

**Washington Vaccine Association – Vaccine Committee Meeting**  
**November 18, 2015; 9:00 a.m. – 10:00 a.m.**  
**Location: Ellis, Li, & McKinstry**

**I. Attendance.** Participating in all or part of the meeting in person or by telephone (T) were the following individuals:

Committee Members:

Ed Marcuse, Chair  
Mary Kay O’Neill  
Jeff Gombosky  
John Dunn  
Chad Murphy (T)  
Rachel Wood (T)

DOH:

Jan Hicks-Thomson (T)

KidsVax:

Julia Walter  
Ashley Kittrell

Others:

John Pierce (T)  
James Mattucci (T)

Absent:

Norman Seabrooks  
Lisa Johnson

**II. Summary of Actions Taken and/or Recommended**

**A. Follow up Tasks/Action Items**

1. Julia Walter and John Pierce will discuss the validity of the Washington Vaccine Association’s (WVA) potential participation in vaccine acceptance research and give a report to the Board at the next meeting.

**III. Minutes**

Welcome and Introductions

At 9:00 a.m., Chairman Ed Marcuse called the meeting to order. Dr. Marcuse recommended that the Vaccine Committee meetings be held on the same day as the Board meetings to ensure the best participation. He then inquired if there were any other topics not listed on the agenda that the Committee members would like to discuss. Hearing none, the meeting proceeded.

KidsVax Updates

Julia Walter gave a brief update on the cash flow situation the WVA is facing and continuing to resolve. The Department of Health (DOH) and KidsVax (KV) are still working to find gaps in provider patient data and improving revenue generation. Fortunately, the WVA is now cash positive and beginning to rebuild cash reserves.

Ms. Walter then proceeded to discuss the developments regarding TRICARE and her trip to Washington D.C. with Fred Potter to further advance this issue through potential legislation. During their meeting with TRICARE’s General Counsel (GC), KV was made aware of a fundamental misconception about TRICARE beneficiaries receiving vaccines off base. GC had believed that if beneficiaries visited an in-network provider off base that they were not using state supplied vaccine and that state supplied vaccine was used only when beneficiaries saw out of network providers. This discovery greatly impacted the rest of the meeting and a subsequent meeting was scheduled for December 3. TRICARE would like one solution for all universal vaccine states and KV is working to see if Washington can fit into a per capita-like model. KV is still gathering support for a legislative solution but is cautiously optimistic that a solution may be reached sooner with congressional and direct TRICARE support.

1 The discussion then moved to continuing provider education. There are several aspects to this project that  
2 include raising general awareness of the WVA, updating the website and FAQs, visiting provider offices, and  
3 answering specific provider questions. The DOH and WVA would like to create a co-branded informational  
4 piece that is easily understood and can be used as a reference guide. Dr. Marcuse suggested that a small  
5 committee from the WVA and DOH consult with Desautel Hege to create a draft communications piece by  
6 April, 2016. Dr. Marcuse pointed out several issues to consider. First, he noted that it is important to know the  
7 communication needs of the WVA which include more just providers and offices. Outreach efforts also need  
8 to be done more than once a year. Second, any communications need to be done in close collaboration with the  
9 DOH to provide as much clarity as possible. Chad Murphy pointed out that at the inception of the WVA, there  
10 were many groups involved such as WSMA, WCAAP, and WAFP that all played a vital role as communicators  
11 and could possibly be utilized again to do something similar. Ms. Jan Hicks-Thomson added that the DOH has  
12 partnered with many of those organization and would be able to work with them in distributing any WVA  
13 communications piece. Dr. Marcuse agreed and said he would also like to reach out to nursing organizations,  
14 pharmacists, and any other potentially licensed providers who give vaccines to enlist their support for any future  
15 efforts.

16 In regards to outward facing communication, Ms. Walter noted that it had been suggested in the past to write  
17 an opt-ed piece every year for the general public. Dr. Marcuse replied that it is something that could be discussed  
18 with Desautel-Hege but reaching out to the stakeholder community and providers is a higher priority at this  
19 time.

#### 20 21 Vaccine Hesitancy Research Efforts

22  
23 John Pierce briefed the Committee on a brainstorming session that was held in the spring at Premera regarding  
24 vaccine hesitancy and his interest in what the WVA's role might be. Two prominent themes were reached at  
25 the session. First, how can pro-vaccine groups find an easy, legitimate way to change people's minds who are  
26 hesitant to vaccinate their children. Second, the group discussed what methods could be implemented to change  
27 perceptions and essentially rebrand vaccines so that they appeal more to people. Dr. Wood mentioned two  
28 organizations that may be beneficial to reach out to: the Washington Academy of Family Practice (WAFPP)  
29 and the Family Medicine Public Health Committee. Dr. Marcuse also pointed out that immunization rates  
30 continue to be a concern and there are many organizations and activities that are working to improve rates.  
31 Partnering with schools to have better access to student immunization rates and records is one of the ways the  
32 DOH is working to resolve this issue. Immunization rates are poor, particularly related to measles and  
33 Washington now faces a greater risk for outbreaks. The number of children out of compliance—who have  
34 neither reported vaccinations nor requested an exemption—exceeds the number who have requested exemptions.  
35 Mr. Pierce asked if there would be any benefit to coordinating an effort of the disparate groups working on this  
36 and have more of a collaborative approach rather than facing it independently. Dr. Marcuse replied that VAX  
37 Northwest is the principal local player for working on hesitancy issues. Dr. O'Neill added that she has been in  
38 the performance measures workgroup through the state innovation grant that has worked to develop quality  
39 measures. Included are HEDIS measures and is another aspect of an increasing emphasis to meet requirements.  
40 It may be helpful to convene all interested parties and continue this discussion. Mr. Pierce concluded by saying  
41 he and Julia would work together to discuss some of the ideas that have been brought up and meet one-on-one  
42 with other interested organizations. The main priority at this point is to see if there is any real value in the WVA  
43 participating.

#### 44 45 DOH Updates

46  
47 Due to time constraints, Ms. Hicks-Thomson gave a brief update on some of the vaccines and referred the  
48 Committee to the DOH website for more information. Meningococcal B was permissively recommended by  
49 the Advisory Committee on Immunization Practices and a small workgroup is meeting to prepare  
50 communications for parents regarding this. Flu vaccine is doing well despite the delayed delivery of the flu mist  
51 vaccine. The DOH is expected to have more in December and will be promoting that. The majority of retailers  
52 are still using trivalence flu vaccine and the differences between the trivalent and quadrivalent vaccines had to  
53 be explained but is doing well. In regards to nine-valent HPV, Washington was among the first to introduce the

1 vaccine. Providers were asked to build their stocks more slowly in July through September. As of now, there  
2 have been no questions or concerns related to nine valence HPV.

3  
4 Ms. Hicks-Thomson then recommended that those interested about the immunization rates can access the  
5 PowerPoint from the Vaccine Advisory Committee on the DOH website and can be sent to the Committee. As  
6 a highlight, 3.2 million doses of flu vaccine were distributed to uninsured and underinsured adults.

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8 There being no further business, the meeting adjourned at approximately 10:04 a.m.

What: Washington Vaccine Association Vaccine Committee Meeting  
 Date and Time: November 18, 2015, 9:00-10:00 a.m.  
 Location: ELM 2025 1<sup>st</sup> Ave, PH-A Seattle, WA 98121  
 Call in Number: (605) 562-3180; Conference ID: 103063718

**AGENDA for Vaccine Committee Meeting (in person attendance if possible)**

<b>Approx. Time</b>	<b>Topic/[Anticipated Action]</b>	<b>Presented by:</b>
9:00-9:05 a.m.	1. Welcome a. Introductions b. Survey of Other Topics	E. Marcuse
9:05-9:25 a.m.	2. KV Updates a. Cash Flow Update b. TRICARE Update c. Continuing Provider Education d. Outward Facing Communication	J. Walter
9:25-9:35 a.m.	3. Vaccine Hesitancy Research Efforts	J. Pierce
9:35-9:45 a.m.	4. Vaccine Updates a. Meningococcal B b. Influenza c. 9vHPV d. Summary of Immunization Rates in WA	J. Hicks-Thomson
9:45-10:00 a.m.	5. DOH Updates a. Immunization School Policy b. Adult Vaccines & Flu Season	J. Hicks-Thomson

\*Indicates agenda item attached