Technical Advisory Group to Consider COVID-19 for Inclusion in chapter 246-105 WAC

SPECIAL MEETING SUMMARY NOTES

What: Second Business Meeting of the Technical Advisory Group

When: February 17, 2022

Summary Notes:
Co-chairs Dr. Thomas Pendergrass (State Board of Health) and Dr. Tao Sheng Kwan-Gett (Department of Health) welcomed members of the technical advisory group (TAG) back for meeting two. Co-chair Pendergrass shared that the Board experienced technical difficulties with their website and directed meeting participants to use the link provided in the chat for meeting materials. Facilitator Allegra Calder conducted introductions of present TAG members. She introduced support staff, Hannah Febach, Senior Policy Analyst for the Department of Health and Samantha Pskowski, Policy Advisor for the State Board of Health, to give an overview of meeting etiquette. They provided a brief overview of the Zoom webinar platform, described the meeting structure, and informed members of the public on how to view the meeting. Staff noted that the TAG does not accept public comment, however the public may attend the meeting in listen-only mode and may submit comment to the Board via e-mail or regular mail.

Hannah introduced Dr. Matthew Kronman from Seattle Children's Hospital to provide information on criteria #2, t*he vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State, as available* and #4, *experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects*. Dr. Kronman provided a review of the epidemiological definition of COVID-19, a review of mRNA vaccines, and discussed the timeline of the Pfizer Bio-N-Tech COVID-19 vaccine including side effects reported. He also provided a review of the instances of myocarditis following vaccination, noting that males in the 12-17 age-group are most likely to be affected. He provided additional information comparing cases of myocarditis in vaccinated individuals and COVID-19 patients with myocarditis of the same age groups.

Hannah introduced Dr. John Dunn with Kaiser Permanente Washington and the Western States Scientific Advisory Group to provide information on criteria 2 and 4. Dr. Dunn provided an additional review of the available databases for assessing side

(Continued on the next page)

effects of vaccination, including the federal Vaccine Adverse Event Reporting System (VAERS), V-Safe, and the Vaccine Safety Database.

Ms. Calder asked TAG members if there were any immediate questions for the first presenters. Member Dimyana asked if there was a comparison to the number of myocarditis cases that we would normally see. Dr. Kronman replied that it is hard to make a direct comparison, but you would expect to see more cases of myocarditis in unvaccinated children. Dr. Dunn noted that the baseline would depend on what transmission of COVID-19 looks like. Co-chair Kwan-Gett noted that some pediatricians are recommending student athletes who have recovered from COVID-19 receive a follow-up with a cardiologist. Co-chair Pendergrass noted that prior to COVID-19 there was a question of screening all student athletes to identify cardiac risk. Dr. Dunn commented that we don't know if this type of screening leads to real benefit.

Member Bell asked about myocarditis in children who have been vaccinated versus been infected with COVID-19 and if the long-term outcomes are different. Dr. Kronman responded that there is not great long-term data yet, but that short-term there is evidence that hospitalization for MIS-C from COVID-19 infection is much higher than for COVID-19 vaccine adverse reactions.

The meeting broke at 10:45 a.m. and resumed at 10:55 a.m.

Ms. Calder welcomed members back from the break. Ms. Febach introduced the next presenter, Dr. Kathy Bay from the Department of Health to present on criteria #1, a *vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule* and supplemental information on criteria #2 and #4. Dr. Bay provided background information on the vaccine life cycle and requirements for each phase and discussed the process used for the development of the COVID-19 vaccine. She provided additional information on mRNA vaccines and prior research on this vaccine type that influenced the timeline for COVID-19 vaccines. Dr. Bay discussed the Advisory Committee on Immunization Practices (ACIP) and noted the current recommendation for kids aged 5 and older to receive the COVID-19 vaccine, including boosters for older teens. She provided additional information on data regarding instances of myocarditis, discussed the rigorous monitoring of COVID-19 vaccine, and the type of reactions reported, with 92% being non-serious.

The meeting broke for lunch at 12:09 p.m. and resumed at 1:00 p.m.

Ms. Calder welcomed members back and shared the objective for the next hour and twenty-five minutes is for members to ask clarifying questions, hear from the group what they have heard in the morning, and to discuss the three criteria that were reviewed. Member Mueller asked about the risk profile compared to other childhood immunizations. Dr. Dunn responded that the common side-effects are similar across

most immunizations, for example sore arm, but nothing is strikingly different for other side effects. Co-chair Pendergrass noted that COVID-19 vaccine is not on the ACIP immunizations schedule but is listed as recommended. Dr. Dunn responded that there is an additional step for a routine recommendation on an ongoing basis and that is an understanding of the schedule. He shared that some of this is still up in the air, including what is meant by “up to date” on COVID-19 vaccine.

Member Murray asked for clarification on what is different about emergency use authorization versus full licensure. Dr. Dunn and Dr. Bay clarified that emergency use authorization is intended to be used when initial clinical trial data demonstrates that the medical intervention’s benefits outweigh the risks and when there are no other interventions available. The COVID-19 vaccine was shown to be very effective based on data from the initial clinical trials and that the emergency outweighed the risk based on the available data. They noted that the studies continued, and that eventually led to full licensure for the Pfizer Bio-N-Tech vaccine for ages 16 and up.

Member Lynch shared that he is unsure of how to get to a good response if a large percentage of the population isn’t being counted in the data [birth to age 4]. Co-chair Pendergrass responded that other vaccines have been recommended for specific age groups. Member Wilfond asked about the framework and assumptions being made, and asked how health care has been impacted by COVID-19. Dr. Kronman and Dr. Dunn shared their experiences in tertiary care and the impacts to regular health screenings, physical exams, and other routine care. Dr. Dunn commented that the ultimate goal is to reduce community transmission.

Member Cranford asked how vaccines are evaluated when there is not an emergency and whether there is additional context for comparison against other vaccines. Dr. Bay responded that an emergency use authorization for a vaccine like this has not been done in her lifetime and reiterated the constant monitoring that occurs for vaccine safety after a vaccine is given emergency use authorization and after full licensure.

Member Ybarra-Vega commented on other serious impacts to the community from COVID-19 like inability to afford food, or rent, and the experience of essential workers, like farmworkers, in her community. She followed up with a question regarding a comparison to effectiveness of other vaccines included in the school entry requirement rule. Dr. Kronman responded that the varicella and measles, mumps, and rubella immunizations are in the 90% range for effectiveness. Dr. Dunn commented that the COVID19 vaccine is marvelous at keeping people out of the hospital, but not as effective at preventing transmission, which is not unique to COVID-19 vaccine. Co-chair Kwan-Gett noted that influenza immunization might be a similar comparison and influenza vaccine is on the ACIP schedule despite its varying efficacy.

Member Murray asked if there is a risk factor value that is used. Dr. Bay replied that she was not aware of a set value. She continued that the context is important and noted that

the rotavirus vaccine is used in countries with less health care services as the risk of rotavirus outweighs the risk of side effects. The same vaccine is not used in the United States.

Member Rodriguez commented on the concerns in the Latinx community regarding potential cardiac effects and asked if there is a common factor among those who experience this. Dr. Kronman responded that not much is known currently, but that more information should become available.

Member Wilfond asked if a new vaccine would result in an evaluation process similar to this one. Staff clarified that the rules outline vaccine preventable diseases and any applicable vaccine would satisfy the requirement.

Co-chair Pendergrass provided an overview of the voting process and directed TAG members to find their ballots in their e-mail. When all members voted, Co-chair Pendergrass announced the results. He shared some written comments

Criteria	**Yes**	**No**	**Unsure**
1: *A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule*	12	2	3
2: *The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State, as available*	17	0	0
4: *Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects*.	15	0	2

Members asked for clarification on the amount of time for overall discussion at next week's meeting. Ms. Febach and Ms. Pskowski provided TAG members with information on the agenda for the third meeting and noted that materials would be available on Tuesday, February 22 due to the holiday. Co-chairs Pendergrass and Kwan-Gett thanked members for their time and closed the meeting.

The meeting adjourned at 3:07 p.m.

To request this document in an alternate format or a different language, please contact Kelie Kahler, State Board of Health Communication Manager, at 360-236-4102 or by email kelie.kahler@sboh.wa.gov. TTY users can dial 711

PO Box 47990, Olympia, WA 98504-7990
(360) 236-4110 • wsboh@sboh.wa.gov • sboh.wa.gov