

Vaccine Advisory Committee (VAC) Quarterly Meeting

Virtual Go-To Meeting

July 23, 2020

Chair/Facilitator:

Dr. Kathy Lofy Washington State Department of Health

Members Attending:

Dr. Jenny Arnold
Dr. Mary Anderson
Dr. Jeff Duchin
Dr. John Dunn
Dr. Linda Eckert
Jean Gowen
Dr. Beth Harvey
Nicole Klein
Dr. Mary Alison Koehnke
Dr. Ed Marcuse
Dr. Daniel Moorman
Dr. Amy Person
Dr. Stephen Pearson
Dr. Usha Rao
Tara Tumulty
Dr. Susan Westerlund
Dr. Rachel Wood
Amy Poel
Tam Lutz

Representing:

Washington State Pharmacy Association
Internal Medicine - Washington Chapter of American College of Physicians
Public Health Seattle & King County
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
National Association of Pediatric Nurse Practitioners (NAPNAP)
Washington Academy of Family Physicians
Washington State Association of Local Public Health Officials
Urban Indian Health Institute
Northwest Tribal Epidemiology Center

Washington State Department of Health Staff:

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

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:

None

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 gave an overview of the meeting expectations and processes. Since this was a virtual meeting, the chair explained that the audience was in listen-only mode and just the presenters and VAC members would be able to unmute themselves and turn their cameras on. The chair allowed time for all members, old and new, to introduce themselves. She also introduced two new members, new DOH staff members, and presenters.</p>	
<p>Conflict of Interest Declaration (Handout)</p> <p>Hannah Febach</p>	<p>Ask members if they have any conflicts of interests to declare based on policy statement.</p> <p>A member highlighted their involvement with a trial of new vaccine for RSV. No monetary compensation would be involved.</p>	
<p>Approval of Meeting Minutes (Handout)</p> <p>All Members</p>	<p>Ask members to review and provide feedback or approve.</p> <p>Approved.</p>	
<p>COVID Vaccine Planning</p> <p>Dr. Kathy Bay</p>	<p>Waiting for more information from federal government on details for vaccine distribution and logistics, including roles for federal and state governments.</p> <p>Vaccine safety is paramount in vaccine development and critical at each step in vaccine development and review. Member discussion on ACIP deliberations to date on COVID-19 vaccine.</p> <p>Presentation on COVID-19 vaccine response planning slides.</p> <p>Use pandemic influenza preparedness planning resources and planning assumptions as a start for COVID-19 vaccination response planning.</p> <p>Review of COVID-19 disease transmission. Transmission statistics were discussed to evaluate groups most impacted.</p> <p>Discussion of groups disproportionately impacted in WA: Hispanic, Native Hawaiian and other Pacific Islanders, Native Americans. Hospitalization and disease rates are higher in certain parts of our community. This needs to be considered when thinking of vaccine equity.</p>	<p>Discussion from member on ACIP deliberations to date related to COVID-19 vaccine.</p> <p>Discussions included equity considerations for vaccine distribution. Lessons learned from past 2009 H1N1 vaccination experience. Highlighted the importance of early community engagement to foster trust between the state and federal government and the public.</p> <p>Communication to patients about any approved vaccine will be critical. Identifying valid sources to share with patients and public, including communicating about early limitations on supply, how allocation will work, and emergency use authorization.</p> <p>Discussion about vaccine work occurring in parallel in order to streamline timeline and process for vaccine development nationally. There is a recognized urgency to establish manufacturing capacity before vaccines are accrued. If a vaccine is approved with full FDA licensure or emergency use authorization, this could mean the vaccine can go into immediate manufacturing and can be rapidly scaled up in development.</p> <p>What guidance for healthcare providers would be helpful during development of the vaccines to share with their patients?</p>

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	<p>Vaccine Platform and Attributes: a number of different vaccine candidates using various vaccine platforms and technologies are in development.</p> <p>ACIP discussions on identifying COVID-19 vaccine priority groups for implementation planning and considerations</p> <p>As of now, national healthcare personnel or infrastructure workers (critical societal function) are discussed as a prioritized group for vaccination. Without these groups, the U.S. may not be able to support the care for others if infrastructure fails. However, further targeting of tiers are necessary, especially for those in acute care.</p>	<p>Transparency is key. Drawing from collective experiences, it is very clear that is difficult to balance vaccine for essential workers or individuals at high medical risk. It is important to have input outside of public health because of competing priorities. Additional input from groups impacted is needed, especially in ethical conversations around use of limited or scarce resources.</p> <p>Discussion on vaccination practices and COVID related infection control measures (e.g., PPE, social distancing, etc.). COVID has changed how plan flu clinics. Helpful to have fact sheet of basic information that they could use in everyday practice. It would be beneficial to have one unified resource across our practices</p>
<p>Catch-up Immunization</p>	<p>This topic was tabled to revisit a different time. To emphasize: WA State is below average for routine vaccinations compared to previous years. However, during the months of May and June the trend is reversing as reopening occurs.</p>	
<p>Enhanced Seasonal Flu Planning</p> <p>Greg Endler</p>	<p>Presentation on enhanced seasonal flu vaccination campaign - slides.</p> <p>During this year’s fall flu seasonal campaign, CDC funding will support DOH complete an enhanced flu vaccination campaign. This is to reduce the double impact of flu and COVID. DOH goals are to use the campaign to push vaccination rates as high as possible this upcoming season.</p> <p>Objectives include increasing access to flu vaccines: jails, residential care facilities, and pharmacy partnerships such as Safeway and Albertsons. LHJ projects to implement enhanced outreach and flu vaccination. The Adult Vaccine Program was expanded to grow the number of sites offering flu clinics. IIS-EHR have been upgraded with new storage and cloud environment to enhance capacity, connections, and increased bidirectional exchange. Use of epidemiology staff to support IIS flu data assessment and monitoring. There is large media campaign push toward adults and kids (e.g., masks, physical distancing, stay at home orders). As part of the media campaign, reminder mailings are being strategized to encourage more flu vaccinations. To reduce the disparities in influenza, we need to work with community health workers to understand the need for enhanced flu vaccinations. Outreach to Recognized American Indian Organizations in Washington to discuss project opportunities. Community Engagement Taskforce (CETF) identifying and</p>	

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	<p>collaborating with diverse populations to establish connections with different populations we haven't communicated with before.</p> <p>Pre-booked 300k adult/690k pediatric flu vaccine doses available this upcoming season.</p> <p>Discussion questions: What additional strategies should we increase flu vaccination/What other collaborations would you like to see?</p> <p>Members shared various topics to include:</p> <ul style="list-style-type: none"> • Prioritization of homeless shelters in the upcoming response • Encouraging coordination with local health to not duplicate efforts • Within pediatric efforts to offer vaccinations to adults at well-child visits (e.g., vaccinate family members attending visit) • Guidance to establish drive through vaccination clinics. Drive-through or curbside vaccination guidance in development by partners. • Guidance on how to prioritize PPE 	
Future Agenda Items	COVID planning and vaccination updates	

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.*

To continue to support social distancing recommendations related to the novel coronavirus outbreak (COVID-19), the July VAC meeting was shortened and held virtually. Due to time constraints, the Committee did not have an opportunity to hear verbal public comments during the scheduled meeting. Those wishing to submit public comments, had the opportunity to do so beforehand. Any comments provided were given to VAC members prior to the meeting.

The following section provides a high-level overview of the topics and information shared during the public comment period.

Public Comment	No comments were submitted
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