

What: Vaccine Committee Agenda
When: November 16, 2022; 1:00-2:00 p.m. PT
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.

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:
1:00-1:05 p.m.			1. Introductions/Notice of Recording	J. Dunn/J. Zell
1:05-1:10 p.m.	Pg. 3-4	*	2. Calendar Consent Items a. Vaccine Committee Minutes (April 21, 2022)	E. Marcuse
1:10-1:30 p.m.			3. DOH Updates	J. Jorgenson
1:30-1:40 p.m.	Pg. 5-7	*	4. HPV Taskforce Update	S. Zorn
1:40-1:55 p.m.	Pg. 8-10	*	5. WVA Updates a. COVID rollout plan b. Vaccine Committee Charter Updates	J. Zell/P. Miller
1:55-2:00 p.m.			6. Public Comment	
2:00 p.m.			7. Closing	E. Marcuse

*Indicates agenda item attached
Red text indicates an action item

November 16, 2022

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 22, 2022 meeting minutes.

[To approve April 22, 2022 meeting with the changes suggested at the meeting.]

Items under Agenda Section 5:

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 21, 2022; 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

Ed Marcuse, MD, Emeritus Professor of
Pediatrics, University of Washington, Chairman
Amy Person, MD, Benton-Franklin Health District
Jeff Gombosky, Pharmaceutical Research and
Manufacturers of America
Janel Jorgenson, Washington Department of Health
James Chattra, MD, FAAP, Allegro Pediatrics
Helen Chea, MD, Molina Healthcare
Kristi A. Rice, MD, MultiCare Deaconess Hospital
John Dunn, MD, Kaiser

WVA

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

Helms & Company, Inc.

Patrick Miller, MPH, WVA, Administrative
Director
Ashley Ithal, MPH, Project Support Leader
Lisa White, MS, JD, Customer and Financial
Support Specialist

Other

Rick Hourigan, MHA, MD, Market Medical
Executive, PNW, Cigna
Breelyn Young, GSK
Carrie Jenner, MD, Pierce County Immunization
Coalition (PCIC)

II. Summary of Actions Taken and/or Recommended

Actions Taken (votes adopted)

- i. To approve the November 4, 2021, meeting minutes.

III. Minutes

Welcome and Introductions

At 12:03 p.m. Dr. Marcuse called the meeting to order and took roll call. Ms. Zell announced that the meeting would be recorded for the benefit of the minute taker, to be deleted once the minutes are approved. Dr. Marcuse previewed the agenda. He then recognized and thanked Dr. Chattra for his service as this is his last Committee meeting. Dr. Chattra recruited his successor, Dr. Amy Carter, who will be introduced during the next meeting.

Calendar Consent Items

Dr. Marcuse asked for a motion to approve the minutes. Upon motion duly made and seconded, it was unanimously

VOTED: To approve the November 4, 2021, meeting minutes.

IV. 2022-2023 Vaccine Assessment Grid

Ms. Zell presented the proposed 2022-2023 Vaccine Assessment Grid (Grid) to the Committee. She reported that no CPT code changes will occur this year, and there are only a few NDC code updates. Ms. Zell noted that the Grid amounts will not increase in July, but next year we expect to make a modest increase due to inflation. Ms. Zell stated that the Board and Finance Committee determined that the WVA's reserves are sufficient to keep rates steady; this reduced the operational burden on providers to load new rates, and it helps to reduce assessment errors. Mr. Miller noted that one more version of the Grid will be created to address formatting issues before it is presented to the Operations Committee for approval next week.

V. Department of Health (DOH) Leadership Updates

Ms. Jorgenson provided a DOH staffing update. Ms. Michele Roberts has moved permanently into the Assistant Secretary for the Division of Prevention and Community Health role. This staffing change leaves the Office Director role vacant. The DOH is soliciting feedback from partners about this open position and Ms. Jorgenson will share a survey link for Committee members to provide feedback. Ms. Jorgenson reported that Ms. Roberts will continue serving on the WVA Board and Committees while delegating duties to Ms. Jorgenson, as needed.

VI. Pediatric COVID-19 Vaccines

Ms. Jorgenson reported that the DOH has been fielding questions about the status of COVID-19 vaccinations for babies. She reported that the Centers for Disease Control and Prevention (CDC) provided the DOH an update that these vaccinations could be available beginning in June 2022, as both Pfizer and Moderna have submitted paperwork to the Food and Drug Administration (FDA) for review. Dr. Dunn reviewed a map from the American Academy of Pediatrics (AAP) highlighting COVID-19 vaccine uptake for children. For Washington, 35% of children ages 5-11 and 67% of children ages 12-17 have completed a 2-dose series of the COVID-19 vaccine as of April 13, 2022 (<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-vaccination-trends/>). Dr. Dunn reported that boosters are being considered for children ages 5-11. He reminded the group that children ages 12-17 are already eligible for COVID-19 boosters.

VII. Status of Childhood Vaccine Coverage

Ms. Jorgenson provided an overview of the coverage data that the DOH assessment team gathered over the past year and a half. She reported that current vaccine doses administered in children is 13.1% lower compared to pre-pandemic levels. The largest decrease is in 19-35 month olds that have seen a 9.6% overall decline in coverage for 4:3:1:3:3:1:4 series; although trends are unclear. In 4-6 year olds, a 3.9% overall decrease in coverage has been reported. Dr. Marcuse pointed out the DTaP and MMR rates as they are critical to prevent community spread. In 11-12 year olds, a 3.6% overall decrease in coverage has been reported. In 13-17 year olds, a 1.3% increase in coverage was reported. Ms. Jorgenson shared that these data, in more detail, will be included in the *2022 Washington Childhood Immunization Report* which should be posted to the Washington DOH website soon. Ms. Jorgenson also shared the following link to the Washington DOH Data Dashboard: <https://doh.wa.gov/emergencies/covid-19/data-dashboard#Vaccination>.

Dr. Rice summarized the joint efforts between the DOH and the Washington Chapter of the American Academy of Pediatrics (WCAAP) as it relates to the efforts of the Washington Immunization Learning Collaborative. Dr. Rice and Dr. Marcuse both highlighted that children have not been seen in the office for long periods of time for a variety of reasons.

Dr. Jenner, of the Pierce County Immunization Coalition (PCIC), shared membership information as well as upcoming PCIC events, including the *What's Up Doc?* webinar series. To attend any of these events, please send an email to piercecountyimmscoalition@gmail.com for an invitation. The PCIC focuses on provider education and advocacy.

VIII. Closing

The meeting adjourned at 1:01 p.m.



Washington
Child Health Improvement Partnership



HPV Vaccine Start at Age 9

Sherri Zorn MD, FAAP

Seattle, Washington

National HPV Vaccination Roundtable, Best Practices Task Group



HPV Vaccinations: 9 Benefits of Starting at Age 9

<https://youtu.be/hCpNJ1Rv9YQ>



HPV Vaccine Start at Age 9

July 2022:
VAC meeting

Vaccine Advisory
Committee

<https://doh.wa.gov/sites/default/files/2022-07/348-896-HPVVaccinationAge9RequesttotheSecretary.pdf?uid=634f1b7a25dd8>

THEREFORE, THE WASHINGTON STATE VACCINE ADVISORY COMMITTEE RESPECTFULLY REQUESTS SECRETARY SHAH TO TAKE ACTION PROMPTLY TO:

1. Encourage providers to consider routinely starting HPV vaccination at age 9 years, in accordance with current CDC guidance, and convey this information on all HPV immunization materials including printed and electronic communications issued by the Department of Health (DOH).
2. Change the Washington State Immunization Information System (WAIS) forecasting function so that an HPV vaccination prompt at age 9 alerts providers to start the HPV series and thereby help to extend protection against this cancer-causing viral infection to more Washington youth.
3. Track and publish state and county-level data on HPV vaccination coverage rates for children ages 9-10 annually.

Request:

- Promote at age 9
- Forecast at age 9
- Track rates at age 9-10

Next steps:

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