

FALL 2025

# Immunization & Provider Engagement Newsletter



## Who are we? And why should you read this newsletter?

We are the Health Department's Immunization & Provider Engagement (IPE) team of public health nurses and consultants. We help ensure Pierce County healthcare providers:

- Know about new trends.
- Stay up to date on public health information.
- Are equipped and motivated to administer vaccines.
- Educate patients and advocate for public health efforts.

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## COVID-19 vaccine updates

Washington State Department of Health (DOH) shared [updates on insurance coverage of COVID-19 vaccine](#), including how to bill Apple Health and private insurers. For Childhood Vaccine Program billing requirements, see the [Childhood Vaccine Program billing guide](#).

We support evidence-based recommendations from trusted national medical specialty societies, including American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetrics and Gynecology (ACOG). DOH is aligned with national medical specialty guidance and recommends COVID-19 vaccine for all children 6 months or older.

To support access, DOH issued a [statewide standing order](#) under the direction of the State Health Officer. This order authorizes qualified healthcare providers to administer COVID-19 vaccine to people 6 months or older—including pregnant people—who do not have contraindications to the vaccine. For some, vaccination under this standing order will be “off-label” use of currently licensed COVID-19 vaccine. See [frequently asked questions for healthcare providers](#) to learn more about the standing order.

Additional resources are available on [DOH's COVID-19 vaccine information for healthcare providers page](#).

# Respiratory illness season latest

Fall is here and winter is just around the corner. We anticipate increased illness from respiratory viruses, like flu, COVID-19, and RSV.

Providers should:

- Promote seasonal immunizations, especially among high-risk populations.
- Make a strong vaccine recommendation at every appropriate patient encounter.
- Ensure you have enough vaccines and testing supplies.
- Educate patients on symptoms, testing options, and when to seek care.
- Reinforce infection prevention practices in clinical settings.

We share up-to-date, local data on our [respiratory illness dashboard](#). You can use this information to monitor trends, anticipate virus surges, adjust workflows, and plan and prioritize your care.

## Healthcare organizations update masking guidelines

Puget Sound healthcare systems updated their guidelines for masking in hospitals and outpatient clinics during respiratory illness season. This season's threshold will consider the overall burden of respiratory illnesses, including COVID-19, flu, RSV, and other respiratory infections.

Individual healthcare facilities will establish masking policies for patients, visitors, and staff based on local illness levels. Masking remains an effective tool to reduce the spread of respiratory infections in healthcare settings.

See [Northwest Healthcare Response Network's statement](#) for the updated guidelines and more about local healthcare systems' commitment to keeping our community safe.

## Respiratory illness prevention and vaccine recommendations

### Flu

- Everyone 6 months or older should get seasonal flu vaccine.

### COVID-19

- Stop giving last year's (2024–2025) COVID-19 vaccine.
- Give everyone 6–23 months old, 2–18 years old at high risk, and 19 years or older this year's (2025-2026) COVID-19 vaccine.
- All others 2–18 years old may receive this year's (2025-2026) COVID-19 vaccine.

### RSV

- Older adults:
  - All adults 75 years or older should get RSV vaccine.
  - Adults 50–74 years old at increased risk of RSV should get RSV vaccine.
- Infants and young children:
  - All infants younger than 8 months entering their first RSV season should be protected via:
    - Maternal RSV vaccination (Abrysvo) between 32–36 weeks gestation, starting Sept. 1, 2025.
    - Or RSV monoclonal antibody starting Oct. 1, 2025.
  - High-risk toddlers 8–19 months old entering their second RSV season should get RSV monoclonal antibody (nirsevimab) starting Oct 1, 2025.

See [our recent health advisory](#) for more about 2025–2026 respiratory illness season vaccine recommendations.

# Chagas disease screening

Chagas disease screening is recommended for [more than 300,000 Washington residents](#); however, only a small fraction are currently screened.

## What is Chagas disease?

Chagas disease is a vector-borne disease caused by the parasite *Trypanosoma cruzi*. When left untreated, it can lead to chronic cardiac and gastrointestinal symptoms, adverse pregnancy outcomes, and congenital Chagas disease in infants.

Most people infected with *T. cruzi* don't know they have the disease—that's why provider screening is essential.

## What are the symptoms?

### Acute phase

- Fever.
- Fatigue.
- Body aches.
- Headache.
- Rash.
- Appetite loss.
- Diarrhea.
- Vomiting.
- Eyelid swelling (Romaña's sign).

### Chronic phase

Often asymptomatic but 20–30% will develop:

- Heart failure.
- Arrhythmias.
- Sudden death.
- Enlarged esophagus/colon.
- Difficulty eating or pooping.

## How does it spread?

Chagas disease spreads through contact with poop from infected triatomine bugs (also called kissing bugs) in the southern United States, Mexico, and Central and South America. It spreads less commonly through congenital transmission, contaminated blood, organ transplants, and food and drink.

## Who should be screened?

Screen for Chagas disease people who were born in Mexico, continental Central America, or continental South America or lived in these areas for 6 months or more. People who are pregnant, immunocompromised, or have a family member diagnosed with Chagas disease are most at risk.

Learn more about Chagas disease, who should be screened, and what to do if a patient tests positive in [our recent Health Advisory](#).

# We help stop tuberculosis

Tuberculosis (TB) is a serious infectious disease, with about 10 million new cases reported each year. The United States has seen an increase in cases in recent years.

TB disproportionately impacts vulnerable populations in Washington. In Pierce County, about 30 people are diagnosed with active TB each year.

Healthcare providers are [required by law](#) to report all active TB cases to the Health Department. Our team can:

- Test people who were exposed to TB.
- Help people with TB get treatment.

- Support those who need to be in isolation.
- Monitor side effects.
- Provide care for uninsured patients.

If you suspect a patient has active TB or you receive a positive acid-fast bacillus (AFB) smear or culture, notify us by phone at (253) 649-1412 or confidential fax at (253) 649-1389.

More [TB information for the community and healthcare providers](#) is available on our website.

# Vaccine-preventable diseases

## Measles

Measles is highly contagious via airborne droplets. Since the early 1990s, measles has been very rare in the United States. Many healthcare providers have never seen the disease.

The measles rash alone is not distinctive—it is a maculopapular rash that resembles other viral exanthem or a drug eruption. The characteristics and progression of measles **are** distinctive. Learn how to recognize [measles and stop it from spreading](#) on our website.

Check out these materials for patients:

- [Our measles infographic](#).
- Society for Maternal-Fetal Medicine’s [measles protection fact sheet](#).

## Local measles activity

Jan. 1–Aug. 25, 2025:

- Pierce County had 0 cases.
- Washington had 11 cases in 4 other counties.
- Washington had 0 outbreaks. (The last outbreak in Washington involved 74 cases in 2019.)

## National measles activity

Jan. 1–Oct. 14, 2025:

- 1,596 confirmed cases.
- 44 outbreaks.
- 86% of confirmed cases associated with outbreaks.

## Measles exposure map

DOH launched an online map that shows potential measles exposures across the state. [Measles Exposure Location Tracker](#) shows public places where people with confirmed, contagious measles recently were. This tool helps people determine if they may have been exposed and take appropriate preventive measures.

DOH also launched a new page to help people [track measles cases across the state](#). All of DOH’s news releases are available on their [newsroom page](#).

## Pertussis

Pertussis (also called whooping cough) continues to increase in Washington.

In Pierce County, [197 cases of pertussis](#) were reported Jan. 1–Aug. 28, 2025—compared to 136 cases reported in all of 2024. In 2025, most Pierce County cases were children 12 or younger who were unimmunized and 41 were infants.

Washington saw a staggering [25-fold increase in pertussis cases in 2024](#)—2,261 cases were reported, compared to 87 cases in 2023. In 2024, Washington also saw its first death since 2011. This year, Washington has seen 1,941 cases statewide.

Nationally, January–April 2025, CDC reported 8,485 cases, compared to 4,266 cases in all of 2024.

Facts about pertussis:

- It’s important to stay up to date on pertussis vaccine because its effectiveness can wane over time.
- People can unknowingly carry and spread *Bordetella pertussis*, the bacteria that cause pertussis.
- American Lung Association emphasizes unimmunized infants younger than 1 year are at highest risk.

# Vaccine resources for children and adults

Our website has many vaccine resources for [parents](#) and [adults](#), including:

- [Educational fact sheets](#).
- [Community vaccine events](#).
- Locations where vaccines are available for [children](#) and [uninsured adults](#).

Check out [tpchd.org/kidsvax](#) and [tpchd.org/agewell](#) for materials that support vaccine conversations.



# Childhood Vaccine Program and Adult Vaccine Program

## Ordering update

- All respiratory vaccines (flu, COVID-19, and RSV) are available to order through Childhood Vaccine Program (CVP) and Adult Vaccine Program (AVP).
- Providers enrolled in Washington's CVP must carry and offer COVID-19 vaccines for the populations they serve. We expect all providers to have COVID-19 vaccine available.
- See [2025–2026 State-Supplied COVID-19 Vaccines At-A-Glance](#) to determine the best product for your facility.

## Help prevent vaccine waste this fall

We need your help to reduce vaccine waste and protect the long-term sustainability of Washington's CVP.

Over the past year, 20% of RSV and COVID-19 vaccines went unused—resulting in about \$4 million in waste.

Together, we can be better stewards of these valuable resources and ensure continued access to vaccines for all.

- Check your inventory. If you have more than a one-month supply, post extra doses on the [Immunization Information System \(IIS\) vaccine advertisement page](#).
- [Look for transfers in IIS](#) before placing new orders for COVID-19 or RSV vaccine.
- For high-cost products, like Nirsevimab, hospitals and clinics should look for transfers before placing new orders.
- Order smaller amounts more frequently and ensure proper storage safeguards. Providers will be able to order at least weekly.

For help with transfers, see the [vaccine transfer checklist](#) and [frequently asked questions](#).

See DOH's [CVP vaccine choice, ordering, and returns page](#) for more information.



## MMRV vaccine recommendations

DOH's [MMRV \(measles, mumps, rubella, varicella\) vaccine guidance](#) aligns with [West Coast Health Alliance \(WCHA\) recommendations](#) and [American Academy of Pediatrics' \(AAP\) science-based guidance](#) and is reviewed and supported by Washington's [Vaccine Advisory Committee \(VAC\)](#).

DOH recognizes that parents have several safe and effective options to protect their children from measles, mumps, rubella, and chickenpox. These options include MMR, varicella, and MMRV vaccines. Parents should work with their healthcare provider to choose the right vaccine for their child.

For children 12 months to 4 years old, DOH continues to recommend MMRV vaccine as an option when it is appropriate based on clinical factors and shared decision-making.

MMRV vaccine is available for children younger than 4 years old through Childhood Vaccine Program.



## Pierce County health assessments: Your voice matters

Virginia Mason Franciscan Health (VMFH) recently released its [2025 Community Health Needs Assessment \(CHNA\)](#). MultiCare's CHNA is expected later this year. These assessments help identify key health priorities across our region and are critical in shaping future community investments and public health strategies.



The Health Department is also leading a countywide Community Health Assessment (CHA) and developing a Community Health Improvement Plan (CHIP). We welcome input from healthcare providers, community organizations, and residents.



If you or your organization would like to be involved or learn more, email [chip@tpchd.org](mailto:chip@tpchd.org). Together, we can build a healthier, more equitable Pierce County.



## Our website and email notifications help you stay up to date

Check out [tpchd.org/providers](https://tpchd.org/providers) for:

- Health news and alerts.
- Notifiable conditions and reporting guidelines.
- Disease information.
- Resources for schools, childcares, long-term cares, homeless service providers, and more.

Sign up to receive email notifications when we publish health advisories or newsletters:

1. Go to [tpchd.org/notify](https://tpchd.org/notify).
2. Enter your contact information.
3. Choose **Health Advisories/Disease Alerts for Providers**.



Tacoma-Pierce County  
**Health Department**  
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