

Minutes
Massachusetts Department of Public Health
Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting

Date: Thursday, June 14, 2018

Time: 4-6 PM

Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

Council Member Attendees:

Lloyd Fisher, MD
Thomas Hines, MD
Susan Lett, MD, MPH
H. Cody Meissner, MD
David Norton, MD
Ronald Samuels, MD, MPH
Patricia Toro, MD, MPH
Marissa Woltman (by telephone)
Zi Zhang

Additional Attendees:

Richard Aceto
Adam Bloomfield, MD
Michael Goldstein
Larry Madoff, MD
Cynthia McReynolds
Dorothy Miller, JD
Brendan O'Connell
Sherry Schilb
Shumethia Seal, MPH
Jessica Sokola
Nina Sweppenheiser
Pejman Talebian, MA, MPH

Welcome

Mr. Talebian welcomed attendees and noted that he would be running the meeting in Mr. Cranston's place. He added that because the Council would not be undertaking any formal deliberations, a quorum was not needed.

Attendees introduced themselves.

Mr. Talebian welcomed Shumethia Seal, MPH, Vaccine Manager of the Immunization Program. Ms. Seal started in this role in November, 2017.

DPH Updates

Dr. Madoff noted that Dr. DeMaria would be retiring at the end of June after 30 years at the Massachusetts Department of Public Health (MDPH). He added that Dr. DeMaria had recently received the highly-honored Pumhandle Award from the Council of State and Territorial Epidemiologists (CSTE).

Dr. DeMaria will be continuing at MDPH in a number of consulting roles.

A Council member asked whether a celebration had been planned for Dr. DeMaria. An internal MDPH function is planned for June. Updates on additional celebrations will be communicated as they become available.

Dr. Lett directed attendees to two meeting handouts related to the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommendations around use of live attenuated influenza vaccine (LAIV) for the 2018-2019 influenza season.

Flu Vaccine Discussion

After the Advisory Committee on Immunization Practice's (ACIP) 2016 recommendation that LAIV not be used, Astra Zeneca undertook an in-depth investigation to identify problems with LAIV effectiveness.

At its February meeting, the ACIP deliberated about LAIV in an attempt to understand the challenges associated with its effectiveness. Further to its deliberation, its [recommendations](#) were published in *Morbidity and Mortality Weekly Report (MMWR)* on June 8, 2018.

Dr. Lett noted that there have been occasions when the ACIP and the AAP have differing opinions about a recommendation.

Dr. Bloomfield (Astra Zeneca) provided additional information about the analysis that Astra Zeneca has undertaken to understand the problems associated with LAIV effectiveness.

Astra Zeneca reviewed all of its previous analyses. Dr. Bloomfield confirmed that the methodology that had been used to analyze effectiveness were appropriate.

The most likely cause is problems with the H1N1 strain selection that do not have a good fit for binding/reproducing in the nose and spreading cell to cell (replicative fitness). Since the H1N1 pandemic, there has been an issue with vaccine effectiveness with regard to the H1N1 strain. Dr. Bloomfield confirmed LAIV's general efficacy versus the B and H3N2 strains.

Astra Zeneca will continue to monitor vaccine effectiveness. At this time, it is not known how effective the vaccine will be in the 2018-2019 influenza season.

He ended by noting that better influenza vaccines are needed. Nationally, influenza immunization rates have decreased. Until a universal influenza vaccines is available, vaccine options are needed to maintain and improve vaccination rates and also to allow for continued research.

Dr. Meissner noted that Astra Zeneca should be recognized and congratulated for its efforts to identify the root cause of LAIV's ineffectiveness.

Dr. Meissner discussed the AAP Committee on Infectious Diseases' (COID) deliberations about LAIV. He explained that COID was concerned that shedding of the new vaccine strain does not necessarily equate with protection. He noted that because of limited LAIV effectiveness from 2013 through 2016 (three influenza seasons), including low effectiveness compared to

inactivated vaccines, particularly with respect to the H1N1 subtype the AAP's recommendation is to stick with the vaccine that has demonstrated the greatest effectiveness (inactivated influenza vaccine - IIV). COID feels strongly that LAIV should be used only in children who refuse IIV. LAIV should be used as recommended if IIV is not available.

A Council member asked about the anticipated LAIV supply that will be available for the 2018-2019 influenza season, given that provider pre-book of vaccine for the 2018-2019 influenza season took place in March.

Since MDPH provides pediatric influenza vaccine universally for persons aged 18 and younger (approximately 1 million pediatric doses), and it also follows ACIP recommendations and VFC regulations, it will have a LAIV supply to supplement pre-booked vaccine. It will prioritize LAIV for schools and will allocate it based on the pre-booked doses. This could result in distribution of 10-100 doses per practice.

MDPH requested that providers who won't be using LAIV should let MDPH know, so that the vaccine can be moved to other areas.

A Council member asked about Astra Zeneca's planned media and advertising. AstraZeneca commercial representatives stated that Astra Zeneca will be undertaking limited publicity, and will not use TV advertisements. It will be promoting patient-support materials.

Astra Zeneca anticipates that LAIV will be shipped in mid-September. It is unknown how far into the season the supply will last. This may affect end of summer school clinics and also late-season vaccinating.

MDPH will be following the ACIP recommendations in its communication to providers and the public but will acknowledge the AAP recommendations.

Updated information will be forthcoming.

Review of current DPH pediatric vaccine formulary

Mr. Talebian noted that since there are no new vaccines to consider, the Council will not have formal deliberations around the vaccine formulary.

He added that an annual review of the current pediatric vaccine formulary is undertaken at the request of the Council.

Mr. Talebian reviewed the state-supplied pediatric vaccine for calendar year 2017 by vaccine. The number of doses and market share by vaccine type and manufacturer were reviewed.

With a few exceptions, provider choice is available for almost 100% of state-supplied pediatric vaccine.

MDPH recommends that to avoid error, practices choose one vaccine formulation per vaccine group each year.

Discussion regarding future topics for consideration

Smith College recently announced that it will be requiring meningococcal B vaccine for fall 2018 entry. More information will be forthcoming.

Council members who have topics for future meetings should forward them to Mr. Talebian.

The next Council meeting will be held on October 11, 2018.

The meeting was adjourned.

Future Meeting Dates:

October 11, 2018

March 14, 2019

June 13, 2019

October 10, 2019

MVPAC webpage:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html>