Vaccine Advisory Committee (VAC) Meeting

December 15, 2022

Chair/Facilitator:

Dr. Tao Kwan-Gett Washington State Department of Health

Members: Representing:

Anita Alkire Childcare

Annie Hetzel Office of Superintendent of Public Instruction

Dr. Alisa Kachikis American College of Obstetricians and Gynecologists

Dr. Amy Person Washington State Association of Local Public Health Officers

Dr. Beth Harvey Consultant

Dr. Christopher Chen Health Care Authority

Dr. Daniel Moorman Washington Chapter of the American Academy of Pediatrics

Dr. Ed Marcuse Consultant

Dr. Jeff Duchin

Dr. Jenny Arnold

Dr. John Merrill-Steskal

Dr. Kristy Riniker

Public Health Seattle – King County

Washington State Pharmacy Association

Washington Academy of Family Physicians

Dr. Mark Larson Washington State Association of Local Public Health Officials

Dr. Mary Alison Koehnke Naturopathic Medicine

Dr. Mary Anderson Internal Medicine Organization

Dr. Stephen Pearson Washington Chapter of the American Academy of Pediatrics

Tam Lutz Northwest Tribal Epidemiology Center

Tristen Lamb Washington State Association of Local Public Health Officers

Wendy Stevens American Indian Health Commission

Washington State Department of Health Staff:

Dr. Tao Kwan-Gett Kathy Bay Mary Huynh Katherine Graff
Michele Roberts Meghan Cichy Janel Jorgenson Vincent Rodriguez
Jamilia Sherls-Jones Chas DeBolt Tyler Moore Ivanna Bertin

Heather Drummond Greg Endler Kaitlyn Sykes

Topic	Presented Information

Welcome,	Dr. Tao Kwan-Gett welcomed the committee members, including the new Office of
Announcements,	Immunization Director - Jamilia Sherls-Jones, the new COVID19 Vaccine Director – Heather
Introductions, Land	Drummond, and the new Senior Policy Analyst supporting the VAC - Meghan Cichy. VAC
Acknowledgement	members gave introductions.
Dr. Tao Kwan-Gett	Dr. Tao Kwan-Gett also provided a land acknowledgment.
Conflict of Interest &	Meghan read the committee's Conflict of Interest Policy.
Approval of Previous	
Meeting Minutes	No conflicts of interest were declared.
Meghan Cichy	The minutes from the July 14 th , 2022, meeting were approved.
COVID-19 Vaccine	ACIP Immunization Schedule Vote
Response Director	October 20, 2022 – The CDC's Advisory Committee on Immunization Practices (ACIP) voted
Update	to include approved or authorized COVID-19 vaccines into the routine immunization
Heather Drummond	schedule and the Vaccines for Children (VFC) program
Heatner Drummond	COVER 40 Value to Communication to
	COVID-19 Vaccine Commercialization
	Still in the planning phase for commercialization
	Plan not anticipated to be available until early 2023
	Expect COVID-19 vaccine to be commercialized in early to mid-2023 if no additional
	funding allocated for broad federal vaccine purchase
	COVID-19 Data Dashboard (Snapshot of statewide and county-level COVID-19 data)
	(Shapshot of Statewide and county level covid 15 data)
	Bivalent Booster – Age Expansion
	Bivalent booster doses of COVID-19 now available to children ages 6 months &
	older
	Children 6 months through 4 years of age who have already completed their three-
	dose primary series with the original (monovalent) Pfizer are not eligible for an
	updated (bivalent) booster dose at this time
	apadica (sivalent) sooster dose at this time
	Fall Booster "Reset"
	Vaccination history Next dose
	Primary series At least 2 months 1 bivalent booster dose
	Primary series + 1 booster At least 2 months 1 bivalent booster dose
	Primary series + 2 booster At least 2 months 1 bivalent booster dose
	Power of Providers (POP) Initiative - Power of Providers (POP) Initiative Washington State
	Department of Health
	Vision: establish partnerships with trusted healthcare professionals to ensure the

- Vision: establish partnerships with trusted healthcare professionals to ensure the health & safety of our communities
- **Mission:** partner w/ providers to understand & overcome health care barriers & engage, educate, & empower the people of Washington

Highlighted Activities (POP):

• Member Engagement: placed **545** calls to POP Member providers & recruited **six**

new Advisory Group members from a variety of specialties

• <u>Communications</u>: outreach to healthcare providers & newsletters with increased engagement

Webinars – Upcoming Webinars

- 1/13/23: The Work Starts Here: Supporting Employees with Long COVID
- 1/27/23: Active Coping in the Long-Term: Health Care Provider Resilience

Care-a-Van (CAV)

- WA DOH mobile COVID-19 vaccination initiative
- Available at no cost to partners across the state
- Work closely with community partners & LHJs to increase access to vaccine for priority communities
- Administers all age-appropriate COVID-19 vaccine doses & limited MPV & Flu vaccine
- Provides supplies & equipment needed to host outdoor clinics, if needed (pop-up tents, tables, chairs, and signage)
- CAV is also piloting the integration of flu vaccine & will be taking new flu related clinics in January
- As of 12/13/22, 914 events supported by Care-a-Van, 33,532 doses administered,
 55% events served over 50% BIPOC, 77% events in areas w/ moderate to high/high
 SVI
- To request the Care-a-Van, visit <u>Care-a-Van | Washington State Department of</u> Health

COVID Vaccine Hot Topics

Moderna & Pfizer are continuing to extend product expiration dates

- Pfizer Pfizer-BioNTech COVID-19 Lot Expiry (cvdvaccine.com)
- Moderna Moderna (modernacovid19global.com)
- Novavax <u>COVID-19 Vaccine Information for the US Healthcare Professionals</u> Novavax COVID-19 Vaccine (novavaxcovidvaccine.com)
- Johnson and Johnson/Janssen <u>Janssen COVID-19 Vaccine Expiry Checker</u> (vaxcheck.jnj)
- Vaccine Wastage Guidance <u>Toolkit and Resources</u> | <u>Washington State Department</u>
 <u>of Health</u>

HPV Vaccination DOH Update

DOH's response regarding VAC's motion passed at the July 14, 2022, meeting to take action to encourage HPV vaccination. The motion includes three recommendations & DOH's action:

Jamilia Sherls-Jones

- Encourage providers to consider routinely starting HPV vaccination in our communication alignment with current CDC guidance & convey this information on all HPV immunization materials. Materials reiterate beginning the HPV series at ages 11-12 but can start as early as age 9.
- 2. Change the WAIIS forecasting function so that an HPV vaccination prompt at age 9 alerts providers. **DOH will change the age of the existing prompt in the WAIIS to appear at age 9.**
- 3. Track and publish state & county level data on HPV vaccination coverage rates for children ages 9-10 annually. DOH will begin monitoring this age group as an additional metric beginning in January 2023 & posting to immunization dashboard in early 2024.

School Data & MMR Immunization Law and Rules RCW & WAC - Revised Code of Washington (RCW) **Policy Change** Chapter 28A.210 RCW: HEALTH—SCREENING AND REQUIREMENTS Requirement of full immunization for children attending school & childcare **Katherine Graff** Chapter 246-105 WAC: Immunization of childcare and school children against certain vaccine-preventable diseases School and Child Care Immunization Requirements and Reporting **Immunization Requirements** Washington immunization requirements follow the national recommended schedule including the age when vaccines should be administered & time intervals between doses WA state required: Hepatitis B, DTaP/Tdap, IPV, MMR, Varicella, PCV & Hib (until 5 vears old) CDC Resources: Immunization schedules (immunize.org) CDC Recommended Immunization Schedules for Children, Adolescents, and Adults The Individual Vaccine Requirements Summary (IVRS) found here, details minimum ages & interval rules for the different vaccines, exception to the rules, and catch-up schedules **Certificate of Exemption** – RCW 28A.210.090: Immunization program—Exemptions. (wa.gov) for a child to be exempted from one or more immunization requirements, a properly completed & signed COE (created by DOH) must be turned in to the school or childcare For School & Childcare Immunization Questions, email Olschools@doh.wa.gov **School Immunizations The Annual School Report** Report WA law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by November 1 of each school **Kaitlyn Sykes** year (submit data via WAIIS School Module or REDCap report submission) **Tyler Moore School Module and the Annual Report** WAIIS school module is preferred reporting method for school immunization annual report data Active users keep a roster of students attending the school up to date, enter missing immunization dates & exemptions for each individual student Annual data is pulled from the system indicating status rates for students at the school level In 2021-2022 school year, about 35% of reporting schools reported via school module **REDCAP Report** Yearly survey distributed to all schools that are not reporting via School Module. Developed in the 2020-2021 school year Schools reporting via REDCap report immunization data at the aggregate school level, not the individual student level. Data is collected for the following cohorts: Transitional Kindergarten* Kindergarten • 6th Grade/7th Grade Overall K-12 **Immunization Status Definitions:** Complete: The student has been fully immunized for their age or provided proof of

- acquired immunity
- <u>Conditional</u>: a temporary status for children lacking immunization against one or more of the required vaccine-preventable diseases who are working towards compliance
- <u>Exempt</u>: The student has a signed Certificate of Exemption on file at the school excusing the student from one or more diseases due to medical, personal, or religious beliefs
- <u>Out-of-compliance</u>: Conditional status has ended, but the student has not been fully immunized, does not have an exemption on file, or lacks appropriate documentation

School Immunization Data | Washington State Department of Health SchoolVaxView Interactive School Vaccination Coverage | CDC

Annual School Immunization Data – 2019-2022 Released October 17, 2022

- Immunization Status (K-12) 2015-2022: The percentage of all students complete for required immunizations was slightly lower than last school year but has consistently been above 90% since the 2019-20 school year
- <u>School Immunization Exemptions (K-12) 2015-2022</u>: While most exemptions are for personal/philosophical reasons, there has been a sharp drop in this type of exemption and an increase in religious exemptions
- <u>Immunization Completions (K-12) 2019-2022</u>: The percentage of all students complete for required immunizations was slightly lower than last school year.

Summary

- 91.7% completion rate for all students
 - Slightly lower than last year, but has steadily improved in the last several years
- 3.5% with documentation of any type of exemption
 - o 3.6% non-medical
 - o 0.7% medical
- 4.5% out-of-compliance rate
 - Slightly higher than last year, but has steadily improved in the last several years
- Completion rates by county ranged from 76.1% to 97.8%

EHB 1638 MMR Exemption Law Change Assessment

- Measles resurgence in the U.S.
 - 71 cases most statewide since 1990
 - Declared a public health emergency
 - o 230 people worked on outbreak
 - >\$800,000 cost to Clark County Public Health
 - Low MMR vaccination coverage
- House Bill 1639 Took effect July 2019
- Medical & religious exemptions still allowed
- Only applies to MMR (personal & philosophical exemption still allowed for other vaccines)

Study Aims

1. Estimate the impact of EHB 1638 on MMR completion and exemption rates among WA students

2. Determine if geographic completion and exemption rate patterns prior to EHB 1638 have persisted following EHB 1638 implementation

Summary: Change in MMR Completion Rates

Following EHB 1638, kindergarten MMR completion rates increased significantly relative to the years prior to EHB 1638

- 3.6% absolute increase in first year (90.8% in 2018/2019 to 94.4% in 2019/2020)
- Results similar when using Oregon as a control state
- Relative increase similar for public and private schools, although lower MMR completion rates lower overall for private schools
- Some geographic variability

Summary: Change in Exemption Rates:

Following EHB 1638, K-12 MMR exemptions (any exemption type) decreased ~45% statewide

- Statewide personal belief exemptions (for any vaccine) decreased 25-45%
- Statewide religious exemptions (for any vaccine) increased ~2-4.6-fold and medical exemptions did not change
- Increase in religious exemptions much greater for private school and
 - medical exemptions increased for private schools only
- Personal belief exemption rate pre-EHB 1638 correlated with increase in religious exemptions
- Some geographic variability

Conclusions:

- 1. EHB 1638 associated with increases in kindergarten MMR completion rates, but impact likely partially offset by increases in religious exemptions
- 2. Differences exist between public and private schools and vary geographically
- 3. Eliminating personal belief exemptions while allowing other exemption types for the MMR vaccine only may be an effective approach to increase MMR coverage while balancing parental autonomy

Resources

School Module

- Webpage: www.doh.wa.gov/SchoolModule
- Email: <u>SchoolModule@doh.wa.gov</u>

School Annual Report Data

• Data Notes and Visualizations: https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/school-immunization

School Requirements/Reporting Questions: OICPSchools@doh.wa.gov

Public Comments:

Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions.