

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

Date: Thursday, March 12, 2015

Time: 4-6 PM

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

Attendees:

Council Members:

David Brumley, MD, MBA
Kevin Cranston, MDiv
Sansei Fowler, MD, MPH (for Duke
Defresne, MD)
Thomas Hines, MD
Benjamin A. Kruskal, MD, PhD, FAAP,
FIDSA

Susan Lett, MD, MPH
David Norton, MD, FAAP
Sean Palfrey, MD, FAAP
Ronald Samuels, MD, MPH
Kate Wallis, RN, BSN
Jane Williams, MD, MPH
Marissa Woltmann

Additional Attendees:

Judy Butler
Marla Campbell
Lenny Demers
Brandis Dohman
Beth English, MPH
Michael Garvey
Michael Goldstein
Deborah Gonyar
Larry Madoff, MD

Cynthia McReynolds, MBA
Bob Morrison
Kimberly Palmacci
Paula Rose
Sherry Schilb
Reno Soucy
Patty Spink
Pejman Talebian, MA, MPH

DPH Updates

Mr. Cranston opened the meeting.

Attendees introduced themselves.

Mr. Cranston noted that because the Council did not have quorum at its previous meeting (July 2014), the decisions from that meeting would be re-visited at this meeting. He clarified that the Vaccine Trust Fund changed the Council membership structure, and the state Open Meeting Law requires that a majority of mandated members (whether seated or not) must be present for a quorum. In July, one additional member was needed for a quorum. [Note: There was a quorum at this meeting.]

Mr. Cranston reported that the Commonwealth is in the middle of its budget season. The Governor's budget was released at the beginning of March and there is a projected a \$1.8 billion budget deficit which is resulting in some proposed budget cuts throughout state government.

However, the Governor's budget left the adult vaccine program level funded and because the childhood program is now funded through a trust fund it is not impacted by the annual appropriations process.

Mr. Talebian reviewed some changes in pediatric vaccine availability. Beginning in the 2015-2016 influenza season, DPH will be universally supplying influenza vaccine for all children through 18 years of age regardless of insurance status. DPH will be sending a survey to pediatric practices requesting influenza vaccine estimates for the 2015-2016 influenza season. In April, DPH will allow for catch-up vaccination with hepatitis B, Tdap and varicella vaccines. This will now leave just the booster dose of MCV4 and HPV vaccine as the only vaccines that will continue to be available only for VFC-eligible children only.

Dr. Lett provided the following summary from the February ACIP meeting. She noted that due to a forecasted snowstorm, an abbreviated meeting was held.

Meningococcal B Vaccine

The ACIP voted to recommend use of the two approved Meningococcal B vaccines for persons aged 10 and older in high-risk populations (persons with persistent complement component deficiencies; those with anatomic or function asplenia, such as sickle cell disease; microbiologists routinely exposed to the *Neisseria meningitidis* bacteria; persons at increased risk to a serogroup B meningococcal disease outbreak). The ACIP did not consider recommending routine vaccination. At its June meeting, ACIP will consider vaccination of adolescents and college students. Additionally, the recommendations for travel and military requirements remain unchanged.

Dr. Lett confirmed that one of the vaccines is given in a two-dose series (Bexsero®) and one is given in a three-dose series (Trumenba®).

HPV9 Vaccine

The ACIP HPV9 discussion was abbreviated. The ACIP voted to recommend use of the HPV9 vaccine for both girls and boys up to 26 years of age [Note: the recommendation for boys up to 26 years of age is off-label.]

The HPV9 phase-in period will be 12-18 months. The vaccine will become available in the private sector and then the public sector. Providers should complete the series with the vaccine that is in inventory.

The ACIP did not make a preferential recommendation for use of HPV vaccine.

Yellow Fever Vaccine

WHO has passed a resolution that a ten-year booster is not needed, except for high risk groups, such as pregnant women and travelers to high-risk areas during yellow fever season.

Dr. Palfrey thanked Mr. Cranston for his continuous work in advocating for Massachusetts to become a universal state. Dr. Palfrey was also thanked for his efforts in ensuring that the Vaccine Trust Fund bill became law.

Mr. Cranston acknowledged new Council members, including Dr. Fowler, Tufts Health Plan (attending for Dr. Defresne), and Dr. Williams, Blue Cross Blue Shield of Massachusetts.

Review Changes to MVPAC Operating Procedures

Mr. Talebian reviewed the changes to Council Operating Procedures with the passage of the Vaccine Trust Fund Bill into law, noting that because it did not have a quorum at its last meeting, the Council must re-visit recommendations made during the July meeting.

The following changes were reviewed:

Article III, Section 1: Council size and composition was changed.

Article III, Section 4: There were slight modifications in Conflict of Interest (COI) language in keeping with the Massachusetts COI law.

Article IV, Section 2: MVPAC will schedule at least two meetings per year. [Note: three meetings have been scheduled for 2015.]

Article 4, Section 5: Quorum was lowered from 10 to a minimum of 8 members present.

There was Council consensus to approve the changes as reviewed.

Review of Hib-Containing Vaccines

Council members were directed to the Hib-containing vaccine table included in meeting handouts. Two monovalent and two combination products are available in the United States.

The following options for Council deliberation were reviewed:

1. Continue to recommend that MDPH only supply ActHib;
2. Recommend that MDPH supply PedvaxHib exclusively;
3. Recommend that MDPH supply MenHibRix exclusively;
4. Recommend that MDPH allow provider choice for all Hib-containing vaccines;
5. Recommend that MDPH allow provider choice for two Hib-containing vaccines.

Discussion ensued and included: provider choice; vaccine supply and the potential for shortages; potential reconstitution issues; and vaccine price differences.

A comment was made that it is difficult to review a schedule when all practices aren't using the same vaccines (i.e. the health record just notes "hib").

Because of its electronic vaccine management system, DPH is able to manage a variety of products and has flexibility to quickly add vaccines during shortages.

After discussion there was consensus that MVPAC recommend that MDPH continue to supply one monovalent vaccine (ActHib).

Review of Pentacel/Pediarix Distribution

Members were directed to the chart detailing the state's Pentacel and Pediarix Distribution for the period 2012-2015.

A comment was made that the chart was very helpful and a request was made to provide similar information about vaccine distribution to this chart whenever possible at Council meetings. It is also very helpful to receive ACIP meeting updates.

Discussion of Potential June Agenda Items

The Council will review MCV4 distribution at its June meeting.

Mr. Talebian noted that before a vaccine could come to the Council for review, it must go through the following process:

1. The vaccine is licensed by FDA;
2. ACIP considers recommending use of the vaccine;
3. If approved, ACIP must recommend that the vaccine be included in the VFC program;
4. If approved, the CDC must establish a contract to purchase vaccine;
5. Once the contract is established, and funding is confirmed, DPH can purchase the vaccine.
6. If there is a formulation choice then it can be brought to the Council for review.

On a final note, the group discussed the continued efforts that are needed for improving HPV vaccination rates in Massachusetts.

The Council's next meeting is June 11, 2015.

Meetings minutes, as well as future agendas, are posted on the DPH's website.

The meeting was adjourned.

Future Meeting Dates:

June 11, 2015
October 8, 2015
March 10, 2016
June 9, 2016
October 13, 2016

MVPAC webpage:

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