



VACCINE ADVISORY COMMITTEE

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April 19, 2018

Vaccine Management Update

- Development of WA Restitution Policy
- 2018 Vaccine Shortages
- Influenza 2017-2018, 2018-2019
- LAIV Pre-Book and Ordering
- MenB/ ACWY Uptake

Best Practices in Vaccine Storage, Handling, and Accountability Work

- Workgroup met in February
- DOH researching returns greater than \$2,500.00 from Jan 1, 2018 – current
- DOH/WVA meeting 3/22 to brainstorm alternative approaches for restitution
 - Follow up discussions and consultation with CDC will be taking place
- Next workgroup call scheduled for first week in May



2018 Vaccine Shortage: Hepatitis B

Merck's hepatitis B vaccine, Recombivax, will be mostly unavailable through 2018 due to manufacturing issues.

- Pediatric Recombivax will be intermittent throughout the year
- There will not be any adult Recombivax doses.
- GSK has confirmed that they will continue to provide their pediatric hepatitis B vaccine, Engerix.

The CDC will be allocating all brands of hepatitis B vaccine for the year

- Providers should anticipate having approximately 10% less monovalent hepatitis B vaccine than normal. For updates on vaccine supply, see [CDC Current Vaccine Shortages and Delays](#).

Influenza 2017-2018

- 690,000 doses
- 97,000 still available for order
- Flu doses received at depot 7/26/17-10/12/17
- Flu orders approved starting 8/29/17



Influenza 2018-2119

- 3 Presentations
 - FluLaval syringe
 - Fluzone multi-dose vial
 - Fluzone .25 syringe
- 650,000 doses



LAIV

Input needed

- Do health care providers want this vaccine this season?
- What do they think the parent demand will be?
- How many doses would we order?
- If we can only buy a limited quantity to reduce wastage of the other products we purchase, how should we distribute it?
- Do health plans want to support purchase off the private market?
- How do health plans plan to handle reimbursement requests for FluMist that provider purchase privately on their own?

Meningococcal

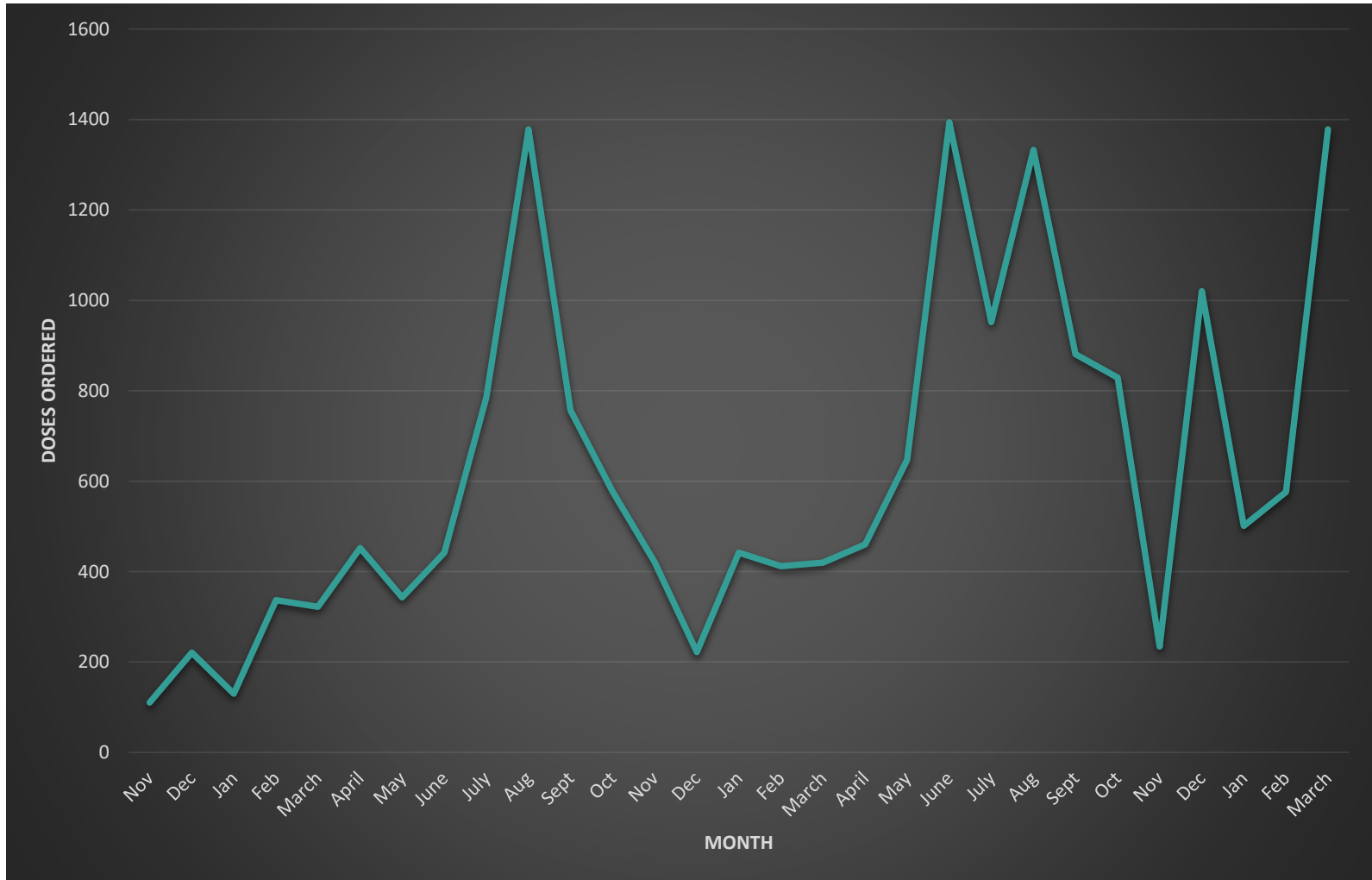
- 11 cases in 2017
- Obtain serogroups on 10 of the 11 cases:
 - Serogroup C 6 age range 3 – 77 years
 - Serogroup B 3 2 infants under 1 year of age, and a 73 year old
 - Serogroup Z 1 Not vaccine preventable
- Recent WA trend: During the past decade, an average of 22 cases (range 10-29) have been reported annually, with as many as five deaths in a year.



Number of Meningococcal Disease Cases by Serogroup, WA 2007-2016

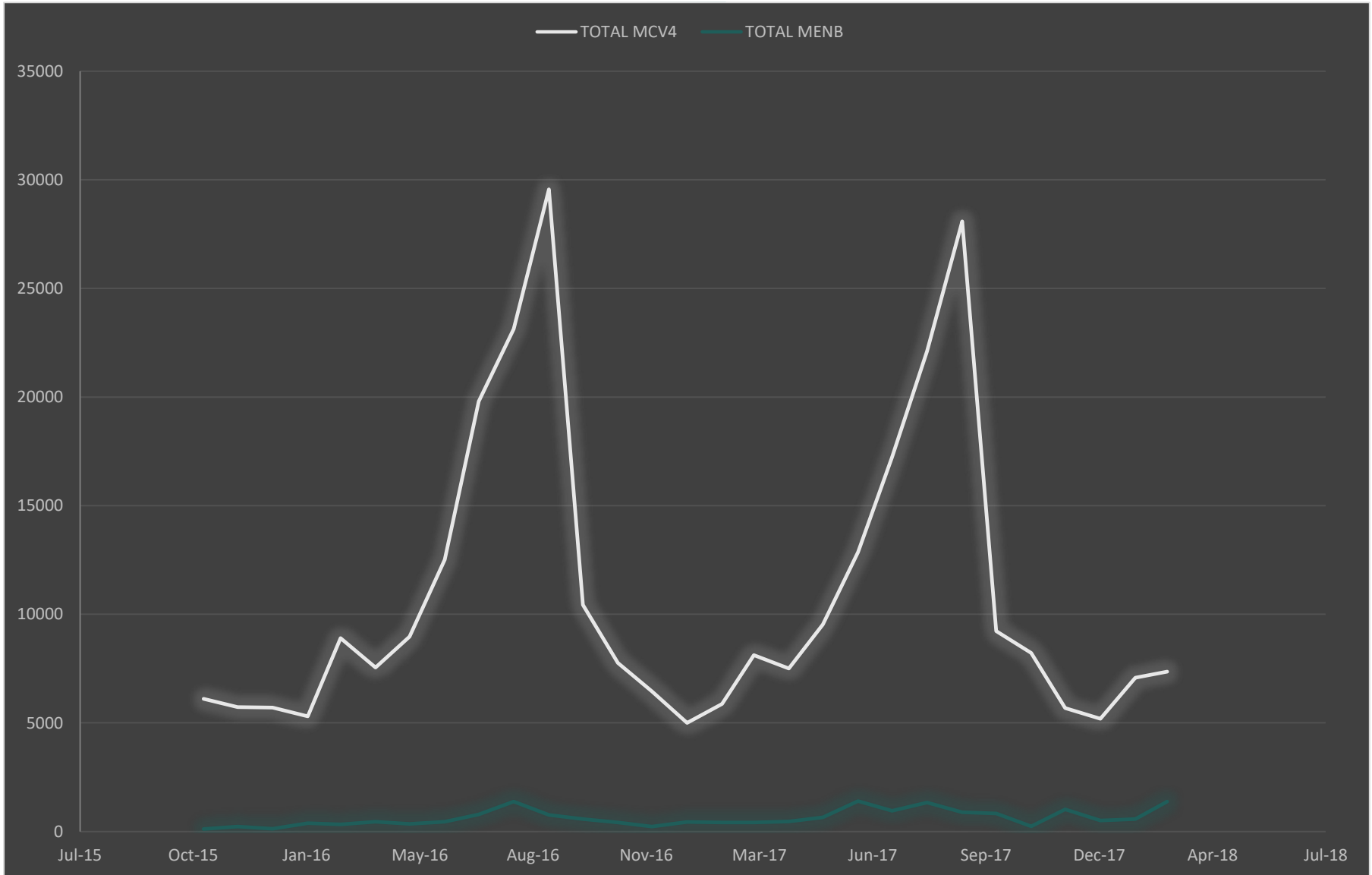
Year	Total	Not Tested*	Isolate available	B	C	Y	W135	Other	% Vaccine (A/C/Y/W) serogroup	% B
2007	28	1	27	13	4	10	0	0	52%	48%
2008	31	3	28	11	5	9	2	1	57%	39%
2009	25	2	23	13	2	8	0	0	43%	57%
2010	29	2	27	7	7	12	1	0	74%	26%
2011	22	0	22	12	2	7	1	0	45%	55%
2012	24	0	24	9	4	8	0	3	50%	40%
2013	20	3	17	9	2	3	2	1	41%	53%
2014	17	0	17	6	5	4	1	1	59%	35%
2015	10	0	10	3	4	1	2	0	70%	30%
2016	13	1	12	3	6	1	1	1	67%	25%
Total	219	12	207	86	41	63	10	7	55%	42%

MenB Doses Ordered Nov 2015- March 2018



MCV4 VS MenB Doses Ordered

Nov 2015- March 2018



MenB

- Recent inquiries from two providers regarding MenB recommendations
 - “The logistics of getting the vaccine give the perception that the state has a negative recommendation”
- MenB is currently not on the DOH routinely recommended order form, providers need to contact DOH to place order.
- DOH reached out to other universal vaccine states regarding their processes
 - VT, MA, ND, IN, MN, ID – include on order form
- 9,024 doses ordered in 2017, 449 doses returned *CDC VTrckS ordered data



MenB Discussion

- MenB to the routinely recommended order form
- Does VAC want to re-examine the current VAC Clinical Guidance document from February 2016?
- Additional thoughts?



Questions

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