

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

SPECIAL MEETING SUMMARY NOTES

What: Third Business Meeting of the Technical Advisory Group

When: February 24, 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 three. 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 Anna Hidle, Department of Health staff, to present on criteria three, *the vaccine containing this antigen is cost-effective from a societal perspective*. Ms. Hidle provided an overview of the cost-effectiveness analyses, the literature used in her analysis, and classification of studies. Ms. Hidle discussed the review of cost-effectiveness of childhood vaccination generally and the limitations of the available literature. She summarized the information and noted the need to consider equity, as that is not reflected in these analyses.

Ms. Calder facilitated a discussion amongst the TAG members regarding criteria three. TAG Member Mueller asked if the societal impacts and costs of a mandate are taken into consideration when conducting cost-analyses. Ms. Hidle noted that there are a few articles that take this into consideration and when there is high incidence of disease, vaccination has economic value. TAG Member Lynch followed up that the assumption is a moving target and there is an assumption that more people getting vaccines will increase costs. Ms. Hidle confirmed that the models use the information available at a point in time.

TAG Member Wilfond reflected that the term mandate is not the right one to use as the documentation does not use that terminology. He followed up with a question for Ms.

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Hidle, wondering if the costs involved with a school-based requirement was considered. Ms. Hidle clarified that such costs would be considered in a budgetary analysis, but the cost-effectiveness analyses reviewed do not incorporate the cost of vaccine delivery. TAG Member Kallapa commented that these types of analyses do not incorporate equity and that for the Native American community, this is not the first pandemic that has impacted their community. He continued that communities of color bear the brunt of the overall negative impacts of a pandemic more than the average cost-analysis reflects and that because of this, he is not focused on the cost criteria as much as others. Ms. Hidle thanked him for his comments and reflected that equity is a big gap in current cost-effectiveness literature.

Co-chair Pendergrass commented that these analyses are done in a very general way and do not include all costs, including that many pediatrician offices cannot offer COVID-19 vaccine due to storage requirements. He continued that the sources are limited and were primarily done in 2020. Ms. Hidle commented that the methodology has not caught up to the reality and that the literature specific to COVID-19 vaccine is limited and only recently made available.

TAG Member Bell commented that maybe vaccination is more cost effective if a large percent of the population is already immune. Ms. Hidle responded that if fewer people are susceptible to the disease, the costs are lower and noted that there is little known about herd immunity for COVID-19. TAG Member Cranford asked for more information on the study from the Netherlands referenced in the presentation (on file). Ms. Hidle provided additional information on the background and methodology of the study. TAG Member Cranford followed-up asking if the study considered COVID19 transmission from children to others and Ms. Hidle clarified that it did not but would likely make vaccination more cost-effective if it had considered that.

TAG Member Hyseth commented that for the childcare population, the cost is not about disease burden, but the cost to the caregiver and the cost of being out of work or needing to pay for separate childcare for other siblings. TAG Member Ybarra-Vega asked how equity will be incorporated into these analyses in the future. Ms. Hidle responded that the Advisory Committee on Immunization Practices is debating whether to include cost-effectiveness analyses in their decision making because of equity concerns. TAG Member Rodriguez commented that in the Latinx community whole families are being affected and that there are some who need to work, regardless, and can continue to expose others to COVID-19. She continued that this should be considered in cost-effective analyses.

Ms. Calder closed the discussion and invited Co-chair Pendergrass to provide an overview of the voting. Co-chair Pendergrass reminded TAG members what they are voting on and invited staff to provide additional instruction. Ms. Pskowski directed TAG members to find their ballot in their inbox.

Ms. Pskowski provided the results of the vote on criteria 3 (below) and turned it over to the co-chairs to discuss comments received.

Criteria	Yes	No	Unsure
3: <i>The vaccine containing this antigen is cost-effective from a societal perspective</i>	8	2	7

Co-chair Kwan-Gett read comments that indicated no dollar amount is too high for human life and that the decision was difficult because equity and societal costs were not incorporated in the analyses. Co-chair Pendergrass commented that equity is important and the limited availability of data was a challenge.

The meeting took a break at 10:50 a.m. and resumed at 11:00 a.m.

Ms. Calder welcomed members back from the break and introduced Ms. Febach and Ms. Pskowski for the next presentation. Ms. Febach and Ms. Pskowski provided a presentation on criteria 8, *The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable*. They presented a review of the role and feedback on implementation requirements for the Department of Health, Department of Children, Youth, and Family, Office of the Superintendent of Public Instruction, local health jurisdictions, school nurses and administrators, tribal partners, and health care partners.

TAG Member Muendel asked about how providers who don't participate in the state's Vaccines for Children Program will handle this since its not mandatory. Ms. Febach clarified that there are about 1,000 providers in the VFC program, about 600 of whom also provide COVID-19 vaccine. TAG Member Ondeck commented that the available exemptions require documentation and that could be a barrier as well. Ms. Febach clarified the applicable exemptions and noted that all except the religious membership exemption require a provider signature.

TAG Member Mueller asked about how schools or districts use the school module, which is part of the Washington Immunization Information System (WAIIS). Ms. Febach explained that state law requires schools to report student compliance with the immunization requirements to the Department of Health annually and that schools do this in a variety of ways since not all use the WAIIS. She said that 169 school districts use the school module, or in other words, 55% of public school students attend schools that use the school module. TAG Member Hyseth commented that the childcare system does not have access to WAIIS, since a licensed healthcare provider is required to access the WAIIS and childcare facilities do not always have providers on staff.

TAG Member Bell thanked others for speaking on school issues and noted the loss of trust in health care workers and predicts backlash on school nurses and other providers. TAG member Wilfond asked how incremental the effort would be considering it may impact most school-age children. Ms. Febach clarified the documentation requirements and spoke to implementation of new requirements previously.

Ms. Calder turned it back to Ms. Febach and Ms. Pskowski for a presentation on the next criteria. Ms. Febach and Ms. Pskowski provided a presentation on criteria 7, *the vaccine containing this antigen is acceptable to the medical community and the public*. They presented on statements from the medical community supporting COVID-19 vaccine, vaccine uptake data in Washington State, literature review on vaccine acceptance, and the Kaiser Family Foundation COVID-19 Vaccine Monitor data.

Ms. Febach and Ms. Pskowski then provided a presentation on criteria 9, *the burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver*. They presented on current uptake data in the school-age population, Kaiser Family Foundation COVID-19 Vaccine Monitor data, literature review on COVID-19 vaccine barriers and broad childhood vaccine barriers, and results from an informal survey conducted by State Board of Health and Department of Health staff.

Co-chair Kwan-Gett asked about the demographics of the Kaiser Family Foundation survey respondents compared to parents in Washington. Ms. Pskowski clarified that the survey is nationally representative, and respondents reflect the overall demographics of the country. TAG Member Mueller asked about the pace of vaccine uptake in the 5-17 age group. Ms. Febach directed members to review the Department of Health's COVID-19 Dashboard for the most up-to-date data.

TAG Member Shidane commented that some communities might require additional questions on a survey to understand the purpose and asked what is being done to address this in the future. Ms. Pskowski recognized the limitations of the informal survey completed and commented that staff hope to address these in future work. TAG Member Wilfond commented on the range of barriers to vaccination or exemption and asked if these are offered at school. TAG Member Ondeck clarified that many schools are holding vaccine clinics, but that parents still need to be present. Co-chair Pendergrass noted that the Care-A-Vans are working to address barriers and that it took time for other populations to get vaccinated.

TAG Member Abdelmalek commented on her role as a local health officer and the work they are doing to increase access. She asked if there is any information on long term effects of COVID-19 infection. Ms. Calder deferred response to after lunch.

The meeting broke for lunch at 12:30 p.m. and resumed at 1:00 p.m.

Ms. Calder welcomed members back and revisited TAG member Abdelmalek's question prior to the lunch break. Co-chair Kwan-Gett replied that this is a good point, but not much is known at this time as we lack data on the prevalence of these long-term impacts. Co-chair Pendergrass referred members back to a presentation from the February 17th meeting and discussed frequency of side effects from vaccination and COVID-19 infection.

Ms. Calder then opened the discussion on criteria 7, 8, and 9. TAG Member Ondeck asked how this could be implemented while ensuring that kids are not excluded from school if they are not in compliance. She also expressed concern regarding loss of trust of school nurses by the community and what support could be provided. TAG Member Bell commented that long-term COVID-19 is not the focus when thinking about a school requirement. He continued that he's unsure what happens to learning if large numbers of kids are excluded. TAG member Mueller commented that he was compelled by the data from the Kaiser Family Foundation work and wondered if this school requirement will have the desired public health impact. TAG member Wilfond commented that he is convinced the public benefit is smaller than the costs, noting that a small percentage of people indicate they will change their behavior. He asked if there was a better way to encourage vaccination. TAG member Lynch shared his understanding of options the State Board of Health has if this moves forward. Co-chair Pendergrass noted that Fall 2022 would require compelling information from this TAG.

TAG member Muendel shared that the Health Care Authority has provided an overview of the vaccination coverage in the Medicaid population, noting that rates are about 20% lower than the non-Medicaid population. TAG member Cranford asked if full-licensure of a vaccine is a pre-requisite. Co-chair Pendergrass responded that some believe that full licensure would be a good thing, but that the current COVID-19 vaccine is ACIP recommended and FDA approved.

TAG member Ondeck clarified for members who may sign a certificate of exemption form. TAG member Ybarra-Vega commented that the work is shared across many partners to implement this work and that an equity lens needs to be applied to reach priority populations. Ms. Febach clarified that currently the Pfizer BioNTech vaccine is fully licensed for those ages 16 and up.

Co-chair Kwan-Gett asked the group to consider sharing any comments on criteria 9. TAG member Wilfond commented that he is assuming the barriers identified for vaccination would also exist for receiving an exemption. TAG member Ondeck agreed that the barriers would exist for all options. TAG member Hyseth commented there could be potentially more barriers for an exemption, as it requires a regular care provider and is not available at clinics. TAG member Lynch asked about the potential challenges of a student reversing an exemption. TAG member Wilfond replied that once in compliance, a student would not need to resubmit their compliance and TAG member

Cranford noted that local health does use that information in outbreak response so it should be up-to-date.

TAG member Mueller asked where the students who are out of compliance are, wondering if they are at home or elsewhere. TAG member Hyseth followed up that this also applies to childcare and could result in kids being in unlicensed or unsafe settings.

Co-chair Pendergrass shared that recent information suggests that about 29,000 students are no longer enrolled in public schools this year and commented that these students need to be in school. He also shared a statistic on anti-vaccine content from the Center for an Informed Public. TAG member Lynch noted that OSPI has done work on re-engagement and that his school district has plans to get the 4% of students they lost back in school.

Ms. Febach followed up on TAG member Mueller's earlier question and noted that there has been an increase in pediatric vaccine uptake since 5-11 year olds became eligible, but the increase is slowing. TAG member Mueller noted that enrollment is always fluid and skews to younger students. He reminded members that the compulsory age for school enrollment in Washington is 8.

Ms. Calder moved the discussion to the voting and Co-chair Pendergrass reminded members what they will be voting on now and that a final recommendation vote will occur after another discussion. Ms. Pskowski directed members to their inbox to find their ballot.

Criteria	Yes	No	Unsure
7: <i>The vaccine containing this antigen is acceptable to the medical community and the public.</i>	8	7	2
8: <i>The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.</i>	6	6	5
9: <i>The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.</i>	4	6	7

Ms. Pskowski read the vote totals and directed the co-chairs to find the comments in their inbox. Co-chair Kwan-Gett read comments that expressed there is acceptance in the medical community but not the public, the increased burden on the education system is not acceptable, and that while generally accessible, there exist barriers to a new requirement for communities of color.

Ms. Calder directed TAG members to start thinking about the criteria together and opened the final discussion. TAG Member Locke commented that as a health care provider, there is a lot of distrust and disinformation impacting this issue and wondered if this policy can achieve its goal. TAG Member Murray commented on the scientific method playing out in public during the pandemic and resulting in much of this distrust. He continued that his experience as a parent of a special needs child that it is important for the community to meet requirements to allow all kids to participate.

TAG member Lynch commented that it's important to keep our eyes on the long-term and community health overall, and remarked that we don't want to sow suspicion in the community. He noted that there is an obligation to promote vaccination and make it easy while respecting people's individual wishes. Co-chair Kwan-Gett responded to TAG member Murray's comment regarding a known public health risk communication equation that includes consideration of the emotional component of risk.

TAG member Wilfond commented that the social impact would be unpredictable and uncertain. He continued that as a clinician he is very comfortable recommending COVID-19 vaccine to his patients, but a school entry requirement is different. TAG member Bell wondered what the value was if there is no model to show outcomes. He said that if the increase in vaccination is small it could be outweighed by other detriments. TAG member Cranford commented that the criteria were developed for a non-pandemic scenario and it's challenging to use them now.

TAG member Mueller commented that having every child vaccinated against COVID-19 would have a profound impact on everyday school, and said he is wrestling with the possible consequences of a requirement and the preparation for doing so for the upcoming school year. Co-chair Pendergrass replied that the nuance of the question is important and encouraged folks to continue providing comment to the Board.

TAG member Rodriguez commented that Hispanic families have seen significant barriers in getting vaccinated and that controversies within the government have impacts on the community. She continued that there is confusion by changing policies. TAG member Kallapa reflected that as a Native American, he is always thinking seven generations ahead and what we can do in the moment to respond and what precedent that sets for the next seven generations. He asked members to think about what we did in this moment to protect the future generations. He commented that there is no youth voice on the TAG.

TAG member Abdelmalek noted that she was thinking along similar lines, that when kids get sick, entire communities get sick. Tag member Ondeck reflected on a nurse leader meeting in January 2022 and that nurses were concerned about the burden of implementation, but that they also support vaccination. TAG member Hyseth reminded members to consider the multiple populations impacted when making their decision.

TAG member Muendel commented that there is a lot of complexity to this question but hope that the short-term decision can build long-term trust.

Co-chair Kwan-Gett reflected that he heard a lot of concern about unintended consequences from the group and doubts about the benefit versus the risk or costs. Co-chair Pendergrass reflected on the seven generations comments and wondered how we balance the greater good with maintaining attention on smaller populations. TAG member Murray asked for clarification on whether a requirement would be for certain ages or all. Co-chair Pendergrass replied that it will probably evolve into an age-based requirement. Ms. Pskowski provided context on the current rules and how the requirements are applied to grade levels.

The co-chairs directed members to their inbox for voting. Ms. Pskowski reminded members of the ability to provide comments and encouraged folks to take the time they need for voting.

Final Recommendation	Yes	No	Unsure
<i>Should the group recommend to the State Board of Health that the COVID-19 vaccine be added to the state's immunization requirements for school entry (WAC 246-105- 030)?</i>	6	7	4

Ms. Pskowski read the vote tallies. The co-chairs shared some of the comments from members. Comments supporting the requirement noted that it should be required, but not for the upcoming school year or only after full licensure. Comments not supporting a requirement noted that it will likely result in a small increase in vaccination rates, that there are too many unknowns for which better data is needed, and a need to balance community health and personal rights.

TAG member Murray commented that he is not surprised by the voting result due to the complexity and evolving nature of this issue. TAG member Wilfond commented that he is also not surprised by the outcome and that it reflects the high quality of the TAG process. TAG member Mueller wondered what can be done to increase voluntary vaccination rates. TAG member Lynch commented that it is time to double down on vaccination efforts. TAG member Locke reflected that he would have provided a different response a year ago, and that we need time to diffuse conflict and build consensus. TAG member Kallapa reflected his confusion by the outcome as many criteria passed, but that he will continue to listen to the experts when making decisions.

Ms. Calder and the co-chairs thanked members for their participation and time spent on this work. Ms. Pskowski asked members to please keep an eye out for an e-mail to submit feedback on the process.

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The meeting adjourned at 3:45 p.m.

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