

## Massachusetts Department of Public Health

### Massachusetts Vaccine Purchasing Advisory Council (MVPAC) Meeting

Date: Thursday, October 5, 2017

Time: 4-6 PM

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

#### Council Member Attendees:

Kevin Cranston, MDiv  
Lloyd Fisher, MD  
Thomas Hines, MD  
Susan Lett, MD, MPH  
H. Cody Meissner, MD

David Norton, MD  
Sean Palfrey, MD  
Ron Samuels, MD, MPH  
Patricia Toro, MD, MPH  
Zi Zhang, PhD

#### Additional Attendees:

Pam DiPerrio  
Carol Fischer  
Michael Goldstein  
Larry Madoff, MD

Cynthia McReynolds  
Sherry Schilb  
Sarah Tivnan  
Pejman Talebian, MA, MPH

#### DPH Updates

Mr. Cranston opened the meeting and welcomed attendees. He also welcomed new Council members, Lloyd Fisher and Zi Zhang.

Attendees introduced themselves.

Mr. Cranston congratulated Dr. Lett on her 30<sup>th</sup> anniversary at DPH. He thanked her for her expertise and also for her commitment to public service.

Mr. Talebian noted the following Immunization Program changes:

Ms. English, Immunization Program Associate Director, has moved on to another role at DPH. DPH is currently seeking to fill this position.

The Vaccine Manager position has been vacant since Mr. Morrison retired in December 2016. A candidate has been selected and will begin employment in November 2017.

#### Influenza Update

Dr. Lett provided 2016-2017 influenza season summary and reviewed the 2017-2018 influenza season recommendations.

The 2016-2017 influenza season was a moderate season with severity indicators within the range of what has been seen in a H3N2 season. The peak was in February 2017, but there were

regional differences. A majority of the circulating strains were similar to those in the vaccine. Influenza A (H3N2) predominated in the US.

Overall influenza vaccine efficacy was 42%. Flu vaccination rates among children were steady at 59% despite a concern that loss of live attenuated influenza vaccine (LAIV) might affect rates. There was an increase to 43% in adults.

Dr. Lett noted that the 2017-2018 influenza recommendations were published in three sections: the full recommendation in the MMWR, as a summary “job aid” and in a background document. These recommendations can be found on the CDC website at the following link:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>

Dr. Lett reviewed the following key updates for the 2017-2018 influenza season:

- Vaccine composition, including new strain;
- LAIV is not recommended for use;
- New vaccine approvals and licensures (Flublok, Flulaval and Afluria quadrivalent influenza vaccines);
- Updated recommendations for influenza vaccination of pregnant women.

The manufacturer of LAIV will be presenting at the October 2017 meeting of the Advisory Committee on Immunization Practices (ACIP).

There have been a number of questions about the new label for age and dose recommendations for the Flulaval quadrivalent influenza vaccine. There have been questions about volume: giving a 0.50 mL dose, whether two doses are needed as opposed to the Fluzone quadrivalent influenza vaccine (0.25 mL dose).

Afluria quadrivalent influenza vaccine is now licensed down to 5 years of age. This vaccine is not state-supplied.

The recommendation for vaccination of pregnant women has not changed; however, there may be confusion because of a recently published study in *Vaccine*, “Association of spontaneous abortion with receipt of inactivated influenza containing H1N1 pdm09 in 2010-2011 and 2011-2012.” The study noted that women vaccinated with a vaccine containing the pandemic H1N1 (H1N1pdm09) component and who also had been vaccinated the prior season with that same component had an increased risk of miscarriage in the 28 days after vaccination.

It was noted that this study does not quantify the risk of miscarriage and does not show that flu vaccine was the cause of the miscarriage. There were wide confidence intervals, the cases were older than the controls and more likely to be African-American, have a history of  $\geq 2$  SABs and smoked during this pregnancy. Additionally, there is a long history of signals of increased miscarriages that have not proved true upon completion of analysis. There is an ongoing investigation to study this issue and the results are anticipated in late 2018 or 2019.

It was also noted that influenza vaccines have a good safety record. Multiple studies have not found a link between flu vaccination and miscarriage. At this time, the recommendation to vaccinate pregnant women is the same as for the 2016-2017 influenza season.

Dr. Lett also reviewed the influenza vaccine formulations for this season, and the recommendations regarding influenza vaccination of persons with egg allergy.

### **Discussion regarding flu vaccine formulations and distribution**

Mr. Talebian noted that the Council requested information about the Department's influenza vaccine pre-booking and distribution process. He referred attendees to the last two handouts on the right side of the meeting packet.

Influenza vaccines are distributed seasonally, which is different from other vaccines. Twenty-one (21) currently-licensed formulations are available in the United States. Of the 21 formulations, DPH currently supplies six (6) formulations.

DPH purchases vaccines through CDC contracts, which guarantees the lowest prices. CDC usually communicates available formulations and pricing in mid-January. DPH takes the list, looks at prior year usage and then sends a pre-book survey to MA providers. DPH gives providers an order history from the previous season to help inform them on their decisions for the next season.

There is a four-week turn-around for responding to CDC with the state order for the next influenza season. This means that in the middle of one influenza season, DPH is already pre-booking for the next influenza season. By late spring or early summer, DPH will send final allocation amounts to providers. This allocation is based on usage and intended supply. By late July or early August, manufacturers will begin to distribute vaccine to McKesson. McKesson generally continues to distribute vaccine through October.

DPH typically sends initial doses to providers by allocation, for example, if 5,000 doses are expected for a season, providers will get initial doses after which they can order additional doses through the MIIS. Since influenza vaccine storage can be a challenge for providers, DPH does not "push out" too much vaccine at a time. DPH tries to be as flexible as possible.

How is the number of formulations supplied by DPH reduced from 21 to 6 formulations? DPH only supplies influenza vaccine universally for children through age 18. In addition, DPH supplies a limited amount of adult vaccine to uninsured adults through federally-qualified health centers. Because the vaccine is not universally supplied for adults, the number of formulations that are needed is reduced by 5 formulations. Additionally, DPH supplies quadrivalent influenza vaccines exclusively, which further reduces the number of needed formulations by five. Several additional formulations are eliminated due to the more restrictive age indications (i.e. 5 years and older) which can cause more errors in provider offices. because they are available in multi-dose vials.

DPH is supplying Fluzone, Flulaval and Flucelvax quadrivalent formulations for the 2017-2018 influenza season and is ensuring there are formulations available in both multi-dose vials, pre-filled syringes, and single-dose vials.

While there is a balance between polypharmacy and hedging bets against supply issues, this process that DPH uses seems to be working well and ensures providers' needs are being adequately met.

## **Discussion**

Local boards of health which get adult vaccine and are holding mass vaccination clinics primarily receive multi-dose vials. Local boards of health private-purchase vaccine and work with Commonwealth Medicine, which acts as a third-party assistant for reimbursement. 190 of 351 cities and towns participate in private-purchase in the public sector.

A comment was made that the challenge is not necessarily the availability of vaccine, but convincing people to get vaccinated.

The group was queried as to whether the memorandum recently circulated to clarifying the law regarding administration of vaccines by medical assistants had been helpful. The consensus was that it was helpful.

## **Future Meetings**

2018 meeting dates: March 8, 2018; June 14, 2018; and October, 11 2018

Mr. Talebian noted that Council members should email him with topics for future meetings.

At some point the Council may review recommendations it has made previously regarding state-supplied vaccines.

A request was made that if a future meeting agenda is shorter, consideration be given to starting the meeting a bit later than 4:00 p.m., to help those who are commuting to Waltham for the meeting.

The meeting was adjourned.

MVPAC webpage:

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