Ensuring Access to Lifesaving Child Immunizations

The Washington State Department of Health (DOH) is proposing legislation that would update the definition of “vaccine” in statute (RCW 70.290) in order to include a new CDC-recommended immunization that will protect against Respiratory Syncytial Virus (RSV) in infants and toddlers. This change would allow the new product, nirsevimab, to be available through the existing universal childhood vaccine program. It does not change any other immunization policies or vaccine requirements and is not an immunization mandate.

**Respiratory Syncytial Virus**

RSV is a seasonal, highly contagious virus that affects 97% of children by the age of 2\(^1\). Low-income children of color are at high risk of severe RSV\(^2\). The virus can be dangerous for many infants:

- RSV is the leading cause of hospitalization for infants less than a year old.\(^3\) Each year in the United States, an estimated 58,000-80,000 children younger than 5 years are hospitalized due to RSV infection.\(^4\)
- RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia in children younger than 1\(^5\) and it increases long-term risks of developing asthma.\(^6\)
- Each year RSV leads to approximately 100–300 deaths in children younger than 5 years old in the United States.\(^7\)

**A powerful new tool to protect against RSV**

Nirsevimab, administered as a single injection, is shown to reduce the risk of hospitalizations and healthcare visits for RSV in infants by about 80 percent.

**A statute change is necessary to:**

- Strike out narrow language that excludes current immunization practices
- Align with: ACIP recommendations; Affordable Care Act (ACA) statutes; VFC’s definition of vaccine (September 2023); and Washington state’s Office of the Insurance Commissioner rules.\(^8\)
- Ensure the WVA’s legal authority aligns with the statute’s original intent to provide recommended vaccines to all children.

**Health equity and access**

This change would promote health equity by ensuring access and affordability of nirsevimab for all Washington state infants, including those at greatest risk of severe RSV disease. Updating the statutory definition would also support health care providers by preventing the administrative and financial barriers of needing to purchase the vaccine outright, especially challenging for medical practices that are also small businesses.

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Align with: ACIP recommendations; Affordable Care Act (ACA) statutes (42 U.S.C. §300gg-13 and 29 CFR § 2590.715-2713); VFC’s September definition of vaccine; and Washington state’s Office of the Insurance Commissioner rules (WAC 284-43-5640) and WAC 284-43-5642

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