

# Vaccine Advisory Committee (VAC) Quarterly Meeting

## Red Lion Hotel

January 17, 2019

### Chair/Facilitator:

Dr. Kathy Lofy Washington State Department of Health

### Members Attending:

Dr. Mary Anderson

Dr. Jenny Arnold

Carla Bacon

Dr. Jeff Duchin (by phone)

Jean Gowen

Dr. Beth Harvey

Dr. Mary Alison Koehnke

Dr. Daniel Moorman

Dr. Susan Westerlund

Dr. Rachel Wood

### 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

Washington State Health Care Authority

Consultant

Washington Association of Naturopathic Physicians

Washington Chapter of American Academy of Pediatrics

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

Dr. Kathy Bay Washington State Department of Health

Greg Endler 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

Agenda Item	Presented Information	Member Discussion
<b>Welcome, Introductions, Announcements</b>  <b>Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair</b>	VAC Chair gave a statement welcoming members, guests, and the public for attending the meeting and asked them to sign in, gave an overview of the meeting expectations and processes, including the timing for public comment and notice about room capacity. She introduced new VAC member, Kathy Bay who recently joined the Office of Immunization and Child Profile as the Clinical and Quality Assurance Manager.	
<b>Conflict of Interest Declaration (Handout)</b>  <b>Michelle Weatherly, OICP Senior Policy Analyst</b>	Ask members if they have any conflicts of interests to declare based on policy statement.  None to declare	
<b>Approval of Meeting Minutes (Handout)</b>  <b>All Members</b>	Ask members to review and provide feedback or approve.  Note that the location is not correct and that the member attendee list included Mary Anderson but she didn't attend the October meeting.  Approved	
<b>OICP General Update (Handout)</b>  <b>Michele Roberts, OICP Director</b>	Legislative session update: Session began on January 14, 2019. The 2019 legislative proposals for the Department of Health (DOH) are provided on our main DOH Webpage at <a href="https://www.doh.wa.gov/AboutUs/LegislativeProposals">https://www.doh.wa.gov/AboutUs/LegislativeProposals</a> .  The Department put forth a Foundational Public Health Services (FPHS) package to the Governor for his consideration that included funding requests to help reduce communicable disease, assessment, and environmental health threats. Currently, the local, tribal, and state governmental public health system is failing to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washington residents. This proposal takes a multi-year approach to fully funding the FPHS gaps, starting with funding communicable disease, environmental public health, and assessment services. Immunizations is included under communicable disease.  <a href="#">HB 1019</a> introduced concerning vaccination and antibody titer test notification.  HB 1275 concerning the creation of a program and database for vaccine adverse events.  HB 1276 concerning mercury containing products.  Modernization of Chapter 70.24 RCW Control and Treatment of Sexually Transmitted Diseases: The End AIDS Washington report (PDF) recommend modernizing Washington's HIV laws to reflect current science and reduce HIV-related stigma. Washington's laws related to HIV/AIDS	

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	<p>primarily sit within Chapter 70.24 RCW, Control and Treatment of Sexually Transmitted Disease.</p> <p>Many parts of the statute have not been updated, since they were enacted in 1988. The law is outdated and inconsistent with current state and national best practices. The Department of Health has developed proposed agency request legislation to update and modernize Washington’s laws, while reducing HIV/AIDS exceptionalism and HIV stigma.</p> <p>Information about the legislature including schedules, proposed bills, such as the ones discussed above, committees, and other information about the current session can be found on the Washington State Legislature website at: <a href="https://app.leg.wa.gov/billinfo/">https://app.leg.wa.gov/billinfo/</a>.</p> <p>The Health Plan Partnership is once again sponsoring the 2019 Immunize WA Provider Recognition Program. Clinics and providers are encouraged to nominate themselves for recognition through <b>February 17<sup>th</sup>, 2019</b>. All nominees who have achieved immunization rates of 70% or higher qualify. More details can be found at: <a href="http://www.immunizewa.org">www.immunizewa.org</a></p> <p>Families and providers want Child Profile Health Promotion to be expanded beyond age six. The Group Health Foundation grant is covering testing to see if it’s possible to expand the Child Profile Health Promotion system to the state’s kids past age six. We’ll be sending out a mailing to parents of children ages 10 to 18 to see how accurate the address data is in the IIS and see how likely parents in this group are to take action on something they get in the mail</p> <p><b>We recently announced the Washington State 2018 HPV Vaccine is Cancer Prevention Champion! Polyclinic Pediatrics</b> has been recognized by the CDC, the Association of American Cancer Institutes, and the American Cancer Society for their leadership and innovation in improving HPV vaccination rates. Led by Dr. Sherri Zorn, quality improvement strategies within the practice and significant advocacy across the state have made Polyclinic Pediatrics a leader in promoting HPV vaccination to protect adolescent health. You can read more at <a href="http://www.cdc.gov/hpv/champions">www.cdc.gov/hpv/champions</a>.</p> <p>Dannette Dronenburg, Provider Outreach Supervisor in the Office of Immunization and Child Profile, was elected to the <a href="https://www.immregistries.org/">American Immunization Registry Association (AIRA)</a> (<a href="https://www.immregistries.org/">https://www.immregistries.org/</a>) Board of Directors for a one year term starting November 1, 2018 through October 31, 2019. AIRA exists to support and promote the use of immunization information to ensure healthy communities through the development and implementation of immunization information systems as a crucial tool in preventing vaccine-preventable diseases. This is an exciting opportunity &amp; will help ensure WA remains connected with the national IIS community.</p>	
<p><b>VAC Purpose Statement and Membership Policy</b></p> <p><b>Dr. Kathy Lofy, M.D., State</b></p>	<p>Annual review of the VAC purpose statement and membership policy. Members reviewed content. Any suggested edits or feedback?</p>	<p>Approved</p>

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<b>Health Officer, VAC Chair</b>		
<b>Vaccine Preventable Disease Surveillance Update</b>  <b>Chas DeBolt, Senior Epidemiologist</b>  <b>(Presentation)</b>	<p>Varicella (chickenpox) activity: Two counties have varicella cases. Please remind providers to make sure to do lab testing to determine if it's the chickenpox.</p> <p>Klickitat has six cases in elementary schools. Currently they're unsure about vaccination status of those kids. Most kids with one dose have a 20% chance they will get it. Not surprised to see some cases.</p> <p>AFM activity: 13 cases (1 in May). We're working closely with CDC and other states to investigate what is causing it but no answers yet. More work to be done. The good news is that we have one new staff person to work on follow-up investigation.</p> <p>Flu Update: Mid-season 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: <a href="http://www.doh.wa.gov">www.doh.wa.gov</a>.</p> <p>National data shows that flu cases may have reached the peak for this season. H1N1 is the predominant strain. Same pandemic virus from 2009.</p> <p>Most states are experiencing wide spread flu activity. Washington is regional. The vaccine is well-matched this year.</p> <p>Washington surveillance data shows that Washington's flu activity may still be increasing and still a bit behind the rest of the country.</p> <p>Strains we are seeing in Washington are similar to the national pattern. This may be a milder flu season. H1N1 viruses tend to be higher in younger populations and H3N2 seasons affect the elderly more and are at greater risk.</p> <p>More information can be found by visiting our <a href="#">flu news webpages</a>.</p>	<p>High rate of exemption in Klickitat. Started cluster over the winter break. Last few cases have been in schools or buses.</p> <p>Exclusions could be possible but waiting to hear from health officer.</p> <p>There is a delay to confirm AFM cases. We have to send MRIs to CDC to review specific findings so it takes several weeks.</p> <p>In confirmed cases how soon does the paralysis occur?</p> <p>Within a week. It progresses rapidly and is an acute illness.</p> <p>More pharmacies are reporting flu shots with other providers and more provider groups are sharing data.</p> <p>Dr. Jenny Arnold can share information on how to partner with pharmacies.</p> <p>Flu report is valuable and is used by locals.</p>

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	<p>Measles Outbreak: There has been a rapid increase in cases. Clark County is gathering new data each day. Currently there are 14 confirmed cases with one hospitalization. Initial case was related to international travel who has an unconfirmed single dose of vaccine. Disease spread quickly to others.</p> <p>Most cases are in people who are unimmunized or under immunized. We're concerned that this is increasing so quickly. There were 11 new cases over the weekend.</p> <p>Measles can spread quickly in an unvaccinated community. DOH and Clark County are working together and have stood up an incident command center. Epi analysis ongoing to get data to support. There have been at least 1000 exposures; airport (HI and GA), health care clinics, schools, IKEA, Costco, and churches.</p> <p>Vaccine supply is plentiful. Funding covers adult vaccine and can help with that.</p> <p>Counties are excluding unvaccinated or under-vaccinated kids from schools.</p> <p>Provider messaging during an outbreak includes checking patient immunization status and considering measles as a diagnoses. Ask about international travel. CDC also has information that may be helpful.</p> <p>MyIR is a way for the public to access their immunization data.</p> <p>Regarding school data, we are working with Clark County to understand the immunization status of students. The school module is a helpful tool for schools when needing to gather this information.</p> <p>IACW has a toolkit around health care worker vaccination.</p> <p>Clark County updates are posted after 1 p.m. on their website.</p> <p>The Washington State Department of Health has activated our Incident Response Team to support the response to an outbreak of measles among several children in Clark County. The Department of Health's</p>	<p>To clarify, it would be a rolling exclusion based on new case onset.</p> <p>The local health officer has the authority to exclude during outbreaks. They do work closely with the schools in making decisions.</p> <p>Students who are exempt for any reason could be excluded.</p> <p>Exclusions are not done lightly. There are also considerations for medically fragile students. There are a lot of far reaching implications.</p> <p>Notifiable conditions includes guidance on how to respond and includes exclusion information.</p> <p>There are specimen collection resources on the DOH website.</p> <p>It's important to have documentation of two vaccinations for health care staff otherwise they won't be able to work and could</p>

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	<p>Communicable Disease Investigation team and our Public Health Laboratories are providing disease investigation support and laboratory testing of the potential cases.</p> <p>As of now, Clark County is leading the disease investigation. If we learn that people in Washington beyond Clark County may have been exposed, we'll work with those county public health agencies to make sure they're aware and can take action to protect their communities.</p>	<p>create staffing issues for other medical work.</p> <p>Call ahead for suspected cases (fever and rash). Do not bring them in the building/clinic but see them in the car.</p> <p>Messaging for providers to help address concerns of people who are hesitant to getting immunized would be helpful.</p>
<p><b>School and Child Care Immunization Compliance</b></p>	<p>Conditional status: WAC allows a 30 day grace period for all students. Many commenters on the rule language say that this provision should not apply to all students. They must have documentation on the first day of school. Some schools report that this causes an administrative burden and also puts students at increased risk for getting and spreading diseases that vaccines can prevent. The Technical Advisory Committee for this rule update recommended no changes to conditional status.</p> <p>AT SBOH meeting there was a discussion around this conclusion. A few questioned if this was still the right approach or if we need documentation on first day of school.</p> <p>Any thoughts? SBOH is still working through this process. There will be a more formal public comment period in the spring.</p>	<p>Pattern of 30 day allowance is interpretive and can extend much longer.</p> <p>There is a gap between the law and how it's implemented. School resources may be an issue.</p> <p>There is not a lot of enforcement. In other states, the immunization documentation is required during registration, instead of after school started.</p> <p>It's helpful when the school worked hand in hand with the provider.</p> <p>Schools are understaffed but would be nice if there was support for the school nurses in connecting with other schools of transferring students.</p> <p>School nurses are understaffed but they have a shared interest in keeping kids in school beyond. Their work goes beyond immunizations. They do not want to create more equity issues.</p> <p>Schools must have kids in seats the first four days to ensure they receive funding. The first month of funding is based on attendance in the first four days.</p>

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		<p>Schools or districts might want to have relationships with provider groups to help with access issues. Communicating through the IIS or note in the IIS that says the school has reviewed may also be helpful. They could flag student as out of compliance.</p>
<p><b>Vaccine Supply and Distribution Update</b></p> <p><b>Sheanne Allen, Vaccine Management Section Manager (Presentation)</b></p>	<p>Best practices in vaccine storage, handling, and accountability work: messaging will go out January through February and then will be implemented in March and April.</p> <p>Vaccine loss policy messaging: DOH partnered with stakeholders to review and update the vaccine loss policy. Providers will review and sign the policy annually, along with provider agreement renewals. The signed policy should be kept with current provider agreements. Questions regarding this policy can be sent to Megan at <a href="mailto:wachildhoodvaccines@doh.wa.gov">wachildhoodvaccines@doh.wa.gov</a>.</p> <p>Vaccine program provider survey results: Surveyed 475 providers from 33 local health jurisdictions. We heard from almost every county, most were from King, Pierce, and Snohomish Counties, with 78 percent saying they were satisfied or very satisfied with the vaccine program overall, 80 percent were satisfied or very satisfied with the vaccine ordering process, and 77 percent were satisfied or very satisfied with the vaccine order frequency.</p> <p>Regarding vaccine choice, the department determines the default vaccine brand based on vaccine price and other considerations. Default vaccine brands should not be interpreted as the department's vaccine preference.</p> <p>For Fall 2018 there were a total of 202 order sets with 33 new order sets and 2019 total changes. We received 348 forms. All order sets were updated to have the syringe presentation of both Hep A and Tdap.</p> <p>We continue to have sufficient hepatitis B vaccine to supply all enrolled providers with their full vaccine order although providers may receive doses that are not of their preferred presentation. Even though the antigen content differs between the two Hep B vaccines, they are interchangeable.</p> <p>For updates on vaccine supply see, <a href="#">CDC current vaccine shortages and delays</a>.</p>	<p>Flu mist is no longer being shipped. Expires at the end of the month. Stop shipping two to three weeks before expiration date. We will get a 100% credit this year for those doses. Providers used about half.</p> <p>Are there clinics interested in using cell based flu vaccines?</p> <p>Cell based v. egg based efficacy is better in cell-based. Shift occurring in the egg based process that may affect the efficacy.</p>

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	<p>Shingles vaccine supply continues to be constrained due to very high demand. Ordering limits are expected to continue throughout 2019 although manufacturers are committed to increasing the supply. CDC will continue with state allocations during 2019 to ensure that all states have equitable access to the vaccine. Use the <a href="#">vaccine finder tool</a> to help locate other providers who have it in stock.</p> <p>Flu vaccine is still available for ordering. Planning for the 2019-2020 flu season includes CDC pre-book starting on February 8<sup>th</sup>. There will be a provider survey on January 26<sup>th</sup> that will include demographics, vaccine preferences, number of doses anticipated for ordering (including number of nasal spray doses), whether or not your clinic is interested in participating in the pilot involving the cell based flu vaccine licensed for children four and older.</p> <p>Vaccine Blurbs continues to be the main communication with providers. We are adding VaxQ, clinical corner and helpful hints. They are sent every two weeks and for special bulletins.</p> <p>The FDA licensed a hexavalent vaccine for use as a 3-dose series in children age 6 weeks through 4 years that will be available in 2020 or later. It contains antigens against diphtheria, tetanus, pertussis, poliomyelitis, Hep B, and <i>Haemophilus influenzae</i> type b.</p> <p>The ACIP recently updated recommendations for Hep A vaccine that include travel recommendations for babies 6 to 11 months, it's recommended for people 12 months and older for post-exposure prophylaxis, and providers may give immune globulin to adults over 40 in addition to Hep A vaccine depending on the provider's risk assessment.</p>	
<p><b>Hepatitis A – Public Health Preparedness (Discussion)</b></p> <p><b>Michele Roberts, OICP Director</b></p> <p><b>Dr. Kathy Lofy, M.D., State Health Officer, VAC Chair</b></p>	<p>Secretary of Health asked staff about how prepared we are for a potential Hepatitis A outbreak in WA and what more could we be doing. Workgroup created briefing paper (handout).</p> <p>West Virginia outbreak – overview on the experience and lessons learned.</p> <p>Overview regarding prevention of Hep A in vulnerable populations in WA.</p>	<p>Members felt this is a high priority. Look at the equity issues.</p> <p>Outreach to encampments. 12k homeless unsheltered.</p> <p>Engaged emergency departments.</p> <p>They are on-board but have issues with logistical pieces. Struggling to have more than one offer for the vaccine at Harborview.</p>

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	<p>DISCUSSION QUESTIONS:</p> <ul style="list-style-type: none"> <li>• How high of a priority do you feel this is for our state?</li> <li>• What resources can we leverage? Financial opportunities</li> <li>• How do we identify homeless populations who can benefit from this prevention intervention?</li> </ul> <p>Budget – homelessness and drug use. Connections to Hep C. Offer both and testing.</p> <p>More exploration around opioid work.</p> <p>Other states – prevention ahead of time takes teams of people in community.</p> <p>High hospitalization rates and numbers of deaths are surprising.</p>	<p>Thurston County – partnered with the providence community care center. Homeless coordinator for the city of Olympia. That was a trusted place and setting. Funding was obtained through the health department and the medical reserve corps went and met people where they are. About 50 vaccinations given. There are over 800 unhoused in the county.</p> <p>Partnering with community partners that are trusted providers.</p> <p>Medicaid made sure all managed care plans allowed vaccination in the pharmacy.</p> <p>ER presentation – how willing are they to accept? Unsure. They are working it into their EMR.</p> <p>Ok to go to food banks and shelters? Any systems in place to do that?</p> <p>Yes, in Thurston county.</p> <p>What about jails? Hard to track</p> <p>Food service groups who serve homeless pops. Make sure they're protected.</p> <p>This should be a high priority – these are avoidable deaths.</p> <p>Funding we have for this is the same funding for adults and outbreaks.</p> <p>Partnership with the opioid response or embedding messaging into that response?</p> <p>Think about communicating with those clinics.</p> <p>Who is the disease affecting and how can they access health care.</p>

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		<p>Although it may not have the same mortality rate, these folks may not have the same access to care.</p> <p>How is the vaccine funding for adults currently allocated? Beginning of funding cycle – 1.2 million. Some on Hep A</p> <p>Hep A/Hep B combo vaccine costs \$60</p> <p>Measles 10 doses for \$45.64 per dose for adults.</p> <p>Many homeless are eligible for health insurance but will they access it? It's another challenge.</p> <p>Collaboration with the harm reduction services? Testing for hepatitis antibodies.</p> <p>The workgroup included syringe exchange services representatives.</p> <p>Please let us know if you have thoughts about this issue. We're open to other comments.</p> <p>How quickly can you get vaccine if you need it? Is it easier to get Hep B or MMR?</p> <ul style="list-style-type: none"> <li>• There's a two day turnaround. Normal turnaround is 7 days.</li> <li>• Private purchases doses are quicker. Less steps in the process.</li> </ul>
<p><b>Future Agenda Items</b></p>	<p>Ideas for future agenda items?</p>	<p>Member updates – from their organizations.</p> <p>Follow up on the Diamond Project – calls email received. How is this working (AFIX regionalization) – worry about losing relationships.</p>

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		Partner with pharmacy – linkage of information with providers. Chains report into the registry.

**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.

- Statement about removing school exclusion from the law. It’s illegally imposed and illegal detention. These should be voluntary.
- Provided quotes about MMR and Paul Offit. Advocate for informed choice based on science. All vaccines are important to protect people; do not label us anti-vax. Non-profit cares about health.
- Measles mention regarding the Clark County website. DOH also provides measles information. Fear is unnecessary. Consider giving Vitamin A for measles infection.
- Mentioned three legislative bills: Antibody titer check - public health policy must be made at the personal level; Mercury – we don’t need mercury injected; and vaccine adverse effects database (statewide VAERS) – rates of reporting are low compared to actual events –change the bill so reporting is automated. Support to help rebuild public trust. Mentioned vaccine mandates.