Vaccine Advisory Committee (VAC) Quarterly Meeting
Red Lion Hotel

July 18, 2019

Chair/Facilitator:

Dr. Scott Lindquist	Washington State Department of Health

Members Attending:	**Representing:**
Dr. Jenny Arnold	Washington State Pharmacy Association
Dr. Mary Anderson	Internal Medicine Organization
Carla Bacon	Washington State Association of Local Public Health Officials
Dr. John Dunn	Managed Care, Kaiser Permanente Washington
Nicole Klein	Office of the Superintendent of Public Instruction
Dr. Mary Alison Koehnke	Washington Association of Naturopathic Physicians
Dr. Daniel Moorman	Washington Chapter of American Academy of Pediatrics
Amy Person	Washington State Association of Local Public Health Officials
Dr. Stephen Pearson	Washington Chapter of American Academy of Pediatrics
Dr. Usha Rao	Washington Academy of Family Physicians
Dr. Susan Westerlund	Washington Academy of Family Physicians
Dr. Rachel Wood	Washington State Association of Local Public Health Officials

Washington State Department of Health Staff:

Sheanne Allen
Dr. Kathy Bay
Chas DeBolt
Greg Endler
Michele Roberts
Michelle Weatherly
Mary Huynh

Meeting Setup and Logistics:

Cicely Bacon	Washington State Department of Health

Guests – Washington State Department of Health:

Teal Bell
Jeff Zahir
Ariel VanZandt
Katherine Graff

Agenda Item	Presented Information	Member Discussion
Welcome, Introductions, Announcements **Dr. Scott Lindquist**	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. The chair also introduced new VAC member, Nicole Klein, Health Services Manager with the Office of the Superintendent of Public Instruction. The chair also introduced presenters, Teal Bell, Jeff Zahir, Ariel VanZandt, and Katherine Graff. They provided information regarding school immunization data and an Immunization Information System (IIS) School Module update.	
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**	OICP General Update highlights: School and child care immunization compliance rulemaking comment period is open until for input until July 24th. The State Board of Health hearing on this rule is on August 14th at the Capital in Olympia. There will be an opportunity for public comment there as well. We encourage members to look at the immunization compliance rule. There are two big pieces: 1) medically verified records, which would require records to be verified (we are only one of three states that currently doesn't require this information), and 2) Immunization status documentation is due or before the first day of school. WithinReach is hosting the Immunization Summit in October. There will be topics on clinical education, immunization hot topics, and measles. Continuing Education (CE) credits are available. Dr. Alex Hamling of Pacific Medical Center pediatrician received the immunization champion award. Other highlights included an update on grant funding. The Office of Immunization and Child Profile was successfully awarded funding to support IIS data use for assessment and coverage activities. This will feed into national data and help with data quality challenges. CDC also did award our office outbreak response funding because of the ongoing measles work. We are looking toward Hep A prevention work and watching King, Snohomish, and Spokane in their responses. High-risk groups are of interest for the department and other partners to ensure we are providing education for informed decisions around immunization.	

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	Member question: Is there a relationship with the Department of Defense (DOD) around military member immunizations? • Data exchange between the military EHR for military families has happened previously but technology upgrades stopped the data exchange. However, there is work being done to re-establish connectivity. Member question: Do service members get their immunization records and do dependents all carry a card with their immunizations? • Military members can take records to their provider to have it entered in the IIS and the Department encourages that practice. We believe that most, if not all, military members have been vaccinated with MMR.	
Member Updates	Members shared the following: At least 10 high-risk individuals were exposed to measles by a child between the ages of 0-10. They were with a parent helping a friend with lymphoma and transferred to a cancer care center so there was a lot of time spent to verify whether or not this case was measles. It involved a lot of work and concerning. Are there suggestions for young adults who need Men B vaccine but do not qualify for VFC and cannot afford it? They could be eligible for Medicaid. Not sure about insurance status. Medicaid should cover recommended vaccines up to the 21st birthday. Regarding HPV vaccine and adult coverage, the ACIP recommendation a permissive change. It's a challenge to communicate with a large number of staff on how to offer the vaccine. If anyone has thoughts on how to strategize communications to help in larger organizations.	ACTION: Sheanne Allen and others will follow up and check with Jean Gowen to clarify options for coverage for this group of unknowns (19-21). HCA has a shared decision making tools. Intended for clinical practice where the recommendation is not clear but want the provider to have a conversation. Created for other things (VBAC) – they are one page documents with pros and cons. ACTION: Develop a shared decision making tool and recommend that the CDC put something together. Welcome setting up a subcommittee – volunteers? This group could draft materials that can come back for review and discussion at a future VAC meeting.
Vaccine Supply and Distribution **Sheanne Allen**	Shingles vaccine – received notification from CDC on increased supply starting July 1st. Allocation from the CDC determining how many Hep A and Hep B doses we can order. • Hep A – increasing each month. • Hep B – still able to fill all orders.	

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	Adult Vaccine Program – Received limited funding each year starting on October 1st. Priority for the funding is for outbreak response. We will check with providers in late July through survey on how many doses they need for underinsured and uninsured adults. 2019 Vaccine: https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-689-AVPOfferedVaccines.pdf Provider training was identified as a need to help fill out reports or figure out how much to order. New IIS training videos are available online. ACTION – Cicely will send the link to this group. Member asked about age and college attendance breakdown in regards to Men B. ACTION - Chas will talk about it during her update. Men B has been added as an option for ordering in the Childhood Vaccine Program, instead of providers needed to order through a separate process. We will continue to watch ordering and work with providers as needed. Flu vaccine purchases for the upcoming flu season for the Childhood Vaccine Program are similar but multi-dose vials reduced by about 70K based on feedback and what was remaining last season. Flu vaccine distribution is potentially delayed due to World Health Organization deciding to delay their selection of strains. Look for a special addition of Vaccine Blurbs on flu vaccine including distribution methods, why private vaccine purchases come sooner, and the delay. AAP will no longer express a preference for the flu shot over the nasal spray for children during the 2019-2020 flu season. ACTION - develop talking points to share with parents.	
Advisory Committee on Immunization Practices Updates **Dr. Kathy Bay, Manager, Clinical and Quality Assurance Section**	Thank you to Jeff Duchin shared his ACIP meeting notes. ACIP updated terminology for “individual decision making” to “shared decision making” to reflect something more familiar with clinicians. Intent is still the same. HPV recommendation is now for cross-gender up through age 26. Shared decision making is recommended. Not used in adults above age 45. PCV13 – shared decision making for at risk individuals. If recommended it should be given first followed by PPSV23. Hexavalent vaccine as an option for VFC programs. Rolling up into the VFC program for future ordering. Measles – 1100 cases across the US 1100. Pertussis discussion but no vote. It will be back on a future agenda. The idea is for not using TD only but incorporating Tdap. Tetanus is given every 10 years and there is discussion about using Tdap instead. More to come. Zoster – No changes made on recommendations.	

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	Flu vaccine - Last year there was good coverage. Virus evolves so they are working on finding the best match. Hep A – ACIP recommends for all children aged 12-23 months, consideration of vaccination of children age 2-18 years, and vaccination of adults at risk for Hep A virus infection. ACIP also recommends Hep A vaccination for post-exposure prophylaxis for all persons age 12 months and older, regardless of risk group. Meningococcal – ACIP recommends persons aged 10 years and older at increased risk for serogroup B meningococcal disease receive a serogroup B meningococcal vaccine series. ACIP also recommends that adolescents aged 16-23 years may be vaccinated with a MenB series based on individual clinical decision-making. Evidence suggests that antibodies wane as early as 1-2 years following completion of a MenB primary series.	
Vaccine Preventable Disease Surveillance Update **Chas DeBolt, Senior Epidemiologist** **(Presentation)**	Measles – 1123 cases in 28 states from January through July 11th. 4/29 Clark county outbreak over (2 incubation periods need to pass with no further disease to declare a measles outbreak over). What we didn't know then is that four days earlier there was a SeaTac exposure (25th of April). Began getting reports in early May of suspect measles cases from that exposure; this started a second measles outbreak in our state. This new outbreak – 13 cases in WA; 3 linked cases from Oklahoma, California, and Illinois.	

School Data Jeff Zahir	Immunization status data is due by Nov 1st from schools (K-12). Data will be published soon. Data is suppressed when enrollment is less than 10. Smaller schools can request that data.
	
	<u>K-12 Students (1.1 million)</u>
	• Complete for all vaccines: 89% (1 million)
	• At least one exemption: 5% (55 thousand)
	  ○ Medical: 1%
	  ○ Personal: 4%
	  ○ Religious and Religious Membership: Less than half a percent (4 thousand)
	• Exemption by Vaccine:
	  ○ DTaP: 3%
	  ○ MMR: 3%
	  ○ Polio: 3%
	  ○ Hep B: 3%
	  ○ Varicella: 4%
	• By School Type:
	  ○ Public Complete: 89% (1 million)
	  ○ Public Exempt: 5% (50 thousand)
	  ○ Private Complete: 87% (67 thousand)
	  ○ Private Exempt: 7% (4 thousand)
	• County-level rates
		OSPI uses the data to help inform nurses to help communities and education around immunizations.
		
		This data will help target counties that are struggling.
		
		Over 300 SDs and 500 private schools report. This doesn't include institutional education.
		
		This data is embargoed and has not been published yet.

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	○ Completion rates ranged from 50% to 97% ○ Exemption rates ranged from 0% to 20% <u>Kindergarten Students (85 thousand)</u> • Complete for all vaccines: 86% (73 thousand) ○ Hepatitis B vaccine continues to be the vaccine with the highest completion rate (93%) • Conditional enrollment : 2% (1 thousand) • Out of Compliance: 7% (6 thousand) • At least one exemption: 5% (4 thousand) ○ Medical: 1% ○ Personal: 4% ○ Religious and Religious Membership: Less than half a percent (244) • Exemption by School Type: ○ Public Complete: 86% ○ Public Out of Compliance: 7% ○ Public Exempt: 5% ○ Private Complete: 85% ○ Private Out of Compliance: 4% ○ Private Exempt: 7% • County-level rates ○ Completion rates ranged from 50% to 95% ○ Exemption rates ranged from 0 to 20% Note: Conditional status is used to identify Kindergartners and Sixth graders who have demonstrated progress towards the goal of completing their immunizations. Out of Compliance status identifies Kindergartners and Sixth Graders who have failed to show any evidence of full immunization or turn in exemption paperwork, and do not qualify for "Conditional" status (see above). Passage of EHB 1638 regarding exemptions resulted in changes to the reporting form. Changes to the form will include status updates around personal exemptions and MMR.	
School Module **Katherine Graff** **Ariel VanZandt**	The IIS School module increases use for schools so they can use more of the functionalities. It also helps them work more robustly, such as running compliance and forecasting reports, exemption information, letters for parents/providers. Robust tool. Rolling it out and encouraging all schools to use it. The IIS School Module implementation is a priority for the agency. Who is using the IIS School Module?	

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	• 38 public school districts • 15 private schools • 2 charter schools • 4 ECEAP/Head Starts • 15 are in progress • 57 have expressed interest The IIS School Module is the Gold Standard for school data reporting, data being used to assess and evaluate, and it has helped increase data in IIS. Immunization dates entered by school nurses: • 2016-2017 school year: 21,920 • 2017-2018 school year: 33,536 • 2018-2019 school year: 61,531 • Total since the roll-out began: 116,987 Benefits of using the IIS School Module: • Access to the IIS that contains millions of immunization records • Reduces immunization duplicate data entry into a school's student information system • Saves money and staff time • Reports and parent letters and identify students at risk • Eliminates the need to submit the required annual immunization report • Adds missing immunizations records to the IIS • Creates a lifetime immunization record • **Reduces the number of unnecessary immunizations** • **Supports healthy, well-immunized students** The more complete the data is, the easier providers, schools and parents can determine immunization compliance. Healthcare providers can help: • Enter missing historical immunizations • Provide medically verified records to schools and parents or enter these missing immunizations in the IIS for your patients School records are useful. Staff can also be excluded. Working on a process to help schools track employees as well. More information about the IIS School Module can be found at: www.doh.wa.gov/schoolmodule.	

Exemption Legislation
 	
Kathy Bay
	Children in licensed child cares and schools (public and private):
	• Removed option for personal and philosophical exemptions for measles, mumps, and rubella (MMR) vaccine
	• No change to:
	  ○ Religious, religious membership, or medical exemptions
	  ○ Titer testing in lieu of immunization
	  ○ No change to personal or philosophical exemptions for other required vaccines (besides the MMR vaccine)
	  ○ Effective July 28, 2019
		Military, foster care, and homeless students are covered under federal law.
		
		Head start/ECAP located in schools – are they required to be immunized? Yes. The Department of Children Youth and Families oversees child cares.

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	Updated Certificate of Exemption (COE) was sent for feedback to providers, stakeholders, and partners to ensure that it is easy to use for parents, providers, and schools.
	
	Types of exemptions:
	• Personal and philosophical exemption (not allowed for MMR vaccine)
	• Religious
	• Religious membership
	• Medical
	• Effective July 22, 2011, education must be provided by a healthcare practitioner
	
	Religious exemptions:
	• Religious: There is no requirement to validate or prove a religious exemption
	• Religious Membership: *"…used when religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child"*
	
	Who is allowed to sign an exemption:
	• Physician licensed under chapter 18.71 or 18.57 RCW
	• Naturopath licensed under chapter 18.36A RCW
	• Physician Assistant licensed under chapter 18.71A or 18.57A RCW
	• Advanced registered nurse practitioner licensed under chapter 18.79 RCW
	
	What does the practitioner signature mean?
	• The signature is the health care practitioner's attestation stating that he or she "*provided the signator with information about the benefits and risks of immunization to the child.*"
	• Clinician and school staff have no role in assessing parents' religious beliefs
	
	Religious membership exemption:
	• To be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a healthcare practitioner
	  ○ No healthcare practitioner signature required
	  ○ If the parent or guardian takes their child to see a health care practitioner for things like well-child, illness, and
		International students would need a COE signed by a WA state Provider. We are working on outreach to those organizations.
		
		Medical exemptions are based on the provider's medical judgement. Follow ACIP recommendations and package insert.
		
		Legal counsel has been consulted on the interpretation of the bill and subsequent communications.

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	injury care they should not use this exemption.
	Medical exemption:
	• Contraindications to vaccines can be found:
	  ○ Recommendations of the Advisory Committee on Immunization Practices: www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm
	  ○ Vaccine manufacturer's package insert
	• Permanent or Temporary
	  ○ Both require healthcare practitioner and parent/guardian signatures
	  ○ When a temporary exemption ends the child has 30 days to get the vaccine or another exemption
	
	Clinicians' role in medical exemptions:
	• Determine if the child has a contraindication or precaution
	• Condition temporary or permanent;
	  ○ If temporary, write in date when exemption expires
	• The healthcare practitioner's signature attests to their having concluded that the vaccine(s) is not advisable for this child.
	• If the practitioner concludes that the child could receive the vaccine, they should not sign granting a medical exemption.
	
	Information about the new law and FAQs: www.doh.wa.gov/mmrexemption.	

Adult immunizations and Child care workers **Kathy B.**	New law requirements for child care workers and volunteers. First law that requires workers to be immunized or document. Working with DCYF to implement. Vaccine availability – working on that now to explore options to support vaccination for childcare workers or volunteers who do not have health insurance. No vaccine supply issues. Employee & Volunteer Requirement: • All licensed child care centers including ECEAP (Early Childhood Education & Assistance Program) and Head Start • Employees and volunteers at child care centers must provide proof of MMR through one of the following: ○ Documentation of immunization	

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	○ Proof of measles immunity with laboratory titer testing ○ Documentation of medical exemption	
Future Agenda Items	Ideas for future agenda items? • Revisit legislation regarding 1638 implementation • IACW – report on second year of Seattle Flu Study – real-time disease surveillance and rapid testing. Developing real-time maps to show local spread and risk. • Ebola vaccine? DOH could do a brief update on the vaccine at a future meeting (Kathy and Scott). From last meeting: • Men B • Immigrants/Refugee – how to interpret different types of vaccine types and amounts, and vaccination requirements for refugees. DOH staff mentioned that the agency's Refugee Health Program could present in the future. • Update on the next immunization awards. • Pertussis updates. • Checklists/Screening tools (IAC) Review – April updates are significant about questions that are asked. Partners need to be aware.	

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.

- Concerned about the implementation of EHB 1638 and negative impacts on families.
- Concerned about communications about the bill, vaccine safety, and available exemptions.
- Issues around communications and exemption information.
- Concerns regarding potential refusal by providers to sign exemptions.
- Mentioned pertussis vaccine and potential issues. State policy needs to reflect the science.
- Concerns with the nasal spray flu vaccine around immune compromised students at school.
- Raised concerns about ACIP recommendations and vaccine effectiveness of several vaccines including HPV.