

Vaccine Advisory Committee (VAC) Meeting

July 11, 2024

Chair/Facilitator:

Dr. Tao Sheng Kwan-Gett Washington State Department of Health

Members:

Dr. Beth Harvey

Dr. Christopher Chen

Charisse Gumapas

Dr. Gretchen LaSalle

Libby Page

Mylinh Nguyen

Dr. John Dunn

Dr. Francis Bell

Dr. John Merrill-Steskal

Lauren Greenfield

Dr. Mary Alison Koehnke

Dr. Mark Larson

Dr. Stephen Pearson

Stephanie Stookey

Tam Lutz

Magali Sanchez

Sarah Kim

Seema Abbasi

Maithri Sarangam

Annie Hetzel

Jenny Arnold

Korrina Dalke

Mary Anderson

Representing:

Consultant

Health Care Authority

National Association of Pediatric Nurse Practitioners

Washington Academy of Family Physicians

Public Health Seattle – King County

Washington State Pharmacy Association

Kaiser Permanente

Washington Chapter of the American Academy of Pediatrics

Washington Academy of Family Physicians

Childcare Health Program Public Health

Naturopathic Medicine

Washington State Association of Local Public Health Officials

Washington Chapter of the American Academy of Pediatrics

Washington State Association of Local Public Health Officials

Northwest Tribal Epidemiology Center

Student Representative, University of Washington

School Nurse Representative, Bellevue School District

Washington Chapter of the American Academy of Pediatrics

Seattle Indian Health Board (appointed by Urban Indian Health Institute)

Office of Superintendent of Public Instruction

Washington State Pharmacy Association

Health Care Authority

American College of Physicians

Washington State Department of Health Staff:

Jamalia Sherls-Jones

Elyse Bevers

Meghan Cichy

Jessica Tatum

Heather Drummond

Mary Huynh

Amy Sullivan

Jessica Haag

Trang Kuss

Jeff Chorath

Katherine Graff

Kena Fentress

Meredith Cook

Chas DeBolt

Janel Jorgenson

Jeaux Rinedahl

Amy Porter

Teri Maitri

Peter Dieringer

Topic	Presented Information
<p>Welcome, Announcements, Introductions, Land Acknowledgement</p> <p>Scott Lindquist</p>	<p>Scott Lindquist welcomed the committee members.</p> <p>Scott Lindquist did an overview of the agenda and housekeeping.</p> <p>Scott Lindquist provided a land acknowledgment and recognition. Invited us to reflect with stories on tribal generosity and expertise.</p> <p>Scott Lindquist introduced new advisory members: Sarah Kim and Magali Sanchez</p>
<p>Conflict of Interest & Approval of Previous Meeting Minutes</p> <p>Meghan Cichy Scott Lindquist</p>	<p>Meghan read the committee’s Conflict of Interest Policy.</p> <p>No conflicts of interest were declared.</p> <p>The minutes from the April 11, 2024 meeting were approved.</p>
<p>Public Comment</p> <p>Scott Lindquist Lisa Balleaux</p>	<p>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.</p>
<p>Office of Immunization Program Director Updates</p> <p>Jamilia Sherls</p>	<p>New Office of Immunization Personnel</p> <ul style="list-style-type: none"> • Jéaux Rinedahl, PhD, RN, CQS Manager • Kena Fentress, Engagement and Planning Section Manager <p>Response to Recovery</p> <p>The COVID-19 Vaccine Program was sunset at the end of June 2024, and many aspects will transition to the Office of Immunization</p> <p>New Section: Engagement and Planning</p> <ul style="list-style-type: none"> • Engagement with partners, i.e. LHJs, Tribes, providers, community • Pandemic/VPD response planning and readiness • Project Planning • Vaccine Equity <p>Preparing to make decisions about OI bodies of work that will continue beyond December 31st, 2024, and June 30th, 2025.</p> <ul style="list-style-type: none"> • Considerations: Funding, CDC priorities, Work valued by partners, Agency priorities. <p>School Immunization Data Dashboard Updates</p> <ul style="list-style-type: none"> • June 12, 2024: DOH published an updated data dashboard on school immunization reporting. • 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. • It remains important for families to keep their children up to date on vaccines as they prepare for the next school year. • School-level immunization data is available for download by school building and district. • If you have questions about the updated dashboard, please email the data request inbox at WAIISDataRequests@doh.wa.gov.

Routine Childhood Immunization Data Dashboard published 7/26/24

- 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
- Maps displaying immunization coverage by county

School Exclusion Policy Work:

- Goal: to understand the current scope and state of school exclusions for out of compliance (OOC) students
- Info from this assessment will help us learn, tailor, and implement future interventions to address barriers to school immunization compliance

Respiratory Season Planning (RSV, Flu, and COVID-19)

- OI teams are planning for the upcoming respiratory season. Current focus on respiratory vaccines and immunization products for RSV, Flu, and COVID-19. This planning includes:
 - Reviewing how we approach allocation during times of limited supply.
 - This could be that time period as new products enter the season and available to us in small increments at a time.
 - Or true vaccine supply disruptions if they arise, and approaches to prioritization and allocation of product.
 - Thinking through our process allocation and fulfilling orders equitably.
 - Planning outreach to birthing hospitals to understand their plans for nirsevimab implementation.
 - How to approach and promote seasonal flu vaccination for agricultural workers
 - Anticipating our needs for communication, health promotion, and education materials.
 - For hospitals not enrolled in CVP, we want to better understand:
 - if they intend to offer nirsevimab
 - their intentions for enrolling in CVP or not.

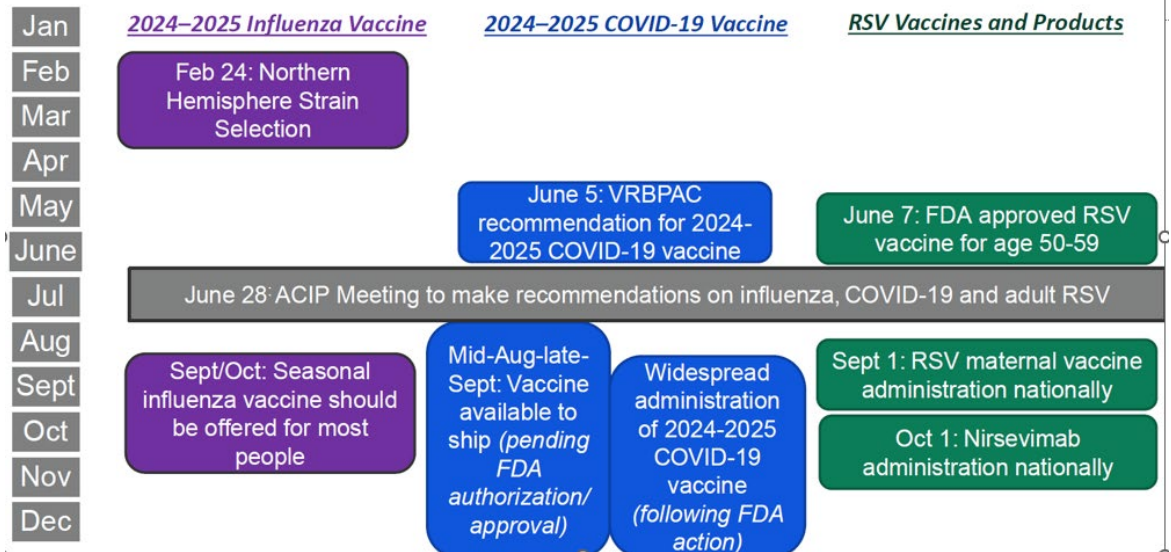
ACIP Meeting Summary

- ACIP voted unanimously (11-YES – 0-NO) in favor of recommending RSV vaccines for older adults.
- ACIP reaffirms the recommendation for a routine annual influenza vaccination for persons 6 months and older who do not have contraindications.

[ACIP June 26-28, 2024 Presentation Slides | Immunization Practices | CDC](#)

Anticipated Fall Timeline:

Anticipated Fall Timeline



ACIP HPV Vaccine Workgroup:

[Advisory Committee on Immunization Practices \(ACIP\) Work Groups | CDC](#)

- DOH’s Office of Immunization Director, Jamilia Sherls, will be participating in the ACIP HPV Vaccine Workgroup
- WG Purpose: 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:
 - 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

IIS Awards AIRA (American Immunization Registry Association)

2024 Award Recipients:

- **Consider It Done Award:** Cameron Minich – goes extra mile while maintaining an upbeat and positive attitude
- **Superstar Award:** Jeffrey McIntyre and 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 – for unwavering reliability and commitment through their participation across several work groups and projects

COVID-19 Vaccine Director Updates

Alison Hilkieh

COVID-19 Variants

- The CDC continues to track the changing COVID-19 Variants and JN.1, a descendent of the BA.2.86 variant, has now overtaken by its own descendent: KP.2
- Thankfully, the updated 2023-24 COVID-19 vaccine is expected to protect against serious illness from this variant, similar to JN.1.
 - The CDC continues to learn more about JN.1 and its variants, but currently there is no evidence that it causes more severe disease outcomes.

COVID-19 Lineages:

- [CDC COVID Data Tracker: Variant Proportions](#)
- [Coronavirus Disease 2019 \(COVID-19\) | COVID-19 | CDC](#)
- [Cov-Lineages](#)

VRBPAC Recommendation:

- FDA noted 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
[Updated COVID-19 Vaccines for Use in the United States Beginning in Fall 2024 | FDA](#)

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 Recommends Updated 2024-2025 COVID-19 and Flu Vaccines for Fall/Winter Virus Season | CDC Online Newsroom | CDC](#)
- **ACIP recommends 2024-2025 COVID-19 vaccines for persons 6 months and older.**
- All COVID-19 vaccines are expected to be available to ship mid-August to late-September. Like the 2023-2024 season, CDC plans to approach the 2024-2025 fall/winter respiratory season comprehensively.

COVID-19 Vaccinations in WA

- 76.6% Vaccinated with at least one dose
[COVID-19 Vaccination Data | Washington State Department of Health](#)

Seasons of Change

- 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 Shifts

- 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.
- 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.

	<ul style="list-style-type: none"> Others, specifically the Care-a-Van and Power of Provider Initiatives, are proposed to move to the new Executive Office 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. <p>Pop-Up Immunization Clinic Guide</p> <ul style="list-style-type: none"> 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 <i>LHJ Resources subsection</i>. <ul style="list-style-type: none"> 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.
<p>Equitable Distribution of Vaccines Presentation</p> <p>Janel Jorgenson</p>	<p>Preparing for Fall Respiratory Virus season</p> <p>Definitions:</p> <ul style="list-style-type: none"> <u>Allocation</u>: 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. The state determines the number of doses to reserve for different groups to equitably distribute available products across the state. <u>Ordering Cycle</u>: the window of time when vaccines orders are placed, reviewed, and approved. <p>Preparing for Fall Respiratory Virus season Influenza, COVID-19, and RSV vaccine and immunization products</p> <p>Scenarios for vaccine allocation</p> <ul style="list-style-type: none"> 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). <p>For either scenario, we need to develop approaches to allocate product equitably when demand exceeds supply and until supply available can meet all requests.</p> <p>Assumptions</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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. 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 and Order Fulfillment Process

- Allocation received from CDC, determine target amounts for each county and reserved groups using pro-rate methodology.
- Open ordering window to providers.
- At ordering cycle close date, orders will be reviewed
 - Providers must be in compliance with accountability requirements to be eligible for allocation that ordering cycle.
 - 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 within amount available for cycle. May reduce order quantity for this reason.
 - Consideration will be given to practice size, previous ordering history and usage, existing inventory, and extenuating circumstances.
- Allocations not used in a county will need to be reallocated to process remaining orders for the ordering cycle.
- Overall order amounts processed to be monitored against targets for the season, to work towards pro-rata allocation targets.

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 county-level 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 – Allocation Criteria Proposed

- 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

*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

- 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

	<ul style="list-style-type: none"> ○ Gain lessons to inform allocation planning <p>Adult COVID-19 & Flu Vaccine</p> <p>Limited 317 funding/budget available for vaccine purchase</p> <ul style="list-style-type: none"> ● 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 <p>Products available for request through AVP</p> <ul style="list-style-type: none"> ● Flu Fluarix 8,000 doses pre-booked ● COVID-19 Moderna/ Novavax TBD doses <ul style="list-style-type: none"> ○ 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. <p>Adult COVID-19 & Flu Vaccine – Allocation Criteria Proposed</p> <ul style="list-style-type: none"> ● Reserve 5% for Tribal Health Clinics ● Reserve 10% for DOH events (i.e., Care-a-Van mobile vx 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: <ul style="list-style-type: none"> ○ Vaccination rates 19+ ○ Social Vulnerability Index (SVI) score by county ○ Uninsurance rates per county ● Other factors considered: <ul style="list-style-type: none"> ○ Provider vaccine prioritization rankings ○ Number of uninsured patients served at facility (self-reported) ○ Amount ordered last season vs. amount administered/ wasted
<p>Equitable Distribution of Vaccines Discussion</p>	<p>How can we get around the uncertainty of supply? Considerations for equitable distribution; how is equity in vaccines decided?</p> <p><u>General Comments & Discussion Topics:</u></p> <ul style="list-style-type: none"> ● How did we do last Respiratory Virus Season? - <i>Dr. Francis Bell</i> <ul style="list-style-type: none"> ○ Administered over 15K to infants (public and private supply), adults – doses of RSV given to adults 18-49 yrs old was just shy of 8K - <i>Janel Jorgenson</i> ● Immunization Action Coalition and WithinReach working together to tackle provider/patient hesitation of Abrysvo; strategies to increase access to vaccines that are recommended through gestation ● Map areas with hospitals not enrolled. How do we make sure we know which pregnant people got Abrysvo so we don't give it to those babies? - <i>Dr. Beth Harvey</i> ● Need procedures/planning in place after delivery; how will nirsevimab become available so patients know where to find it? - <i>Dr. Mary Alison Koehnke</i> ● Are there any plans being developed to better assess the proportion of at risk newborns protected by monoclonal or maternal immunization across the state this winter? - <i>Ed Marcuse</i>

	<ul style="list-style-type: none"> ○ Yes, our assessment team is working on this and will develop a report to better describe nirsevimab coverage and RSV vaccine coverage among pregnant people - <i>Jamilia Sherls</i> ○ Welcoming additional ideas you may have regarding the report to better describe nirsevimab coverage and RSV vaccine coverage among pregnant people - <i>Meredith A Cook</i> <p><u>Considerations for Tribes</u></p> <ul style="list-style-type: none"> ● Tribes need to know how to order for Nirsevimab – clarify process for them (calculate birth cohort for tribes, set aside a percentage for high-risk groups) ● DOH welcoming additional input on how we can better support Tribal Clinics in promoting Nirsevimab <p><u>Consideration for Mobile Providers</u></p> <ul style="list-style-type: none"> ● Mobile providers don't operate in the same way as traditional clinics and their usage can be more variable/ unpredictable. Consider this unique dynamic in adjusting orders for mobile vaccine providers. ● Can you expand on how you arrived at 10% allocation for Care-a-Van? Will you adjust the allocation if Care-a-Van vaccine administration is lower than projected? - <i>historical ordering and what they have used, we will make adjustments if they are not using it</i> <p><u>Vaccines for Adult Providers</u></p> <ul style="list-style-type: none"> ● How do we bring rural access to pharmacies through AVP program, need to know what they are prioritizing and who the providers are, we will only have 5-6K doses of COVID available through AVP program based on historical orders - <i>Jenny Arnold</i> <p><u>FQHC's in Rural Areas</u></p> <ul style="list-style-type: none"> ● Consider setting aside % for FQHC in the rural areas for adults/kids (FQHCs received 5% of Bridge doses last year) - <i>Mark Larson</i>
<p>VAC Member Report Out</p> <p>VAC Members</p>	<p>Outbreaks in schools:</p> <ul style="list-style-type: none"> ● What plans do we have for intervening in school districts where we have concerning immunization rates (i.e., Measles/Pertussis)? What target interventions do we have? Do schools know what to do for outbreaks? <ul style="list-style-type: none"> ○ Infectious Disease Control Guide for School Staff (ospi.k12.wa.us) ○ It would be helpful if a similar resource to the Infectious Disease Guide for K-12 is customized and made available for child care and early learning programs - <i>Lauren Greenfield</i> ○ Additional resource - Plain Talk About Immunizations Booklet (wa.gov) <p>Pharmacies have been serving a great vaccination resource for those who are underinsured or don't have medical home. With the end of the bridge access program will pharmacies not be able to provide any free covid vaccines this fall? - <i>Seema Abbasi</i></p> <ul style="list-style-type: none"> ○ Unfortunately, that is correct. Pharmacies could enroll in our AVP program to request a limited number of vaccines. We were told manufacturers may have a patient assistance program but have not heard any updates on that. - <i>Jamilia Sherls</i>

	<p>Additional Resources Shared:</p> <ul style="list-style-type: none"> • Pop-Up Clinic Guide: https://doh.wa.gov/sites/default/files/2024-02/348-1021-PopUpVaccinationClinicGuide.pdf • Data Dashboard: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard#Vaccination • From Dr. Mark Larson www.shotintheearmmovie.com <p>Vaccine Provider Burnout: Changing recommendations & changes during the fall is difficult on providers; consider addressing barriers to VFC enrollment for pharmacists - carrying costs for vaccines are high, impacting their ability to stock vaccines – <i>Jenny Arnold</i></p> <p>Nisqually Tribe looking at identifying over 150 adults in their individuals that are not current on adult immunizations, looking at DTaP, Tdap – getting them current so they won't be carriers, ongoing conversations in tribal communities for Pertussis issue</p> <p>Thinking about future topics, if relevant, I'd be curious to hear more about state or local vaccine communication campaigns/ strategies around improving awareness and trust, especially any strategies that are linguistically/ culturally tailored. - <i>Magali Sanchez</i> How are we building trust in vaccines but also trust in the DOH? - <i>Gretchen LaSalle</i></p>
<p>Future Agenda Items 2024 Vac Meeting Dates Adjourn</p> <p>Scott Lindquist</p>	<p>XI. Future Agenda Items</p> <p><i>Please review notes above</i></p> <p>Next VAC Meeting: October 10th, 2024</p>