Vaccine Advisory Committee (VAC) Quarterly Meeting

October 15th, 2020

Chair/Facilitator:

Dr. Kathy Lofy	Washington State Department of Health

Members Attending:	**Representing:**
Dr. Amy Person	Washington State Association of Local Public Health Officers
Amy Poel	Urban Indian Health Institute
Anita Alkire	Childcare
Annie Hetzel	Office of Superintendent of Public Instruction
Dr. Beth Harvey	Consultant
Dr. Daniel Moorman	Washington Chapter of the American Academy of Pediatrics
Dr. Ed Marcuse	Consultant
Jean Gowen	Health Care Authority
Dr. Jeff Duchin	Public Health – Seattle/King County
Dr. Jenny Arnold	Washington State Pharmacy Association
Dr. John Dunn	Managed Care
Dr. Linda Eckert	Consultant
Dr. Mary Alison Koehnke	Naturopathic Medicine
Dr. Mary Anderson	Internal Medicine Organization
Dr. Rachel Wood	Washington State Association of Local Public Health Officers
Sarah Murray	Washington State Association of Local Public Health Officers
Dr. Stephen Pearson	Washington Chapter of the American Academy of Pediatrics
Dr. Susan Westerlund	Washington Academy of Family Physicians
Tam Lutz	Northwest Tribal Epidemiology Center
Tara Tumulty	National Association of Pediatric Nurse Practitioners
Tristen Lamb	Washington State Association of Local Public Health Officers
Dr. Usha Rao	Washington Academy of Family Physicians
Wendy Stevens	American Indian Health Commission

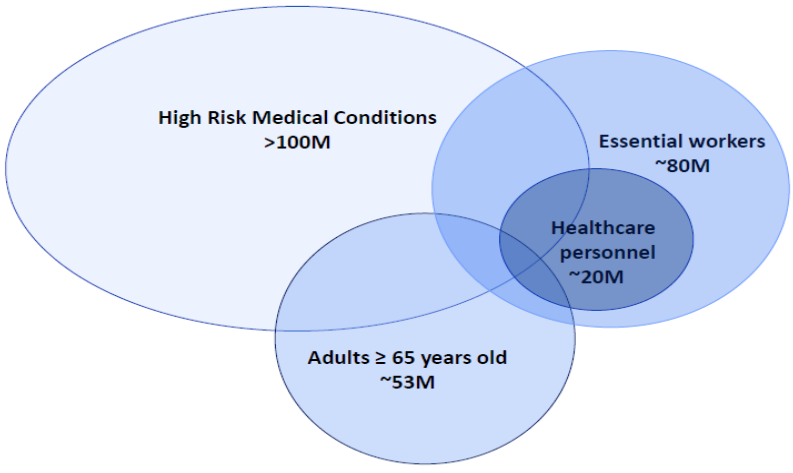
Washington State Department of Health Staff:

SheAnne Allen	Mary Huynh	Dr. Kathy Bay
Dr. Scott Lindquist	Michele Roberts	Greg Endler
Hannah Febach	Katie Meehan	

Meeting Setup and Logistics:

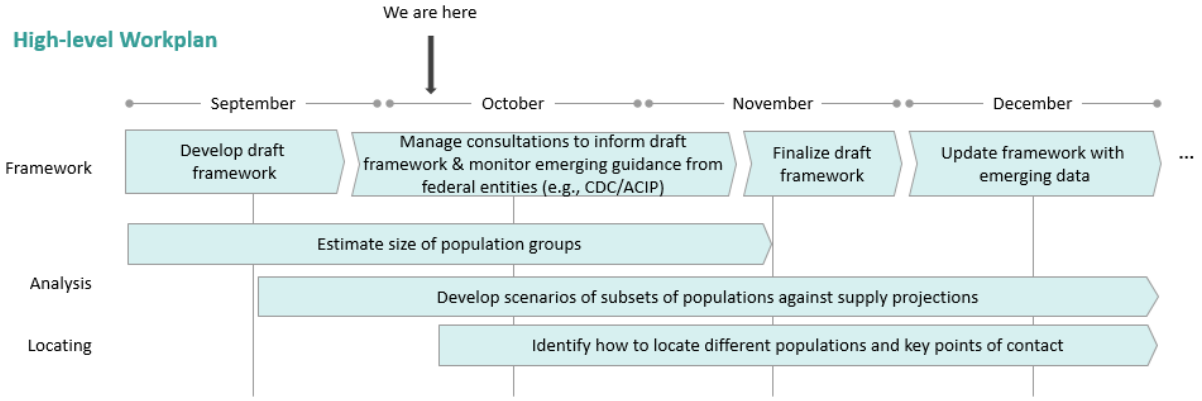
Alex Owen	Washington State Department of Health
Phil Wiltzius	Washington State Department of Health
Bridgette McCarty	Washington State Department of Health

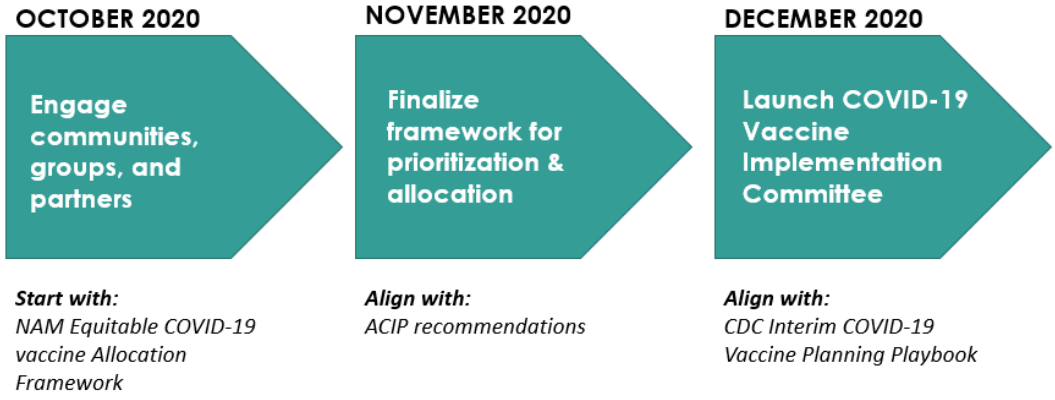
Topic	Presented Information
Welcome and Introductions **Dr. Kathy Lofy**	VAC Chair, Dr. Kathy Lofy, gave a warm welcome to new members for participating in the Vaccine Advisory Committee (VAC). The new members were introduced as follows: Anita Alkire, Annie Hetzel, and Wendy Stevens. The public and returning members were welcomed. An overview of meeting expectations and processes were introduced as well as new DOH staff members.
Addressing Public Concerns from July 2020 VAC Meeting **Michelle Roberts**	To address public concern in regards to the Coronavirus (COVID) vaccine, it was stated that mandating the vaccine was not in Washington's State Health Department vaccination planning at this time.
Transitioning VAC Chair and Farewells for Dr. Kathy Lofy **Michelle Roberts**	Dr. Kathy Lofy is transitioning out of her role at Department of Health (DOH). Staff and VAC members alike wished Dr. Lofy a wholesome and kind farewell. She will be missed and the chair position will be difficult to fill with someone who has the same expertise.
Approval of Previous Meeting Minutes **Dr. Kathy Lofy**	Meeting minutes from the previous VAC gathering were approved through the advisory board.
COVID-19 Vaccine Presentation 1: Timeline and Next Steps **SheAnne Allen**	When planning the COVID-19 vaccination response, DOH has continued to monitor clinical and preclinical trials of the growing number of COVID-19 vaccines. There are approximately 92 preclinical vaccines under active investigation. Evaluating vaccines within human clinical trials of coronavirus vaccine, there 44 vaccines within this category and 22 vaccines within an active evaluation in animals. The federal government has supported six vaccines. Of those six, four of those vaccines are in stage 3 of clinical trials. Moderna and Pfizer mRNA vaccines are the furthest along within stage 3 clinical trials. When administering the COVID-19 vaccine, it will require a phased approach due to the limited doses. ACIP has devised likely administrative strategies to combat dose shortages. With constrained supply, it will be likely to have highly targeted administration of the vaccine to specific populations. After a large number of doses become available, a broad administration network through pharmacies and practitioners will be established. Vaccine providers will then be engaged to reach critical populations and enhance series completion.

COVID-19 Vaccine Presentation 1: Vaccine Distribution to States **SheAnne Allen**	To begin this conversation: the following statements are not finalized decisions on vaccination planning. Each discussed plan are hypothetical vaccine planning scenarios. When the federal government allocates COVID-19 vaccine to different states, distribution will be based on multiple factors. These factors include populations recommended by the Advisory Committee on Immunization Practices (ACIP) with input from the National Academy of Medicine, current epidemiology of COVID-19, and COVID-19 vaccine production and availability.
COVID-19 Vaccine Presentation 1: COVID Vaccination Planning Assumptions **SheAnne Allen**	When planning for vaccination distribution and vaccination events, the DOH has made certain assumptions during planning. The minimum order size will be an approximately 100 doses. If vaccine is directly shipped, the order size may be much larger. COVID-19 vaccine and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination providers. Federally supplied administration kit and mixing kit will be supplied to apply and reconstitute the vaccine product. When outlining the steps to receive federal supplies, all COVID vaccine providers must enroll by signing and agreeing to conditions outlined in the COVID-19 Vaccination Provider Agreement provided by CDC. The different states will be required to collect and submit information on provider sites due to storage and temperature requirements. Providers will be required to submit required vaccine administration data elements to state within 24 hours of vaccine administration. In turn, states will be required to report to CDC daily (i.e, every 24 hours). All vaccination sites will need to agree to report into VaccineFinder. Clinically important adverse events following any vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS). Adverse events will also be monitored through electronic health record (EHR) and claims-based systems.
COVID-19 Presentation 1: Vaccination Prioritization and Allocation **SheAnne Allen**	In August and September ACIP meetings, prioritization groups were discussed. Groups 1A and 1B were broken down. In Group 1A, ACIP determined at-risk healthcare practitioners to be a viable specific group to prioritize. In Group 1B, essential workers, high risk medical conditions, and adults over 65 were discussed. In the September meeting, the overlap of each group and racial and ethnic compositions were discussed. The groups below are the summary of the ACIP meetings.  Source: Sept 22 ACIP Meeting, Dr. Kathleen Dooling "Phase 1 allocation COVID-19 vaccine: Work Group considerations" https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-07-Dooling.pdf

COVID-19 Vaccine Presentation 1: Provider Enrollment **SheAnne Allen**	The Washington State Department of Health is currently developing an online survey tool for providers to enroll in the COVID-19 Vaccination Program. The online forms are expected to be released in November 2020. There is information that healthcare partners can start gathering now in order to be prepared when the forms are released. The following resource can be used to prepare for provider enrollment: Preparing for Provider Enrollment
COVID-19 Vaccine Presentation 1: Provider Preparation for COVID Vaccination **SheAnne Allen**	To prepare for the incoming COVID-19 Vaccination, providers can prepare by reviewing the CDC COVID-19 Vaccine Provider Agreement forms to understand the participation requirements. The DOH will continue to communicate about additional details for the provider enrollment in the weeks to come. Secondly, providers can review or develop operational plans for vaccinating staff and patients. To vaccinate during COVID-19, it would be helpful to also review guidance for planning vaccination clinics, assessing staffing capacity for planning clinics, and the process for training staff involved. Providers can, not only train staff and prepare operational plans, also identify refrigerators and freezers to store vaccine to assess capacity and process for storing and monitoring vaccine. Testing vaccination plans can help to prepare staff members for new vaccination events such as tabletop exercises or seasonal influenza vaccination clinics or exercises to test procedures.
COVID-19 Vaccine Presentation 1: Committee Questions	Question: When reviewing the provider enrollment information, a question was asked, "Will tribes also have the option to obtain vaccines directly from the states? Can you address tribes?" SheAnne replied, "Tribal communities can choose if they want to receive the vaccines from the federal government or state government. The tribal nations will have these two options. Using both state and federal government systems, we are waiting for written details for federal outcomes are. The department is working to regroup with the tribal roundtable to make sure it gets on the table." Question: "Are the state's asking tribal nations of high-risk groups?" SheAnne replied, "We plan to discuss what would be the best method to obtain that information at the round table." Question: "What are some guidance about storage, how much would they cost, if this is going to be used?" SheAnne replied, "Once we know where the providers are, the state facilitates the discussion of real-time shipments instead of a large amount of cold storage."

COVID-19 Vaccine Presentation 2: Communication Phased Approach **Greg Endler**	DOH Communication Team has developed a five phased plan over 12-24 months. This plan is largely dependent on vaccine availability and audience adoption rates. The timing for the beginning of these phases is dependent on when the vaccine becomes available and the volume of available doses. Phase 1 is considered the preparation phase to lay the groundwork for COVID-19 vaccine distribution and audience behavior adoption. Phase 2 plays on the factor of early dissemination and audience behavior adoption, such as maintaining general COVID-19 mitigation behaviors (masks, social distance, etc.) In Phase 3, the communication campaign will focus on more broad dissemination of communication than in Phase 2. Phase 4, depending on CDC's final distribution plan, will be mass dissemination and maintenance of behaviors for second round audiences. Lastly, in Phase 5, this will contain maintenance and recruit of laggard audiences to adopt COVID mitigating behaviors.
COVID-19 Vaccine Presentation 2: Preparation for Phase 1 Components **Greg Endler**	During Phase 1, mixed methods research used to evaluate different key audiences. The research was informed by social marketing, health promotion, best practices for vaccine promotion and health equity and social justice. A robust ad buy was completed and lays the groundwork for COVID-19 vaccine dissemination for 12-weeks (can be as early as mid-October through end of December 2020). The ad is high reach and frequency to campaign to a large variety of audiences. Phase 1 will allow an understanding of audience willingness to vaccine and identify key concerns to address during the dissemination. Not only does it absolve concerns, it will develop a system for partner engagement and strategic counsel to maintain throughout COVID-19 vaccine dissemination lifespan.
COVID-19 Vaccine Presentation 2: Audience Research **Greg Endler**	The DOH Communication Team has produced a mixed method research study to understand barriers, beliefs, and motivators each audience has in relation to getting the COVID-19 vaccine. The information gained for this study will identify preferences with key messengers, channels, style, and tone. The mixed methods study uses both quantitative and qualitative means through key informant interviews, online discussion panels, and a survey.
COVID-19 Vaccine Presentation 2: Messaging Strategy **Greg Endler**	The messaging strategy designed by the DOH Communication Team addresses three key messages: 1. The strategy would explain how vaccines are made, tested, and are proven safe and effective—even during warp speed. 2. The strategy would explain how vaccines work in the body and communities. 3. The strategy would provide Washingtonians with skills to navigate misinformation and seek credible sources online.
COVID-19 Vaccine Presentation 2: Questions **Greg Endler**	Questions: "Will Faith-based guidance (spiritual leaders) have tailored communications since they are important stakeholders in communities?" Greg said: "We can tailor items to each community to help find key stakeholders. Native American Indian and Alaskan individual stakeholders will be incentivized and offered support in any way they need. Question: Would it be possible to make available elementary vaccine learning tools to schools? Greg said: "This could be possible, but local school districts do have certain policies related to this in their processes."

COVID-19 Vaccine Presentation 3: Vaccine Science Advisory Workgroup **Kathy Bay**	The scope of the group is to evaluate the COVID-19 vaccine candidates from a clinical and scientific viewpoint.
COVID-19 Vaccine Presentation 4: High Level Work Plan of Prioritization and Allocation **Blair Hanewall**	The image below represents the High-Level Work Plan of the DOH from September to December. This plan highlights how the framework, analysis, and location of priority populations will occur against supply projections from the CDC and emerging guidance from ACIP. 
COVID-19 Vaccine Presentation 4: Adaptable Framework **Blair Hanewall**	As DOH staff develops the COVID-19 prioritization and allocation framework, its structure is heavily influenced and guided by federal guidelines. When reviewing interim guidance from CDC, WHO, National Academy of Sciences, Engineering, and Medicine, and Hopkins Center for Security, these sources influenced our developed draft framework. DOH is also leveraging lessons from analog experiences such as PPE allocations prior in the pandemic. To gather community input, consultations are being planned with a variety of stakeholders. Together, with stakeholder and federal guidance, the DOH can develop and adaptable framework for allocation. However, there is need for flexibility due to several unknowns such as: number and timing of vaccine doses, vaccine types, vaccine efficacy in different populations, transmission based on population, clinical results, and epidemic conditions.
COVID-19 Vaccine Presentation 4: Questions **Blair Hanewall**	Question: How will we deal with short supply of prioritizations? Different areas of the states following different policies were a difficulty in H1N1, creating issues for prioritization and allocation. 35 different plans and variety of recommendations to support the H1N1 response created chaos and confusion. Not only creates confusion, essential providers came to receive vaccinations and brought family members to receive vaccines as well. This creates an issue when allocating in short supply. Household contacts of high-risk patients can cause vaccine supplies to deplete quickly. Michelle Roberts: Vaccination planning and recommendations from ACIP and CDC will help inform prioritization decisions.

COVID-19 Vaccine Presentation 5: DOH Communication Strategy **Katie Meehan**	When making decisions that affect Washingtonians, the DOH wants to engage community partners such as tribal governments, local health jurisdictions, community-based groups, and many more organizations. There are many topics to be engaged on such as allocation and prioritization, distribution, and administration of the COVID-19 vaccine. To reach engagement in community partners, the DOH has designed a mixed methods approach.
COVID-19 Vaccine Presentation 5: Communication Timeline **Katie Meehan**	 The figure above represents the proposed timeline to begin engaging communities, finalizing prioritization and allocation, and to launch the vaccination implementation committee.
COVID-19 Vaccine Presentation 5: What Conclusions does the DOH hope to learn by completing an Engagement Study? **Katie Meehan**	After reaching out to different communities, high risk workers, health partners, and government, a crosscutting approach will be applied to cover using CDC's Socual Vulnerability Index or another specific index. The DOH hopes to obtain information on how individuals and groups feel about the COVID-19 vaccine in general and groups who receive priority. Secondly, information will be obtained to determine how people want to receive information about COVID-19 vaccine updates. This will help smooth communication channels, understand what information the groups are interested in, and determine who is the trusted messenger or respresentative in different sectors.

Public Comments:

Because this was a shortened meeting, we did not provide time on the agenda for verbal public comments. Instead, we asked the public to submit written comments beforehand which we promised to send along to VAC members in their packets. For the October 15, 2020 VAC meeting, we received comments from many individuals. These comments were submitted through both an online form on our website and through direct emails. The comments expressed concerns around whether the state would pursue a mandate for the COVID-19 vaccine, COVID-19 vaccine safety, and tracking and monitoring of adverse events following a COVID-19 vaccination.

As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.