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

Date: Thursday, June 9, 2016
Time: 4-6 PM
Location: Massachusetts Medical Society, 860 Winter Street, Waltham, MA 02451

Council Member Attendees:
Thomas Hines, MD
Ben Kruskal, MD, PhD
Susan Lett, MD, MPH
Cody Meissner, MD
David Norton, MD
Sean Palfrey, MD
Ron Samuels, MD, MPH
Jane Williams, MD, MPH
Marissa Woltman

Additional Attendees:
Richard Aceto
Deborah Elliot
Beth English, MPH
Serge Foley
Michael Goldstein
Larry Madoff, MD
Cynthia McReynolds
Dorothy Miller
Leigh O'Mara, PhD
Jim Palazzo, PharmD
Sherry Schilb
Leonard Silverstein, MD
Pejman Talebian, MA, MPH

Mr. Talebian chaired the meeting for Mr. Cranston.

He welcomed attendees and confirmed that there was a quorum for the meeting.

Attendees introduced themselves.

DPH updates

2015-16 Influenza Season Update; Composition of Vaccine for 2016-2017 Influenza Season

Dr. Lett reviewed the 2015-16 influenza season.

CDC considers the 2015-2016 influenza season to be moderate. The Massachusetts influenza season has been mild to moderate.

The peak this year in Massachusetts was later in March. In the East, the peaks were in February and later.

Flu activity has continued through April. It isn't too late to vaccinate, but much of the vaccine has expired, or will expire by June 30. Unexpired vaccine can still be used for international travelers.

DPH has requested that unused vaccine be returned.

The circulating strains were an excellent match with the vaccine. At the February Advisory Committee on Immunization Practices (ACIP) meeting, preliminary data demonstrated a vaccine efficacy of 60%. Analysis is ongoing and updated data will be presented at the ACIP's June meeting.

The H1N1 strain predominated.

Flu hospitalization rates were highest in those ≥65 years, followed by 50-64 years and children <5 years.

There have been 74 pediatric deaths nationally. There have been 2 pediatric deaths in Massachusetts. One child was less than 5 years and one was 5-10 years. While both children were vaccinated, both had significant pre-existing health issues.

ACIP will be discussing live-attenuated influenza vaccines (LAIV) at its June meeting.

The World Health Organization (WHO) has recommended the following strains for the 2016-17 influenza season:

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus (NEW)
- B/Brisbane/60/2008-like virus (Victoria lineage)
- for quadrivalent vaccines, B/Phuket/3073/2013-like virus (Yamagata lineage)

Recent Mumps Outbreak

The recent outbreak at Harvard demonstrated that despite a high immunization rate, two doses of mumps vaccine are 88% effective at best. Additional issues with mumps include testing challenges, need for isolation and lack of clarity around when and whether a third dose should be administered. DPH has not been recommending administering a third dose. CDC will not fund a third dose for outbreak control.

Harvard responded to the outbreak very well, and communicated its strategies to other area colleges.

There doesn't appear a spillover into the community.

Recent Meningitis Outbreak

Although meningococcal rates have been declining nationally and in Massachusetts, there was a recent meningococcal outbreak in Boston's homeless community. This outbreak was unusual and is being studied by CDC. In response to the outbreak, the Boston Healthcare for Homeless Program effectively vaccinated more than 4,000 people and administered antibiotics as well.

Recent Measles Case

In May, DPH issued a Clinical Measles Advisory, after measles was confirmed in a visitor from Switzerland. Although hundreds were exposed, there was a big effort to control the spread and no additional cases have been reported.

Massachusetts Immunization Information System (MIIS) Update

Ms. English provided a Massachusetts Immunization Information System (MIIS) update.

The MIIS will reach 5 million patients soon. There has been good momentum to date.

DPH is working to ensure that data in the MIIS is reliable, timely and accurate.

DPH also is working on bringing on school nurses. It recently held a webinar for school nurses which discussed registering with the MIIS. By the end of this summer, a module for school nurses will be available.

DPH Distribution of Influenza Vaccine – 2015-16 and 2016-17 Influenza Seasons

Mr. Talebian reviewed a handout detailing DPH's distribution of influenza vaccine during the 2015-16 influenza season. 895,000 doses of many formulations were distributed during the season.

The 2015-16 influenza season was the first season of universally distributed pediatric influenza vaccine. Due to the timing for pre-booking vaccine, DPH asked insurers to continue to reimburse for influenza vaccine during the season.

For the 2016-17 influenza season all pediatric influenza vaccines should come from the state. Insurers will not be reimbursing for pediatric influenza vaccine.

DPH surveys providers prior to submitting its influenza vaccine order to CDC. DPH will be ordering 1,003,380 doses for the 2016-17 influenza season. All of the ordered influenza vaccine will be quadrivalent.

There was an increase in requests for LAIV for the 2016-17 influenza season despite the vaccine coming late to the market this year. DPH is ordering 240,000 doses for the 2016-17 influenza season.

It is anticipated that FluLaval may be approved down to six months of age. Currently the only product that is approved down to six months of age is the Sanofi Pasteur product. If FluLaval is approved down to six months of age and a shortage of the Sanofi product occurs, DPH can add FluLaval to its formulary.

At its June meeting, the ACIP will be finalizing the changes to its recommendation for administering influenza vaccine to those with egg allergies. A Council member noted that it would be helpful to have a patient-friendly handout reviewing the changes for administering the influenza vaccine to those with egg allergies. DPH will address this with healthcare providers through a clinical advisory.

Deliberation Regarding Addition of Hiberix Vaccine

Mr. Talebian referred Council members to a monovalent *Haemophilus influenza* type b (Hib) conjugate vaccines handout. He noted that the Council discussed the Hib vaccine family in 2015. At that time the Council recommended that DPH continue to supply only one formulation of Hib vaccine (ActHib). He added that the Council's deliberation at this meeting would not include an option of recommending Hiberix as the only Hib vaccine for the DPH formulary since DPH distributed ActHib containing combination vaccine and will need to continue to supply monovalent ActHib.

A report discussing the new Hiberix vaccine probably will be published in *Morbidity and Mortality Weekly* (*MMWR*) in July 2016.

Sanofi Pasteur and Merck Vaccines declined to present at this meeting, but were available to answer questions.

On behalf of GlaxoSmithKline, Mr. Palazzo reviewed the Hiberix vaccine.

Hiberix was approved by the FDA in the United States in August 2009 for use as a booster dose in children aged 15 months through 4 years under the Accelerated Approval Regulations. This was in response to a Hib vaccine shortage.

In January 2016, FDA approved the expanded use of Hiberix for a three-dose infant primary vaccination series at ages 2, 4, and 6 months. Therefore, Hiberix is another vaccine option for both the primary and booster series. It is approved for 6 weeks through 4 years of age (prior to the 5^{th} birthday).

Mr. Palazzo reviewed immunogenicity and safety data.

Council questions following the presentation included:

Is any data available on interchangeability with other Hib products if the primary series is completed with one vaccine, and finished with another? Dr. Silverstein noted that although no data is available, CDC has determined that the three Hib-containing vaccines are interchangeable.

Is there any advantage to using this vaccine instead of the other vaccines? Dr. Silverstein noted that no data is available that determines the advantage of administering one vaccine over another.

The Council deliberated whether it should recommend that Hiberix be added to the DPH formulary moving forward.

The primary series and booster dose schedule are the same for both vaccines.

The cost difference between the vaccines is negligible.

Like ActHIB, Hiberix must be reconstituted.

After discussion, a motion was made to include Hiberix in the DPH formulary moving forward and to offer provider choice of either ActHib or Hiberix. The motion was seconded and carried.

Discussion Regarding Future Topics for Consideration

The next Council meeting is October 13, 2016.

At the January 2016 Council meeting, a decision regarding meningococcal B vaccines (MenB) was delayed until the October meeting. MenB vaccines will be reconsidered at that meeting. Distribution numbers and other current data will be provided for Council members at that meeting.

A Council member requested that the minutes from the January 2016 meeting be re-sent to Council members prior to the October meeting.

Council members were queried as to whether getting to MMS for a 4:00 p.m. meeting was proving to be difficult and whether members would prefer to meet at a different time, such as 6:00 to 8:00 p.m. There was consensus that the meeting time should remain unchanged (4:00-6:00 p.m.).

The meeting was adjourned.

Future Meeting Dates:

October 13, 2016
March 9, 2017
June 8, 2017
October 12, 2017

MVPAC webpage:
http://www.mass.gov/eohhs/gov/departments/dph/programs/id/immunization/mvpac.html