

Vaccine Committee Meeting Minutes

December 16, 2010, 1:00 - 3:00 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. Ed Marcuse

Dr. Anthony Marfin

Laura McMillan

Chad Murphy (T)

Dr. Mary Kay O'Neill

Others:

Fred Potter (T)

Jan Hicks-Thomson (DOH)

Margaret Lane

Laurel Hopkins (Novartis)

II. **Actions Taken/Recommended**

- a. To approve the minutes from the Vaccine Committee meeting on November 18, 2010.
- b. To vote on the Vaccine Committee recommendation to the WVA Board on Influenza Vaccine, including the methodology, recommendation.

III. **Minutes**

At 1:05 PM, a quorum having been established, Dr. Ed Marcuse, Chairman of the Vaccine Committee, convened the meeting of the Washington Vaccine Association Vaccine Committee.

Upon motions duly made and seconded, it was unanimously

VOTED:

To approve the minutes of the Vaccine Committee on November 18, 2010.

Chairman Dr. Ed Marcuse opened the meeting by stating the purpose of the meeting was to review the work of the Influenza Vaccine Task Force and determine whether to recommend to the Board (i) the proposed methodology for projecting the amount of flu vaccine needed and (ii) that WVA would assess flu vaccine for the 2011-2012 flu season, and (iii) the method of funding the purchase of flu vaccine.

Review of Vaccine Projection Model including Provider Survey

Jan provided an update on the methodology behind the vaccine projection model and information on the Department of Health (DOH) provider survey. The influenza projection model has three components: a population based estimate, historical trend data, and the survey. The population estimated need is based on the WA Office of Financial Management (OFM) population numbers for children under 19, and the most current CDC immunization rates.

DOH has historical data on immunization purchase going back several years; the DOH model also incorporates new information in the form of a provider survey on flu vaccine. The DOH surveyed providers enrolled in the childhood vaccine program, asking them about flu vaccine for children

under 19. The survey is conducted online so participation can be challenging; Jan was pleased with the 37% response rate (428 responses). These providers represent almost 200,000 children. Initial survey findings are:

- The mix between TIV and LAIV for kids less than three years of age is about 83% (TIV) to 17% (LAIV). For kids between 3 and 18 years of age this changes to a 70% (TIV) – 30% (LAIV) split. We can apply that to the total number of doses projected for each age group to give us appropriate estimates.
- The next area was whether providers had a brand preference and if so for which brands. 58% of respondents have no preference, 14% didn't answer the question, and 28% said they had a preference. Of all responders, 53% said any product made available by the state was fine, 47% said they preferred Sanofi-Pasteur's product.
- 10% of respondents said they intended to privately purchase. The most common reasons were: "we don't think we can get it soon enough from the state and we don't think we can get enough." The next highest response was "other," and among those who stated other, when asked to describe what this was, the primary reason was that the providers were vaccinating older children or a mix of adults and children.

There is financial risk of having vaccine that is not used. Every year there is flu vaccine that is wasted. Some is ordered and not used (this is returned and not used, it may have expired), other is purchased and available but never ordered. Payers will only be assessed for vaccine that is administered. Each time a dose is administered the DBA is processed and the payer is assessed. If dose is not administered, there is no assessment. Flu vaccine must be purchased in advance of its use. However, multiple fund sources are used to purchase the vaccine so waste is distributed across these sources. Some of that waste would be VFC, some 317, and some allocated to WVA. Then as the next cycle begins, the assessments from the doses actually administered would be used to pre-book for the next year. Extra vaccine can't be used for adult patients; the contracts we are using are only for pediatric vaccines.

The Task Force suggested a 5% safety margin to give providers more confidence that there will be enough vaccine. Dr. Marcuse stated that the Committee will be asking the Board for the authority to purchase vaccine based on this methodology with a 5% cushion. The exact cost to the payers will depend on the federal dollars available. The cushion is there to protect against unexpected upsurge. Dr. Marcuse noted that if there are two pediatric deaths the demand will skyrocket.

Assessments for Flu Vaccine

The assessments for flu vaccine will begin next year; using the same DBA process that has been used for other vaccines. Providers will continue to have ability to purchase privately. The Task Force anticipates that the WVA share of the pre-purchase to fund flu vaccine will be between \$1.5 and \$2 M due to the uncertainty of federal 317 funding available. This is equivalent to 150,000 doses. The decision that WVA will assess flu vaccine will be communicated to providers ASAP so they have as much forewarning as possible. They are in the process of making purchase decisions now or in the next few months. In future years, the provider survey will be done earlier. A provider communication has already been drafted and will go out as early as the end of this week.

Dr. Marcuse asked if people are comfortable with the recommendations, not only the methodology but that the flu vaccine will be assessed and the financial risks for the WVA. Dr. Marcuse complimented the Task Force on its work. This work will happen each year, starting in September/October 2011 to review what happened this past year and plan for next year.

Upon motions duly made and seconded, it was unanimously

VOTED:

- DOH should use its projection model to predict the quantity and type of flu vaccine needed
- WVA should assess payers/TPAs for flu vaccine administered and obtained through the state starting in the 2011-2012 season
- WVA should anticipate funding the flu vaccine pre-book purchase in the amount of \$1.5M and approve funding in an amount not to exceed \$2M without additional Board action
- WVA should communicate its decision on flu vaccine immediately after the December board meeting

Dr. Koh's Visit

Dr. Howard Koh, the Assistant Secretary of Health, is coming to Seattle in January. Dr. Marcuse knows the staffer who heads the National Vaccine Program Office, Dr. Bruce Gellin. WVA may have the opportunity to make a presentation to Dr. Koh and his staff. Dr. Koh is a former professor from Harvard School of Public Health. Dr. Gellin also wants to know about the Vaccine Hesitancy Initiative. WA has a high school entry vaccine exemption rate. VAX Northwest, a consortium of children's health care providers, advocates, and public health professionals, is planning an ambitious study to test the effectiveness of its intervention techniques, as well as a social media campaign.

Closing Section

There were no public comments.

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 January 20, 2011, from 12pm to 2pm. Lunch will be provided. Additional scheduled meetings are on February 17 and March 17. All times are noon to 2pm.

Provider Choice is the next topic in the Vaccine Committee charge. The Vaccine Manufacturers would like Isabel Glaxton to present on vaccine choice. There will be a follow up meeting on February 17 for further discussion and finalizing a recommendation, which would go to Board in March. The Board needs a final decision on vaccine choice by April. April 1 is the date of the CDC contract change.

There being no further business for the Committee, the meeting was adjourned at 2:15 PM.

What: Vaccine Association Vaccine Committee Meeting
 Date and Time: December 16, 2010 / 1:00 – 3:00 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>
1:00 – 1:05	1. Welcome a. Purpose of Meeting b. Approval of minutes of Nov. 18, 2010	E. Marcuse
1:05 - 1:25	2. Provider Survey initial findings	J. Hicks-Thomson
1:25 – 1:35	3. Vaccine Committee Presentation to Board on Influenza (Developed by Influenza Task Force)	E. Marcuse/C. Murphy
1:35 – 1:50	4. Discussion of Presentation	All
1:50 – 2:00	5. Other Business a. Dr. Koh’s visit Jan 20	E. Marcuse
2:00 – 2:10	6. Closing Section a. Public comment b. Schedule for next meetings	E. Marcuse