

What: Vaccine Committee Agenda When: April 8, 2021; 12:00-1:00 p.m. PST Where: Zoom Meeting

Members of the Public: To register for the meeting, please review the <u>Public Comment</u> <u>Protocol</u> then email <u>wvameetings@wavaccine.org</u> at least two business days in advance of the meeting.

Notice: The meeting may be recorded for the benefit of the minute-taker. The WVA intends to delete the recording after the minutes are approved.

Approx. Time	Pg.	Topic/[Anticipated Action]	Presented by:
12:00-12:05		1. Introductions and acknowledgements	J. Zell/E. Marcuse
12:05-12:10	*pg 3-5	2. Calendar Consent Items a. Vaccine Committee Minutes (November 5, 2020)	E. Marcuse
12:10-12:15		3. Public Comment	Any
12:15-12:25		4. Updates on Status of Childhood Immunizationa. Office practices	J. Chatra K. Rice J Dunn
12:25-12:40		 5. Department of Health a. Status Updates b. Influenza Vaccine c. 2020-2021 Vaccine Uptake d. 2021-2022 Ordering 	J. Jorgenson
12:40-1:00		 6. COVID-19 a. Confidence & Hesitancy b. Office practices c. Update on WA State Coverage d. Western State Review Group 	K. Rice/J. Chatra /J Dunn DOH E. Marcuse
1:00 p.m.		7. Closing	E. Marcuse

Agenda for Vaccine Committee Meeting

*Indicates agenda item attached

Red text indicates an action item



April 8, 2021 WVA Meeting of the Vaccine Committee

Proposed Form of Votes

The following are suggested forms of votes only. They are intended to be an aid to facilitate work by individual directors. All Board policy and the final form of votes is exclusively

the province of the Board acting collectively as the Board of Directors.

Items under Agenda Section 2:

VOTED: To approve the Vaccine Committee minutes of November 5, 2020.

[To approve the Vaccine Committee minutes of November 5, 2020 with the changes suggested at the meeting.]



Meeting Notes Vaccine Committee Meeting November 5, 2020; 12:00-1:00 p.m. PT

I. Attendance. This meeting was conducted solely by webinar. Participating in all or part of the meeting were the following individuals:

<u>Members</u> Ed Marcuse, MD, MPH Chair James Chattra, MD John Dunn, MD Libby Page Amy Person, MD Kristi A. Rice, MD Michele Roberts Steve Lam, PharmD Mary Kay O'Neill, MD, MBA Jeff Gombosky, PhD SheAnne Allen

Consultants Rachel Wood, MD <u>Guests</u> Janel Jorgenson Beth Harvey, MD

<u>WVA</u> Julia G. Zell, Esq., Executive Director

<u>Helms & Company, Inc.</u> Patrick Miller, MPH, WVA, Administrative Director Lisa White, MS, JD, Customer and Financial Support Specialist Leslie Walker, CPA, Mason+Rich, PA

Members of the Public Rhett Marsten, GSK Breelyn Young, GSK

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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.

- Ms. Zell asked the Committee members to review the Code of Ethics and Conflicts of Interest Statements
 in the meeting packet and returned signed versions to her by January 31, 2021.
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II. Calendar Consent Items

18 Ms. Zell directed the Committee's attention to the consent item submitted for approval. There being no 19 questions or comments, the following items were put to a vote:

- Upon motion duly made and seconded, it was unanimously
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VOTED: To approve the Vaccine Committee minutes of November 7, 2019.

III. COVID-19 Outbreak Impacts on Childhood Vaccines

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27 <u>Immunization in Primary Care Practices</u>

Chair Marcuse asked Drs. Harvey and Dunn to provide an overview of the impact of COVID-19 from a provider's perspective. Dr. Harvey shared there have been substantial increased safety issues and training

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. Dr. Harvey noted that her practice

is seeing about 40% of prior year's numbers of patients for well-child visits. Her practice has implemented
 different approaches for childhood vaccine administration.

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Dr. Dunn spoke about similar experiences with his practice at Kaiser. There has been increased messaging to families about immunization catch-up and alternate administration venues offered such as adjacent to the parking lot and the building, and this was expanded to include well-child visits as well as with telephonic follow-up. Safety within the office and staffing constrictions have been challenging. Some families who call in with acute issues are resistant to come into a provider's office due to COVID-19 safety concerns

- 41 leading to fewer vaccinations.
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Both Drs. Harvey and Dunn agree that masking and stay-at-home messaging has meant many families believe they are safer not coming to the officer and consider regular immunizations less of a priority.

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46 Status of COVID-19 Vaccine Planning

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

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55 Dr. Wood asked what percent of those over age 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.

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The DOH presentation continued with information regarding immunization catch-up data, (which does not include flu vaccine). Overall, the data shows below normal volume of immunizations overall. This data is pulled and shared monthly. There appears to be much lower volume in August, a month that traditionally has been tied to return to school visits, likely due to COVID-19 and closed school.

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Ms. Page stated that there have been questions raised about the availability of needles from suppliers. The CDC has indicated to Ms. Roberts that there is not a needle shortage, but they are using past needle orders to distribute and ration how they should provide these when requested by providers. If a hardship or lack of needles is affecting patient care, this can be presented by DOH to the CDC to review the issue and revise needle allocations.

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Chair Marcuse asked Ms. Zell if she would provide an update regarding WVA collections. Ms. Zell shared that the WVA trends are similar to the DOH but the WVA's dosage-based assessment (DBA) remittance are behind the DOH monthly data due to claims lag. Overall, she reported that Association has strong reserves that are sufficient for all vaccine-funding activities.

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Chair Marcuse asked Ms. Allen to describe the plans regarding a future COVID-19 vaccine and the ongoing response in the State. Ms. Allen stated that the DOH is completing plans for the phased entry of myriad vaccines to the population. Washington state has joined the Western States Pact for COVID-19 vaccine review and education regarding vaccine safety and efficacy. There is a Washington State Interim COVID-19 Vaccine Plan on the DOH website that is regularly updated with direction and feedback from the CDC. Approximately 740 facilities in Washington have provided information as part of the registration

process, but it is not yet clear as to how many will engage in the program. The DOH is updating the

Washington Immunization Information System (WA IIS) to facilitate COVID-19 ordering, inventory management, and vaccine administration data. The DOH is providing a vaccine safety webinar on December 17 to provide information and guidance to providers. When a vaccine becomes available, the DOH anticipates a limited number of doses available at the early phases, such that administration will be

- highly targeted. As the allocations increase over time the breadth of administration groups will increase.
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- 89 Chair Marcuse asked if there are any questions; there were none. Ms. Allen added she is available for any
- 90 questions regarding the COVID-19 response and planning effort regarding the future vaccine. The group
- believes regular childhood vaccines will likely continue to be delayed and reduced during the next four or
- so months until the COVID-19 vaccine is introduced.
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95 IV. Public Comment

Ms. Young from GSK bestowed praise for the Committee members' good work. Her organization is making
a request related to how the serogroup B meningococcal vaccine is displayed within the WA IIS. Dr.
Marcuse asked the DOH to review, questioned if topic is best suited for the Washington Vaccine Committee

- and he thanked Ms. Young for her comments.
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101 IX. Closing

- 102 The meeting adjourned at 1:05pm PT.
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