

Vaccine Committee Meeting Minutes

November 18, 2010, 12:00 - 2:00 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).

Committee:

Janna Bardi
Tom Dubensky
Dr. John Dunn (T)
Dr. Joe Gifford
Dr. Larry Jecha (T)
Dr. Ed Marcuse
Dr. Anthony Marfin
Laura McMillan
Chad Murphy
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)
Sarah Michaels (Sanofi)

II. **Actions Taken/Recommended**

- a. To support the direction of the current Task Force presentation and to present a formal recommendation on flu vaccine for board adoption at the December Board of Directors meeting.

III. **Minutes**

At 12:00 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 by stating that the purpose of the meeting was to address the challenge of influenza vaccine for the 2011/2012 season and beyond. The group will meet again December 16, 2010; January 20, 2011; February, 17, 2011; and March 17, 2011. Jan Hicks-Thomson and Janna Bardi of the Department of Health noted a conflict with the January 20, 2011 meeting date. Dr. Koh, the Assistant Secretary of Health, will be in Seattle discussing influenza.

Dr. Marcuse introduced the Influenza Vaccine Task Force as the group that was asked to develop an influenza recommendation to the Vaccine Committee. He recognized the excellence of the work they had done. This recommendation, if approved by the Vaccine Committee, would be presented to the Board with a Board decision anticipated in December. The vaccine choice issue will go to the Board from the Vaccine Committee in March. After March, monthly meetings should not be necessary.

Influenza Vaccine Task Force Presentation

Chad Murphy presented the Task Force recommendation for the influenza vaccine. He stated that the purpose of the presentation was (a) to identify the methodology for determining type and quantity of influenza vaccine to purchase for the 2011/2012 influenza season and (b) to

recommend to the Committee whether or not to assess for the flu vaccine for children under 19 and the funding model if assessment is adopted.

In previous years, the influenza vaccine has been a part of the Washington State Universal Purchase program. The WVA statute suggests including all the vaccines recommended by the Advisory Committee on Immunization Practices' (ACIP). Chad noted that the Task Force learned that if the influenza vaccine was not included as a part of the WVA program and providers were forced to privately purchase the vaccine, Washington would lose its Universal Purchase status and become Universal Select for Influenza. A complicating factor in assessing the influenza vaccine is the large private market which many providers turn to instead of using state-supplied vaccine.

The WVA did not assess nor did it remit funds to the State for the flu vaccine for the 2010/2012 influenza season. The state-supplied vaccines were federally funded through 317 DA discretionary funds and VFC funding. This season the state supplied 530,000 doses of vaccines, and predicted that this was 140,000 doses short of the need. Providers privately purchased to fill the gap. The 317 DA discretionary funding has been stable in the past but can vary year to year. The WVA is unable to rely on the availability of these funds for the influenza vaccine. If these funds were to be reallocated for other vaccines, the gap in need and supply for influenza vaccine is estimated at 3-400,000 doses.

Based on its research, the Task Force anticipates that the demand for the flu vaccine will increase in the future. Last year's demand spiked as a result of H1N1. The provider community has historically had low confidence in the flu vaccine availability due to shortages in the past. The Department of Health has not had a robust model to match supply and demand.

The model recommended by the Task Force shows how the Department of Health will project the need and determine the pre-book for the influenza vaccine based on three factors: clinic-based needs estimate (provider survey), population based needs estimate (this factor is currently being used by the DOH) and trend analysis (which looks at historical data). This model should provide a more stable method to match demand and supply of influenza vaccine.

The Task Force also recommended assessing payers and TPAs for the flu vaccine, starting with the state-supplied vaccine administered in the 2011/2012 season. Providers will still be able to privately purchase the vaccine and payers may reimburse them for it. By beginning the assessment during the 2011/2012 season, these dollars along with the discretionary 317 DA and VFC funds will be used to pre-book the state-supplied vaccine for the 2012/2013 influenza season. The flu vaccine is pre-booked and paid for during the spring prior to the season. The assessment charge will be determined by the WVA Board of Directors. The provider survey, used to determine clinic based need, will also allow the providers to have a voice in brand type. This survey will not correlate into a purchase order form, but will guide the DOH in their buying of certain brands of influenza vaccine.

Risks and challenges to this method of influenza vaccine purchase were considered in the presentation. During the first season of this new method (2011/2012), providers will still need to bill two different ways for childhood influenza vaccine if they continue to purchase privately. WVA finances may be complicated by adding another vaccine purchase without a funding from payers in the initial year. It was noted that this assessment should lower costs for payers, since privately purchased influenza vaccine is more costly. The operational cost for payers is still unknown. Because influenza vaccine only has a one-year lifespan, the risk of waste is high because providers may still order privately.

One board member asked what were the arguments against the recommendation. Chad Murphy noted that there could be a risk of double payments made if payers were reimbursing for state supplied vaccine as well as privately purchased vaccine and some vaccine was not used.

The deadline for this decision is in January. By making this decision before that time, the WVA will be serve the provider community and allow them to make more informed decisions about the need to purchase privately.

Committee and Public Comment

The Department of Health noted that the priority recipients of the 317 DA funded vaccine are low-income and under-insured children. The remaining vaccine purchased with those funds can be used to support privately insured children.

Three attributes were noted that make this vaccine different from other vaccines which the WVA assesses. These are dual supply, volatility rate, and waste. This can lead to inventory mistakes. The risk is lowered with central distribution as opposed to private purchase. If a shortage of supply does occur as it has in the past, the CDC will cover the shortage and fill the demand and order more of a different kind. Jan Hicks-Thomson noted that ability exists to purchase this vaccine later in the season if more is needed.

Private practice providers in the past have privately purchased influenza vaccine because (a) family practice facilities vaccinate adults over 18 with flu vaccine as well as children and (b) the supply and timing for distributing flu vaccine has been unreliable in the past.

The provider survey will close December 3rd; in following years, the provider survey will be posted earlier and the results will be ready for an earlier decision on quantity and type. The survey allows for follow up with providers.

It was suggested that the WVA communicate clearly to providers how it will deal with any shortage in supply of influenza vaccine. Since that has been a point of mistrust in the past, this clear communication will be used to build confidence in the WVA and flu ordering. The survey will be used to select the brands that the providers desire. Providers tend to overestimate need, but the DOH can match waste data from past years to more closely estimate need.

Chairman Dr. Ed Marcuse asked the Committee to accept the proposed methodology for identifying quantity and type of flu vaccine for the 2011/2012 and the 2012/2013 influenza seasons. The Committee would then make a recommendation with the appropriate data to the Board in December when it is anticipated that the Board would vote on the recommendation.

Tom Dubensky, representative on Committee from the manufacturers, voiced his support for choice and asked for time to take this to the manufacturers and gather feedback to present to the Committee. Dr. Marcuse granted this, but asked for the feedback by the end of November in order to incorporate this into the final presentation to the Board in December.

Upon motions duly made and seconded, it was unanimously

VOTED:

To accept the recommendations of the Influenza Vaccine Task Force for a methodology to determine the quantity and type of influenza vaccine to purchase and to apply the dosage based assessment methodology and proposed funding model.

Next Steps

Information was given to the Board about vaccine choice. The Committee was encouraged to look this over before the January meeting. The information looks at different vaccines and gives a cost analysis.

Vaccine Committee Meetings

The next meeting will be on December 16, 2011, from 1pm to 3pm. Lunch will be provided.

Meetings in 2011 are January 20, February 17 and March 17. These meeting times are noon to 2pm.

There being no further business for the Committee, the meeting was adjourned at 1:15 PM.

What: Vaccine Association Vaccine Committee Meeting
 Date and Time: November 18, 2010 / 12:00 – 2:00 PM
 Place of Meeting: Law office of Ellis, Li & McKinstry, PLLC, Market Place Tower, PH-A, 2025 First Avenue, Seattle
 Call in Numbers: (local) 206.925.3583; (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>
12:00 – 12:05	1. Welcome a. Purpose of Meeting b. Introductions	E. Marcuse
12:05 - 12:10	2. Agenda review and approval of Work Plan	M.K. O’Neill
12:10 – 12:35	3. Influenza Vaccine Task Force Report	C. Murphy
12:35 – 1:20	4. Discussion of Task Force Report	All
1:20 – 1:35	5. Other Business	E. Marcuse
1:35 – 1:45	6. Closing Section a. Executive Session (guests excluded) i. Committee members including WVA Staff ii. Committee members only b. Wrap-up (WVA staff returns) c. Schedule for next meetings	E. Marcuse