Vaccine Advisory Committee (VAC) Quarterly Meeting
SeaTac Conference Center

January 18, 2018

Facilitator/Chair:

Dr. Scott Lindquist	Washington State Department of Health
Dr. Kathy Lofy	Washington State Department of Health

Members Attending:	**Representing:**
Kate Cranfield	Tacoma Pierce Health Department – filling in for Charron Plumer
Jeff Duchin	Public Health Seattle King County
John Dunn	Managed Care (Kaiser Permanente Washington)
Jean Gowen	Washington State Health Care Authority
Beth Harvey	Consultant
Lisa Johnson	Washington Academy of Family Physicians
Mary Alison Koehnke	Washington Association of Naturopathic Physicians
Ed Marcuse	Consultant
Daniel Moorman	Washington Chapter of American Academy of Pediatrics
Stephen Pearson	Washington Chapter of American Academy of Pediatrics
Amy Person	Washington State Association of Local Public Health Officials
Ann Song	Office of Superintendent of Public Instruction
Wendy Stevens	American Indian Health Commission – Guest member
Susan Westerlund	Washington Academy of Family Physicians

Washington State Department of Health Staff:

Sheanne Allen	Washington State Department of Health
Chas DeBolt	Washington State Department of Health
Mary Huynh	Centers for Disease Control and Prevention Washington State Department of Health
Michele Roberts	Washington State Department of Health
Julie Tomaro	Washington State Department of Health
Michelle Weatherly	Washington State Department of Health

Recorder(s):

Alejandro Le	Washington State Department of Health

Guest Speakers

Vivian Hawkins, CD Epi	Washington State Department of Health – Public Health Lab
Elyse Bevers, CD Epi	Washington State Department of Health – Public Health Lab

Agenda Item	Presented Information	Member Discussion
Welcome, Introductions, Announcements **Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair**	New member intro (Stephen Pearson, representing WCAAP – Pediatrician from Yakima) Guest member intro (Wendy Stevens) representing the American Indian Health Commission today. The AIHC is working to fill Holly Blanton's seat so Wendy is representing in the interim. Guest presenters on Flu activity and surveillance • Vivian Hawkins, CD Epi at the Public Health Lab • Elyse Bevers, CD Epi at the Public Health Lab Mentioned public comment will come after the conflict of interest declaration as reminder that we've moved this to the beginning of the meeting.	
Conflict of Interest Declaration (Handout) **Michelle Weatherly, OICP Senior Policy Analyst**	Ask members if they have any conflicts of interests to declare based on policy statement. None to declare	
Approval of Meeting Minutes (Handout) **All Members**	Ask members to review and provide feedback or approve. Approved	
OICP General Update (Handout) **Michele Roberts, OICP Director**	**New location for future VAC meetings:** Red Lion Hotel, Seattle, WA Rainier Room 18220 International Blvd Seattle, WA 98188 (*Shuttle service is provided to and from SeaTac airport*) **Legislative session –** Main agenda to include work on the capital budget and education funding. No immunization legislation was proposed by the Department this session. However, we're monitoring immunization-related bills introduced.	**Bills – is it useful to have a voice (Johnson)** The Department tags bills related to health. Conduct a bill analysis, list potential concerns, or support and then wait for a hearing. We may do outreach to talk with partner agencies and get them to weigh in. Legislative links: • Washington State Legislature Homepage (http://leg.wa.gov/) • Bill Information (http://app.leg.wa.gov/billinfo/) • Agendas, Schedules, and Calendars (http://leg.wa.gov/legislature/Pages/Calendar.aspx) Bills being monitored: • HB 2090 – Reviewing full health history prior to vaccination. • HB 2092 – Immunization exemption form changes. • HB 2840 – Vaccines containing mercury and aluminum. • HB 2841 – Vaccine risk communication. • HB 2842 – Notifying parents about exemptions. • HB 2570 – Vaccine and birth control database.

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	Immunization criteria review: The Board approved the recommended changes that came out of the July 2017 Technical Advisory Group (TAG) meeting. The final document can be found on the State Board of Health website. **Certificate of Exemption (COE):** The department is gathering feedback on the revised version of the COE. It was last reviewed in 2015. It will be shared once it's finalized. We hope to have that done prior to 2018 Kindergarten registration. **Award opportunities:** Clinics are encouraged to nominate themselves for the Immunize WA Award. All nominees who have achieved immunization rates of 70% or higher quiliaty for an award. For more information visit, www.doh.wa.gov/immunizeWA Other award opportunities are in the OICP Updates.	
Review membership policy and purpose statement (Handouts) **Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair**	Each year we review the VAC membership policy and purpose statement and update it if needed. We would like your feedback on whether or not you think changes are needed. • Purpose Statement – feedback? • Membership Policy – feedback? Updated last year – duration of membership (see language in the policy).	No further feedback or edits provided. Suggestion to include a consumer representative from the public that could inform the committee about attitudes and feelings around immunizations. ACIP has a consumer representative. It would be good to find someone who is knowledgeable and interested in child health. The ACIP consumer rep wasn't a medical person but a child health advocate. We could look at the criteria they use to choose a consumer rep.

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		Members agreed with the concept but would like to talk further about logistics, how to apply "criteria", and how the decision will be made. One member stated that it's important to distinguish the difference between a consumer and vaccine supporter. Contact the CDC about criteria they use and talk with other advisory committees. Review how other groups handle that and bring that information to the next meeting to make a decision.
	Hospital Association representation: We talked about inviting someone from a hospital system if we needed their input on specific issues. We weren't sure that all of the topics would be relevant to them. Do members think we need permanent representation or as needed? Any further thoughts?	Some members felt that it's easy to get someone to come from the association but may be more difficult for someone who works at a hospital. Representative ideas and considerations: • Internal medicine? This type of representative could provide adult vaccine knowledge. • Long-term care rep? They are often internists. Fill the seat first and then see what the experience brings. • Considerations should include, time commitment and focus areas (kids v. adults). **ACTION:** Suggest filling the seat with an internist. Update at next meeting.
Vaccine Preventable Disease Surveillance Update **Chas DeBolt, Senior Epidemiologist** **(Presentation)**	**Mumps activity:** Oct 2016 through December 2017. Reached a low in August 2017, with three reported cases. There has been a slight uptick in the last quarter. School cluster in Thurston County; two in Spokane county; one in Grant county; two pending in King county. Pend Orielle county reported first case since the outbreak began. **Diphtheria in the US:**	

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	Percentage of people vaccinated over 50% helped it drop. Remarkable to note the drop in cases after intro of vaccine. Three recent cases; one WA resident. All were exposed during international travel. **Minnesota case histories (Toxigenic cutaneous diphtheria):** September 2015; abdominal wound, unvaccinated, traveled to Somalia. September 2017; leg wound, unknown vaccination status, traveled to Somalia. **Washington case:** September 2017; superinfected insect bites, fully vaccinated, travel to Phillipines. Working with CDC to write a MMWR on these cases and a standard operating procedure. Position statement: propose adding cutaneous diphtheria caused by a toxigenic organism to the case definition.	Member shared that there have been outbreaks among homeless alcoholic persons in Seattle. This could be something to watch in this vulnerable population since there have been increases in the homeless population in Seattle. Member asked about vaccinating homeless populations? Is there an opportunity for broader vaccination beyond emergency response? • It's very labor intensive. As an example, the uptake of Hepatitis A vaccine is not huge. Counseling helped. The emergency department should get onboard to help. • It's a large population to do outreach. • We need to continue the conversation. Limited vaccine was purchased but we need to get it to the right providers. Maybe through a special program with hospitals? About 25% of the known homeless population has insurance. Can we use the vaccine we have to target specific providers? One member mentioned considering vaccination across the lifespan might be helpful when deciding on a new VAC member. There was discussion around social service providers asking where they can get free vaccine for their homeless clients and continued uptake. • With the first one, it is usually easy but the follow up is challenging. Having someone from social services to follow up can be helpful or possibly a dedicated RN. • Uptake in the ER higher (Kathy asking Jeff). Sometimes because they are there for a while but not so easy when they are in their encampment. • Promoting standards for adult immunizations with a focus on the homeless. • ER access to the IIS? This would help since homeless may not have records. • Most ERs use EHRs but they may not be compatible with the IIS. We're getting more hospital data but we are continuing to work on aligning technology. This will help increase the data. • For children we know 95% of doses are ending up in the IIS. Most adults have a record but not as complete. • Syringe exchange program? There could be overlap here.

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		• Member mentioned that they are applying for a grant to pilot Hep C testing and treatment. Suggest that immunizations should be a part of that. • Medicaid agency in NY is setting up a reimbursement program. Washington is interested as well.
Vaccine Supply and Distribution Update **Sheanne Allen, Vaccine Management Section Manager** **(Presentation)**	**Flu vaccine supply and pre-book:** Total remaining doses for 2017-18 season – 167,050 doses. 2018-19 Flu vaccine pre-booking is due by February 9th. **Meningococcal B:** Oregon State University is experiencing a meningococcal B outbreak. Messaging has been shared with providers and doses of vaccine can be ordered by providers at any time by emailing the request to DOH. **Shingles vaccine – Shingrix:** Recently licensed by the FDA; two dose series given six month apart for adults aged 50 years and older; ACIP voted on October 25, 2017 to recommend the use of this vaccine for immunocompetent adults aged 50 and older, including adults who previously received zoster vaccine. **New adult Hepatitis B vaccine (Heplisav-B):** FDA recently licensed this two-dose series vaccine to be given to adults one month apart. ACIP will discuss the recommendations for the use of this vaccine at the 2018 meeting. **Hepatitis A:** Assessed LHJ and Tribal need for adult hep A vaccine for prevention efforts.	Tribal representative suggested that communications on this topic go directly to Tribes, not through local health.

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	Not seeing a lot of cases but are concerned about vulnerable populations. Exploring options for purchasing hep A vaccine in the private market if funding is available. **Thermometer requirements:** Providers enrolled in the childhood vaccine program will be required at the beginning of 2018 to use a digital data logger with continuous monitoring and recording capabilities or a temperature monitoring system. Ordering permissions will be suspended for providers who do not have appropriate thermometers. **Restitution – Best practices in Storage and Handling and replacement policy:** Formed workgroup. There are 13 members working together to find solution for our state. First meeting is in February.	Tribes have a vulnerable population. Tribal representative offered communication assistance and support if needed. Members commented that we need to make sure we have funding for other vaccines – not use too much on one vaccine. • Ensure that there is a solid plan in place so the vaccine is used. Vaccine for uninsured and underinsured adults is purchased at the end of the season. • Make sure we have enough hep A vaccine on hand to respond to an outbreak in encampments.
Flu Vaccine Discussion **Julie Tomaro, Clinical and Quality Assurance Section Manger** **(Presentation)**	**Cell based/egg based/recombinant flu vaccine:** Four strains; A/H3N2, A/H1N1, B/Yamagata, and B/Victoria. Focus on H3N2 since it's the most virulent of the four strains, is the most common this season, and causes the most challenges in vaccine production. Vaccine effectiveness is about 30%. **Flu vaccine production technologies:**	

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	• Egg-based – most common; requires large numbers of eggs to produce, quality of egg supply can be compromised by avian flu outbreaks, not all strains can grow well in eggs. • Cell-based; potentially offers better protection than egg-based flu vaccines and faster production. • Recombinant; short production time and egg-free. Currently not enough data to conclude that cell-based or recombinant vaccine are more effective than egg-based flu vaccine. More data is needed to make a policy decision by CDC. There's no preference at this time. Does the available science compel VAC to recommend adding Flucelvax (cell-based) as a presentation for the next flu season?	Member comments: • The supply is limited and it may be challenging for providers to choose. • No pediatric literature. Would like more data but it's more an operational concern. It's hard to rationalize it operationally. Simplicity is the biggest concern. • Tell the market they're on the right path with a better vaccine. This is progress forward and maybe in the future we could go that route but simpler is better in a clinical setting. • If we had this available would providers order it? Worried about the confusion between which one to use. Complicated.
2017-18 Influenza Activity Update **Vivian Hawkins, MS PhD, Epidemiologist** **Elyse Bevers, MPH, Epidemiologist**	**Influenza report:** These are released monthly in the summer and released weekly October through May. Many local health jurisdictions also produce reports. Influenza Surveillance Data **Reportable in Washington:** • Lab-confirmed deaths • Outbreaks in long-term care.	

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(Presentation)	• Suspected novel flu cases. **Flu deaths:** Flu will kill 12K people every year – lab confirmed deaths are reportable in WA but they're under reported. They get flu and then worsens an existing condition and flu virus can be gone when trying to confirm. There have been 46 flu deaths in Washington so far this season. Last year there were a total of 278. **Vaccine effectiveness:** Estimates for this season will be out in February. CDC has indicated that effectiveness for the H3N2 component is about 30%. **Questions to VAC:** What should our surveillance look like in the future? WA and nationally? How much disease have you seen this season? Have you noticed any difference in vaccine uptake? Additional support needs?	Half as many flu deaths this year as last. Long-term care is lower than last year. It's variable from community to community. One member commented that the way flu is portrayed in media can affect uptake. We need to be careful how we message to the public and not use the words "worst year ever" so frequently unless it's actually true. DOH doesn't do that – but it's a larger communication issue. Typical reports of deaths range from 10-80. It could be 400 in a bad season. There is confusion about what flu is; stomach flu and respiratory illness vs. flu, people are confused and that can cause them to think that the vaccine doesn't work. There's a lot of information out there (in communities) about flu vaccine effectiveness. It can be confusing for patients. It would be good to have messaging. **ACTION:** DOH communication team develop and share flu vaccine effectiveness talking points. Data is variable across the country. King county is not as bad as last year. Level of ILI is not at the peak shown yet. Pregnant patients are not less inclined to get flu vaccine. Uptake is around 50%. Tdap and flu shot should be given with every pregnancy. Every year the big part of the work is surveillance and responding to outbreaks. More work needed around messaging and disease education. We need to educate about symptoms, vaccination, and anti-virals. There's good data on decreased risks of complications with vaccination and anti-viral use. More messaging for colleagues and the public on when to go to the ER. Public health doesn't have a huge budget for this work but do the best we can with what we have. What's the consistency between state's surveillance? CDC funds coordinator in each state to help support ILI network, lab data, PHL, and responding to novel events. Other states activities are variable. Data is also variable and there's room for improvement.

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		In Tennessee they're testing potential mumps cases for flu because some symptoms are similar. This could be another source of flu data, especially in the last year and a half. This disease has a huge impact on population health. Many lives could be saved and hospitalization averted.
Future Agenda Items	April 2018; school immunization work/IIS School Module progress. Data will be available in the Spring. We can look at it again to see if there was progress. July 2018; Doug Opel Vaccine Hesitancy and communication research.	**Other ideas?** • Adult vaccinations – fill internist seat – maybe July. • Topics around homeless populations, vaccine resources and uptake should be considered for future meetings. • HPV - maybe in the Fall (October). Provide update on the practice improvement initiative. Learning collaborative PHSKC funded through GH. Done by AAP quality improvement program. Outcomes of that could be useful to others. • Completion rates with immigrants and refugees. Gap in coverage who had one dose upon getting here and then no follow up so completion didn't happen. How can we help those kids – Azadee may be a good presenter on this topic. ○ Include migrant health coordinator at OSPI. • Mumps 3rd dose recommendation (April) Vote coming up soon. • New drugs/immunizations in the "pipeline"

Public comment:

- Spokane County mumps exclusion negatively impacted families. Read the press release from the Department of Health and Human Services including information about protecting civil rights, such as the security and rights of people's personal information, religious freedom, and the prohibition of discrimination.
- Co-president Informed Choice Washington. Shared a Paul Thomas statement about the flu epidemic. CDC has tested specimens and only 15% were caused by flu virus. Shot fails 85% of the time. 95% of the time gives no benefit. The benefits do not outweigh the risks of neurological disorders as well as the dangers of Tamiflu.
- Some say that flu vaccine is better than nothing and it can't hurt. Unintended consequences show that it can hurt and is not helpful at all. There's under reporting in the Vaccine Adverse Event Reporting System (VAERS). Flu vaccine effectiveness in the community and household: there's no evidence of household transmission. Adults were at particular risk despite vaccination. May make the recipients lack immunity. It makes you less likely to be protected from flu.
- Think about the hypothetical; is it proven? do you have proof that this is the best way to protect your family? Or is this a false statement?
- Swine flu vaccine. There's no evidence that it's effective – they are worthless. Quotes doctor, "I do not take the flu vaccine."