

Vaccine Advisory Committee (VAC) Meeting

January 13, 2022

Chair/Facilitator:

Dr. Tao Kwan-Gett Washington State Department of Health

Members:

Adrian Dominquez

Anita Alkire

Annie Hetzel

Dr. Amy Person

Dr. Beth Harvey

Dr. Christopher Chen

Dr. Daniel Moorman

Dr. Ed Marcuse

Dr. Jenny Arnold

Dr. John Dunn

Dr. John Merrill-Steskal

Dr. Kristy Riniker

Dr. Mark Larson

Dr. Mary Alison Koehnke

Dr. Mary Anderson

Dr. Stephen Pearson

Jenny Arnold

Libby Page

Sarah Murray

Tam Lutz

Tristen Lamb

Wendy Stevens

Representing:

Urban Indian Health Institute

Childcare

Office of Superintendent of Public Instruction

Washington State Association of Local Public Health Officers

Consultant

Health Care Authority

Washington Chapter of the American Academy of Pediatrics

Consultant

Washington State Pharmacy Association

Managed Care

Washington Academy of Family Physicians

Washington Academy of Family Physicians

Washington State Association of Local Public Health Officials

Naturopathic Medicine

Internal Medicine Organization

Washington Chapter of the American Academy of Pediatrics

Washington State Pharmacy Association

Public Health – Seattle/King County

Washington State Association of Local Public Health Officials

Northwest Tribal Epidemiology Center

Washington State Association of Local Public Health Officers

American Indian Health Commission

Washington State Department of Health Staff:

Dr. Tao Kwan-Gett

Michele Roberts

SheAnne Allen

Kathy Bay

TeriLynn Bullock

Jennifer Coiteux

Chas DeBolt

Greg Endler

Hannah Febach

Mary Huynh

Janel Jorgenson

Topic	Presented Information
<p>Welcome and Introductions</p> <p>Michele Roberts Tao Kwan-Gett</p>	<p>Michele Roberts welcomed the committee members, as well as introduced the new chair, Dr. Tao Kwan-Gett. Dr. Tao Kwan-Gett introduced himself. VAC members gave introductions. Michelle also gave an overview of meeting expectations and processes.</p>
<p>Land Acknowledgement</p> <p>Michele Roberts</p>	<p>Michele provided a land acknowledgement.</p>
<p>Conflict of Interest & Approval of Previous Meeting Minutes</p> <p>Hannah Febach Michele Roberts</p>	<p>Hannah read the VAC Conflict of Interest Policy. No conflicts were declared by any member of the VAC.</p> <p>The minutes from the October 14th, 2021 meeting were approved.</p>
<p>COVID19 Epidemiology Briefing</p> <p>Tao Kwan-Gett</p>	<p>Dr. Tao Kwan-Gett provided a brief update on COVID-19:</p> <ul style="list-style-type: none"> • Omicron Variant <ul style="list-style-type: none"> ○ Omicron is the dominant COVID-19 variant nationally and in Washington State ○ Omicron transmissibility is high compared to past variants. It is more likely to impact the upper respiratory tract than lung tissues. This means Omicron is less likely to cause severe disease. The upper respiratory tract infection may indicate why the virus is very transmissible. When a virus is aerosolized, it is exhaled in much smaller particles in the air, which can increase transmissibility. ○ Omicron is able to evade prior immunity from past vaccination or infection. ○ Some rapid tests cannot detect the Omicron variant. ○ Every state and territory in the United States is currently experiencing high levels of COVID-19 transmission • Omicron in Washington State <ul style="list-style-type: none"> ○ Omicron rose to be the dominant variant in Washington State from December 2021 to January 2022. ○ Data from the end of December show that the Omicron variant accounts for 89.6% of COVID-19 cases in Washington State. ○ Washington State is not seeing an increase in deaths due to the Omicron variant. However, surveillance data on deaths takes longer than case data. • Hospitalizations and COVID-19 in Washington <ul style="list-style-type: none"> ○ Hospitalizations are increasing in Washington. ○ Hospitals are experiencing staff shortages due to the increase in hospitalizations. Also, staff shortages are occurring because medical workers are becoming infected with COVID-19 and need to isolate. ○ Older individuals have the highest rates of hospitalization. This may reflect that those with preexisting conditions are more likely to be hospitalized. ○ Pediatric hospitalizations are much lower than adult hospitalizations. ○ For children, the highest hospitalization rates are for ages 14-19. ○ Hospitalization data by race and ethnicity in Washington is highest in Native Hawaiian and Pacific Islander populations, followed by Black and Asian

	<p>populations. Communities of color are more impacted by COVID-19 as reflected by rates of hospitalizations.</p> <ul style="list-style-type: none"> • COVID-19 Mortality Statistics <ul style="list-style-type: none"> ○ Although vaccination has not been able to prevent the increase in COVID-19 cases, it has been critical in preventing hospitalizations and death ○ COVID-19 deaths for individuals 65+ year old are 15 times higher in the unvaccinated population than the vaccinated population ○ COVID-19 hospitalization rates among 65+ year old individuals are 11 times higher in the unvaccinated population than the vaccinated population • The most immediate concern is stress on Washington State hospitals. Hospitalization rates are expected to peak in early February. <p>VAC Discussion</p> <p>Many committee members noted they were seeing high increases in COVID-19 cases and staff shortages in their practices or communities. Testing has increased and positivity rates are very high in many areas. Although patients are typically less ill from the new variant, members expressed that there is a great strain on hospitals due to the increase in cases and hospitalizations. This new variant has also taken a toll on children and parents. Kids are more likely to get sick with the Omicron variant than previous COVID-19 variants. Parents are having trouble finding daycare during school closures. One member also stated that the new guidance from the CDC on isolation has been confusing for members of their community.</p> <p>Dr. Tao Kwan-Gett noted that case investigation and isolation/quarantine are difficult with the new rapidly spreading variant. He also shared that vaccination has been good at preventing severe disease, hospitalization, and death. Michele Roberts shared Department of Health resources and mentioned that the state is working on procuring more tests. Dr. Tao Kwan-Gett stated that there are Department of Health resources for stressed hospitals.</p>
<p>COVID-19 Vaccine Response Director Update</p> <p>SheAnne Allen</p>	<p>SheAnne Allen shared updates on COVID-19 vaccine response:</p> <ul style="list-style-type: none"> • National numbers on COVID-19 vaccine distribution: <ul style="list-style-type: none"> ○ 57 weeks of distribution ○ 540 million doses delivered in the United States ○ 30 million doses delivered for pediatrics 5-11 years old ○ 7.6 percent of doses reported as wastage • Washington State numbers on COVID-19 vaccine distribution <ul style="list-style-type: none"> ○ As of January 10th, 78.3 percent of the population 5 and older have received at least one dose of COVID-19 vaccine and 71.1 percent are fully vaccinated against COVID-19 ○ There have been over 12 million doses of COVID-19 vaccine reported and given ○ Vaccination rates are not uniform across the state ○ The age group with the highest vaccination rate is the 65 years and older population • The supply for COVID-19 vaccines is approved twice weekly for providers. There have not been supply issues for COVID-19 vaccines in Washington. Allocations are received every two weeks. • The state is waiting for more information on: <ul style="list-style-type: none"> ○ Moderna for adolescent and pediatric ages ○ Pfizer for children 4 years old and younger

	<ul style="list-style-type: none"> ○ Boosters for kids <ul style="list-style-type: none"> ▪ Not certain if this will happen or what it may look like ○ Vaccine recommendations for children 6 months to 2 years of age ● Booster Doses <ul style="list-style-type: none"> ○ Booster doses make up about 65% of daily administrations of vaccines ○ About 50% of the Washington population has received an additional dose of COVID-19 vaccine ○ Booster dose uptake varies by county, age, race, and ethnicity ○ Booster doses have been increasing every week for the last four weeks in Washington ● DOH is developing informational tools for people to understand changes for enrolled providers and partners ● mRNA vaccines have preferential recommendations over Johnson and Johnson ● Pfizer has many different presentation options. The minimum dose order is now 300 for Pfizer, which helps providers with wastage. This presentation does not use the thermal shipper and dry ice is not needed. ● FEMA vaccination opportunity December 15-January 30 in Thurston and King counties ● Providers can bill for vaccine counseling ● Equity gap in COVID-19 vaccinations <ul style="list-style-type: none"> ○ Since November, the vaccine equity gap has been increasing in Washington ○ To help close the equity gap, the Department of Health has been working to build vaccine confidence with transparent, consistent, and frequent messaging ○ There are many current and upcoming campaigns for COVID-19 vaccine promotion and education. ● Care-a-Van Events <ul style="list-style-type: none"> ○ 631 requests for Care-a-Van events ○ 16,214 doses administered ○ 10,448 booster doses administered ○ 74 percent of doses administered have been in areas with a moderate to high Social Vulnerability Index ● Promoting health equity has been a priority. The Department of Health uses many tools, like multilingual communication and community partnership, to prioritize equitable vaccine access for underserved communities.
<p>Vaccinator Capacity Discussion</p> <p>Mary Huynh</p>	<p>Mary Huynh shared a Department of Health survey that asked providers and pharmacies about daily capacity for vaccinations. The survey results showed a potential capacity of 59,000 statewide vaccinations daily. She opened questions to board members about successes and barriers to vaccination, barriers to meet vaccination demand, supports for the provider community in vaccination, and creative solutions.</p> <p>VAC members shared many barriers and successes to vaccination and ideas for solutions.</p> <p>Barriers that VAC members shared:</p> <ul style="list-style-type: none"> ● There is not always enough parking at clinics providing vaccines ● Need for extra staff compensation in order to have enough people to work at vaccination sites ● Challenges due to pharmacist shortages

	<ul style="list-style-type: none"> • Burnout and exhaustion for members of the medical community • Changes or gaps in staffing • Increases in COVID-19 testing • COVID-19 tests being performed by the same people who are vaccinators <p>Successes and solutions VAC members shared were:</p> <ul style="list-style-type: none"> • Supervising medical students to administer COVID-19 vaccines • Connecting with schools and having mobile events • Partnering with colleges and medical students to increase vaccination capacity • Having patients receive vaccine counseling from a provider • Health education materials for tribal communities that are translated, culturally sensitive, and trauma informed, and contain trusted information about vaccination <p>When asked whether increased payment would help with staff shortage issues in the medical community, many VAC members agreed that direct funding would be very beneficial for the vaccinator workforce. Many VAC members hear from the medical community that they would like higher compensation for the work they are doing.</p>
<p>Flu Update</p> <p>Greg Endler</p>	<p>Greg Endler shared flu updates.</p> <p>2021 flu vaccination campaign updates:</p> <ul style="list-style-type: none"> • The campaign began in August 2021 and continued through November 2021 • There were 27.8 million impressions on social platforms • The campaign focused on mobility and socialization, COVID-19 and flu vaccine co-administration, and behavior change, which includes the renewed importance to resume vaccination in those who skipped flu vaccination last year <p>Washington State Immunization Information System (WAIS) data for flu doses:</p> <ul style="list-style-type: none"> • Washington residents age 18 and older showed doses of administered flu vaccine similar or slightly higher than the past four-season average • Flu vaccination for ages 65+ improved significantly • Pediatric flu vaccination coverage has been declining in the past four seasons • Data through 12/27 shows children five years or younger in Washington are receiving fewer vaccinations in 2021 than they have in previous years • WAIS data mirrors national trends for the five years and younger age group <p>Health promotion for flu vaccination:</p> <ul style="list-style-type: none"> • Paid campaigns have been resumed for flu vaccination • There is continued provider and partner outreach <p>Potential barriers to flu vaccination have been identified as:</p> <ul style="list-style-type: none"> • Perception. Examples of this include that people may think that the flu does not exist because it has been discussed less during COVID-19, some people believe the flu and COVID-19 are the same illness, some people think the flu vaccine is ineffective. • Convenience. Examples of this include that many pharmacies are no longer accepting walk-in flu shots, appointments must be made for flu shots, and there are little to no opportunities for flu vaccination in the workplace, drive-thru sites, or mass

	<p>vaccination sites.</p> <ul style="list-style-type: none">• Fatigue. An example of this is that people are tired of hearing about vaccine messaging. <p>Looking ahead for flu vaccinations:</p> <ul style="list-style-type: none">• Over the next few months, there will be a focus on continuing education regarding flu vaccinations, co-administration of the COVID-19 and flu vaccine, having information in multiple languages, and more. <p>Key takeaways on flu include:</p> <ul style="list-style-type: none">• Adult flu vaccination rates appear comparable to previous years in Washington• Pediatric administration rates appear to be lower than in past year in Washington and nationally• Potential barriers for flu vaccination are being addressed
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Public Comments:

Public comments were received during the meeting. Questions and comments regarded VAC meeting dates, vaccination recommendations, and hospitalization data. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.