Washington Vaccine Association
Vaccine Committee Meeting
April 5, 2018; 12:30-1:30 p.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
John Dunn, MD, Kaiser Permanente

Absent
Michele Roberts, MPH, MCHES, Department of Health

KidsVax®
Fred Potter, Managing Member (T)
Julia Walter, CEO, Northwest Region
Nicole Price, CEO, Northeast Region

Others
Sheanne Allen, MPH, MCHES, Department of Health
Breelyn Young, GlaxoSmithKline (T)
Rhett Marsden, GlaxoSmithKline (T)

II. Follow up Tasks/Action Items

1. Sheanne Allen will prepare a vaccine wastage data report for the Committee's review.
2. KidsVax® will schedule a subsequent meeting at the end of April/beginning of May.

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 Julia Zell 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 provided an overview of the agenda. He said today we would talk about the survey of providers for their vaccine preferences, some updates, and refer to KidsVax® (KV) for other updates, but would start with their biggest challenge, which is flu vaccines for the upcoming year. Chairman Marcuse then asked SheAnne Allen to proceed with the Department of Health (DOH) updates.

IV. Department of Health

Influenza 2017/2018

Ms. Allen began by reviewing the DOH's Decision Paper regarding FluMist, which she stated would be sent out to those who were attending the meeting via phone. Ms. Allen reviewed the three positions that the DOH take, as presented in the paper, and discussed the pros and cons of each. She responded to questions regarding the current process of purchasing vaccines, allocation of monies, funding sources, vaccine restrictions, wastage, as well as provider preferences. After much discussion, the Committee opted to look at the concept of purchasing FluMist vaccine privately and some vaccine off the CDC contract It

was the general sense of the Committee that the amount should be based by what the DOH learns about the chronological time that flu vaccine is administered to kids and the financial resources of WVA. Ms. Zell recommended that a survey be conducted of providers to determine timing on vaccine usage and how much to pre-order. After discussion, it was agreed that Ms. Zell and Ms. Allen will create a survey to send to Washington providers to aid the DOH in its FluMist purchase options. Members of the Committee will be given the chance to review the survey prior to distribution.

LAIV Pre-Book and Ordering

Ms. Allen stated that the DOH has ordered 650,000 doses of flu, with about 97,000 doses still available, and additional orders still being received. Work continues on improving relationships with providers, reducing wastage, and focusing on ways to get the doses out to providers quickly, including streamlining internal processes.

Development of WVA Restitution Policy

Ms. Allen reviewed the status of this policy. She stated that one work-group meeting has been held, with the next meeting scheduled for May. Currently, the DOH is conducting a review and looking at all returns that are coming in from January forward and reaching out to providers to find out more information. Approximately 50 providers have been contacted so far. This information will be extremely helpful for the next meeting. DOH met with the WVA two weeks ago to brainstorm ways in which the dose for dose reimbursement could take place so that providers do not have to establish their own contracts with manufacturers to replace doses. The next step is to reach out to the CDC and see if some of the ideas generated can be implemented.

Mening B/ACWY Uptake

Ms. Allen updated the Committee on recent Mening outbreaks. She shared data and asked for feedback from the Committee. Dr. Marcuse stated the Committee would like to know what percentage of the Mening B cases occurred at age 10 or above for each of the years studied and asked if an additional column could be added showing that data. DOH reached out to six other universal states to see what their policy was on Mening B. Five of the six offer Mening B on their order form, all of them follow the ACIP recommendations. Ms. Allen noted that the majority of universal states monitor the orders closely and follow up with practices that order large amounts. The Committee recommended that Mening B be added to the State's order form. Ms. Allen agreed to follow up.

V. KidsVax® Updates

Due to the length of the meeting, there were no updates.

Closing

In closing, Chairman Marcuse asked if there were any other questions or comments.

There being no further business, the meeting was adjourned at 1:45 p.m. PST.

WASHINGTON VACCINE ASSOCIATION

What: Vaccine Committee Meeting
Date & Time: Thursday, April 5, 2018; 12:30-1:30 p.m. PDT
Location: Ellis, Li & McKinstry, Market Place Tower; 2025 First Ave, PH-A, Seattle, WA 98121
Conference Line: (267) 930-4000; 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
12:35-1:00 p.m.	*	2. Department of Health Updates a. Influenza 2017/2018 b. LAIV Pre-Book and Ordering c. Development of WA Restitution Policy d. Mening B/ ACWY Uptake	S. Allen
1:00-1:20 p.m.		3. KidsVax Updates a. 2018 Assessment Grid b. Payer Compliance	J. Zell
1:20-1:25 p.m.		4. Other Matters	E. Marcuse
1:25-1:30 p.m.		5. Closing	E. Marcuse

*Indicates agenda item attached
Red text indicates an action item

WAvaccine.org
P 1.888.928.2224 • F 1.888.928.2242
PO Box 94002 • Seattle WA 98124-8402

Washington State Department of Health

WVA VACCINE COMMITTEE

SheAnne Allen

April 5, 2018

Vaccine Committee

- Influenza 2017-2018
- LAIV Pre-Book and Ordering
- Development of WA Restitution Policy
- MenB/ ACWY Uptake

Influenza 2017-2018

- 690,000 doses
- 97,000 still available for order
- Flu doses received at depot 7/26/17-10/12/17
- Flu orders approved starting 8/29/17

Influenza 2018-2119

- 3 Presentations
  - FluLaval syringe
  - Fluzone multi-dose vial
  - Fluzone .25 syringe

- 650,000 doses

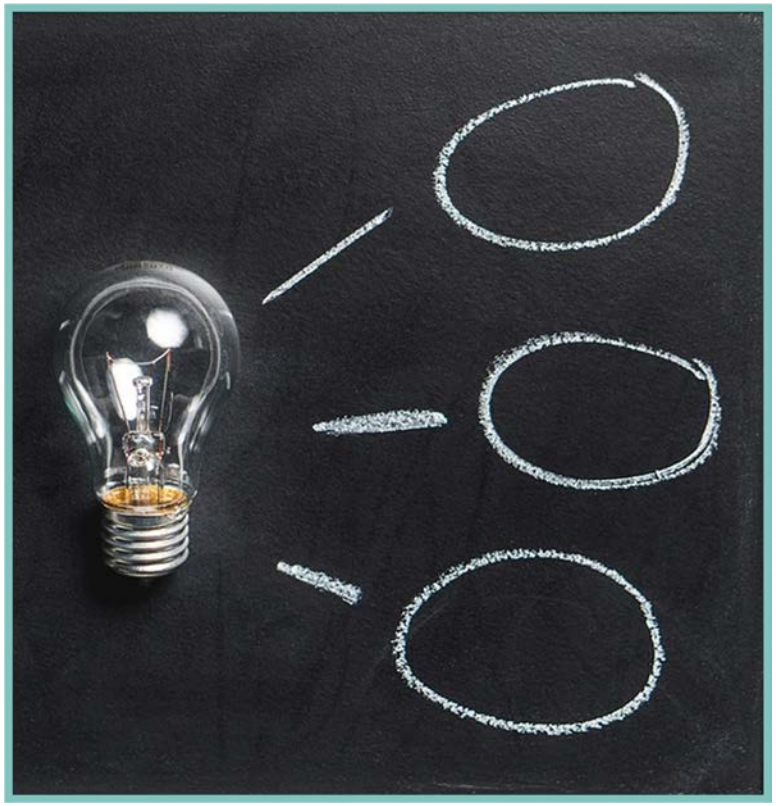
LAIV

Input needed

- Do health care providers want this vaccine this season?
- What do they think the parent demand will be?
- How many doses would we order?
- If we can only buy a limited quantity to reduce wastage of the other products we purchase, how should we distribute it?
- Do health plans want to support purchase off the private market?
- How do health plans plan to handle reimbursement requests for FluMist that provider purchase privately on their own?

Best Practices in Vaccine Storage, Handling, and Accountability Work

- Workgroup met in February
- DOH researching returns greater than $2,500.00 from Jan 1, 2018 – current
- DOH/WVA meeting 3/22 to brainstorm alternative approaches for restitution
  - Follow up discussions and consultation with CDC will be taking place
- Next workgroup call scheduled for first week in May



Meningococcal

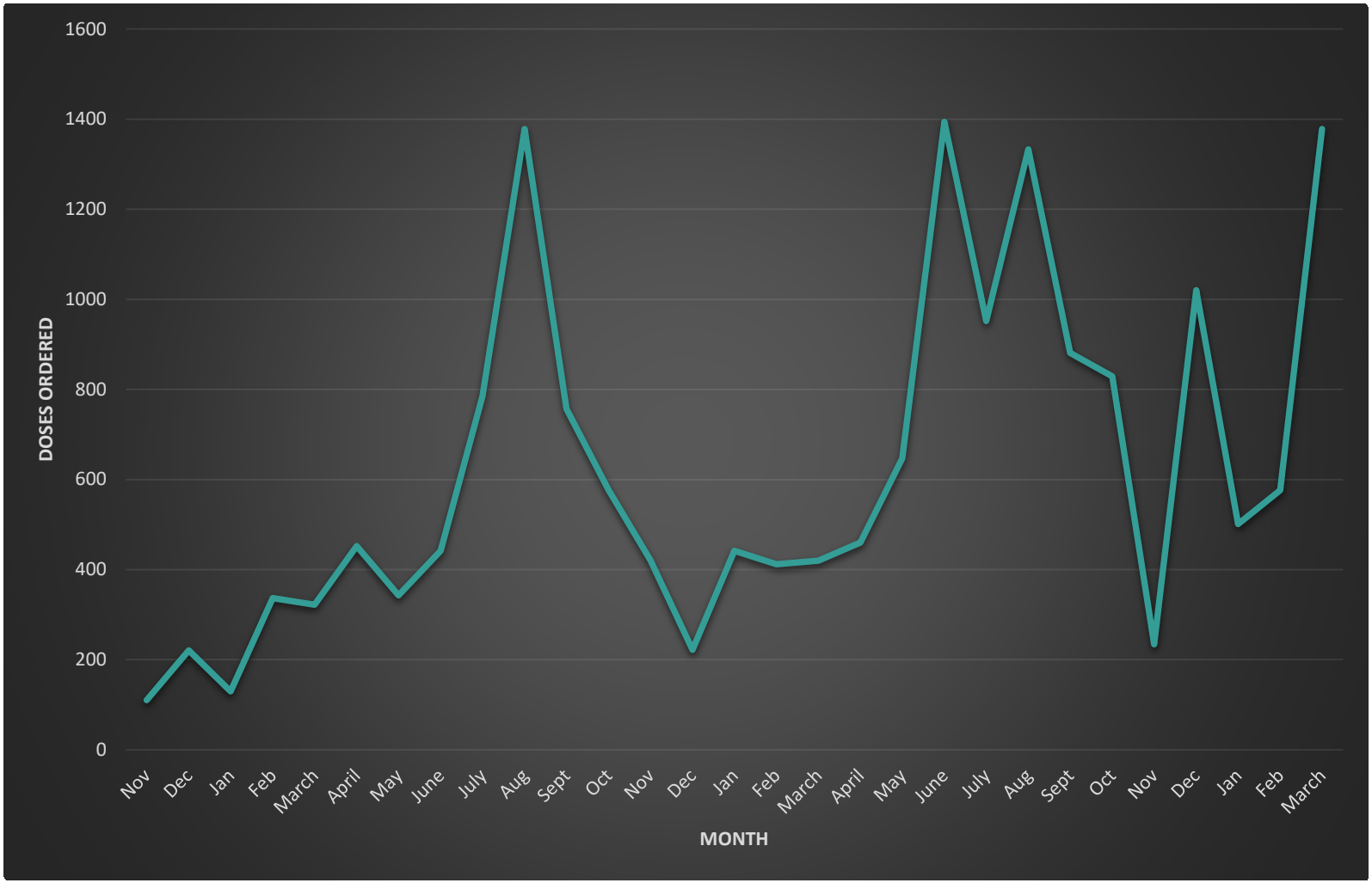
- 11 cases in 2017
- Obtain serogroups on 10 of the 11 cases:
  - Serogroup C 6 age range 3 – 77 years
  - Serogroup B 3 2 infants under 1 year of age, and a 73 year old
  - Serogroup Z 1 Not vaccine preventable

- Recent WA trend: During the past decade, an average of 22 cases (range10-29) have been reported annually, with as many as five deaths in a year.

Number of Meningococcal Disease Cases by Serogroup, WA 2007-2016

Year	Total	Not Tested*	Isolate available	B	C	Y	W135	Other	% Vaccine (A/C/Y/W) serogroup	% B
2007	28	1	27	13	4	10	0	0	52%	48%
2008	31	3	28	11	5	9	2	1	57%	39%
2009	25	2	23	13	2	8	0	0	43%	57%
2010	29	2	27	7	7	12	1	0	74%	26%
2011	22	0	22	12	2	7	1	0	45%	55%
2012	24	0	24	9	4	8	0	3	50%	40%
2013	20	3	17	9	2	3	2	1	41%	53%
2014	17	0	17	6	5	4	1	1	59%	35%
2015	10	0	10	3	4	1	2	0	70%	30%
2016	13	1	12	3	6	1	1	1	67%	25%
Total	219	12	207	86	41	63	10	7	55%	42%

MenB Doses Ordered Nov 2015- March 2018



MenB

- Recent inquiries from two providers regarding MenB recommendations
  - “The logistics of getting the vaccine give the perception that the state has a negative recommendation”
- MenB is currently not on order form, providers need to contact DOH to place order.
- DOH reached out to other universal vaccine states regarding their processes
  - VT, MA, ND, IN, MN, ID – include on order form
- 9,024 doses ordered in 2017, 449 doses returned *CDC VTrckS ordered data

MenB Discussion

- Should DOH add MenB to order form?
- Recommendation to VAC to re-examine the current VAC Clinical Guidance document from February 2016?
- Additional thoughts?

DECISION PAPER

Problem Statement

The Advisory Committee on Immunization Practices (ACIP) approved FluMist as a recommended vaccine for the 2018-2019 flu season. This recommendation came after Washington State had submitted their 2018-19 flu vaccine pre-book to the Centers for Disease Control and Prevention (CDC). To balance demand for flu vaccines – and the demand for FluMist in particular – against the desire to minimize flu vaccine wastage, the State needs to determine if they should purchase and offer FluMist for the upcoming flu season.

Background

FluMist is a live attenuated influenza vaccine, unlike most influenza vaccines. Introduced onto the market in 2003, it is the only non-injection flu vaccine option available. Washington State first started offering FluMist during the 2005-06 flu season, per ACIP recommendations. In June, 2016, ACIP stopped recommending the use of FluMist due to concerns of decreased effectiveness against influenza A (H1N1) strain and the vaccine was removed from Washington State's order list; providers, however, could still purchase FluMist directly from the manufacturer.

In early February every year, Washington must pre-book the presentations and number of doses of flu vaccine that they would like to purchase off the CDC contract for the upcoming flu season. This is required to meet the deadline for bulk order placement and ensure that flu vaccine is available at the start of the flu season (August). This prebook is a final commitment and we can't change or cancel any part of the order. This year, Washington reduced the overall number of doses that were pre-booked by approximately 6% (40,000 doses) from the previous season's order to minimize flu vaccine wastage and manage budget spending for flu vaccine.

In late February, 2018, after Washington submitted the pre-book order, the ACIP voted to recommend FluMist for the 2018-19 flu season. CDC does not have a contract in place now for FluMist, but is working to include it in a supplemental pre-book in the fall and we do not know yet when that vaccine would be available and delivered. The state must now decide whether and how FluMist should be purchased and offered for the 2018-19 flu season.

Assumptions

To help define feasible options for consideration, we made several assumptions. We assumed that:

- The FluMist vaccine that is available for the 2018-19 flu season is an effective flu product;
- The price of FluMist (both privately and on the CDC contract) will be similar to the previous price;
- The manufacturers of FluMist will have sufficient supply for possible demand;
- Washington will continue to abide by all ACIP recommendations; and

Options

Options	Pros	Cons
1. Purchase FluMist privately with WVA funding for 2018-19 flu season for children with private health insurance	• FluMist available earlier for the entire flu season • Offers an additional option for providers and patients	• FluMist only available to children with health insurance, not VFC eligible children • Increase cost of the vaccine (purchased "privately" instead of off the CDC contract) • Providers would have to keep this inventory separate from other flu vaccines the state provides, which we isn't a program requirement currently.
2. Pre-book FluMist in the fall, off of the CDC contract	• FluMist potentially available for part of the flu season • Reduced cost of the vaccine (purchased off the CDC contract) • Would be able to purchase for all kids (both kids that have private health insurance and VFC-eligible kids)	• Don't know the delivery date yet so FluMist may be available for entire season and other vaccines would arrive first • Potential increased vaccine wastage
3. Do not offer FluMist for the 2018-19 flu season	• No additional budget needed for FluMist • Potential reduced flu vaccine wastage	• FluMist not available for the flu season • Fewer options for both providers and patients • Some providers may private purchase this vaccine for kids with private health insurance, and there would be no option for this type of vaccine for VFC-eligible kids

Analysis

Since FluMist is administered intranasally rather than injected, it has previously been a preferred vaccine by providers and parents. Patients show less resistance to receiving the vaccine, which results in less wastage, and providers have indicated that they would use this vaccine again. However, flu vaccine rates have not seen a decrease since the removal of FluMist.

Washington pre-booked 650,000 doses of flu vaccine in three different presentations, at a total of just over $9.1 million. Purchasing an additional 50,000 doses of FluMist directly from the manufacturer would cost approximately $1.185 million, based on 2016 prices ($944,000 if purchased off the CDC contract). Receiving vaccine late in the season (as occurred in 2015-16) may result in FluMist vaccine wastage up to 40%. Given the various assumptions and factors, there are three possible options for offering FluMist for the 2018-19 flu season.

Option 1: Purchase FluMist privately for 2018-19 flu season

Washington has already pre-booked and purchased flu vaccine for the 2018-19 flu season. Acquiring FluMist would mean purchasing the vaccine directly from the manufacturer using state funding administered through the Washington Vaccine Association. Given the source of the funds, the FluMist vaccine would only be available to non-VFC eligible children (children who have private insurance or children covered under CHIP). VFC-eligible children (children who are on Medicaid or who are American Indian or Alaska Natives) would not be eligible for the state-purchased FluMist. The vaccine would also have to be purchased at a much higher price, and the additional doses may result in increased flu vaccine wastage overall. However, this option would allow FluMist to be available for the entire flu season for certain children.

Option 2: Pre-book FluMist in the fall, off the CDC contract

The CDC has two pre-booking periods annually – spring and fall. FluMist could be pre-booked in September 2018, after the flu season has already begun, however, the vaccine delivery period is uncertain. Receiving vaccine late in the season (as occurred in 2015-16) runs the risk of higher flu vaccine wastage at the end of the season. Purchasing off the CDC contract, however, would mean that all children (regardless of insurance status) would be eligible for the vaccine.

Option 3: Do not offer FluMist for 2018-19 flu season

Given that the state has already submitted their flu pre-book to include three different presentations of flu vaccine to the CDC with the goal of minimizing flu vaccine wastage and managing budget spending for flu vaccine, and given that providers and patients have navigated that last two flu seasons without the FluMist option, Washington could delay ordering FluMist until the next flu season (2019-20 flu season). This would provide the opportunity for the state to analyze its wastage, as well as develop a comprehensive communication plan for reintroducing FluMist in the 2019-20 flu season. This delay, however, would mean that FluMist is not available for any providers through the Childhood Vaccine Program.

Input needed

There are many questions we need to better understand to help inform the final decision. We plan on getting input from the DOH Vaccine Advisory Committee and the WVA Board of Directors and Vaccine Committee.

- Do health care providers want this vaccine this season? What do they think the parent demand will be?
- If we can only buy a limited quantity to reduce wastage of the other products we purchase, how should we distribute it?
- Do health plans want to support purchase off the private market? How do health plans plan to handle reimbursement requests for Flu Mist that provider purchase privately on their own?

Washington
Immunization Scorecard

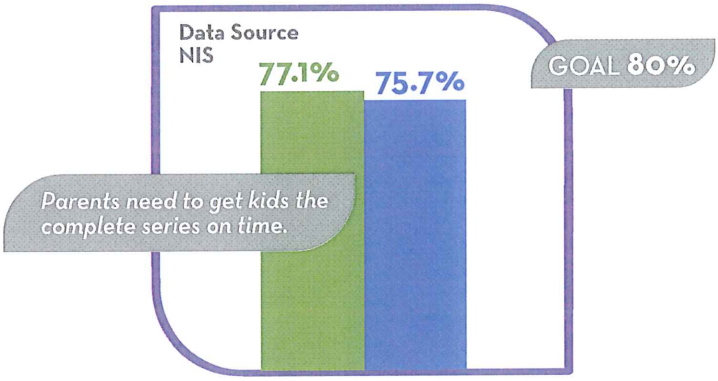
Protect yourself, your loved ones, your community, and those who can't be immunized:

GET VACCINATED!

Childhood & Teen

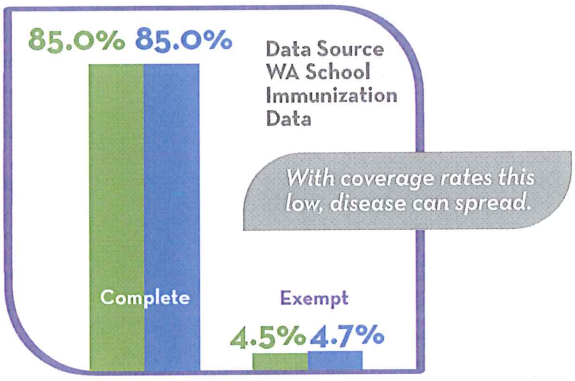
2015 | 2016

Complete Childhood Vaccination 19-35 Months



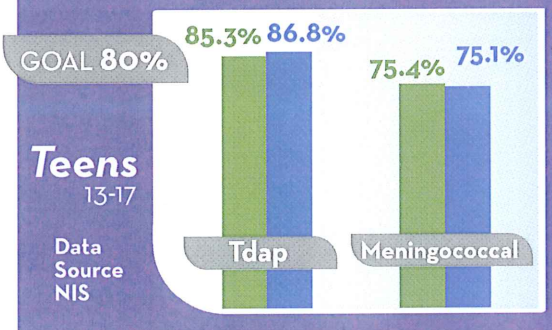
Childhood vaccinations protect children when they are most vulnerable. Right now just over 3/4 of Washington kids are fully protected. When immunization coverage isn't high enough, deadly diseases such as whooping cough and measles can make a comeback.

Kindergarten Vaccination

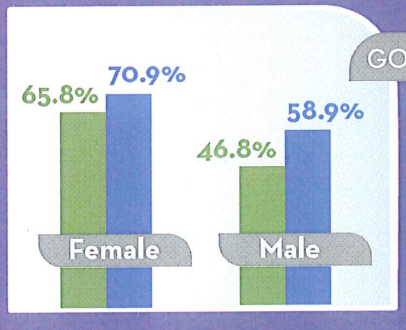


Kindergartners who are complete have all required school immunizations. Those who are exempt do not have all required immunizations. At school, kids are in close quarters, where disease spreads quickly.
(Complete and exempt rates do not add up to 100% since there are other categories in which children may be counted.)

Tdap and Meningococcal



One or More Doses of HPV



Tdap vaccine prevents tetanus, diphtheria, and whooping cough. Meningococcal vaccine (MCV4) prevents meningococcal disease such as meningitis, which spreads easily in close quarters.

HPV (HUMAN PAPILLOMAVIRUS) causes 30,000 cases of cancer in men and women each year in the US. HPV vaccine is best given at ages 11-12 because the body creates the strongest immunity when given vaccine at that time.

HPV immunization coverage is too low to prevent all of the cancer we can. Teens should receive all recommended doses of Tdap, HPV, and meningococcal vaccines.

Data Sources: National Immunization Survey (NIS) • Behavioral Risk Factor Surveillance System (BRFSS) • Washington State Department of Health
All Goals are based on Healthy People 2020 Goals: **http://www.healthypeople.gov**

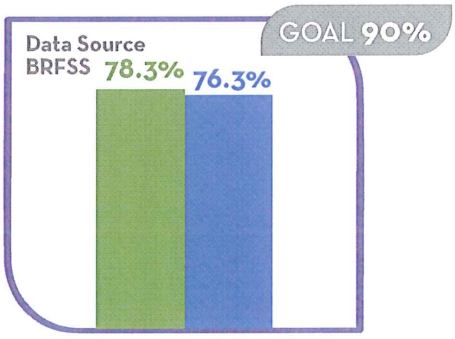
Adult & Flu

2014 | 2015 | 2016

What can you do to improve rates?

1. **Parents and families:** Make sure you're up to date.
   www.doh.wa.gov/immsrecords
2. **Providers:** Access resources.
   www.cdc.gov/vaccines/hcp.htm
   or www.doh.wa.gov/WAIIS
3. **Know our rates.**
   www.doh.wa.gov/ImmData

Pneumococcal 65+ Years



Pneumococcal bacteria can cause pneumonia, meningitis, and bloodstream infections. Two types of vaccine are needed to protect older adults.

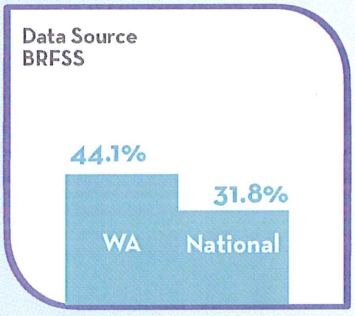
Either vaccine (PCV13 or PPSV23) counts toward percentages .

IF YOU'VE HAD CHICKENPOX, YOU ARE AT RISK FOR SHINGLES.
Shingles is a viral infection that causes a painful rash that can be severe, can cause nerve pain, leading to vision loss. Shingles, also called herpes zoster, is caused by the same virus that causes chickenpox. Reactivation of the chickenpox virus causes shingles.

IN THE US, NEARLY 1 MILLION PEOPLE GET SHINGLES EACH YEAR.
Did you know that 1 in 3 adults in the US will get shingles in their lifetime? Half of people who live until age 85 will develop shingles. Shingles is typically associated with aging, but it can also occur in healthy children and younger adults.

YOUR BEST CHANCE AT PREVENTING SHINGLES IS TO GET THE NEW VACCINE.
The good news is that there is a newer and more effective vaccine available to help prevent shingles. Shingrix vaccine is recommended for all adults age 50 years and older whether or not they have had shingles or previously received Zostavax vaccine. Don't let a preventable disease like shingles keep you from doing the things you love.

Zoster 60+ Years



2014 Data

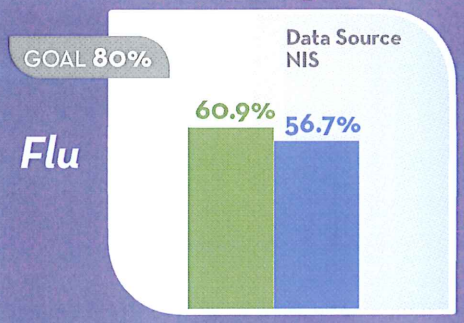
QUICK FACTS

SHINGLES

- 98% of adults have had chickenpox and are at risk for shingles.
- About half (500,000) of shingles cases occur in people 60 years or older.
- In Washington State, about 44% of adults age 60 or older are vaccinated against shingles.

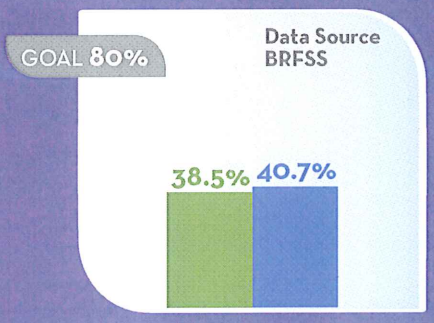
Flu

6 Months Through 17 Years



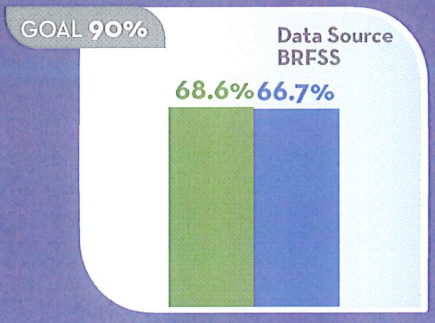
Babies and young kids are at higher risk of flu complications.

18 Through 64 Years



All adults should get an annual flu shot. Pregnant women and people with certain health conditions are at higher risk of flu complications.

65+ Years



People 65 and older are at higher risk of flu complications.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

For data sources, goals, and more information contact: *Office of Immunization and Child Profile*
Web: **www.doh.wa.gov/immunization** | Phone: 360-236-3595 | Email: **OICP@doh.wa.gov**

Washington State Department of Health

DOH 348-671 January 2018