

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

Date: Thursday, October 13, 2022

Time: 4-6 PM

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

**Attendees:**

*Council Members:*

Kevin Cranston, MDiv

Aditya Chandrasekthar, MD, MPH

Lloyd Fisher, MD

Thomas Hines, MD

Everett Lamm, MD

Vandana Laxmi Madhavan, MD, MPH

Larry Madoff, MD

H. Cody Meissner, MD

David Norton, MD

**Additional attendees:**

Remon Abu-Elyazeed, MD, PhD (virtual)

Rich Aceto (virtual)

Rattana Bip

Lauren Canavan (virtual)

John Crowley

Kimberly Daly, DNP, APRN, FNP-C

Robert Fontenelli (virtual)

Michael Goldstein (virtual)

Susan Lett, MD, MPH (virtual)

Ali Lydon, MBA

Cynthia McReynolds, MBA

Jim Palazzo, PharmD

Andrew Rennekamp, PhD

Sherry Schilb, MBA

Pejman Talebian, MA, MPH

Tim Temple, MBA (virtual)

**DPH Introductions and Updates**

Kevin Cranston welcomed attendees, and new members, and added that he was delighted to convene the first in-person Massachusetts Vaccine Purchasing Advisory Council (Council) meeting since 2019. He noted that he is Commissioner Cooke's designee to the Council.

In-person and virtual attendees introduced themselves.

Mr. Cranston noted the Susan Lett retired in August from her position as Medical Director of the Immunization Division, and as a Council member. He thanked Dr. Lett for her significant contributions to the Immunization Division and Council.

Dr. Lett spoke virtually. She thanked Council members and her DPH colleagues.

Dr. Madoff noted that the Immunization Division is currently recruiting for an Associate Medical Director for Vaccine Preventable Diseases position which replaces Dr. Lett's former role. The position will be posted soon.

Mr. Cranston provided a brief Council re-introduction. He noted the Council was created by Statute 111, Section 24N of the Vaccine Purchase Trust Fund. The Vaccine Trust Fund created a mechanism by which all pediatric vaccines are purchased through an assessment with health insurance carriers. Massachusetts is top tier in pediatric immunization rates through a successful partnership between clinical providers, government, and the health insurance industry.

The Immunization Division purchases vaccines through a federal contract at a substantial discount and distributed them directly to clinicians.

The Council's role is to advise the Immunization Division and the Commissioner about which products should be purchased by MDPH and to what degree physician choice of vaccine products is recommended.

The MDPH is starting conversations about expanding the Trust beyond the pediatric realm at some point to support its adult immunization capacity. This would require statutory change.

On January 5, Massachusetts will have a new Governor and administration. MDPH is working on documentation to inform the new administration about the Council's work.

## **Announcements**

### **MDPH Recipient of 5-Year Award**

In September, the Centers for Disease Control and Prevention announced that MDPH was one of five recipients of a 5-year award to establish the Pathogen Genomics Centers of Excellence (PGCoE) network. The PGCoE network is meant to foster and improve innovation and technical capacity in pathogen genomics, molecular epidemiology, and bioinformatics to better prevent, control, and respond to microbial threats of public health importance. The network also represents an unprecedented opportunity to expand and deepen collaboration between U.S. public health agencies and academic institutions to form a national resource to better prevent, control, and respond to microbial threats of public health importance.

The work of the PGCoE will inform future vaccine development and rollout.

### **Budget update**

The MDPH's primary vaccine budget comes through a surcharge assessment of health insurance carriers. This is combined with state and federal resources.

### **Bureau Leadership Transition**

With the departure of senior leadership, the MDPH is recruiting for senior positions in infectious disease and public health. A request was made to send talent to Mr. Cranston or Mr. Talebian.

### **Immunization Division Staffing Updates**

Kathryn Ahnger-Pier has been named Associate Director, Immunization Division.

Rattana Bip has been named Vaccine Manager, Immunization Division.

### **Meeting Handout Review**

Meeting handouts included a meeting agenda, vaccine distribution data sheet, updated Council membership list, Disclosure Form, and MIAP Conference flyer.

Council members were asked to review and complete the Disclosure Form and return it to Mr. Talebian. Completion of the form is voluntary.

## **Upcoming Conferences**

Ms. McReynolds noted that registration is ongoing for the 27<sup>th</sup> Annual Massachusetts Immunization Action Partnership (MIAP) Pediatric Immunization Skills Building Conference. The Conference will be held as a hybrid event (both in-person and virtual participation) on Tuesday, October 25, 2022.

## **Massachusetts Vaccine Distribution Data Review**

Mr. Talebian reviewed Massachusetts vaccine distribution across vaccine manufacturers by vaccine family for Fiscal Year 2022 (FY22). He noted that there was nothing dramatic in the data, but highlighted, Vaxelis, which had been added in FY22. He noted that Vaxelis ordering uptake was smaller than expected and had not replaced the other combination vaccines Pediatrix and Pentacel.

## **Discussion**

Dr. Fisher noted that Reliant has switched to Vaxelis and it should be promoted. It is easy to use and reduces the number shots needed to complete the series. He added that its release during the pandemic may explain why the uptake is not what was expected. Nursing staff are overwhelmed and overworked, and the introduction of new vaccines is currently a challenge.

Dr. Norton noted that Holyoke Pediatric Associates has switched to Vaxelis to reduce the number of shots given.

Dr. Madhavan also noted that MGH switched to Vaxelis. It is a win-win, one fewer shot is better for nurses and better for messaging to parents.

## **Deliberation Regarding GSK's Priorix MMR Vaccine and Merck's VAXNEUVANCE (PCV-15)**

Mr. Talebian noted that today's meeting will include presentations on two vaccines that have been FDA approved and ACIP recommended. While not currently on the CDC VFC contract, these vaccines will be available for purchase and included in the VFC contract soon. It is understood that availability of these vaccines under the federal contract is imminent. Since the Council will not meet again until spring 2023, deliberation on these vaccines will take place during this meeting preemptively so that if recommended they can be added to DPH's formulary once they have been added to the federal contract.

## **Council Vaccine Deliberations**

- **Priorix (MMR) Vaccine (GlaxoSmithKline)**
- **VAXNEUVANCE (PCV-15) Vaccine (Merck)**

## **Priorix (MMR) Vaccine (GlaxoSmithKline)**

Dr. Palazzo presented on GSK's Priorix (MMR) vaccine.

Priorix is not a new vaccine. It was licensed in 1997 in Germany and has been approved for use in more than one hundred countries.

He reviewed the vaccine's indication, and clinical study results with respect to safety, safety endpoints, immunogenicity, interchangeability, non-inferiority, interchangeability, and concomitant co-administration with other vaccines.

Dr. Palazzo finished by summarizing Priorix's safety profile. He noted that 850 million doses have been administered worldwide.

## **Discussion**

Dr. Fisher asked why after 20 years of utilization in other countries is the vaccine coming to the U.S.? Dr. Palazzo noted its launch in Germany did not meet US standards and required further trials. He discussed Priorix's interchangeability with other MMR vaccines. He added that in June 2022, the Advisory Committee on Immunization Practices (ACIP) voted 15-0 that Priorix is interchangeable with Merck's MMR2 vaccine. The *Morbidity and Mortality Weekly Report (MMWR)* report with the recommendation is not yet published but is expected soon.

## **Deliberation**

1. Should MDPH continue to only offer Merck's MMR vaccine?
2. Should Priorix be added as another MMR option (provider choice)?
3. Should Priorix replace Merck's MMR vaccine?

Q: What amount of MMR vaccine would be available if Priorix were added? Would the same amount of the other vaccines be available?

A: If Priorix were added, the same amount of Proquad would be available for the 4–6-year-old dose. Use of Priorix for the first dose should not affect Proquad supply unless there is a national supply issue.

Q: What are the cost considerations?

A: John Crowley from GSK noted that GSK is currently in pricing negotiation with CDC. It is anticipated that the price will be set soon. In the current commercial (non-VFC) space the vaccine is competitively priced.

Q: What is Priorix's vaccine preparation compared to existing vaccine from a nursing perspective?

A: The pre-filled syringe is different from MMR2. The pre-filled syringe contains diluent.

## **Proposal for Consensus**

Dr. Norton proposed that by Council consensus, Priorix should be available in MDPH's formulary. Dr. Fisher noted that provider choice should be offered. He noted that he is not convinced that a practice would change to Priorix unless there is a shortage.

**The proposal to recommend that Priorix be added to MDPH's formulary was accepted by consensus.**

A request was made that GSK not bombard practices with Priorix marketing.

## **Deliberation regarding Merck's VAXNEUVANCE (PCV-15) vaccine**

Dr. Daly presented on Merck's VAXNEUVANCE (PCV-15) vaccine.

She noted that in June 2022 VAXNEUVANCE received FDA approval for the prevention of invasive pneumococcal disease in infants and children. At its June 2022 meeting, the Advisory Committee on Immunization Practices (ACIP) recommended use of PCV15 as an option for pneumococcal conjugate vaccination of persons aged <19 years. The [recommendation was published](#) in September 2022 in

*Morbidity and Mortality Weekly Report (MMWR)*. Dr. Daly referred Council members to the *MMWR* publication.

PCV15 contains serotypes 22F and 33F (in addition to the PCV13 serotypes). With the addition of these serotypes, PVC15 offers broader protection against invasive pneumococcal disease.

Dr. Daly reviewed data from seven clinical trials on immunogenicity, safety, and concomitant use. She noted that the vaccine is approved to be interchangeable with PCV13.

### **Deliberation**

1. Continue status quo of offering only PCV13 (Prevenar13) as an option in the infant immunization schedule.
2. Offer PCV15 (VAXNEUVANCE) as an additional option for provider choice. Offer both PCV13 and PCV15.
3. Replace PCV13 (Prevenar 13) with PCV15 (VAXNEUVANCE).

There is no current recommendation for kids who completed the series with PVC13 to get an additional dose of PCV15.

More serotypes are better. PCV15 would offer additional protection especially for those at risk.

Q: Is Pfizer looking to add additional serotypes to PCV13?

A: Bob Fontanelli (Pfizer) – Studies with additional serotypes are ongoing. Approval is anticipated in the first half of 2023.

Dr. Madoff noted that ACIP has acknowledged the superiority of PCV15 to reduce disease burden and as a cost saving but despite this the ACIP statement treats PCV13 and PCV15 equivalent in their recommendations and there is no preference for one formulation over another.

Could a recommendation be deferred by six to twelve months? While there clearly are benefits to using PCV 15 now, if practices switch products and then PCV20 is approved in 2023, the product could be switched again, which could be confusing for staff and for messaging to parents.

The timeline for approval of PCV20 is unknown at this time.

The Council could recommend provider choice now with the acknowledgement that the landscape is changing.

It could seem less supportive of children not to offer a vaccine with more protection.

States bordering Massachusetts have added PCV15 to their formulary. Going between states and not offering PCV15 could cause confusion.

Q: When is the VFC contract for VAXNEUVANCE (PCV-15) expected?

A: Ali Lydon (Merck); the fourth quarter of 2022.

### **Proposal for Consensus**

Dr. Norton proposed recommending that PCV15 (VAXNEUVANCE) be offered as an additional option to PCV13 for provider choice. Both PCV13 and PCV15 will be offered.

After discussion, Dr. Madoff re-proposed that the Council recommend that PCV15 (VAXNEUVANCE) be offered as an additional option to PCV13 for provider choice. Both PCV13 and PCV15 will be offered.

**The proposal to recommend that PCV15 (VAXNEUVANCE) be offered as an additional option to PCV13 for provider choice was accepted by consensus.**

Mr. Cranston noted that the Council recommendations will be forwarded to Commissioner Cooke.

### **Discussion regarding future topics for consideration**

The next Council meeting will be held on March 9, 2023, from 4:00-6:00 PM.

Agenda items for the March 2023 meeting should be sent to Mr. Talebian.

An inquiry was made about when COVID-19 vaccines would come away from federal supply. Commercialization of COVID-19 vaccines is expected in the first half of 2023.

Council deliberation of COVID-19 vaccines will take place once they have been added to the VFC program.

An inquiry was made about the future availability of COVID-19 vaccines in single dose vials. Mr. Temple (Pfizer) noted that Pfizer's gray cap bivalent vaccine (for adults) is now available in single dose vials (but upon further clarification after the meeting that is not the case but is forthcoming before the end of the year).

Mr. Talebian noted that the DPH's COVID-19 Vaccines Weekly Bulletin includes current updates about COVID-19 vaccines availability and uptake.

The meeting was adjourned.

### **Future Meeting Dates:**

Thursday, March 9, 2023

Thursday, June 8, 2023

Thursday, October 12, 2023

MVPAC webpage:

<https://www.mass.gov/service-details/massachusetts-vaccine-purchasing-advisory-council-mvpac>