



VACCINE ADVISORY COMMITTEE MEETING VIRTUAL MEETING - ZOOM
July 11th, 2024

| Time          | Agenda Item  | Facilitator                      |
|---------------|--|----------------------------------|
| 11:00 – 11:15 | Welcome, Announcements, Introductions, Land Acknowledgement      | Scott Lindquist                  |
| 11:15 – 11:20 | Conflict of Interest Declaration                                 | Meghan Cichy                     |
| 11:20 – 11:25 | Approval of Last Meeting Minutes                                 | Scott Lindquist                  |
| 11:25 – 11:35 | Public Comment   | Scott Lindquist<br>Lisa Balleaux |
| 11:35 – 11:45 | Office of Immunization Program Director Updates                  | Jamilia Sherls                   |
| 11:45 – 11:55 | COVID-19 Vaccine Director Updates                                | Alison Hilkiah                   |
| 11:55 – 12:05 | Director Update Discussion                                       | Jamilia Sherls<br>Alison Hilkiah |
| 12:05 – 12:15 | Equitable Distribution of Vaccines Presentation                  | Janel Jorgenson                  |
| 12:15 -12:25  | Equitable Distribution of Vaccines Discussion                    | VAC Members<br>and DOH Staff     |
| 12:25 – 12:55 | VAC Member Report Out  | VAC Members                      |
| 12:55 – 1:00  | Future Agenda Items 2024 VAC Meeting Dates: October 10th Adjourn | Scott Lindquist                  |

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| 11:15 – 11:20 | Conflict of Interest Declaration | Meghan Cichy |

Decisions made by committee members should always be based solely on the best interest of the department and the people of Washington State. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any affiliation with an organization having fundamental goals that conflict with the department and VAC mission should be avoided. Any current, previous (within two years), or future potential conflict of interest should be disclosed at the beginning of each VAC meeting.

A potential conflict of interest exists when a committee member has a relationship or engages in any activity or has any personal financial interest which might impair their independence or judgment or inappropriately influence their decisions or actions concerning VAC matters.

A potential conflict of interest exists and should be disclosed if the committee member:

- Has a relationship with an entity that benefits financially from the sale of vaccines, such as a consultancy, serving on a speaker's bureau, receiving honoraria, research and/or travel support.
- Owns a material financial interest in any business that provides or seeks to provide goods or services to the department.
- Serves as an officer or participates on the board or committees of other related professional societies that receive direct financial benefit from the sale of vaccines.
- Has an affiliation with an organization that has a financial interest in VAC recommendations.
- Has an affiliation with an organization that has a competing activity.

Each committee member has a high duty and obligation to disclose to the entire committee any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. Ultimately, it is the responsibility of the entire committee to determine what, if any, limitations on activities with regard to the committee member's conflict are required to protect the VAC.

Vaccine Advisory Committee Conflict of Interest Policy

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Office of Immunization Update

Jamilia Sherls, Director – Office of Immunization

### New Office of Immunization Personnel



Jéaux Rinedahl, PhD, RN, CQS Manager Started May 1, 2024



Kena Fentress, Engagement and Planning Section Manager Started June 16, 2024

## Response to Recovery

- The COVID-19 Vaccine Program was sunset at the end of June 2024, and many aspects will be transitioned into the Office of Immunization, i.e. Bridge Access Program.
- New section: Engagement and Planning
  - Engagement with partners, i.e. LHJs, Tribes, providers, community.
  - Pandemic/VPD response planning and readiness
  - Project Planning
  - Vaccine Equity
- Preparing to make decisions about OI bodies of work that will continue beyond December 31st, 2024, and June 30th, 2025.
  - Considerations: Funding, CDC priorities, Work valued by partners, Agency priorities.

## School Immunization Data Dashboard Updates

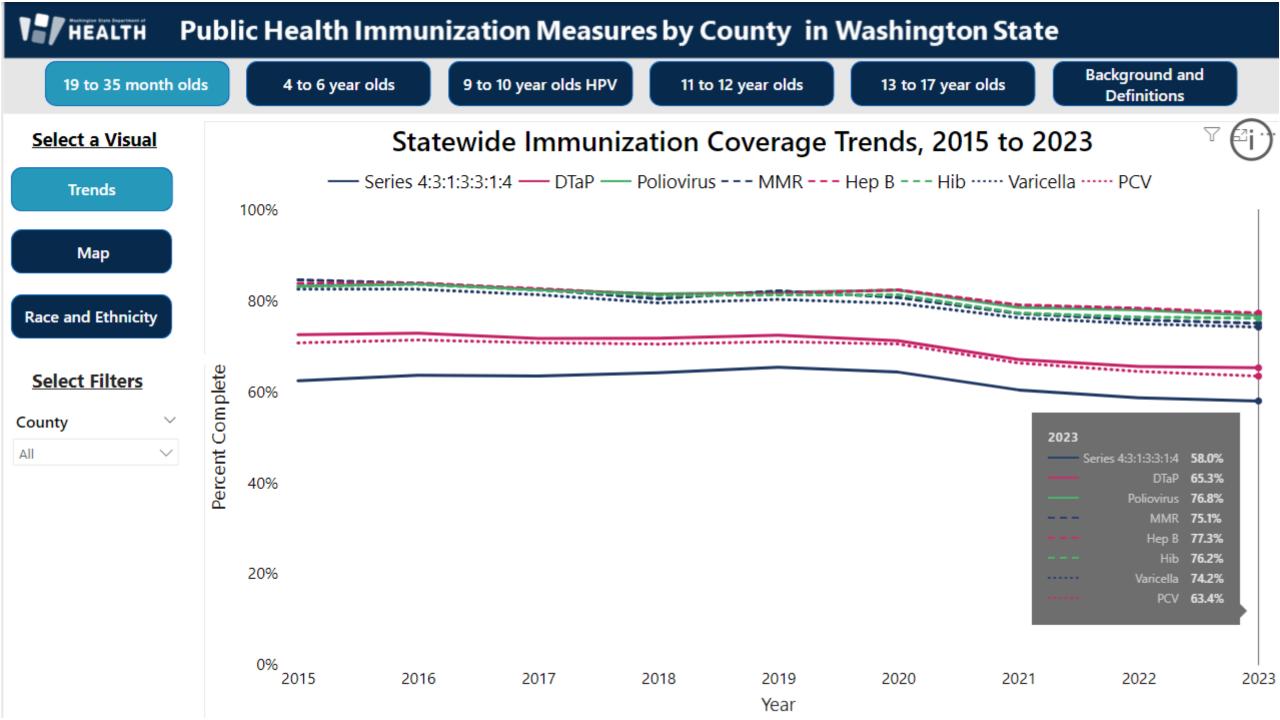
June 12, 2024: DOH published an updated data dashboard on <u>school</u> <u>immunization reporting</u>.

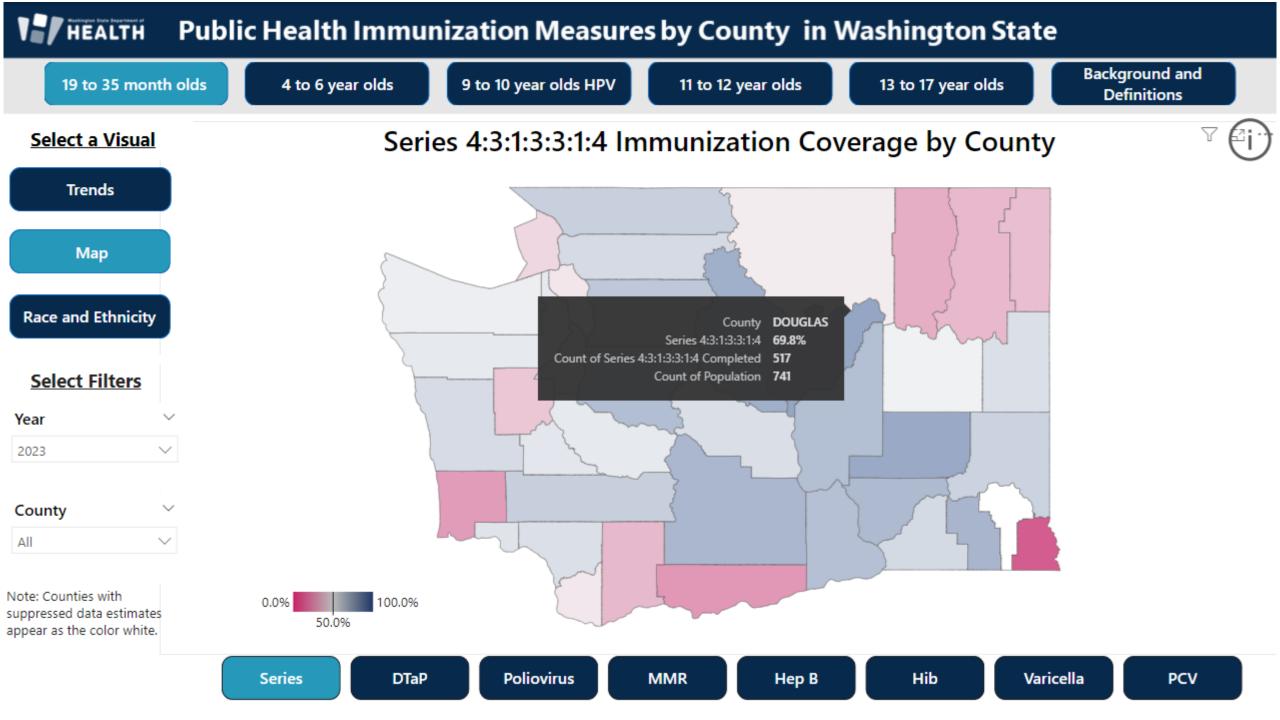
- Overall, school immunization rates for the 2023-24 school year have remained flat compared to the 2022-23 school year.
  - There are still significant vaccination gaps in different parts of the state.
- School-level immunization data is available for download by school building and district.
  - Following our small-numbers guidance, we suppress school-level vaccination data for school cohorts with 10 or fewer kids when sharing data.
- It remains important for families to keep their children up to date on vaccines as they prepare for the next school year.

If you have questions about the updated dashboard, please email the data request inbox at <a href="https://www.gov.">WAIISDataRequests@doh.wa.gov</a>.

## Routine Childhood Immunization Data Dashboard Updates

- Will replace current dashboard
- Updated methodologies to generate more accurate estimates
  - Documentation included
- What's new?
  - Transfer from Tableau to PowerBI platform
  - Consistent look with other OI dashboards
  - Inclusion of race/ethnicity data
  - HPV coverage data for 9-10 year olds
- Downloadable data files will be available
- Expected to be published by 7/26/24
- Feedback is welcome and can be sent to <a href="www.walson.gov">WAIISDataRequests@doh.wa.gov</a>





## School Exclusion Policy Work

The Office of Immunization is working on a project to assess barriers related to school immunization compliance.

#### Goals:

To understand the current scope and state of school exclusions for out of compliance (OOC) students.

#### **Anticipated Outcome:**

Information gathered through this assessment will help us learn, tailor, and implement future interventions to address barriers to school immunization compliance.

This effort and our engagement work is still actively in progress. We look forward to sharing future updates!

# Respiratory Season Planning *RSV, Flu, and COVID-19*

Focusing on respiratory vaccines and immunization products, our planning includes thinking through our allocation process and fulfilling orders equitably, IIS needs, comms, health promotion and education materials.

- Reviewing approaches to allocation during times of limited supply.
  - Time periods when new product becomes available and only available to us in small increments at a time.
  - True vaccine supply disruptions.
- Outreach efforts to birthing hospitals to understand their Nirsevimab implementation plans.
  - Currently about half of birthing hospitals are enrolled in the Childhood Vaccine Program.
  - We want to better understand if birthing hospitals:
    - intend to offer Nirsevimab
    - intend to enroll in CVP or not
- How to approach and promote seasonal flu vaccination for agricultural workers.

# ACIP Meeting Summary

| RSV                | <ul> <li>ACIP voted unanimously (11-YES – 0-NO) in favor of recommending RSV vaccines for older adults.</li> <li>This includes a transition away from shared clinical decision-making on RSV vaccines for older adults:         <ul> <li>ACIP recommends adults 75 years and older receive a single dose of RSV vaccine.</li> <li>ACIP recommends adults 60-74 who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.</li> </ul> </li> <li>Adults who have already received a dose of RSV vaccine do not need to receive another dose this year.</li> </ul> |
|--------------------|--|
| Influenza<br>(Flu) | <ul> <li>ACIP reaffirms the recommendation for a routine annual influenza vaccination for persons 6 months and older who do not have contraindications.</li> <li>Flu High Dose Solid Organ Transplant Recipients 19-64: ACIP recommends high dose inactivated, adjuvanted inactivated, and/or recombinant flu vaccines as an acceptable option for influenza vaccination for solid organ transplant recipients ages 19-64 who are on immunosuppressive medication regimens.</li> </ul>   |

# **Anticipated Fall Timeline**

Jan

2024-2025 COVID-19 Vaccine

**RSV Vaccines and Products** 

Feb

Mar

Apr

May

June

Jul

Aug

Sept

Oct

Nov

Dec

2024–2025 Influenza Vaccine

Feb 24: Northern Hemisphere Strain Selection

June 5: VRBPAC recommendation for 2024-2025 COVID-19 vaccine

June 7: FDA approved RSV vaccine for age 50-59

June 28: ACIP Meeting to make recommendations on influenza, COVID-19 and adult RSV

Sept/Oct: Seasonal influenza vaccine should be offered for most people

Mid-Aug-late-Sept: Vaccine available to ship (pending FDA authorization/ approval)

Widespread
administration
of 2024-2025
COVID-19
vaccine
(following FDA
action)

Sept 1: RSV maternal vaccine administration nationally

Oct 1: Nirsevimab administration nationally

## ACIP HPV Vaccine Workgroup

DOH's Office of Immunization Director, Jamilia Sherls, will be participating in the ACIP HPV Vaccine Workgroup!

- Work Group start date: July 1, 2024
- **Work Group Purpose:** The Human Papillomavirus (HPV) Vaccines Work Group reviews and evaluates data on HPV disease, epidemiology, and vaccine and to develop possible modifications to policy for ACIP's consideration.
- Topics under discussion by the Work Group:
  - Reducing the number of vaccine doses in the recommended HPV vaccination series
  - Wording of the age for routine vaccination
  - Guidance regarding persons in the "shared clinical decision-making" age range
- Work Group activities:
  - Reducing the number of vaccine doses in the recommended HPV vaccination series
  - Wording of the age for routine vaccination

# IIS Awards AIRA American Immunization Registry Association

AIRA Recognized the work of two Prevention and Community Health Division individuals, and one team in the 2024 awards.

- Consider It Done Award: Cameron Minich
   Goes the extra mile while maintaining an upbeat and positive attitude.
- Superstar Award: Jeffrey McIntyre & April McClellan Exceeds expectations in both the excellent quality of their work and their everyday encounters with others.
- Dream Team Award: WA DOH IIS Team
   The team worthy of this award has modeled unwavering reliability and commitment through their participation across several work groups and projects.

# Thank you!



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COVID-19 Vaccine Program Update Alison Hilkiah, Director of Healthcare Engagement and Partnerships (OHIS)

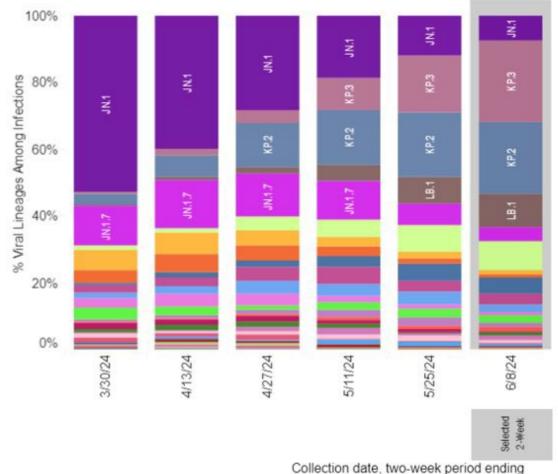
## **COVID-19 Variants**

#### **7/6/24 CDC Report:**

- Data suggests a JN.1 variant vaccine would protect against JN.1, KP.2, KP.3, and other JN.1 subvariants.
- KP.1.1, KP.2, KP.3, and LB.1 are descendants of JN.1

| USA       |           |        |            |
|-----------|-----------|--------|------------|
| WHO label | Lineage # | %Total | 95%PI      |
| Omicron   | KP.3      | 36.9%  | 31.2-43.0% |
|           | KP.2      | 24.4%  | 20.0-29.3% |
|           | LB.1      | 14.9%  | 10.6-20.4% |
|           | KP.1.1    | 9.2%   | 6.0-13.6%  |

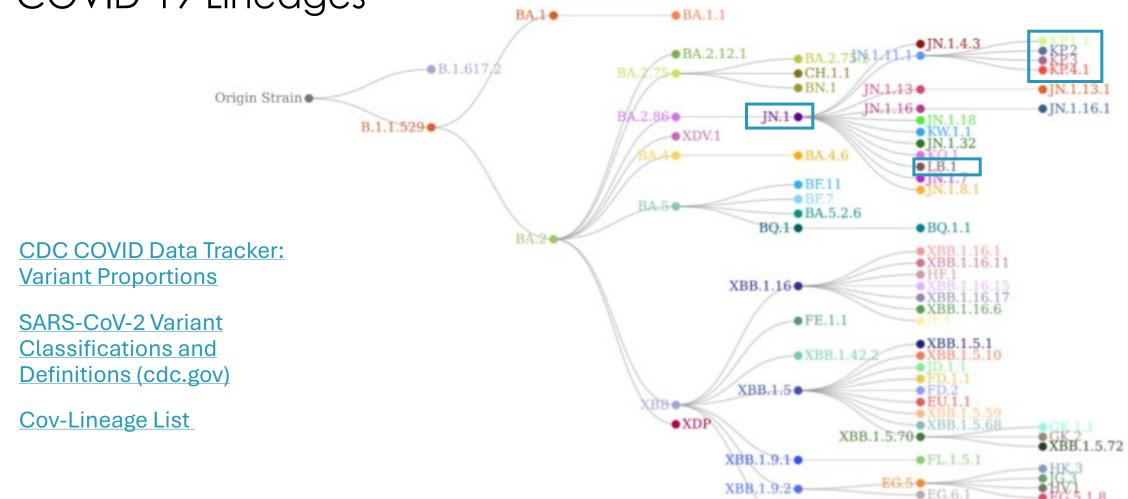
Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast\*\*: Model-based projected estimates of variant proportions

CDC COVID Data Tracker: Variant Proportions

COVID-19 Lineages



● GE.1 ● XBB.2.3.8

XBB.2.5 .



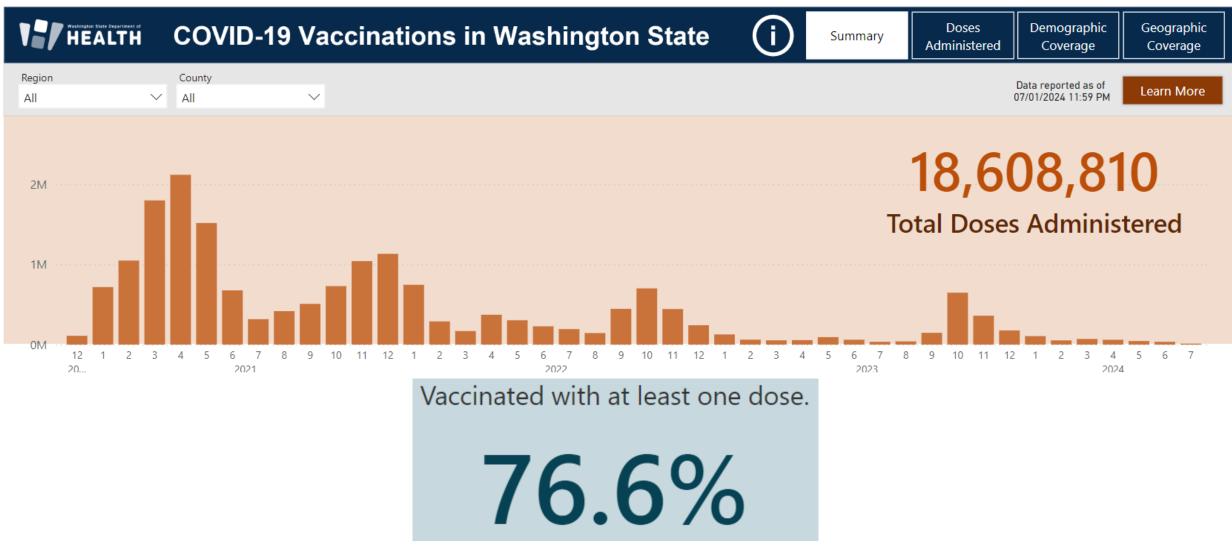
### **VRBPAC** Recommendation

- On June 5<sup>th</sup>: Vaccines and Related Biological Products Advisory Committee (VRBPAC) unanimously in favor of selecting a monovalent JN.1-lineage COVID-19 subvariant as the strain for the 2024–2025 COVID-19 vaccine.
- On June 12<sup>th</sup>: <u>FDA updated this announcement</u> to note that their preferred JN.1 lineage was the KP.2 strain, if feasible.
  - The FDA also noted that they did not anticipate that a change to KP.2
    would delay the availability of the vaccines for the United States.
- The FDA advised the manufacturers of the licensed and authorized COVID-19 vaccines of these recommendations.
- ACIP met June 26-28, 2024, to discuss recommendations for COVID-19 vaccines to be available the beginning of this Fall.

## 2024-2025 COVID-19 Vaccine ACIP Recommendation

"CDC recommends everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine to protect against the potentially serious outcomes of COVID-19 this fall and winter whether or not they have ever previously been vaccinated with a COVID-19 vaccine."

- CDC Recommendation 2024-2025 COVID-19 Vaccines | CDC Online Newsroom



COVID-19 Vaccination Data | Washington State

Department of Health

# Seasons of Change

COVID-19 work is not done or over, but as of this week...there are no COVID-19 emergencies to report!

#### Team transitions:

 The COVID-19 Vaccine Program was sunset at the end of June 2024, and many aspects have been transitioned into the Office of Immunization.

We welcome your thought partnership and feedback in defining what ongoing gaps and needs should be prioritized and where we can continue working together.

## Navigating Changes and Shifts

Numerous staff from the COVID-19 Vaccine Program have moved into new roles at DOH, and others have moved on to opportunities outside of the agency.

This change will end the bodies of work for some project staff members in the COVID-19 Vaccine Program and the Office of Immunization. These team members dedicated countless hours traveling across the state to:

- Provide equitable vaccine access with Care-a-Van
- Onboard and offboard providers to the COVID-19 Vaccine Program
- Ensure provider access and data quality in the Immunization Information System
- Onboard providers and LHJs to PrepMod for increased access
- Support Power of Providers outreach and engagement with LatinX communities
- Answer thousands of phone calls, support records requests, and much more

## What to Expect

# Some of the staff and their work has moved to the Office of Immunization. Others, specifically the Care-a-Van and Power of Provider Initiatives, are proposed to move to the new Executive Office New Homes of Healthcare Innovation and Strategy on July 1. Some services may get different names as they settle into their new homes at the agency, while other bodies of work may be supported by different people. Response timelines and capacity will be adjusted from the **Timelines** unprecedented pandemic response to reflect the new locations within the agency.

## Pop-Up Immunization Clinic Guide

DOH's Planning and Response Team created the Pop-Up Vaccination Clinic Guide that is now available to the public on the Immunization Washington State Department of Health DOH webpage, in the LHJ Resources subsection.

- Intended Audience: LHJs, Community Organizations, and Immunization Providers.
- Intended Purpose: A tool to be used as a general guide of common steps an organizer would need to consider and prepare for when planning and setting up a Pop-Up Vaccination/Immunization Clinic in their community.

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FALL & WINTER RESPIRATORY SEASON VACCINE ALLOCATION PLANNING

Office of Immunization

### **Topics Covered**

- Terms and definitions to help ground
- Limited supply scenarios for when allocation needed
- **Operating Assumptions**
- Overview allocation and order fulfillment process
- **Proposed Allocation Criteria** 
  - Childhood Vaccine Program (CVP)
    - COVID-19 & Flu
    - Nirsevimab
  - Adult Vaccine Program (AVP)
    - COVID-19 & Flu
- **Discussion Questions**

## **Definitions**

| Term           | What do we mean?  |
|----------------|---|
| Allocation     | Allocation is an ordering control put in place by CDC. Program receives a limited number of doses available to fulfill provider orders. Amounts are refreshed on designated schedule. In turn, the state determines the number of doses to reserve for different groups to equitably distribute available product across the state. |
| Ordering cycle | The window of time when vaccine orders are placed, reviewed, and approved.  |

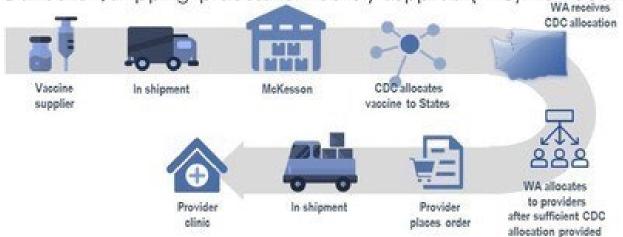
#### Distribution Overview

#### When Will Vaccine be Available?

Distribution/Shipping process for Privately Purchased Flu Vaccine







## Preparing for Fall & Winter Respiratory Season

- Influenza, COVID-19, and RSV vaccine and immunization products
- Scenarios for vaccine allocation
  - Limited supply at start of season until steady state is reached when supply meets demand (temporal shortage at ramp-up)
  - Limited supply that will not meet demand for the season. Production or supply short falls (longer shortage for the season.)
- For either scenario, we need to develop approaches to allocate product equitably when demand exceeds supply and until supply available can meet all requests.

### Assumptions

- Limited supply at start of season as allocation from CDC becomes available.
- Receive allocation of flu vaccine from CDC upon receipt from manufacturers until we reach total expected.
- Receive allocation of COVID vaccine from CDC and upon receipt from manufacturers.
  - Weekly through Oct; then bi-weekly
- Receive allocation of nirsevimab every two weeks until we reach steady state. Expect to receive sufficient supply for the season. Limited availability September and broader availability by October 1.

## Assumptions (cont.)

- Vaccine orders submitted to DOH will be processed weekly according to the allocation plan.
- High-use of allocation is needed to receive additional allocation (i.e., draw down allocation available from CDC to receive more.)
- Unused allocation week to week will need to be reallocated to support unmet orders.
- End allocation when supply meets demand and return to routine processing of orders.

#### Allocation & Order Fulfillment Process

Allocation from CDC, target amounts by county, open provider ordering

Orders reviewed against allocation targets and plan, approved or reduced, and processed for delivery

Monitor and adjust as needed to ensure full utilization of allocation

- Providers must be compliant with accountability requirements to receive allocation.
- Orders will be prioritized according to pro-rata allocation plan by county and reserved groups
- Goal is to maximize the number of providers receiving some doses. May reduce order quantity for this reason.
- Consideration will be given to practice size, previous ordering history and usage, existing inventory, and any extenuating circumstances.

#### Childhood COVID-19 & Flu Vaccine

#### Allocation Criteria Proposed

- Reserve 5% for Tribal Health Clinics
- Reserve 10% for DOH events (i.e., Care-a-Van mobile vx events)
- Reserve 85% for Childhood Vaccine Program (CVP) providers. Develop countylevel proportion to apply to available allocation:
  - Population 0-18 years by county
  - Social Vulnerability Index (SVI) score by county
  - Number of providers enrolled in Childhood Vaccine Program by county

#### Childhood RSV-Nirsevimab

#### <u>Allocation Criteria Proposed</u>

- Reserve % for Tribal Health Clinics
- Reserve % for Childhood Vaccine Program (CVP) providers. Develop county-level proportion to apply to available allocation:
  - Population eligible for vaccine by county
  - Social Vulnerability Index (SVI) score by county
- Hospitals prioritized for orders first, then all other enrolled providers.

<sup>\*</sup>Week to week adjustments made to factor residents in counties who seek care/births in neighboring counties. Especially for counties with unused allocation.

## Nirsevimab and Birthing Hospitals

| Enrolled Hospital Name                     |
|--|
| CENTRAL WA HOSPITAL PHARMACY               |
| OLYMPIC MEMORIAL HOSPITAL PHARMACY         |
| PEACEHEALTH ST JOHN MEDICAL CENTER         |
| SAMARITAN HOSPITAL MOTHER BABY UNIT        |
| WHIDBEY HEALTH MEDICAL CENTER PHARMACY     |
| ST. MICHAEL MEDICAL CENTER - SILVERDALE    |
| PROVIDENCE CENTRALIA HOSPITAL              |
| MASON GENERAL HOSPITAL FAMILY OF CLINICS   |
| NEWPORT COMMUNITY HOSPTIAL                 |
| MID-VALLEY HOSPITAL                        |
| ST JOSEPH MEDICAL CENTER                   |
| MARY BRIDGE CHILDRENS HOSPITAL             |
| MULTICARE GOOD SAMARITAN HOSPITAL PHARMACY |
| MULTICARE TACOMA GENERAL ALLENMORE         |
| OVERLAKE HOSPITAL MEDICAL CENTER           |
| ST FRANCIS HOSPITAL PHARMACY               |
| VALLEY MEDICAL CENTER HOSPITAL             |
| EVERGREEN HOSPITAL MEDICAL CENTER          |
| MULTICARE AUBURN REGIONAL MEDICAL CENTER   |
| ST ANNE HOSPITAL                           |
| SWEDISH MEDICAL CENTER - ISSAQUAH          |
| ISLAND MEDICAL CENTER PHARMACY             |
| SKAGIT VALLEY HOSPITAL PHARMACY            |
| SRH CASCADE VALLEY HOSPITAL                |
| WEV PROVIDENCE REGIONAL MEDICAL CENTER E   |
| PROVIDENCE HOLY FAMILY HOSPITAL            |
| WSH SACRED HEART                           |
| MULTICARE VALLEY HOSPITAL SPOKANE          |
| MULTICARE DEACONESS HOSPITAL               |
| MULTICARE CAPITAL MEDICAL CENTER HOSPITAL  |
| PROVIDENCE SAINT PETER HOSPITAL            |
| WSM PROVIDENCE SAINT MARY MEDICAL CENTER   |
| PEACEHEALTH ST JOSEPH MEDICAL CTR          |
| SUNNYSIDE COMMUNITY HOSPITAL               |
| YAKIMA VALLEY MEMORIAL HOSPITAL            |
|  |

- ~35 hospitals enrolled in Childhood Vaccine Program
  - Able to order nirsevimab from state
- ~59 birthing hospitals in Washington state
- Outreach plans to birthing hospitals
  - Understand plans for offering nirsevimab
    - Unenrolled hospitals
    - Enrolled hospitals
  - Webinar on CVP and enrollment
  - Communicate updates to all partners as we have information to share
  - Gain lessons to inform allocation planning

## Adult COVID-19 & Flu Vaccine

- Limited 317 funding/ budget available for vaccine purchase
  - Approximately \$1.2 million to spend for the entire program annually
  - End of the Bridge Access Program (\$1.4M through June 30)
  - More vaccine products being added to the adult schedule
  - Increased vaccine prices
  - No increase in budget
- Products available for request through AVP
  - Flu
     Fluarix
     8,000 doses pre-booked
  - COVID-19 Moderna/ Novavax TBD doses
    - Currently re-enrolling providers to analyze provider vaccine prioritization rankings of COVID-19 vaccine.
    - Moderna and Novavax will be offered. Pfizer will not be offered due to cost.

## Adult COVID-19 & Flu Vaccine

#### Allocation Criteria Proposed

Reserve 5% for Tribal Health Clinics

Reserve 10% for DOH events (i.e., Care-a-Van mobile vaccine events)

Reserve 85% for other AVP providers who prioritized flu and/or COVID-19 vaccine types

- Develop county-level proportion to apply to available allocation:
  - Vaccination rates 19+
  - Social Vulnerability Index (SVI) score by county
  - Uninsurance rates per county

# Adult COVID-19 & Flu Vaccine

## Allocation Criteria Proposed (cont.)

#### Other factors considered:

- Provider vaccine prioritization rankings
- Number of uninsured patients served at facility (self-reported)
- Amount ordered last season vs. amount administered/wasted

#### **Discussion Questions**

- What questions do you have?
- What feedback do you have on proposed criteria or process?
- What feedback do you have on approaching use of limited funds for adult vaccine?

| Time          | Agenda Item  | Facilitator               |
|---------------|--|---------------------------|
| 12:15 -12:25  | <b>Equitable Distribution of Vaccines Discussion</b>             | VAC Members and DOH Staff |
| 12:25 – 12:55 | VAC Member Report Out  | VAC Members               |
| 12:55 – 1:00  | Future Agenda Items 2024 VAC Meeting Dates: October 10th Adjourn | Scott Lindquist           |

| Time          | Agenda Item  | Facilitator     |
|---------------|--|-----------------|
| 12:25 – 12:55 | VAC Member Report Out  | VAC Members     |
| 12:55 – 1:00  | Future Agenda Items 2024 VAC Meeting Dates: October 10th Adjourn | Scott Lindquist |

| Time        | Agenda Item  | Facilitator     |
|-------------|--|-----------------|
| 1:45 – 1:50 | Future Agenda Items<br>2024 VAC Meeting Dates: July 11 <sup>th</sup> , October 10th<br>Adjourn | Scott Lindquist |



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