FALL 2026

# Immunization & Provider Engagement Newsletter



## Respiratory virus activity is already increasing

We are already seeing flu and COVID-19 activity increasing in our region. Now is the time to recommend up-to-date vaccination for patients. We recently sent out a provider advisory with recommendations for this season. We support evidence-based recommendations from trusted national medical organizations, including American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetrics and Gynecology (ACOG).

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The recommendations are largely the same as last season, with some important updates:

- **Respiratory syncytial virus (RSV) prevention for infants:** More high-risk criteria added for babies 8–19 months old entering their second RSV season who should get nirsevimab.
- **RSV vaccine during pregnancy:** The recommended time for maternal RSV vaccination extended from September through January to September through March 1, based on ACOG guidance.
- **RSV vaccine for adults:** Immune-compromised adults 19 years or older should get RSV vaccine.
- **Flu vaccine for adults 65 years or older:** mFlusiva, a recently licensed mRNA flu vaccine, added to existing preferred vaccines: Fluzone high-dose, Fluad adjuvanted, and Flublok recombinant.

You can find a full summary at spreadthefacts.org or in our provider advisory. Many people can get vaccines at a pharmacy or their provider's office. Adults without insurance can find a provider at tpchd.org/agewell. Find free vaccine events and locations for kids 0–18 years old at tpchd.org/kidsvax.

Tacoma-Pierce County Health Department
*Healthy People in Healthy Communities*

# Measles cases in Washington and beyond

Clark County Public Health is investigating two new measles cases in children. Neither was vaccinated. Clark County has reported 21 measles cases so far this year. Nineteen of those were in people who weren't vaccinated.

Washington State Department of Health's (DOH's) measles cases in Washington page tracks measles across the state. U.S. Disease Tracker also offers an easy-to-use measles page with case information from 2025 to now, including state-level data.

# Watch for cases of acute flaccid myelitis

DOH issued a provider alert on Oct. 12, 2026 asking providers to be on the watch for cases of acute flaccid myelitis (AFM).

AFM is a rare but serious acute-onset paralytic disease with symptoms similar to poliomyelitis. It can occur in patients of any age but mainly affects children.

CDC reported at least 11 confirmed cases so far this year. In previous years, cases were associated with increased circulation of enterovirus D-68 (EV-D68). While no cases of AFM have been identified in Washington this year, wastewater monitoring indicated increased circulation of EV-D68 in recent weeks.

Healthcare providers should:

## Identify

- Suspect AFM in patients of **any** age who present with:
  - Acute onset of flaccid weakness in one or more limbs.
  - **And** magnetic resonance imaging (MRI) showing gray matter lesions spanning one or more spinal segments.
- Consider polio in the differential diagnosis, especially in patients who are not vaccinated for polio and who recently traveled to areas with high risk for polio.
- Refer to CDC's evaluating proximal muscle weakness to aid in the workup for AFM.

## Notify

- Report suspected cases of AFM to the patient's local health jurisdiction (LHJ) within 24 hours.
- Report suspected cases of polio to the patient's LHJ immediately.

## Test

- Collect cerebrospinal fluid (CSF), whole stool, respiratory, and serum specimens as soon as possible after onset of limb weakness.
- Refer to CDC's specimen collection guidance for AFM for more info.
- Contact your LHJ before shipping specimens.
- LHJs will help arrange shipping to Washington State Public Health Labs (PHL). PHL will ship specimens to CDC.

For more details, see DOH's provider alert.

# CDC updates mpox vaccine guidance

On Sept. 4, 2026, Centers for Disease Control and Prevention (CDC) updated its mpox vaccine clinical considerations. It addressed traveler risk, booster doses, and duration of immunity. CDC advises that travelers to countries with ongoing clade I transmission be offered the two-dose Jynneos (Bavarian Nordic) series if they think they might have:

- Sex with a new partner.
- Sex at a commercial sex venue.
- Transactional sex.
- Sex at a large public event.

CDC continues to recommend the two-dose Jynneos series for adults with specific sexual risk factors, including:

- Gay, bisexual, and other men who have sex with men.
- Transgender or nonbinary people who had specific sexual risk factors in the past 6 months.
- Sex partners of someone in one of those communities.

Vaccination is also recommended for people at risk of occupational exposure to orthopoxviruses. Routine vaccination is not recommended for most people, including healthcare workers who have no sexual risk factors.

Based on available evidence, booster doses of Jynneos continue not to be recommended for most people previously vaccinated. That includes people vaccinated during the 2022 clade II outbreak.

Jynneos can be offered to pregnant and breastfeeding patients who are otherwise eligible, using shared clinical decision-making. An additional dose is not recommended for immune-compromised people.

Mpox vaccine can be given as post-exposure prophylaxis (PEP) to people with known or presumed exposure to the mpox virus, preferably within four days of exposure. Vaccination 4–14 days after exposure may provide some protection. It can also be given to people with certain risk factors and recent experiences that may increase their likelihood of exposure.

CDC reports Jynneos effectiveness against mpox infection as 35–86% after one dose and 66–90% after two doses.




# Make health info clear and accessible

October is Health Literacy Month! Clear, understandable health info helps people make informed decisions about their health, including vaccination.

Health literacy means being able to find, understand, and use health info. As public health professionals, we can support health literacy by sharing info that is written in plain language, culturally and linguistically appropriate, and accessible.

When communicating about vaccines, use clear answers to common questions. See our childhood vaccines frequently asked questions for a good example.

To learn more about health literacy and how to apply it in your work, visit the WA Portal's health literacy page.

# Bats, cats, dogs, mammals, oh my! Rabies and animal bite guidance

CDC issued a Health Alert Network (HAN) health advisory in response to recently reported increases in human exposures to rabid or possibly rabid animals and rabies PEP administration errors.

- **Provide immediate wound care.**
  - Immediately and thoroughly wash each wound with water and soap (or water alone). If available, irrigate wounds with a virucidal agent such as povidone-iodine solution.
  - Do not close the wound until after you've administered human rabies immune globulin (HRIG).
- **Confirm a rabies exposure occurred and that PEP is indicated.**
  - Promptly conduct an assessment of rabies exposure.
  - Call us at (253) 649-1412 if you need help making a PEP assessment.
    - Also call us at the same number to report if you administer PEP.
  - In general, PEP is not recommended when the animal is available for a ten-day post-exposure observation, rabies test results are negative, or health officials determine the exposure does not pose a rabies risk.
- **Administer HRIG only if the patient has not previously received rabies vaccine.**
  - A person is considered vaccinated for rabies if they have received:
    - A full pre-exposure or post-exposure prophylaxis series.
    - **Or** a partial series followed by documentation of a serologic titer ≥0.5 IU/mL using rapid fluorescent focus inhibition test (RFFIT) assay.

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- Infiltrate HRIG into and around every identifiable wound to the extent that is anatomically feasible. Administer only the remaining volume in a different anatomic site from the first vaccine dose.
  - If you can't find a wound, give the entire dose intramuscularly at a site far from vaccine at a different anatomical site.
- Do not delay vaccination if HRIG is unavailable. HRIG can be administered until the patient's third vaccine dose (day 7).
- Do not mix HRIG and vaccine in the same syringe or administer them in the same anatomical site.

- **Administer rabies vaccine.**
  - Use the deltoid for adults and children older than 2 years. You can use the anterolateral thigh for children 2 years or younger.
  - Do not administer rabies vaccine in the gluteal area. A dose given in the gluteal area is not considered valid and must be repeated at an appropriate site.
  - For people previously vaccinated against rabies, administer two doses on days 0 and 3.
  - For people never vaccinated against rabies, administer four total doses: one at the time of the first medical visit (day 0), followed by an additional dose on days 3, 7, and 14.
- **Determine if PEP is appropriate for people with compromised immune systems.**
  - CDC recorded vaccination response failures among immune-compromised people exposed to rabies after completing a PEP series. These patients require additional consideration and immediate consultation with public health officials.
- **Know how to handle deviations in rabies PEP schedule.**
  - In general, deviations from the recommended vaccine schedule of up to several days are not of concern. Longer deviations require public health consultation.

Want to learn more about rabies? DOH now offers 9 modules (90 minutes each) at Rabies Academy. You can get continuing education units (CEUs). This is recommended for anyone, but especially providers in rural areas.

# Tools to avoid vaccine waste

State-supplied vaccines are provided to Childhood Vaccine Program (CVP) providers at no cost. That does not make them free. DOH and Washington Vaccine Association are teaming up to provide tools to help offices order the right amount of respiratory vaccines.

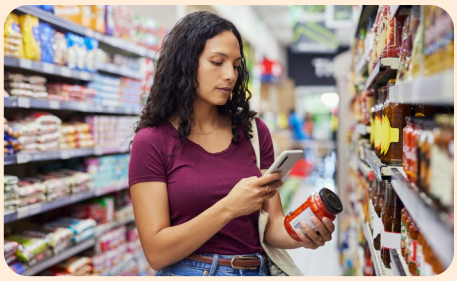
Use last year's data to plan orders. Review your clinic's monthly vaccine administration from the respiratory season and use the recommended order quantity (ROQ) calculation to determine appropriate quantities.

- Check out CVP's respiratory season resources.
- Use the pediatric respiratory doses administered 2025–2026 spreadsheet to review administration data from past seasons. Use the tabs at the bottom of the spreadsheet to see data for flu, COVID-19, and RSV vaccines.
- The ROQ calculator helps determine how many doses of vaccine your facility should order. The calculator does not account for seasonality or other factors that may impact need.

Keep in mind, you will probably use more doses at the beginning of the season than the end. It is better to place small orders more frequently than large orders. It also saves space in your refrigerator! You can order respiratory vaccines any time and do not have to wait for your monthly ordering window.

If you would like extra training on CVP vaccine ordering, reach out to Anne Tu at atu@tpchd.org or Kate Cranfield at kcranfield@tpchd.org.





# Food recalls

Want to stay on top of the latest food recalls? Check out CDC's food recall feed on our food safety page.



# Oral health

Poor oral health can reduce your patients' quality of life. Good oral health improves their overall health.

We will offer free dental clinics for low-income adults on Nov. 12, 2026 and Dec. 10, 2026 at Sumner Food Bank.

You can help patients schedule an appointment today! Learn more about our oral health programs on our website.

Tacoma-Pierce County
Health Department
*Healthy People in Healthy Communities*