

What: Vaccine Committee Meeting
When: November 4, 2021; 12:00-1:00 p.m. PST
Where: Zoom Meeting

To register for the meeting, please review the [Public Comment Protocol](#) then email wvameetings@wavaccine.org at least two business days in advance of the meeting.

WVA Agendas are subject to revision up to and including the time 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.

Agenda for Vaccine Committee Meeting

Approx. Time	Pg.	Topic/[Anticipated Action]	Presented by:
12:00-12:05 p.m.		1. Welcome & Introductions a. Notice of Recording	E. Marcuse
12:05-12:10 p.m.	* pg. 3-4	2. Calendar Consent Items a. Vaccine Committee Minutes (April 8, 2021)	E. Marcuse
12:10-12:15 p.m.	* pg. 5-7	3. Committee Charter Review a. Charter Review b. Vote to Adopt Changes to Charter	J. Zell
12:15-12:35 p.m.	* pg. 8-19	4. DOH Updates a. Staffing b. Non-COVID Childhood Vaccine Uptake c. Brand Choice/Provider Preferences	J. Jorgenson
12:35-12:40 p.m.		5. Public Comment	Any
12:40-12:55 p.m.		6. Pediatric COVID-19 & Flu a. DOH Update b. Practitioners' Report	J. Jorgenson K. Rice/J. Chattra/J. Dunn
12:55-1:00 p.m.		7. Other Matters	Any
1:00 p.m.		8. Closing	E. Marcuse

*Indicates agenda item attached

Red text indicates an action item

November 4, 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 and committee members.

Items under Agenda Section 2:

VOTED: To approve April 8, 2021 meeting minutes.

[To approve April 8, 2021 meeting with the changes suggested at the meeting.]

Items under Agenda Section 3:

VOTED: To approve the changes to the Vaccine Committee Charter.

[To approve the changes to the Vaccine Committee Charter with the additional suggestions made at the meeting.]

Meeting Notes
Vaccine Committee Meeting
April 8, 2021; 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:

Members & Guests

Ed Marcuse, MD, MPH, FPIDS, Chair
James Chattra, MD, FAAP
Jeff Gombosky
Janel Jorgenson
Steve Lam, PharmD
Libby Page, MPH
Amy Person, MD
Kristi A. Rice, MD

WVA

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

Helms & Company, Inc.

Patrick Miller, MPH, WVA,
Administrative Director
Leslie Walker, CPA, Mason+Rich
Alyssa McKeon, Project Lead

Other

Breelyn Young, GSK

I. Welcome and Introductions

At 12:01 p.m. Dr. Marcuse called the meeting to order. Ms. Zell provided a notice of recording.

II. Calendar Consent Items

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

Upon motion duly made and seconded, it was unanimously

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

III. Public comment

No public comment was given. Breelyn Young of GSK's attendance was noted.

IV. Updates on Status of Childhood Immunization

Dr. Marcuse asked Drs. Chattra and Rice to provide an overview of the impact of COVID-19 from a provider's perspective. Dr. Chattra shared that his practice is experiencing a strong correlation between childhood immunization rates and well-child visits. He noted that his practice has implemented operational changes that have enabled them to maintain their usual volume of well-child visits up to 15 months while seeing a decline in visits in adolescents. Dr. Chattra explained that his practice is seeking to optimize vaccination rates through the implementation of outreach and standard work. Dr. Marcuse notes that many practices have seen a decline in sick visits, likely due to social distancing and mask wearing. Dr. Chattra concurred that influenza seemed to be non-existent this year.

Dr. Rice shared that her practice has implemented a practice of reaching out to pediatric patients routinely to ensure age-appropriate follow-up. These efforts have resulted in an increase in well-child visits from patients long overdue for vaccinations and routine examinations. She notes that her practice has also seen a precipitous drop in pediatric flu vaccinations.

Dr. Harvey was unable to attend the meeting in-person but submitted a written update to Dr. Marcuse. She shared that 94% of patients under the age of two have had their first MMR, while flu vaccinations are 15% lower than prior years.

Office Practices

The Committee discussed COVID-19 vaccine uptake. There is a wide variety of uptake across the various practices. Ms. Page shared that in King County they have been matching licensing data with the IIS to summarize vaccine uptake among providers. Dr. Marcuse noted that the COVID-19 vaccine cannot be required under emergency use authorization (EUA). As the COVID-19 vaccines move through the traditional approval process they may be added to traditional vaccination lists.

V. Department of Health (DOH)

Ms. Jorgenson presented various updates regarding new vaccines, school-based immunization campaigns, and COVID-19 availability. She provided an overview of two vaccines that will be introduced to the grid in 2021: MenQuadfi and Vaxelis. MenQuadfi will replace Menactra and will be phased in as Menactra stocks are depleted. Vaxelis is a new hexavalent vaccine that will replace a combination of individual vaccines, leading to fewer shots for pediatric patients. Drs. Marcuse, Chattra, and Rice discussed what uptake may look like for these vaccines and expressed interest in seeing the marketing information the DOH will be providing.

Ms. Jorgenson reviewed the planned DOH campaigns aimed at childhood vaccination: Vax to School and National Infant Immunization Week. The DOH vaccine ordering data reveals a drop in ordering which coincides with the COVID-19 pandemic followed by slow improvement towards the end of the year. Wastage was 2% in 2020, in line with the historical average of 2-2.5%. The DOH will continue to monitor wastage as vaccines expire. Flu vaccine ordering has been slow which is expected at this time of year. The DOH has pre-booked 650,000 flu vaccines for the coming year, 260,000 of which are for WVA.

Ms. Jorgenson delivered a COVID-19 vaccine update based on data available on the DOH website. Washington State's 7-day vaccination average is 60,000 per day. The current goal is 45,000 though it may be raised in the near future. Nearly 30% of Washington State-eligible residents have received one COVID-19 dose with 20% being fully vaccinated. COVID-19 vaccination will be available to all adults 16+ starting April 15.

VI. COVID-19

Ms. Page shared that they are trying to manage expectations as COVID-19 vaccinations become available to a larger population. She noted it will take time to find appointments and that they need to continue to prioritize allocations for the providers that are serving the most at-risk populations. Dr. Marcuse inquired if Ms. Page was seeing a vaccine preference. Ms. Page confirmed that there seemed to be a preference for Johnson & Johnson but that it was being prioritized for transient populations.

VII. Closing

The meeting adjourned at 12:50 p.m.

Washington Vaccine Association VACCINE COMMITTEE CHARTER

Purpose:

The Washington Vaccine Association (the Association) Vaccine Committee (the Committee) is established pursuant to the requirements of Chapter 70.290 RCW for the purpose of making recommendations to the WVA Board of Directors (the Board) on specific vaccines to be purchased in each upcoming year by the Washington State Department of Health (the Department). As required by RCW 70.290.050, factors the Committee will strongly consider when making recommendations to the Association Board on selecting vaccines include:

- Patient safety and clinical efficacy
- Public health and purchaser value
- Patient and provider choice
- Stability of vaccine supply
- Compliance with RCW 70.95M.115 recodified at RCW 70A.230.120.

Key Activities:

The Committee will fulfill its responsibilities through the following activities:

- Evaluate the use of vaccines from a clinical, pharmacoeconomic and ethical perspective
- Promote safety, effectiveness, and improved health outcomes from vaccination
- Be informed by the deliberations and recommendations of the Department Vaccine Advisory Committee (the VAC).

Meeting Frequency and Notice:

The Committee will meet at least two times per year with notice provided in the manner set forth in the Association bylaws for Board meetings. Committee members are required to attend meetings in person, by conference telephone, or by videoconference.

Reporting Frequency:

- The Committee will report to the Board at least two times per year.

Membership:

As required by RCW 70.29.050, the Committee shall consist of five voting Board members, one non-voting member and two non-voting ex officio members as set forth below. The representative of the vaccine manufacturer must be chosen by the Secretary of the Department from a list of three nominees submitted collectively by vaccine manufacturers on an annual basis as required by RCW 70.290.050. Other participants and/or consultants may be invited from time to time to assist the committee. The Chair or Vice-chair will be a physician and Association Board member.

Washington Vaccine Association VACCINE COMMITTEE CHARTER

Description of Committee Membership Positions:

Position/Title	Qualifications
<i>Vaccine Committee Voting Members</i>	
1. Physician (Chair)	Member of the Association Board
2. Health Carrier/TPA Member	Member of the Association Board
3. Health Carrier/TPA Member	Member of the Association Board
4. Health Carrier/TPA Member	Member of the Association Board
5. DOH Secretary Designee	Member of the Association Board

<i>Non-voting Member</i>	
1. Representative of Manufacturers	Designated by the Secretary, the Department

<i>Ex Officio Members (Without Vote)</i>	
1. Executive Director of the Association	
2. Director Department Immunization Program/ Child Profile	

Member Responsibilities:

Members will comply with the Conflict of Interest policy of the Association and complete and sign a statement declaring potential conflicts of interest annually and are responsible for informing the Committee Chair and Executive Director of any pertinent changes during the year.

Motions may be made and seconded only by voting members. Majority vote of voting members carries a motion.

Members are responsible for rendering decisions regarding the recommendations as required, based upon best available vaccine clinical evidence and on outcomes modeling current best practice standards.

Members shall not have responsibility for making business decisions involving Association processes for vaccine assessment amounts.

Quorum:

A quorum consists of at least three voting members of the Committee.

Consultants and/or Other Participants

To ensure that the Committee's deliberations are informed by the perspectives of primary care clinicians (pediatricians, or family practice physicians including physicians engaged in office-based practice (versus institutional practices)), local health officers, pharmacists and Department staff with expertise in vaccine supply and, from time to time others with needed special expertise, the Committee may request that consultants participate in its meetings.

**Washington Vaccine Association
VACCINE COMMITTEE
CHARTER**

Approval and Review:

This charter will be periodically reviewed by the Committee and any recommended revisions approved by the WVA Board.

Charge Author:	WVA Vaccine Committee
Approving Body:	WVA Board and Executive Director

Reviewed By: Vaccine Committee	Date:
Approved By: WVA Board	Date:

DRAFT

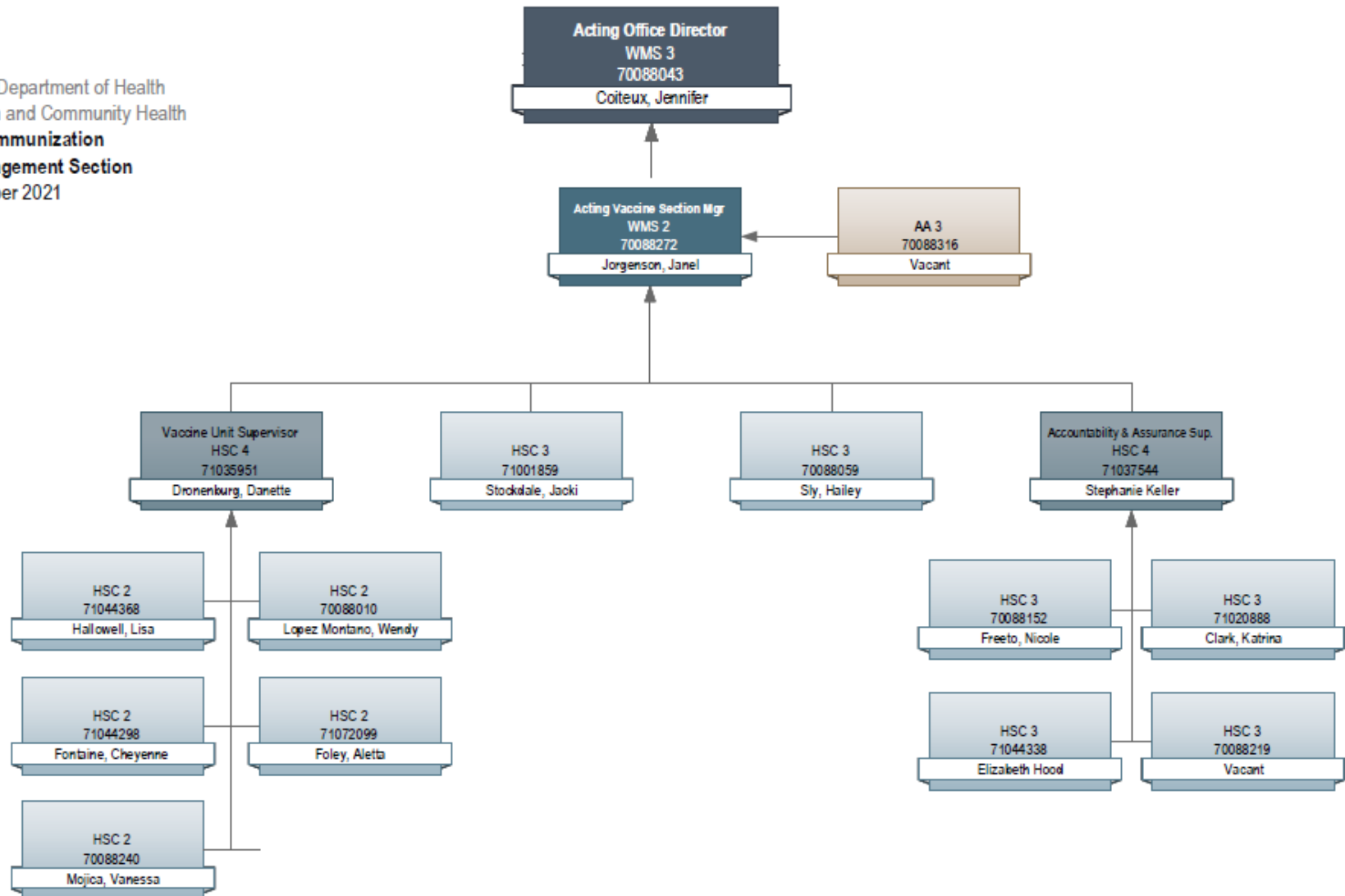


WVA VACCINE COMMITTEE
Janel Jorgenson
Acting Vaccine Section Manager
November 4, 2021

Agenda

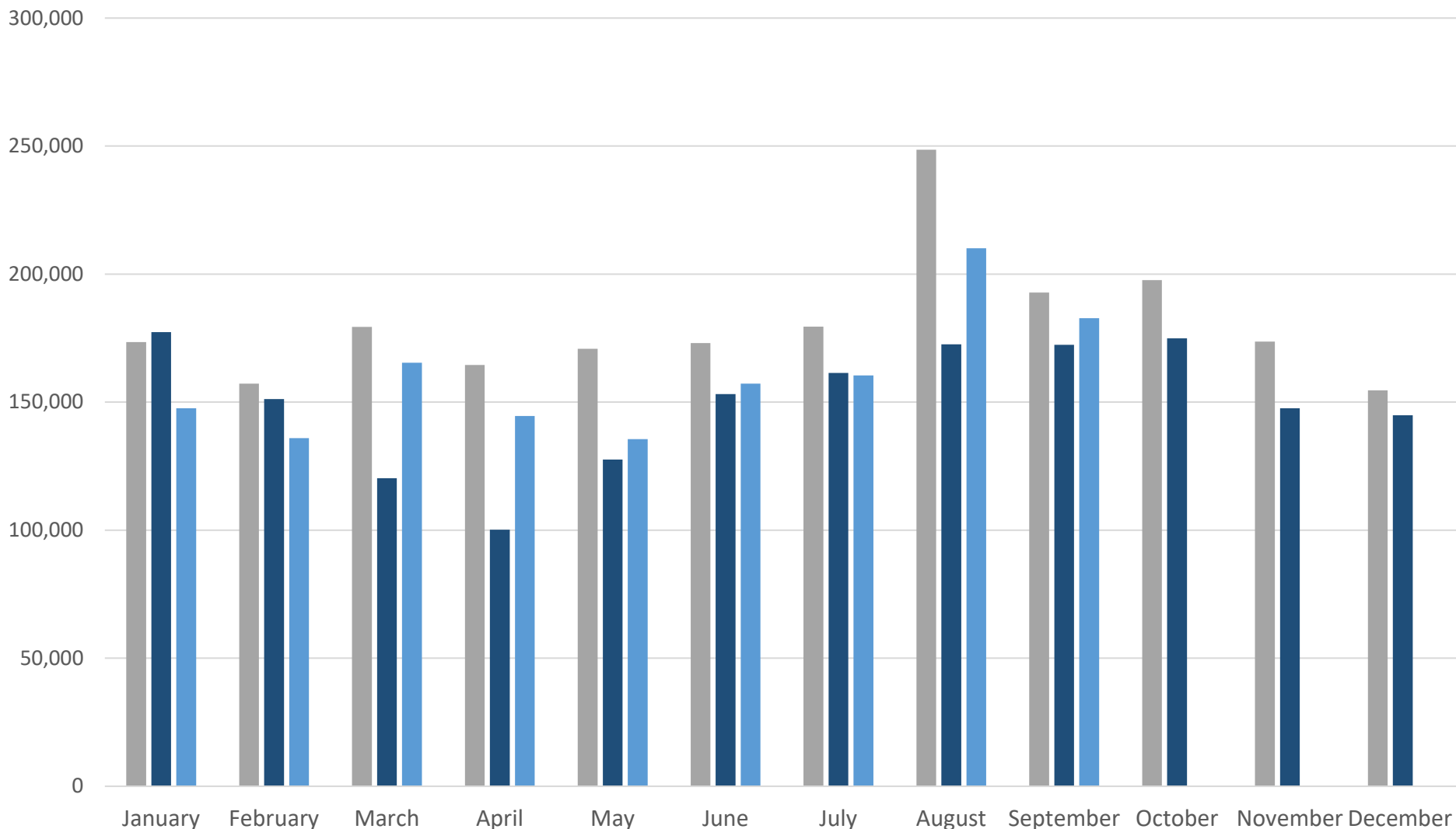
- Staffing Update
- Childhood Vaccine Uptake
- Vaccine Choice
- Influenza Update
- COVID-19 Vaccine Update

Washington State Department of Health
 Division of Prevention and Community Health
Office of Immunization
Vaccine Management Section
 October 2021



Monthly Vaccines* Administered for Individuals 0 through 18 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021

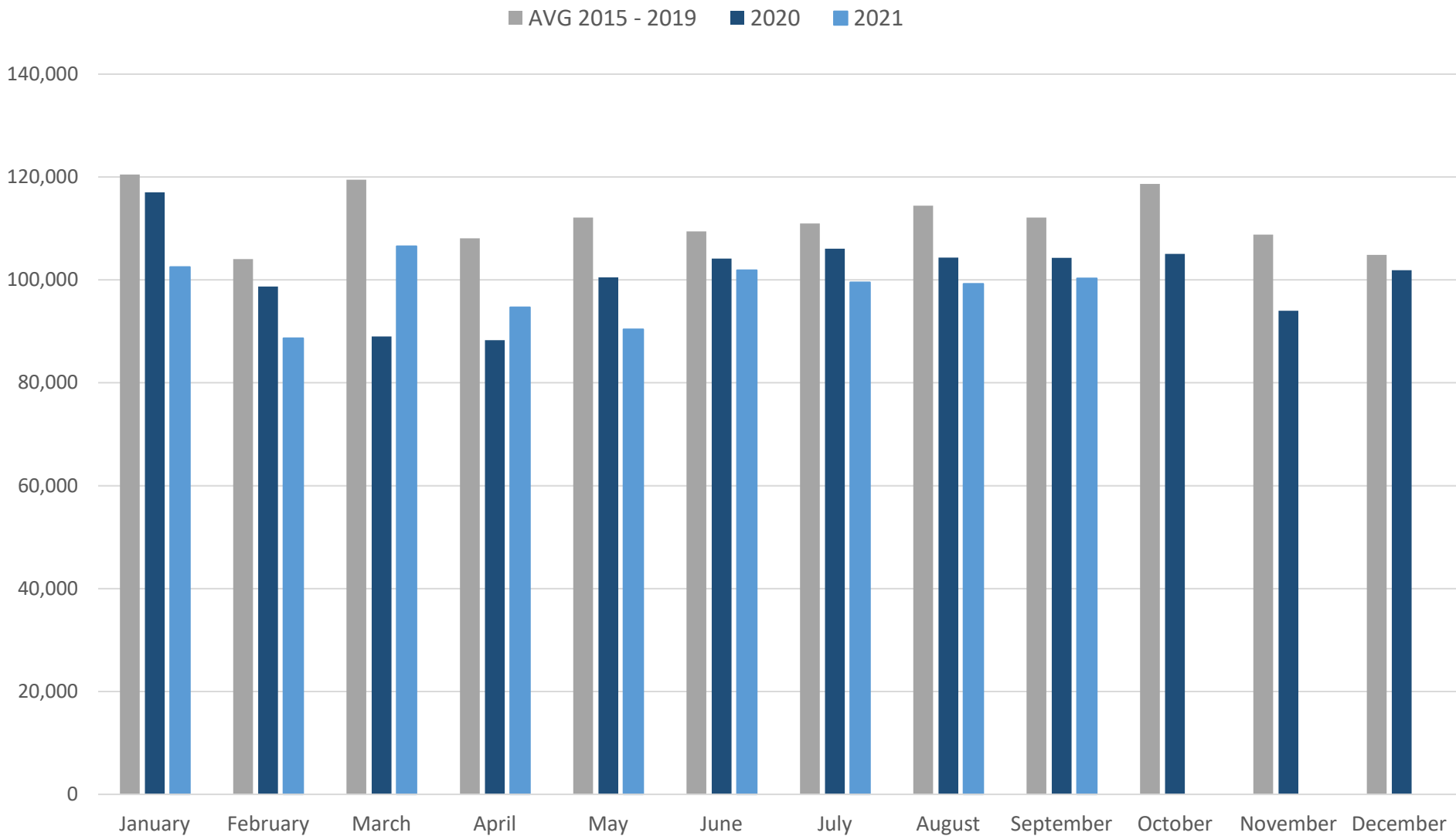
■ AVG 2015 - 2019 ■ 2020 ■ 2021



Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

*Does not include Influenza and COVID-19 vaccine doses administered

Monthly Vaccines* Administered to Children 0 through 24 months old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021



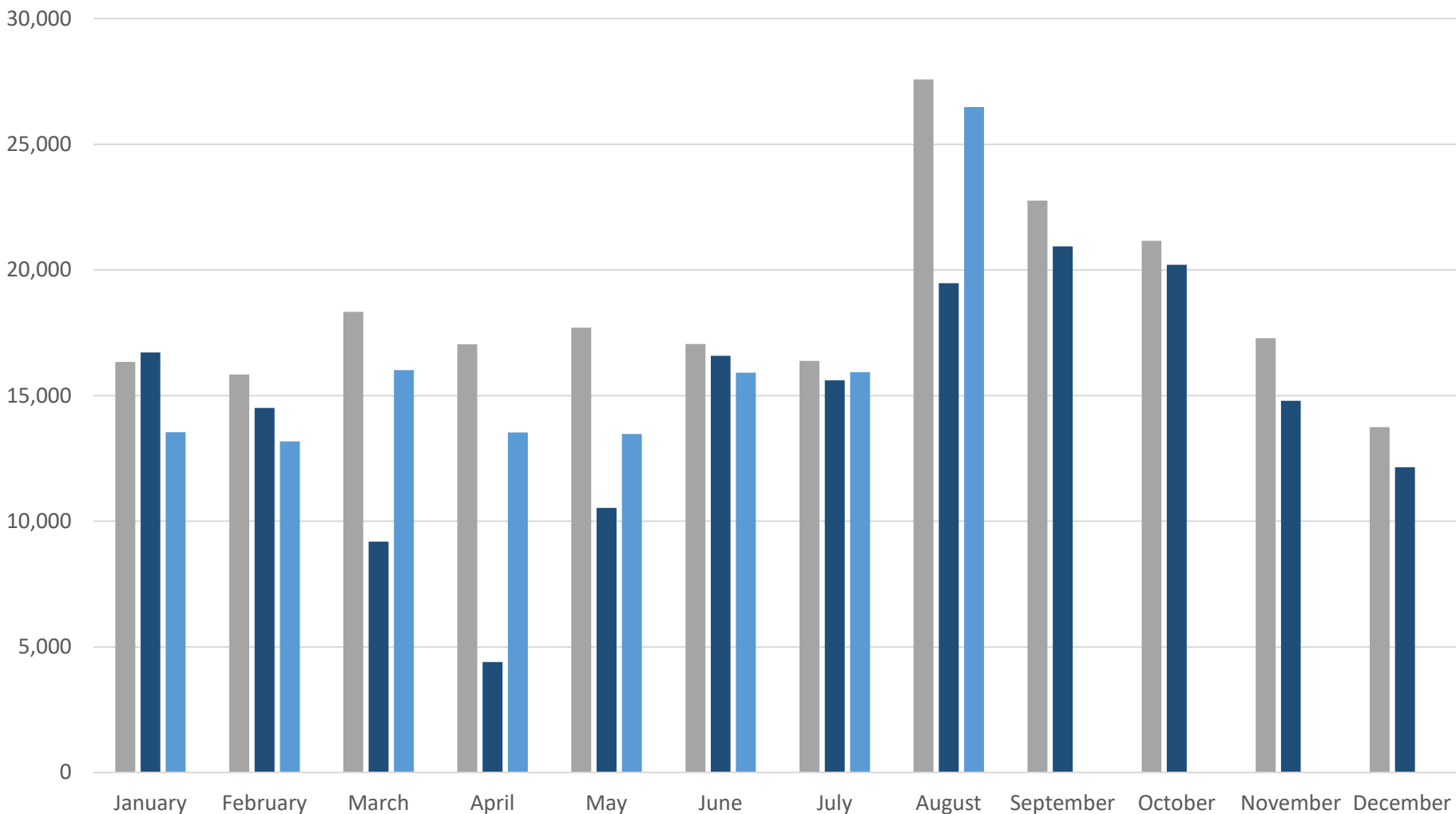
Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

*Does not include Influenza vaccine doses administered

Monthly Vaccines* Administered to Children 4 - 6 years old in Washington State

Comparing Average Number in 2015-2019 with 2020 and 2021

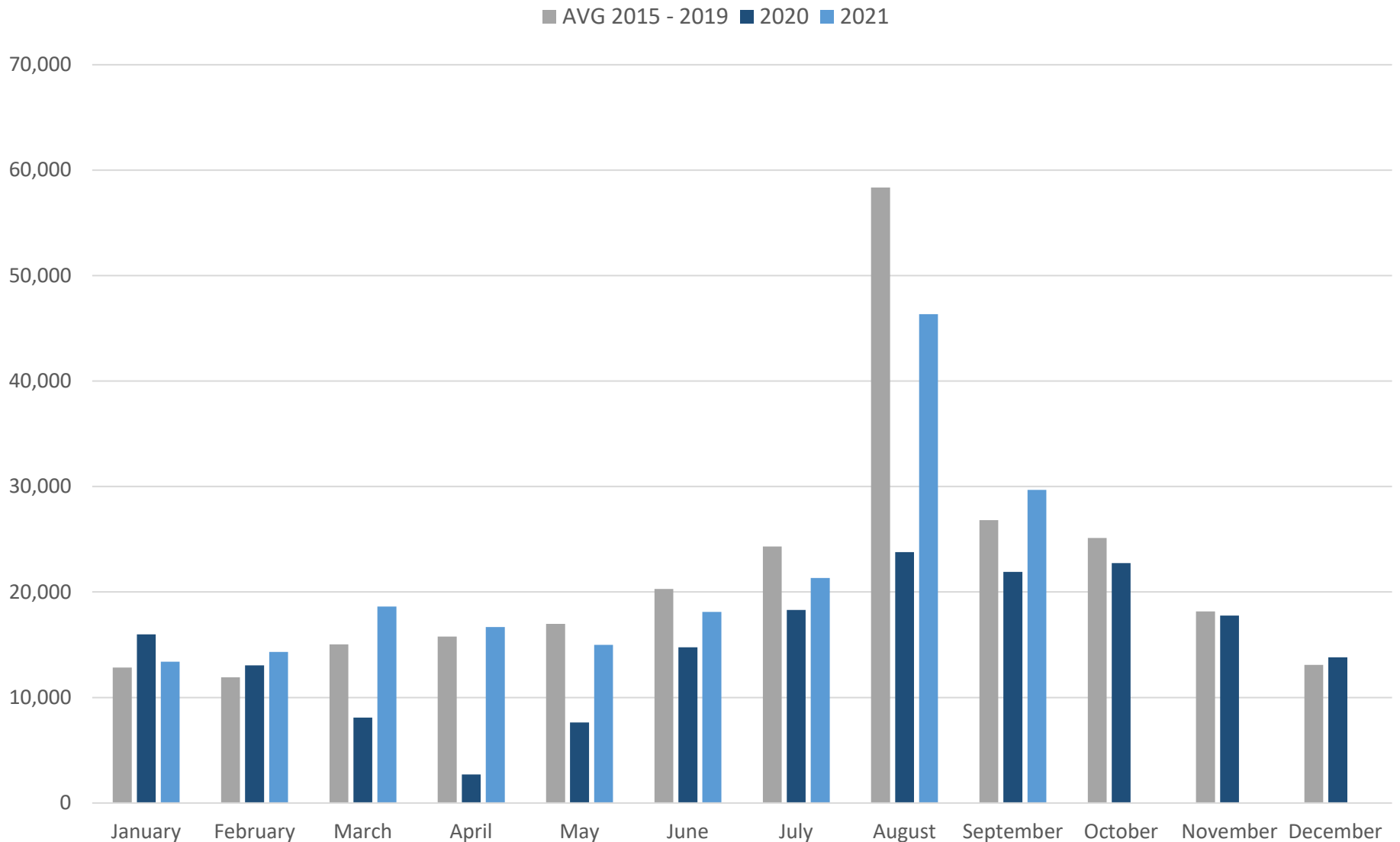
■ AVG 2015 - 2019 ■ 2020 ■ 2021



Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

*Does not include Influenza vaccine doses administered

Monthly Vaccines* Administered to Adolescents 11 - 12 years old in Washington State Comparing Average Number in 2015-2019 with 2020 and 2021

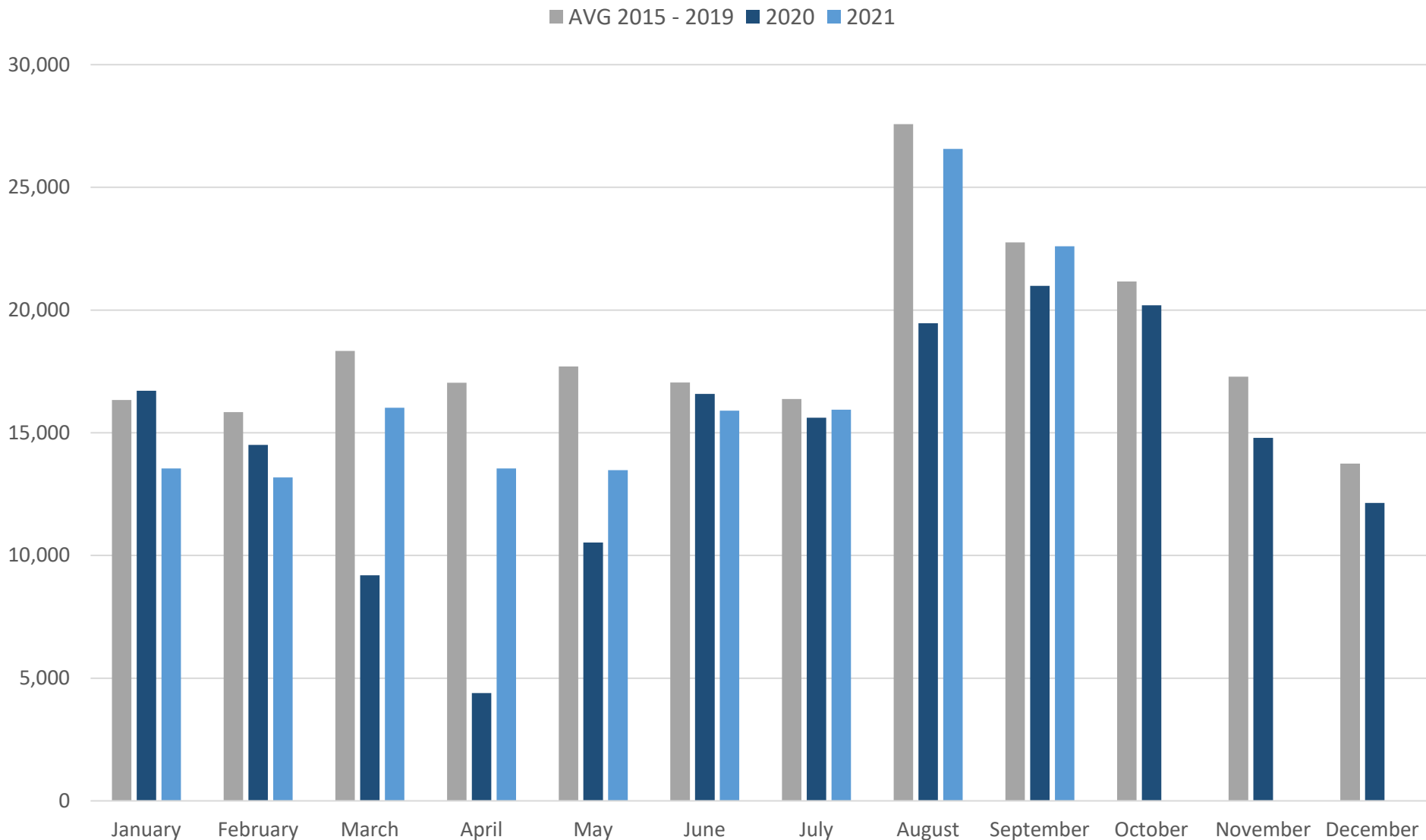


Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

*Does not include Influenza and COVID-19 vaccine doses administered

Monthly Vaccines* Administered to Teens 13 - 17 years old in Washington State

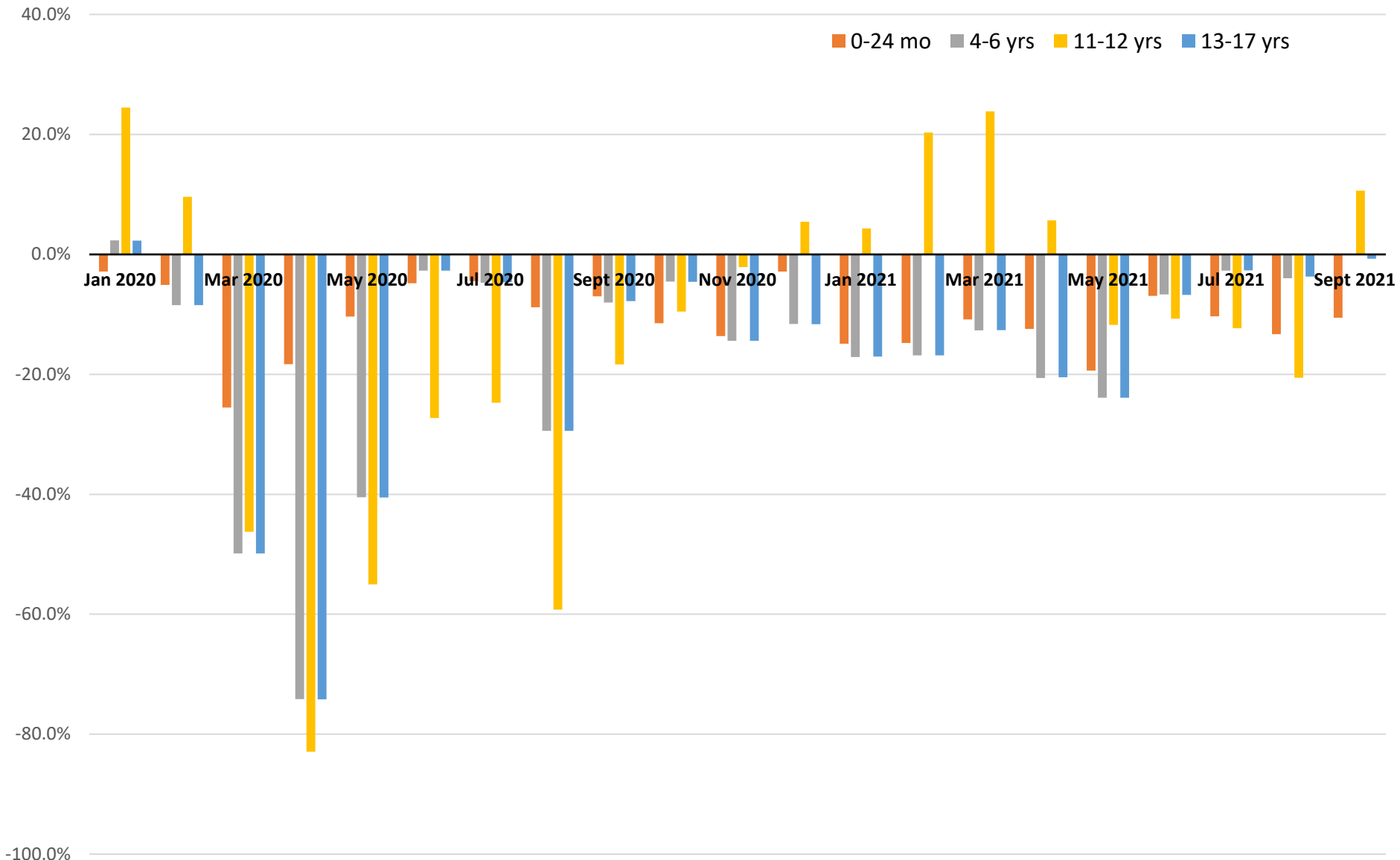
Comparing Average Number in 2015-2019 with 2020



Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

*Does not include Influenza and COVID-19 vaccine doses administered

Monthly Percent Change in Vaccines Administered Comparing Average Number in 2015-2019 with 2020-2021, Various Age Groups, Washington State



Data source: WA State Immunization Information System; all vaccines reported as of 10/19/2021

Vaccine Choice



What

- Allows providers to select their brand preference when more than one available
- Vaccine without multiple brands are available to all providers



When

- Upon enrollment into the program
- Twice a year
- Spring/Fall



How

- Complete form and submit
- Program makes changes in IIS for all providers
- Notified when changes are complete

2021-2022 Childhood Flu Vaccine

Flu Vaccine	FluLaval 0.5mL PFS (6 mo -18 yrs)	Fluzone 0.5mL PFS (6 mo -18 yrs)	Fluzone 5.0mL MDV (3-18 yrs)	Flucelvax 0.5mL PFS (6 mos -18 yrs)	FluMist 0.2mL Sprayer (2-18 yrs)
Total Doses	275,000	275,000	50,000	10,000	40,000
Allocation Received	93.3%	83.4%	91.5%	55.6%	100%
Doses Ordered by Providers	107,770	89,140	38,340	5,560	14,050
Remaining	58%	61%	16%	0%	65%

Janel Jorgenson

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