

Vaccine Advisory Committee (VAC) Quarterly Meeting

SeaTac Conference Center

April 19, 2018

Chair/Facilitator:

Dr. Kathy Lofy Washington State Department of Health

Members Attending:

Jenny Arnold

Carla Dionne

Libby Page

John Dunn

Linda Eckert

Jean Gowen

Mary Alison Koehnke

Ed Marcuse

Daniel Moorman

Stephen Pearson

Amy Person

Charron Plumer

Ann Song

Susan Westerlund

Rachel Wood

Representing:

Washington State Pharmacy Association

Washington State Association of Local Public Health Officials

Public Health Seattle King County

Managed Care (Kaiser Permanente Washington)

Consultant

Washington State Health Care Authority

Washington Association of Naturopathic Physicians

Consultant

Washington Chapter of American Academy of Pediatrics

Washington Chapter of American Academy of Pediatrics

Washington State Association of Local Public Health Officials

Tacoma Pierce Health Department

Office of Superintendent of Public Instruction

Washington Academy of Family Physicians

Washington State Association of Local Public Health Officials

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

Meeting Setup and Logistics:

Cicely Bacon Washington State Department of Health

Alejandro Le Washington State Department of Health

Guest Speakers

Teal Bell Washington State Department of Health

Katherine Graff Washington State Department of Health

Agenda Item	Presented Information	Member Discussion
<p>Welcome, Introductions, Announcements</p> <p>Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair</p>	<p>New member intro (Carla Dionne, Public Health Director, Klickitat County – representing the Washington State Association of Local Public Health Officials).</p> <p>Retiring member (Charron Plumer of Tacoma-Pierce County) – Thank you for your service to this committee.</p> <p>Other membership updates: The Department is working to fill the internist position that was once filled by Peggy Jo Eaton. This was discussed at the last meeting and members agreed that an internist would be the best fit for this committee. Kathy has reached out to the Washington Chapter of the American College of Physicians for assistance in selecting a representative.</p> <p>Guest presenters on the IIS School Module and school and child care data.</p> <ul style="list-style-type: none"> • Katherine Graff, Public Health Nurse Consultant, Office of Immunization and Child Profile • Teal Bell, Assessment Supervisor, Office of Immunization and Child Profile 	
<p>Conflict of Interest Declaration (Handout)</p> <p>Michelle Weatherly, OICP Senior Policy Analyst</p>	<p>Ask members if they have any conflicts of interests to declare based on policy statement.</p> <p>None to declare</p>	
<p>Approval of Meeting Minutes (Handout)</p> <p>All Members</p>	<p>Ask members to review and provide feedback or approve.</p> <p>Approved</p>	
<p>OICP General Update (Handout)</p> <p>Michele Roberts, OICP Director</p>	<p>Legislative and policy update:</p> <p>The 2018 legislative session ended on time this year! March 9th was the last day. There were a total of five immunization-related bills introduced this session – the intent of each bill is below. None of the bills passed. We expect that there will be ongoing interest from some constituents locally and across the nation related to immunizations and informed consent that we will continue to monitor.</p> <ul style="list-style-type: none"> • HB2840 <i>Vaccines containing mercury and aluminum</i>– removes mercury-limiting language and states that any mercury containing vaccine/product may not be purchased, distributed, or 	

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	<p>administered to anyone in Washington. Also includes new language that no vaccine can exceed certain limits of aluminum.</p> <ul style="list-style-type: none"> <li data-bbox="412 310 919 846">• HB2841 <i>Vaccine risk communication</i> – requires the department to adopt a disclaimer form to inform patients about the potential to get sick even if vaccinated, that vaccination is not guaranteed protection, and to let the patient know about vaccine effectiveness and duration of protection. Health care providers must provide the disclaimer prior to administration. Failure to do so amounts to “unprofessional conduct.” <li data-bbox="412 856 919 1157">• HB2842 <i>Notifying parents about immunization exemptions</i> – All schools and child cares must notify parents upon enrollment and before vaccines are administered on school/child care grounds that they can exempt their child from immunizations. <li data-bbox="412 1167 919 1625">• HB2090 <i>Prohibiting administration of a vaccine without reviewing patient’s full health history</i> – Requires providers who administer vaccines to review the patient’s full health history and vaccine information (package insert) with the patient prior to vaccine administration. Health care providers who fail to complete these tasks would be in violation of the uniform disciplinary act. <li data-bbox="412 1635 919 1936">• HB2092 <i>Immunization Exemption Form</i> – Removes provider signature and allows parents to sign for all religious exemptions, removes benefit and risk information requirement for parents claiming religious exemptions, removes the 	

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	<p>department’s ability to include certain language on the exemption form for all exemption types, and includes a place for parents to indicate that they are exercising their freedom of religion.</p> <ul style="list-style-type: none"> • EHB2570 Database of pharmacies offering vaccines and self-administered hormonal contraceptives through collaborative drug therapy agreements – requires the establishment of a searchable database on the department’s website of all pharmacies with a pharmacist on staff that can prescribe birth control and vaccines. <p>NIIW announcement: As part of NIIW, on April 25 DOH will be announcing the Washington State CDC Childhood Immunization Champion, and two other immunization awards will be given out by the Immunization Action Coalition of Washington. For more information about attending and meeting the award winners, visit https://immunitycommunitywa.org/iacw/.</p>	
<p>Consumer Representative Criteria and Discussion</p> <p>(Handout) Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair</p>	<p>At the January VAC meeting we discussed exploring the potential inclusion of a consumer representative as a regular member.</p> <p>We drafted language and sent out through the listserv for review. The updated information and criteria are included in your packets.</p> <p>As we continue the discussion today, please keep the following in mind to help determine if a permanent consumer representative seat is appropriate for this committee:</p>	<p>Do members think we need to add a consumer member to the VAC on a permanent basis?</p> <p>Members discussed inclusion of a consumer rep if the need presented itself but did not come to specific consensus on this topic. Instead, members agreed to leave at the discretion of the VAC chair.</p> <p>Revisit at the next VAC meeting.</p>

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	<ul style="list-style-type: none"> • VAC is already an open meeting to the public. • This committee is intended to be provider focused around clinical guidance and recommendations to the Department of Health. • This committee is not a voting body in relation to policy or inclusion or exclusion of specific vaccines included on an immunization schedule. • There are other opportunities to engage the public for input on immunization issues. • We have the option of always inviting a member of the public to attend this meeting when it's relevant to the discussion. • The Department is may not have the staffing/resources to support an additional member. 	
<p>Vaccine Preventable Disease Surveillance Update</p> <p>Chas DeBolt, Senior Epidemiologist (Presentation)</p>	<p>Pertussis numbers and maternal Tdap status for infant pertussis cases: Reports are currently below baseline with clusters occurring in some local health jurisdictions. Rates of pertussis disease remain the highest among infants.</p> <p>Mumps activity and 3rd dose recommendation and guidance: So far in 2018 there have been 171 mumps reports/investigations. Ten of those have been confirmed and seven are probable cases.</p> <p>The recommendation is for “persons previously vaccinated with two doses of a mumps virus-containing vaccine who are identified by public health authorities as being part of a group or population at increased risk for acquiring mumps because of an outbreak should receive a third dose of a mumps virus-containing vaccine to improve protection against mumps disease and related complications.”</p>	

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	<p>Guidance for this recommendation is currently under development and should be published in July or August (2018).</p> <p>Hepatitis A surveillance: Outbreaks of Hep A from March 2017 to April 11, 2018 were in California, Michigan, Kentucky, and Utah. Michigan had the highest number of cases and hospitalizations at 804 and 646 respectively, followed by San Diego, California with 704 and 461 respectively.</p> <p>A Hep A workgroup convened to update the national case definition. The purpose was to add molecular detection of HAV virus in a clinical specimen as confirmatory lab criteria and to clarify the clinical case criteria.</p> <p>Toxigenic cutaneous diphtheria: There was an additional case reported in New Mexico in early 2018. They were exposed during international travel.</p> <p>In June members of the CSTE Infectious Disease Steering Committee will discuss the position statement. This would include making isolation of toxigenic <i>C. diphtheria</i> from any site reportable, continuing the requirement for each <i>C. diphtheria</i> isolate be tested for toxin production, and make both respiratory and cutaneous disease caused by toxigenic <i>C. diphtheria</i> reportable as diphtheria.</p>	
<p>Vaccine Supply and Distribution Update</p> <p>Sheanne Allen, Vaccine Management Section Manager</p> <p>(Presentation)</p>	<p>Best Practices for vaccine storage, handling, and accountability: Workgroup met in February. DOH is currently researching returns greater than \$2500 from January 1, 2018 on. DOH met with the Washington Vaccine Association in late March to brainstorm alternative approaches for restitution. We will follow up with the CDC for further discussion and consultation. The next workgroup is scheduled for May.</p> <p>Hep B vaccine shortage update: Recombivax (Hep B vaccine – Merck) will be mostly unavailable through 2018 because of manufacturing issues. Pediatric Recombivax will be intermittent throughout the year with no doses of adult Recombivax vaccine available.</p>	

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	<p>Engerix (pediatric Hep B vaccine – GSK) will be available. The CDC will allocate all brands of Hep B vaccine for the year and providers should expect less monovalent Hep B vaccine than normal.</p> <p>Recommendations will be out soon.</p> <p>Meningococcal B clinical guidance: Revisit and update guidance? Additional activities we can do to help promote this vaccine?</p> <p>ACIP LAIV recommendation: On February 21, 2018, the Advisory Committee on Immunization Practices (ACIP) voted to include the nasal spray flu vaccine (i.e., LAIV) among the recommended influenza vaccines for the 2018-2019 season.</p> <p>CDC does not currently have a contract for LAIV, but is working to develop one; in the interim, LAIV will likely be available for private purchase before it is available on public contracts.</p> <p>Feedback on this ACIP recommendation and options for ordering? Do members want to offer LAIV in their clinic?</p>	<p>Members agreed that this guidance is due to be updated.</p> <p>ACTION: DOH will coordinate the update and review of this document with VAC members via email.</p> <p>Members had mixed responses about ordering and offering this vaccine and discussed not ordering and offering LAIV for the upcoming flu season. Members provided advice and suggestions that will be incorporated when determining how many doses to order.</p>
<p>School and Child Care Immunization Data Update</p> <p>Katherine Graff, Public Health Nurse Consultant, Clinical and Quality Assurance Section</p>	<p>IIS School Module: The IIS School Module is a portal to the IIS and allows schools to track and manage student immunization information at the school level. Funding was granted in 2016 to roll out and implement the IIS School Module to public and private school districts across the state to:</p> <ul style="list-style-type: none"> • Help reduce the administrative burden on school nurses, providers, and parents. • Reduce multiple handoffs of data to help avoid errors. 	

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<p>Teal Bell, Assessment Supervisor, Clinical and Quality Assurance Section</p> <p>(Presentation)</p>	<p>Healthcare providers play an important role with the IIS School Module by entering missing historical immunizations, immunity and disease history, and providing medically verified records to schools and parents.</p> <p>Schools then use this data to accurately determine immunization compliance for their students and allows them to identify vulnerable students during a disease outbreak.</p> <p>One of the other great benefits of schools using the IIS School Module is that DOH staff can pull their annual data report that is required by law. This has historically been done by school nurses.</p> <p>Some schools saw an increase in compliance rates and the data from the IIS School Module was the cleanest data and deemed the gold standard by the DOH data team.</p> <p>School and child care data: Immunization data for the 2017-18 school year will be released on May 1, 2018.</p> <p>There were a total of 2,599 public and private schools in WA state that were required to report.</p> <p>For kindergarteners:</p> <ul style="list-style-type: none"> • 85.6% complete for all immunizations or proof of immunity. • 1.6% conditional status (30 day grace period for students to comply) • 8.2% out-of-compliance • 4.6% exempt for one or more vaccines. <p>DOH has been collecting the type of exemptions for the last six years.</p> <ul style="list-style-type: none"> • 3.9% non-medical exemptions • 3.7% personal • 0.2% religious • 0.1% religious membership • 0.8% medical <p>Douglas county had the highest kindergarten immunization completion rates and have already reached the Health People 2020 goal.</p>	

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	<p>San Juan county had the lowest completion rates.</p> <p>For exemptions, Stevens had the highest kindergarten exemption rates.</p> <p>For kindergarten out-of-compliance rates, San Juan county had the highest and Chelan county had the lowest.</p> <p>Rates were also broken down by school districts.</p> <p>Is there anything striking about these data that you'd like to discuss?</p>	<p>Members found this information to be useful. Teal let them know that it's available online including the maps of local health jurisdictions.</p>
<p>Future Agenda Items</p>	<p>July 2018; Doug Opel Vaccine Hesitancy and communication research.</p> <p>Other potential topics include adult vaccines/high risk groups, HPV quality improvement, migrant/immigrant immunization, and midwives and immunizations.</p>	<p>Other ideas?</p>

Public comment: *The Vaccine Advisory Committee is an advisory body to the Washington Department of Health. The purpose of VAC is to provide recommendations and guidance to the department on issues related to the use of vaccines. Because this is an advisory body not set in statute/law, the department is not required to conduct an open-public meeting. However, we do so to maintain transparency and to allow public comment. There are up to 15 minutes set aside at the beginning of the meeting designated for public comment. Commenters are limited to three minutes per person.*

- Spokane students experienced stress and embarrassment during the mumps outbreak. Commenter called out Marshall Island communities and asked “*why they were not excluded as a community?*”
- JB Handley quote: “*Is it possible that injecting an immune system antagonist (an aluminum adjuvant), all but guaranteed to cause immune activation events, has done just that in the brains of many of our children? Do even mildly impacted children also suffer from a permanent, simmering brain immune system activation? Should we believe the growing body of scientists from all over the world who are sounding the alarm about the impact injected aluminum adjuvant is having on our children? In the middle of 2017, three of the most important scientists in the field of aluminum adjuvant toxicity took the extraordinary step of writing letters of caution to our American public health authorities.*” Please consider what these experts

are trying to tell our national health organizations and US. Commenter provided several handouts to VAC members.

- MMR 3rd dose/flu vaccine: Commenter hoped that VAC members would review the science articles they provided to VAC members.
- Commenter believes there are things we can do to minimize vaccine injury and believes public health officials should “research their research.”
- Commenter thanked the department for updating the exemption form to remove language they found offensive.