

**Washington Vaccine Association
Vaccine Committee Meeting
April 6, 2017; 10:30-11:30 a.m. PST**

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

Members

Ed Marcuse, MD, Chairman
Michele Roberts, MPH, MCHES, Department of Health
Cathy Falanga, Aetna
Lisa Johnson, MD (T)
Jeffrey Gombosky (T)
Rachel Wood, MD (T)

Absent

Jeffrey Duchin, MD
John Dunn, MD, Kaiser Permanente
Chad Murphy, Premera

KidsVax[®]

Fred Potter, MBA, Esq., Managing Member
Julia Walter, MA, Esq., Executive Director
Ashley Kittrell, Communications Coordinator

Others

Sheanne Allen, MPH, MCHES, Department of Health
Mary Kay O'Neill, MD, Mercer
Natasha DeSouza

II. Follow up Tasks/Action Items

1. Sheanne Allen will prepare a vaccine wastage data report for the Committee's review.
2. A list of Vaccine Committee members will be included in future meeting packets.

III. Minutes

Welcome and Introductions

At 10:30 a.m., a quorum having been established, Chairman Ed Marcuse called the meeting to order. Introductions were made, and Ashley Kittrell announced that the meeting was being recorded for the benefit of the minute-taker and will be deleted following the final approval of the minutes.

In opening, Chairman Marcuse announced that Committee member Dr. John Dunn was recently appointed to the National Vaccine Advisory Committee, which will prove beneficial to the Vaccine Committee's work in the future. After asking if there were any other topics of discussion for the meeting, Chairman Marcuse asked Michele Roberts to proceed with the Department of Health (DOH) updates.

Department of Health

Ms. Roberts began by introducing Ms. Allen as the new Vaccine Management Section Manager and gave a brief background of her work in the Tuberculosis Department where there are many parallels with the immunization program. Her role as Section Manager includes purchasing, distributing, and provider quality assurance. Ms. Allen will also work closely with the Washington Vaccine Association (WVA) in her role. Continuing with updates, Ms. Allen gave an overview of flu vaccine supply, the 2017/18 flu vaccine pre-book, provider choice, Meningococcal B, HPV, and Mumps.

2016/17 Flu Vaccine Supply

The breakdown and presentations for the 2016/17 flu vaccine supply were available for the Committee's review. Ms. Allen stated that there are currently 106,000 doses of flu vaccine available for the 2016/17 flu season. She noted that Fluzone is late coming to distribution and is why there is currently a larger amount in supply than normal; however, the current amount of flu vaccine supply is average for the year and the DOH continues to receive daily orders for it.

Provider Vaccine Preference Survey

183 responses were received for the provider vaccine preference survey that was sent in late January. Ms. Allen commented that there was a 17% survey response rate, and the DOH will take steps to encourage a higher response rate for future surveys. The results showed that providers prefer pre-filled syringe due to ease of use; however, lack of storage is an issue. The survey also found that there is currently no demand for cell-free flu vaccine, and neuropath offices prefer preservative-free vaccine.

2017/18 Flu Pre-book

This year's flu pre-book offers four presentations as opposed to five based on provider preferences. The requested dosage amount increased slightly by 4,000 for a total of 690,000 doses. Chairman Marcuse inquired how any doses are typically left over and if the cost is absorbed. Ms. Allen replied that approximately 50-60 thousand doses are left over on average. Regarding the cost absorption, the actual vaccine cost cannot be recovered but is distributed among the various funding sources and an excise tax is returned on all unused vaccine. The Committee expressed interest in the trend data for vaccine wastage. Ms. Allen stated that she can conduct a report and send to the Committee with the data. Ms. Allen concluded the Pre-book overview by noting that the number of FluLaval doses was reduced by 24%. Dr. Rachel Wood asked if Flumist would be offered in 2017/18. Ms. Allen replied that it was not. Ms. Roberts added that research and data is still being gathered to determine the cause of its inefficacy and the Advisory Committee on Immunization Practices will receive an update at its next meeting.

Vaccine Choice

Vaccine choice will be open from April 17-30. Ms. Allen noted that there are a few additions including Quadricel and Kinrix. GSK no longer offers vials of Engerix-B (Hep B) due to a greater yield in prefilled syringe. Ms. Allen also noted that MenHibrix is no longer offered due to minimum utilization and there is no replacement for it.

Meningococcal B

Ms. Allen asked the Committee if they prefer to continue tracking the data for Meningococcal B. Chairman Marcuse stated his preference to continue receiving updates because the vaccine will continue to evolve. He also asked if it was possible if the presentation could specify what areas of the state and physicians are utilizing it for high-risk children. Ms. Allen responded that it could and noted that there was a slight decrease in January for Meningococcal B, but it seemed characteristic of ordering patterns.

HPV

Continuing with updates, Ms. Allen asked Committee members if they would like to continue receiving updates on HPV. Chairman Marcuse asked that the chart indicate when HPV changed from a three to two dose series for the 9-15 year-old age range.

Mumps

Ms. Allen gave a brief update on the Mumps outbreak, noting that there are 719 reported cases in fourteen counties as of April 3, 2017. The DOH is utilizing some limited federal funding by the CDC to provide vaccine, and 3,160 doses have been provided thus far. The DOH has also developed a website with useful information for parents and providers. Dr. Wood asked if there have been any requests for a third dose. Ms. Roberts responded that the Seattle and King County Public Health recommended a third dose in conjunction with the DOH and University of Washington; however, there is no substantial data that shows a third dose is effective.

Federal Funding Update

Ms. Roberts informed the Committee that the potential repeal of the Affordable Care Act (ACA) could affect federal funding in two ways. First, access to insurance could be affected, and Washington's funding. Ms. Roberts explained that fifty percent of federal funding comes from the Prevention and Public Health Fund for public health immunization work and is part of the ACA. Important to show the benefits and usefulness of the funding with congressional delegates. The President's current budget does not include cuts to the funding, but there are potential changes from the CDC. Dr. Wood inquired if the Medicaid waiver program would be affected by federal budget cuts. Ms. Roberts replied that the budget cuts do not apply to VFC funding and the State is not looking to utilize Medicaid waiver funds to supplement other funding. Ms. Roberts clarified that the Prevention and Public Health funding applies to immunization promotion activities. Further discussion ensued regarding potential Medicaid and funding access issues. Following the discussion, the meeting proceeded to KidsVax® (KV) updates.

KidsVax Updates

Ms. Walter announced that an updated assessment grid has been prepared by outside Financial Analyst, Peter Smith, for the Committee's review based on the CDC contract prices, which were published on April 1st. She explained that a 3.5% increase is budgeted annually, and there is a 2.88% increase, which is lower than projected. Based on the financial stability of the WVA, KV recommends that the current assessment grid be maintained. Ms. Walter noted that maintaining the Grid will also give payers more stability.

Closing

In closing, Chairman Marcuse asked if there were any other questions or comments. Cathy Falanga asked if the Vaccine Committee member roster can be included in future meeting packets. Ms. Kittrell replied that it would and it is also maintained on www.wavaccine.org. Chairman Marcuse asked the DOH if the average age of children receiving HPV vaccine can be determined. Ms. Allen replied that it could be found using IIS data and would be happy to discuss it further at the next Vaccine Committee meeting.

There being no further business, the meeting was adjourned at 11:30 a.m. PST.

What: Vaccine Committee Meeting
 Date & Time: Thursday, April 6, 2017; 10:30-11:30 a.m. PST
 Location: Hilton Soundview Conference Room, 1301 6th Ave., Seattle, WA 98101
 Conference Line: (267) 930-4000; Participant 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:
10:30-10:35 a.m.	1. Welcome & Introductions a. Survey of Other Topics	E. Marcuse
10:35-11:00 a.m.	2. Department of Health a. Influenza Vaccine Uptake 2016-2017 b. Provider vaccine preference survey c. Federal Funding Update	S. Allen
11:00-11:25 a.m.	3. KidsVax Updates a. 2017 Assessment Grid	J. Walter
11:25-11:30 a.m.	4. Closing	E. Marcuse

*Indicates agenda item attached
 Red text indicates an action item