not include Influenza and COVID-19 vaccine doses administered

Childcare and School Age Immunizations: Coverage Data

Reviewed school-age IIS data at vaccination milestones:

- 19-35m, 4-10y*, 11-12y, 13-17y

Pre-to-post pandemic timeframe:

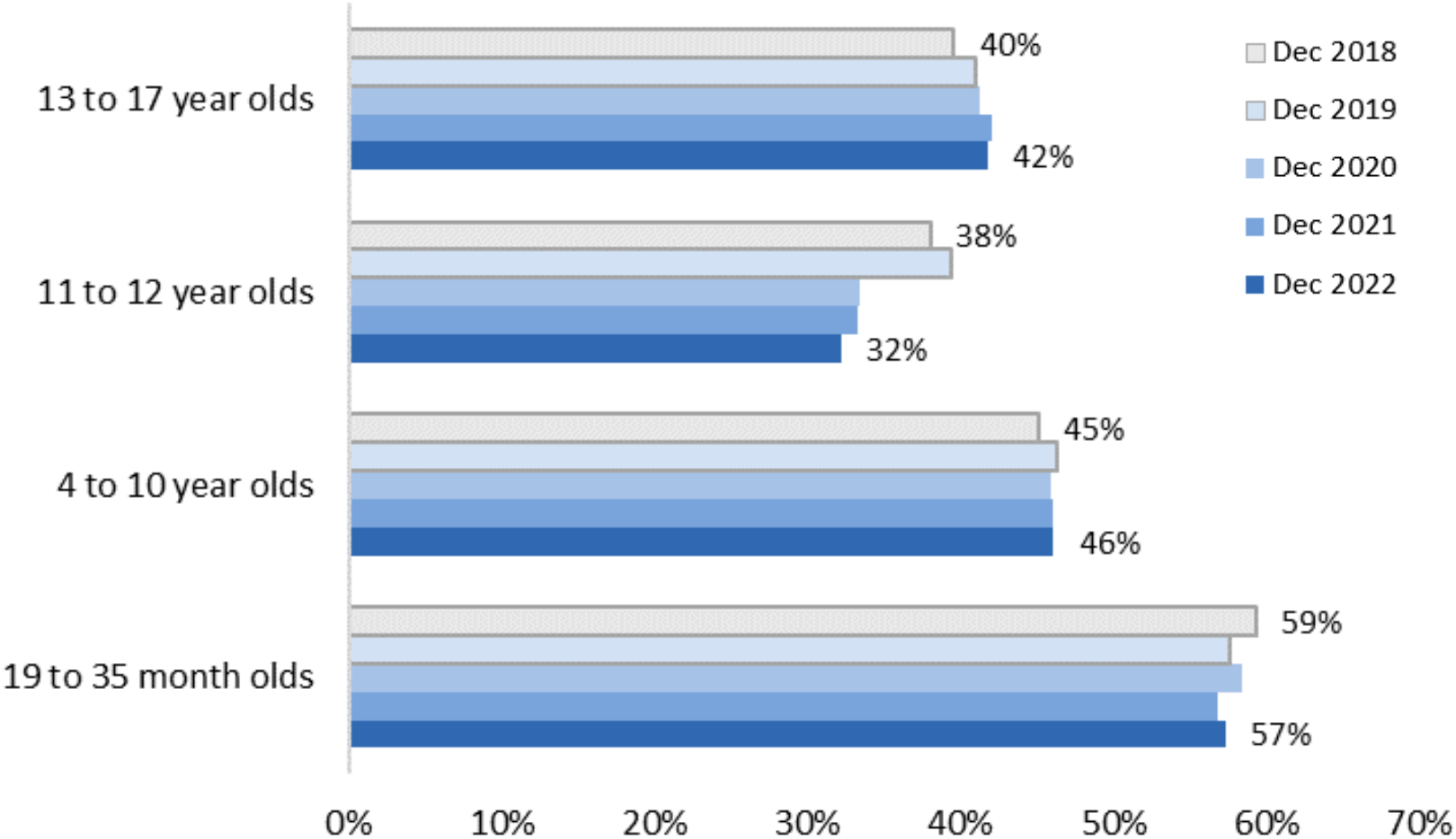
- December 2018-December 2022

Additional data and information can be found on the WADOH immunization data dashboard & the 2021 report of effects of COVID-19 pandemic on WA immunization rates:

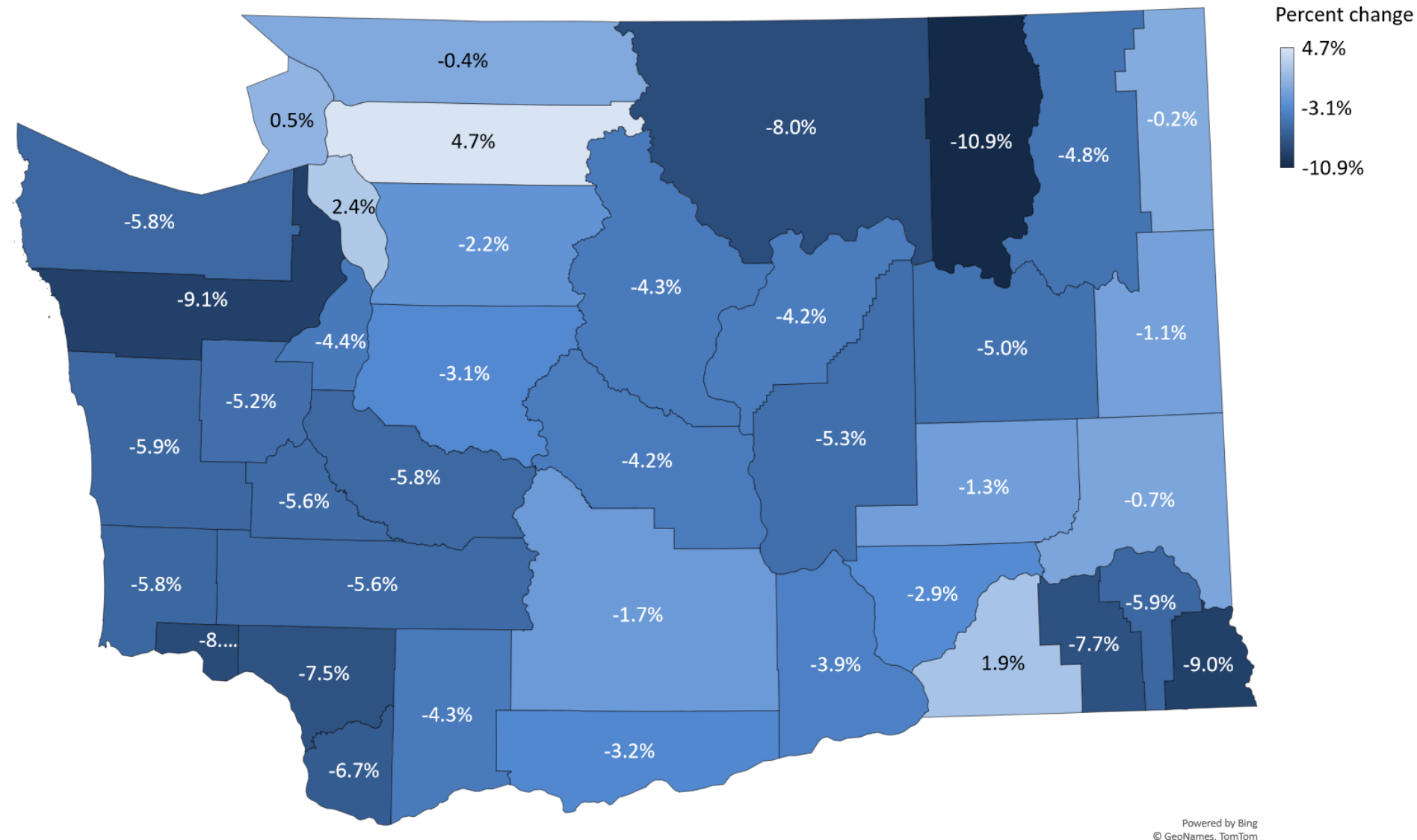
- [Immunization Measures by County Dashboard | Washington State Department of Health](#)
- [348-867 Childhood Immunization Report \(wa.gov\)](#)

*4-6y is the standard milestone age group but was expanded to include all school ages.

Coverage rates for children fully vaccinated are behind pre-pandemic levels for 19- to 35-month-olds and more so for 11- to 12-year-olds.



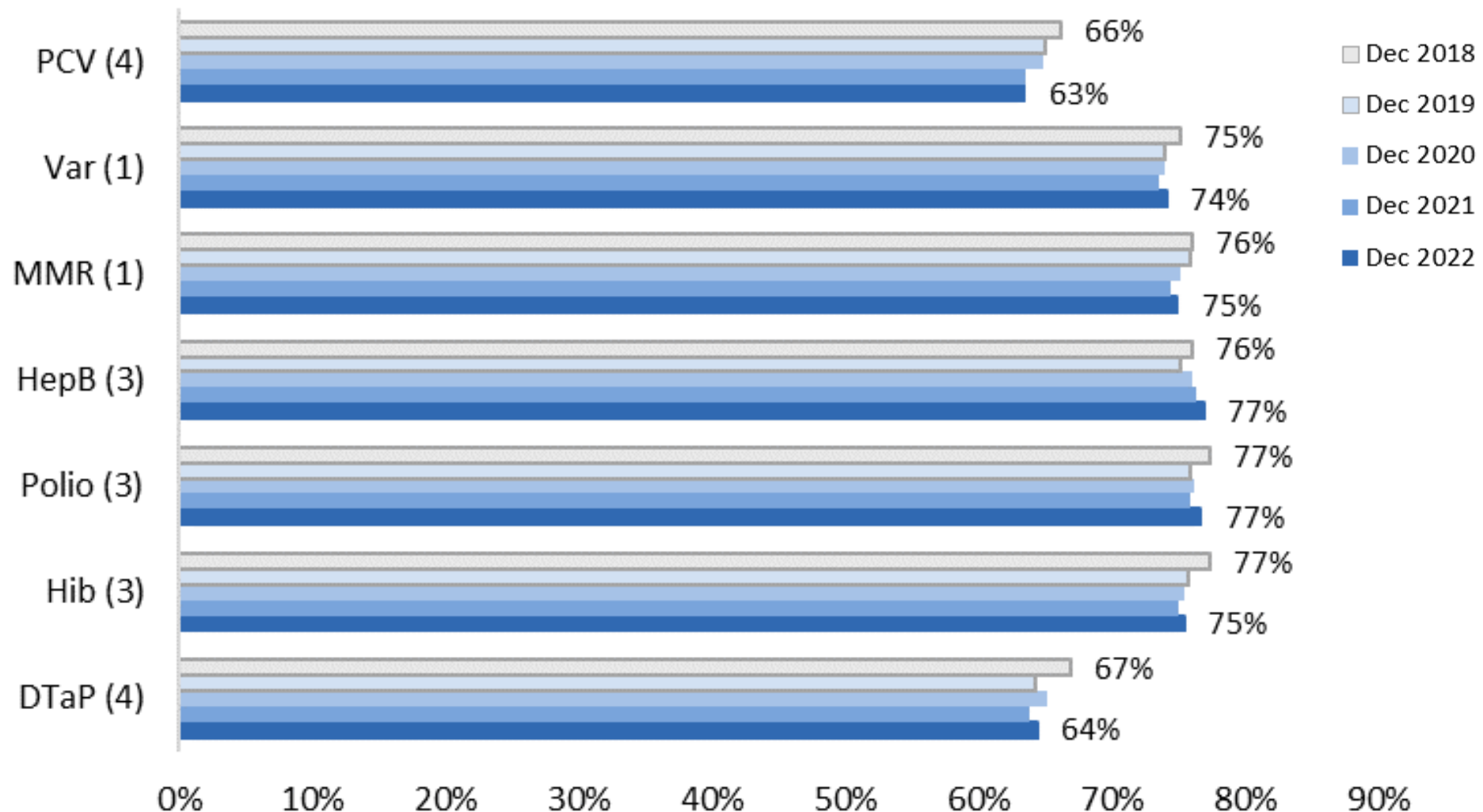
The change from December 2018 to December 2022 in the percentage of children fully vaccinated varies across the state.





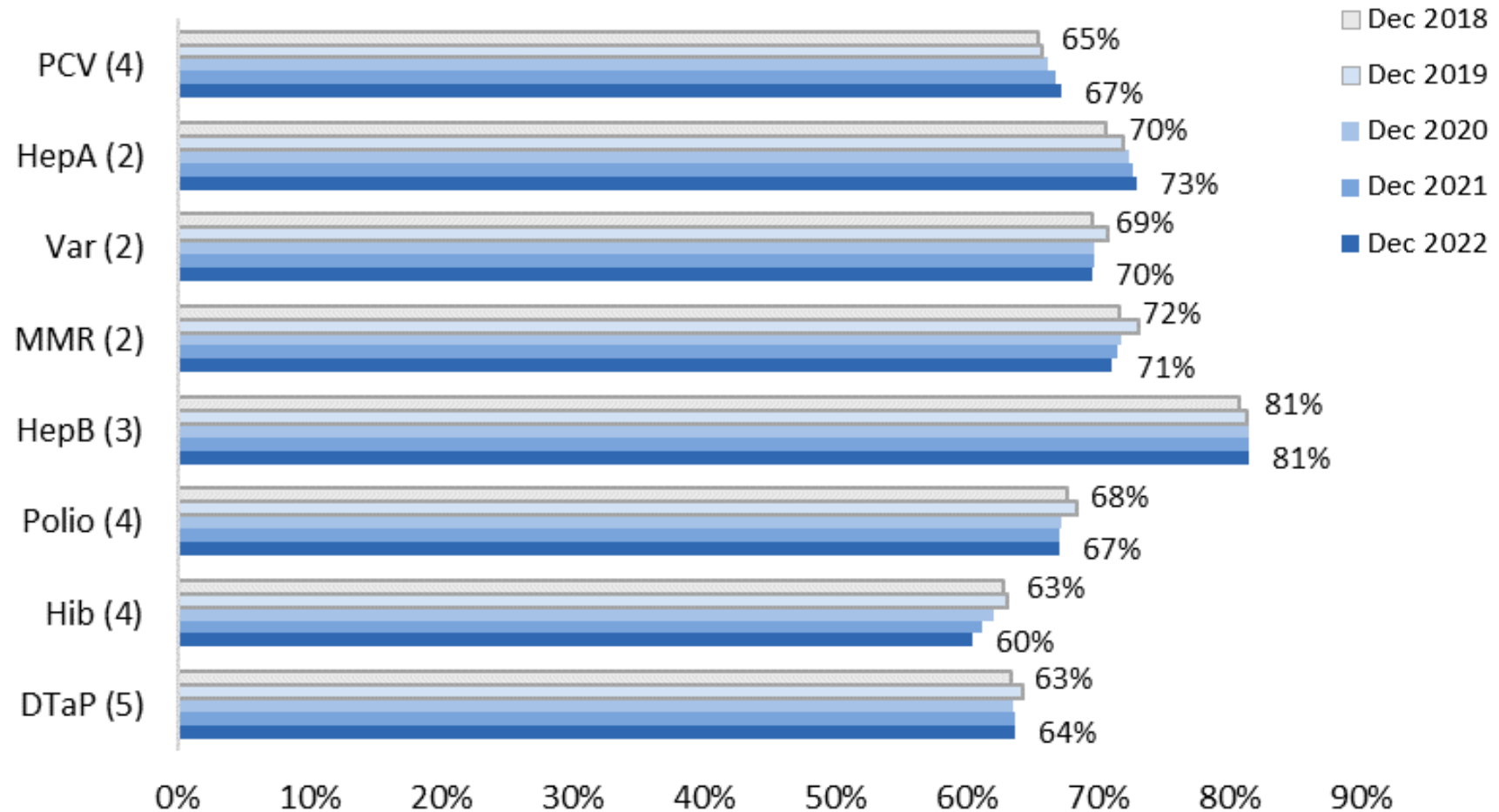
INDIVIDUAL VACCINE COVERAGE BY VACCINATION MILESTONE

Coverage rates for 19- to 35-month-olds are behind pre-pandemic levels for most individual vaccines, with the largest gaps seen in DTaP and PCV (3%).



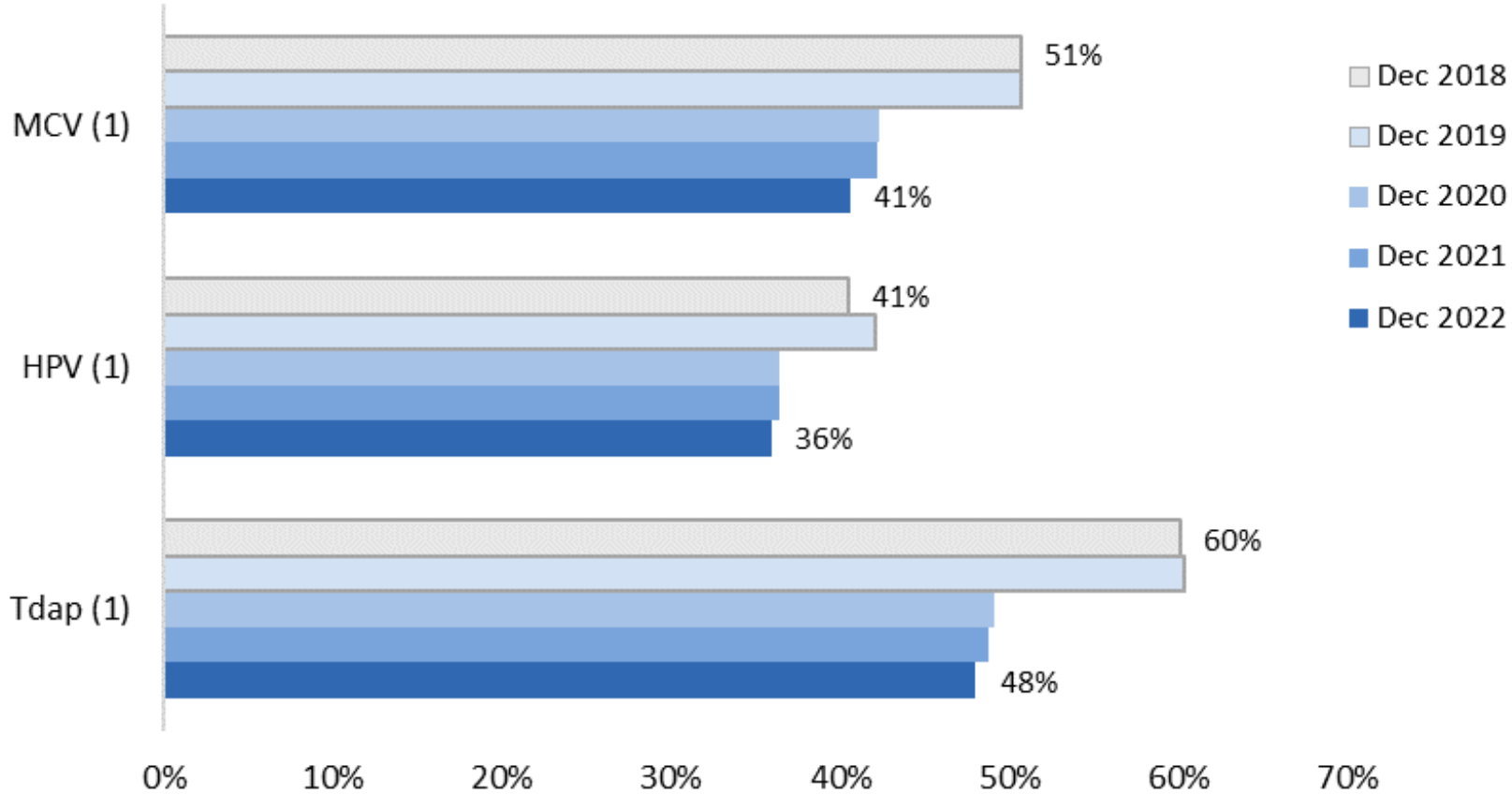
Children should complete the 4:3:1:3:3:1:4* immunization series by 19 months. The state and national goal is for 80% of young children to complete the immunization series. Additionally, the state and national goal for this population to complete each individual vaccine component on time is 90%

Coverage rates 4- to 10-year-olds are relatively similar to pre-pandemic levels.



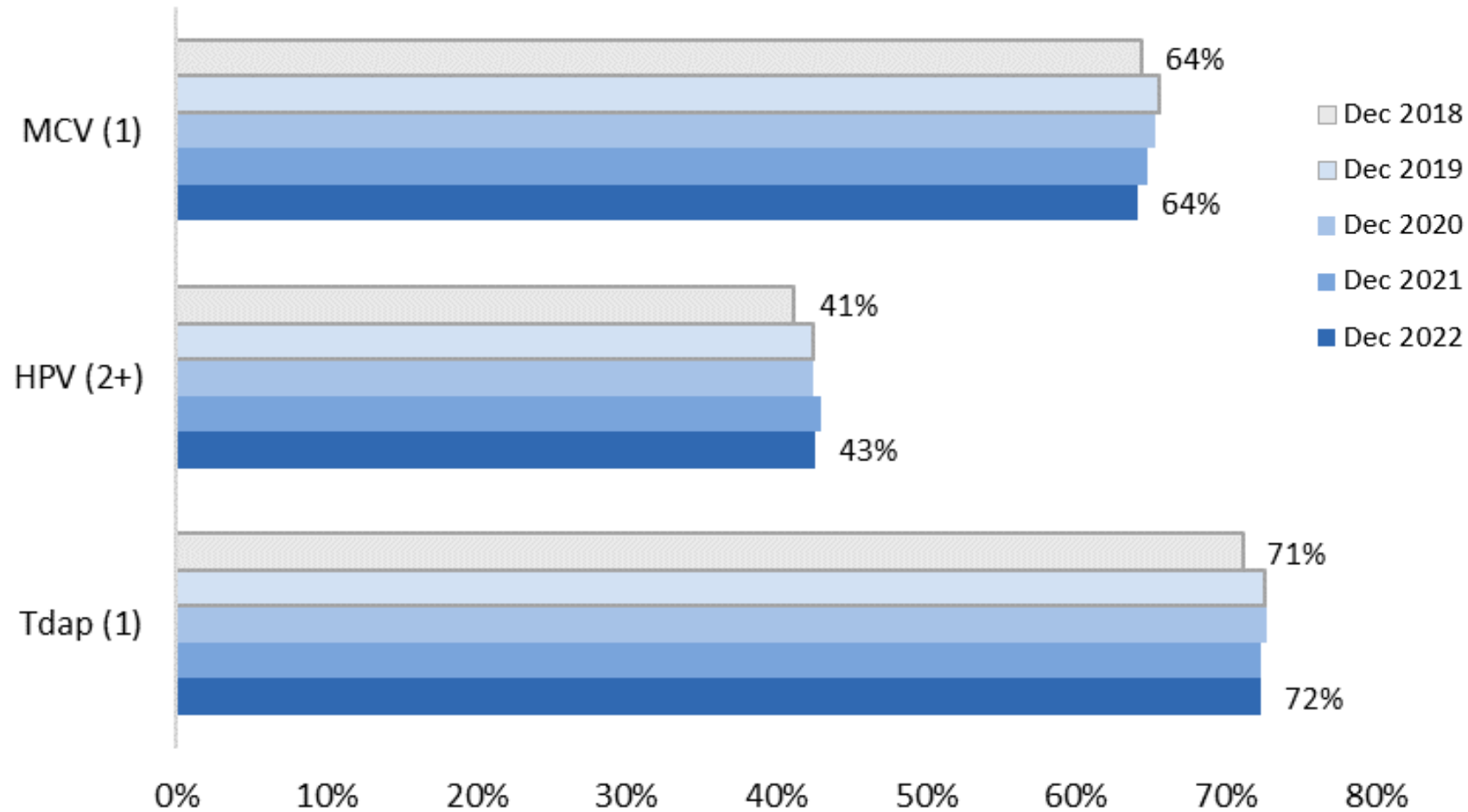
Children should complete the 5:4:4:3:2:2:2:4* immunization series by 4 years of age. The state and national goal is for 80% of young children to complete the immunization series. Additionally, the state and national goal for this population to complete each individual vaccine on time is 90%.

Coverage rates in 11- to 12-year-olds are behind pre-pandemic levels for each vaccine, from 5% lower for HPV, to 10% lower for MCV, and 12% lower for Tdap.



Adolescent immunization series initiation (1:1:1*) and completion (1:1:UTD**) coverage among 11-12 year olds. Adolescents should receive the MCV vaccine and first dose HPV vaccine when they receive the Tdap booster required for 7th grade entry. The state and national goal is for 80% of 15 year-olds to complete the immunization series. Additionally, the state and national goal is for 90% of 15 year-olds to complete for each individual vaccine.

Coverage rates in 13- to 17-year-olds are consistent with pre-pandemic levels.



Adolescent immunization series initiation (1:1:1*) and completion (1:1:UTD**) coverage among 13-17 year olds. Adolescents should complete the 1:1:UTD series by age 13. The state and national goal is for 80% of adolescents to complete these immunizations by the age 15.

Key Takeaways

- Absolute changes in vaccination coverage rates from Dec 2018-2022 were most noticeable for the 11- to 12-year-olds.
- Since December 2021, vaccination coverage rates have started to stabilize, with some vaccines showing small increases.
- Rates for all vaccines in the 11-12 year-old series (Tdap, HPV, MCV) and in HPV in the 13-17 year olds remain the lowest. Future efforts should be targeted to these areas.

DOH Strategies to Promote Pediatric Immunizations

- **Immunization Rate Improvement Program for LHJs**
- **Immunization Quality Improvement Program**
- **Address Gaps in Vaccine Access**
- **Childhood Vaccine Program Enrollment Promotion**

DOH Strategies to Promote Pediatric Immunizations

Immunization Rate Improvement Program for LHJs

- ❑ Supports activities to increase in immunization coverage rates for childhood populations & access to childhood vaccines.
 - Total Statewide Funding: \$498,755K
- ❑ 25 local health jurisdictions actively participating in the program.
- ❑ Leverages opportunities for collaboration with community partners such as school staff, students, childcare facilities, VFC Providers, WIC programs, & community organizations to implement immunization promotion activities.

DOH Strategies to Promote Pediatric Immunizations

Immunization Quality Improvement Program

- ❑ 96 IQIP visits-initiated July-December 2022 with goal of 234 by June 30, 2023.
- ❑ Collaboration with WCAAP for WACHIP program.
- ❑ Over 40 clinics received training on IIS Immunization QI tools (reminder/recall, coverage rate report, population mgmt.)
- ❑ Introduced the Immunize WA Bronze award for childhood 4313314 series to encourage on time vaccination, in addition to Gold/Silver Level for HEDIS Combo 10.

DOH Strategies to Promote Pediatric Immunizations

Address Gaps in Vaccine Access

- ❑ Partners with Seattle Children's REACH Residency program to conduct informal interviews with Childhood and COVID-19 Vaccine Program Providers to assess barriers affecting rate of childhood vaccination for children 3 years old and under. Initial focus on Okanagan, Spokane, Whitman, & Yakima Counties.
- ❑ Plans to identify appropriate DOH interventions to address barriers.
- ❑ Further work with Health Care Authority to assess if there are differences in vaccination coverage among children enrolled in Medicaid and approaches to resolve gaps.

DOH Strategies to Promote Pediatric Immunizations

Childhood Vaccine Program Enrollment Promotion

- ❑ Partnering with OPAE to expand access in juvenile correctional settings.
- ❑ Regional Reps promote CVP in their local health jurisdictions.
- ❑ Planning with COVID team to promote CVP enrollment to providers enrolled in the COVID Vaccine program.

Questions?



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