

Vaccine Advisory Committee (VAC) Quarterly Meeting

Red Lion Hotel

October 17, 2019

Chair/Facilitator:

Dr. Kathy Lofy Washington State Department of Health

Members Attending:

Dr. Jenny Arnold
Dr. Mary Anderson
Carla Bacon
Dr. John Dunn
Dr. Linda Eckert
Jean Gowen
Dr. Beth Harvey
Nicole Klein
Dr. Mary Alison Koehnke
Dr. Ed Marcuse
Dr. Daniel Moorman
Amy Person
Dr. Stephen Pearson
Dr. Usha Rao
Dr. Susan Westerlund
Dr. Rachel Wood

Representing:

Washington State Pharmacy Association
Internal Medicine Organization
Washington State Association of Local Public Health Officials
Managed Care, Kaiser Permanente Washington
Consultant
Washington State Health Care Authority
Consultant
Office of the Superintendent of Public Instruction
Washington Association of Naturopathic Physicians
Consultant
Washington Chapter of American Academy of Pediatrics
Washington State Association of Local Public Health Officials
Washington Chapter of American Academy of Pediatrics
Washington Academy of Family Physicians
Washington Academy of Family Physicians
Washington State Association of Local Public Health Officials

Washington State Department of Health Staff:

Sheanne Allen
Dr. Kathy Bay
Chas DeBolt
Dr. Scott Lindquist
Michele Roberts
Michelle Weatherly

Meeting Setup and Logistics:

Chrystal Averette Washington State Department of Health
Cicely Bacon Washington State Department of Health

Guests:

Helen Chu University of Washington

Agenda Item	Presented Information	Member Discussion
<p>Welcome, Introductions, Announcements</p> <p>Dr. Kathy Lofy</p>	<p>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 presenter, Helen Chu.</p> <p>The chair shared Michelle Weatherly is moving to a different division in DOH and thanked her for work and support. We will miss all her hard work and dedication to the group.</p>	
<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>Correction of Chair: Correction – Kathy Lofy is listed as Chair, however, Scott Lindquist chaired the July meeting.</p> <p>Approved</p>	
<p>OICP General Update (Handout)</p> <p>Michele Roberts, OICP Director</p>	<p>OICP General Update highlights:</p> <p>Preparing for legislative session or budget process. The Department does not have any proposed immunization legislation for the upcoming session.</p> <p>Focusing on compliance in schools, 7% of kindergartners are out of compliance for immunizations.</p> <p>The agency has a budget request for the Governor’s budget. The request is for funding for school nurses to help focus on compliance in schools and additional funding for the Immunization Information System (IIS) school module.</p> <p>Implementation of SB1638 has occurred. Currently we’re working with State Board of Health (SBOH) on revised rules which clarified there is no longer a 30 day grace period for children to get vaccine documentation in to schools on the first day of attendance. There are two exceptions for children in foster care and children experiencing homelessness. This also does not apply to the military families. There is more detail in handouts, but this will be effective beginning school year 2020-2021.</p> <p>Question to members - Any implementation challenges?</p> <ul style="list-style-type: none"> • The first couple of days of school is a challenge for schools. School funding depends on student attendance during the first days of school. The schools are also balancing many other issues. • Question from member: who should we focus on? The more pre-work we can do will help. Kindergarten and 7th graders. 8th-12th graders are grandfathered in regarding the Tdap recommendations. 	

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	<ul style="list-style-type: none"> • Large volume of questions from practitioners about the new law, what to expect, when, and how to handle. • Suggestion by member to implement targeted messaging to health care providers on EHB 1638 and rules, including Tdap. • Suggestion by member to offer continuing education and partner with WAFP and WAAP on presentations at continuing medical education (CME) events. • Suggestion for a debrief on what worked and what didn't so we can apply lessons learned to future school rule changes. • Confusion around the exemption type. One example is a parent with a philosophical exemption and having to move to a different type of exemption. <ul style="list-style-type: none"> ○ This is a big question and concern with providers and parents. ○ Medical exemption is up to the provider and their medical judgement. ○ Religious exemption is an option for parents which is based parent/patient. The provider's role is to give education. ○ Had to be clear about what the roles are – not the job of schools or providers to assess religious beliefs. ○ Over 300 registered for a webinar regarding the law change. <p>There has been a lot of questions regarding religious exemptions. DOH is keeping up the FAQ (https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ExemptionLawChange/ExemptionLawFAQs) on our website to address many of the concerns.</p> <p>Rulemaking changes for the next school year:</p> <ul style="list-style-type: none"> • The 2019 ACIP schedule has been implemented, Tdap is required at age 11 and the requirement is moving from 6th grade to 7th grade because there is a lot of children out of compliance. • Students will be required to turn in medically verified immunization records for 2020-2021 school year. <p>Discussion regarding the California new law around medical exemptions to address some of the challenges that state has had around medical exemptions, including selling of exemptions and healthcare providers signing a large number of medical exemptions. Michele will work to learn more about the final California bill and their implementation plans. WA law is broad around medical exemptions and a provider would be only investigated if there was a report to the healthcare provider licensing program at the Department. The new California Law will require public health review of some medical exemptions. In West Virginia and Arkansas, there is some review of exemptions is by the local health officers. Also in California there were providers in other states signing large number of exemptions. For exemptions in Washington, state law already says must be signed by a WA health care practitioner.</p> <p>Our office participated in three state audits this year. State audit on universal vaccine account: there is one follow-up suggestion regarding tracking on receipt of vaccine for frozen vaccines. Findings from the audit are also in your packet.</p> <p>State audit on federal funds is in progress.</p>	

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	School immunization audit for school compliance should be out this fall. It looked at 4 school districts that had high compliance rates and 4 school districts that have low compliance rates. Information will be shared after publication.	
Member Updates	Members shared the following: None.	
Vaccine Supply and Distribution Sheanne Allen	<ul style="list-style-type: none"> • The FY2019 Adult vaccine program close-out has happened. We receive about \$1.2 million and all but \$12.56 was spent; a large portion of money was used for outbreak response. • FluMist production is down and we have only 500 doses left. We planned for 20,000, but our allocation was cut down to 6,000 doses. • Partnering with PHSKC and Spokane for vaccine strategies for Hep A outbreak response and prevention webinar on Oct 30. More information to follow. • Vaccines Twinrix-not on allocation; Vaqta/Havrix- on allocation • GSK requested to review our vaccine choice and process; information gathering and review will take place. Future conversations with VAC will take place. • New vaccine ordering sets are taking place. <p>Member question: heard that one of the hospitals was out of flu vaccine for their employees and had trouble getting vaccine from the manufacturers. Any information about that? Michele or Sheanne will follow up.</p>	
Advisory Committee on Immunization Practices Updates Dr. Kathy Bay, Manager, Clinical, Quality, Epidemiology, and School Section	<ul style="list-style-type: none"> • ACIP meeting is next week. There are some updates and recommendations for Tdap for adults. There is not a lot of voting happening this meeting. • ACIP response to the SBOH on pertussis vaccine was reviewed. • Discussed the possibility of getting a SharePoint site for decision making tools. VAC members felt the idea of a repository for information might be helpful. Kathy Bay to explore possibility. 	
Vaccine Preventable Disease Surveillance Update Chas DeBolt, Senior Epidemiologist (Presentation)	<p>Update of Measles cases</p> <ul style="list-style-type: none"> ○ Jan 1-Oct 8, 2019, 1250 cases reported by 31 states. 1212 U.S. residents and 38 foreign visitors ○ 93% are outbreak related/ 75% are related to NY and NYC outbreak ○ 10% hospitalized ○ Genotypes D8 and B3 ○ 6% of cases were internationally imported; top 3 countries include Philippines, Ukraine, and Israel ○ In WA 2019, 86 confirmed cases reported; 72 in Clark and 14 in Puget Sound outbreak. Measles costs: \$1.1 million cost to DOH and \$800K for Clark County. This does not account for burden on schools, private businesses, other local health, etc. Impact is huge when there are outbreaks. <p>Measles elimination</p> <ul style="list-style-type: none"> ○ Elimination: interruption of year-round transmission ○ Does not imply zero incidence ○ Measured by the duration of the outbreak, not the number of cases 	

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	<ul style="list-style-type: none"> ○ Elimination has been attempted 3 times in U.S. (1966-1970, 1978-1988, 1996-2000) ○ Lesson learned created strategy leading to elimination in 2000 ○ Elimination achieved and sustained by having >90% for 2 doses of MMR and strong public health infrastructure <p>Mumps</p> <ul style="list-style-type: none"> ○ Jan 2016-June 2017 health departments reported 150 outbreaks with >9,000 cases ○ Reported from 37 states and DC (75 universities, 19 schools, 48 community) ○ 70% of cases were fully vaccinated ○ 2 in 3 pediatric cases were fully vaccinated ○ ACIP recommendations for use of 3rd dose of MMR vaccine during outbreak for persons at increased risk ○ IG testing should not be used to assess presumptive immunity for mumps-positive immunity does not indicate protection from mumps ○ The isolation period for a case that does not parotitis is 5 days after first onset of symptoms ○ The isolation period with a case with parotitis is 5 days after swelling onset ○ In patients with no symptoms but tested positive; IgM+ isolation not recommended, if buccal PCR+ isolate 5 days after buccal swab <p>Hep A</p> <ul style="list-style-type: none"> ○ Hep A cases in WA YTD is 75 cases reported with 37 (49%) and 0 deaths ○ Spokane and King County have majority of cases (89%)- 41 confirmed cases in Spokane since April 2019 and 26 confirmed cases in King (5-16 are normally reported annually). ○ Cases from 2009-2018 is under 50 cases ○ High risk factors include international travel, reduce sanitation, shared drug paraphernalia, multiple sex partners, unstable housing, MSM, clotting disorders, chronic liver disease, homelessness, Hep A carriers ○ Hep A vaccine effectiveness after a single dose of Hep A is up to 95% effective and offers protection for up to 11 years and shown to successfully control outbreaks 	
<p>Seattle Flu Study – Presentation</p> <p>Helen Chu</p>	<p>Seattle Flu Study – Dr. Helen Chu – Infectious Disease at UW (please see slides)</p> <p>Dr. Chu presented on the Seattle Flu Study (www.seattleflu.org)</p> <ul style="list-style-type: none"> • Member were interested in this being a future agenda item – come back next year. 	
<p>HPV Work Group: Decision Making Tool</p>	<p>Discussed the possibility of having a SharePoint site to gather resources and materials for clinical decision making aid. This tool will reflect the 27-45 year old population for HPV vaccine</p> <p>Dr. Eckert reported there is some work at the national level by CDC and also OB/GYN leadership associations to create</p>	<p>Action items: Group currently reviewing examples. Plan for next meeting in November has been delayed due to pending guidance</p>

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	<p>an aid. If this occurs, it might replace the WA VAC idea and be adopted for our use.</p> <p>Carla noted there is a difference in an aid and a tool as well as the approval process for use. The intent of this document would be to aid the clinician/patient discussion and not for true clinical decision making.</p>	<p>documents discussed. Kathy Bay, DOH will schedule for January to continue exploration of these tools.</p>
Future Agenda Items	<ul style="list-style-type: none"> • Refugee Health Program and the data they have on immunization status in that population • Ebola vaccine and planning work • HPV recommendations starting HPV vaccine at age 9, make a stronger recommendation to providers in the community • Midwives • Allocation of scarce resources med-surge, example H1N1 vaccine allocation triaging 	

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.

Two members of the public commented. One shared media cartoons against people that don't vaccinate, which she feels causes individuals to be ostracized. Asked public health to stop this.

Comments also were on vaccine safety, including concerns about suspected connections between HPV vaccine and auto-immune conditions.