

Vaccine Advisory Committee (VAC) Meeting

December 31st 2020

Interim Chair/Facilitator:

Dr. Scott Lindquist Washington State Department of Health

Members:

Dr. Amy Person
 Dr. Christopher Chen
 Amy Poel
 Anita Alkire
 Annie Hetzel
 Dr. Beth Harvey
 Dr. Daniel Moorman
 Dr. Ed Marcuse
 Dr. Jeff Duchin
 Dr. Jenny Arnold
 Dr. John Dunn
 Dr. Linda Eckert
 Dr. Mary Alison Koehnke
 Dr. Mary Anderson
 Dr. Rachel Wood
 Sarah Murray
 Dr. Stephen Pearson
 Dr. Susan Westerlund
 Tam Lutz
 Tara Tumulty
 Tristen Lamb
 Dr. Usha Rao
 Wendy Stevens

Representing:

Washington State Association of Local Public Health Officers
 Health Care Authority
 Urban Indian Health Institute
 Childcare
 Office of Superintendent of Public Instruction
 Consultant
 Washington Chapter of the American Academy of Pediatrics
 Consultant
 Public Health – Seattle/King County
 Washington State Pharmacy Association
 Managed Care
 Consultant
 Naturopathic Medicine
 Internal Medicine Organization
 Washington State Association of Local Public Health Officers
 Washington State Association of Local Public Health Officers
 Washington Chapter of the American Academy of Pediatrics
 Washington Academy of Family Physicians
 Northwest Tribal Epidemiology Center
 National Association of Pediatric Nurse Practitioners
 Washington State Association of Local Public Health Officers
 Washington Academy of Family Physicians
 American Indian Health Commission

Washington State Department of Health Staff:

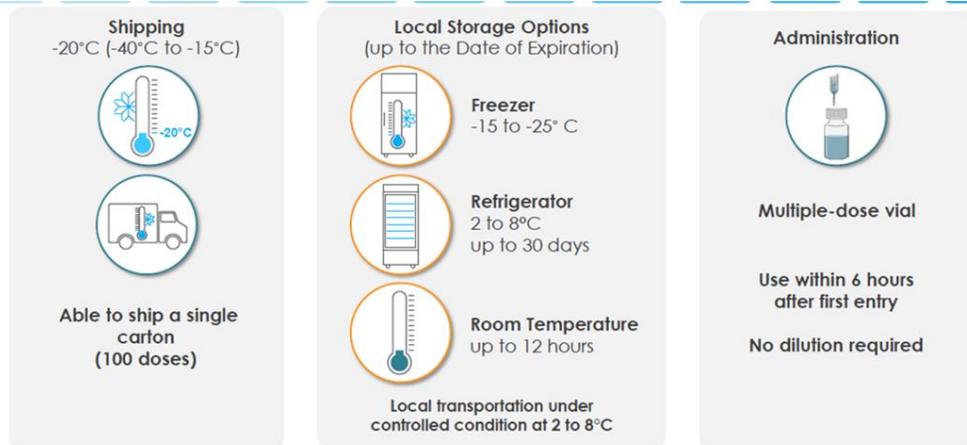
Mary Huynh Kathy Bay Michele Roberts
 Hannah Febach

Topic	Presented Information
Welcome and Introductions Dr. Scott Lindquist	Dr. Lindquist gave a warm welcome to the committee and stated he and Michele will be filling the previous chair's, Dr. Lofy, role until further notice. An overview of meeting expectations and processes were introduced.

<p>Approval of Previous Meeting Minutes</p> <p>Michele Roberts</p>	<p>Meeting minutes from the December 15th 2020 VAC meeting were approved with an amendment raised by Dr. Duchin.</p>
<p>COVID-19 Vaccine Response Update</p> <p>Mary Huynh</p>	<ul style="list-style-type: none"> • It is our goal to move vaccine as quickly and efficiently as possible within our state and among our COVID-19 vaccines providers, following the prioritization framework for our state, which is informed by the Advisory Committee on Immunization Practices (ACIP) and the National Academy of Science, Engineering and Medicine (NASEM) frameworks and stakeholder engagement over the past few months. • Some communities in Washington have already completed or are very near to completing vaccination of their high risk workers in health care settings as outlined in current guidance. Today, we will be adding a second tier to 1A that allows for the vaccination of all other workers in health care settings once high risk workers are vaccinated. • We acknowledge that some communities are still working through 1A and others will be able to move to this second tier of 1A more quickly than others. Across Washington, it is important that health care systems actively reach out to and provide access to COVID-19 vaccines for community-based health care workers outside their systems, this includes other health care providers, school nurses, and behavioral health providers, etc., in order to complete this phase and ensure we have a protected healthcare system. • We are still working to finalize prioritization for Phase 1B/1C and expect to release this guidance shortly after the new year, so that communities can begin planning outreach and vaccination of these groups next. • Providers must report COVID-19 vaccines to the state’s Immunization Information System (WAIS) which includes; receiving their vaccine orders, submitting & receiving vaccine transfer requests, vaccine waste and return reporting. • There has been work completed surrounding booster ordering cadence. The automatic placement of booster dose orders two weeks after the prime dose order for shipment during the third week has been implemented. By creating this particular cadence, it gives sites opportunity to delay or cancel the booster order before it is placed, dependent upon their vaccine supply. • If providers wish to delay the booster dose order for a later time or wish to cancel to use existing vaccine supply for both prime and booster dose, they can reach out to: (COVID.vaccine@doh.wa.gov).
<p>Moderna COVID-19 Vaccine</p> <p>Kathy Bay</p>	<ul style="list-style-type: none"> • Dr. Bay introduced how the Moderna COVID-19 vaccine functions within the body and its pathology. The spike glycoprotein (S), is what facilitates the virus to attach to cells and eventually replicate. • The Moderna vaccine is a messenger RNA (mRNA) vaccination. To expand on what this, an mRNA vaccine works by taking advantage of the process our cells use to make proteins to trigger an appropriate immune response. After triggering an immune response, the vaccination prompts your body to form antibodies that can block the spike protein from binding to cells. By blocking this cell adhesion interaction, therefore, it prevents a SARS-COV2 infection.

- When evaluating the scheduled doses, it has been emphasized that the second doses administered within a grace period of ≤ 4 days from the recommended date for the second dose are considered valid; however, doses administered earlier do not need to be repeated.
- The second dose should be administered as close to the recommended interval as possible. However, there is no maximum interval between the first and second dose for either vaccine. Even if the second dose is delayed, there is no recommendation for a third dose.

Moderna Vaccine Shipping, Storage, and Administration



mRNA Vaccines

Kathy Bay

Ingredients included in mRNA COVID-19 vaccines

- As the first doses of COVID-19 vaccines are administered across the country, a few reports of allergic reactions to Pfizer-BioNTech’s vaccine have raised some concerns for those who are prone to allergic reactions.
- Pfizer-BioNTech’s vaccine contains:
 - A nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein of SARS-CoV-2
 - Lipids, or fatty substances, including: (4-hydroxybutyl)azanediy)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2-[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide, 1,2-distearoyl-snglycero-3-phosphocholine, and cholesterol (PEG)
 - Potassium chloride
 - Monobasic potassium phosphate
 - Sodium chloride (salt)
 - Dibasic sodium phosphate dihydrate
 - Sucrose (sugar)
- The Moderna vaccine contains similar ingredients.
- CDC has also learned of reports that some people have experienced non-severe allergic reactions within 4 hours after getting vaccinated (known as immediate allergic reactions), such as hives, swelling, and wheezing (respiratory distress).
- If you have had an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, CDC recommends that you should not get either of the currently available mRNA COVID-19 vaccines. If you had an immediate allergic reaction after getting the

first dose of an mRNA COVID-19 vaccine, you should not get the second dose. Your doctor may refer you to a specialist in allergies and immunology to provide more care or advice.

- If you have had an immediate allergic reaction—even if it was not severe—to a vaccine or injectable therapy for another disease, ask your doctor if you should get a COVID-19 vaccine. Your doctor will help you decide if it is safe for you to get vaccinated.
- If you have allergies not related to vaccines, CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications—such as food, pet, venom, environmental, or latex allergies—get vaccinated. People with a history of allergies to oral medications or a family history of severe allergic reactions may also get vaccinated.
- These recommendations include allergic reactions to PEG and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.

VAC Questions & Discussion

- There have been challenges with vaccine reallocation/redistribution. How does this work?

There is a process for how we can transfer doses between facilities and a method in the WAIS for it to track and reflect transfers.

- How does the Department get information related to potential vaccine reactions out to enrolled providers?

Just to clarify, if there is any indication of immediate contraindication, then the patient should not have a second dose of the vaccine. All our enrolled providers are on a distribution list and we have multiple avenues of communication set up for them including office hours and a newsletter in which we clarify the process for screening, monitoring and reporting of potential reactions.

- What is the process for someone who has received a first dose of a COVID-19 vaccine and then tests positive for COVID-19?

As a general rule, the person should get a second dose. They should go in for the second dose after they complete the isolation period.

- Does the screening process when receiving a COVID-19 vaccine ask if the person has had COVID-19?

Yes. The screening sheets include that question.

- What is being tracked in VSafe? Is there a follow-up?

V-Safe is a program from the CDC where people can sign up on their smartphone. They receive texts regularly asking them about symptoms. If warranted, the CDC will then reach out for additional followup.

	<ul style="list-style-type: none"> • Do we have to isolate someone who is symptomatic who has been vaccinated? <p>There is specific ACIP guidance on clinical considerations and how to evaluate COVID-like symptoms. For symptoms that are recognized with the vaccine, there is no need to isolate. But there are certain symptoms that are common with COVID-19 that are not common with the vaccine. Also, if someone has an exposure, then definitely we'd want that person isolated and tested.</p> <ul style="list-style-type: none"> • What happens when a provider site has leftover doses already thawed? <p>Phase 1a tier 2 guidance reinforces that they should pivot to all other workers in healthcare settings.</p>
Provider Education Update Kathy Bay	<ul style="list-style-type: none"> • Kathy gave a quick update on what resources currently exist for providers related to the COVID-19 vaccine and where they can be found. • She also mentioned that additional resources are being created by CDC and by the state and will be released in the coming weeks.

Public Comments:

Public comments were received during the meeting. The comments expressed concerns around vaccine safety and informed consent. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.