

**Washington Vaccine Association - Vaccine Committee Meeting
April 14, 2016; 12:30-1:30 p.m.**

I. Attendance. Participating in all or part of the meeting by phone (T) or in-person were the following attendees

Committee Members

Ed Marcuse, Chairman
John Dunn
Lisa Johnson (T)
Jeffrey Duchin (T)
Jeffrey Gombosky
Michele Roberts

KidsVax®

Julia Walter
Fred Potter
Ashley Kittrell

DOH

Jan Hicks-Thomson

Absent

Rachel Wood, MD
Chad Murphy, MD
Norm Seabrooks

Others

Mary Kay O'Neill, MD

II. Summary of Actions Taken and/or Recommended

A. Actions Taken (Votes Recommended)

1. To approve the minutes of the November 18, 2015 Vaccine Committee meeting.

III. Minutes

Welcome and Introductions

At 12:30 p.m., a quorum having been established, Chairman Ed Marcuse called the meeting to order. Introductions were made and Fred Potter announced that the meeting was being recorded for the benefit of the secretary and will be deleted after the minutes are approved.

Consent Calendar Items

Chairman Marcuse asked if there any comments or changes to the minutes.

Upon motion duly made and seconded, it was unanimously

VOTED: To approve the minutes of the November 18, 2015 Vaccine Committee Meeting.

KidsVax Updates

Julia Walter opened the KidsVax® report on updates by soliciting comment regarding Washington Vaccine Association's (WVA) communications. She directed committee members to the communications proposal submitted by Desautel Hege (DH). She described the challenges of communicating with provider offices and how many billing offices are not aware of the importance of filing and refiling denied claims on the

1 WVA's behalf. Ms. Walter outlined the purposes of the billing guide that is intended for distribution to
2 billing offices to raise the saliency of the WVA, provide a step-through guide for billing, and instructions
3 for refiling denied claims. \$25,000 dollars is annually allocated for DH projects and there would be ample
4 funds after the annual report for this project. A draft of the guide will be for the Committee and Board's
5 review at the June meeting.

6 7 Vaccine Acceptance Research 8

9 In recent months, the WVA has been exploring what role the organization may have in vaccine acceptance
10 efforts. VaxNorthwest, the Immunization Action Coalition of Washington, the Washington Academy of
11 Family Physicians, and several other organizations were contacted and asked a series of questions to
12 determine their needs and potential areas in which the WVA can provide support or fill a need in existing
13 work. The majority of the organizations suggested donating money, providing research, or volunteering. At
14 this time, those options are not viable but Ms. Walter suggested revisiting the idea when the WVA is more
15 financially stable. Dr. Marcuse added that there may be an opportunity to add strategic messaging about
16 vaccine acceptance to be included with the proposed billing guide. Informing billing offices of the
17 importance of the WVA's role in vaccine distribution could be a valuable tool and a potential avenue of
18 participation in vaccine acceptance. Michele Roberts suggested using existing networks to use and
19 distribute the same message to create a coherent piece.
20

21 Department of Health Updates 22

23 Jan Hicks-Thomson informed the committee that the Pentacel shortage is expected to be resolved by June
24 or early July. The shortage is attributed to it being a combination vaccine. Pediarix, a similar vaccine, is
25 being used in place of Pentacel, thus offsetting the shortage. There is also an increase in single component
26 Hib vaccines and a decrease in Hepatitis b because the Pediarix vaccine has that component. Thus far,
27 vaccine ordering is stable. Ms. Hicks-Thomson described the process used to determine the amount needed
28 for childhood flu vaccine. A survey is sent to providers to determine brand preference and the wastage from
29 the prior year is being taken into account. The recommended flu strains for 2016-17 were included in the
30 meeting packet for members' reference. Ms. Hicks-Thomson noted that Washington State was one of the
31 first states to introduce the nine-valent HPV vaccine. Lastly, she reported that there has been a consistent
32 uptake of Meningococcal B since its introduction as a special-order product that providers must call the
33 DOH to order directly.
34

35 Closing 36

37 The meeting adjourned at 1:28 p.m.



What: Vaccine Committee Meeting
 Date & Time: Thursday, April 14, 2016; 12:30-1:30 p.m. PDT
 Location: Alki Conference Room. Ellis, Li, & McKinstry 2025; 1st Ave, PH-A Seattle, WA 98121
 Conference Line: (605) 562-3180; Conference ID: 103063718#

Notice: The meeting may be recorded for the benefit of the secretary. The WVA intends to delete the recording after the minutes of the meeting are approved.

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

Approx. Time	Topic/[Anticipated Action]	Presented by:
12:30-12:35 p.m.	1. Welcome & Introductions a. Survey of Other Topics	E. Marcuse
12:35-12:40 p.m.	2. Consent Calendar Items * a. Vaccine Committee Minutes (November 18, 2015)	E. Marcuse
12:40-12:55 p.m.	3. KidsVax Updates * a. WVA Provider Communication i. Desautel Hege Communication Plan	J. Walter
12:55-1:00 p.m.	4. Vaccine Hesitancy Research Efforts	J. Walter
1:00-1:25 p.m.	5. Department of Health a. Pentacel b. Meningococcal B c. HPV d. MCV4	J. Hicks-Thomson
1:25-1:30 p.m.	6. Closing	E. Marcuse

*Indicates agenda item attached
Action Item

**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
Matteucci (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 January 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.

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

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

Vaccine Hesitancy Research Efforts

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

DOH Updates

Due to time constraints, Ms. Hicks-Thomson gave a brief update on some of the vaccines and referred the Committee to the DOH website for more information. Meningococcal B was permissively recommended by the Advisory Committee on Immunization Practices and a small workgroup is meeting to prepare communications for parents regarding this. Flu vaccine is doing well despite the delayed delivery of the flu mist vaccine. The DOH is expected to have more in December and will be promoting that. The majority of retailers are still using trivalence flu vaccine and the differences between the trivalent and quadrivalent vaccines had to 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.

7
8 There being no further business, the meeting adjourned at approximately 10:04 a.m.



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TO: Julia Walter, WVA
FROM: Lisa Cargill, DH
DATE: December 18, 2015
RE: 2016 Provider Communications Strategy

Provider Communications

Recent conversations led by Dr. Marcuse have highlighted the importance of reevaluating and ramping up WVA's outreach to providers. Health care providers and their staff are typically hard audiences to reach. They're busy, they're overloaded with information from many sources, and there's high turnover. It's the perfect storm for an organization like WVA that is not front and center with them every day to become invisible, especially when the system is working and there is no reason for buzz about changes or issues. I recommend reviewing the strategy set forth in 2014 and then looking ahead to options for 2016.

Provider Communications | 2014 Plan Recap

The communications plan created in 2014 outlined the following communication goal and desired behaviors/outcomes specific to providers:

Goal 1 – Increase provider communication to maintain awareness of the WVA and its role

- Objective: Reach providers through five* touch points per year plus any assessment changes
 - Provide annual report in October to providers to show progress and financial summary
 - Provide a mid-year progress report in March to providers to keep the WVA top-of-mind
 - At enrollment with DOH, reach providers with WVA materials to educate new providers at DOH site visit, update existing providers and request all providers sign up for WVA email alerts
 - Contribute two articles authored by the WVA to state and local provider and medical associations
 - Timely communications regarding assessment updates or changes

*Note: As communication and organization stabilizes, consider reducing this to three or four touch points per year.



Audience chart excerpt from plan

AUDIENCE		DESIRED BEHAVIOR/OUTCOME
Healthcare Providers	<ul style="list-style-type: none"> • Pediatricians • General practice physicians • Physician assistants • Nurses • Immunization nurse • Practice managers • Billing staff • Local health jurisdictions 	<ul style="list-style-type: none"> • Be willing and able to clearly articulate the WVA's mission and role in the vaccination process in WA • Understand that the WVA is on their side and wants to make vaccinating children easier and cheaper for all involved • View the WVA as an invaluable resource • Understand specific system, vaccine grid assessment, and other updates • Implement changes quickly and efficiently • Assure rebilling for WVA whenever their administrative claim is rebilled with corrective data responsive to prior claim denial. • Understand when to reach out to the WVA with questions/needs

Observations of recent communications:

- Annual report is typically placed online only. This is great if people are visiting the website. What do the analytics show?
- To my knowledge, providers are primarily communicated with when there is a grid change only
- Past efforts to reach providers in their association publications were not successful. We either need to commit to building relationships with these groups or find another way to reach providers directly.

Strategies for Moving Forward | 2016 Options

If the goal is increased communication with providers as defined above, I recommend you consider a series of strategies that could aid you in both growing awareness of WVA and increasing provider office compliance. With limited budget, it will be important to prioritize activities, so think of these strategies as a menu approach – a starting place for conversation. Our efforts will be most successful if we lead with the “what’s in it for provider offices” in mind, folding in information about WVA and its role as secondary content. Consistency in message and frequency of communication will be important given the challenges with this audience.



Additional strategies for consideration:

- **Talk with key audiences to understand their needs and barriers** – hearing first-hand what our audiences need/want from us and what barriers stand in their way from being compliant with the system will help shape our efforts and outreach. Consider an online survey promoted through DOH and WVA channels, and/or a series of one-to-one interviews.
- **Utilize existing content in more ways** – include the annual report content (or pieces of it) and Pink Book display (or pieces of it) in other tactics for broader distribution.
- **Revamp website with modern functionality and organization** – the website contains largely the same content from its launch. It's time to update content and functionality to be relevant and user-friendly. All provider-related content should be under "for providers" instead of spread throughout "FAQs", "Forms & Charts", etc. Headers should be active links instead of having to click triangles, and more. Training resources should be front and center.
- **Create new, multi-media training opportunities** – offering provider office staff multi-media training in the form of tutorial-type videos and .pdfs with screen captures that can be posted online and sent via email will help them be compliant, answer their own questions, and train new staff. Walking people through the process step-by-step and pointing out dos/don'ts could be the main focus while also sharing nuggets of information about WVA's role and importance.
- **Hold continuing education opportunities** – once the training assets are developed, offer free, quarterly webinars where people can see the process in action, hear about updates, and ask questions. A physician board member could be present along with Julia to represent WVA and position you well and as a resource.
- **Create bite-sized messages/graphics** – highlight WVA's role and process in attention-grabbing graphics or for use in existing tactics (DOH's blast fax, WVA emails, etc.) and new tactics.
- **Send a unique, one-time direct mail piece to increase awareness** – something memorable and useful to go in the mail to each office, like a card with tips and the url to training resources that could be posted at workstations, or even a thank you-type gift could be used to engage with audiences, make WVA top-of-mind, and gain email addresses for our communications.
- **Turn sporadic emails into regular, ongoing eNews** – consistently sending opt-in email communications could prove successful in delivering more ongoing information and tips. The eNews could contain regular features like a "billing tip", "FAQ", message from a provider on the board, even a DOH voice, etc.
- **Implement a quarterly newsletter for pediatric offices** – as the group that administers the most vaccines to children, keeping information in front of pediatric office staff is important. Consider a short mailed or faxed quarterly newsletter with similar information to the eNews. This could be something you eventually transition to eNews if the tactic works for the audience.

Standing By | DH Ready to Support

I recommend the board discuss the ideas above and in doing so answer some key questions included below. My team and I will stand by to hear the outcomes of your discussion and we can quickly put concrete plans and budget figures in place.

Some key questions:

- What analytics do we have now on our communications channels? (who visits the website, what do they look at? Who calls and why? How big is our email list? Who opens our emails? etc.)
- Is there a priority audience within “healthcare providers” (see chart) you want to focus on?
- Are there additional touch points DOH has with this audience we can piggyback on?
- What kind of resources are you willing to put toward this communication effort?

We’re standing by, ready to help!



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TO: Ashley Kittrell, KidsVax
FROM: Lisa Cargill, Desautel Hege
DATE: March 30, 2016
RE: Provider Office Brochure Proposal

Provider Office Brochure Proposal

This piece will be used as a handout to provider office billing staff that will educate them about two important topics: billing procedure and WVA's role.

- WVA will provide information to inform copy.
- DH will edit and organize copy.
- DH will develop layout for 3-panel brochure (14" x 8.5", full color, 2-sided)
- DH will develop infographics.
- 2 rounds of edits.
- Printing and shipping for 200 brochures.

Budget

Item	Description	Budget
Provider Office Billing Brochure	WVA supplies draft of copy DH edit, develop design for 3-panel brochure DH develops infographics Quantity: 200 Size: 14" x 8.5", 2-sided Color: Full color Paper: 100# uncoated text 2 rounds of edits	\$4,634
Admin	<i>DH adds an 8% fee on all DH time which covers internal expenses including but not limited to subscriptions to design tools, online research and media database resources; mobile communications infrastructure for 24/7 client service; long distance fax and phone charges, postage, and overnight delivery fees.</i>	\$349
Total		\$4,983

**Washington State
Childhood Vaccine Program
Vaccine Update**

**Vaccine Advisory Committee
April 21, 2016**

Jan Hicks-Thomson, MSW, MPA
Vaccine Section Manager
Washington State Department of Health

Tracking Impact of the Pentacel Vaccine Shortage

Vaccine Type	Dec. 14 – 15 Change	Jan. 15 – 16 Change	Feb. 15 – 16 Change	Mar. 15 – 16 Change
Pentacel (DTaP/IPV/Hib)	(5,290)	(5,815)	(3,350)	(1,645)
Pediarix (DTaP/IPV/HB)	(70)	2,420	3,070	1,440
HIB	1,835	3,145	3,626	3,690
HepB	1,670	(460)	(4,440)	(3,150)

Childhood Flu Vaccine Supply 2016 - 2017

- Fluzone Pediatric, Quadrivalent .25mL preservative free prefilled syringe
 - children 6 through 35 months of age
- Fluzone Quadrivalent 5mL multi-dose vial
 - children and adolescents 3 through 18 years of age
- FluMist Quadrivalent single dose sprayer
 - children and adolescents 2 through 18 years of age
- Fluarix Quadrivalent, .5mL preservative free single dose syringe
 - Prioritize for pregnant adolescents

Childhood Flu Vaccine Supply

Vaccine Type	2015- 2016 Pre-book	2015- 2016 Ordered	2016 - 2017 Pre-book	Change 16-17 Pre – 15-16 Orders	% Change for 16-17
0.25 mL PF	206,000	179,220	200,000	20,780	11.6%
5.0 mL Multi Dose	236,150 244,150	238,800	250,000	11,200	4.7%
.5mL Single Dose	6,000	4,490	6,000	1,510	33.6%
Nasal Spray	262,480	164,580	230,000	65,420	39.7%
Grand Totals	710,630	587,090	686,000	98,910	16.8%

WHO Recommended Flu Strains for 2016 - 2017

Trivalent vaccines:

- *an A/California/7/2009 (H1N1)pdm09-like virus;*
- *an A/Hong Kong/4801/2014 (H3N2)-like virus;*
- *a B/Brisbane/60/2008-like virus.*

Quadrivalent vaccines

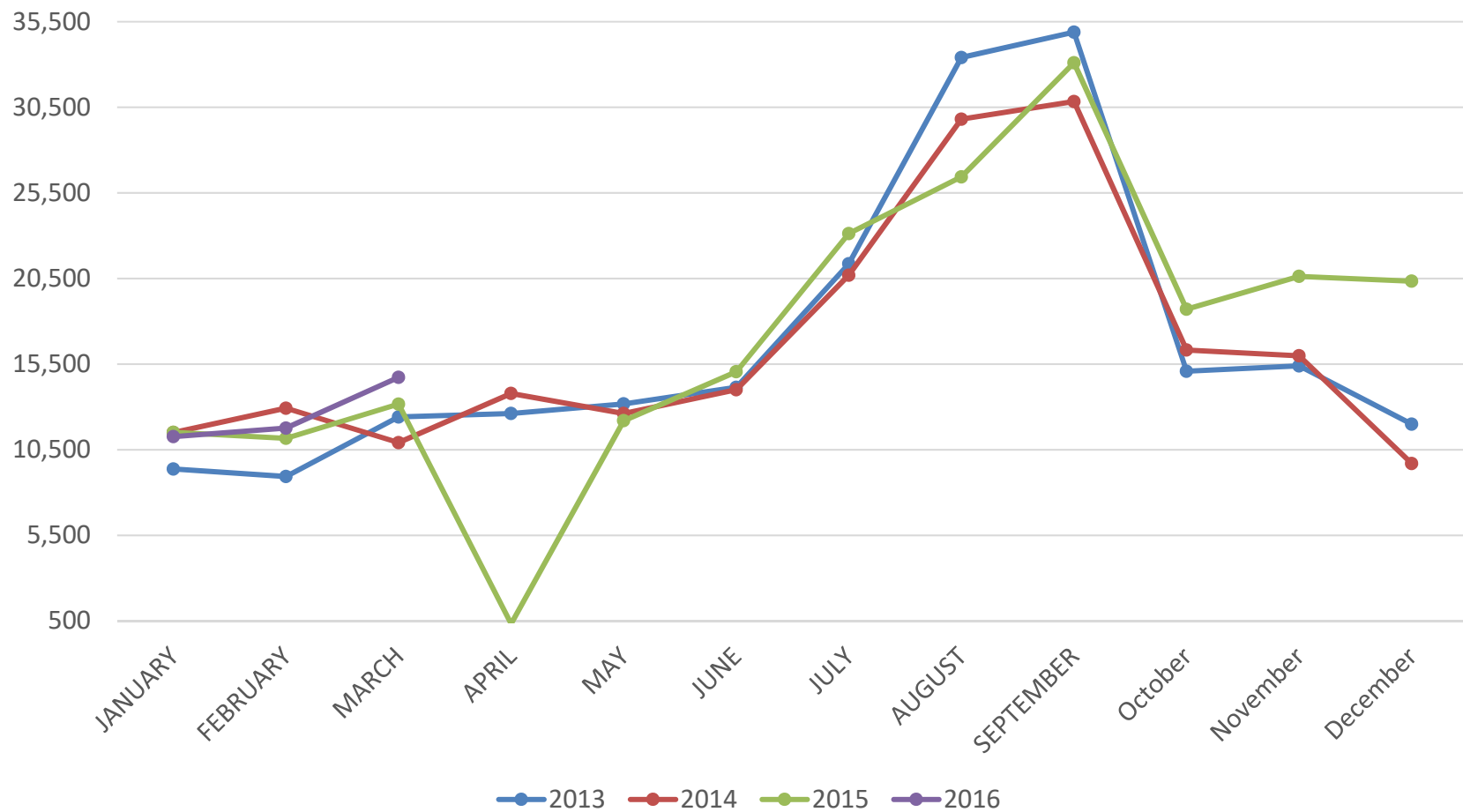
- *an A/California/7/2009 (H1N1)pdm09-like virus;*
- *an A/Hong Kong/4801/2014 (H3N2)-like virus;*
- *a B/Brisbane/60/2008-like virus.*
- *a B/Phuket/3073/2013-like virus*

WHO's *Weekly Epidemiological Record* published

[Recommended composition of influenza virus vaccines for use in the 2016–2017 Northern Hemisphere influenza season.](#)

HPV Vaccine Update

HPV Vaccine Orders (in doses) 2013 – 2016 (to date)



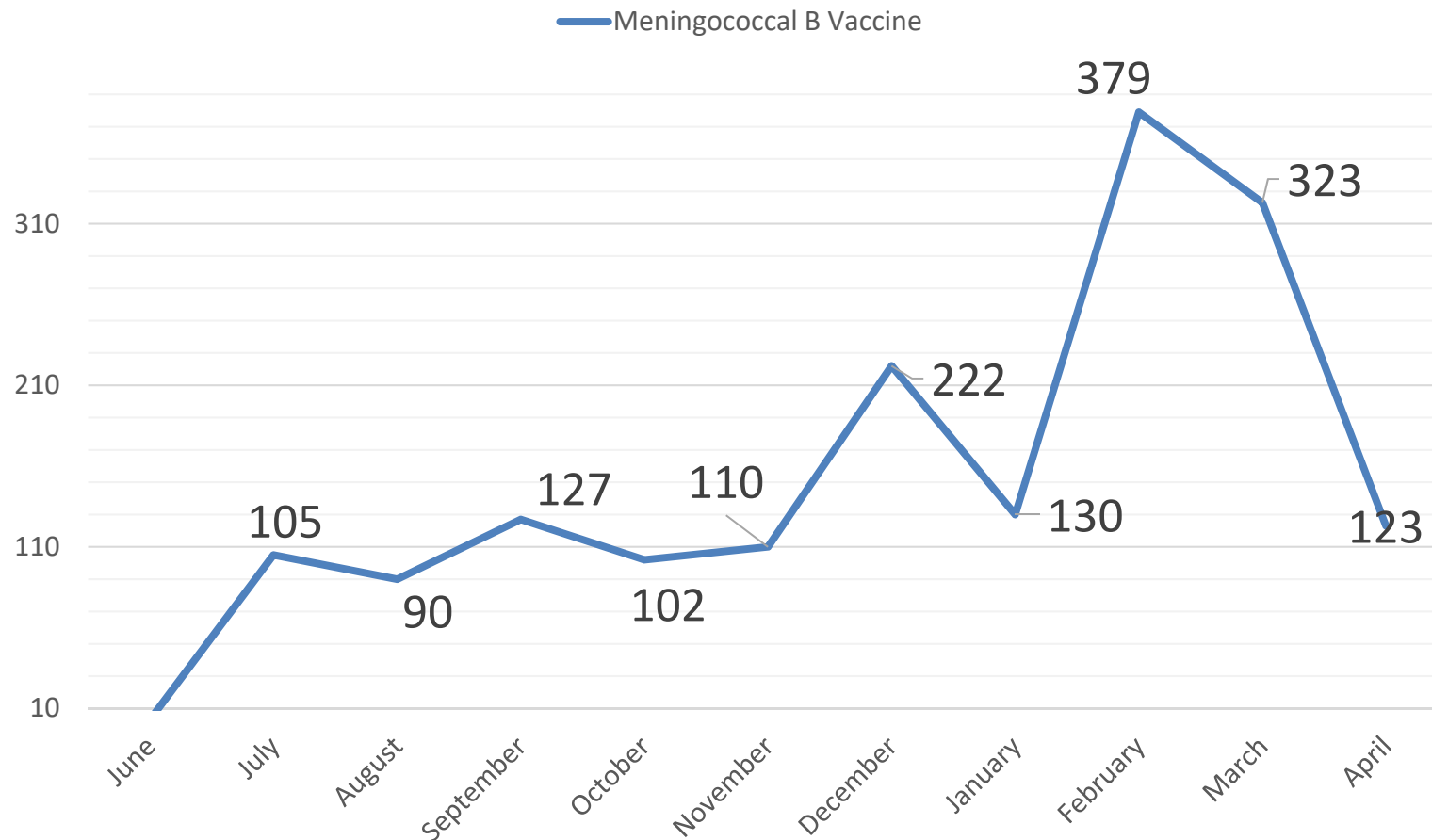
HPV Vaccine Update

Annual HPV Vaccine Waste 2013 - 2015

Year	Total Doses Ordered	Total Cost Ordered	Total Doses Wasted	Total Cost Wasted	% Waste
2013	202,840	\$28,722,144	1,636	\$231,658	0.81%
2014	199,150	\$28,199,640	1,175	\$166,380	0.59%
2015	205,820	\$29,144,112	1,029	\$145,706	0.50%

Meningococcal B Vaccine Update

Meningococcal B Vaccine Doses Ordered to Date





The Washington State Department of Health Profile has launched its first-ever [Thunderclap](#) social media campaign. The campaign runs through April 2016. The theme is "Protecting Babies from Hepatitis B" by encouraging birth-dose vaccination. The hashtag **#BhepBfree** was created for this occasion. We are the first state agency in Washington to host a campaign on this platform.

What is Thunderclap?

Thunderclap is a crowdsourcing platform that helps amplify a single message through Facebook and Twitter. It has been federally approved for government use and is frequently used by the Centers for Disease Control and the White House.

How Do I Support the Campaign?

Supporting the campaign is easy and takes less than 30 seconds. Here's how to do it:

- Visit the campaign page here: <http://thndr.me/uHcZNI>
- Click the **SUPPORT** button for Facebook, Twitter or Tumblr (you can link multiple accounts, just repeat this step after completion)
- Validate your personal or business username and password to authorize Thunderclap to share this message, which links to the Department of Health's new birth-dose hepatitis B page:

**"Let's end hepatitis B in Washington babies.
Protect newborns by getting them vaccinated
at birth to #BhepBfree <http://thndr.me/uHcZNI>"**