Vaccine Advisory Committee (VAC) Quarterly Meeting
Red Lion Hotel

January 16, 2020

Chair/Facilitator:

Dr. Kathy Lofy	Washington State Department of Health

Members Attending:	**Representing:**
Dr. Jenny Arnold	Washington State Pharmacy Association
Dr. Jeff Duchin	Public Health Seattle & King County
Dr. John Dunn	Managed Care, Kaiser Permanente Washington
Jean Gowen	Washington State Health Care Authority
Dr. Beth Harvey	Consultant
Nicole Klein	Office of the Superintendent of Public Instruction
Dr. Ed Marcuse	Consultant
Dr. Daniel Moorman	Washington Chapter of American Academy of Pediatrics
Dr. Amy Person	Washington State Association of Local Public Health Officials
Dr. Usha Rao	Washington Academy of Family Physicians
Dr. Susan Westerlund	Washington Academy of Family Physicians

Washington State Department of Health Staff:

SheAnne Allen	Mary Huynh
Dr. Kathy Bay	Dr. Scott Lindquist
Chas DeBolt	Michele Roberts
Greg Endler	

Meeting Setup and Logistics:

Alex Owen	Washington State Department of Health
Nicole Avelar	Washington State Department of Health
Bridgette McCarty	Washington State Department of Health

Guests:

Dr. Pat deHart	Washington State Department of Health
Jasmine Matheson	Washington State Department of Health
Azadeh Tasslimi	Washington State Department of Health

Agenda Item	Presented Information	Member Discussion
Welcome, Introductions, Announcements **Dr. Kathy Lofy**	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 guest presenters and new DOH staff.	None.

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Conflict of Interest Declaration (Handout) **Mary Huynh**	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. Corrections: None.	Approved. Moved: **Beth Harvey** Seconded: **John Dunn**
VAC Purpose Statement & Membership Policy **Dr. Kathy Lofy** **Michele Roberts**	Kathy Lofy introduced both the purpose statement and membership policies and inquired if any changes are needed to be made. Edit Conflict of Interest statement: Established in 2008, but should be corrected to 2019-2020 or remove date.	Clarification of the term "State Agency Health Care Purchaser" on the membership policy. The term is intended to reflect the state Health Care Authority. The membership policy will be updated. **S**uggestion to add a member to represent childcare perspective. Some immunization laws and barriers for preschool/childcare are not the same as for OSPI/K-12, so it would be beneficial to include someone with knowledge of early childcare. DOH will consult with Department of Children, Youth, and Families (DCYF) to identify options. Agreement from members to add a member to represent childcare facilities. DOH will explore and provide update at next meeting.
OICP General Update (Handout) **Michele Roberts, OICP Director (Handout)**	OICP General Update highlights: Legislative sessions started this week (1/13/2020). No bills were introduced by the Department of Health. There have been two immunization-related bills re-introduced. **HB-1275** context is related to database to monitor vaccine adverse event, and **HB-1276** context is related to prevention of mercury exposure. Also, HB-2626 was introduced on 1/16/20, and provides limited informed consent exemption to state vaccination requirements. This would allow for exemptions of immunization requirements if certain criteria are met. See bill language for details. Last time we shared DOH put forth two immunization related requests for the Governor's budget request. One of those requests - to support the Child Profile Health Promotion System connected to our Immunization Information System - is	

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	included in the Governor's budget request. OSPI also had a separate request to increase school nurses in rural areas. Broader DOH agency priorities include Foundational Public Health Services, family planning, and modernizing HIV/STD rules. Funding projection from vapor taxes is less than projected, and funding has been requested to fill the gap. The federal grant for family planning is no longer being received. So, new strategies for establishing funding for family planning and resources are necessary. This year is a short session and will last 4 weeks. The State Board of Health (SBOH), which has rule making authority to define which vaccines are required for children/school entry, received a public petition for making HPV a recommended vaccine for children. Anyone can submit a petition to the board for consideration. The petition was reviewed and public comment received. The petition was denied. Although the petition had support, it is not normally considered transmissible in school settings. In November, the SBOH approved changes to require medically verified immunization records for school and child care entry; clarify conditional status; and changes Tdap immunization requirement to 7th through 12th grades. DOH is working with OSPI to finalize communication materials to help schools, health care providers, and parents be ready for the school year next fall. ****No member comments**	
Member Updates	Members shared the following: Bulletin to communicate new SBOH rule changes previously mentioned (effective August 1, 2020) will be completed at the end of this month. OSPI working closely with DOH to develop messages. Group discussion on school and parent experiences with the implementation of school immunization requirements, including removal of exemptions for MMR. Several districts around the state were listed to have excluded students not compliant with immunization requirements after winter break. This allowed parents to vaccinate their children during winter break before the exclusion occurred. DOH supported schools and school module users with the implementation of school immunization entry requirements. The DOH school team has been pulling reports for the schools and responding to questions. OSPI may be relooking at WAC rules related to discipline and due process, in the event the parent of an excluded student requests due process for the decision. OSPI looking to see how school districts handled such requests, if any. From the healthcare provider perspective, no concern was expressed by members related to the enforcement of school immunization requirements. Early in the school year, most children were maintaining a vaccination schedule or were up-to-date. The example where schools gave students through winter break to meet school immunization requirements is helpful. Flu season also establishes another opportunity to vaccinate children.	

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	"Starting on August 1, 2020, the revised SBOH rule grants children conditional status entry into school or child care who are making progress towards completing their immunization requirements. Children may begin school or child care only if they received all of the required immunizations they are due to receive and submitted medically verified records on or before the first day of attendance. If additional immunizations are needed after receiving all immunizations they are eligible to receive before starting school, children may start school or child care in conditional status and remain until the next dose becomes due. Children will then have 30 calendar days to turn in updated records showing they received the missing dose. If additional doses are due, conditional status continues until all required immunizations are complete. If the 30 days expire without updated records, the child must be excluded from further attendance." DOH and OSPI will be distributing information about this rule change starting now through the fall – including directly to parents/students via fliers for schools, provider communication through Vaccine Blurbs, and to schools through the Bulletin. Bulletin communication is being forwarded to school administrators and nurses. OSPI has also formed a connection with AWSP, so school principals are aware of changes. It will be a change in practice for all the districts, so they are preparing for next school year. The new rule impacts licensed childcare facilities as well. A member discussed provider group using nursing protocols (standing orders) to ensure school-aged patients are screened and vaccinated. Member asked if communication about the change be available in different languages. DOH has information available in Spanish and other select languages. Schools have robust translation services as well.	
Vaccine Supply and Distribution **Sheanne Allen** **(Presentation)**	**Flu, HepA, Provider Survey Results** **<u>Flu</u>** • Above average ordering numbers (4k doses pre-filled, 7k multiple-dose vial) • We have started reaching out to other states for support. California and New Mexico can support the need for prefilled syringe. • Plan to secure doses within the next two weeks for next year. Storage issues (vial) vs. pre-filled syringes caused the over-stocking of multi-dose vials, in comparison to pre-filled syringes. Pregnant women and toddlers under 3 years are required to take pre-filled syringe or	Discussion questions - how much Flumist and Flucelvax should be secured? How much pre-filled syringes vs. multi-dose vial should be secured? Higher demand for Flumist doses this year. Last year, approximately 100k remaining doses; 80k doses for this year One challenge with stocking many different flu vaccine products is managing different age indications (e.g., nasal spray). Additional training needs for staff for administering different products.

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	single dose vial (in compliance with WA state law RCW 70.95M.115). Suggestion to keep egg-based vs cell-based on need. Investment into educational resources to define the need for egg vs cell based. **<u>Hepatitis A (176 cases, 94 hospitalizations, 3 deaths)</u>** 90% of cases were located in Yakima, King, and Spokane The DOH continues to evaluate the vaccine needs of these counties/sites. Local health jurisdictions are reaching out to food banks, jails, etc to contain spread and fulfill demand. Hep A coordinator and health educator were hired at the DOH to help with the Hepatitis A management. What types of efforts to prioritize during response? What can be helpful for providers? **No suggestions** **<u>Provider Survey (1100 providers over 35 counties)</u>** • 78%→ 84% satisfaction rate. Overall satisfaction increased to 84% compared to 78% the last year • Ordering, returns, and technical assistance were the topics of interest • Positive highlight was: 78% of responses were resolved in 24 hours Themes: • The ability to order more frequently • Frustration with the IIS system • Increased Training Opportunities Goals • Remove barriers for providers • Record webinars • Improving communications Next session we will talk more about flu ordering.	Suggestion for total dosage to remain 650k. Increase PFS and reduce MDV. Increase nasal spray. For school located clinics, use of nasal spray is in demand. When the product dropped from the market in the past, fewer school-based flu clinics were completed. School nurses and parents are less reluctant to say no to flu mist. (more uptake in parents). Discussion about Hepatitis A vaccine is administered in the emergency department. Will it be covered by insurance? For Medicaid, each managed care plan has different arrangements for coverage. Ask for HCA to look into this to share back. Hep A vaccine may be listed as general drug or looped into a general visit. This causes insurance companies to not reimburse for the vaccine as a specific drug.

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Vaccine Preventable Disease Surveillance Update **Chas DeBolt, Senior Epidemiologist** **(Presentation)**	**<u>Influenza Update</u>** The estimated season (2019-2020) from Oct.1 2019 to Jan. 4th 2020, there have been: • 9.7 million flu illnesses • 87,000 hospitalizations • 4,800 deaths The Influenza Positive tests nationally have identified Types A (H1N1) and Type B (Victoria) are the overarching causes of the flu this season. The Flu season began early this year, in comparison to the past several years. CDC has not identified the vaccines effectiveness estimates for this season. However, lab data provided some insight. If you take the flu shot, you are ½ as likely to get sick (Range of 40-60%) than if you are not vaccinated. In WA, Type B is overwhelmingly been identified more frequently. 30 deaths in WA are confirmed (lab data). Of those 30 deaths, 3 pediatric deaths have occurred. Vaccine status is not reported due to privacy issues. **<u>Measles Update</u>** 93% of cases were outbreak related and 73% are elated to outbreaks in NYC or NYS. The most vulnerable populations for measles is the 16 months to 4 years of age. 87% of children in this age range who obtained measles were unvaccinated. • It was noted that unknown status is common in adults. There were 4 cases of Measles in December. This cases were related to the outbreak in Somoa. **<u>Update on Pertussis</u>** Uptick in pertussis in WA (536 confirmed cases) was primarily driven by cases in Spokane. 50% of Pertussis cases in WA are within two counties: Clark and Spokane. 1-4 years old age group is higher than the national average (substantially).	Electronic lab reporting (ELR) could change ascertainment. Provider/ELR/Health Facility would define where the cases are reported from. Pertussis % case by age national for 1-4 has never gone higher in toddlers than infants (12-15% lower). WA has lagging toddler immunization rates, which could lead to a more vulnerable period for children that are unvaccinated or not maintaining an appropriate schedule

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Program Effectiveness **(Presentation)** **Dr. Pat deHart**	The CDC defines program effectiveness as: high vaccination coverage within overall population and within population subgroups This is identified and demonstrated by improved and retained vaccination rates and reduced vaccination disparities. To fulfill grant requirements, a group is selected via geographic area or population subgroup with low coverage and perform activities to improve coverage rates with that subgroup. The study group must be able to be accessed. Pat suggested to look in locations that may already have data such: ➔ Pierce/King (who has data and who has interventions	Member suggestions included: • Slavic population • populations most at risk for hepatitis A outbreaks. • college students within dorms as the study group • Individuals over 18 years of age when no longer eligible for state supplied vaccine. Explore increasing access with pharmacies • Schools with exclusions • Do these schools have access issues or need help finding a primary care provider? **Are there any vulnerable populations that consultants deal with or issues you have noticed?** • Children on Medicaid have access issues • Some local health departments have stopped having vaccine clinics, so those who cannot afford a primary care visit are getting vaccinated less often. • School programs/grants are running out, leading to no mobile clinics/health departments providing low/free services. • Rural areas
Refugee Health and Immunization **Jasmine Matheson** **Azadeh Tasslimi**	**Refugee Health** The demographics in WA were evaluated. The census identified approximately 1 million residents. • 29.5% are parents born outside the US in WA 20.9 million Refugees that have crossed the country border with resettlement, which are people who will be able to return to their home or stay in the country that they fled. Less than 1% will have resettlement happen to a 3rd party country WA is a resettlement community welcomes refugees based on Refugee Act of 1980	

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	WA refugee arrivals is second overall in the nation. The CDC performs medical screenings overseas and interventions such as Vaccination Program for US-Bound Refugees or Outbreak Response. In WA, the refugee populations that are the immigrated is 18,602 with populations from Ukraine, Iraq, Afghanistan, Somalia, and Burma. There are Refugee Health screening clinics, focused more on primary care than overseas, in WA counties: Snohomish, King, Pierce, Clark, Benton Franklin, and Spokane. **Evaluation of Immunization Uptake among Refugee Arrivals in WA** WA has pockets of communities with low vaccine coverages. Domestic health screenings occur within 30-90 days of arrival into WA. The objectives to be evaluated: • Determine proportion of WA refugee arrivals up-to-date on vaccine for age at selected time points: Arrival, Screening, and Post. • Compare immunization coverage rates at 18 months post to general US • Identify communities with low immunization coverages or barriers The population that was eligible for the coverage analysis was refugees screened from 7/1/12 to 6/30/18 • Total: 18,561 • Matching IIS record: 99% • Eligible for analysis: 18,349 0 to 19 months was identified as the majority of the population The % with evidence of immunity to measles after 18 months: 62% → 98% Percent UTD by Vaccine	

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	• All vaccines besides HepA reached over 89% immunity Summary: • Despite low coverage rates at arrival, most pediatric and adult refuges are UTD for most immunizations by 18 months post. • UTD rates are inversely related to min. number of doses recommended • Opportunities exist to improve vaccination coverage for Hep A for all age groups and zoster vaccine for adults	
Future Agenda Items	• Maternal TDAP analysis • Updated flu mortality data with pediatric vaccination status • Flu vaccine orders • Update on implementation of school immunization requirement changes. Include school district perspective on implementation, including disparities and access issues	

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.

Three individuals provided public comment. Expressed concerns that DOH and health organizations are limiting free speech and labeling certain content as misinformation. Expressed concern over vaccine safety science, loss of trust in government, vaccine schedule, and lack of informed choice. Audio recording of World Health Organization committee meeting on vaccine safety was played.