

Vaccine Advisory Committee (VAC) Meeting

April 11, 2024

Chair/Facilitator:

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

Members:

Dr. Beth Harvey
 Dr. Christopher Chen
 Charisse Cumpas
 Dr. Gretchen LaSalle
 Libby Page
 Mylinh Nguyen
 Dr. John Dunn
 Dr. Francis Bell
 Dr. John Merrill-Steskal
 Lauren Greenfield
 Dr. Mary Alison Koehnke
 Dr. Mark Larson
 Dr. Stephen Pearson
 Stephanie Stookey
 Tam Lutz

Representing:

Consultant
 Health Care Authority
 National Association of Pediatric Nurse Practitioners
 Washington Academy of Family Physicians
 Public Health Seattle – King County
 Washington State Pharmacy Association
 Kaiser Permanente
 Washington Chapter of the American Academy of Pediatrics
 Washington Academy of Family Physicians
 Childcare Health Program Public Health
 Naturopathic Medicine
 Washington State Association of Local Public Health Officials
 Washington Chapter of the American Academy of Pediatrics
 Washington State Association of Local Public Health Officials
 Northwest Tribal Epidemiology Center

Washington State Department of Health Staff:

Jamilia Sheris Jones	Elyse Bevers	Meghan Cichy	Jessica Tatum
Heather Drummond	Mary Huynh	Amy Sullivan	
Trang Kuss	Jeff Chorath	Katherine Graff	
Meredith Cook	Chas DeBolt	Janel Jorgenson	
Amy Porter	TeriLynn Bullock	Peter Dieringer	

Topic	Presented Information
<p>Welcome, Announcements, Introductions, Land Acknowledgement</p> <p>Scott Lindquist</p>	<p>Scott Lindquist welcomed the committee members.</p> <p>Scott Lindquist did an overview of the agenda and housekeeping.</p> <p>Scott Lindquist provided a land acknowledgment and recognition. Invited us to reflect with stories on tribal generosity and expertise.</p> <p>Scott Lindquist introduced new advisory members: Dr. Seema Abbasi, Dr. Maithri Sarangam, and Korrina Dalke</p>
<p>Conflict of Interest</p>	<p>Meghan read the committee’s Conflict of Interest Policy.</p>

<p>& Approval of Previous Meeting Minutes</p> <p>Scott Lindquist</p>	<p>No conflicts of interest were declared.</p> <p>The minutes from the January 11, 2024 meeting were approved.</p>
<p>Public Comment</p> <p>Scott Lindquist</p>	<p>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.</p>
<p>Office of Immunization Program Director Update</p> <p>Mary Huynh</p>	<p>Nirservimab Immunization Summary As of March 30, 2024:</p> <ul style="list-style-type: none"> • 15,365 doses administered to infants • 28,585 total doses distributed • Unexpired viable product can be used for next season when administration resumes • Will be sharing out lessons learned, stay tuned • Respiratory Illness Data Dashboard Washington State Department of Health • Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger CDC <p>Updates</p> <ul style="list-style-type: none"> • Penbraya (Meningococcal ACWY and B combination vaccine) <ul style="list-style-type: none"> ○ pentavalent Meningococcal vaccine with ACWY and B. Expected to be available soon through CVP. Due to the Men B component and the inability to interchange the Men B vaccine, Penbraya will be available only to those that receive Trumenba as their Men B product. • Personnel Updates: CQS Section Manger and Perinatal Hepatitis B Coordinator <ul style="list-style-type: none"> ○ Jéaux Rinedahl and Kelsey Stillman • Mpox- JYNNEOS Commercialization <ul style="list-style-type: none"> ○ April 30th – deadline to order for Strategic National Stockpile (SNS) ○ JYNNEOS will be available through Childhood Vaccine Program (CVP) ○ Working to identify additional ways providers can get access to vaccine, stay tuned for more information. • DOH Response Readiness: Mpox, Measles, HPAI <ul style="list-style-type: none"> ○ Working to prepare response actions – Considering how best to prepare for specific communities. • Immunization Coverage Data: <ul style="list-style-type: none"> ○ School Immunization Data Washington State Department of Health ○ Immunization Data Washington State Department of Health ○ Lower immunization coverage rates with childhood immunizations coming out of the pandemic • Washington-Based Immunization Data – Comparison <ul style="list-style-type: none"> ○ Vaccination coverage estimates for MMR in WA based on two data sources. ○ WAIS – assesses statewide vaccination coverage along with geographic & demographic variation; continuous real-time updates; underestimates true vaccination coverage. ○ School Reported Immunization Data – assesses school & district-level compliance; specific to school populations & limited by grade levels, demographics; single update at end of year

	<p>MMR Coverage among children ages 19-35 months and 4-6 years in Washington State, 2018-2023</p> <ul style="list-style-type: none"> ○ Among 19-35 month-olds, coverage has remained stable over the past three years at around 74% after reaching a high of 77.5% in 2019. ○ Similar to the 19-35 month-olds, coverage among the 4-6 year-olds, has remained relatively stable at around 61-62% over the past three years, after also reaching a high in 2019 of 66.1%. <p>School – Reported Measles Coverage – Percent Complete by Grade Level</p> <ul style="list-style-type: none"> ○ For 6th or 7th graders and K-12, the percent with complete measles vaccination status was very similar to last year. For K-12, that’s just over 95%. <p>School – Reported Measles Coverage – Trends in Percent Complete by Grade Level</p> <ul style="list-style-type: none"> ○ Regarding trends in measles coverage by grade level for the past 5 years, for kindergarten, we see signs that coverage may be stabilizing, after dropping off during the pandemic years
<p>Heather Drummond</p>	<p>COVID-19 Vaccinations in Washington (chart: weekly doses administered comparing past and</p> <ul style="list-style-type: none"> ● High vax for people in 65 plus age group ● CDC recommends that persons 65 + years of age should receive an additional dose of 2023-2024 COVID-19 vaccine. <ul style="list-style-type: none"> ○ 4 months or more after their first 2023-2024 Formula COVID-19 vaccine. ○ Standing orders are available on the CDC website: <ul style="list-style-type: none"> ○ 5 Years of Age and Older • Updated (2023–2024 Formula) Moderna COVID-19 Vaccine • Standing Orders for Administering Vaccine (cdc.gov) ○ 5 Years of Age and Older: Updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 Vaccine - Standing Orders for Administering Vaccine (cdc.gov) ○ Updated 2023–2024 Formula, Novavax COVID-19 Vaccine Standing Orders for Administering Vaccine: 12 year of Age and Older- Intended for Print Only (cdc.gov) ○ U.S. COVID-19 Vaccine Product Information CDC ● COVID-19 Variants <ul style="list-style-type: none"> ○ As of 3/30/24 CDC reported JN.1 being slowly overtaken by JN.1.13; JN.1 continues to grow, but is Susceptible to the current vaccine ○ CDC Continues to Track the Growth of JN.1 CDC ○ CDC COVID Data Tracker: Variant Proportions <p>Pop-Up Immunization Clinic Guide - Pop-Up Vaccination Clinic Guide.</p> <ul style="list-style-type: none"> ● Intended Audience: LHJs, community organizations, and immunization providers. ● Goal: General guide of common steps an organizer would need to plan and set up a Pop-Up Vaccination/ Immunization Clinic in their community. <p>Our Partner Newsletter – sent every two weeks on Friday.</p> <ul style="list-style-type: none"> ● Newsletter now carries info about all respiratory illnesses and immunizations, in addition to COVID-19 ● Subscribe Here: Washington State Department of Health (govdelivery.com) <p>POP Webinars:</p> <ul style="list-style-type: none"> ● intended to support providers in engaging communities, building relationships and trust. ● Power of Providers Webinars Washington State Department of Health

	<p>Care-A-Van:</p> <ul style="list-style-type: none"> Types of mobile health services: COVID, Flu, Mpox, Childhood Vaccines, Blood Pressure Screening, Glucose Screening, Naloxone distribution) can support anyone who wants vaccines at the Care-A-Van events To submit a request to have a DOH Care-a-Van at your event fill out the web form at doh.wa.gov/careavan <p>Bridge Program Overview</p> <ul style="list-style-type: none"> Prepping for 2nd Fall of Bridge Access Program expanding for under and uninsured adults <ul style="list-style-type: none"> Vaccines.gov: sort available vaccines by Bridge program participation. COVID-19 Vaccine Insurance Coverage quick-guide: two-page handout Other activities have included supporting enrollment of independent pharmacies and working with LHJs and other partners to equitably allocate COVID-19 vaccine through the Adult Vaccine Program, with a particular focus on FQHCs. <p>Forward Planning Update</p> <ul style="list-style-type: none"> DOH is working closely with CDC and local partners to determine what to prioritize with limited remaining COVID-19 vaccine funding. <ul style="list-style-type: none"> The plan is to sunset the stand-alone COVID-19 Vaccine Program at the end of June, with several bodies of work transitioning to the Office of Immunization <ul style="list-style-type: none"> Example: Planning and Engagement Section We welcome your thought partnership and feedback in defining what ongoing gaps and needs should be prioritized and where we can continue working together.
<p>Director Update Discussion</p> <p>Mary Huynh Heather Drummond</p>	<p>Comments were received & addressed regarding Nirsevimab; DOH received many concerns from providers regarding not getting the doses due to supply constraints and receiving continued communication to distribute. DOH is conducting information gathering & working with Seattle Children’s REACH Residents to better understand implementation successes, barriers, and considerations for next season.</p>
<p>Vaccine Preventable Disease Update</p> <p>Chas Debolt Esther Lam Nick Graff Kyle Yomogida Isaiah Reed</p>	<p>COVID-19 Breakthrough Surveillance</p> <p>Measles Update</p> <ul style="list-style-type: none"> Measles – CDC Pinkbook Measles Reporting and Investigation Guideline (wa.gov) For 2013 – 2023: <ul style="list-style-type: none"> 0 to 90 cases per year, average: 16 2019 had the most cases (Clark County and Sea-Tac Airport Outbreaks) Respiratory virus mitigation in response to the COVID-19 pandemic led to decreases in many respiratory diseases. Routine immunization also decreased – increased vulnerability to outbreaks. As of April 5, 2024 - <ul style="list-style-type: none"> Total of 113 confirmed cases in the US 7 outbreaks (≥ 3 cases) 73% of cases are outbreak related. 83% of cases have been unvaccinated or have unknown vaccination status Health Alert Network (HAN) - 00504 Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination (cdc.gov)

	<ul style="list-style-type: none"> • Three cases of measles have been reported in Washington State in 2024. • Although the United States reached measles elimination in 2000, measles cases and outbreaks still occur. <ul style="list-style-type: none"> ○ Potential for extensive spread if measles is introduced into community with low vaccine coverage • National and global measles activity suggests the potential for more cases and outbreaks in Washington State • Routine immunization and immunization prior to international travel are important strategies for preventing outbreaks <p>Pertussis Surveillance Reports</p> <ul style="list-style-type: none"> • Pertussis (Whooping Cough) Washington State Department of Health • Annual Pertussis Summary for Washington State, 2023 (Preliminary data) <p>Nontoxigenic <i>Corynebacterium diphtheriae</i> infections</p> <ul style="list-style-type: none"> • <i>Corynebacterium diphtheriae</i> poses significant public health concern in several areas including vaccine preventable diseases, emerging pathogens, and homelessness. In WA, there has been an increase in reported nontoxigenic corynebacterium diphtheriae infections particularly among people experiencing homelessness. • <i>C. diphtheriae</i> is responsible for two distinct diseases - Respiratory Diphtheria & Cutaneous <i>C. diphtheriae</i> infection. • Diphtheria vaccines only protect against the diphtheria toxin, but infections with nontoxigenic strains are not covered. • WA DOH noted a substantial increase in the number of <i>C. diphtheriae</i> isolates reported to WSPHL since 2018. None of these isolates were toxin-producing, and therefore were not classified as diphtheria cases. • In October 2023, DOH, PHSKC, and CDC collaborated on an Epi-Aid to investigate the increase in nontoxigenic <i>C. diphtheriae</i> infections. • We received and abstracted records for 166 of the patients. Patients were reported from 14 counties in the state. The largest proportion coming from King County at 65%. <ul style="list-style-type: none"> ○ 120 (72%) were male, and the median age was 44 years (range = 8 months–76 years). The majority of patients were non-Hispanic White race/ethnicity. ○ People with a lifetime history of homelessness or who recently used illicit substances were disproportionately represented among patients. ○ Most <i>C. diphtheriae</i> isolates were identified in cutaneous wound cultures 134 78% (out of 171). <p><u>Conclusions</u></p> <ul style="list-style-type: none"> • nontoxigenic <i>C. diphtheriae</i> infections are an emerging disease distinct from diphtheria. • Disproportionately affecting people experiencing homelessness. • Future nontoxigenic <i>C. diphtheriae</i> studies should focus on characterizing modifiable risk factors and barriers to quality wound care. This might identify opportunities to implement strategies to reduce community spread of <i>C. diphtheriae</i>.
<p>WAIS – IZ gateway and MyIR</p> <p>Jeff Chorath Michael Bin</p>	<p>Immunization Gateway</p> <ul style="list-style-type: none"> ○ Secure, cloud-based message routing service that enables data exchange among jurisdiction immunization systems and multijurisdictional vaccine provider systems. ○ IZ Gateway Components: <ul style="list-style-type: none"> ○ Connect: National Provider Organizations to Multiple IISs

	<ul style="list-style-type: none"> ▪ Enables large, national, and non-traditional vaccinators to report to multiple IISs ▪ Ensures multiple IISs receive data from multijurisdictional provider organizations by providing a centralized data exchange connection ▪ Simplifies the onboarding and data sharing process by eliminating the need for multiple, point-to-point connections. ▪ <u>Future Connections:</u> <ul style="list-style-type: none"> • Additional federal partners (e.g., Board of Prisons, Indian Health Services) - not yet determined. • Non-federal national providers – not yet determined. Selection process underway to ensure that the organization(s) selected meet CDC’s public health priorities. ○ Share: Cross Jurisdictional IIS to IIS <ul style="list-style-type: none"> ▪ Allows exchange of immunization information across IIS jurisdictions ▪ Automates sending information to an IIS for patients immunized outside their jurisdiction. ▪ <u>Future Connections:</u> <ul style="list-style-type: none"> • Re-connect to STC partner states in spring 2024. • Connect to border jurisdictions: Oregon & Idaho • WA Team participates on calls with IIS jurisdictions in the northwest/western region to share challenges and successes in progress towards exchanging data. <p>MyIR Mobile</p> <ul style="list-style-type: none"> ▪ Provide instant access to state-certified immunization records (WAIS) without the need to go through a provider or public health department. ▪ MyIR Mobile offers users a history of their immunization information and recommends missing or future immunizations needed to protect against preventable disease. ▪ MyIR Mobile provides QR codes for anyone with COVID-19 vaccination registered and associated with an account. QR codes through MyIR Mobile are only scannable by devices that can read SMART Health Card (VCI) specifications. ▪
<p>VAC Member Report Out</p> <p>VAC Members</p>	<p>VAC Members reported out on a range of topics & concerns to include:</p> <p><u>Dress rehearsal on 2023-2024 Respiratory Virus Season – Topics to Discuss</u></p> <ul style="list-style-type: none"> • How can we get around the uncertainty of supply? Considerations for equitable distribution; how is equity in vaccines decided? • How to work with OB providers on immunization of pregnant persons, vaccine records for pregnant people; how can we get as much info out to providers as early as we can for pregnant people? Who needs vaccine, what age group is prioritized & coverage among population groups most at risk? • Vaccine equity and access among tribes; changing perceptions of what the demand for high-risk populations will look like in Indian Country (i.e., person might not understand their risk for a disease and whether they need vaccine - assuming the demand for vaccine was not at same speed as LHJs does not mean vaccine is not needed) • Considerations for getting seasonal farm workers vaccinated.

	<ul style="list-style-type: none"> Restarting pediatric vaccination program at Kittitas County and looking for opportunities to get people vaccinated (i.e., CARE-A-VAN requests, working to get vaccines at nursing homes, & schools). Remark - pharmacies are not getting paid for vaccine administrations. <p><u>Measles</u></p> <ul style="list-style-type: none"> Educational strategies and communication for the public - people are traveling and need to know their MMR status; majority of cases are imported – traveling to European countries (we can do better on messaging about this) Communication/information on adverse effects for infants– parents don’t know what the risk or serious outcomes are. What does an international traveler mean (arriving to/departing this airport)? Do we have the same at-risk populations that CDC is defining? Location and identification of unvaccinated populations Need to work with retail pharmacies to ensure access for elderly high risk group, understanding risk and ensuring access through an equity lens. <p><u>Other Comments & Topics for Future VAC Meetings:</u></p> <ul style="list-style-type: none"> Sharing RSV immunization coverage estimates for 60+, infants, and pregnant people? The timing will likely be perfect for Meningococcal Vaccine updates and recommendation. Discussion on RSV Vaccine for older adults, specifically regarding Medicare reimbursement. clinicians are having difficulty giving these vaccines in their clinics. How do we handle claims that come through the public comment time that may be in error - how do we address this so that the other members of the public listening in don’t get an incorrect understanding of reality? As we look at access, it would be helpful to understand the complex system of care that people navigate and the challenges to each system where people get their vaccines. (hospitals, pharmacies, clinics, military systems, farm workers, tribal clinics etc.) These systems bill differently and get paid for the work differently. Additionally, all ages have their vaccines funded differently and this may impact access problems for different ages/situations as well as the complex systems in rural vs urban locations. Having all these different systems also impacts the data in the IIS.
<p>Future Agenda Items 2024 Vac Meeting Dates Adjourn</p> <p>Scott Lindquist</p>	<p>XI. Future Agenda Items</p> <p><i>Please review notes above</i></p> <p>Next VAC Meeting: July 11th, 2024, October 10th, 2024</p>