

What: Vaccine Committee Agenda

Date & Time: March 7, 2024; 12:00-1:00 p.m. PT

Location: Webinar/Teleconference

This meeting will take place solely by webinar. WVA values comments by the public about the work of the WVA. To register for the meeting, please review the <a href="mailto:Public Comment Protocol">Public Comment Protocol</a> then email <a href="mailto:wvameetings@wavaccine.org">wvameetings@wavaccine.org</a> 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

Approx. Time	Pg.		Topic/[Anticipated Action]	Presented by:
12:00-12:05 p.m.			1. Introductions/Notice of Recording	E. Marcuse
12:05-12:10 p.m.	Pg. 2-3 Pg. 4-5	*	Action Items     a. Approve Vaccine Committee Minutes         (April 27, 2023)     b. Approve Special Purpose Vaccine         Committee Minutes (September 21, 2023)	E. Marcuse
12:10-12:30 p.m.			Nirsevimab Update     a. Distribution & Uptake     b. Provider Experience     c. Health System Experience     d. Legislation Status Update	DOH / A. Carter / J. Dunn / B.Harvey J. Dunn
12:30-12:35 p.m.			4. Respiratory Vaccine Distribution and Challenges a. Influenza Vaccines b. COVID-19 Vaccines	DOH / E. Marcuse
12:45-12:50 p.m.			5. Assessment of MMR Coverage by Geographic Area a. Risk of Outbreak	DOH / E. Marcuse
12:50-12:55 p.m.			6. WVA Updates a. Challenge of Providing Vaccine to Providers without Billing Systems: School-based Clinics, Local Health Jurisdictions	J. Zell
12:55-1:00 p.m.			7. Public Comment	Any
1:00 p.m.			8. Closing	E. Marcuse

<sup>\*</sup>Indicates agenda item attached Red text indicates an action item



1 2 2	Meeting Notes Vaccine Committee Meeting April 27, 2023; 12:00-1:00 p.m. PT								
3 4		April 27, 2023;	12:00	)-1:00 p.m. P1					
5 6	I.	<b>Attendance.</b> This meeting was conducted were the following individuals:	solel	y by webinar. Participating in all or part of the meeting					
7 8 9 10 11 12 13 14 15 16 17 18	Pediatrics, U Pam Sheffiel Amy Carter, Helen Chea, John Dunn, I Jeff Gombos Manufacture Janel Jorgen Amy Person Kristi A. Ric	sky, Pharmaceutical Research and ers of America son, Washington Department of Health , MD, Benton-Franklin Health District ee, MD, Providence	21 22 23 24 25 26 27 28 29 30 31 32	WVA Julia G. Zell, MA, Esq., Executive Director  Helms & Company, Inc. Patrick Miller, MPH, WVA, Administrative Director Ashley Ithal, MPH, Project Support Leader  Other Carrie Jenner, MD, Pierce County Immunization Coalition (PCIC) Breelyn Young, GSK					
20 33 34 35	Sherri Zorn, II.	MD, Independent Consultant  Summary of Actions Taken and/or Reco	mme	nded					
36 37 38 39	Actions Taken (votes adopted)  i. To approve the November 16, 2022 Vaccine Committee meeting minutes with changes requested at the meeting.								
40 41	III.	Minutes							
42 43 44 45	Welcome and Introductions At 12:05 p.m. Dr. Marcuse called the meeting to order. Ms. Zell announced that the meeting would be recorded for the benefit of the minute taker, to be deleted once the minutes are approved.								
46	Calendar Co								
47 48		asked for a motion to approve the minutes. conded, it was unanimously	Dr. Z	Zorn asked for several clarifications. Upon motion duly					
49 50 51 52		TED: To approve the November 16, 20 uested at the meeting.  Department of Health (DOH) Updates	022 V	Vaccine Committee meeting minutes with changes					
53 54	Staffin a I In a	lates							
54 55 56 57 58 59	Ms. Jorgenson reported that the Department of Health (DOH) Office of Immunization is going through a COVID forward planning process to review all bodies of work and related positions connected to COVID now that the Public Health Emergency is ending and funding for those positions will end in 2024. It is expected that duties will either be incorporated into the Office of Immunization or transitioned to another part of the Department.								
60 61 62 63	Ms. Jorgenson season. Influ	nenza vaccine distribution to date is at 67%	of th	wer within the Childhood Vaccine Program (CVP) this ose doses purchased within the CVP. Historically, the ported that this year's influenza pre-book in February					

2023 was reduced by 30,000 doses based on provider ordering history. Dr. Zorn stated that many providers are hesitant

to provide the FluMist vaccines due to concerns about lower efficacy.

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# Promoting HPV Vaccine at Age 9

Ms. Jorgenson reported that the DOH has incorporated the recommendation from the Vaccine Advisory Committee to encourage and promote the HPV vaccine series starting at age nine. The DOH has sent letters to providers specifically encouraging this. Dr. Zorn added that the DOH has provided a useful suite of materials for promoting HPV at age nine, including translation of these materials into various languages to reach a broader range of the population. Additionally, two HPV provider training webinars have been scheduled. Dr. Zorn reported that current coverage rates are climbing in the 9- to 10-year-old age group.

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## Pneumococcal Vaccine Update (Prevnar 13, 20; Vaxneuvance)

Ms. Jorgenson provided an update on the potential licensure and ACIP consideration of Pfizer's Prevnar 20 (PCV20) vaccine for children. She provided the expected timeline for approval and other details about its potential to receive a ACIP recommendation The PCV20 vaccine, if approved, is planned to replace the current product, however, both products will be available through the CVP through the CDC contract for a period of time Ms. Jorgenson next provided an update on vaccine choice, and the window opened April 26 for two weeks to allow providers the option to change their vaccine brand, if desired. Discussion ensued within the Committee.

### V. Committee Discussions

## Status of Immunization Coverage Catch-up

Dr. Jenner reported improvement in well check-up visits including children that have not been seen since the start of the pandemic, and this is consistent with the quality improvement metrics being gathered in her clinics. Dr. Rice reported that she has not seen as many people coming to her clinics compared to rates pre-pandemic. Further, she reported that her clinics have seen a decline in meningitis vaccine administration at 11 years of age. Dr. Rice believes vaccine hesitancy has increased and the reasons behind the hesitancy has changed. Dr. Dunn reinforced Dr. Rice's reporting and stated that immunization rates have not rebounded as expected. The Committee concurred that slow coverage catch-up rates could be attributed to hesitancy or difficulty accessing provider offices.

# **COVID Vaccines**

Dr. Carter expressed concerns about the unknowns around COVID commercialization information. Dr. Dunn stated that the messaging is difficult to create that would convince vaccine-hesitant people to seek a COVID vaccine for themselves or their children.

#### Prospects for RSV Vaccine

Dr. Marcuse and Dr. Dunn discussed the complexity of the RSV vaccines in the current pipeline. Related, Dr. Dunn shared a recent article from the New England Journal of Medicine which discusses the design of these vaccines (available at: <a href="https://www.nejm.org/doi/full/10.1056/NEJMp2216358">https://www.nejm.org/doi/full/10.1056/NEJMp2216358</a>). Dr. Carter also shared a recent article from Scientific American about the importance of RSV vaccine development (available at: <a href="https://www.scientificamerican.com/article/rsv-vaccines-are-nearly-here-after-decades-of-false-starts/">https://www.scientificamerican.com/article/rsv-vaccines-are-nearly-here-after-decades-of-false-starts/</a>). Dr. Marcuse expects that two RSV vaccines are on the horizon that the WVA will need to consider.

#### Guidance for Distribution of Educational Opportunities

Dr. Marcuse discussed a process for continuing education opportunities through this group via communications from Ms. Zell. Discussion regarding distribution of opportunities for continuing vaccine education occurred.

## VI. Public Comments

No public comments.

VII.

The meeting adjourned at 12:59 p.m. PT.

Closing



1 2 3 4	Special RSV Vac		otes ommittee Meeting :00-8:00 a.m. PT				
5	I. Attendance. This meeting was conducted	Attendance. This meeting was conducted solely by webinar. Participating in all or part of the meeting					
6	were the following individuals:						
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8	<u>Members</u>	27	Julia G. Zell, MA, Esq., WVA Executive Director				
9	Ed Marcuse, MD, Emeritus Professor of	28 29	Cheri Cagle, WVA Stakeholder Liaison				
10	10 Pediatrics, University of Washington, Chair						
11	1 Amy Carter, MD, Allegro Pediatrics		Helms & Company, Inc.				
12	12 John Dunn, MD, Kaiser Permanente		Patrick Miller, MPH, WVA Administrative				
13	13 Jeff Gombosky, PhD, Pharmaceutical Research and		Director				
14	14 Manufacturers of America		Ashley Ithal, MPH, WVA Project Support Leader				
15	5 Rick Hourigan, MHA, MD, Cigna		Leslie Walker, CPA, Mason+Rich				
16	6 Carrie Jenner, MD, Pierce County Immunization						
17	Coalition		Other				
18	8 Janel Jorgenson, Washington Department of Health		Helen Chea, MD, Molina Healthcare				
19	9 Chad Murphy, RPh, Premera		Beth Harvey, MD, South Sound Pediatrics				
20			Pam Sheffield, MD, Aetna				
21	· · · · · · · · · · · · · · · · · · ·		Kiran Griffith, Esq., Stohl Rives, LLP				
22	Michele Roberts, Washington Department of Health		Frank Bell, MD, Swedish				
23	Hailey Sly, Washington Department of Health		Juliet Dang, PhD, Sequirus				
24			Nicholas Fisher, Sanofi				
25		44	Neil Kaneshiro, Premera				
26	<u>WVA</u>	45	Breelyn Young, GSK				
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47	II. Summary of Actions Taken and/or Rec	comme	nded				
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The Vaccine Committee voted to adopt the following recommendations to be presented to the Board of Directors:

- 1. WVA to work with DOH to make nirsevimab monoclonal antibody part of WA State Universal Vaccine Purchase Program.
- 2. WVA to develop a funding mechanism to protect against liability pending modification of statute governing WVA.
- 3. WVA to collaborate with DOH, WCAAP, and others to modify statute this legislative session to update definition of "Vaccine".

### III. Minutes

## Welcome and Introductions

At 7:02 a.m. Dr. Marcuse called the meeting to order. 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 provided an overview of nirsevimab, which was recommended by the Advisory Committee on Immunization Practices (ACIP) for inclusion on the CDC's immunization schedule and the Vaccines for Children (VFC) program. Dr. Marcuse confirmed that the purpose of today's meeting is for the Vaccine Committee to develop consensus on recommendation(s) that will be presented to the Board of Directors at their next meeting.

# WCAAP Presentations

Dr. Marcuse discussed the importance to obtain consultation from third-party, non-board member experts to inform the Committee's deliberations and recommendations on this matter. The following individuals provided their perspectives to the Committee:

- Dr. Frank Bell, Swedish, a pediatric infection disease specialist based in the Tacoma.
- Dr. Amy Carter, Chief Medical Officer and Pediatrician, Allegro Pediatrics.
- Janel Jorgenson, Vaccine Management Section Manager, WA Department of Health (DOH).



75 Dr. Marcuse asked for additional perspectives from these individuals be provided to the Committee:

- Ms. Zell, Executive Director, Washinton Vaccine Association.
- Kiran Griffith, Esq., Stohl Rives, LLP.

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Dr. Marcuse invited discussion which ensued.

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Upon motion duly made and seconded, it was unanimously:

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VOTED: To approve and recommend the following recommendations to the Board regarding nirsevimab:

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- 1. WVA to work with DOH to make nirsevimab monoclonal antibody part of WA State Universal Vaccine Purchase Program.
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- 3. WVA to collaborate with DOH, WCAAP, and others to modify statute this legislative session to update definition of "Vaccine".

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IV. Public Comments

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No public comments.

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V. Closing

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The meeting adjourned at 7:57 a.m. PT.