

Influenza Vaccine Task Force Meeting Minutes

October 7, 2010, 2:00 - 4:00 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).

Present:

Tammy Blair
Jan Hicks-Thomson
Margaret Lane
Dr. Ed Marcuse
Laura McKenna (T)
Chad Murphy

Absent:

Anthony Marfin
Dorothy Teeter

II. **Summary of Actions Recommended:**

1. Adopt over-arching principles to guide the work of the Task Force.
2. WVA and WA State DOH will collaborate to conduct a survey of providers in November (before Thanksgiving) to find out (a) their estimate of the amount and specific types of influenza vaccine they will need for 2011-12 season and (b) whether or not they anticipate purchasing vaccine directly through manufacturer pre-book methods.
3. Payers should query their internal claims operations areas to find out whether they have paid for (2009-2010 season) or are currently (2010-2011 season) paying for privately purchased flu vaccine for kids under 19.
4. Develop a more refined picture of the market for kids under 19 through the survey, payers' inquiries, and determining the scope of access for influenza vaccine.

III. **Minutes:**

At 2:00 PM, the Influenza Vaccine Committee Formation Task Force Meeting was called to order.

Margaret Lane stated that the main question for the group to answer is how much Influenza Vaccine the Department of Health (DOH) should purchase, and what types? Jan raised the issue of whether this group was responsible for identifying a method for developing a projection, or the actual projection. The group agreed that describing the particulars of any vaccine assessment is a secondary issue: that is, the Vaccine Committee will make a recommendation to the WVA Board about the amount and types of vaccine to be purchased, and will explain the methods used to develop the recommendation

Chad Murphy reviewed the decisions made by the WVA Operations Group for the 2010-2011 flu season. The decision was made to remove influenza vaccine CPT codes from the assessment grid and not to add the new 2011-2012 flu CPT codes. No WVA funds were remitted to the state for this year's purchase of flu vaccines – which were purchased through federal funding. Some

providers pre-booked orders for this flu season to meet an expected shortfall for their privately insured patients. At the time this decision was made and approved by the WVA Board, the need to initiate longer-term planning was identified. This Task Force is starting this planning which should assess the flu vaccine need in order to ensure an adequate supply of state supplied influenza vaccine for all children.

Influenza Vaccine Context / Facts

Jan Hicks-Thomson provided an overview of the DOH Influenza Vaccine ordering process and the CDC's Advisory Committee on Immunization Practices (ACIP) flu guidelines. The basic ACIP recommendation is for routine annual flu vaccination for everyone six months and older. She noted that funding works differently for flu than for other vaccines which are paid for in arrears. CDC begins its influenza vaccine pre-booking in February / March and the federal funds to be used are removed from the budget at that time.

The state uses state population estimates for children less than 19 years of age from the Office of Financial Management and published influenza immunization rates to calculate the state's pre-book for influenza vaccine each year. The vaccine becomes available in multiple shipments throughout the distribution period, and each shipment is equally divided between Washington counties based on county population percentages. Local health jurisdictions then work with providers to fill orders as vaccine is available, with the goal of equitable distribution to ensure access throughout the county based on the population served by each provider.

Jan explained that VFC funds are entitlement funds and are guaranteed for those children that are VFC eligible. 317 DA (direct assistance) funds have been flat-funded for several years. For 2010 – 2011, \$5M in VFC and \$1.5M for 317 (Direct Assistance and American Recovery and Reinvestment Act (ARRA)) funds were available to purchase influenza vaccine. CDC manages funding allocations for VFC based on the number of doses of vaccine needed to serve all VFC eligible cohorts. CDC estimates that children between 1 and 3 receive 2 doses. Because of this, the percentage of VFC vaccine is typically at or above 70% of the vaccine pre-booked by DOH. Part of the DOH role is risk management to assess what won't get used and minimize doses ordered but not administered. The rate of vaccine returns is approximately 5%.

Type of Vaccine and Market Factors. Jan also addressed vaccine ordering by type. The Department of Health manages adjustments to brand type by monitoring uptake of vaccines over-time as well as provider preference for simplicity and DOH management of market pressures. LAIV costs are coming closer to those of TIV, and that coupled with provider demand has led to an increase in the proportion of LAIV to TIV over the last 3 years. WA has age indications for the use of state-supplied vaccine, including thimerosal restrictions for kids < 3 years and pregnant adolescents, so these issues must be considered in product choice determinations.

Ed Marcuse commented that providers may prefer LAIV vaccine because increasing evidence exists that FluMist (LAIV) is as or more effective than TIV.

Chad reviewed the unique market factors related to influenza vaccine. Access to flu vaccine is broader than other vaccines and may be through flu clinics, local health jurisdictions, pharmacies, and schools. Pharmacies do not participate in the childhood vaccine program but they are billing private carriers. Carriers/insurers need to determine their own policies on how to reimburse pharmacies for the flu vaccine.

Principles

The Task Force agreed it should operate under principles that to guide its decision-making. These principles could include:

1. The WVA, in collaboration with DOH, should provide timely information and access to influenza vaccines at a minimum cost to the WVA.
2. The process outlined for the 2010-2011 flu season should increase providers' confidence in the mechanisms of the WVA and DOH influenza distribution.
3. The WVA should let the market operate so providers can decide where to obtain flu vaccine, and allow provider choice of TIV or LAIV. (Note: Influenza vaccine is offered at so called non-traditional sites, such as supermarket pharmacies which have not obtained their supplies from the State Childhood Vaccine Program, and have been reimbursed by insurers. Since this group of providers will be able to purchase vaccine directly, equity seems to require that that option be open to all providers.)
4. The WVA should leverage DOH expertise on influenza vaccine to develop projections, maximize federal funds sources, and stabilize the supply.
5. The WVA should support efforts to improve/maximize influenza vaccine rates in children.

Next Steps

In order to assist the DOH in accurately predicting how much additional vaccine is needed for the 2011-2012 season, and what, if any, type of assessment would be appropriate by when, the following steps need to occur:

Task	Responsible	Timing
1. Conduct provider survey on 2011-12 influenza vaccine needs (amounts and types of vaccine and intent to purchase some or all privately).	DOH / WVA	November
2. Health carriers to pull claims data on private purchase influenza vaccine for 2009-2010.	Carriers	By 10/31
3. Pharmacy experts to ask pharmacies (Bartells, Walgreens, and Costco) about the scope of the market for influenza vaccine for kids age 5 – 19 to determine the volume that received flu vaccine through pharmacies.	Chad Laura	By 10/31
4. Review next steps with WVA Operations Team, Lisa Jackson, and Beth Harvey.	M Lane	By 10/18
5. Task Force to prepare a report to the Vaccine Committee at its November 18 meeting of on the Principles, Recommendations, Survey status, and supporting data.	Chad Dorothy	By 11/11

<p>6. Task Force to prepare report for the December 16 meeting of the Vaccine Committee outlining the WVA projected influenza vaccine needs and amounts and types of vaccine recommended for purchase by WVA for 2011-12 based on the results of the survey.</p>	<p>Chad Dorothy</p>	<p>By 12/9</p>
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Margaret reminded the Task Force members of the upcoming meeting schedule:

Oct. 20, 3 – 5 pm	Task Force meeting at WVA office
Nov. 4, 2 – 4 pm	Task Force meeting at WVA office – Deliver Recommendation
[Nov. 18	Vaccine Committee meets]