

Dr. John Dunn, Chair
Ms. Julia Zell, Executive Director
Washington Vaccine Association
Via email

September 27, 2023

Dear Dr. Dunn and Ms. Zell,

The Washington Chapter of the American Academy of Pediatrics is writing to urge the Washington Vaccine Association (WVA) to implement an interim solution to ensure universal purchase for Nirsevimab this respiratory syncytial virus (RSV) season for infants and toddlers until the statute governing WVA may be appropriately updated (in 2024) to allow for scientific advances in disease prevention. We speak on behalf of 1200 pediatric health care providers from across the state to appeal to you and all Washington State health plans to implement a collaborative interim approach this fall and winter to ensure this life-saving medication may be administered in the most cost-effective, accessible, and equitable manner possible – through our universal purchase system, facilitated by the WVA.

RSV is highly contagious and the most common cause of hospitalizations for babies less than one year old. Between one and three percent of infants with RSV will need hospitalization for nutrition, intravenous fluids, respiratory support and / or supplemental oxygen. A vast majority (80%) of infants hospitalized for RSV are healthy, term newborns. Nirsevimab protects infants under 8 months from RSV and has been shown to reduce the risk of both hospitalizations and health care visits by about 80 percent.

For many years our state's universal purchase system has improved child, teen and public health, improved access, reduced disparities and wielded the most cost-effective purchase power possible. These are goals we all share as a state, society, providers, and payers.

It is of critical significance that this system be ensured for Nirsevimab purchase and administration this rapidly approaching respiratory virus season, most importantly to reduce disease and harm for babies. Furthermore, unvarying access to Nirsevimab is essential for health equity for Washingtonians as children who live in families with low incomes are at high risk for severe RSV.

In addition to preventing acute disease or even death in babies this respiratory season, and to help overstretched healthcare systems in limiting the demands of the winter respiratory virus surge on offices, emergency rooms and acute hospital-based pediatric units, we want to ensure the greatest possible access to Nirsevimab to prevent acute health care expenses for infants

with RSV, prevent potential longer term health impacts to children from RSV, including recurrent wheezing and lower respiratory tract disease (and the associated health care costs) and to ease administrative and financial burden on our already taxed healthcare system – in all parts, primary care, urgent care and acute/inpatient settings. A dual-purchase approach would result in otherwise avoidable efforts and administrative waste on behalf of stretched providers, without value added for patients. We want our providers to be able to focus on patient care – not worry about supply or complex ordering and administration.

Lastly, it is in our collective interest to utilize WVA and a voluntary all-payer approach to purchase Nirsevimab to make the best use of our precious healthcare dollar in the purchase of the medication itself. Through universal purchase and the WVA, we will reduce the cost per dose of Nirsevimab by about 25 percent.

Please implement a voluntary and collaborative approach to administering Nirsevimab through WVA this respiratory season. The alternative would result in needless harm to babies, inequitable health outcomes, and use of intensive, more expensive health care resources when cost-effective prevention is now available to us.

We would be happy to provide any support toward this end and are deeply grateful for all you are doing for infants, children and families.

Sincerely yours,



Frank Bell, MD
WCAAP Vaccine Committee Chair
fbell@wcaap.org



Maria Huang, MD
WCAAP Vaccine Committee Chair
mhuang@wcaap.org



Sarah Rafton, MSW
Executive Director
srafton@wcaap.org
206.293.3540

Cc: The Honorable Governor Jay Inslee
Secretary of Health, Umair Shah, MD, MPH