

Vaccine Advisory Committee (VAC) Meeting

July 13, 2023

Chair/Facilitator:

Dr. Tao Sheng Kwan-Gett Washington State Department of Health

Members:

Dr. Christopher Chen

Dr. Daniel Moorman

Dr. Ed Marcuse

Dr. Gretchen LaSalle

Dr. Jeff Duchin

Dr. Jenny Arnold

Dr. John Dunn

Dr. John Merrill-Steskal

Dr. Mary Alison Koehnke

Dr. Mary Anderson

Dr. Stephen Pearson

Tam Lutz

Wendy Stevens

Representing:

Health Care Authority

Washington Chapter of the American Academy of Pediatrics

Consultant

Washington Academy of Family Physicians

Public Health Seattle – King County

Washington State Pharmacy Association

Kaiser Permanente

Washington Academy of Family Physicians

Naturopathic Medicine

Internal Medicine Organization

Washington Chapter of the American Academy of Pediatrics

Northwest Tribal Epidemiology Center

American Indian Health Commission

Washington State Department of Health Staff:

Jamilia Sherls-Jones

Heidi Kelly

Meghan Cichy

Peter Dieringer

Heather Drummond

Mary Huynh

Amy Sullivan

Jessica Tatum

Kathy Bay

Jeff Chorath

Katherine Graff

Meredith Cook

Chas DeBolt

Janel Jorgenson

Amy Porter

TeriLynn Bullock

Scott Lindquist

Topic	Presented Information
Welcome, Announcements, Introductions, Land Acknowledgement	Dr. Tao Sheng Kwan-Gett welcomed the committee members.
	Dr. Tao Sheng Kwan-Gett provided a land acknowledgment.
Dr. Tao Kwan-Gett	
Conflict of Interest & Approval of Previous Meeting Minutes	Meghan read the committee's Conflict of Interest Policy.
	No conflicts of interest were declared.
Meghan Cichy	The minutes from the April 13th, 2022 meeting were approved. Page 4- CMS instead of DMS – make that change.

<p>Office of Immunization Program Director Update</p> <p>Jamila Sherls-Jones</p>	<p>New Section Managers -Welcome Meredith Cook & Peter Dieringer!</p> <p>Annual School Immunization Report Rates have dropped slightly since start of COVID-19 pandemic. Data from School-level immunization data shows how family keep vaccines up to date, preparing for the school year.</p> <p>LTC WAIS Use Project The LTC pilot started in June. The goal is to increase IIS users in LTC. The pilot went well, and we hoping to continue the work.</p> <p>Updated Hepatitis A & B Forecast for Adults Recommended for all adults 19 years and older. We are encouraging providers to offer vaccines to all adults and add data to the IIS.</p> <p>CDC Site visit Welcomed CDC project officer to DOH for a week. OI staff shared with the project officer. It went well. We should soon receive final report and feedback which we will consider and incorporate into our work.</p> <p>CDC Funding Cuts: IIS We were not expecting these cuts. The reason for the cuts was due to a debt ceiling negotiation. Modernization was scheduled but we can hopefully use existing funds to sustain the IIS for the short team. We are hoping the CDC will come up with creative solutions.</p> <p>2023 Immunize Washington Provider Recognition Awards These awards are sponsored by DOH, partnered the Health Plan Partnership, a cooperative alliance of DOH, Health Care Authority, Governor Jay Inslee, and all the major health plans in WA. Coverage rate 70% or higher recognition. We will announce award winners in August 2023.</p>
<p>COVID-19 Vaccine Director Update</p> <p>Heather Drummond</p>	<p>CDC COVID-19 Data Tracker CDC COVID Data Tracker: Vaccinations in the US Chart showing Percent of the Total Population who are up to date with COVID-19 Vaccines. 27.4% of people in WA are up to date with COVID 19 Vaccination. The language of how to talk about vaccination status has changed over the years.</p> <p>State Summary: Vaccinations Over Time COVID-19 Data Dashboard DOH Chart showing vaccine doses given by date. Shared appreciation for partner efforts for helping with vaccination in our state.</p> <p>Percent Vaccinated in WA by Race/Ethnicity Chart showing Percent vaccinated, withing race/ethnicity group (individuals with race/ethnicity reported as unknown, multiracial, or other race/ethnicity are not included in the chart.</p> <p>Fall/winter 2023 COVID-19 vaccine updates. The FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted unanimously on recommending a 2023-2024 Formula update of the current COVID-19 vaccine composition to a monovalent XBB-lineage.</p>

FDA advised manufacturers to develop vaccines with a monovalent XBB.1.5 composition. Anticipating these updated vaccine doses will be available in the fall (hopefully Sept or early October.)

Vaccine ordering shut-off

In anticipation of commercialization this Fall, WA Immunization Information System (IIS) COVID-19 vaccine ordering will be terminated at 4 PM PST on Wed., August 2nd.
[Sunsetting of the US Government COVID-19 Vaccine Distribution Program](#)

Provides direction to those participating in the COVID Vaccine Program as the USG stops distributing COVID vaccines through the current ordering system.
Encouraging providers to order before the shut off.

COVID vaccine access considerations

DOH has received concerns from public that some patients have been turned away from receiving COVID-19 vaccine doses from providers because they are not established patients at those facilities, or because of their insurance plan/coverage.

Important reminder: Providers enrolled in the CDC-DOH COVID-19 vaccination program remain subject to the terms of the CDC COVID-19 Vaccination Program Provider Agreement, until the COVID-19 vaccine is commercialized this fall, at which time the COVID-19 Vaccine Provider Agreements will be nullified.

Questions? COVID.vaccine@doh.wa.gov

HHS Bridge Access Program

[The "Bridge Access Program For COVID-19 Vaccines and Treatments"](#) is an HHS program currently in planning stages.

Program purpose: to ensure broad access to COVID-19 vaccines and treatments for under- and uninsured adults once these products are commercialized.

Additional program details:

- Providers enrolled in the [Adult Vaccine Program \(AVP\)](#) will be eligible to participate in vaccine ordering and distribution through the Bridge Program.
- CDC will procure and distribute COVID-19 vaccines under the Bridge Program to awardees. Still figuring out details surrounding vaccine ordering and allocation.
- CDC will carry out a needs assessment with awardees in July 2023. The results of this assessment will allow CDC to determine the quantities and types of vaccines that should be purchased for the program.
- Depots will not be permitted under the Bridge Access Program.

More details to come in future!

For additional questions related to the Bridge Program: PolicyISDBridge@cdc.gov

Care-a-Van

The Care-a-Van (CAV) is a mobile health clinic that serves people across Washington state. CAV works closely with community partners and local health jurisdictions (LHJ) or departments to increase access to vaccine for priority communities.

Offering the following vaccines:

- COVID-19

- Mpox
- Childhood Vaccines
- Flu

"Take Your Shot"

DOH has partnered with the Seattle Storm for the "Take Your Shot" vaccine campaign.

CAV: COVID Vaccine Highlights

Chart showing 2,320 events supported to date.

- 53,363 COVID vaccine doses administered total
- 54% of events served over 50% BIPOC individuals
- 77% of events in areas with moderate to high SVI (7+)
- 60% in Western WA and 40% in Eastern WA
- 26% rural areas

Power of providers (POP) Updates

POP is holding a Virtual Recognition Event on July 19 from 12:30 to 1:30 p.m. PT

Featuring:

- *Words of appreciation from Governor Jay Inslee and Secretary of Health Dr. Umair Shah.*
- Highlights of POP member efforts over the past 2 years.
- Words of inspiration from Dr. Kira Mauseth on recognizing our collective achievements.

[Register here!](#)



Director Update Discussion

Jamilia Sherls-Jones, Heather Drummond

Jeff: concerned about low coverage with bivalent booster. What percent of COVID 19 program is also participating in Adult vaccine program.

A: work is ongoing, happy to see where we are and show the connections with the bridge program.

Jeff: Concerns about equity and making sure that we do not loose access for people.

Jeff: Information about IIS budget cut, is that the same as other budget cuts that were announced?

A: Yes, it is the same thing. It was announced as a core cut, but will go towards the IIS cut.

Gretchen: What public facing message do we have regarding vaccination eligibility, some families still do not realize that their children are eligible.

	<p>A: Challenging because of fatigue around messaging. We are working on a campaign emphasizing the access is as easy as it can be, now.</p> <p>Jenny: People are thinking that not every COVID booster is needed, can skip and get boosted sometimes.</p> <p>Chain pharmacy partnerships- wondering who all will be involved. Hoping that existing partnerships will be used.</p> <p>A: Heard a little more from the CDC about pharmacies. Starting with existing, wanting to further enroll more pharmacies.</p> <p>Mary: High risk patients are making comments about not knowing there are updated boosters. People seem unaware that it's available.</p> <p>A: Really appreciate hearing this feedback. Was invited to a vaccine collaborative meeting, the COVID vaccine is a big priority for them, can take this messaging back to them. Can tap into their expertise for spreading the messaging.</p> <p>Gretchen: Talking to patients about COVID, that it isn't going away, is similar to flu. We need to have it as a norm to continue to be vaccinated.</p> <p>Tao: SARS-CoV-2 still with us, still in the community, unpredictable, and vaccination is very important.</p> <p>Jeff: pushing the virus into seasonality has not happened yet, surges can be more frequent than annually. There is still a lot of unknowns, so we do not want to be too dogmatic on what we will need going forward.</p> <p>Tao: Thank you for the reminder. data is not always reported, and Sars is unpredictable.</p>
<p>ACIP updates and Vaccine safety</p> <p>Heidi Kelly</p>	<p>ACIP meeting updates:</p> <ul style="list-style-type: none"> • RSV in Adults • Polio • Influenza vaccine for the 2023-2024 season (vote) • Pneumococcal Vaccines in Children Update • RSV Children • Dengue Fever, Chikungunya, mPox, MCG vaccines • Vaccine Safety • COVID-19 vaccines <p>RSV in adults</p> <ul style="list-style-type: none"> • FDA licensed 2 RSV vaccines in May (Arexvy and Abrysvo) • Manufacturers provided VE • Cost effectiveness reviewed • Considerations for favoring vaccination include comorbid conditions and advanced age, in addition to other variables. <p>ACIP recommendation: Adults 60 years of age and older may receive a single dose of RSV Vaccine, using shared clinical decision making.</p>

ABRYSA effectiveness Data

A chart showing persistent VE against RSV-LRTD with symptoms through mid-season
[RSV Adults Gurtman](#)

Followed patients for 2 seasons.

AREXVY vaccine effectiveness data

Two charts shown side by side:

- AREXVY produces durable vaccine efficacy against RSV Severe LRTD over 2 full seasons
- AREXVY produces durable vaccine efficacy against RSV-LRTD over 2 full seasons

[RSV-Adults-Friedland](#)

Polio

Summarized work group deliberations on adult polio Clarified and updated inactivated polio (IPV) recommendations for adults.

ACIP Recommendation for adults incompletely immunized against polio:

Adults (age 18 or older) who are known or suspected to be unvaccinated or incompletely vaccinated against polio should complete a primary series with IPV.

ACIP recommendation for the option of one adult polio booster, if at risk of exposure:

Adults who received a primary series of trivalent OPV (tOPV) or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.

[POLIO-Kidd-Jun-2023](#)

Influenza vaccine

All Vaccines will be quadrivalent for the 2023-2024 influenza Season. 2023-24 composition includes updated influenza A(H1N1) pdm09 components.

All persons aged 6 months and older with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.

Pneumococcal Vaccine Recommendations

- Either PCV15 or PCV20 is recommended for all children age 2 through 23 months according to currently recommended PCV dosing and schedules
- For older children with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedule is recommended for:
 - Healthy children age 24 through 59 months
 - Children with specified risk conditions age 24 through 71 months
- For children age 2 through 18 years with any risk condition who have received all recommended doses before age 6 years:
 - If they received at least 1 dose of PCV20: No additional doses of any pneumococcal vaccine are indicated. This recommendation may be updated as additional data become available.
 - If they received PCV13 or PCV15 (but no PCV20): ACIP recommends a dose of

- PCV20 alone, or PPSV23 using previously recommended doses and schedule
- For children ages 6 through 18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, give a single dose of PCV20 alone, or PCV15 followed by a dose of PPSV23 at least 8 weeks later, if not previously given

[Pneumococcal-Kobayashi](#)

PneumoRecs VaxAdvisor

The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when.

Updated up through Feb 23 – may not have newest recommendations yet. Should be updated within the next couple months.

The app incorporates recommendations for all ages so internists, family physicians, pediatricians, and pharmacists alike will find the tool beneficial.

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html>

Informational Topics

RSV vaccine-pediatric/maternal- the use of a vaccine given to mothers and a long-acting monoclonal antibody administered directly to infant. Waiting for final data to come back and vote for best recommendations this fall.

Dengue Fever-new dengue vaccine that may not require pre-vaccination screening.

Chikungunya-report on outbreak in Paraguay and promising vaccine being developed. Discussed possible options for use of vaccine among Americans at risk. Typically self-limited but can cause long-term joint pain.

mPox- review of updates to mPox epidemiology, mPox vaccine safety and effectiveness, the use of 2-dose Jynneos vaccine, and began discussion of longer-term protection against mPox. Summarized current recommendations.

Meningococcal vaccines- discussion on the possible uses of a new pentavalent meningococcal conjugate vaccine that protects against serogroups A,B, C, W and Y.

<https://www.cdc.gov/vaccines/acip/index.html>

COVID-19 Vaccines

- Current COVID-19 Vaccine epidemiology and vaccine effectiveness reviewed
- Uptake of bivalent continues to be low
- Plans are underway for the transition to routine commercial use of COVID-19 vaccines
- A new monovalent COVID-19 vaccine containing a current variant XBB.1.5 has been recommended by FDA for fall 2023
- Once updated vaccines are licensed or authorized by FDA, ACIP will review evidence to inform its recommendations.

<https://www.cdc.gov/vaccines/acip/index.html>

Vaccine safety

- Background on the CDC Safety Office and efforts to evaluate studying the safety of the childhood immunization schedule
- The childhood immunization schedule safety: Studies in the Vaccine Safety Datalink

- Preliminary evaluation of aluminum content in childhood vaccine and risk of asthma in a Danish nationwide cohort

Charts from VAERS – Vaccine Adverse Event Reporting System

[VaxSafety-Shimabukuro](#)

Intro to discussion on studies

Studies in the vaccine safety datalink

- VSD provides an opportunity to study possible trends associated with vaccines.
- Studies highlighted in ACIP meeting:
 - Antigens and non-targeted infections-addressed Public concerns over vaccines overloading immune system and found no association
 - Schedules and type 1 diabetes (T1DM)-addressed Public concerns over possibility of vaccines causing autoimmune disorders and found vaccine schedule not associated with increased risk of T1DM.
 - Aluminum and asthma-addressed concerns over possibility of vaccines causing increased risk of allergic disorders including asthma and some associations although large limitations noted such as lack of data on dietary/environmental exposures.

Danish study

Large Study found no support for an association between aluminum in vaccines and asthma by 5 years of age.

The schedule and safety: broader context

- Totality of available evidence continues to support the safety of the routine childhood vaccination schedule.
- Existing federal vaccine safety surveillance systems robust and responsive to concerns expressed by parents of young children.
- Precipitated by 2013 IOM Report on schedule, new field of study is being developed.
- At a time of IOM report, few studies of the safety of the schedule as a whole.
- Evidence accumulating around specific testable hypotheses; results which can be communicated to parents.
- Additional studies related to aluminum and asthma risk planned and ongoing.
- Benefits of vaccination strongly outweigh known and potential risks.

[VaxSafety-Daley](#)

Questions:

Jeff: hearing concerns of administration of vaccine, reactogenicity with multiple vaccines including RSV.

Jenny, Have heard questions like: is it ok to administer 3 at once; and would the patient feel pain in arm, especially for the elderly. I think it started with the adjuvanted shingles vaccine and the initial recommendation to not co-administer with adjuvanted influenza vaccine.

Gretchen: These things are being discussed in the RSV workgroup. Studies being done, don't have the data yet with any vaccine co-administration except flu.

John: clinicians rather than pharmacist, reflects what Jeny said. Traditionally there are concerns

	<p>in the community about this sort of thing. Questions about what studies have been done or have not. General knowledge about how recommendations are made is greater than it used to be. Providers seem more likely now to follow their own path and not broad recommendations. That is, unless we have the opportunity to walk people through it. Need to get people on-board.</p> <p>Ed: Have not seen information about simultaneous vaccination that makes him enthusiastic to recommend it. Trust of this population is very tentative. Not enough information.</p>
<p>Certificate of Exemption</p> <p>Katherine Graff</p>	<p>School and child care immunization requirements.</p> <ul style="list-style-type: none"> • 2023-2024 Requirements <ul style="list-style-type: none"> ○ Updated guidance for 4 year old students ○ Tdap roll-up ○ Polio • Exemptions from the Requirements • Resources <ul style="list-style-type: none"> ○ New Family Friendly Webpage <p>Immunization requirements</p> <ul style="list-style-type: none"> • Chart showing vaccines required for preschool through 12th grade 2023-2024- new foot note has been added. • Chart showing Preschool/Kindergarten age 4 on 09/01 – shows the foot note larger. • Chart showing 2023-2024 Tdap Minimum age roll-up – change in Tdap requirement, changed to include 10th grade. • Chart showing individual vaccine requirements summary for Polio- new language for adults 18 and older. <p>Exemptions from the school and childcare immunization requirements and the Certificate of Exemption (COE)</p> <ul style="list-style-type: none"> • A child may be exempted from one or more required immunizations, RCW 28A.210.090. • To request an exemption, a parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare. • The COE is created by the Department of Health. • It can be downloaded in several languages from: www.doh.wa.gov/SCCI • Exemption forms or letters from other state’s are not acceptable. <p>Education requirement</p> <p>Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner licensed in WA State:</p> <ul style="list-style-type: none"> • <i>Medical Doctor (MD),</i> • <i>Doctor of Osteopathy (DO),</i> • <i>Doctor of Naturopathic Medicine (ND),</i> • Physician Assistant (PA) or • Advanced Registered Nurse Practitioner (ARNP). <p>that they:</p> <p><i>“provided the signator with information about the benefits and risks of immunization to the child.”</i></p>

	<p>A health care practitioner who, in good faith, signs the statement about the education is immune from civil liability for providing the signature. RCW28A.210.090</p> <p>Signing the COE does not mean that the health care practitioner agrees with the parent’s beliefs.</p> <p>Barriers to providers signing the COE?</p> <p>John: This is battle that we fight with own staff even. At loss to make a suggestion as to what you can do differently. Information about what the signature means and does not mean is straight forward, but even so people do not want to sign. Would it be possible to have a clearing house of providers that are willing to sign the forms for those parents when their own providers are not willing.</p> <p>Mary: Have heard that by signing the form that it would be a recommendation to not give the vaccine and have concerned about liability. Need to have it explained what it means.</p> <p>Katherine: It is acceptable for the health professional to have a letter that the parent can attach as opposed to having the practitioner sign the COE.</p> <p>Christopher: Does the name of the form have anything to do with the hesitation for signing the form?</p> <p>Dan: Younger providers are the ones that typically are uncomfortable to do that particular counseling. Saying it is an exemption isn’t clearly indicating of what you are providing. Providing discourse to parents around risks and benefits.</p> <p>School and child care immunization page Website: www.doh.wa.gov/SCCI</p> <p>Questions or feedback? Email us at: oischools@doh.wa.gov</p> <p>New immunization page for families Website: www.doh.wa.gov/vaxtoschool Questions or feedback? Email us at: oischools@doh.wa.gov or schoolmodule@doh.wa.gov Available in Spanish, working on Russian and Vietnamese.</p>
<p>School Reporting Data and School Module</p> <p>Meredith Cook Amy Porter</p>	<p>Annual school report</p> <p>Washington State law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by December 1 of each school year.</p> <p>Schools submit data in one of two ways:</p> <ul style="list-style-type: none"> • WAIS School Module • Through a REDCap report submission (since the 2020-2021 school year) <p>The immunization status report is a snapshot in time. Enrollment and immunization status of students changes over time, so these reports all represent data submitted between November 1st and December 1st.*</p> <p>School module and the annual report</p> <ul style="list-style-type: none"> • WAIS School Module is the preferred reporting method for school immunization annual

report data

- Active users keep a roster of students attending the school up-to-date, and must enter missing immunization dates and exemptions for each individual student
- Annual data is pulled from the system indicating status rates for students at the school level
- School Module began in the 2017-18 school year, and schools and districts are continually onboarding

Definitions:

- Complete: The student has been fully immunized for their age or has provided proof of acquired immunity
- Conditional: a temporary status for children lacking immunization against one or more of the required vaccine-preventable diseases who are working towards compliance.
- Exempt: The student has a signed Certificate of Exemption on file at the school excusing the student from one or more vaccinations due to medical, personal, or religious beliefs
- Out-of-compliance: Conditional status has ended, but the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation

Chart showing percent of required schools that report by school year.

Immunization status of K-12 2022-2023 state-level data

- 90.9% complete for all immunizations or proof of immunity
- 0.4% conditional status
- 5.0% out-of-compliance
- 3.6% exempt for one or more vaccines
 - Non-medical: 3.8%
 - Personal: 1.9%
 - Religious: 1.6%
 - Religious Membership: 0.3%
 - Medical: 0.6%

Chart showing immunization status of all K-12 students, 2015-2023

The percentage of all students complete for required immunizations was slightly lower than last school year but has consistently been above 90% since the 2019-20 school year. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.

Chart showing immunization exemptions among all K-12 students, 2015-2023

While most exemptions are for personal/philosophical reasons, there has been a sharp drop in this type of exemption and an increase in religious exemptions.

Chart showing all K-12 students complete for required immunizations, 2019-2023

The percentage of all students complete for required immunizations was slightly lower than last school year. Students with completed immunizations are better protected from getting and spreading vaccine-preventable diseases.

Chart showing all K-12 students complete for required immunizations by county, Washington, school year 2022-23

Chart showing all K-12 students with school immunization exemptions by county, Washington, school year 2022-23

Chart showing all K-12 students who are out-of-compliance with school immunization requirements by county, Washington, school year 2022-23

Chart showing all K-12 students complete for required immunizations by school district, Washington, school year 2022-23

Chart showing All K-12 students with school immunization exemptions by school district, Washington, school year 2022-23

Chart showing All K-12 students who are out-of-compliance with school immunization requirements by school district, Washington, school year 2022-23

Summary

- 96.4% of all schools reported
 - 95.6% of private schools reported
 - 96.8% of public schools reported
 - 44% reported via school module
 - 56% reported via REDCap
- 90.9% completion rate for all students
 - Slightly lower than last year, and has been slightly decreasing the past two school years
- 3.6% with documentation of any type exemption
 - 3.8% Non-medical
 - 0.6% medical
- 5.0% out-of-compliance rate
 - Slightly higher than last year, and has been slightly increasing the past two school years
- Completion rates by county ranged from 71.1% to 97.5%

Outreach

The Clinical, Quality, School team would love to work on focused improvement with schools, school districts and/or support the LHJ on their work in whatever way we can. Please contact Kathy Bay, kathy.bay@doh.wa.gov.

Resources

School Module

- Webpage: www.doh.wa.gov/SchoolModule
- Email: SchoolModule@doh.wa.gov

School Annual Report Data

- Graphs and Maps: [SchoolReports](#)

School Requirements/Reporting Questions: OICPSchools@doh.wa.gov

Amy Porter didn't have time to present this time and will return in the October meeting to present.

Public Comments:

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

October meeting, suggestions for agenda items
Misinformation