Vaccine Advisory Committee (VAC) Meeting

April 13, 2023

Chair/Facilitator:

Dr. Tao Kwan-Gett	Washington State Department of Health

Members:	**Representing:**
Anita Alkire	Childcare
Annie Hetzel	Office of Superintendent of Public Instruction
Dr. Alisa Kachikis	American College of Obstetricians and Gynecologists
Dr. Beth Harvey	Consultant
Dr. Christopher Chen	Health Care Authority
Dr. Daniel Moorman	Washington Chapter of the American Academy of Pediatrics
Dr. Ed Marcuse	Consultant
Dr. Gretchen LaSalle	Washington Academy of Family Physicians
Dr. Jeff Duchin	Public Health Seattle – King County
Dr. Jenny Arnold	Washington State Pharmacy Association
Dr. John Dunn	Kaiser Permanente
Dr. John Merrill-Steskal	Washington Academy of Family Physicians
Dr. Mark Larson	Washington State Association of Local Public Health Officials
Dr. Mary Alison Koehnke	Naturopathic Medicine
Dr. Mary Anderson	Internal Medicine Organization
Stephane Stookey	Washington State Association of Local Public Health Officials
Dr. Stephen Pearson	Washington Chapter of the American Academy of Pediatrics
Tam Lutz	Northwest Tribal Epidemiology Center
Tara Tumulty	National Association of Pediatric Nurse Practitioners
Wendy Stevens	American Indian Health Commission

Washington State Department of Health Staff:

Dr. Tao Kwan-Gett	Kathy Bay	Kate Lewandowski	TeriLynn Bullock
Jamilia Sherls-Jones	Janel Jorgenson	Jeff Chorath	Meghan Cichy
Heather Drummond	Mariana Rosenthal	Chas DeBolt	Kelly Meder

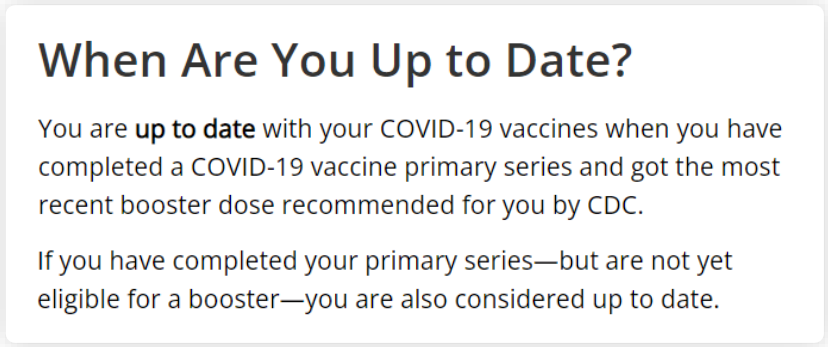
Topic	Presented Information
Welcome, Announcements, Introductions, Land Acknowledgement **Dr. Tao Kwan-Gett**	Dr. Tao Kwan-Gett welcomed the committee members, including the new VAC member Dr. Gretchen LaSalle, MD, FAAFP, a Board-Certified Family Physician from the Washington Association of Family Physicians. VAC members gave introductions. Dr. Tao Kwan-Gett provided a land acknowledgment.
Conflict of Interest & Approval of Previous Meeting Minutes **Meghan Cichy**	Meghan read the committee's Conflict of Interest Policy. No conflicts of interest were declared. The minutes from the December 15th, 2022 meeting were approved.
Office of Immunization Program Director Update **Jamila Sherls-Jones**	Office of Immunization Strategic Map is completed for 2023, outlining priorities and objectives for the year. We encourage you to take a look at the map. 2023 Immunization Strategic Map Forward Planning Project: We are assessing COVID-19 bodies of work that we plan to retain in some compacity and decide where they land. Another objective is to include constituents across the state and have a workgroup. We will keep you updated. Recruitment for the Office of Immunization Assessment Manager Role is open. Jessica Marcinkevage recently transferred to a new role. Thank you, Jessica, for your amazing leadership. SBOH School-Age Immunization Update: on March 8, Dr. Sherls-Jones and Katherine Graff provided an update to the State Board of Heath on the Immunization law and rules, and requirements for schools and childcares. We saw changes in coverage rates, most notable for the 11-12 age group. Since December 2021, rates have begun to improve. Meeting Information and Materials for SBOH WA.gov As of March 29, 2023, the WAISS is connected to the Department of Defense. We are the only state participating in the pilot and will be leading the way for subsequent DoD-State connections. STCHealth Thought Leadership Consortium was hosted by the vender for the IIS system. The Washington IIS was nominated and awarded by its peer states, the 2022 Consortium State of the Year. The Washington State Immunization Summit 2023 is open for registration. There will be a virtual option. https://withinreachwa.org/event/wa-immunization-summit-2023
COVID-19 Vaccine Director Update **Heather Drummond**	CDC COVID Data Tracker: Vaccinations in the US 85.4% of Washingtonians received at least one COVID Vaccine dose.

	According to the State Summary, 71% of the population completed the primary series. COVID-19 Data Dashboard | Washington State Department of Health You can also see COVID-19 Wastewater Values on the dashboard. 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. DOH conducted a provider poll during a partner call on April 4 to understand how the change will affect the providers' ability to provide COVID 19 vaccinations. • 66% said they use DOH Standing orders • Only 3 out of 75 said they could not get alternate standing orders. We anticipate 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. There is currently no change in vaccination recommendation. We anticipate the monovalent sunset, and the expansion of bivalent. • 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. DOH is working on education to providers to notify them of these changes as they occur and will update standing orders following CDC endorsement to minimize any disruption in COVID-19 Vaccination efforts. Care-a-Van COVID Vaccine highlights: There were 1830 events supported to date; 52,853 COVID-19 Vaccine doses administered; 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 vaccines: 192 Care-a-Van supported events have offered flu vaccines; a total of 818 flu vaccines have been administered since December 2022 (89 pediatric doses and

	729 adult doses); currently planning 60 COVID-19 and flu combined events through the end of June 2023. Online form used for flu clinic requests: Care-a-Van Request Form Care-a-Van MPox Vaccine highlights: supported 50 Mpox clinics, administered 436 Mpox doses since October 2022, and currently planning 11Mpox clinics throughout April. Online form for Mpox clinic requests: MPV Clinic Request Form Power of Providers (POP) has developed Spanish language resources through "POP en Español". Postcard outreach will increase awareness about POP and resources. Upcoming peer-to-peer webinars: • *May 12: Long COVID Q&A for Health Care Providers* • May 26: De-escalation and Effective Communication Strategies
Director Update Discussion **Jamilia Sherls-Jones, Heather Drummond**	Question: COVID 19 Vaccination – In high-risk older population vaccination, is there a plan for a second Bivalent booster opportunity? What is the status at state level of planning for Long Term Care (LTC) to ensure that those who have high risk of dying are given either fist bivalent booster if they didn't receive or if they did, to receive the second? We have built relationships with LTC facilities, and we are learning and understanding gaps. It is challenging to ensure access, and to encourage vaccination with LTC staff and residents. We are preparing for commercialization and the new Bivalent booster and will work with our partners. Our Nurse Mobile team is instrumental in supporting distribution of bivalent boosters. Education of LTC staff, and our postcard campaign is also important. In our partnership with local health and LTC pharmacies, the pharmacies typically provide most of the long-term care. We are continuing to work towards a fall LTC campaign and are working with DSHS as a collaborator. Increasing booster uptake in LTC populations is our best hope in making a dent in mortality rates for our high-risk older population. Committee members, are there barriers you have experienced? Or do you have suggestions on things DOH can do to assist local and tribal efforts to increase booster uptake? We are likely to end up with permissive recommendation – available, but not an official recommendation. The lack of that official recommendation might decrease uptake. If we used POP to get information out to the providers regarding the additional booster, that would help. The providers are the people recommending it to families and patients. CMS anticipates a gradual decrease in reimbursement in the administration of vaccines.

	The Office of Insurance Commission – it sounded like it was their understanding that at the end of the standing orders, there would be a prompt for reimbursement based on if the vaccine was administered inside or outside of the patient's insurance plan. And the cost structure may change sooner than anticipated. Questions regarding the sewage data: are results similar across sites in the state? Is there a pattern emerging? In the wastewater data dashboard, you can select plants to see the results. Data seems to bounce around a lot, and it is difficult to make generalizations around trends.
Routine and COVID-19 Vaccine Surveillance Update **Kelley Meder and Kate Lewandowski**	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. Showed a vaccination administration chart. The chart showed monthly vaccines administered for individuals 0-18 years old in Washington state, comparing the average number in 2015-2019 with 2020, 2021 and 2022. 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) Chart showing 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. Chart showing that 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: Chart showing 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%).

	Chart showing coverage rates for 4- to 10-year-olds are relatively similar to pre-pandemic levels. Chart showing 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. Chart showing coverage rates in 13- to 17-year-olds are consistent with pre-pandemic levels. 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 % or WA population has been vaccinated with Complete* COVID-19 series. * This includes anyone 6 months of age or older who have received all required doses of a primary vaccine series. We looked at series of Charts showing percentage of the population vaccinated with a complete primary series. 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. Chart showing the percent of the eligible population vaccinated with bivalent booster dose. We looked at a series charts showing percent of Eligible population vaccinated with a bivalent booster dose. 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.

	https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html 

ACIP Annual Vaccine Schedule Update
 	
Kathy Bay
	There have been some changes in language since these slides were created.
	
	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
	
	Here is the link for the Adult Pneumococcal Vaccine Administration Algorithm (PCV) tool that Kathy mentioned in her presentation:
	Pneumococcal Vaccine Administration Algorithm (wa.gov)
	
	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.
	
	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. 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 poliovirus. • 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. Chart showing ACIP Polio Immunization Recommendations for Routine Childhood schedule, and a chart showing polio-containing vaccine products. 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.
	
	Chart showing information on RSV among adults in the United States.
	
	Respiratory Syncytial Virus (RSV): Older Adult
	
	Next steps:
	• VRBPAC recommended the vaccines, but FDA has not yet approved.
	• ACIP scheduled to discuss June 2023 meeting.

Expanding VAC Membership Discussion **Jamilia Sherls-Jones**	Assess what professional organizational groups are present in the committee as well as who might be missing. It is always good to have fresh perspectives and representation of BIPOC communities and clinical nursing. It would also be good to have representation from schools with people enrolled in health programs. What are some community organizations, or organizations in general that you think could bring the representation to this committee? Do we have anyone from obstetrics and gynecology? Yes, Alissa Kachikis, MD, MSc. There is a growing involvement of ACH and primary care; we could use representation from nurse practitioners, and state organization. We do not have someone representing PA's. It would be good to have representation from culturally specific groups (i.e. Somali Health Board organization), people who represent those voices. Student members could provide some useful perspectives. Training varies from program to program. It is difficult to appreciate and understand where deficits are located. Also, there are an increasing number of people in training programs who have some vaccine hesitancy themselves. How long a term would a student serve? A Student would also have a 3-year Term. There should be someone from long term care. Given the broadening of

	recommendations for older adults, I think it's worth discussing. These could have a whole set of unique challenges. A School Nurse Corps representative might also be helpful, which are run through regional ESDs. We also lost Adrian from Urban Indian Health Institute; do we want to have another representative? Yes, we have reached out to UIHI to fill the seat. Thank you! How about a representative from the Russian/Ukrainian population? We will take all these ideas, talk about them in our VAC planning meeting, and then develop next steps. Suggestions for topics to discuss on July 13th: • Combating Misinformation, working with people who have misinformation about vaccines. • Wastewater data- what extent it is helpful for discrepancies within the State? • Vaccine fatigue – more vaccines being offered, who will deal with the fatigue?

Public Comments:

Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.