



VACCINE ADVISORY COMMITTEE MEETING

April 13th, 2023

Today's Agenda

Time	Agenda Item
11:00 – 11:15	Welcome, Announcements, Introductions, Land Acknowledgement
11:15 – 11:20	Conflict of Interest Declaration
11:20 – 11:25	Approval of Last Meeting Minutes (Handout)
11:25-11:40	Office of Immunization Program Director Updates
11:40-11:55	COVID-19 Vaccine Director Updates
11:55-12:00	Director Update Discussion
12:00-12:15	Routine and COVID-19 Vaccine Surveillance Update
12:15-12:30	ACIP Annual Vaccine Schedule Update
12:30-12:45	Expanding VAC Membership Discussion
12:45 – 12:55	Public Comment
12:55 – 1:00	Future Agenda Items 2023 VAC Meeting Dates: July 13, Oct 12 Adjourn

Welcome New VAC Member



Dr. Gretchen LaSalle, MD, FAAFP

Board-Certified Family Physician

Washington Association of Family Physicians

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Office Of Immunization Director Update

- OI Strategic Map
- Forward Planning Project
- Recruitment for Assessment Manager Role
- SBOH School-Aged Immunization Update
- IIS DoD Pilot
- STCHealth Thought Leadership Consortium
- 2023 Immunization Summit



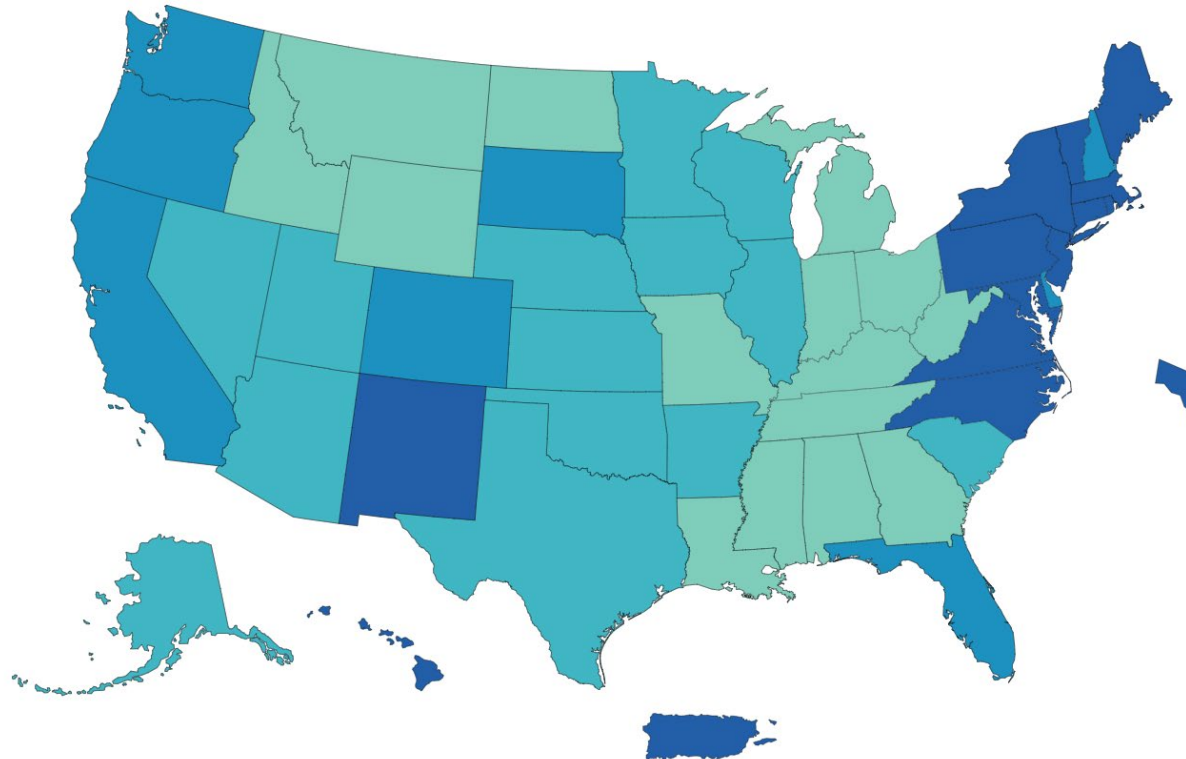
COVID-19 VACCINE DIRECTOR UPDATES

Heather Drummond, COVID-19 Vaccine Director

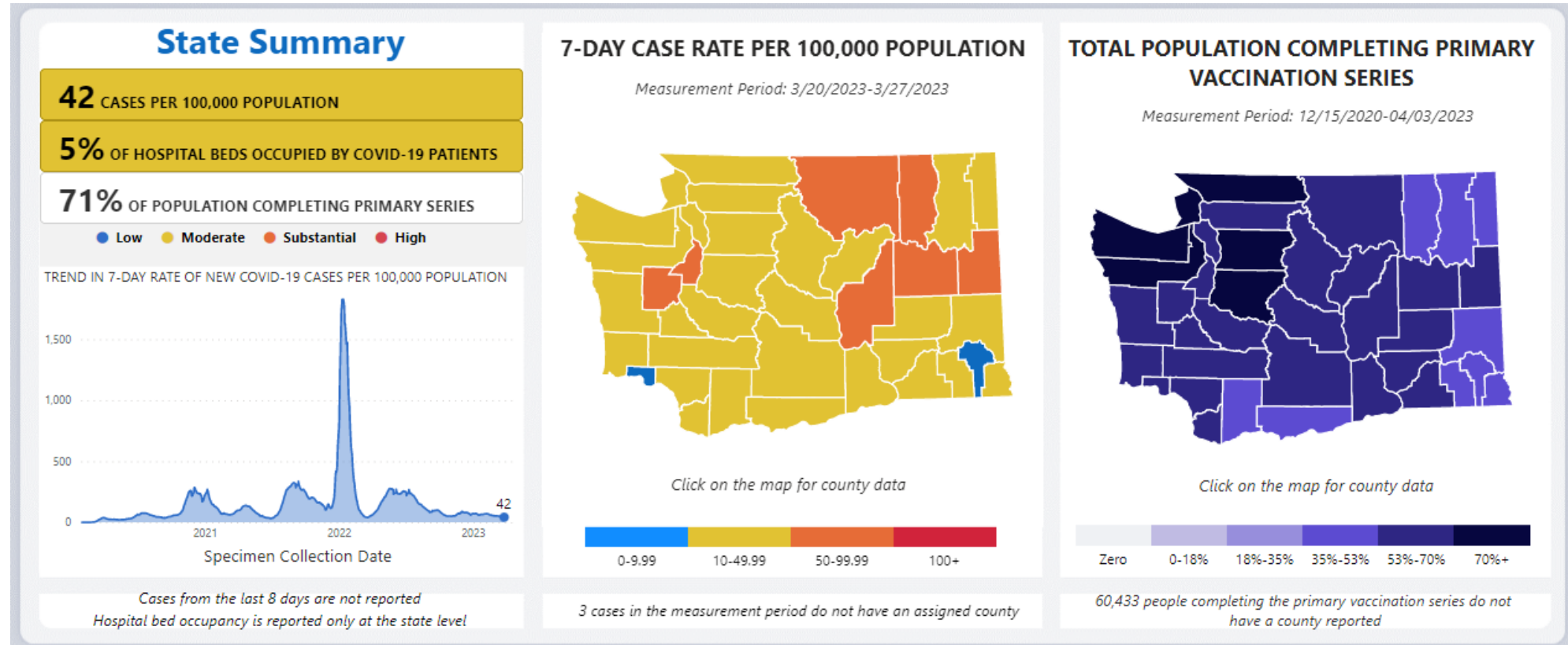
CDC COVID Data Tracker: % of people with at least one dose.

Nationally, 81.3% of the population has received at least one dose, compared with 85.4% of Washingtonians.

○ No Data ● 0 - 59.9% ● 60 - 69.9% ● 70 - 79.9% ● 80 - 89.9% ● ≥ 90%



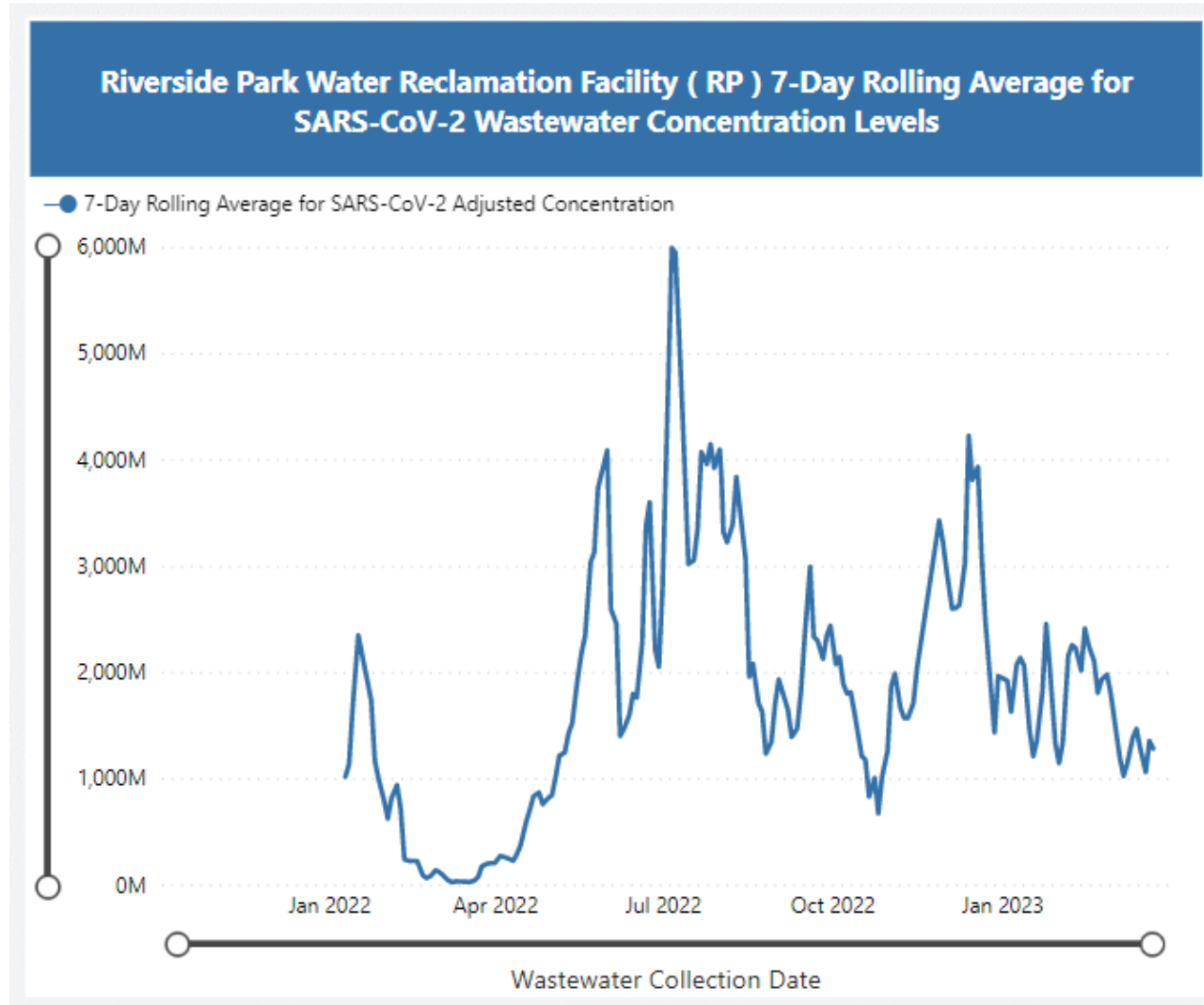
State Summary



Washington State data last updated 4/4/23

[COVID-19 Data Dashboard | Washington State Department of Health](#)

COVID-19 Wastewater Values



Standing Orders

- **As of May 11th, standing orders previously issued by DOH can no longer be used to administer COVID-19 vaccines.**
- The federal PREP Act gave DOH the authority to issue standing orders only during a declared emergency.
- Facilities or organizations that have relied on DOH standing orders should determine another signature authority to decrease disruption to vaccine services.
 - Standing order templates are available from the CDC [here](#).
- DOH continues to work with federal partners to better understand impacts to PREP Act liability protections.

Standing Orders: Provider Poll

DOH conducted a poll during our April 4th partner call to help us understand how this change will affect providers' ability to provide COVID-19 vaccinations.

Questions and Results:

1. How frequently do you use DOH standing orders for COVID-19 vaccinations?
 - 66% stated they use DOH Standing Orders.
2. If DOH is required to rescind standing orders for COVID-19 vaccinations, would your organization be impacted?
 - Only 3 respondents out of 75 stated they could not get alternate standing orders.

Anticipated Additional Booster

- WHO's Strategic Advisory Group of Experts on Immunization (SAGE) revised the roadmap for COVID-19 vaccines.
- We are anticipating that the FDA will announce authorization for an additional bivalent booster dose for "high priority" individuals - those aged 65+ and those with immunocompromising health conditions.
- This decision to authorize a second booster is expected to be officially announced soon. Once FDA approves this additional booster, CDC approval is expected to follow.

Anticipated Monovalent Sunset & Expansion of Bivalent

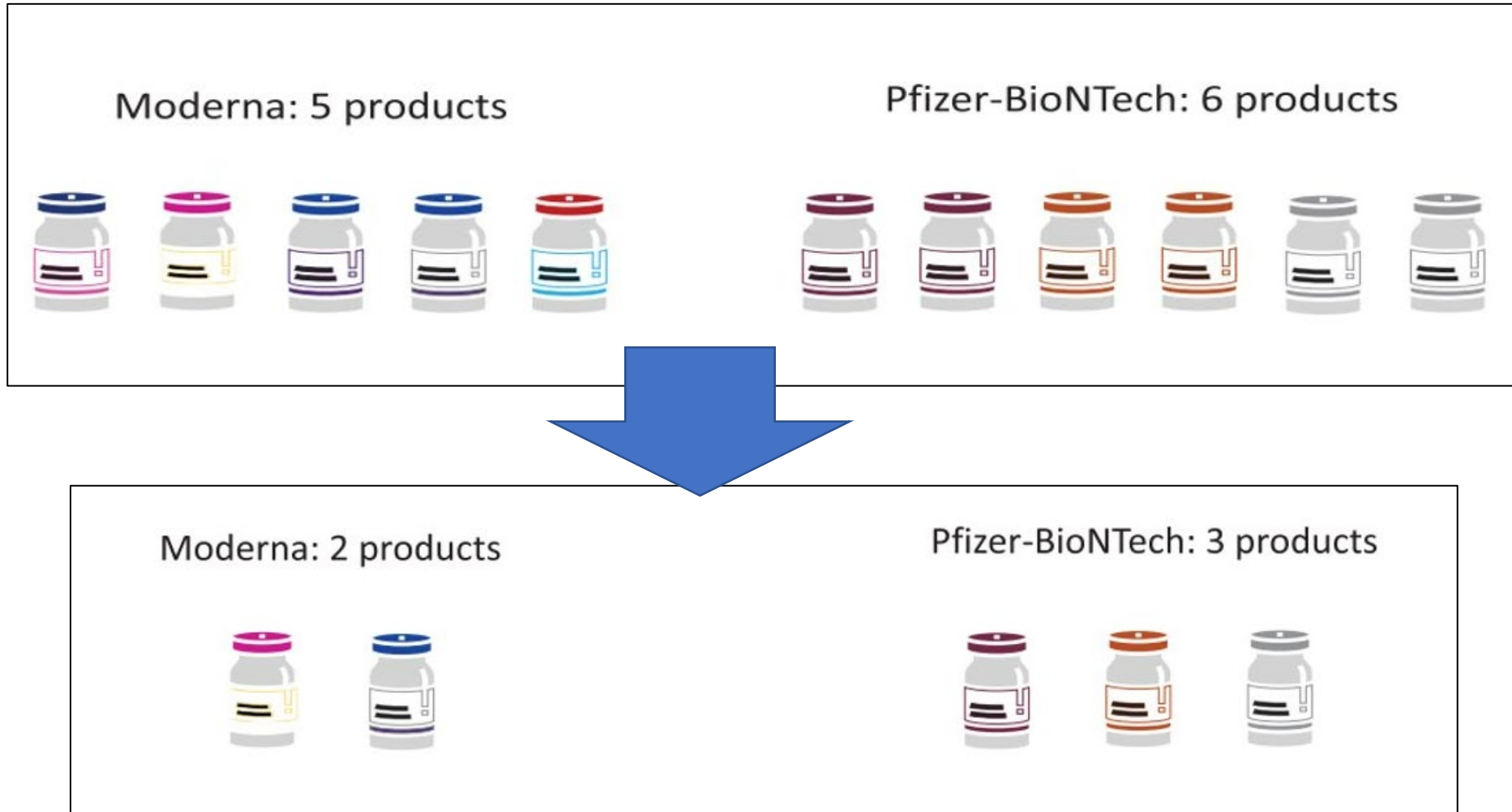
Upcoming Changes:

- Bivalent COVID-19 vaccines are expected to be authorized for primary series doses. EUAs for **bivalent** COVID-19 vaccines will be updated accordingly.
- EUAs for **monovalent** vaccines are expected to be rescinded. This will mean the sunset of all COVID-19 monovalent vaccine products.
- We are anticipating that these changes will be authorized by FDA very soon, and then endorsed by the CDC following the ACIP's scheduled meeting on April 19.

Impacts & Considerations:

- DOH is working on education to providers to notify them of these changes as they occur.
- DOH will update standing orders following CDC endorsement to minimize any disruption in COVID-19 vaccination efforts.

Upcoming FDA Authorization changes for primary series



Care-a-Van COVID-19 Vaccine Highlights

- 1830 events supported to date
- 52,583 COVID-19 vaccine doses administered
 - 1,297 (6 months to 5 years and not including bivalent doses)
 - 14,254 (Bivalent boosters)
- 55% of events served over 50% BIPOC
- 78% of events in areas with moderate to high SVI (7+)
- 60% in Western WA and 40% in Eastern WA
- 26% in rural areas



Care-a-Van Flu Vaccine Highlights

- 192 Care-a-Van supported events have offered flu vaccines
- A total of 818 flu vaccines have been administered since DOH began offering flu vaccines through Care-a-Van (December 2022)
 - 89 Pediatric doses
 - 729 Adult doses
- Currently planning 60 COVID-19 and Flu combined events through the end of June 2023.
- Online form is used for Flu clinic requests: [Care-a-Van Request Form \(smartsheet.com\)](#)



Care-a-Van MPox Vaccine Highlights

- Care-a-Van has supported 50 Mpox clinics
- Care-a-Van has administered a total of 436 Mpox doses since October 2022
- Currently planning 11 Mpox clinics throughout April 2023
- Online form is used for Mpox clinic requests: [MPV Clinic Request Form \(smartsheet.com\)](https://smartsheet.com)



Power of Providers (POP) Updates

- POP has developed Spanish language resources through "POP en Español"
 - New outreach postcard to increase awareness about POP and its Spanish-language resources and enable providers to better serve Spanish-speaking residents
- Upcoming peer-to-peer webinars:
 - May 12: [Long COVID Q&A for Health Care Providers](#)
 - May 26: [De-escalation and Effective Communication Strategies](#)

INTRODUCING POP EN ESPAÑOL!

A new resource to support providers who serve Spanish-speaking patients.

The Power of Providers Initiative helps health care professionals serve as trusted sources of information about COVID-19 vaccines.

Power of Providers

SAVE
Sick • Safe • Healthy • Strong • Engaged

Washington State Department of Health
HEALTH

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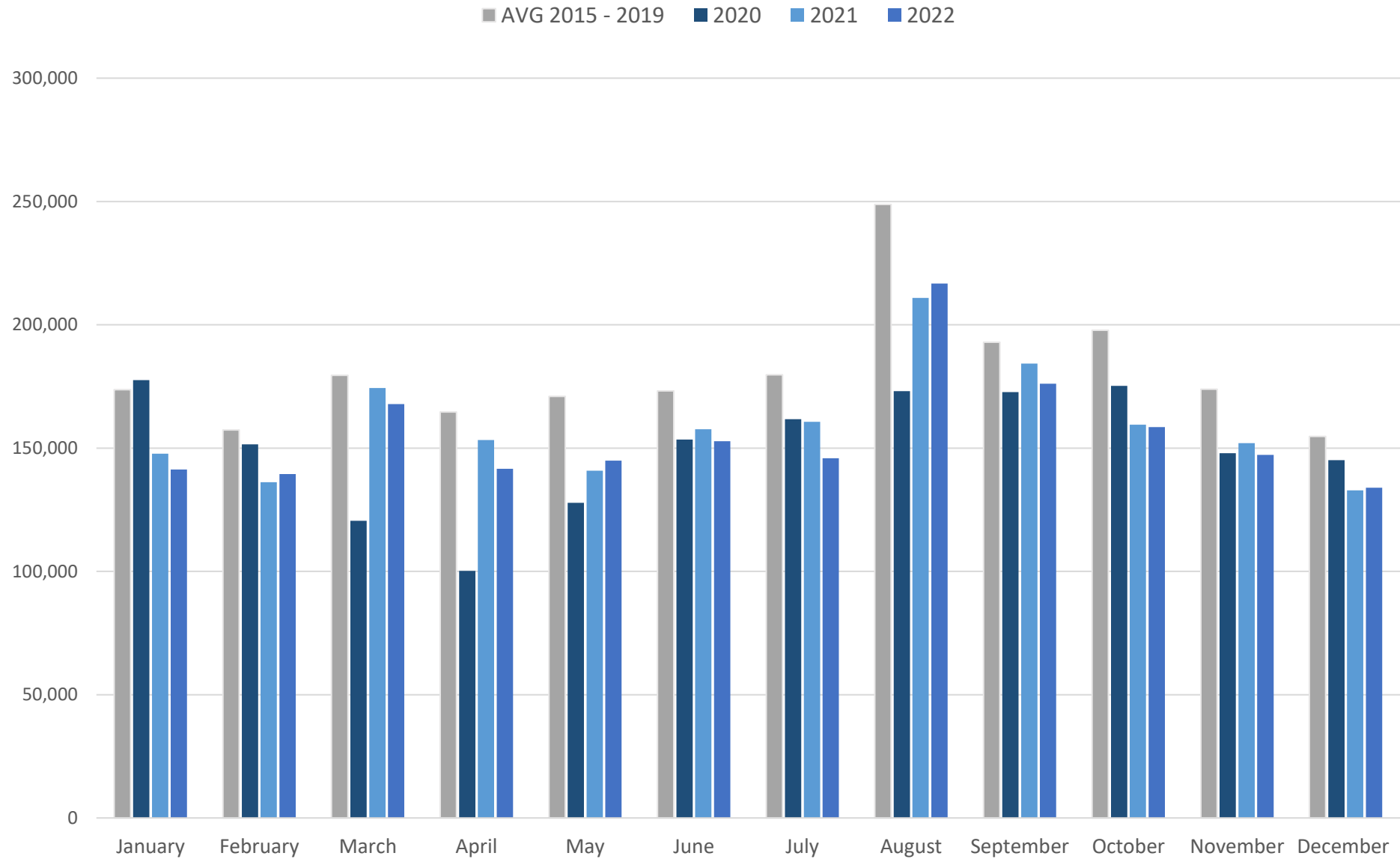
CHILDCARE AND SCHOOL AGE IMMUNIZATION DATA UPDATE

The Washington State Immunization Information System (IIS)

WADOH routinely uses immunization data from the Washington State Immunization Information System (WAIIS):

- A lifetime registry for WA resident immunization data
- Licensed healthcare providers track immunizations
- Considered the most complete and independent source of medically verified immunization data for WA state
- Different from data used in school reporting
 - During the COVID-19 pandemic, school reporting was considered less reliable

Monthly Vaccines* Administered for Individuals 0 through 18 years old in Washington State Comparing Average Number in 2015-2019 with 2020, 2021, 2022



Data source: WA State Immunization Information System; all vaccines reported as of 01/17/2023

*Does not include Influenza and COVID-19 vaccine doses administered

Childcare and School Age Immunizations: Coverage Data

Reviewed school-age IIS data at vaccination milestones:

- 19-35m, 4-10y*, 11-12y, 13-17y

Pre-to-post pandemic timeframe:

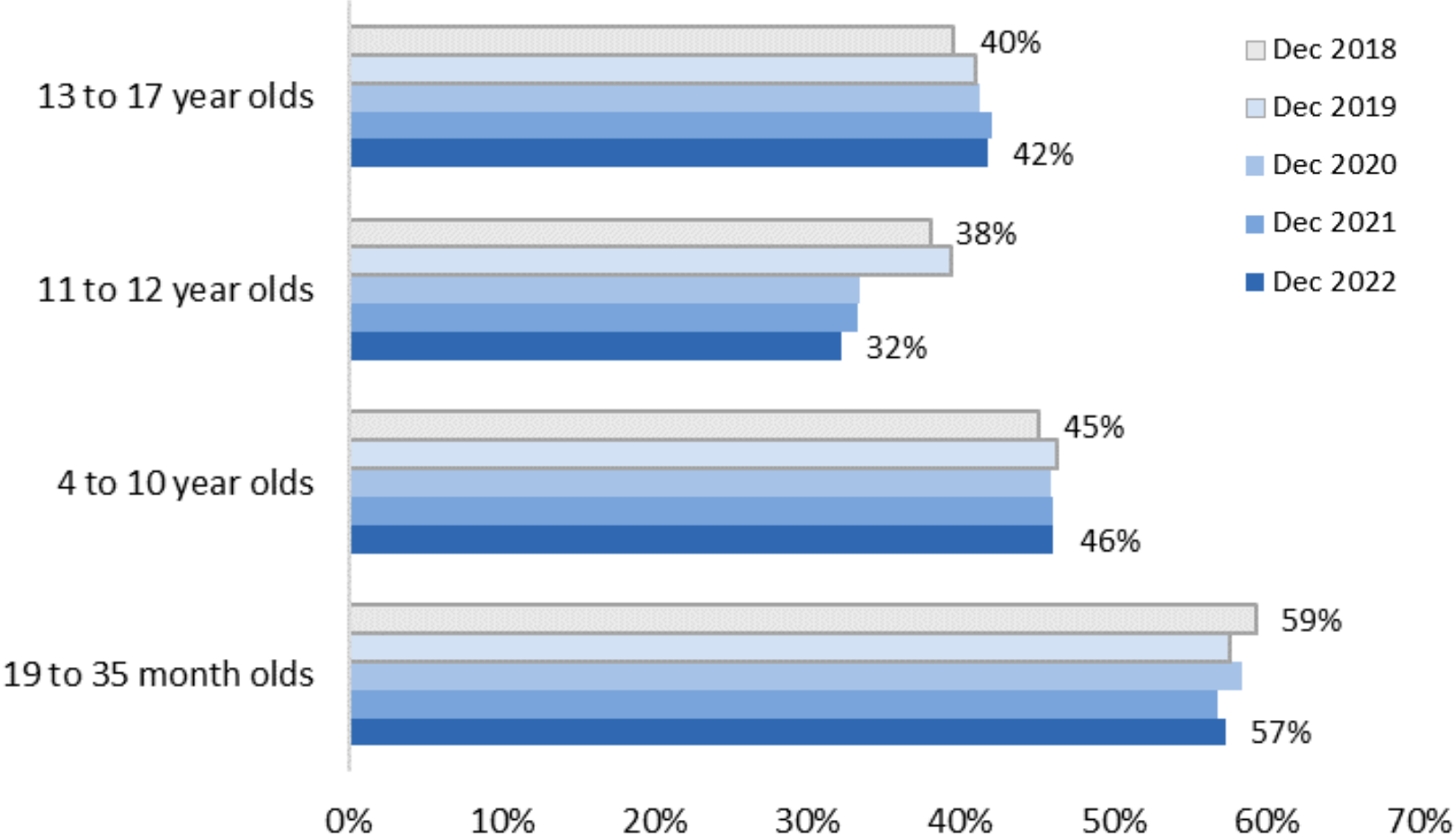
- December 2018-December 2022

Additional data and information can be found on the WADOH immunization data dashboard & the 2021 report of effects of COVID-19 pandemic on WA immunization rates:

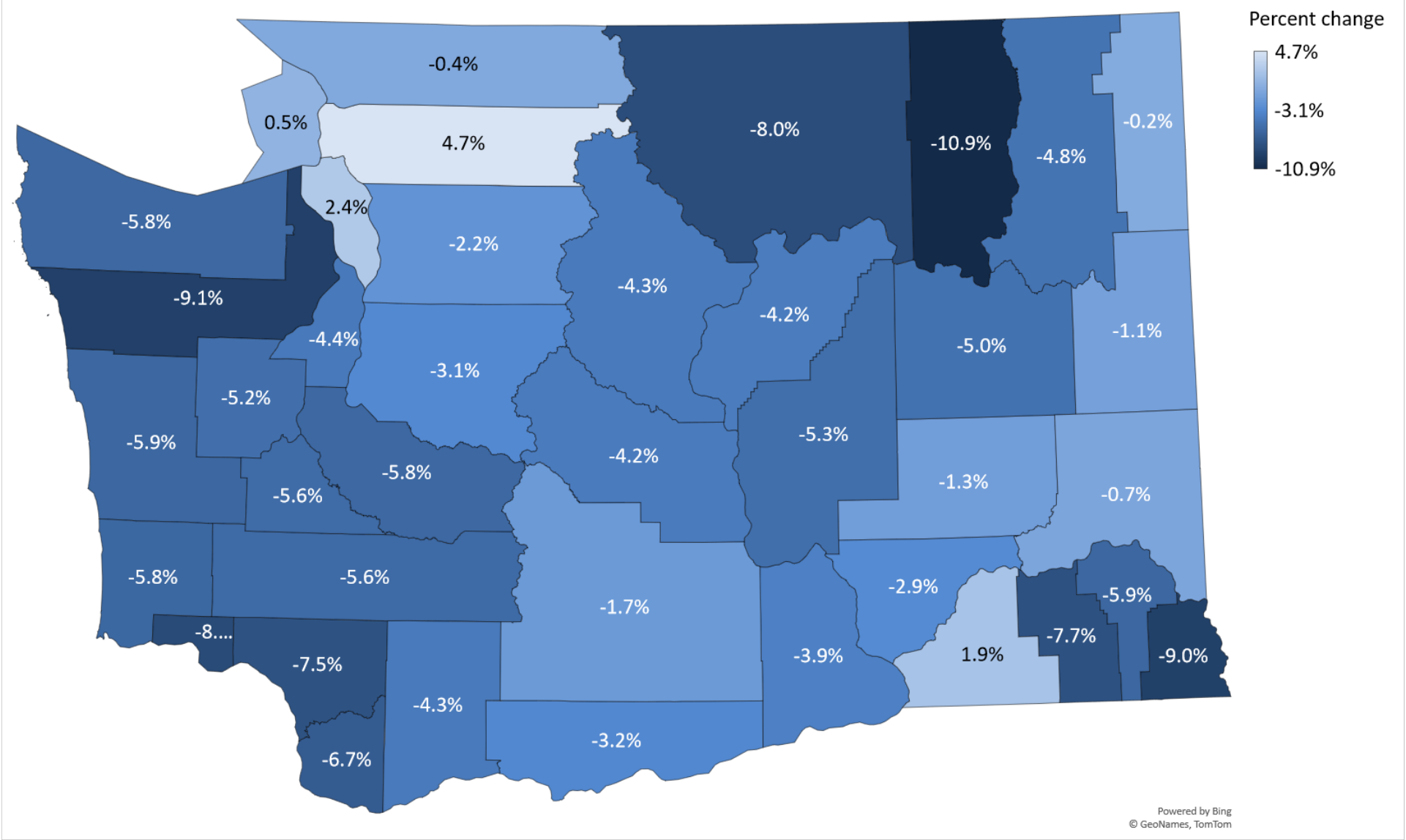
- [Immunization Measures by County Dashboard | Washington State Department of Health](#)
- [348-867 Childhood Immunization Report \(wa.gov\)](#)

*4-6y is the standard milestone age group but was expanded to include all school ages.

Coverage rates for children fully vaccinated are behind pre-pandemic levels for 19- to 35-month-olds and more so for 11- to 12-year-olds.



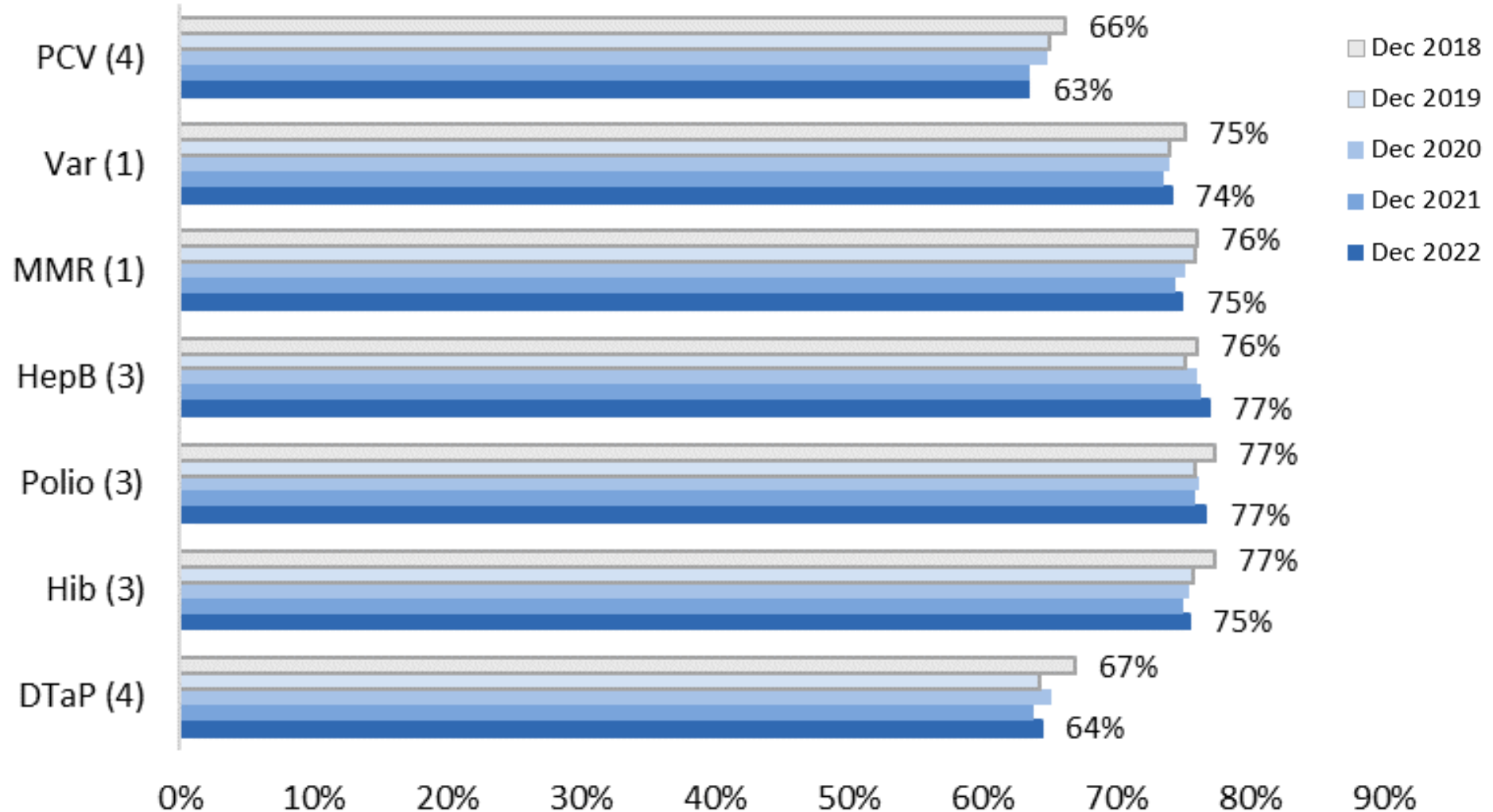
The change from December 2018 to December 2022 in the percentage of children fully vaccinated varies across the state.





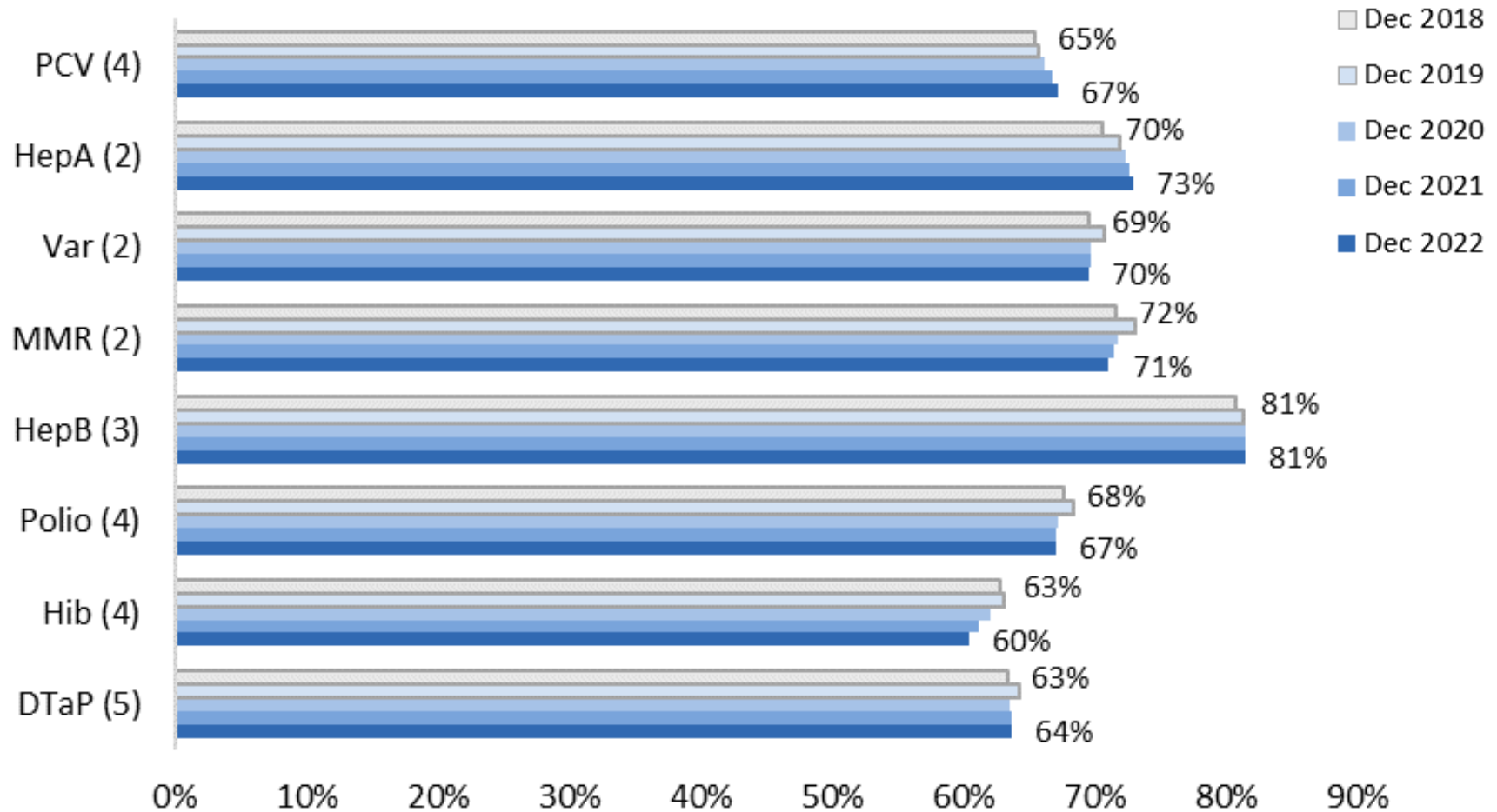
INDIVIDUAL VACCINE COVERAGE BY VACCINATION MILESTONE

Coverage rates for 19- to 35-month-olds are behind pre-pandemic levels for most individual vaccines, with the largest gaps seen in DTaP and PCV (3%).



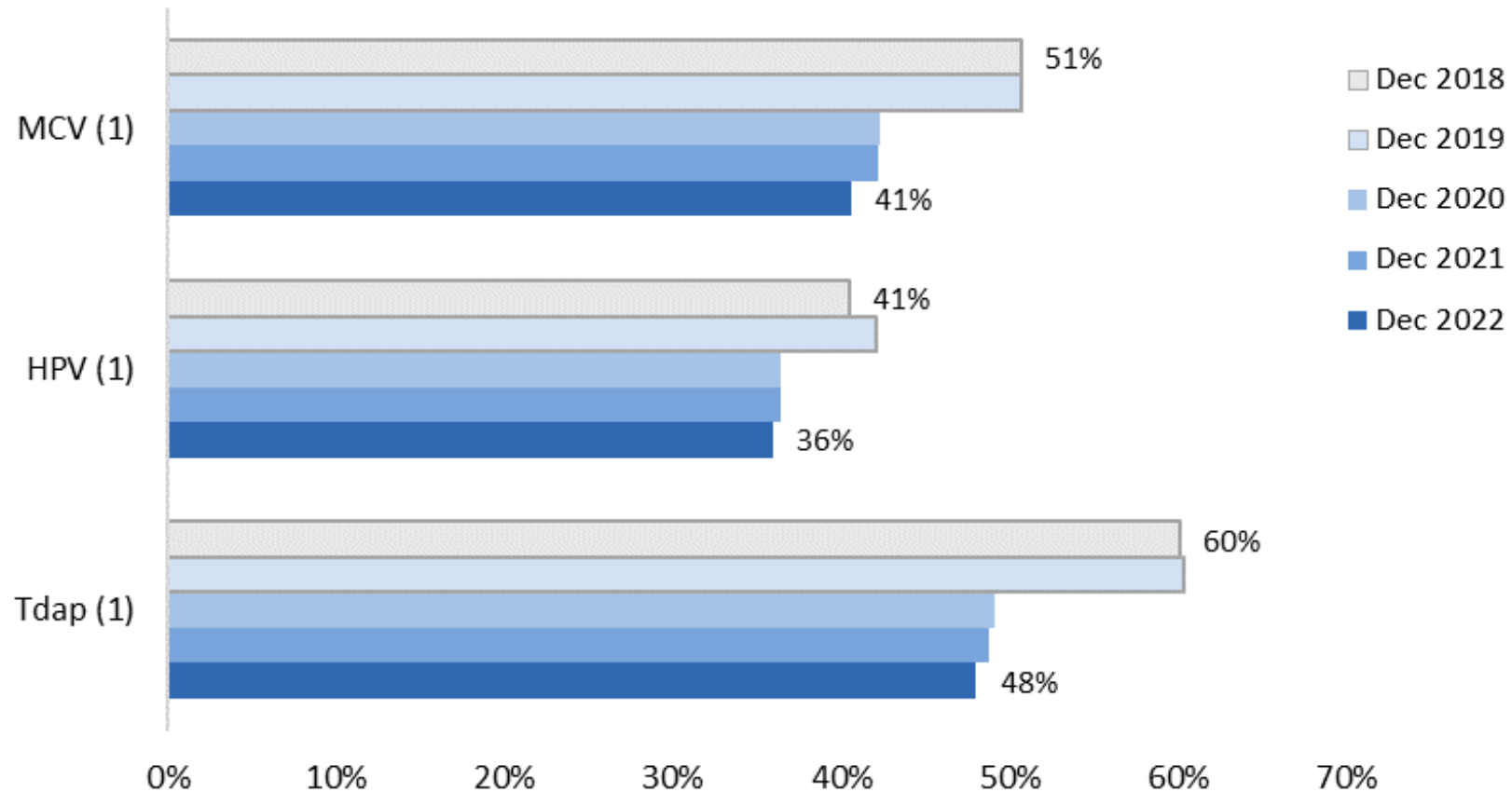
Children should complete the 4:3:1:3:3:1:4* immunization series by 19 months. The state and national goal is for 80% of young children to complete the immunization series. Additionally, the state and national goal for this population to complete each individual vaccine component on time is 90%

Coverage rates 4- to 10-year-olds are relatively similar to pre-pandemic levels.



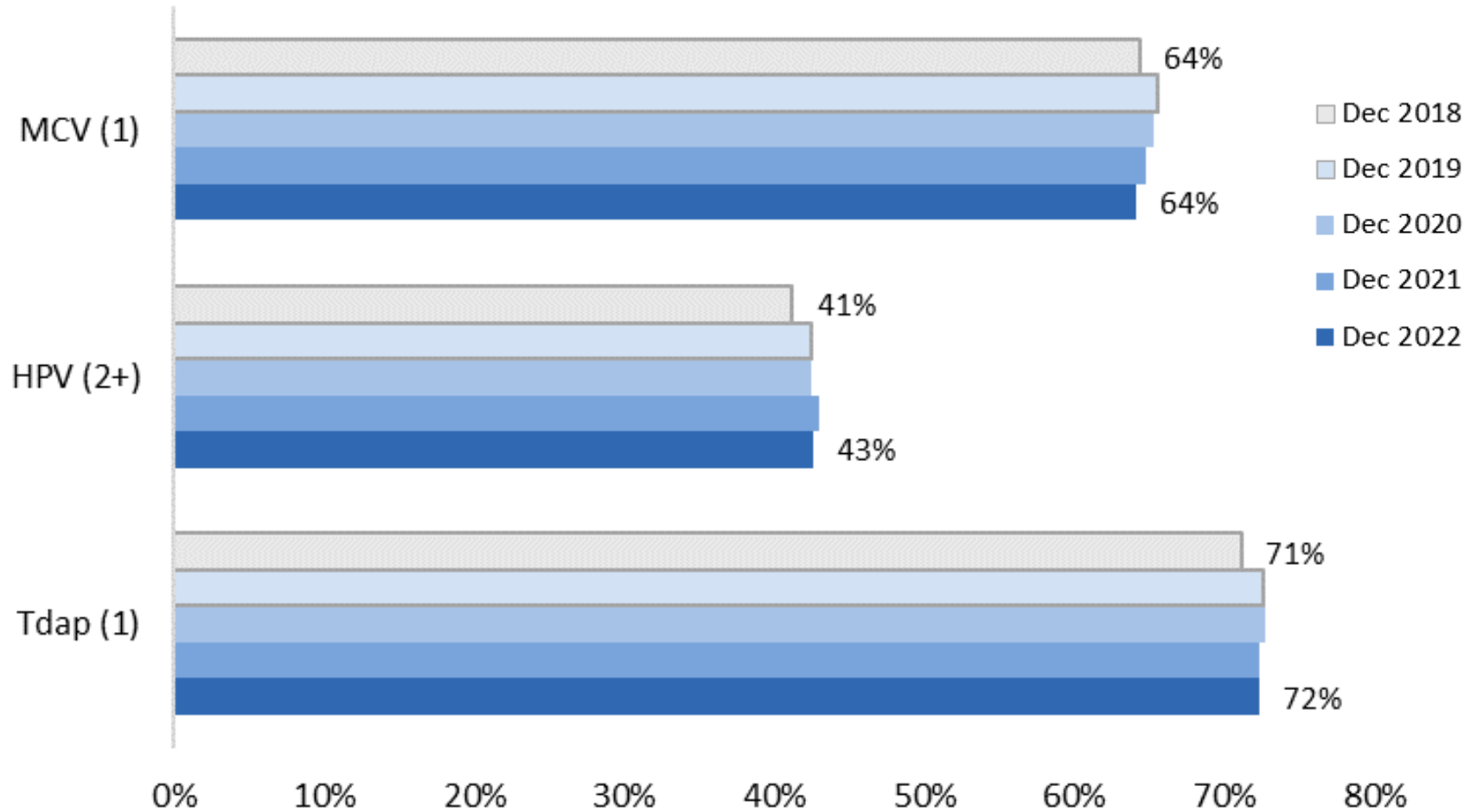
Children should complete the 5:4:4:3:2:2:2:4* immunization series by 4 years of age. The state and national goal is for 80% of young children to complete the immunization series. Additionally, the state and national goal for this population to complete each individual vaccine on time is 90%.

Coverage rates in 11- to 12-year-olds are behind pre-pandemic levels for each vaccine, from 5% lower for HPV, to 10% lower for MCV, and 12% lower for Tdap.



Adolescent immunization series initiation (1:1:1*) and completion (1:1:UTD**) coverage among 11-12 year olds. Adolescents should receive the MCV vaccine and first dose HPV vaccine when they receive the Tdap booster required for 7th grade entry. The state and national goal is for 80% of 15 year-olds to complete the immunization series. Additionally, the state and national goal is for 90% of 15 year-olds to complete for each individual vaccine.

Coverage rates in 13- to 17-year-olds are consistent with pre-pandemic levels.



Adolescent immunization series initiation (1:1:1*) and completion (1:1:UTD**) coverage among 13-17 year olds. Adolescents should complete the 1:1:UTD series by age 13. The state and national goal is for 80% of adolescents to complete these immunizations by the age 15.

Key Takeaways

- Absolute changes in vaccination coverage rates from Dec 2018-2022 were most noticeable for the 11- to 12-year-olds
- Since December 2021, vaccination coverage rates have started to stabilize, with some vaccines showing small increases
- Rates for all vaccines in the 11-12 year-old series (Tdap, HPV, MCV) and in HPV in the 13-17 year olds remain the lowest
 - Future efforts should be targeted to these areas



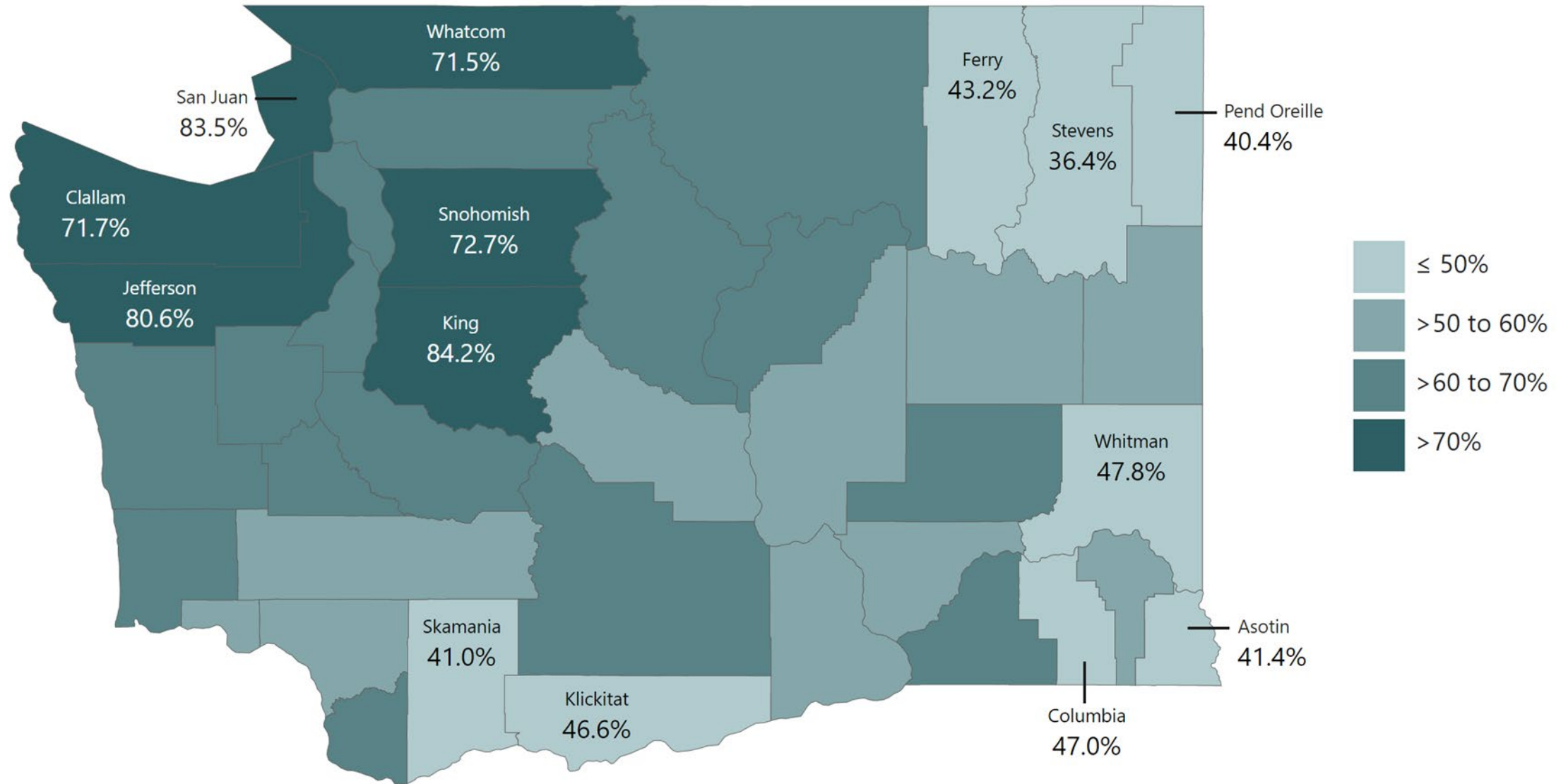
COVID-19 VACCINATION DATA UPDATE

70.7%

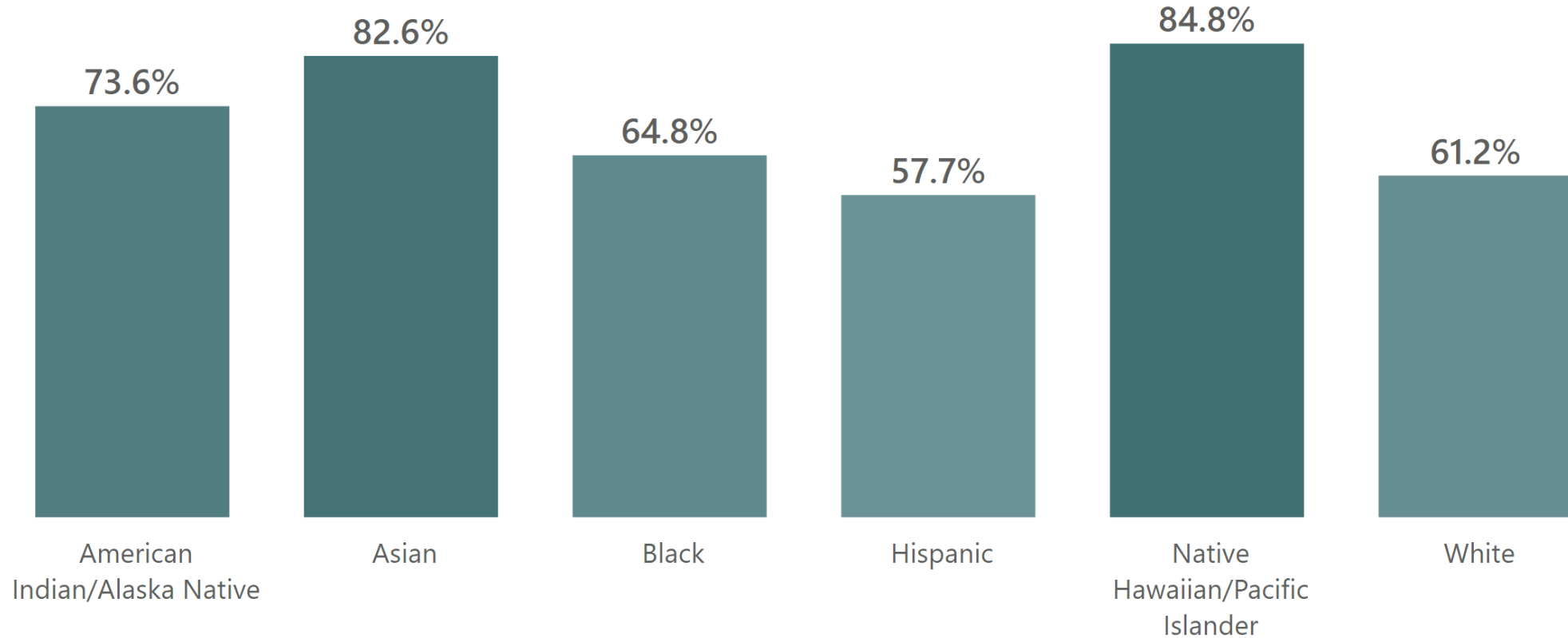
of the WA population has been vaccinated
with a **complete*** COVID-19 primary series

* This includes anyone 6 months of age or older who have received all required doses of a primary vaccine series

Percent of the population vaccinated with a complete primary series

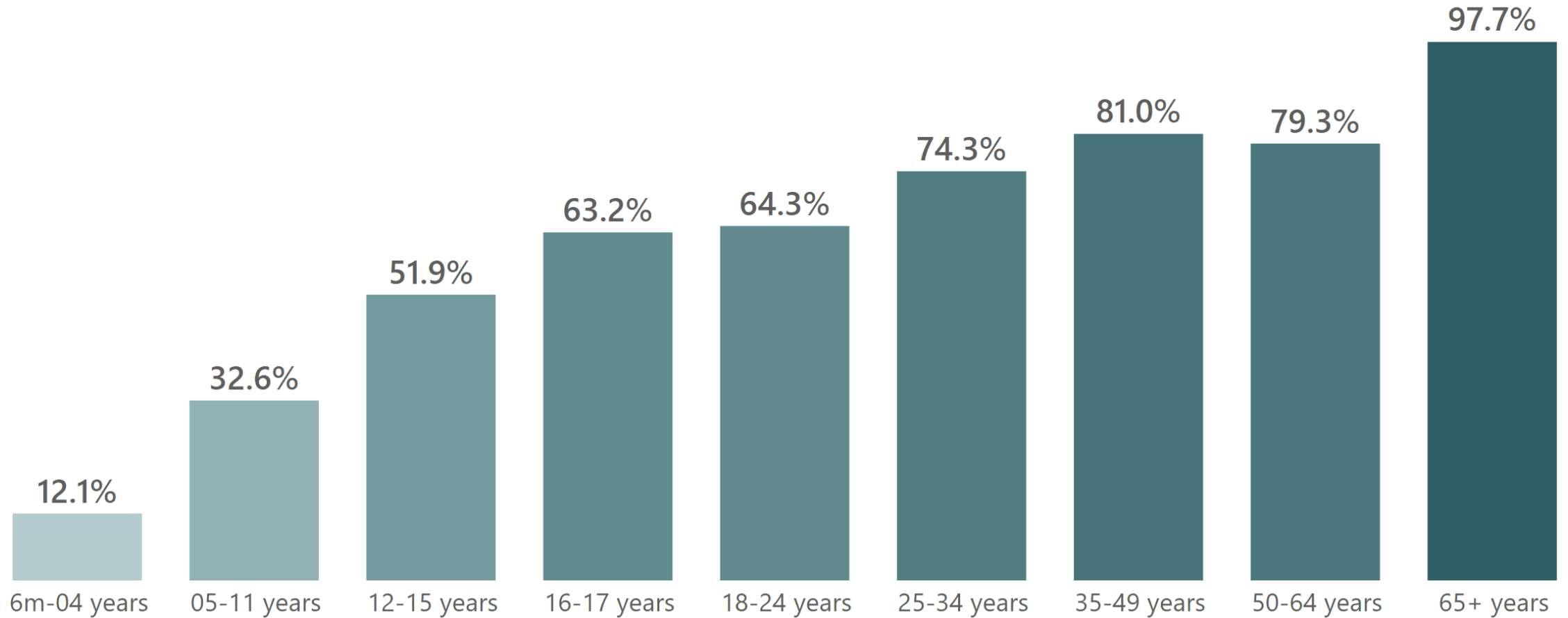


Percent of the population vaccinated with a complete primary series

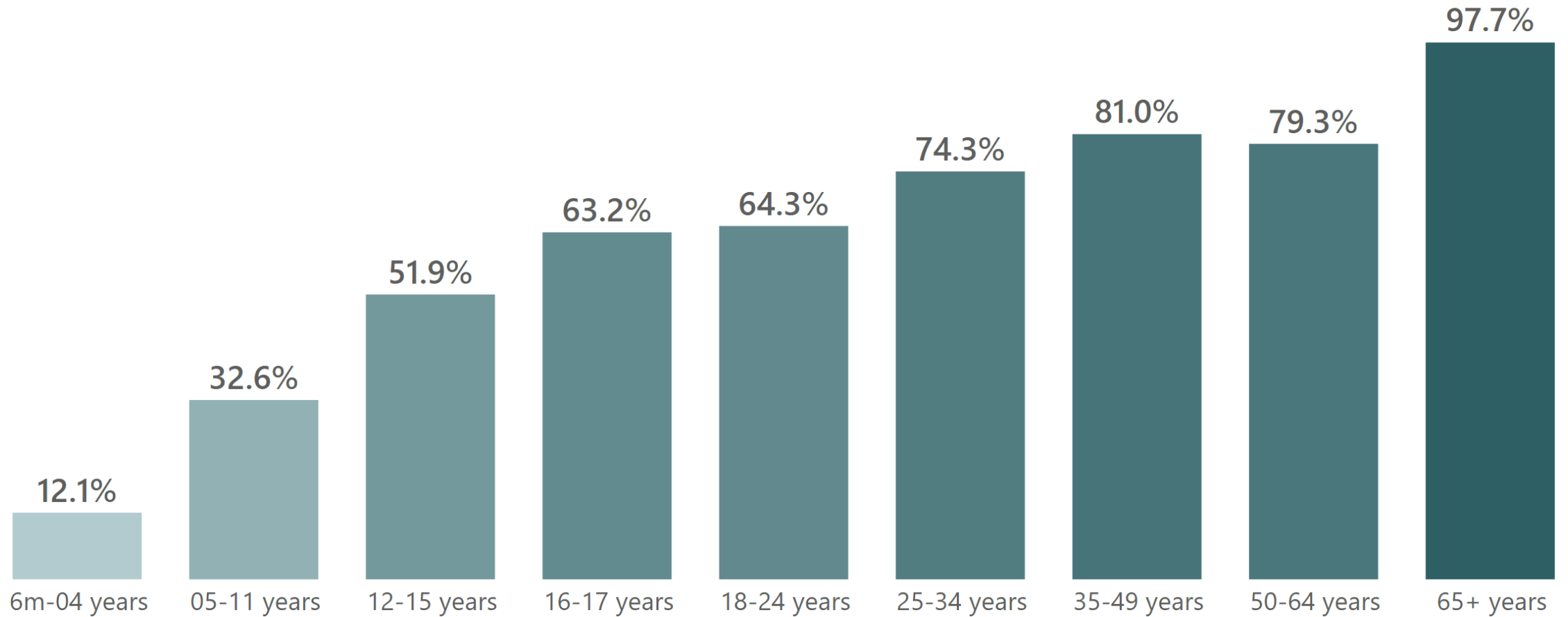


Individuals with multiple, other, or unknown races and ethnicities are not shown.
Race and ethnicity are based on provider reporting and are not available for all individuals.

Percent of the population vaccinated with a complete primary series



Percent of the population vaccinated with a complete primary series



Primary series authorization timeline:

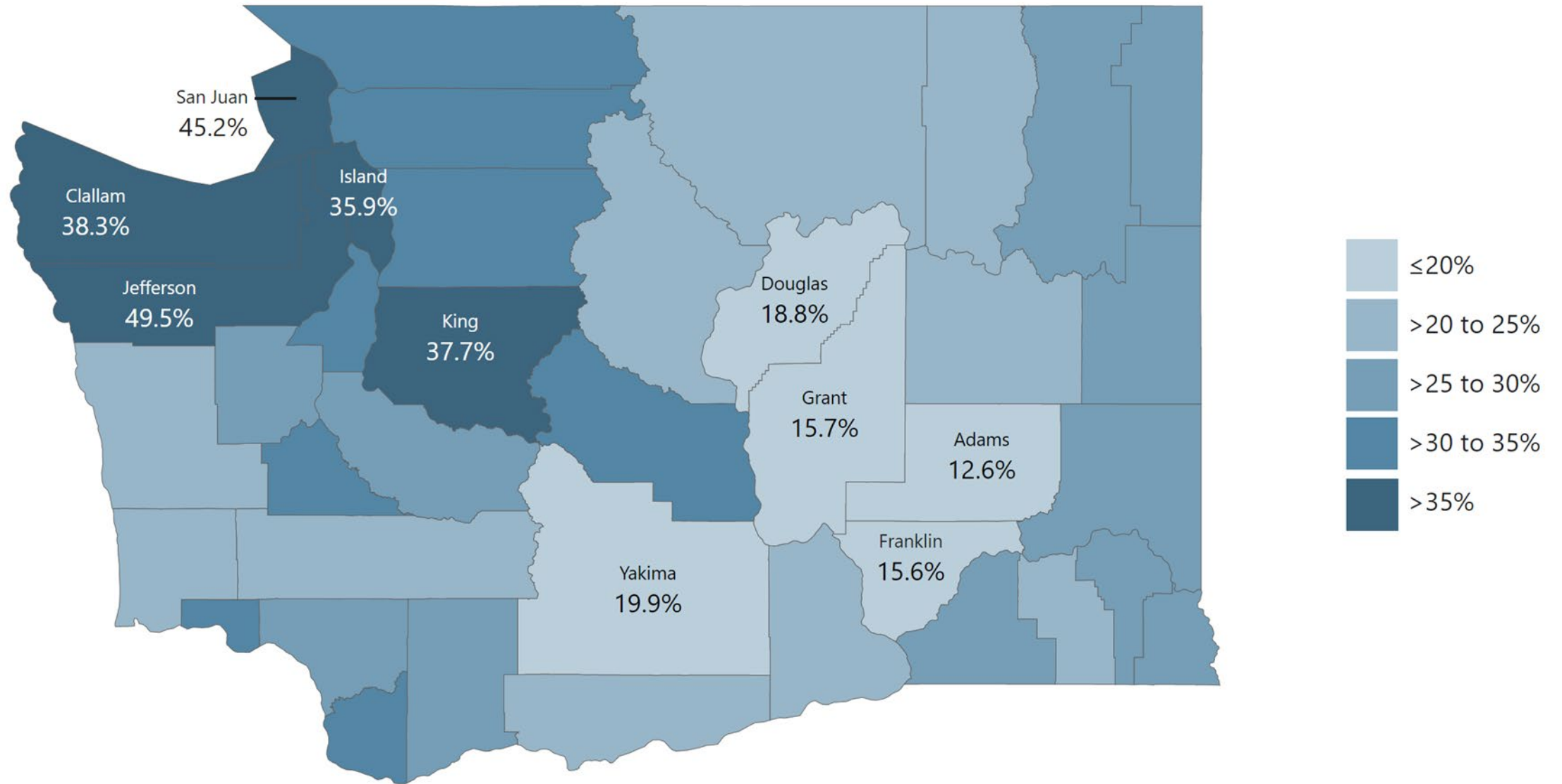


31.5%

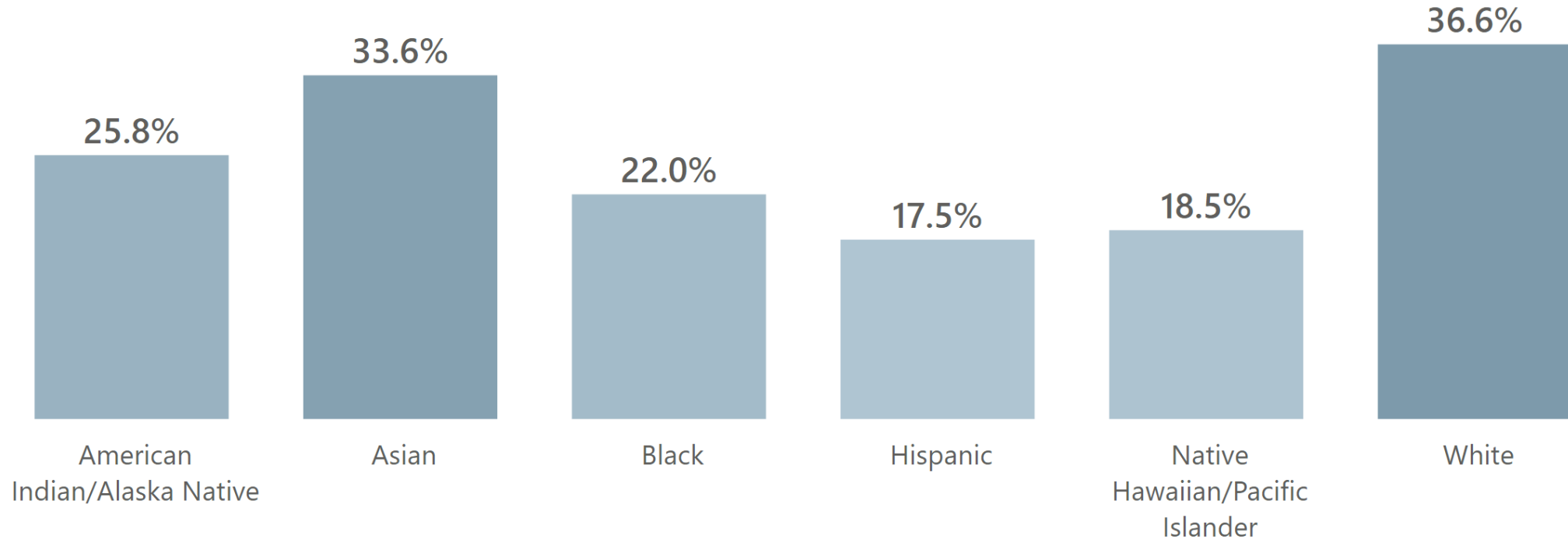
of the eligible WA population* has been vaccinated
with a COVID-19 **bivalent booster dose**

* The eligible population includes anyone 6 months of age or older who has completed their primary series and is 2 or more months past receiving any dose of COVID-19 vaccine

Percent of the eligible population vaccinated with a bivalent booster dose

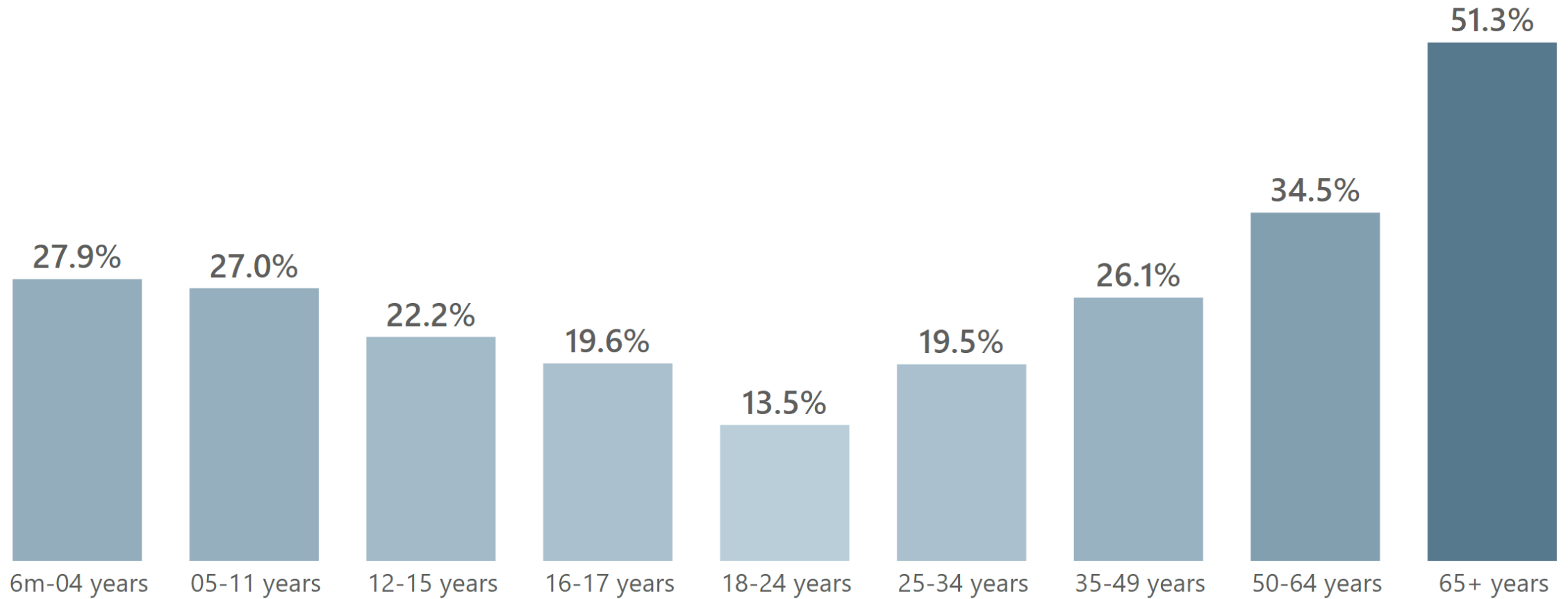


Percent of the eligible population vaccinated with a bivalent booster dose

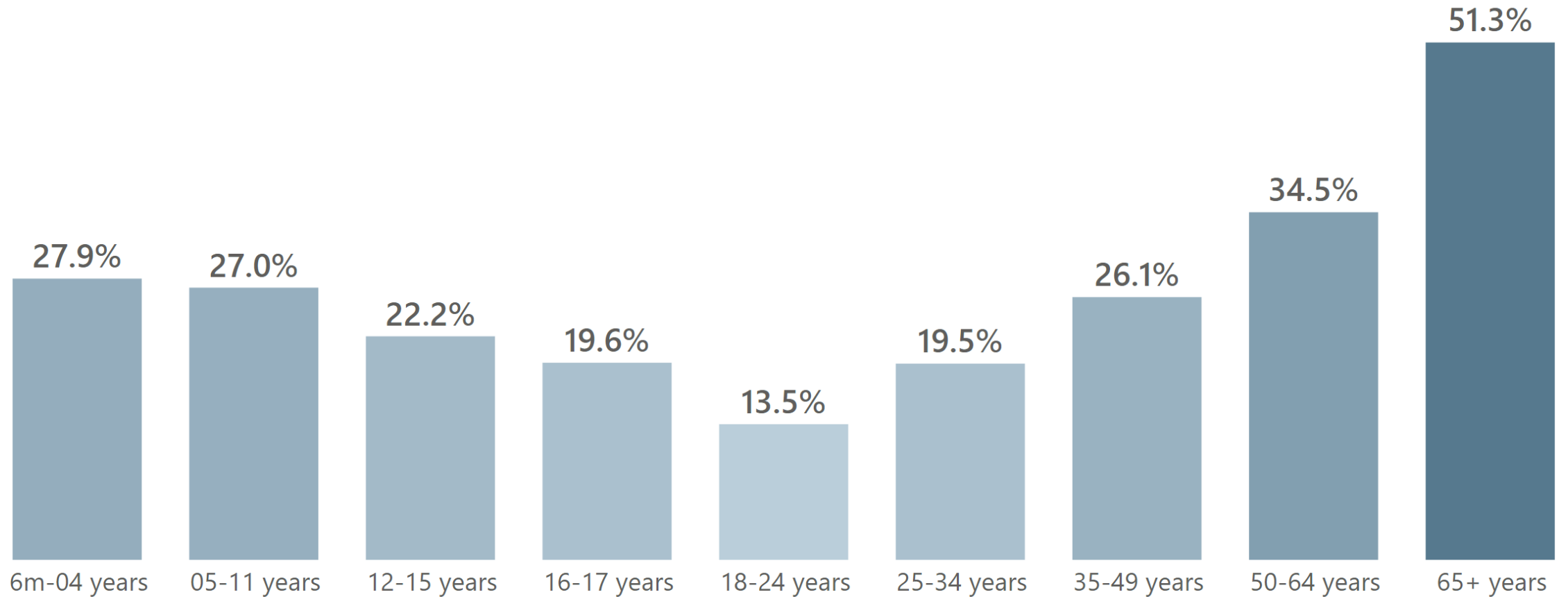


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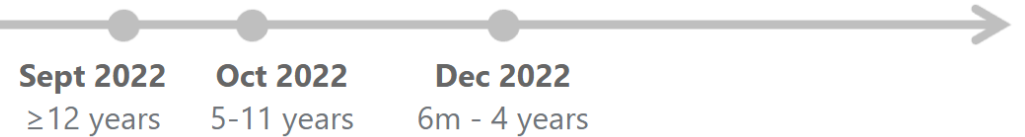
Percent of the eligible population vaccinated with a bivalent booster dose



Percent of the eligible population vaccinated with a bivalent booster dose

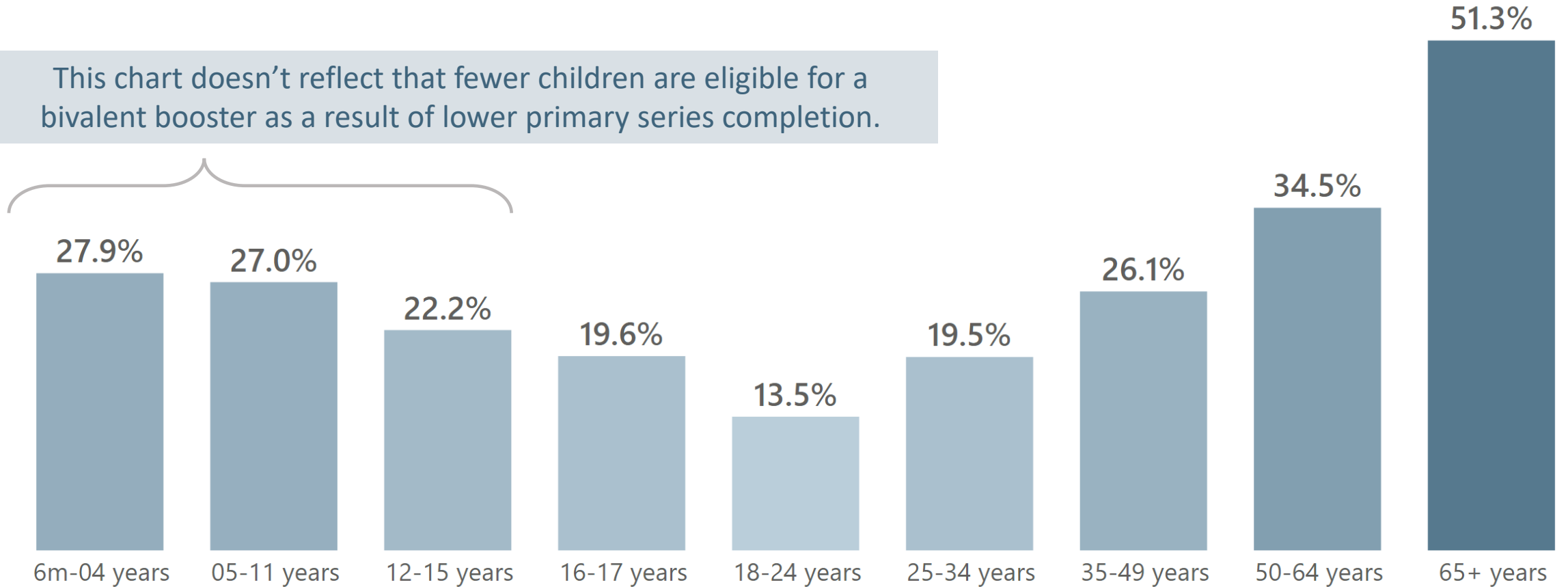


Bivalent booster dose authorization timeline:



Percent of the eligible population vaccinated with a bivalent booster dose

This chart doesn't reflect that fewer children are eligible for a bivalent booster as a result of lower primary series completion.



Bivalent booster dose authorization timeline:

Sept 2022
≥ 12 years

Oct 2022
5-11 years

Dec 2022
6m - 4 years

Data as of March 30, 2023

Key Takeaways

- 3 in 4 people in Washington have completed a primary COVID-19 vaccine series
- 1 in 3 of eligible people in Washington have received an additional bivalent booster dose after completing their primary series
- Primary series and bivalent booster coverage differ by where someone lives, their race and ethnicity, and how old they are

Next Steps

- Anticipating data needs in transition to endemic COVID-19
- Reflecting ongoing developments to vaccines and recommendations
- Creating an up-to-date status metric to replace individual booster doses

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines when you have completed a COVID-19 vaccine primary series and got the most recent booster dose recommended for you by CDC.

If you have completed your primary series—but are not yet eligible for a booster—you are also considered up to date.

[Stay Up to Date with COVID-19 Vaccines, CDC](#)

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Child/Adolescent Immunization Major Changes/Recommendations

- COVID-19 vaccines:
 - Added and noted as “1v” and “2v” for mono and bivalent
 - Further identification of vaccine platform
- Priorix added as an option for MMR; considered “fully interchangeable” with MMR II
- PCV15 (pneumococcal conjugate vaccine) added to the pneumococcal note to include
- Revised the text for vaccine injury compensation to include the Countermeasures Injury Compensation Program for COVID-19 vaccine

Source: [Immunization Schedule Changes | CDC](#), accessed 02-23-2023

Child/Adolescent Schedule Changes/Recommendations

- Clarifications/Special notes
 - Dengue: Recommended for seropositive children living in endemic areas, not for children traveling or visiting endemic dengue areas
 - Influenza: Clarified egg allergies; no use of live attenuated to close contacts of immunosuppressed who require a protective environment
 - Meningococcal ACWY: No use before age 10
 - Men B: Dosing routines for Trumenba based on spacing
 - Polio: Special situations added
- Hepatitis B: guides management of infants born to mothers who are hepatitis B surface antigen positive or whose HBsAg status is unknown
- MMR vaccination: Updated to include additional MMR doses in a mumps outbreak setting

Source: [Immunization Schedule Changes | CDC](#), accessed 02-23-2023

Adult Immunization Major Changes/Recommendations

- COVID-19 vaccines:
 - Added and noted as “1v” and “2v” for mono and bivalent
 - Further identification of vaccine platform
- PreHevbrio: Added as an option for Hepatitis B for adults
- Added American Pharmacists Association as an approving partner
- Revised the text for vaccine injury compensation to include the Countermeasures Injury Compensation Program for COVID-19 vaccine

Source: [Immunization Schedule Changes | CDC](#), accessed 02-23-2023

Adult Schedule Change

- Hep B vaccination
 - Continues to be universally recommended for all adults 19 through 59
 - Added aged ≥ 60 with known risk factors should complete series
 - Added aged > 60 without known risk factors for hepatitis B virus infection may complete Hep B vaccine series
 - PreHevbrio, 3 dose series (4 dose for hemodialysis) added as an option
- Influenza: Preference for one of quadrivalent high-dose inactivated influenza vaccine, quadrivalent recombinant influenza vaccine, or quadrivalent adjuvanted inactivated influenza vaccine is preferred for adults aged 65 years or older
- MMR: Outbreak of mumps
- Meningococcal: Dosing regimen based on timing between doses Trumenba
- Pneumococcal: [PneumoRecs VaxAdvisor: Vaccine Provider App | CDC](#)

ACIP Polio Immunization Recommendations: Adults

- Adults who are unvaccinated or have incomplete vaccination for poliovirus should talk to their doctor about getting vaccinated
- Adults at increased risk of exposure to poliovirus may receive one lifetime booster dose
- Adults at increased risk of exposure
 - Travelers who are going to countries where there is an increased risk of exposure
 - Laboratory and healthcare workers who handle specimens that might contain polioviruses
 - Healthcare workers/caregivers who have close contact with a person who could be infected with poliovirus
 - Unvaccinated adults whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)
 - Unvaccinated adults living or working in a community where poliovirus is circulating

[Adult Vaccination for Polio | CDC](#)

Respiratory Syncytial Virus (RSV): Pregnant People

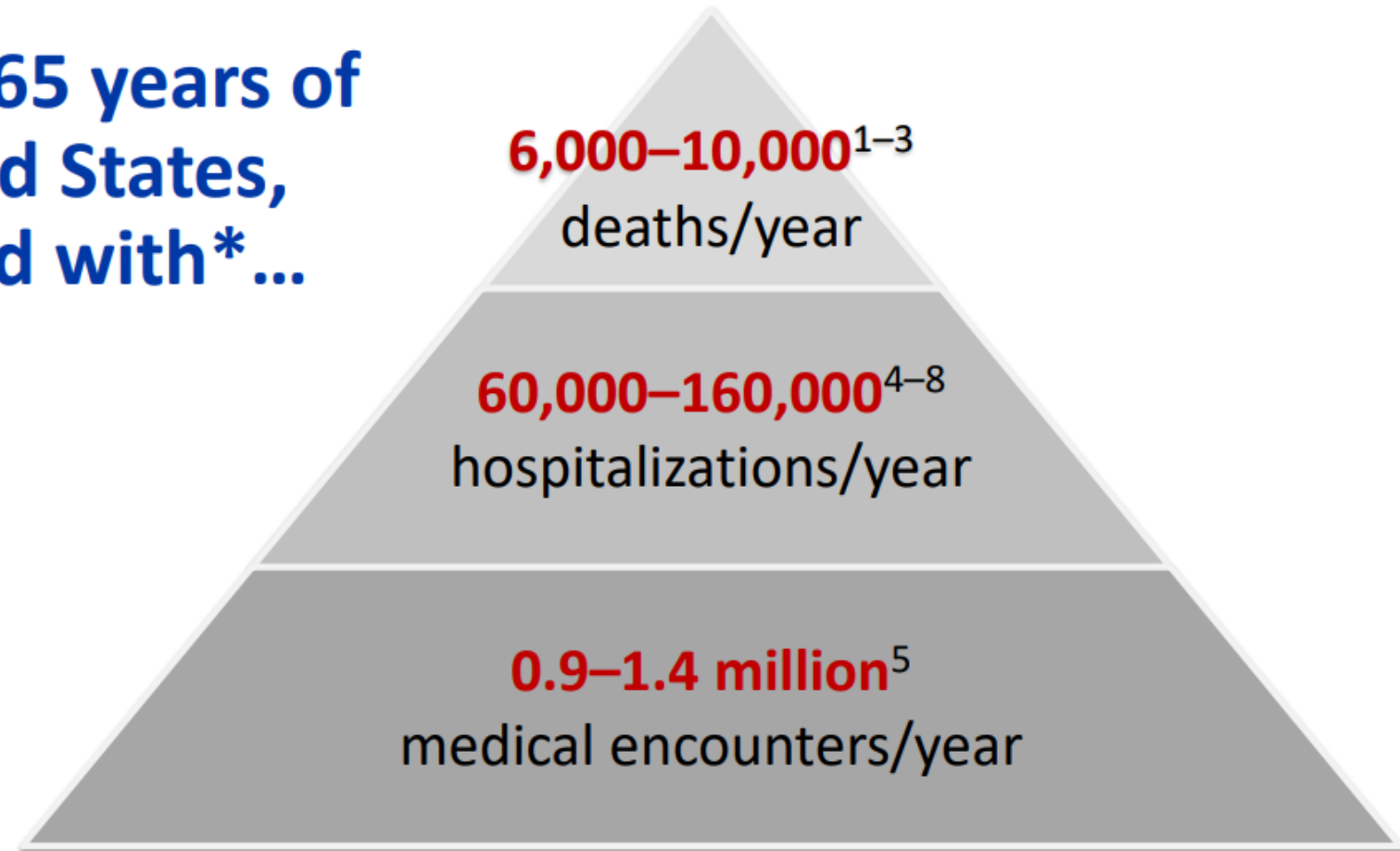
- Pfizer RSV bivalent prefusion F Vaccine:
 - Fetal protection, similar to providing Tdap
- Timeline/Next steps
 - June 2023
 - Summary of GRADE
 - Cost effectiveness analysis
 - EtR
 - October 2023: Vote if licensed

Nirsevimab in Pediatric Populations

- Current treatment: Palivizumab used in high risk only
- Discussion:
 - Not a “vaccine”
 - Challenges with recommended timing for administration given the short duration of efficacy
 - Use in association or replace Palivizumab
 - If added to the VFC schedule and recommended by ACIP, would reduce inequity
- Next steps
 - Further discussion and update dependent on FDA approval for the medication
 - May be approved for use later this year

Among adults ≥ 65 years of age in the United States, RSV is associated with* ...

*There is substantial uncertainty in burden of disease, reflected in wide ranges here.



1. Thompson et al, JAMA (2003): <https://doi.org/10.1001/jama.289.2.179>

2. Matias et al, Influenza Other Respi Viruses (2014): <https://doi.org/10.1111/irv.12258>

3. Hansen et al, JAMA Network Open (2022): <https://doi.org/10.1001/jamanetworkopen.2022.0527>

4. Widmer et al, JAMA Network Open (2012): <https://doi.org/10.1093/infdis/jis309>

5. McLaughlin et al, Open Forum Infect Dis (2022): <https://doi.org/10.1093/ofid/ofac300>

6. Zheng et al, Pneumonia (2022): <https://doi.org/10.1186/s41479-022-00098-x>

7. Branche et al, Clinical Infect Dis (2022): <https://doi.org/10.1093/cid/ciab595>

8. CDC RSV-NET data 2016–2020 (unpublished)

Respiratory Syncytial Virus (RSV): Older Adult

Policy questions for ACIP

- Should vaccination with **GSK RSVpreF3 vaccine** (120µg antigen + AS01E adjuvant, 1 dose IM), rather than no vaccine, be recommended in **persons aged ≥65 years?**
- Should vaccination with **GSK RSVpreF3 vaccine** (120µg antigen + AS01E adjuvant, 1 dose IM), rather than no vaccine, be recommended in **persons aged ≥60 years?**
- Should vaccination with **Pfizer bivalent RSVpreF vaccine** (120µg antigen, 1 dose IM), rather than no vaccine, be recommended in **persons aged ≥65 years?**
- Should vaccination with **Pfizer bivalent RSVpreF vaccine** (120µg antigen, 1 dose IM), rather than no vaccine, be recommended in **persons aged ≥60 years?**

Next steps:

- VRBPAC recommended the vaccines, but FDA has not yet approved.
- ACIP scheduled to discuss June 2023 meeting

Discussion:

- GSK: no placebo arm
- 1650, ≥60 in 5 countries
- GBS: 1 patient in clinical trial
- Pfizer: Clinical with placebo, international
- 2 GBS
- Safety and efficacy data needed
- Increased reported cases due to new PCR testing



EXPANDING VAC MEMBERSHIP DISCUSSION



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