

Vaccine Advisory Committee (VAC) Quarterly Meeting

Red Lion Hotel

October 18, 2018

Chair/Facilitator:

Dr. Kathy Lofy Washington State Department of Health

Members Attending:

Dr. Mary Anderson

Dr. Jenny Arnold

Carla Dionne

Dr. Jeff Duchin

Dr. John Dunn

Dr. Beth Harvey

Dr. Ed Marcuse

Dr. Daniel Moorman

Jean Gowen

Dr. Stephen Pearson

Dr. Amy Person

Dr. Susan Westerlund

Representing:

Physician Care Alliance and Physician's Care Network

Washington State Pharmacy Association

Washington State Association of Local Public Health Officials

Public Health Seattle King County

Managed Care (Kaiser Permanente Washington)

Consultant

Consultant

Washington Chapter of American Academy of Pediatrics

Washington State Health Care Authority

Washington Chapter of American Academy of Pediatrics

Washington State Association of Local Public Health Officials

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

Greg Endler Washington State Department of Health

Mary Huynh Centers for Disease Control and Prevention

Washington State Department of Health

Dr. Scott Lindquist Washington State Department of Health

Michele Roberts 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 Speaker

Teal Bell Washington State Department of Health

Agenda Item	Presented Information	Member Discussion
	<p>from the Board co-chaired both meetings. Topics of discussion included potentially requiring “medically verified” immunization records and a continued discussion about the administrative burdens that some school nurses are experiencing with conditional status; the 30 day grace period allowed to all students to provide the required documentation for school and child care entry.</p> <p>The next step is for the Board to share draft language with interested parties for informal comment. The Board will accept informal comments through October 31, 2018. Notification for formal comments will be sent in early 2019.</p> <p>Pharmacist partnering for training: Jenny Arnold is collaborating with DOH to offer a webinar for healthcare providers, pharmacists, local health departments, and others to discuss the importance of pharmacists as vaccinators. Jenny will describe the immunization training a pharmacist receives, discuss pharmacist immunization practice in Washington State, and assess how best to partner with pharmacists around adult immunizations. Department staff are working to offer continuing education for pharmacists and medical assistants.</p> <p>Clinical Questions: For clinical immunization questions, you can contact your Local Health Department or send an email to immunurses@doh.wa.gov or call 360-236-3595 and ask for an immunization nurse. Trang Kuss and Katherine Graff are DOH Public Health Nursing Consultants in the Office of Immunization and Child Profile (OICP) who can assist you with vaccine recommendations, the immunization schedule, the IIS forecast, vaccine administration errors, and other clinical questions. The forecast was updated this week to resolve several bugs. If there are any questions about the forecast, please email the immunization nurses.</p> <p>The Centers for Disease Control and Protection (CDC) guidance on DTaP vaccines received in China in 2017: Approximately 900,000 doses of low-potency vaccine were administered in four Chinese provinces before being recalled for inefficacy. Three lots of DTaP vaccine from two Chinese vaccine manufacturers were affected.</p>	<p>Interstate Military Compact and the McKinney-Vento Act.</p> <p>Want to keep the grace period because kids from other countries need this allowance so they can be in school.</p>

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	<p>These lots did not meet the potency standards to offer adequate protection against pertussis. Two lots also lacked sufficient potency for tetanus protection. <u>What to do:</u> Review the immunization records of infants and children who have recently arrived or returned from China.</p> <p>The affected lots are:</p> <ul style="list-style-type: none"> • Wuhan Biological Products Research Institute Co., Ltd. <ul style="list-style-type: none"> ○ 201607050-2 • Changchun Changsheng Company <ul style="list-style-type: none"> ○ 201605014-01 ○ 201605014-02 <p>Doses for these lots were administered in Anhui, Shandong, Chongqing, and Hebei provinces between March and November of 2017. If you need assistance in determining if a dose should be considered valid please contact immunurses@doh.wa.gov.</p>	
<p>Vaccine Supply and Distribution Update</p> <p>Sheanne Allen, Vaccine Management Section Manager</p> <p>(Presentation)</p>	<p>Best practices in vaccine storage, handling, and accountability workgroup: A year ago, VAC suggested that we develop a workgroup to look at this issue. We created a vaccine loss policy that is close to final and are reaching out to providers for input. This policy is intended to help prevent vaccine loss.</p> <p>ACTION: We will share the policy with VAC members for your review and input.</p> <p>Our team has been working one on one on storage and handling issues and educating providers on what the loss amounts to for them and for the state.</p> <p>Vaccine Choice (October 15-31): Providers choose the preferred vaccine presentations for their office. Meningococcal B vaccine will be an option.</p> <p>Hep A planning: Discuss local activities. What information do providers need?</p>	<p>Member said that they are partnering with housing and homeless resources including the Olympia free clinic to help buy and offer Hep A vaccines.</p> <p>We are learning from other states that once it starts to spread in homeless populations, they become hard to control and are prolonged.</p>

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	<p>Hep B vaccine supply: Hep B vaccine is still on allocation. Providers are able to fill orders but are affected by what type of presentation is available. This vaccine antigen is interchangeable. Preferences are not able to always be filled. As of this month, we are able to fill requests that providers are asking for.</p> <p>HPV vaccine: The Federal Drug Administration expanded age range for this vaccine to include people aged 27 through 45.</p> <p>Shingles vaccine: We continue to have ordering limits and intermittent shipping delays. We will continue to share as we get more information.</p> <p>Flu Vaccine Summary for 2018-19: 690,000 doses ordered. 331,130 doses currently available. We do not expect any issues with supply.</p> <p>Vaccine Blurbs Newsletter: We are adding VAC members to the distribution list. This newsletter will give you information about outbreaks, shortages, delays, or system issues. If you have something you'd like us to share in the newsletter, please let us know.</p> <p>We worked closely with local health and have transitioned to a more centralized vaccine ordering system. The state vaccine team now does this work. We</p>	<p>Success is resource intensive. In San Diego, over 120K doses were given at 2,538 vaccination field events.</p> <p>Lessons learned and best practices:</p> <ul style="list-style-type: none"> • Partnering with trusted community members for the homeless. • Building relationships is key but the capacity is a barrier. <p>How much HPV vaccine do we order for adults?</p> <ul style="list-style-type: none"> • It's limited. • ACTION: Sheanne will find out the amount and share with members. <p>What is driving the demand?</p> <ul style="list-style-type: none"> • The vaccine was only approved last fall. They approved it to be preferential, younger age (50) and for previously vaccinated adults which drove up the demand. • High demand because it's a superior vaccine with a preferential recommendation. It went from 50 to 90% effective. It also lasts longer. Providers were telling people to wait for the new vaccine.

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	<p>are learning and adjusting our procedures as we move through the transition process.</p> <p>Vaccine management staff are working hard to improve the process and respond to questions. The level of demand has increased with the number of calls going from about 300 (May to June) to over 800 calls between July and August. Email inquiries have jumped from a little over 100 in May to almost 3300 in August.</p> <p>Two PHAPs from CDC are currently working with our program to help with ordering, phone calls, and other tasks to help with response time. They are here for two years but only one will be dedicated.</p> <p>Please continue to share feedback on this topic to the VFC general mailbox at WAchildhoodvaccines@doh.wa.gov</p>	
<p>Vaccine Preventable Disease Surveillance Update</p> <p>Chas DeBolt, Senior Epidemiologist (Presentation)</p>	<p>Varicella activity: There is no current obligation to report varicella cases but when local health is aware, they collect information and then we report that to CDC. We currently do not have a surveillance program.</p> <p>As of end of September:</p> <ul style="list-style-type: none"> • Clark County has had 6 cases related to one household. None had been vaccinated and ranged from 4 months to 13 years of age. • Spokane County had 9 cases within the broader community. Five of the 9 had been vaccinated and were between 4 month and 4 years of age. Some were too young to be vaccinated. • Grant County cases are ongoing. Twenty-five cases so far with 20 of the 25 not vaccinated. All school aged. <p>They are occurring in different environments; school, social activities, and within households.</p> <p>San Juan County has had 20 cases, 17 related to daycare and two were school aged. Onset were from May 24th to August 24th and age range was between 22 months to adult. They are doing cluster surveillance, not case surveillance and assessing quarterly.</p> <p>Mumps activity: Watching multi-state outbreak. The majority of cases that submitted for sequencing have been related to the multi-state cases; nearly 900 cases in 2016-17.</p>	

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	<p>AFM activity: There have been 8 suspected cases since fall. One confirmed in May/June and then none until mid-September. We have had quite a few reports in multiple counties but all on the west side of the state. A Lewis county residence has been confirmed.</p> <p>The current process is to confirm specimens, get treatment, and then surveillance of specimens. This is not to be used to inform treatment, only surveillance. Clusters from 2016 are mirroring what is happening nationally. Nationwide, there's been an increase in AFM. As of the end of September there have been 38 confirmed in 16 states cases.</p> <p>Those with acute onset of limb weakness should be reported ASAP. These are for surveillance only.</p> <p>Morbidity and Mortality Weekly Report was published and summarizes the 9 cases in WA from 2016. This is a good way to understand the case attributes. An in-depth follow up with families is included.</p> <p>The 2016 MMWR shows that it wasn't vaccine related. We did detailed interviews to determine all potential factors and will continue this practice.</p> <p>Flu recap for 2017-18: Flu report is released monthly during summer and weekly October through May. Local health departments often produce reports as well. Flu season updates can be found on the department website: www.doh.wa.gov.</p> <p>Nationally, last season was considered as "high severity," especially during January through March. H3N2 influenza A viruses were predominant. In Washington H3N2, H1N1, and influenza B were seen throughout the season with a total of 296 lab-confirmed flu deaths, mostly among people 65 years and older.</p>	
<p>Influenza season update</p>	<p>Flu education and outreach activities for the 2017-18 season included timely messaging to the public about the importance of flu vaccination for best protection, especially among high-risk groups.</p> <p>The department also held employee vaccination clinics where Governor Jay and Trudi Inslee received their flu shot. The Health Care Authority promoted new workplace vaccination toolkits that was developed by the department.</p>	<p>People frequently ask if they can delay flu vaccination and if that will allow better protection for the full season.</p> <p>People should not wait to get vaccinated until there's an outbreak or uptick of disease.</p> <p>Everyone should get their flu shot by the end of October. The October</p>

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	<p>Flu vaccine education and outreach for the 2018-19 flu season includes multiple news releases and social media posts about vaccine availability, how to protect your family, and where to find vaccine. Health care providers, such as OB/GYNs, midwives, long-term care providers, and general practitioners also help by encouraging flu vaccination for their patients.</p> <p>Workplace flu vaccination clinics are scheduled for multiple dates and the toolkit was also shared for employers. We worked with other programs within the department on joint messaging that were also included in Child Profile mailings.</p>	<p>timeframe is more relevant for older adults.</p> <p>Pandemic flu planning: New level of attention, nationally, is being focused on flu planning, mostly around vaccine distribution.</p> <p>The H1N1 pandemic experience was 10 years ago and we need to reinvest in this planning to be prepared for future outbreaks.</p> <p>Michele Roberts participated in September a CDC pandemic flu exercise with a scenarios of a highly contagious strain of influenza. In that scenario the focus was on getting vaccine to critical work forces and other priority populations, stopping seasonal flu vaccination to focus the nation on pandemic flu vaccination, needle shortages, policy considerations, and use of the national vaccine stockpiles. This scenario included the policy decision to close schools nationally for two weeks and possibly up to 16 weeks.</p> <p>Hospitals often reach capacity in flu outbreaks. What can hospitals do?</p> <p>There is ongoing work on that issue. We have been preparing but need to continue working on this and address the delayed discharges. It's a complex system.</p> <p>There is interest at the CDC about pan flu preparedness and strategies to help identify and address stress in our health care system. They have tools that could help that system, such as a national hotline for people to know if they need to go to the hospital or not. Also, looking at specific high-risk groups and who needs to be protected to help keep society functioning.</p>

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		<p>ACIP will have a role in determining pandemic flu vaccine recommendations.</p> <p>The VAC helped during the H1N1 pandemic and would be briefed during a future outbreak to help the department with recommendations and guidance.</p> <p>Regarding the pressure on hospitals, consider using paramedics for home visits for those who have been discharged. Home health visiting nurses can also assist in dealing with ill people.</p> <p>Thurston county community care center help many who may access the Emergency Department and could potentially help with the capacity issue.</p> <p>ACTION: Recommendation to providers to consider timing of administration of multiple adjuvanted vaccines. We should update our VAC guidance document to add a line about this consideration of using a non-adjuvanted vaccine for these scenarios. This is a CDC recommendation included in the ACIP recommendations.</p>
<p>NIS Data</p>	<p>Data assessment staff from the Department provided a broad overview of immunization coverage for WA in 2017.</p> <p>Immunization data from the Washington Immunization Information System (IIS) includes records of over eight million people, is entered by health care providers, and is specific to Washington State.</p> <p>Immunization data from the CDC National Immunization Survey (NIS) is an annual survey that collects parent and provider reported vaccines to compare state immunization coverage and monitor Healthy People 2020 goals.</p> <p>IIS and NIS data are not comparable.</p>	<p>Priorities should be Reminder/Recall and missed opportunities. It's more about disease prevention not so much about rates.</p> <p>We need to follow up on HPV. Concerned that we are letting a generation go out without cancer prevention.</p> <p>Emphasis on standard work including education and making sure that there is a process for that to happen automatically.</p> <p>How can pharmacies work to better vaccinate children? This is another</p>

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	<p>2017 NIS data show that most of Washington’s individual rates are similar to the national average. Childhood vaccination coverage has remained steady over the past ten years. Rates for Hep A and the full series have increased compared to 2008-2010 data. Hib and Hep B birth dose both decreased in 2017.</p> <p>For teens (13-17 years), all Washington rates were below the 95 percent needed for community immunity, however, the coverage for Tdap and meningococcal ACWY vaccines surpassed the Healthy People 2020 goal of 80 percent. The two dose varicella vaccine rate increased to 92 percent, also surpassing the Healthy People 2020 goal of 90 percent.</p> <p>Klickitat had the lowest coverage rates but they are also experiencing some specific barriers with data exchange.</p> <p>Immunization strategies:</p> <ul style="list-style-type: none"> • Increase access to vaccines. • Support evidence based work – community interventions and strong provider recommendations. • Address missed opportunities to vaccinate. • Use reminder/recall. • Improve and use data. • Immunization education. 	<p>strategy especially for adolescent doses.</p> <p>Are providers doing reminder/recall? It’s up to the provider – it’s not automatic.</p> <p>Providers can learn how to manage our population. Build it in to existing processes and work flow.</p> <p>Prenatal education piece needs to be addressed. There’s a lot to cover but this could be part of the conversation.</p> <p>OB/GYNs are more focused on the mom and not the baby. Family docs can address both.</p> <p>Hospital discharge paperwork could include more of the needed information about vaccinations.</p> <p>Increasing access and missed opportunities through school based clinics that offer good access but are underfunded. School based clinics are being discussed and there’s a lot of energy around that strategy.</p> <p>Birth educator classes could offer more information to expecting parents. More education for birth educators is needed.</p> <p>Immunization reports for clinics are available to help figure out their rates. Training videos are available. Department staff can also help.</p>
Future Agenda Items	Ideas for future agenda items?	None stated.

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 or less depending on the number of people who would like to speak.

The following section provides a high-level overview of the topics and information shared during the public comment period.

- Provided two books for members to read and consider: *The HPV Vaccine on Trial; How to End the Autism Epidemic*.
- Mentioned that RFK Jr. is taking legal action against the CDC.
- Talked about an aggressive vaccine schedule and compared US population health to other countries, such as Japan, that do not follow WHO recommendations. Also mentioned informed consent, specifically regarding the homeless population.
- Read passage regarding communism. Stated strongly the need for better informed consent.
- One person commented that they write for a website on vaccine injuries and that vaccines do not work for everyone. Stated they want informed choice, especially in the school and child care setting.
- One-size fits all doesn't work. Screening and informed consent is needed.