

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

Date: Thursday, March 10, 2016

Time: 4-6 PM

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

**Council Member Attendees:**

Kevin Cranston, MDiv  
Sansei Fowler, MD, MPH  
Thomas Hines, MD  
Ben Kruskal, MD, PhD  
Susan Lett, MD, MPH  
Sean Palfrey, MD  
Ron Samuels, MD, MPH  
Kate Wallis, RN, BSN  
Jane Williams, MD, MPH

**Additional Attendees:**

Richard Aceto  
Judy Butler  
Lenny Demers  
Brandis Dohlman  
Beth English, MPH  
Michael Goldstein  
Cynthia McReynolds  
Robert Morrison  
Leigh O'Mara, PhD  
Sherry Schilb  
Pejman Talebian, MA, MPH

**DPH Updates**

Mr. Cranston convened the meeting.

Attendees introduced themselves.

Mr. Cranston noted that the Bureau of Infectious Disease and the Bureau of Laboratory Sciences have been integrated into the Bureau of Infectious Disease and Laboratory Sciences. Mr. Cranston was also appointed Assistant Commissioner and Director of the new Bureau.

Mr. Talebian noted that DPH had issued an updated Pentacel Advisory in February. Due to the ongoing Pentacel vaccine shortage, DPH will need to reduce the number of doses available to practices. Providers can only use Pentacel for the first two doses in the series. The Advisory included guidance for providers during this time. (Note: the Advisory was included in the meeting handouts.) The shortage should be alleviated by summer 2016. DPH does not anticipate changing its availability any further and does not anticipate a Pediarix shortage during this time.

Dr. Lett discussed the recent Massachusetts mumps outbreak. As of this meeting date, there have been 45 suspect and 9 confirmed cases of mumps at Harvard University. There have been additional cases at other local universities as well. A diagnosis of mumps should be considered in those with mumps symptoms, regardless of vaccination history.

Questions:

- Should providers notify DPH of patients with anterior parotitis? **Yes.**
- Are kids contagious for two days before they present with symptoms? **Yes.**

Ms. English provided a Massachusetts Immunization Information System (MIIS) update. As of this meeting, there are 1,600 practices and sites reporting information to the MIIS. The CVS pharmacy chain has recently onboarded. A new vaccine wastage and recall functionality will be available in the late spring. It is hoped that bi-directional data functionality will be available by the end of 2016.

### **Deliberation regarding inclusion of Category B recommendation for Meningococcal B vaccine in DPH universal program**

At its most recent meeting (October 2015), there was consensus that the Council should deliberate Category B recommendations. At that time, the Council decided that it would deliberate meningococcal B (MenB) vaccines at a future meeting.

DPH does not currently supply MenB vaccine universally for the category B recommendation. The vaccine is only provided for high risk children 10-18 years of age and for VFC-eligible children 16-18 years of age (permissive recommendation).

Discussion ensued.

Although reimbursement for MenB vaccine is supposed to be covered per the Affordable Care Act, currently it must be privately purchased for populations for which the DPH does not provide the vaccine.

The permissive recommendation puts providers in a tough place to recommend the vaccine.

Most Massachusetts colleges are not currently requiring the MenB vaccine for entrance. Worcester-area colleges are considering adding it to the list of recommended vaccines starting in Fall 2016.

The ACIP is unlikely to change its recommendation in the near future. More data is needed, and data are just starting to be collected.

The inclusion of new items in the DPH formulary is contingent upon funding. Inclusion of the MenB vaccine could be considered for FY17. The estimated cost to include the vaccine would be \$3M per year, which is not insignificant.

DPH would purchase MenB vaccine to respond to an outbreak.

There are still many unanswered questions.

***After discussion, a proposal was made to postpone deliberation for six months until the October 2016 Council Meeting. There was Council consensus on this proposal.***

### **Deliberation regarding HPV vaccine formulations**

DPH supplies two HPV vaccine formulations as part of its universal program: bi-valent (2v) and 9-valent (9v) HPV vaccine. Provider choice is allowed for HPV vaccine per prior Council deliberation.

DPH has stopped providing quadrivalent HPV vaccine now that 9vHPV vaccine is available.

Current market share for Cervarix (2v) is 0.05%. There have been no orders for Cervarix in the six months prior to this meeting.

Should DPH continue to allow provider choice for 2v and 9vHPV vaccine?

Discussion ensued.

If only one vaccine was provided universally (9vHPV), what would happen in the event of a vaccine shortage?

If there was a shortage, there would be a potential loss of opportunity to get a vaccine. A prolonged shortage could result in a cohort getting infected with HPV. Pejman mentioned that DPH could quickly make 2vHPV if there were a shortage of 9vHPV and since it was an emergency situation it would not require a Council deliberation.

***After discussion a proposal was made for DPH to provide 9vHPV vaccine only. There was Council consensus on this proposal. (Note: Subsequent to the meeting effective 5/1/16 2vHPV and 4vHPV are no longer available for ordering from CDC).***

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

Discussion ensued about potential items to add to the June 2016 meeting agenda.

The Council has reviewed all formulations.

A suggestion was made to discuss influenza topics, such as a retrospective review of available data from the 2015-2016 influenza season (vaccine usage by vaccine type, known efficacy, etc.); future influenza vaccine – adult-only formulations, will there be pediatric formulations in the future; intradermal vaccine; possibility of new products, etc.

Pejman asked to have agenda items sent to him. Agenda items can be added up until two weeks prior to the next meeting.

The meeting was adjourned.

Future Meeting Dates:

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

MVPAC webpage:

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