**Washington Vaccine Association**
**Vaccine Committee Meeting**
**April 25, 2019; 12:00-1:00 p.m. PDT**

**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 (T)
SheAnne Allen, Department of Health, Ex-Officio
Jeff Gombosky, Public Affairs (T)

Board Member
John Sobeck, MD, Cigna

WVA
Julia G. Zell, Esq., Executive Director

KidsVax®
Terry Mills, Executive Assistant (T)

Others
Breelyn Young, GlaxoSmithKline

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

A. Actions Taken (votes adopted)
1. Voted to approve the minutes of the November 8, 2018 Vaccine Committee Meeting.

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

1. Ms. Allen will update the Committee as to the magnitude of any increase in MenB outbreaks.
2. Ms. Allen will prepare a brief paragraph that could be sent to the Pediatric and Family Practice Association for their inclusion in their newsletter to better inform the clinicians.
3. Ms. Zell will aid the Chairman in drafting and disseminating letters of interest to potential committee members.

**IV. Minutes**

**Welcome and Introductions**

At 12:00 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 final approval of the minutes.

Chairman Marcuse opened the meeting with the announcement that Dr. Lisa Johnson of Providence will be terminating her term as a vaccine consultant on the Vaccine Committee. The Committee thanked Dr. Johnson for her contributions to the important work of the WVA. There was a discussion concerning new members. Various individuals from the private practice community who are involved in vaccine ordering and representatives from public health will be sent letters of invitation to become new Vaccine Committee members. Chairman Marcuse is open to recommendations.

**Consent Calendar**

Chairman Marcuse asked if anyone had concerns about the minutes of November 8, 2018. Hearing none, it was

**VOTED:** To approve the minutes of the November 8, 2018 Vaccine Committee Meeting as presented.

**Department of Health Updates**

The Measles outbreak has almost ended because no additional cases were reported throughout the incubation period. The principal reason that Measles is currently out of control is failure to vaccinate. Dr. Marcuse cautioned that if everyone was vaccinated, the cases would all occur among those vaccinated because it's not 100% effective. Approximately 5% or less of individuals who had two MMRs may be susceptible. However, the real problem is the

DRAFT

immunization rate in some Washington communities is well below 90%. Ms. Allen also stated that HepA is on allocation (under 200 doses) from the CDC, and unfortunately some cases have been reported in Seattle. Ms. Allen also mentioned that Legislative Bill 1638 passed this week eliminating the philosophical exemption to MMR and will hopefully affect the State's vaccination rates.

About 18 months ago DOH worked with a work group on best practices for vaccine storage, handling, and accountability to diminish vaccine excursions leading to waste. Messages went out to providers in January/February regarding the policy after a work-group spent over a year developing it; the Storage, Handling, Accountability Policy was implemented in March/April.

Vaccine brand choice is taking place right now through the end of the month. This is when providers can change their vaccine preferences for presentations. DOH will be creating a vaccine choice website for providers to explain the timeline when vaccine choice takes place, the forms, FAQs, and the background of the process. Vaccine blurbs go out to the providers about a month before notification of the next vaccine choice period. DOH is hoping to have the website up and running shortly after vaccine choice closes in October. DOH received numerous calls from providers who were hearing that if there are two presentations of a vaccine, that the State's preference is whatever the default is. The State has no preference on any vaccine. Further discussion ensued. Chairman Marcuse asked Ms. Allen to prepare a brief paragraph that could be sent to the Pediatric and Family Practice Association for their inclusion in their newsletter to better inform the clinicians.

Hepatitis B is still on allocation from the CDC. DOH is still able to fill orders being requested.

The year-end data shows the state waste percentage is about 2%, excluding flu. Last year it was at 1.4%. There are many different variables. There was the Diamond Project transition almost a year ago and now different styles of communication are being used. The process is being streamlined and efforts are being made to make certain that all areas of the State are receiving the same information. Flu vaccine represents 1/6 of the total vaccine wastage.

Last October MenB was added to the order forms. However, the functionality within the IIS System is not working correctly for the reporting of MenB and currently there is no funding to give to STC, the vendor that handles the IIS System for Washington. Dr. Dunn stated that with permissive recommendations, providers are not used to them as being standard vaccines and are not good at working them into their typical flow very well. It makes it difficult for providers to add the MenB discussion into patient discussions. Ms. Allen will be gathering additional information about the MenB cases and will share that information.

The Flu pre-book for 2019-2020 has been completed. Ms. Allen anticipates there may be an increase and will provide a slide with the ordering data at the next meeting. If there is a major increase, DOH will be in conversations with Ms. Zell because it will affect the WVA budget.

**Public Comment**

Breelyn Young of GlaxoSmithKline made a comment on the forecasting function in the IIS regarding MenB and the fact that it is a permissive recommendation.

Further discussion ensued regarding MMR exemption and advice to physicians about giving the vaccine.

Chairman Marcuse commended Ms. Allen on her exceptional steep learning curve and what she has accomplished since taking on the Vaccine Manager position just over 15 months ago. Ms. Allen has the confidence of the people who are working with her.

**Closing**

There being no further business, the meeting was adjourned at approximately 1:05 p.m. PDT.

DRAFT

WVA WASHINGTON VACCINE ASSOCIATION

What: Vaccine Committee Meeting
Date & Time: Thursday, April 25, 2019; 12:00-1:00 p.m.
Location: Alki Conference Room, 2025 1st 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 minute-taker. 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: |
|---|---|---|---|
| 12:00-12:05 p.m. | | 1. Welcome & Introductions<br>a. Survey of Other Topics | E. Marcuse |
| 12:05-12:10 p.m. | * | 2. Calendar Consent Items<br>a. Vaccine Committee Minutes (November 8, 2018) | |
| 12:10-12:45 p.m. | | 3. Department of Health Updates<br>a. Flu, Measles Outbreak<br>b. Legislative Updates<br>c. Diamond Project Updates<br>d. CDC Contract<br>e. WVA Annual Provider Communication | S. Allen |
| 12:45-12:50 p.m. | * | 4. 2019 Assessment Grid | J. Zell |
| 12:50-12:55 p.m. | | 5. Public Comment | Any |
| 12:55-1:00 p.m. | | 6. Closing | E. Marcuse |

*Indicates agenda item attached
Red indicates an action item

*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 VACCINE ASSOCIATION

# April 25, 2019 WVA Vaccine Committee Meeting
# Proposed Form of Votes

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All Board policy and the final form of votes is exclusively the province of the Board acting collectively as the Board of Directors.

**Items under Agenda Section 2:**

VOTED: To approve the minutes of the November 8, 2018 Vaccine Committee Meeting.

[To approve the minutes of the November 8, 2018 Vaccine Committee Meeting with the changes suggested at the meeting.]

DRAFT

WASHINGTON VACCINE ASSOCIATION

**Washington Vaccine Association**
**Vaccine Committee Meeting**
**November 8, 2018; 12:00-1:00 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
Michele Roberts, MPH, MCHES, Department of Health
SheAnne Allen, Department of Health, Ex-Officio
Jeff Gombosky, Public Affairs

WVA
Julia G. Zell, M.A., Esq., Executive Director

KidsVax®
Fred Potter, Managing Member
Terry Mills, Executive Assistant (T)

Others
Rachel Wood, MD (T)
Julie Bertuleit, GlaxoSmithKline
Breelyn Young, GlaxoSmithKline (T)

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

1. Ms. Allen will send information regarding the Vaccine Best Practices Policy to providers and the Committee after the Thanksgiving holiday.
2. Ms. Allen will post the current vaccine defaults and the default selection process in the same location for interested parties.
3. Ms. Allen will update the Committee in February as to the magnitude of any increase in MenB outbreaks.

**III. Minutes**

**Welcome and Introductions**

At 12:00 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 final approval of the minutes.

In opening, Chairman Marcuse provided an overview of the agenda indicating most of the meeting would be devoted to SheAnne Allen providing updates on various Department of Health (DOH) activities, followed by brief updates from KidsVax®, and several Executive Session items.

DRAFT

## IV. Department of Health Updates

### Vaccine Updates

Ms. Allen began by giving an update on the Vaccine Best Practices Policy. The vaccine storage handling and accountability work group has been working on a policy for about a year. The final edits are being made and are expected to be ready by November 9, 2018 and will be shared with the WVA. Once all edits have been finalized, DOH will begin rolling out the policy to providers. The work group talked about ways to empower the providers enrolled in the program and turning the policy into an engagement process to provide education and training to the providers to reduce the number of excursions. Ms. Allen stated that she would wait until after the Thanksgiving holiday before sending the information out to providers.

### Vaccine Choice

Vaccine Choice was extended by one week this year in response to feedback received by multiple providers that there was some confusion and miscommunication about the defaults, which were interpreted as State preferences. DOH needed all providers to complete the form because it was the first time that the MenB vaccine was being introduced on the regular recommended order form. The provider feedback indicated they were hearing from different pharmaceutical companies that when the State sets a default it is the State's preference. Ms. Allen clarified that the State never has a preference on any vaccine presentation and offers what is available. Ms. Allen went on to explain the default mechanism. Dr. Marcuse asked if there is a place that an interested party can look up what the current defaults are. Ms. Allen stated that there currently is not, but she will have that added. DOH will be re-evaluating the defaults over the next six months and adding possible presentations that are being added to the vaccine and the CDC pricelist. Dr. Marcuse recommended posting the default selection process in the same location as the defaults are posted. Ms. Allen responded and stated that she reached out to the pharmaceutical companies and that they, too will be reaching out to their teams to make sure that they are communicating that there is no vaccine preference.

### Hepatitis A

Ms. Allen indicated that the Secretary of Health recently went to a national conference where he heard about some Hepatitis A planning that other states are doing in response to the recent outbreaks in San Diego, Michigan, West Virginia, and several other states. DOH was contacted by the Secretary asking what Washington has in place as far as planning. In response, DOH conducted a survey of the local health jurisdictions and some tribes to find out the vaccine needs and any activities they have in place or plan to do in 2018. However, it does not seem like a concern in Washington, though vaccine requests are being fulfilled as they came in. A workgroup was formed, currently consisting of DOH staff, but Ms. Allen stated that once DOH reports back to the Secretary of Health, the group will be extended to include other partners from tribes, local health jurisdictions, and the private sector. Data is being collected from the nine counties that have the highest homeless populations. Feedback was received from those counties; however, vaccine requests were not as high because DOH got them with the adult vaccine program and most of those areas are stocked with supplies.

### Gardasil

Ms. Allen reported on the expansion of Gardasil 9 from age 27 to 45. The DOH is waiting for a vote in February from ACIP and MMWR to see how quickly managed care adds it as a covered benefit and will coordinate increased CDC ordering with the WVA.

### Flu

Ms. Allen reported that so far this flu season has been extremely smooth for the State. The ordering of flu vaccine has gone well, but there was one instance where there was a brief delay from the depot shipping out because they received 6,000+ orders overnight. However, the depot was still able to deliver within their contracted delivery time. DOH ordered 690,000 doses of four different presentations and as of yesterday they have 230,000 doses available. Approximately 67% of the doses have been allocated to date with 42% of the

DRAFT

total having been administered. DOH continues to work closely with providers on education and training regarding how much to order and reminding them that they can order at any time. Further discussion ensued.

**Diamond Project**

State and local public health began working together about three years ago to design an improved model for how vaccine ordering is done, better define the role of the local health jurisdiction, and increase programmatic. efficiencies. DOH selected July 1st as a transition date for all the vaccine ordering to transition to the DOH with the local health jurisdictions performing site visits and to provide a primary contact. Every local health jurisdiction developed some sort of rate improvement project. The education and training for each provider is taking more time than anticipated due to the transition period, but DOH is aware of its importance. With the addition of more staff, the response time to providers continues to decrease.

Ms. Allen provided a brief overview of the Vaccine Ordering and Management Team that she leads. The frontline staff is accountable to and for approximately 1,100 clinics in Washington State. They work with the providers to receive accountability reports each month, place orders, answer technical assistance issues, answer phone calls and emails, provide training, work with providers to do transfers, and lead the annual re-enrollment period for each provider. The day to day functions of vaccine management or assistance are housed at DOH and the work of site visits and visits to increase immunization rates are being done by the local health jurisdictions.

Ms. Allen briefly presented the survey results. Providers are being educated that if they are running out of vaccine, DOH would rather they order it rather than transferring. There was some frustration with the system, but continued improvements are being made to the IIS. Further discussion ensued concerning DOH providing feedback to providers that responded to the survey to help increase their confidence that they were heard.

## V. KidsVax® Updates

**2019 Assessment Grid**

Ms. Zell provided a brief overview from the recent Operations Committee Meeting. It has been a concern of the Board whether there is too much cash on hand for vaccine funding strictly for operations. The Board asked to look at making an off-schedule grid change. Grid changes are typically done July 1st. The notifications go out from the DOH and do not come directly from the WVA.

Ms. Zell stated that after discussion with Peter Smith, who provides cash collections forecasting to the WVA, the recommendation to the Board will be to keep the grid steady to give providers and payers more systematic stability. The WVA has held the grid steady over the past two years and absorbed the inflation. Payers prefer that on their side, but it is also less complicated for providers. It's easier for KidsVax® and WVA to provide a refund through the assessment system to payers versus trying to go through the process with providers of correcting their grids. This will allow WVA to see where it stands when the CDC contract comes out and consider again absorbing the inflation or taking the grid down.

Discussion ensued regarding how WVA compares to universal purchase states with respect to cost savings. Ms. Zell indicated that there has been a steady reduction on the WVA side. WVA's savings were cut down when Gardasil 9 was introduced, and the CDC changed its policy. Now savings are in the 25-30% range, but WVA's operating costs are higher than other state vaccine programs because it is a more complicated system than for per capita states. However, those costs are expected to decrease. When the WVA first began, the operating costs were around 1.7-2.1%, which was normal. This year, the operating costs are up to 3%, mainly due to TRICARE and the extreme cost of getting them back into compliance, but those costs should be going down.

DRAFT

**Payer Compliance**

Ms. Zell was happy to report that WVA has received the final TRICARE settlement offer for the piece of the arrearage. Ms. Zell will be recommending it to the Board at its upcoming meeting. The settlement offer is believed to be equitable. Hopefully, with Board approval, this matter will be put to rest. TRICARE is paying at the full assessment amount, with an additional 1.8% for not complying with the settlement report process.

Ms. Zell expects WVA's financial position will be better than ever. There is currently $25MM of operations capital now invested, which should provide a cushion if any additional vaccines are introduced that impact the Association's cash flow.

**Executive Session**

Matters concerning internal communications, personnel, and contracts were discussed.

**Closing**

There being no further business, the meeting was adjourned at approximately 1:15 p.m. PST.

DRAFT

KidsVax.org™ | Administering Programs to Fund Childhood Vaccines

**MEMORANDUM**

**TO:** Julia Zell, Executive Director & WVA Board
**FROM:** Peter Smith, Financial Analyst
**SUBJECT:** WVA Grid Update Recommendation and Cash Flow Projection
**DATE:** April 10, 2019

## Grid Recommendation Summary

On April 1st the CDC updated its VFC contract rates. I have analyzed the changes in relation to the projected WVA reimbursements for the coming year. Historically the rates have increased an average of 3-4% each year. This year, the weighted average increase at April 1st was 5.75% which has an annual effect of reducing cash by $3.5 million. The increase in the indirect rate of 2.8% has an effect of reducing cash by $1.9 million over one year. I suggest a 2% reduction to the current grid on July 1st which will further reduce cash by $1.5 million. In total these adjustments should reduce cash by between $6.5 million and $7 million within one year.

## Analysis of Changes

I have drafted the attached draft grid update. While most rates are reduced, some are increased to match the relative CDC contract rate. The aggregate of these individual rates times the corresponding estimated doses per brand equals a 2% reduction in total assessment dollars received by WVA. If a payer remitted $100,000 last year and their basket of doses represented a normal distribution of the total population of payers, then their remittance this year would be $98,000. This is a reduction in cash from reduced inflows. These total approximately $1.5MM reduction in cash.

The 5.75 percent weighted increase in CDC contract is realized in the DOH reimbursements as is the change in the indirect rate change from 1.2% to 4%. These are a reduction in cash through increased outflows. These total approximately $5.5 million reduction in cash.

Together, these adjustments are estimated to reduce cash by $7 million within one year.

## Cash Flow Projection Update

Cash balances as of March 31, 2019 are $6.9 million in WVA operating accounts and $41.5 million in investment accounts. With the above changes included, I anticipate balances on operating cash of $5.7 million and $35.6 million in investment accounts at June 30, 2020.

Projection models are updated and monitored monthly for variations. The above scenarios are estimates and include various assumptions including the consistency of the overall system, consistency of the public health (lack of an unexpected epidemic or crisis, etc.), consistency of assessment collections, program reimbursement methodology, and consistency of CDC contract rates and increases. Any variance in these factors can result in variations to the WVA cashflow.

## Washington Vaccine Association Assessment Grid

**FOR ALL CLAIMS WITH A DATE OF SERVICE ON OR AFTER JULY 1, 2019.**

Please note that this WVA Assessment Grid, effective July 1, 2019, replaces the grid last updated on July 1, 2018. The grid lists vaccines and their corresponding CPT codes that are part of the dosage-based assessment (DBA) process for providers, health insurance carriers, and third party administrators. There are other childhood vaccines (and corresponding CPT codes) that are not included in the DBA process and, therefore, no assessment is needed. The availability of specific vaccine brands are determined by the manufacturer and not all brands of flu vaccine are offered through the Childhood Vaccine Program (CVP).

| CPT Code | NDC Code | CPT Code Description | Tradename | WVA Assessment Amount per dose as of 7/1/2018 | CDC Private Sector Cost/Dose 4/1/19 | WVA Assessment Amount per dose as of 7/1/2019 | Percent change | Notes |
|---|---|---|---|---|---|---|---|---|
| 90620 | 58160-0976-20 (10 pack)<br>58160-0976-06 (single pack) | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use | Bexsero | $159.13 | $165.75 | $151.07 | -5.1% | |
| 90621 | 00005-0100-10 | Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use | Trumenba | $114.58 | $133.62 | $121.49 | 6.0% | |
| 90633 | 58160-0825-11 (10 pack, 1 dose vial)<br>58160-0825-52 (10 pack, 1 dose syringe)<br>00006-4831-41 | Hepatitis A vaccine, pediatric/adolescent dosage (2-dose schedule), for intramuscular use (Code Price is per dose = 0.5 mL) | Havrix<br>Vaqta | $24.73 | $32.89<br>$32.89 | $22.88 | -7.5% | |
| 90636 | 58160-0815-52 | Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use (Code Price is per 1 mL). | Twinrix | $76.58 | $104.00 | $67.29 | -12.1% | Age 18 Only. |
| 90647 | 00006-4897-00 | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use (Code price is per dose = 0.5 mL) | PedvaxHIB | $17.27 | $26.23 | $14.73 | -14.7% | |
| 90648 | 49281-0545-03<br>58160-0818-11 | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use (Code price is per dose = 0.5 mL) | ActHIB<br>Hiberix | $13.22 | $16.51<br>$10.85 | $10.55 | -20.2% | |
| 90651 | 00006-4119-03<br>00006-4121-02 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use (Code Price is per dose = 0.5 mL) | Gardasil 9 | $175.91 | $217.11 | $198.64 | 12.9% | |

WVA Vaccine Committee Meeting 2019-04-25 Pg. 8

| CPT Code | NDC Code | CPT Code Description | Tradename | WVA Assessment Amount per dose as of 7/1/2018 | CDC Private Sector Cost/Dose 4/1/19 | WVA Assessment Amount per dose as of 7/1/2019 | Percent change | Notes |
|---|---|---|---|---|---|---|---|---|
| 90670 | 00005-1971-02 | Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Prevnar 13 was FDA approved on 2/24/10) | **Prevnar 13** | $157.97 | $180.05 | $152.78 | -3.3% | |
| 90680 | 00006-4047-41 (10 pack, 1 dose tube)<br>00006-4047-20 (25 pack, 1 dose tube) | Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Code Price is per dose = 2 mL) | **RotaTeq** | $77.39 | $82.89 | $78.60 | 1.6% | |
| 90681 | 58160-0854-52 | Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Code Price is per 1 mL = 1 dose) | **Rotarix** | $108.62 | $120.95 | $105.59 | -2.8% | |
| 90696 | 58160-0812-11 (10 pack, 1 dose vial)<br>58160-0812-52 (10 pack, 1 dose syringe) | Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use (Code Price is per one dose = 0.5 mL) | **Kinrix** | $48.10 | $52.12 | $46.06 | -4.2% | |
| | 49281-0562-10 | | **Quadracel** | | $53.13 | | | |
| 90698 | 49281-0510-05 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Code Price is per one dose = 0.5 mL) | **Pentacel** | $78.73 | $96.14 | $66.26 | -15.8% | |
| 90700 | 49281-0286-10 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use (Code price is per 0.5 mL dose) | **Daptacel** | $23.15 | $30.84 | $20.82 | -10.1% | |
| | 58160-0810-11 (10 pack, 1 dose vial)<br>58160-0810-52 (10 pack, 1 dose syringe) | | **Infanrix** | | $24.71 | | | |
| 90707 | 00006-4681-00 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Code Price is per 0.5 mL) | **M-M-R II** | $27.82 | $75.04 | $23.66 | -15.0% | |
| 90710 | 00006-4171-00 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (Code Price is per one dose = 0.5 mL) | **ProQuad** | $158.06 | $214.37 | $146.52 | -7.3% | |
| 90713 | 49281-0860-10 | Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Code Price is per 0.5 mL dose) | **IPOL** | $17.60 | $33.53 | $15.11 | -14.2% | |

WVA Vaccine Committee Meeting 2019-04-25 Pg. 9

| CPT Code | NDC Code | CPT Code Description | Tradename | WVA Assessment Amount per dose as of 7/1/2018 | CDC Private Sector Cost/Dose 4/1/19 | WVA Assessment Amount per dose as of 7/1/2019 | Percent change | Notes |
|---|---|---|---|---|---|---|---|---|
| 90714 | 49281-0215-15 (10 pack, 1 dose syringe) | Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Code Price is per 0.5 mL) | Tenivac | $25.34 | $33.83 | $22.98 | -9.3% | |
| | 49281-0215-10 (10 pack, 1 dose vial) | | | | | | | |
| | 13533-0131-01 | Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use | Td Vaccine | | $25.12 | | | |
| 90715 | 58160-0842-11 (10 pack, 1 dose vial) | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Code Price is per dose = 0.5 mL) | Boostrix | $42.98 | $41.19 | $35.95 | -16.3% | |
| | 58160-0842-52 (10 pack, 1 dose syringe) | | | | | | | |
| | 49281-0400-10 (10 pack, 1 dose vial) | | Adacel | | $45.50 | | | |
| | 49281-0400-15 (10 pack, 1 dose syringe) | | | | | | | |
| 90716 | 00006-4827-00 | Varicella virus vaccine, live, for subcutaneous use (Code Price is per 0.5 mL) | Varivax | $106.58 | $129.30 | $116.07 | 8.9% | |
| 90723 | 58160-0811-52 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (Code price is per 0.5 mL) | Pediarix | $71.99 | $79.15 | $65.85 | -8.5% | |
| 90732 | 00006-4943-00 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Code price is per 0.5 mL dose) | Pneumovax 23 | $64.19 | $100.19 | $62.78 | -2.2% | |
| 90734 | 49281-0589-05 | Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Code Price is per dose = 0.5 mL) | Menactra | $115.52 | $122.31 | $105.76 | -8.4% | |
| | 58160-0955-09 | | Menveo | | $130.75 | | | |
| 90744 | 00006-4981-00 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use (Code price is per dose) | Recombivax HB | $17.02 | $23.95 | $13.72 | -19.4% | |
| | 58160-0820-52 | | Engerix B | $16.05 | $23.72 | $17.86 | 11.3% | |

WVA Vaccine Committee Meeting 2019-04-25 Pg. 10

| CPT Code | NDC Code | CPT Code Description | Tradename | WVA Assessment Amount per dose as of 7/1/2018 | CDC Private Sector Cost/Dose 4/1/19 | WVA Assessment Amount per dose as of 7/1/2019 | Percent change | Notes |
|---|---|---|---|---|---|---|---|---|
| **Pediatric Influenza Vaccine Assessments** | | | | | | | | |
| 90685 | 49281-0518-25 (10 pack - 1 dose syringe) | Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6 - 35 months of age, for intramuscular use (Code Price is per 0.25 mL dose) | **Fluzone Pediatric Preservative Free (PF)** | $18.53 | $18.31 | $15.34 | -17.2% | |
| 90686 | 19515-0909-52 (10 pack, 1 dose syringe) | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use | **FluLaval** | $15.13 | $16.82 | $15.05 | -0.5% | |
| 90688 | 49281-0629-15 (10 dose vial) | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use | **Fluzone** | $16.62 | $18.31 | $15.34 | -7.7% | |
| 90672 | 66019-0305-10 (10 doses / Box) | Influenza virus vaccine, quadrivalent, live, for intranasal use | **FluMist** | $21.33 | $23.70 | $21.05 | -1.3% | |

**WVA Cash Flow Projection Model**
**As of March 31, 2019**

Amounts in **BOLD** are actuals.

| Month | Projected Net Cash Receipts | Projected DOH Reimb | Flu / CDC Advance | Admin Exp / Other | Interest income / expense | To/from Interest Bearing | Net Cash Change | Cash Balance (a) | LOC / Interest Bearing (b) | Net Liquidity (a + b) | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Nov-15 | **7,027,691** | **(4,244,926)** | - | **(74,693)** | **(38,750)** | | **2,669,322** | **4,454,955** | **(15,000,000)** | **(10,545,045)** | |
| Dec-15 | **7,426,578** | **(4,198,198)** | - | **(77,905)** | **(37,500)** | **(1,000,000)** | **2,112,975** | **6,567,930** | **(14,000,000)** | **(7,432,070)** | |
| Jan-16 | **4,834,017** | **(5,432,469)** | - | **(115,986)** | **(38,454)** | | **(752,891)** | **5,815,038** | **(14,000,000)** | **(8,184,962)** | |
| Feb-16 | **5,893,278** | **(4,813,588)** | - | **(81,431)** | **(38,368)** | **(2,000,000)** | **(1,040,109)** | **4,774,930** | **(12,000,000)** | **(7,225,070)** | |
| Mar-16 | **6,879,529** | **(4,498,451)** | - | **(72,223)** | **(33,646)** | | **2,275,209** | **7,050,138** | **(12,000,000)** | **(4,949,862)** | |
| Apr-16 | **5,359,159** | **(5,357,383)** | - | **(71,266)** | **(33,485)** | | **(102,975)** | **6,947,163** | **(12,000,000)** | **(5,052,837)** | |
| May-16 | **5,346,077** | **(5,041,930)** | - | **(70,267)** | **(32,005)** | **(1,000,000)** | **(798,125)** | **6,149,039** | **(11,000,000)** | **(4,850,961)** | |
| Jun-16 | **6,318,973** | **(6,210,703)** | - | **(65,812)** | **(32,336)** | **(1,000,000)** | **(989,877)** | **5,159,161** | **(10,000,000)** | **(4,840,839)** | |
| Jul-16 | **5,626,346** | **(4,444,198)** | **(1,263,808)** | **(123,581)** | **(29,350)** | - | **(234,592)** | **4,924,570** | **(10,000,000)** | **(5,075,430)** | **< Adjust Rates as of 7/1 to 130% of current C** |
| Aug-16 | **7,739,005** | **(5,615,932)** | - | **(77,425)** | **(27,986)** | **(1,000,000)** | **1,017,663** | **5,942,233** | **(9,000,000)** | **(3,057,767)** | |
| Sep-16 | **9,041,533** | **(5,546,402)** | **(2,507,129)** | **(113,138)** | **(28,064)** | **(2,000,000)** | **(1,153,201)** | **4,789,032** | **(7,000,000)** | **(2,210,968)** | |
| Oct-16 | **7,482,696** | **(4,748,545)** | - | **(79,988)** | **(24,742)** | **(2,000,000)** | **629,420** | **5,418,452** | **(5,000,000)** | **418,452** | |
| Nov-16 | **8,855,104** | **(4,457,024)** | - | **(91,560)** | **(19,783)** | **(2,500,000)** | **1,786,737** | **7,205,189** | **(2,500,000)** | **4,705,189** | |
| Dec-16 | **6,135,734** | **(5,450,704)** | - | **(66,989)** | **(8,982)** | **(2,500,000)** | **(1,890,941)** | **5,314,248** | - | **5,314,248** | **< LOC Paid off by 12/31** |
| Jan-17 | **5,339,947** | **(5,318,030)** | - | **(90,691)** | - | | **(68,774)** | **5,245,474** | - | **5,245,474** | |
| Feb-17 | **5,824,066** | **(4,226,052)** | - | **(97,429)** | - | | **1,500,584** | **6,746,058** | - | **6,746,058** | |
| Mar-17 | **6,844,922** | **(5,433,956)** | - | **(80,760)** | - | | **1,330,207** | **8,076,265** | - | **8,076,265** | |
| Apr-17 | **5,261,908** | **(5,334,158)** | - | **(57,425)** | - | | **(129,674)** | **7,946,590** | - | **7,946,590** | |
| May-17 | **5,811,994** | **(5,286,633)** | - | **(72,018)** | - | | **453,342** | **8,399,932** | - | **8,399,932** | |
| Jun-17 | **6,302,549** | **(5,014,254)** | - | **(105,930)** | - | | **1,182,365** | **9,582,298** | - | **9,582,298** | |
| Jul-17 | **5,608,570** | **(7,562,171)** | - | **(113,526)** | - | | **(2,067,127)** | **7,515,171** | - | **7,515,171** | |
| Aug-17 | **7,828,758** | **(7,225,017)** | | **(93,327)** | - | | **510,414** | **8,025,584** | - | **8,025,584** | |
| Sep-17 | **8,086,399** | **(5,249,429)** | **(3,638,937)** | **(78,530)** | - | | **(880,497)** | **7,145,088** | - | **7,145,088** | |
| Oct-17 | **7,116,156** | **(5,437,731)** | | **(71,765)** | - | | **1,606,659** | **8,751,747** | - | **8,751,747** | |
| Nov-17 | **8,215,489** | **(4,210,946)** | | **(71,156)** | - | | **3,933,387** | **12,685,134** | - | **12,685,134** | |
| Dec-17 | **6,422,096** | **(4,118,584)** | | **(205,290)** | - | | **2,098,222** | **14,783,356** | - | **14,783,356** | |
| Jan-18 | **5,886,214** | **(4,236,192)** | | **(127,046)** | - | | **1,522,975** | **16,306,331** | - | **16,306,331** | |
| Feb-18 | **6,033,821** | **(3,432,432)** | | **(95,751)** | - | | **2,505,638** | **18,811,969** | - | **18,811,969** | |
| Mar-18 | **18,263,903** | **(4,301,740)** | | **(650,899)** | - | | **13,311,264** | **32,123,233** | - | **32,123,233** | **< Includes TRICARE payment** |
| Apr-18 | **5,411,000** | **(5,057,707)** | | **(39,140)** | - | | **314,154** | **32,437,387** | - | **32,437,387** | |
| May-18 | **6,186,270** | **(6,006,860)** | | **(63,806)** | - | | **115,604** | **32,552,991** | - | **32,552,991** | |
| Jun-18 | **5,588,325** | **(3,861,593)** | | **(149,629)** | - | | **1,577,103** | **34,130,094** | - | **34,130,094** | |
| Jul-18 | **6,839,965** | **(6,247,878)** | | **(141,226)** | - | | **450,861** | **34,580,954** | - | **34,580,954** | **< Grid Rates reduced by 1% on July 1** |
| Aug-18 | **7,848,181** | **(7,834,032)** | | **(111,925)** | - | | **(97,776)** | **34,483,178** | - | **34,483,178** | |
| Sep-18 | **7,527,848** | **(5,206,974)** | **(3,720,022)** | **(99,018)** | **13,211** | **(25,000,000)** | **(26,484,955)** | **7,998,223** | **25,000,000** | **32,998,223** | |
| Oct-18 | **7,638,131** | **(4,685,595)** | | **(99,350)** | **(4,155)** | - | **2,849,030** | **10,847,253** | **25,000,000** | **35,847,253** | |
| Nov-18 | **8,546,543** | **(4,529,870)** | | **(94,069)** | **64,673** | **(64,673)** | **3,922,605** | **14,769,858** | **25,064,673** | **39,834,531** | |
| Dec-18 | **7,005,729** | **(4,103,869)** | | **(108,485)** | **134,286** | **(134,286)** | **2,793,376** | **17,563,233** | **25,198,959** | **42,762,193** | |

WVA Vaccine Committee Meeting 2019-04-25 Pg. 12

**WVA Cash Flow Projection Model**
**As of March 31, 2019**

Amounts in **BOLD** are actuals.

| Month | Projected Net Cash Receipts | Projected DOH Reimb | Flu / CDC Advance | Admin Exp / Other | Interest income / expense | To/from Interest Bearing | Net Cash Change | Cash Balance (a) | LOC / Interest Bearing (b) | Net Liquidity (a + b) | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan-19 | **6,342,631** | **(4,716,256)** | | **(119,502)** | **153,971** | **(16,398,889)** | **(14,738,045)** | **2,825,189** | **41,597,848** | **44,423,037** | |
| Feb-19 | **5,156,707** | **(3,000,686)** | | **(75,133)** | **60,275** | | **2,141,163** | **4,966,352** | **41,597,848** | **46,564,200** | |
| Mar-19 | **6,490,515** | **(4,782,115)** | | **(16,901)** | **199,600** | | **1,891,100** | **6,857,451** | **41,597,848** | **48,455,300** | |
| Apr-19 | 4,829,452 | (4,705,166) | | (80,380) | 107,461 | | 151,367 | 7,008,819 | 41,597,848 | 48,606,667 | **< DOH Increases Indirect rate to 4%** |
| May-19 | 4,880,400 | (6,010,894) | | (80,380) | 107,461 | 1,000,000 | (103,412) | 6,905,406 | 40,597,848 | 47,503,255 | **< Includes 5.75% CDC rate increase** |
| Jun-19 | 5,364,583 | (4,170,520) | | (80,380) | 104,878 | (1,000,000) | 218,560 | 7,123,967 | 41,597,848 | 48,721,815 | |
| Jul-19 | 4,399,478 | (6,747,708) | | (80,380) | 107,461 | 1,000,000 | (1,321,149) | 5,802,818 | 40,597,848 | 46,400,666 | **< Grid Rates reduced by 2% on July 1** |
| Aug-19 | 6,223,744 | (8,460,754) | | (80,380) | 104,878 | 2,000,000 | (212,513) | 5,590,305 | 38,597,848 | 44,188,153 | |
| Sep-19 | 7,420,710 | (5,623,532) | (3,950,664) | (80,380) | 99,711 | 2,000,000 | (134,155) | 5,456,150 | 36,597,848 | 42,053,999 | |
| Oct-19 | 5,502,280 | (5,060,443) | | (80,380) | 94,544 | | 456,002 | 5,912,152 | 36,597,848 | 42,510,000 | |
| Nov-19 | 4,921,529 | (4,892,259) | | (80,380) | 94,544 | | 43,434 | 5,955,586 | 36,597,848 | 42,553,435 | |
| Dec-19 | 4,706,812 | (4,432,178) | | (80,380) | 94,544 | (1,000,000) | (711,202) | 5,244,385 | 37,597,848 | 42,842,233 | |
| Jan-20 | 4,417,870 | (5,093,556) | | (80,380) | 97,128 | 1,000,000 | 341,061 | 5,585,446 | 36,597,848 | 42,183,294 | |
| Feb-20 | 4,687,837 | (3,240,741) | | (80,380) | 94,544 | | 1,461,260 | 7,046,706 | 36,597,848 | 43,644,554 | |
| Mar-20 | 3,578,535 | (5,164,684) | | (80,380) | 94,544 | | (1,571,985) | 5,474,721 | 36,597,848 | 42,072,569 | |
| Apr-20 | 4,798,287 | (5,081,579) | | (80,380) | 94,544 | | (269,128) | 5,205,593 | 36,597,848 | 41,803,441 | |
| May-20 | 4,838,648 | (6,491,765) | | (80,380) | 94,544 | 2,000,000 | 361,047 | 5,566,640 | 34,597,848 | 40,164,488 | **< Includes estimated 4% CDC rate increase** |
| Jun-20 | 5,640,207 | (4,504,162) | | (80,380) | 89,378 | (1,000,000) | 145,043 | 5,711,683 | 35,597,848 | 41,309,531 | |

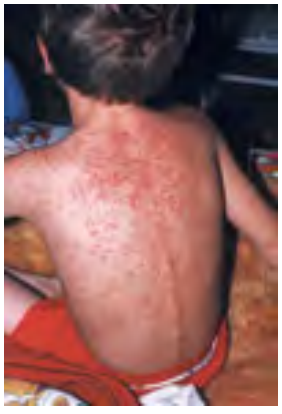
WVA Vaccine Committee Meeting 2019-04-25 Pg. 13

# WASHINGTON MEASLES OUTBREAK

Washington State Department of Health

WA DOH Vaccine Advisory Committee meeting
April 18, 2019

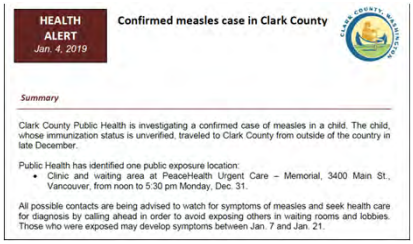
## Measles



- Caused by virus
- Symptoms: cough, coryza (runny nose), conjunctivitis (red eyes), fever, rash
- Incubation period: 7–21 days
- Contagious period: 4 days before to 4 days after onset of rash
- Airborne spread/highly contagious
- Complications:
  - 1 pneumonia per 20 cases
  - 1–2 deaths per 1000 cases

## Immediate Disease Investigation

- Confirm the diagnosis
- Isolate the case-patient
- Identify potential source
- Identify exposed contacts
- Determine their immune status
- Manage contacts
- Enhance surveillance



**HEALTH ALERT**
*Jan. 4, 2019*

**Confirmed measles case in Clark County**

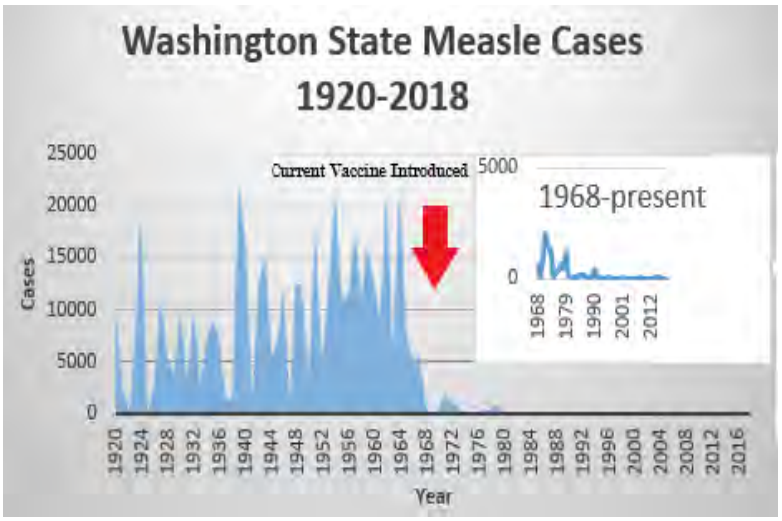
*Summary*

Clark County Public Health is investigating a confirmed case of measles in a child. The child, whose immunization status is unverified, traveled to Clark County from outside of the country in late December.

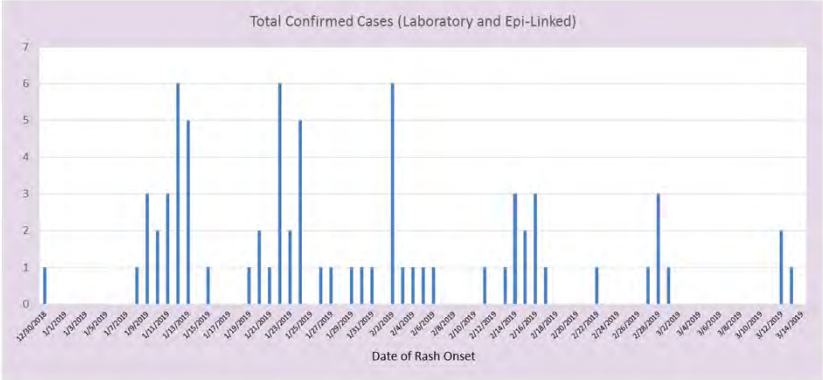
Public Health has identified one public exposure location:

- Clinic and waiting area at PeaceHealth Urgent Care – Memorial, 3400 Main St., Vancouver, from noon to 5:30 pm Monday, Dec. 31.

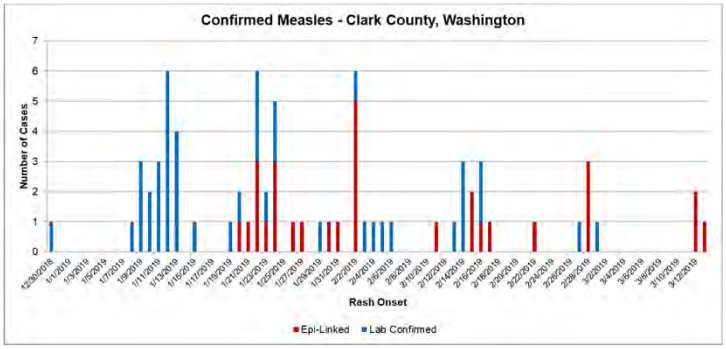
All possible contacts are being advised to watch for symptoms of measles and seek health care for diagnosis by calling ahead in order to avoid exposing others in waiting rooms and lobbies. Those who were exposed may develop symptoms between Jan. 7 and Jan. 21.



## WA State Measles Outbreak
Rash onsets 12/30/2018 – 3/13/2019 N=74




## Clark County Measles Outbreak 2019
## Lab Confirmed and Epi-Linked Cases
Rash onsets December 30, 2018 through March 13, 2019



# Washington State Measles Outbreak 2019

Case Attributes As of 3/18/2019 N=74

| Age | Confirmed Cases |
|---|---|
| 1-10 years | 53 |
| 11-18 years | 15 |
| 19-29 years | 1 |
| 30-39 years | 4 |
| 40-59 years | 1 |
| **Immunization Status** | **Confirmed Cases** |
| Unimmunized | 63 |
| 1 MMR | 3 |
| Unverified | 7 |
| **Hospitalization Status** | **Confirmed Cases** |
| Hospitalized | 2 |
| Not Hospitalized | 72 |
| **Confirmation Type** | **Confirmed Cases** |
| Lab Confirmed | 43 |
| Epi-linked | 30 |

## 2019 Measles Outbreak Timeline

| | | |
|---|---|---|
| January | 4 | Clark County Public Health (CCPH) announced one confirmed measles case in an unvaccinated child in Clark County |
| | 14 | Clark County Public Health activates emergency response to coordinate the local response |
| | 15 | Department of Health (DOH) activates the Incident Management Team to coordinate the statewide response |
| | 18 | Clark County declared a public health emergency for the measles outbreak |
| | 25 | Governor Inslee declared a state of emergency in response to the measles outbreak |
| | 31 | Washington DOH requested support from other states through the Emergency Management Assistance Compact (EMAC) |
| February | 4 | DOH registers its first state-level healthcare volunteer under the Emergency Volunteer Healthcare Practitioners Act, to support the measles response |
| | 6 | DOH formally requests a Tribal Liaison from AIHC to support the state Incident Management Team throughout the measles response |

## Intervention

- Department of Health (DOH) instituted department-wide Incident Management Structure
- DOH roles included:
  - Assistance with disease investigations
    - DOH led Epidemiology Strike Team deployed to Clark County
    - Public health nurses from Public Health – Seattle & King County and Pierce County Medical Reserve Corps provided surge capacity
  - Laboratory testing
  - Vaccine management
  - Risk communications
  - Policy engagement
  - Other efforts to protect communities



Governor Inslee visits emergency coordination center for measles outbreak

WA State Measles Investigation
*Last Update: 03/04/2019 1500*

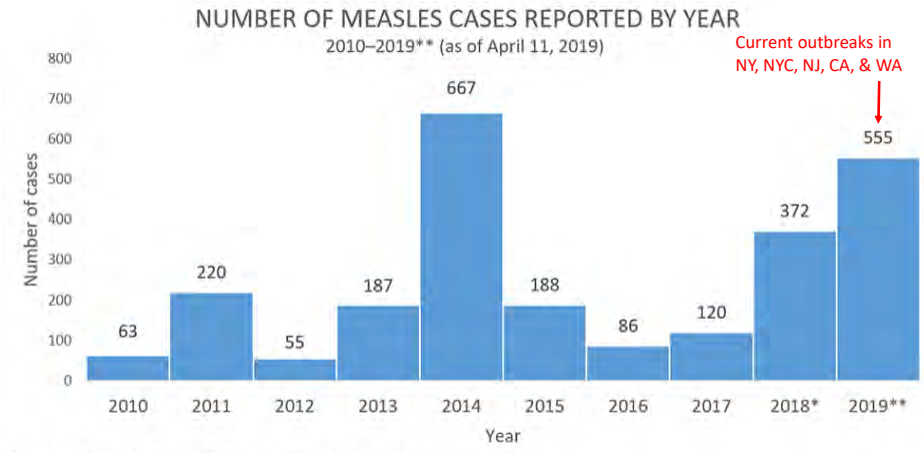
| | Clark County | Rest of WA State | TOTAL |
|---|---|---|---|
| **Total Investigated Cases** | **148** | **119** | **267** |
| *Confirmed cases* | 70 | 1 | 71 |
| *Current suspect cases* | 1 | 6 | 7 |
| *Cases ruled out prior to contact investigation initiated* | 73 | 118 | 191 |

| | |
|---|---|
| **Total Contacts Identified** | **4514** |
| *Reached for initial interview, via phone* | 4030 |
| *Unable to contact** | 484 |
| *Transferred to outside jurisdiction* | 211 |



# Cost

- The state lab has tested at least 204 samples for measles and Oregon's lab has tested 28 samples from Washington residents.
- Nearly 89 Clark County Public Health staff and 170 Department of Health staff have worked more than 7,500 hours to control this preventable outbreak.
- Combined costs exceed $1,600,000.




*Cases as of December 29, 2018. Case count is preliminary and subject to change.
**Cases as of April 11, 2019. Case count is preliminary and subject to change. **Data are updated every Monday.**

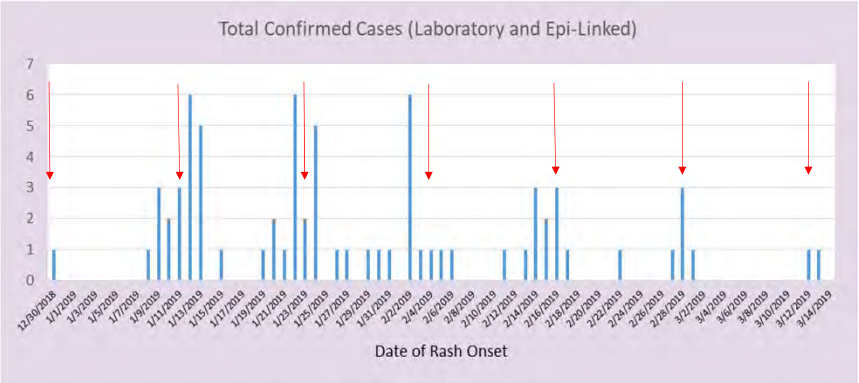


# Low Vaccination Rates, Global Outbreaks

- Disease outbreaks do not respect jurisdictional borders.
- People infected with measles in WA went to locations in Georgia, Hawaii, and Oregon.
- Measles virus from WA outbreak genetically matched to a wild strain of measles virus from Eastern Europe.
- There have been recent flare ups of measles in Eastern Europe and Israel.

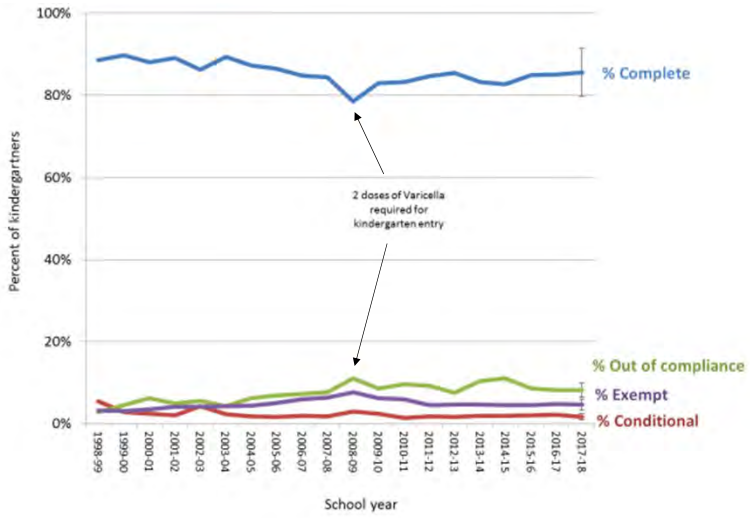
# Serial Transmission Intervals
## WA State Measles Outbreak 2019

**Assuming Serial Transmission Interval of 12 days, <u>next peak was due ~ 3/24:</u>**




Outbreak can be declared over when 2 full incubation periods (42 days) has passed since the date of rash onset in last known case: **April 25th** if no additional cases.

# Immunization Status of Kindergartners in WA



## Questions?


Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.