

Vaccine Committee Meeting Minutes

September 16, 2010, 4:00 - 5:30 PM

Location: Law Office of Ellis, Li & McKinstry

- I. **Attendance** The following individuals participated in all or part of the meeting. Participants attended in person unless telephone participation is indicated by (T).

Committee:

Janna Bardi (DOH)
Dr. Tom Dubensky
Dr. John Dunn
Dr. Joe Gifford
Dr. Larry Jecha
Dr. Ed Marcuse
Dr. Anthony Marfin
Laura McMillan
Chad Murphy, PharmD (T)
Dr. Mary Kay O'Neill
Fred Potter

Others:

Jan Hicks-Thomson (DOH)
Margaret Lane
Heidi Prillwitz
John Goddard (GSK)
Steve Frawley (Novartis) (T)
Don Stetcher (Novartis) (T)

II. **Minutes**

At 4:00 PM, a quorum having been established, Dr. Ed Marcuse, Chairman of the Vaccine Committee, convened the meeting of the Washington Vaccine Association Vaccine Committee.

Chairman Dr. Ed Marcuse opened the meeting with introductions of committee members, consultants, WVA staff and public attendees. He noted the designees and the organizations represented by members of the Committee and consultants.

Meetings will ordinarily be open to the public. Following the September meeting, all meetings will include an Executive Session at the end for which public members will be asked to step out of the room.

Conflict of Interest Policy

The Conflict of Interest Policy will be in place to make apparent non-self-evident conflicts of interest. Committee members were taken into consideration when this policy was drafted. Committee members are asked to disclose any financial interest that may be relevant to the committee's work. These policies were distributed and should be returned to Heidi Prillwitz when completed.

SharePoint Resources

SharePoint will be used for data and document sharing for the Vaccine Committee, consultants and Influenza Vaccine Task Force. Access is located on the WVA website in the top right corner under the *Staff and Board* link. The calendar will be updated with the meeting schedule as well as announcements posted. Meeting materials will be posted in a folder under the *Shared Documents* option on the left-hand bar. If committee members encounter difficulty, please contact Heidi Prillwitz or Margaret Lane.

Review of Committee Charge

The charge of the Vaccine Committee was reviewed and summarized as gathering information and making recommendations to the Board of Directors.

The first work the Committee must tackle is to develop a recommendation to the Board for the purchase of the influenza vaccine by December 2010 and then present this to the State by January 2011. Issues surrounding the flu vaccine are (i) how much vaccine to purchase, (ii) which vaccines to purchase and (iii) how much quantity of each variety of the vaccine (e.g. preservative free). The second major issue for the Committee is the issue of choice. The Committee must decide how much choice providers will have in regards to the specific vaccines received from the State. This discussion will be made by the Committee in December 2010 and January 2011 with the Board receiving their recommendation in February or March of 2011.

WA State Department of Health Vaccine Ordering Process

Jan Hicks-Thomson, the Vaccine and IP Registry Integration Unit Manager at the Washington State Department of Health, provided the Committee with an overview of the vaccine ordering process. Providers place vaccine orders through the local health jurisdiction (LHJ) which then passes the order to the state. Vaccine information is shared among the local health jurisdiction, the Washington State Department of Health and the CDC. Providers determine their own order amounts using their own methodology but often based on usage history. Local health provides accountability for provider ordering based on usage and inventory to avoid overstocking and waste of the vaccine.

The LHJ knows what to expect when providers order vaccines. If the order is outside a certain parameter, the LHJ will not approve it, but follow-up with the provider. This level of accountability is able to continue through the set up of the WVA in preserving the relationship of the LHJ with the provider. Immunization rates for the state of Washington are monitored using the National Immunization survey.

The CDC contracts are set in April which requires the Committee to make a recommendation of vaccines to the Board by April. The CDC has a process to determine the Vaccines for Children (VFC) eligible population in the state and pre-populates the tool used by the Washington State Department of Health when applying for the CDC grant. Ordering additional vaccines is allowed within reason for the VFC site. The three sources of funding for vaccines are the VFC, 317 DA discretionary funding and the State budget.

A spend plan is developed and set at the time of the CDC grant application. The plan can be adjusted to add new vaccines and update projected need throughout the federal fiscal year. Vaccine type, brand and presentation (vial or syringe) and other vaccine specifics are taken into account when developing and adjusting the spend plan. Vaccine projections (the amount of vaccine needed each year) are developed based on trend data for established vaccines. Projections for new vaccines are developed based on multiple factors and updated based on usage.

Washington providers currently have limited vaccine choice. Newer combination vaccines (DTaP/IPV/HepB; DTaP/Hib/IPV; MMRV) may be ordered by providers based on their preference. Providers ordering combination vaccines also order the single vaccine components. Providers may choose to build their vaccination schedule around a single combination vaccine or may incorporate more than one into their practice. The issues surrounding single doses versus combination vaccines are cost and convenience. The provider order form includes only the vaccines the state has chosen to include in the CDC purchase. From this list, providers are able to order their preference. The limited choice increases predictability when managing vaccine

projections and the vaccine budget. The formulary that the state has set includes options for combination vaccines.

Vaccines with brand competition are scored and compared on a set of criteria. A group of staff at DOH completes the scoring and sends the resulting information to the contracts office for review, weighting of all scored items, and finalization of the decision about which products will be part of the State formulary. The Immunization Program CHILD Profile staff does not know what the weighting process of contracts office is. The contracts office does not know the manufacturer of the vaccines during this process. Tier One criteria is weighted more heavily than Tier Two criteria. If a vaccine fails to meet a criterion on Tier One, the vaccine is eliminated. The Immunization Program office receives the final vaccine decisions from the contracts office and includes these vaccines on the provider order form. Because combination vaccines are selected by the provider, they are not included in the vaccine scoring process.

The vaccines must go through rigorous research and development process to obtain FDA before recommendations for use are considered by CDC's Advisory Committee on Immunization Practices (ACIP). The criterion used by the State is based on this research which is compiled and distributed by the CDC in *Epidemiology and Prevention of Vaccine-Preventable Diseases*.

The ACIP does a comparative/effectiveness study on the various types of vaccines and must make a statement with their recommendation as to why one vaccine is recommended over another vaccine. The WVA Vaccine Committee will consider the recommendations of the ACIP of the WA State Vaccine Advisory Committee and the preferences of WA State providers.

It was suggested if the Committee wishes to develop a vaccine formulary it propose criteria to select those vaccines to be included. The presentation distributed is an example of how the state applied such criteria. It was also suggested that the Committee develops recommendations for contingency planning in the event of vaccine shortages and or the introduction of new products, It is possible to develop a vaccine choice model that allows provider choice rather than a formulary.

A clinician's point of view on choice depends on the organization or practice circumstances, e.g., private practice or a large medical organization which may affect factors such as how easy the vaccine is to use, how important reimbursement is, how well the vaccine fits with the immunization schedule used. The ACIP schedules offers a degree and depending on the specific schedule adopted by a practice, one or another combination vaccines may work best.

In the past, the state purchased some of each flu vaccine brand choosing "all," products as part of the formulary. For example, when FluMist was a new vaccine the state first purchased a small amount and then let the demand dictate the ordering.

Washington DOH has been a leading state in the formation of vaccine decision standards; other states have followed the Washington example.

Public Questions

A Committee member, asking on behalf of a public member, asked if providers would be encouraged to privately purchase vaccines or if this will be a part of the discussion for this Committee. The response was that this topic will be a discussion for this Committee.

Vaccine Committee Meetings

The next meeting will be on November 18, 2011, from noon until 2pm. Lunch will be provided.

The meeting date for January will be set before the November 18 meeting.

What: Vaccine Association Vaccine Committee Meeting
 Date and Time: September 16, 2010 / 4:00 – 5:30 PM
 Place of Meeting: Law office of Ellis, Li & McKinstry, pllc, Market Place Tower, PH-A, 2025 First Avenue, Seattle
 Call in Numbers: (local) 206.929.3583; (long distance/toll-free) 877.826.6967; Part code: 1981457183#

AGENDA for Vaccine Committee Meeting in Person

<u>Approximate Time</u>	<u>Topic/Anticipated Action</u>	<u>Presented by:</u>
4:00-4:15	1. Welcome and Introductions a. Purpose of Meeting b. Public comment	E. Marcuse
4:15-4:35	2. Review of Committee Charge and Proposed Work Plan	E. Marcuse
4:35 – 5:00	3. Orientation to WA State DOH Vaccine Ordering Process	J. Hicks-Thomson
5:00 – 5:15	4. Other Matters a. Conflict of Interest Statement b. Roles of committee consultants and influenza task force members c. SharePoint resources	
5:15 – 5:30	5. Closing Section a. Wrap up b. Schedule for next meetings	E. Marcuse