

Vaccine Advisory Committee (VAC) Meeting

October 14, 2021

Interim Chair/Facilitator:

Dr. Scott Lindquist Washington State Department of Health

Members:

Dr. Amy Person

Dr. Christopher Chen

Adrian Dominquez

Anita Alkire

Annie Hetzel

Dr. Beth Harvey

Dr. Daniel Moorman

Dr. Ed Marcuse

Dr. Jeff Duchin

Dr. Jenny Arnold

Dr. John Dunn

Dr. John Merrill-Steskal

Dr. Kristy Riniker

Dr. Linda Eckert

Dr. Mary Alison Koehnke

Dr. Mary Anderson

Sarah Murray

Dr. Stephen Pearson

Tam Lutz

Tara Tumulty

Tristen Lamb

Wendy Stevens

Representing:

Washington State Association of Local Public Health Officers

Health Care Authority

Urban Indian Health Institute

Childcare

Office of Superintendent of Public Instruction

Consultant

Washington Chapter of the American Academy of Pediatrics

Consultant

Public Health – Seattle/King County

Washington State Pharmacy Association

Managed Care

Washington Academy of Family Physicians

Washington Academy of Family Physicians

Consultant

Naturopathic Medicine

Internal Medicine Organization

Washington State Association of Local Public Health Officers

Washington Chapter of the American Academy of Pediatrics

Northwest Tribal Epidemiology Center

National Association of Pediatric Nurse Practitioners

Washington State Association of Local Public Health Officers

American Indian Health Commission

Washington State Department of Health Staff:

Mary Huynh

SheAnne Allen

Kathy Bay

Greg Endler

Michele Roberts

Topic	Presented Information
<p>Welcome and Introductions</p> <p>Michele Roberts</p>	<p>Michele Roberts welcomed the committee, she also gave an overview of meeting expectations, and processes were introduced.</p>
<p>Land Acknowledgement</p> <p>Michele Roberts</p>	<p>Michele Roberts provided a land acknowledgement.</p>
<p>Conflict of Interest & Approval of Previous Meeting Minutes</p> <p>Michele Roberts</p>	<p>Mary Huynh read the VAC Conflict of Interest Policy. No conflicts were declared.</p> <p>The minutes from the July 15th 2021 meeting were approved without changes.</p>
<p>Flu Update</p> <p>Greg Endler</p>	<p>Greg Endler provided a brief overview on the Flu Campaign for 2021-22:</p> <ul style="list-style-type: none"> • New call to action slogan “Think of it as Your Best Defense” <p>Strategy and Messaging to address the following key areas:</p> <ul style="list-style-type: none"> • Mobility and Socialization • COVID-19 & Flu Vaccine Co-administration • Behavior Change <p>Priority Population Focus:</p> <ul style="list-style-type: none"> • Younger children – coverage declined 8% in 6 months– 4 years of age in WA last season • Black & African American audiences (all ages) • Hispanic/Latinx (all ages) • American Indian & Alaskan Native peoples and tribes (all ages) • Pregnant people • Persons of any age with underlying health conditions (lung disease, asthma, heart disease, weakened immune systems, diabetes) <p>Communication Goals</p> <ul style="list-style-type: none"> • Awareness • Engagement – KnockOutFlu.org • Education <p>Partner toolkit materials for promotion & education can be found at toolkits.knockoutflu.org</p> <p>Questions & Feedback</p> <p>The comments expressed challenges around coadministration of COVID-19 and influenza vaccine; including messaging to differentiate the two. Members shared feedback on integrating messaging for COVID-19 and influenza, increased accessibility, and additional times (evenings, weekends) for testing sites.</p>
<p>COVID-19 Vaccine Response Director</p>	<p>SheAnne provided an update on a few key pieces of the vaccine response:</p> <ul style="list-style-type: none"> • An overview of the week of October 11, 2021 was given. The state of WA has

<p>Update</p> <p>SheAnne Allen</p>	<p>completed 43 weeks of vaccine distribution.</p> <ul style="list-style-type: none"> • 486.8 million doses have been delivered nationwide. • 400.6 million total doses were administered and reported to CDC. • Over 9 million doses administered in WA • 77.6% of population 12 and up received at least one dose • 71.4% is fully vaccinated • Current data can be found on COVID-19 Data Dashboard <p>Vaccines and Related Biological Products Advisory Committee (VRBPAC) & Things We are Waiting For: FDA Takes Additional Actions on the Use of Booster Dose for COVID-19 Vaccines</p> <ul style="list-style-type: none"> • Booster recommendation – Moderna & JJ <ul style="list-style-type: none"> ○ On October 14 and 15, 2021 the VRBPAC <u>approved</u> the use of booster doses for Moderna & Janssen COVID-19 Vaccines in individuals 18 years of age and older. • Pediatric (under 12) – Pfizer data submitted <ul style="list-style-type: none"> ○ An upcoming advisory committee will be held on October 26, 2021 to inform decision making on authorization to allow the use of COVID-19 vaccine in children 5-11 years of age. October 26 Meeting Link • Smaller Pfizer/Comirnaty package size • Upcoming ACIP Meetings: <ul style="list-style-type: none"> ○ October 20-21, 2021 from 10am-5pm EST ○ November 2-3, 2021 from 10am-5pm EST <p>Pfizer Packaging Updates & Future Formulations</p> <ul style="list-style-type: none"> • Adult doses 12+(COMINARTY): 300 dose minimum order in Oct/Nov <ul style="list-style-type: none"> ○ No diluent included/needed in ancillary kit ○ New NDC code ○ Refrigerator time – 10 weeks ○ 6 doses per vial • Pediatric doses (5 to <12 years): 100 doses minimum order (same vaccine, but 1/ adult dose) <ul style="list-style-type: none"> ○ Diluent included ○ <u>CANNOT</u> use/cut adult dose to administer to kids ○ New NDC code ○ Refrigerator time – 10 weeks ○ 2 dose regimen, 21 days apart <p>Pediatric Plan</p> <ul style="list-style-type: none"> • Expected to start with ages 5 to 11 end of October/early November, • Supply: 50-60 million doses available (not at one time) <ul style="list-style-type: none"> ○ 20 million by end of November • Population Size: 2021 estimates for WA is 677,745 youth ages 5 to 11 • Focused on engagement with health care and public health partners, ongoing recruitment of Childhood Vaccine Providers, and focus on equitable access <ul style="list-style-type: none"> ○ 675 of 978 CVP provides currently enrolled in the COVID Vaccine Program <p>REMINDER – Moderna approved booster dose is ½ the regular dose and same packaging</p>
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Reporting Inventory

- Ensure facility is reporting inventory to **VaccineFinder** and **Vaccine Locator** daily basis. If not reported daily, **this can negatively impact ordering thresholds**

Care-a-Van

- In total, **320** event requests received, **191** events supported, and **1,325** vaccine doses provided
- **Goal:** host at least **35%** of Care-a-Van events in eastern WA
- **SVI (Social Vulnerability Index) Scores:**
 - **Goal:** **75%** of Care-a-Van events in areas with High or Moderate to High SVI scores.
 - **81%** of Care-a-Van events in areas with High or Moderate to High SVI

Priority Communities:

- **Goal:** **75%** of Care-a-Van events serving 50% or more BIPOC
- **43%** of Care-a-Van events served 50% or more BIPOC

Events per week goal

- **Short-term:** host 5 events per week
- **Mid-term** (winter/spring): 10 events per week
- **Long-term:** 16 events per week (if needed)

Trends

- Increased requests for booster vaccines
- Increased requests from LHJs
- Increased demand for J&J
- Requests for flu shots

Next Steps

- Intake form revised to capture more information on the front end
- Planning for colder weather and indoor events
- Identifying and ordering activities for children

Power of Providers (POP) Initiative

- **Goal:** increase COVID-19 vaccination rates in WA & encourage health care providers to talk to their patients/clients about COVID-19 vaccination
- Objectives:
 - **Seek:** seek your patients' COVID-19 vaccination status
 - **Ask/Educate:** If your patient isn't vaccinated, ask about vaccine & educate
 - **Vaccinate:** if patient agrees, provide them with COVID-19 vaccine or a referral to a location that provides COVID-19 vaccination
 - **Empower:** empower patients to share their vaccination status with the community

COVID-19 Boosters:

Kathy Bay provided a brief overview on vaccine safety/effectiveness, booster doses, and updates on LTC specific work:

Safety/Effectiveness
Recommendations
Planning
LTCF

Kathy Bay

Recommendations for those who received Pfizer-BioNTech primary series:

The following groups **should** receive a booster shot of Pfizer at least 6 months after completing Pfizer primary series:

- People aged **65 years and older**
- Residents aged 18 years and older **in long-term care settings**
- People 50-64 years with **underlying medical conditions**

The following group **may** receive a booster shot of Pfizer at least 6 months after completing their primary Pfizer series, based on their individual benefits and risks

- People aged 18-49 years with **underlying medical conditions**
- People aged 18-64 years at increased risk for COVID-19 exposure and transmission because of **occupational or institutional setting**

Planning Assumptions: vaccine supply of Pfizer will not be limited, formulation will remain the same, and eligibility for Boosters in recommended populations is 6 months after 2nd dose of initial Pfizer vaccine series.

Capacity Estimate Summary: **projections based on Pfizer-BioNTech vaccine recipients*

- Statewide capacity is enough to address demand
- Daily administration capacity estimate: **46,259 – 59,759/day**
- There are **3 out of 39** counties where the average demand for booster vaccines surpass their capacity
- Over half the counties would be able to meet maximum demand for booster vaccines
- Ongoing data monitoring will continue as eligible populations increase
- **Mass Vaccination plan** available to implement incase demand exceeds existing capacity

Booster doses of COVID-19 vaccines:

- Not uncommon for a vaccine series to require several doses
- Vaccines that require >1 dose do not necessarily mean annual boosters needed
- **Additional dose after a primary vaccine series:** administration of an additional vaccine dose when the initial immune response following a primary vaccine series is likely to be insufficient
- **Booster dose:** an addition dose of vaccine administered when the initial sufficient immune response to a primary vaccine is likely to have waned over time.
- COVID-19 vaccines continue to maintain **high protection** against severe disease, hospitalization, and death
- Protection against infection (including asymptomatic or mild infections) appears lower in recent months
- Policy around booster doses requires **continued evaluation** of effectiveness, monitoring impact of both **time** and **variants**, and ability of booster doses to **improve** protection
- **Top priority:** continued vaccination of **unvaccinated individuals**

Vaccination during pregnancy: [Coronavirus disease 2019 response in pregnant and lactating women](#). Study showed COVID-19 mRNA vaccination generated robust humoral immunity in pregnant and lactating women.

	<p>Monitoring and Responding to Safety Data</p> <ul style="list-style-type: none"> • mRNA COVID-19 vaccines <ul style="list-style-type: none"> ○ Anaphylaxis (identified Dec 2020) ○ Myocarditis (identified May 2021) – occurs more frequently among COVID-19 patients. • Janssen COVID-19 vaccine – TTS, GBS <p>Planning with Long-Term Care Facilities</p> <ul style="list-style-type: none"> ○ Priority to identify type and brand of vaccine for residents and staff ○ Outreach to LTC pharmacy, LHJ, and DOH via email and survey ○ Continued coordination and discussion on capacity for booster doses, coadministration with influenza, and viable timeline for completion ○ Coordination for unsupported facilities include planning with local health & utilizing mobile resources (medical reserve core, DOH nurse mobile unit) ○ Planning around Facility Tracking: verification with pharmacies and local health to identify completed site lists, outreach with facilities via email/or phone, & ongoing work with LTC member organizations ○ Timeline: initial goal for 6 weeks extended to 8-12 weeks for dose completion
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Public Comments:

Public comments were received during the meeting. The comments expressed concerns around vaccine safety and efficacy, especially regarding COVID-19 booster dose recommendations. Other concerns were raised on vaccine requirements for different population groups including pregnant women and indigenous peoples. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.