

MEETING TITLE: Vaccine Advisory Committee (VAC) Quarterly Meeting

DATE: January 15, 2015

LOCATION: SeaTac Conference Center

Facilitator/Chair:

Kathy Lofy Washington State Department of Health

Members Attending:

Mary Alison Koehnke
Carl Olden
Vikki Davis
John Dunn
Rachel Wood
Peggy Jo Eaton
Lisa Johnson
James Chattra
Jenny Arnold
Amy Person
Lisa Humphrey
Robin Fleming
Beth Harvey
Ed Marcuse
Linda Eckert

Representing:

Washington Association of Naturopathic Physicians
Washington Academy of Family Physicians
Washington State Association of Local Public Health Officials
Group Health Cooperative
Washington State Association of Local Public Health Officials
American College of Physicians
Washington Academy of Family Physicians
WA Chapter, American Academy of Pediatrics
Washington State Pharmacy Association (phone)
Washington State Association of Local Public Health Officials
Health Care Authority
Office of Superintendent of Public Instruction
Consultant
Consultant
Consultant

Washington State Department of Health Staff:

Jan Hicks-Thomson Washington State Department of Health
Michele Roberts Washington State Department of Health
Chas DeBolt Washington State Department of Health
Scott Lindquist Washington State Department of Health
Danny O'Neill Washington State Department of Health
Linda Barnhart Washington State Department of Health

Guest:

Paul Throne Washington State Department of Health
Trang Kuss Washington State Department of Health

Recorder:

Nicole Avelar Washington State Department of Health

Discussion and Recommendations	Input, Decisions and Follow-Up
<p><u>Introductions, Welcome, and Changes to Agenda</u> <i>Michele Roberts/Kathy Lofy</i></p> <p><i>Introductions</i></p> <p><u>New Members</u></p> <ul style="list-style-type: none"> ➤ Vikki Davis- Vikki graduated in 1975 with a BSN and worked in acute care until 1984 when she changed over into Public Health. She worked in rural Oregon for 9 years in a one person office and moved to Walla Walla County Health Department in 1993 as Clinic Coordinator. In 2000 she took over the position of Director of Nursing for WW County Health Department and has held that position since. Her new title is Manager of Population Health, but the duties are the same. ➤ Scott Lindquist - Scott is the new DOH Communicable Disease Epidemiologist. We introduced him at the last meeting, which he wasn't able to attend. We're glad to have Scott in this role and as a VAC member. He also has served on VAC in the past representing local health. ➤ Future new members- We still are working on getting a new representative from NAPNAP (National Association of Pediatric Nurse Practitioners), one more representative to local health (there are four positions total from WSALPHO), and a new position representing the American Indian Health Commission of Washington. <p><u>New Staff</u></p> <ul style="list-style-type: none"> ➤ Danny O'Neill -He is the new policy and performance measurement coordinator for the Office of Immunizations and Child Profile. He holds a Masters degree in Public Administration. Beginning with his time in the Peace Corps, Danny has worked broadly on public health issues concerning child welfare. Having previously performed policy work for the Women, Infants and Children (WIC) Program, his focus on food security issues, healthy eating habits and early childhood development are critical to his approach to public health issues. ➤ CDC Public Health Advisor- Our new CDC Public Health Advisor assigned to Washington (Lin Watson's old position) starts January 26. She has served as a PHA in Guam for the last two and a half years and also has worked in immunizations with CDC in Atlanta. She'll join us at our next meeting so everyone can meet her. 	<p>All welcomed</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p><u>Guest</u> ➤ Trang Kuss – Trang is a Public Health Nursing Consultant within the Office of Immunization and Child Profile. She coordinates all things related to school and childcare immunizations. She'll be joining us later for the COE and CIS discussion.</p>	
<p>Approval of last meeting Minutes <i>Michele Roberts</i></p>	<p>Moved to Approval : <i>Rachel Wood</i> Second: <i>Jenny Arnold</i></p>
<p><u>Conflict of Interest Declaration</u> <i>Michele Roberts</i></p>	<p>Mary Alison Koehnke: No longer has stock in a pharmaceutical company, otherwise none declared.</p>
<p><u>Review of VAC Purpose Statement</u> <i>Kathy Lofy</i></p>	<p>If you have any suggestions for revising the purpose statement, please email Michele Roberts.</p>
<p><u>Updates/Request</u> <i>Michele Roberts, Jan Hicks-Thomson, Paul Throne</i></p> <p>Program Updates</p> <ul style="list-style-type: none"> • 2014 Washington State Legislative Session Session is just getting underway. Good news is that the Health Care Authority decision package requesting funds for vaccines for children in the Children's Health Program is in the Governor's budget. This is one of the Apple Health Programs. We had been using federal funding to pay for vaccines for these kids. We can no longer do that, so state funding is needed. We expect Senator Becker to reintroduce her bill requiring DOH to produce materials to educate pregnant women about childhood vaccines. We already do this. Secretary Wiesman and others have talked with Senator Becker and she understands the problems with the amendment language from last year (on alternative schedules). She will not include that language this year. There is also some proposed legislation regarding pharmacists – Jenny Arnold can give an update. 	<p>Jenny Arnold: A bill is being introduced to make vaccination within the scope of practice for pharmacies. This would eliminate the requirement for a collaborative agreement for pharmacies to provide vaccination services. If you have any concerns or thoughts about this bill, Jenny would be happy to keep you in the loop with this, and talk with you more.</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<ul style="list-style-type: none"> Changes to Child Profile and IIS Staffing Michele Roberts gave an overview of major changes to the way DOH is staffing and operating the IIS and Child Profile: <p>I have some important news to share about how Washington accomplishes our IIS and Child Profile Health Promotion work. For many years we've contracted with Public Health Seattle-King County (PHSKC) for some of the daily operations for these programs. We've decided to end that contract in the summer of 2015. We're working closely on a transition plan with PHSKC.</p> <p>This decision was not an easy one. PHSKC staff is dedicated and talented. They've helped grow both of these systems to the successful place they are today. The decision is based on trying to find the best plan for the long-term sustainability of the systems. For many years, Washington has been an anomaly in the world of state immunization programs. PHSKC has supported daily operations of the IIS and Child Profile with oversight and funding by the Department of Health. We have reached a point where this arrangement is no longer sustainable. As costs continue to rise, we need to make the most efficient use of the funding we have. It has also become harder to separate a cohesive body of work for the contract, because the systems have grown to support so many of the immunization business needs and grant requirements.</p> <p>Our goal is a seamless transition of the operation of the two systems from PHSKC to DOH. We anticipate bumps in the road, however, and we are creating contingency plans in the event that things do not go as smoothly as we wish.</p> <p>This does not change any of the day to day work with either system yet. We will share further details with you and IIS users as the plans become firmer.</p> <ul style="list-style-type: none"> Vaccine Choice-PowerPoint Presentation-Jan Hicks Thomson. Pink Book Conference – The CDC course “Epidemiology and Prevention 	<p>Jenny Arnold: With the change in management of the IIS, will any of the current IIS staff in Seattle come to DOH?</p> <p>Michele Roberts: We would love that. There isn't an option for them to transfer from a county government position to a state position. The positions are located in Olympia, and there is a pay differential. They are welcome to apply for the state positions.</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p>of Vaccine-Preventable Diseases” (the “Pink Book” course) will be held September 16 – 17, 2015 in Tacoma. Please share this widely.</p> <p>This is a popular conference and registration is already open. You have materials in your packet that give the details.</p> <p>A pre-conference will be held on September 15 at the same location. Topics will include provider training on talking with parents about HPV, and a session for local health jurisdictions and the Department of Health.</p> <ul style="list-style-type: none"> • <p><u>HPV Grant Update</u> <i>Paul Throne</i></p> <ul style="list-style-type: none"> • The HPV Grant planning is nearly complete and implementation is about to begin: <p>Task Force</p> <ul style="list-style-type: none"> • Meeting quarterly starting 01/21/2015 as a subcommittee of the IACW • Margaret Madeleine, Chair Fred Hutchinson Cancer Research Center • Role is to assist with public campaign decisions and build relationships for ongoing collaboration <p>Public Education Campaign</p> <ul style="list-style-type: none"> • Messages, audiences and materials nearly complete • Going to bid in the spring • Campaign planned for July – October 2015 <p>Provider Education</p> <ul style="list-style-type: none"> • In development by WithinReach • Presentation will be by webinar and at least one live session at the Pink Book Pre-Conference • CME and CE will be offered • We are working with the pharmacy association to ensure the training is pharmacy-appropriate • Debut spring 2015 <p>Provider Feedback</p> <ul style="list-style-type: none"> • Will consist of focused AFIX visits on HPV that will include a provider report card • Will compare HPV 1st dose with 1st dose of Tdap and 	<p>The committee discussed whether HPV was included in reproductive services, and how some clinics consider HPV vaccination a medical service requiring parental or guardian consent for administration. Because it is a gray area, we advise clinics to consult their legal counsel when deciding the consent issue. We are starting some conversation within the agency about getting clarity because it can be a barrier to vaccination for some adolescents.</p> <p>The committee also discussed whether school based health centers are providing HPV vaccine. If the patient is enrolled in the school based clinic, they can be vaccinated at the clinic.</p> <p>The committee generally agreed that the reminder/recall project should include all children in the target ages, rather than exclude some children due to concerns about potential embarrassment if the child received the HPV vaccine already through a school based health clinic. The committee felt that the message that would go out to families in the reminder/recall</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p>Meningococcal</p> <ul style="list-style-type: none"> • Will include goals and strategies • Providers invited to opt-in for further feedback • Beginning March 2015 <p>Reminder/Recall</p> <ul style="list-style-type: none"> • We have been advised on this by a subgroup of VAC and PHSKC staff • Target population 11 – 18 year olds, both female and male • Generic message • Plan to inaugurate reminder/recall after provider training underway • Tentative Plan • Recall plan: All 11 – 18 year olds missing 3rd dose. “Confidential” may be excluded • Reminder plan: All 11 – 18 year olds for 2nd and 3rd • Messages will be generic cues to action • Discussion Points • What are your reactions, thoughts or concerns? <p><u>CD-Epi Update (Working Lunch)</u> <i>Chas DeBolt</i></p> <ul style="list-style-type: none"> • Current measles cases- There has been an outbreak at Disneyland which now has 28 confirmed cases in California involving 9 different counties. <ul style="list-style-type: none"> ○ 2 confirmed in Utah- ○ 1 in Washington- Patient was at Disneyland. This patient had 2 visits to the ER and 1 to the Dr’s office before she was diagnosed. <p><u>2014 Influenza Season</u> <i>Kathy Lofy, Jan Hicks-Thomson</i></p> <ul style="list-style-type: none"> • Disease, Vaccine Strain Match, Provider Materials <ul style="list-style-type: none"> ○ Influenza is characterized as geographically widespread in Washington, meaning that influenza activity is elevated most regions of the state. The current flu vaccine is not well matched to the circulating strains. Most flu detected this season has been H3N2 viruses with about two-thirds having antigenic drift. Remember influenza B generally comes later in the flu season and 	<p>project was generic enough to prevent embarrassment to the teens. The intent of the vaccine is cancer prevention, so if based clinics, the clinics should be included in the reminder recall project.</p> <p>Consensus input for the group was to call it “Provider Feedback” instead of “Provider Report Card”.</p> <p>Keep up to date on current measles info at: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Measles</p> <p>Lisa Johnson: I am wondering about the concern about Nasal Flu Mist. Can you explain? Kathy Lofy: Data from last season showed LAIV was not effective against the H1N1 virus, but we really don’t know exactly why. We do know that typically FluMist, because it is a live virus vaccine, can provide some cross protection even in years when the vaccine is mismatched to the circulating strains. There is not much H1N1 circulating this season.</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p>the flu vaccines appear to be a good match to the B strains in circulation. Providers are encouraged to continue to recommend their patients get a flu vaccine.</p> <ul style="list-style-type: none"> ○ Antiviral medications are a good match and should be used when appropriate. Don't wait for the PCR testing to prescribe the antivirals, especially to those at high risk for complications from flu. <ul style="list-style-type: none"> ● Vaccine Supply ● Overview of pre-book process <p><u>Horizon Vaccines</u> <i>Jan Hicks-Thomson</i></p> <ul style="list-style-type: none"> ● How a vaccine becomes part of the Childhood Vaccine Program. <ul style="list-style-type: none"> ○ Discussion: What things should VAC consider and discuss after we know ACIP HPV9 recommendations? <p><u>School Requirement Changes</u> <i>Linda Barnhart, Trang Kuss</i> Change to varicella vaccine requirement for School Year 2015-16 and 2016-17:</p> <ul style="list-style-type: none"> ● In the upcoming school year (2015-16), all kindergarten through 8th grade are required to get two doses of varicella vaccine, or have healthcare provider verification of prior varicella disease, or have a blood test showing immunity, or submit an exemption. ● In school year 2016-17, all kindergarten through 12th grade will be required to comply with the new varicella requirement. ● The State Board of Health recently updated the varicella requirement and sped up the implementation plan that was started in 2008 affecting kindergarteners. The previous implementation plan would have required two doses of varicella vaccine by school year 2020-21. ● We have worked closely with schools to make sure they are aware of this new requirement. We developed a sample letter for parents that schools 	<p>See handouts for presentation.</p> <p>Jenny Arnold We need a clear recommendation for series completion. Michele Roberts: If you think of anything for the VAC to consider after we know the ACIP HPV9 recommendations, please contact Danny O'Neill at Daniel.O'Neill@doh.wa.gov</p> <p>WAFP has a state meeting on May 14th so that you can reach out to the providers. Contact Carlo Older for WAFP newsletter</p> <p>Let Beth know if you need her help getting articles put together for the Washington Chapter AAP newsletter.</p> <p>Lisa Humprey: Do the schools have access to the IIS so they can pull records? Trang: Yes, most schools are accessing the IIS. Robin Fleming: Trang has done such wonderful work and it is so much work. It is really important to pay attention to the intervals because if you are one day off the child is out of compliance.</p> <p>Trang Kuss: if anyone has any ideas for getting the information out about the varicella requirement, please let Trang know (trang.kuss@doh.wa.gov)</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p>can use, as well as a colorful flyer and postcard that can be sent home.</p> <ul style="list-style-type: none"> We will work with Local Health Jurisdictions and healthcare providers to communicate the changes. We will provide information in association newsletters, attend conferences, and find other ways to get the message out to providers. <p>Changes to the Certificate of Immunization Status (CIS)</p> <ul style="list-style-type: none"> The CIS was updated in January 2015. The format remains the same. We separated Tdap and Td into two separate rows. We added an extra row for PCV and MCV to follow the ACIP immunization schedule. Only healthcare provider verification of varicella disease is acceptable, so the parent verification box was removed. The disease verification box remains the same. A new parent permission box was added to the upper right hand corner. This consent allows certain school districts with access to the Immunization Information System (IIS) School Module to share the student's immunization record with the IIS. <p>Changes to the Certificate of Exemption (COE)</p> <ul style="list-style-type: none"> The COE was revised in 2011 when the exemption law changed to require healthcare provider discussion with parents about the benefits and risks of immunization and a provider signature on the COE to provide verification of this discussion. We had concerns that the COE may have raised the medical exemption rate because there were two places for a provider to sign and the provider may have unnecessarily signed the medical exemption when the parent already requested a personal exemption. We revised the COE in January 2015. The new COE was developed with much stakeholder input and testing, including parent testing. The COE has a separate section for parents to attest and sign, and a separate healthcare provider section on the right. The religious membership exemption was removed to the second page of the form. We received feedback from stakeholders that this information should be clear for parents who are requesting this type of exemption. We couldn't fit everything on one page. Also, a religious membership exemption doesn't require a healthcare provider signature. 	<p>Mary Allison: Are there certain religions that do qualify and those who do not?</p> <p>Trang Kuss: We have told the schools to explain Religious Membership to the parent and not to question if a parent puts down a fake religious organization. We do not want to publish a list of "approved" religious organizations. Other states with this type of religious exemption have gotten into legal trouble questioning the validity of the religious beliefs.</p> <p>Beth Harvey: was the COE reviewed by anyone with Christian Science? She had received feedback from someone and had sent it to us when we were working on the changes. She will send the information to Trang for consideration.</p>

Discussion and Recommendations	Input, Decisions and Follow-Up
<p><u>Input 2015 Meetings</u> <i>Kathy Lofy</i></p> <ul style="list-style-type: none"> • What topics do you want to see covered in VAC Meetings this year? <p><u>Things we can do better:</u></p> <p><u>Public Comment</u></p>	<p>Thank you</p> <p>No comments</p>
<p style="text-align: center;"><u>Agenda Suggestions for Upcoming Meetings:</u></p> <p><u>Possible Agenda Items:</u></p> <p style="text-align: center;"><i><u>2015 Meeting are at the SeaTac Conference Center From 11:00-2:00 PM</u></i> <i>April 16, 2015</i> <i>July 16, 2015</i> <i>October 15,2015</i></p>	