

1 **Meeting Notes**
2 **WVA Special Purpose RSV Board Meeting**
3 **September 28, 2023; 12:00-2:00 p.m. PT**
4

5 **I. Attendance.** This meeting was conducted in person and by webinar. Participating in all or part of the
6 meeting were the following individuals:
7

8 Directors

9 John Dunn, MD, MPH, Kaiser Permanente, *Chair*
10 Beth Harvey, MD, South Sound Pediatrics, *Vice*
11 *Chair* (virtual)
12 Ed Marcuse, MD, MPH, FPIDS, University of
13 Washington, *Secretary*
14 John Sobeck, MD, MBA, Regence Blue Shield,
15 *Treasurer* (virtual)
16 Pam Sheffield, MD, Aetna (virtual)
17 Jason Farber, Esq., Davis Wright Tremaine LLP
18 (virtual)
19 Kara Manley, United (virtual)
20 Chad Murphy, PharmD, Premera (virtual)
21 Michele Roberts, Washington Department of Health
22 (virtual)
23 Helen Chea, MD, Molina Healthcare (virtual)
24 Chad Murphy, Premera (virtual)
25

26 WVA

27 Julia Walter Zell, MA., Esq., Executive Director
28 Cheri Cagle, WVA Stakeholder Liaison (virtual)
29

30 Helms & Company, Inc.

31 Patrick Miller, MPH, WVA, Administrative Director
32 Ashley Ithal, MPH, WVA, Program Support
33 Leslie Walker, CPA, Mason+Rich, PA
34

35 Others

36 Jamilya Sherls-Jones, Washington Department of
37 Health (virtual)
38 Megan Cichy, Washington Department of Health
39 (virtual)
40 Janel Jorgenson, Washington Department of Health
41 (virtual)
42 Kelly Cooper, Wash Washington Department of
43 Health (virtual)
44 Sam Pskowski, Washington Department of Health
45 (virtual)
46 Marina Martinez, Washington Chapter of the
47 American Academy of Pediatrics (virtual)
48 Eric Sonju, Washington Attorney General's Office
49 (virtual)
50 Kiran Griffith, Esq., Stoel Rives
51 Anne Redman, Esq., Perkins Coie (virtual)

52 **II. Minutes**
53
54

55 Welcome and Introductions

56 At 12:02 p.m. Ms. Zell called the meeting to order and announced that the meeting would be recorded for the benefit
57 of the minute taker, to be deleted once the minutes are approved. At the beginning of the meeting Jason Farber notified
58 the Chair and provided a chat note stating that he would abstain from action at the meeting including all votes, and
59 confirmed his participation in discussion did not constitute his assent.
60

61 Ms. Zell, stating the need to begin quickly, skipped introductions and asked Ms. Roberts to review the Washington
62 State Department of Health's (DOH) position on including nirsevimab in the state universal vaccine program, and the
63 agency's request that the WVA fund it this RSV season in advance of express statutory language that would it to do
64 so. Ms. Roberts outlined what the state's universal vaccine program provides for Washington: equitable access to
65 vaccines regardless of insurance status; reduction in payer expenditures via U.S. Centers for Disease Control and
66 Prevention (CDC) federal contract purchases (~ 30% savings); mitigation of financial, staffing, inventory, and related
67 provider burdens due to a single vaccine stock in provider offices. Ms. Roberts acknowledged the Advisory Committee
68 on Immunization Practices' (ACIP) immunization recommendations for nirsevimab are unique, as nirsevimab does
69 not fall within WVA's statutory definition of "Vaccine" as it is technically a monoclonal antibody. She reported that
70 the DOH will seek a technical, minor statutory change to align the state's definition with ACIP's," which would allow
71 products such as nirsevimab to be added to the state universal vaccine program if recommended by ACIP and covered
72 by VFC. Ms. Roberts concluded by stating that the Governor's Office has committed to support the statutory change
73 to the WVA's enabling legislation.
74

75 Ms. Zell began by providing an overview of the summary of actions the WVA has taken since the ACIP voted to
76 include nirsevimab in its routine immunization schedule, highlighting the Executive Committee meeting on 8/17/23,
77 and the formal request from DOH to fund nirsevimab.

78
79 Ms. Zell called on Dr. Marcuse to provide a summary of WVA Vaccine Committee’s meeting and recommendations
80 to the Board. Dr. Marcuse began by outlining the clinical efficacy of nirsevimab, which was recommended by the
81 ACIP for inclusion on the CDC’s immunization schedule and the Vaccines for Children program. It is a monoclonal
82 antibody providing passive immunization in infants and toddlers against RSV. Dr. Marcuse reviewed the role of the
83 WVA and the Vaccine Committee in making recommendations on specific immunizations to fund via the state
84 universal vaccine program. He noted that virtually all universally available vaccines have been listed on the CDC’s
85 federal contract and are available under the program. He stated that nirsevimab presents a unique issue for the WVA
86 in that it is not a vaccine that stimulates active immunity, but it is an antibody that confers passive immunity. Therefore,
87 nirsevimab does not fit under the statutory definition of “Vaccine” in the WVA’s establishing statute. Dr. Marcuse
88 discussed the importance of obtaining consultation from third-party, non-board member experts to inform the WVA
89 Vaccine Committee’s deliberations and recommendations. In that vein, he invited Dr. Amy Carter, Allegro Pediatrics,
90 and Dr. Frank Bell, Swedish Health Services, to join a special session of the WVA Vaccine Committee on September
91 21, 2023, to provide an overview of the clinical importance of nirsevimab. Dr. Marcuse and Ms. Zell each highlighted
92 recommendations from the WVA Vaccine Committee for the Board to consider in its executive session at today’s
93 meeting.

94
95 Ms. Zell proposed the group move into executive session. Ms. Roberts requested that Dr. Sherls-Jones, Mr. Sonju and
96 Ms. Jorgenson join her on behalf of the WA DOH.

97
98 **III. Public Comments – No public comments.**

99
100 **IV. Executive Session – Confidential.**

101
102 **V. Closing**

103
104 The meeting was adjourned at 2:03 p.m. PT.