

1 **Meeting Notes**  
2 **Vaccine Committee Meeting**  
3 **April 27, 2023; 12:00-1:00 p.m. PT**  
4

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

8 <u>Members</u>	21 <u>WVA</u>
9 Ed Marcuse, MD, Emeritus Professor of	22 Julia G. Zell, MA, Esq., Executive Director
10 Pediatrics, University of Washington, <i>Chair</i>	23
11 Pam Sheffield, MD, Aetna	24 <u>Helms &amp; Company, Inc.</u>
12 Amy Carter, MD, Allegro Pediatrics	25 Patrick Miller, MPH, WVA, Administrative
13 Helen Chea, MD, Molina Healthcare	26 Director
14 John Dunn, MD, Kaiser	27 Ashley Ithal, MPH, Project Support Leader
15 Jeff Gombosky, Pharmaceutical Research and	28
16 Manufacturers of America	29 <u>Other</u>
17 Janel Jorgenson, Washington Department of Health	30 Carrie Jenner, MD, Pierce County Immunization
18 Amy Person, MD, Benton-Franklin Health District	31 Coalition (PCIC)
19 Kristi A. Rice, MD, Providence	32 Breelyn Young, GSK
20 Sherri Zorn, MD, Independent Consultant	

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34 **II. Summary of Actions Taken and/or Recommended**  
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36 Actions Taken (votes adopted)

- 37 i. To approve the November 16, 2022 Vaccine Committee meeting minutes with changes requested at the  
38 meeting.  
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40 **III. Minutes**  
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42 Welcome and Introductions

43 At 12:05 p.m. Dr. Marcuse called the meeting to order. Ms. Zell announced that the meeting would be recorded for  
44 the benefit of the minute taker, to be deleted once the minutes are approved.  
45

46 Calendar Consent Items

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

49 **VOTED: To approve the November 16, 2022 Vaccine Committee meeting minutes with changes**  
50 **requested at the meeting.**  
51

52 **IV. Department of Health (DOH) Updates**  
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54 Staffing Updates

55 Ms. Jorgenson reported that the Department of Health (DOH) Office of Immunization is going through a COVID  
56 forward planning process to review all bodies of work and related positions connected to COVID now that the Public  
57 Health Emergency is ending and funding for those positions will end in 2024. It is expected that duties will either be  
58 incorporated into the Office of Immunization or transitioned to another part of the Department.  
59

60 Influenza Vaccine 2022-23; 2023-24

61 Ms. Jorgenson reported that influenza vaccine uptake was lower within the Childhood Vaccine Program (CVP) this  
62 season. Influenza vaccine distribution to date is at 67% of those doses purchased within the CVP. Historically, the  
63 distribution rates have been closer to 80%. Ms. Jorgenson reported that this year's influenza pre-book in February  
64 2023 was reduced by 30,000 doses based on provider ordering history. Dr. Zorn stated that many providers are hesitant  
65 to provide the FluMist vaccines due to concerns about lower efficacy.  
66  
67

68 Promoting HPV Vaccine at Age 9

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

75  
76 Pneumococcal Vaccine Update (Prevnar 13, 20; Vaxneuvance)

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

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84 **V. Committee Discussions**

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86 Status of Immunization Coverage Catch-up

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

94  
95 COVID Vaccines

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

99  
100 Prospects for RSV Vaccine

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

107  
108 Guidance for Distribution of Educational Opportunities

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

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112 **VI. Public Comments**

113  
114 No public comments.

115  
116 **VII. Closing**

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