

1 **Meeting Notes**  
2 **Vaccine Committee Meeting**  
3 **November 5, 2020; 12:00-1:00 p.m. PT**  
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5 **I. Attendance.** This meeting was conducted solely by webinar. Participating in all or part of the  
6 meeting were the following individuals:  
7

Members & Guests

Jeff Gombosky  
Mary Kay O’Neill, MD, MBA  
Rachel Wood, MD  
Ed Marcuse, MD  
James Chattra, MD, FAAP  
John Dunn, MD  
Libby Page  
Kristi A. Rice, MD  
Michele Roberts  
Amy Person  
Steve Lam, PharmD  
Janel Jorgenson  
Beth Harvey, MD

WVA

Julia G. Zell, Esq., Executive Director,  
Chair

Helms & Company, Inc.

Patrick Miller, MPH, WVA,  
Administrative Director  
Lisa White, MS, JD, Customer and  
Financial Support Specialist  
Leslie Walker, CPA, Mason+Rich, PA

Other

Rhett Marsten, GSK  
Breeelyn Young, GSK

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10 **I. Welcome and Introductions**

11 At 12:01p.m. Chair Marcuse called the meeting to order. Ms. Zell stated that the meeting was being  
12 recorded for the purpose of the minutes and then will be deleted.  
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14 Ms. Zell asked the Committee members to review the Code of Ethics and Conflicts of Interest Statements  
15 in the meeting packet and returned signed versions to her by January 31, 2021.  
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17 **II. Calendar Consent Items**

18 Ms. Zell directed the Committees’ attention to the consent item submitted for approval. There being no  
19 questions or comments, the following items were put to a vote:  
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21 Upon motion duly made and seconded, it was unanimously  
22

23 **VOTED:** To approve the Vaccine Committee minutes of November 7, 2019.  
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25 **III. COVID-19 Outbreak Impacts on Childhood Vaccines**  
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27 Immunization in Primary Care Practices

28 Chair Marcuse asked Drs. Harvey and Dunn to provide an overview of the impact of COVID-19 from a  
29 provider’s perspective. Dr. Harvey shared there have been substantial increased safety issues and training  
30 around personal protective equipment (PPE) and documentation, protocols, signage, increased Zoom  
31 meetings, patient portal use and patient tele-medicine visits, communication, policy and workflow updates  
32 regarding COVID-19 issues, as well as different testing methodologies. With regard to vaccination  
33 administration, Dr. Harvey noted that her practice is at 40% of normal for general vaccinations and well-  
34 child visits. Her practice has implemented different approaches for vaccine administration, including  
35 outside of the office or in the parking lot, to address safety concerns of patients.

36  
37 Dr. Dunn spoke about similar experiences with his practice. There has been increased messaging to families  
38 about immunization catch up and alternate administration venues offered such as adjacent to the parking  
39 lot and the building, and this was expanded to include well-child visits as well as with telephonic follow-  
40 up. Safety within the office and staffing constrictions have been challenging. Some families who call in  
41 with acute issues are resistant to come into a building due to COVID-19 safety concerns even for the acute  
42 issues, much less vaccinations.

43  
44 Both Drs. Harvey and Dunn agree that masking and stay-at-home messaging has meant many families  
45 believe they are safer not coming to the office and regular immunizations are not a priority.

#### 46 Status of COVID-19 Vaccine Planning

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49 Chair Marcuse introduced Ms. Allen and Ms. Jorgenson from the Department of Health (DOH) to present  
50 on the status of COVID-19 vaccine planning. The slides begin with information on the current influenza  
51 campaign. The campaign is being presented in multiple venues and languages and there are partner toolkit  
52 resources available via the DOH. The DOH has now received about 80% of their CDC seasonal allocation  
53 of vaccine material. Of this, 64% of available material has been ordered and shipped to providers.

54  
55 Dr. Wood asked what percent of those over 65 have received high dose flu applications? The DOH  
56 responded that this is not available and is in small supply privately. Chair Marcuse asked the providers on  
57 the call what they saw regarding flu vaccination volume this year. As compared to last year, some providers  
58 have seen increased flu vaccine uptake, others less.

59  
60 The DOH presentation continued with information regarding immunization catch up data which does not  
61 include flu vaccine material. Overall, the data shows below normal immunizations overall. These data are  
62 pulled and shared monthly. There appears to be much lower data for August, a month that traditionally has  
63 been tied to return to school visits, but with COVID-19 and closed schools, this makes sense.

64  
65 Ms. Page stated that there have been issues with the availability of needles from suppliers. The CDC has  
66 indicated to Ms. Roberts that there is not a needle shortage but they are using past needle orders to distribute  
67 and ration how they should provide these when requested by providers. If a hardship or lack of needles is  
68 affecting care, this can be presented to the CDC to review the issue and adapt needle allocations. Ms. Person  
69 then indicated a lack of needles for Franklin County.

70  
71 Chair Marcuse asked Ms. Zell if she would provide an update regarding WVA collections. Ms. Zell shared  
72 that the WVA trends are similar to the DOH but the WVA's dosage-based assessment (DBA) remittance  
73 are behind the DOH monthly data due to claims lag. Overall, she reported that Association has strong  
74 reserves that are sufficient to avoid the need to alter the assessment grid off-cycle.

75  
76 Chair Marcuse asked Ms. Allen to describe the plans regarding future COVID-19 vaccine and on-going  
77 response in the State. Ms. Allen stated that the DOH recently received a letter from the CDC with items to  
78 have in place by November 15 including provider enrollment and facility surveys. Washington state has  
79 joined the Western States Pact for COVID-19 vaccine review and education regarding vaccine safety and  
80 efficacy. There is a Washington State Interim COVID-19 Vaccine Plan on the DOH website that is regularly  
81 updated with direction and feedback from the CDC. 747 facilities in Washington have provided information  
82 as part of the registration process, but it is not yet clear as to how many will engage in the program. The  
83 DOH is updating the Washington Immunization Information System (WA IIS) to facilitate COVID-19  
84 ordering, inventory management, and vaccine administration data. The DOH is providing a vaccine safety  
85 webinar on December 17 to provide information and guidance to providers. When the vaccine becomes

86 available, the DOH anticipates a limited amount of doses available at the early phases, such that  
87 administration will be highly targeted. As the allocations increase over time the breadth of administration  
88 groups will increase.

89  
90 Chair Marcuse asked if there are any questions and there were none. Ms. Allen added she is available for  
91 any questions regarding the COVID-19 response and planning effort regarding the future vaccine. The  
92 group believes regular childhood vaccines will likely continue to be delayed and reduced during the next  
93 four or so months until the COVID-19 vaccine is introduced.

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96 **IV. Public Comment**

97 Ms. Young from GSK bestowed praise for the Committee members' good work. Her organization is making  
98 a request related to how the serogroup B meningococcal vaccine is displayed within the WA IIS. Dr.  
99 Marcuse stated that this topic is best suited for the Washington Vaccine Committee and the DOH to consider  
100 and review and he thanked Ms. Young for her comments.

101

102 **IX. Closing**

103 The meeting adjourned at 1:05pm PT.

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