

Technical Advisory Group – Additional comments on criteria

As part of the voting process, TAG members were able to provide additional comments for each vote. The below table includes all comments as written on the ballots.

Criteria Number	Comments
<p>Criteria 1: <i>A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood &amp; Adolescent Immunization Schedule</i></p>	I agree and i think we need to ensure that we are not looking at children under 5 in this criteria.
	I don't think there's a relevant distinction between the two clauses of the criteria: the schedule clearly includes a recommendation.
	The technicality of the inclusion of this on the acip list makes me lean to intent, and i believe the intent here is clear.
	The information is still an eua not full approval. the vaccine is encouraged but has a limit on the recommendation from acip and fda. the
	It feels like the schedule for this vaccine is still influx. it is only viewable in the state of the pandemic which makes it feel like it could still change drastically or become obsolete pending what comes next.
	Information presented showed is it recommended, but not in chart.
	Believe intent of criteria is met (i.e. vaccine is acip recommended). issue of whether it appears on a specific schedule is not relevant to the intent of this criteria.
	Clarifying comments by our subject matter experts helped clear up any doubts i had.
<p>Criteria 2: <i>The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State, as available</i></p>	I would like to see more wa data, but the data presented was compelling.
	Very clear cut and straight forward.
	I have some questions about waning immunity and whether annual boosters will be needed similar to influenza vaccine.
	While sometimes there are confusing statements in the media, the vaccine is very effective against hospitalization, icu time, and death. it is not as effective over time in preventing infection.
	Vaccine is effective in preventing severe disease and death.
	Compelling evidence to support this criteria.
	The question about efficacy rates between covid-19 vaccines and other childhood vaccines needed to enter school was helpful.
	This implies direct benefit to the immunized recipient, but does not speak to the benefit to the community from the immunization of others, which is still unproven, particularly with uncertainty about the impact of future variants
<p></p>	The vaccine is effective for prevent hospitalizations and death.
<p></p>	There is just too much unknown. the data is too sparse and limited, and the assumptions about characteristics of future variants in terms of virulence and transmissibility may be very different from those used in the models.

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<p>Criteria 3: <i>The vaccine containing this antigen is cost effective from a societal perspective</i></p>	<p>Ce calculations are dependent on the assumptions. with covid and its changes in prevalence has made calculations inaccurate. even so, this is a less strong criterion for deciding on recommending requirements for vaccinations.</p>
	<p>Moving target - insufficient data and old information - doesn't take into account the delta and omicron surges. birth to 4 vaccination still not available and consequently we don't know the number of required doses that would directly impact the cost</p>
	<p>The methods used for cost effectiveness analysis do not include health care utilization and loss of productivity of secondary infection which has become much more common with omicron.</p>
	<p>Difficult to say yes, when there was no data presented that clearly addressed school aged children. i do agree that there is an impact on productivity for parents/caregivers that due to limitation could not be reflected in data.s.</p>
	<p>Human life is invaluable. from a social perspective, no dollar amount is too high for human life. from a purely capital perspective that wouldn't be true. any dollar amount that results in a life saved is worth it.</p>
	<p>The models used to look at this criteria have severe limitations which makes it challenging to make a definitive decision. there are so many nuances to societal cost that are not considered in the models, it is difficult to weigh cost effectiveness.</p>
	<p>The cost effectiveness question is essential but we must find a way to factor in equity.</p>
	<p>The current vaccine appears to be cost effective under some scenarios from a societal perspective, esp. when considering equity issues. this cost effectiveness depends on broad parental acceptance of the vaccine.</p>
	<p>I debated whether i'd check no or unsure and landed on no, simply because there isn't a concrete demonstration in the literature that this vaccine is cost effective for the k-12 population and their families.</p>
	<p>Secondary infection affects entire families in their economies.</p>
	<p>The many unknowns include uncertainty about the efficacy of covid vaccines in preventing transmission, both with current variants and anticipating future variants, but most importantly uncertainty about the specific effect of vaccinating k -12</p>
	<p>The models presented do not show cost effectiveness, however they do not take into account many of the societal costs that are inherent in vaccinating a young population. if costs like the loss of productivity by caregivers, potential trauma to an</p>
	<p>I would like to invest some more time to discuss about access of vaccine education as well as affordability.</p>
	<p>I consider this a narrow question, in contrast to the ambiguous social costs of a school requirement</p>
	<p>The moving target makes the capital price difficult to ascertain down the road, but as we are slowly learning more and more side effects from infection, mitigating infection, or the degree of disease, will alleviate any future strain in healthcare.t</p>
<p>It is also an injustice that equity is not considered in these equations. if equity is not considered, that is how health disparities perpetuate.</p>	
<p>In future meetings the equity lens has to be part of the criteria and thank you to our presenter for including it here.</p>	
<p>The most relevant study we reviewed was the netherlands study on influenza vaccination, and those results didn't reflect strong cost effectiveness</p>	

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	Already marginalized population from loss of classroom staff, educational loss due to extended absences, and the costs of low staffing in classrooms on both children and staff are taken into account the vaccine becomes much more cost effective.
<p>Criteria 4: <i>Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects</i></p>	While there are some concerning side effects, i believe the rate at which they occur is acceptable, as is the associated morbidity and mortality rates.
	At this time with covid-19 transmission being as high as it is the risks of the vaccine are far outweighed by risks of the disease, however in a low transmission setting this may not necessarily be the case
	Part of this is unknown - if covid-19 totally goes away and there is no risk of infection, then the side effects are unacceptable.
	Fortunately, the frequency of serious illnesses is small, the vaccines are clearly effective in protecting from severe illness from the virus and has acceptable side effects.
	While there is risk of mis-c, the long term sequela from this seems very loww
	Mrna vaccines have a remarkable safety record. myocarditis in adolescent males appears to be a transient, self-limited condition but warrants ongoing monitoring.
	Additional conversation after lunch allowed me to consider new information.
	Side effects are mild and pass quickly, there are not reports of serius effects.
<p>Criteria 5: <i>The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population</i></p>	This criteria appears very cut and dry, and all evidence points to this being an accurate and true statement regarding this vaccine.
	I believe this information is solid and clear.
	Evidence is very strong that current mrna vaccines have significant beneficial impact on morbidity and mortality of covid-19
	The data presented clearly identified the significance of this disease on mortality/morbidity. my wondering prior to the meeting was how do we consider signaficance. dr. lofgren slides outlined the signigance of this disease. in preventing disease
	I am answering this question based on this information we have today. given the changing nature of the pandemic and the possibility for immune escape due to future variants, this might need to be re-evaluated.
	I am recognizing that a lot is not known about variants beyond omicron regarding disease severity, immune evasion and transmissibility which would all need to be factored into a decision about which covid-19 vaccination would be required
	The fact that the absolute benefits of vaccination for school-age children and teens are smaller than for all the adults should not detract from the fact that children continue to die from acute covid and its complications
	The number of vaccinated children and the few secondary reactions give us the confidence to recommend it. Morbidity skyrocketed when children returned to school, and although mortality is low in children, I would not want to lose a child to something that could be preventable
	Would be helpful to reference a clear assumption/recognition around the dynamics of covid and the vaccine now may be different after more data is available.
	While quality and impact is more tentative, it is still in the general direction of yes

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<p>Criteria 6: <i>Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority</i></p>	We do need to remember that there are two populations in cc and k-12 who have different needs and regulations supporting them.	
	Vaccinated and unvaccinated doesn't appear to make a difference in whether or not a person catches this, however, the likelihood of spreading is far lower if contagious for less time, which vaccination does do.	
	While i believe that transmission is reduced, the data presented was inconclusive or too early in its analysis.	
	Having additional data would be beneficial from ca.	
	Evidence is strong that transmission is reduced mainly by a reduction in incidence of disease. evidence of reduced transmission among those who are infected is unclear and appears to be related to variant type, vaccination timing, and vaccine type.	
	Insufficient data is present at this time. if more data is presented at this age group, i would re-consider this vote.	
	This criteria is hard to evaluate given the vaccines have just recently been approved for 5-11 year olds and so there are not studies looking at this directly in a school setting. vaccines have yet to be approved for children in child care.	
	I am inferring that because individuals who are vaccinated are half as likely to become infected with covid-19 that vaccines reduce transmission which would include transmission involving k-12 students.	
	There is large uncertainty for me around the size and significance of this reduction,	
	It has been shown that the vaccine decreases the time of contagiousness in children by reducing transmission from person to person	
	Yes to older age groups for children - not enough data for birth to 4.	
	There is not yet sufficient information to show reduction in person-to-person transmission in school based/child care settings. it might be interesting to see the studies/data on non-pharmaceutical approaches.	
	<p>Criteria 7: <i>The vaccine containing this antigen is acceptable to the medical community and the public</i></p>	I think it is acceptable to the medical community in principle; the kff data convinces me that a school requirement is not acceptable to the public
		The response is for the medical and public health communities. there appears to be a hard core group of about 30% of the population that are unaccepting of this vaccine. rea
This question is hard because the vast majority agrees, which is why i have chosen it, however there is still a large minority of the population approximately 1/4 who do not.		
While there is strong support from the medical community, there is still a large number of the public not yet in agreement		
Majorities of individuals and professional organizations support covid-19 vaccination		
It seems acceptable to the medical community; there doesn't seem agreement on acceptability to the public		
Easily meets the criteria for the medical community, and it has become majority accepted by the public. there are certain actors who will never accept, but that has always been true.		
A vocal minority are opposed to vaccination. one impact of a requirement is general erosion of community support for schools.		
It is clear the medical community accepts this and maybe less from the public but they have less information and their health literacy levels are not like medical professionals.		

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	<p>Pursuing the requirement will be an uphill struggle, and an unequal one in some communities, we need to be sure it's worth that struggle in terms of the public health gain</p> <p>Public acceptance remains a significant problem. in the current climate of distrust and disinformation this is unlikely to change in the near future.</p> <p>Too early in the vaccination approval process and insufficient data to make a case to many parents that vaccination now is appropriate</p> <p>It seems like the majority of the medical community promotes this vaccine but that does not necessarily equate to them agreeing that it should be a requirement for school/childcare entry.</p> <p>Particularly for the 5-11 age group, the public would benefit from more time/research, medical community would benefit as well.</p>
<p>Criteria 8: <i>The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable</i></p>	<p>I am swayed by the comments about the impact on school administrators and school nurses</p> <p>Reasonable only if there is continuing support from doh for outreach, mobile vaccination sites, and continued information sharing.</p> <p>For the school population access to the waiis will mean that the administration will be possible. it will be much, much more challenging in the child care and early learning spaces who do not have access to the iis, they will have to rely on parents.</p> <p>A burden of implementing this could be felt by parent/caregivers, healthcare providers, and schools (not a total list of who may feel impact)</p> <p>Prepmod decreases burden on vaccine providers for documentation and automatically uploads into waiis. however there will be increased administrative burden on schools to confirm status and process exemptions.</p> <p>I would say yes for the public health system, but i would say no for the school system. it seems profoundly unprepared to implement a vaccine requirement for school entry at the scale it would be for next school year.</p> <p>Due to the complications of delivery in children re: present adult, navigating a vaccination time is a barrier for many communities, moreso for those already adversely affected.</p> <p>I assume this means the budget of the school tracking compliance ( yes or no). not health care burden. if so, burden of doing this for all grades in unprecedented, and sounds like this could happen in fall. that would not go well</p> <p>Schools are not the only ones who will be doing this work. are kids are worth any burden we might face.</p> <p>Administrative burdens on already stressed and understaffed school workers is problematic. significant new resources could change this but until they are available, implementing this requirement would impair ability to deliver other services.</p> <p>We don't know enough yet to say the burden is reasonable. vaccinations still not available for all ages, and don't know yet the required doses/boosters</p> <p>If implemented in all childcare and k-12 at the same time in a fast-tracked way, the burden on vaccine providers, pediatricians, and school nurses would be overwhelming and unprecedented.</p> <p>More time is needed to create infrastructure to support a vaccine effort across multiple age ranges.</p>

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<p>Criteria 9: <i>The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver</i></p>	<p>In ordinary times i would say that it is not an undue burden, but with the health care system short staffed and access to primary care appointments limited, it would be an unreasonable burden for families this summer for fall school entry</p>
	<p>Fora majority of the population the vaccine is reasonable. there is a substantial minority that still finds access to vaccine or exemption prohibitive.</p>
	<p>The burden is physically and logistically reasonable for parents and caregivers, however it may still be a challenge for all of the reasons we mentioned in our discussions: access, belief systems, fear, bad information, etc.</p>
	<p>The data showed that there are many barriers for families to gain compliance to the covid vaccine</p>
	<p>Access to vaccines will vary by jurisdiction, health care provider capacity to provide exemptions may be limited with significantly increased demand.</p>
	<p>I am really concerned about the potential disproportionate impacts of compliance for families of color, for families living in poverty, and for recent immigrant families.</p>
	<p>Vaccination in minors brings about many barriers since guardians need to be involved and present, and communities who are currently struggling with vaccine delivery will struggle even more with mandatory vaccine compliance.</p>
	<p>All thinking being equal, talking to dr before decidintg to not do this good. but will be hard for some families, and if non compliance means no school, that not good for kids.</p>
	<p>The burden can be mitigated with help from cbos and other tursted leaders in the community.</p>
	<p>We need much more effort put in to marginalized families &amp; their communities</p>
	<p>Public distrust, barriers to access in the health care delivery system, and special administrative challenges of this new vaccine present major new burdens for parents.</p>
	<p>Without knowing what the requirements are now it isn't possible to define "reasonable". every required dose will entail an additional burden.</p>
	<p>Would place higher burden on families of color and low income families. especially hard for families to have conversations with a provider about the vaccine- especially if they don't have a medical home or a provider in their native language.</p>
<p>Unclear from the information presented, but there would likely be access issues related to administrative barriers discussed in criteria 8.</p>	
<p>Final Recommendation: <i>Do you recommend the Board initiate rulemaking to add COVID-19 to WAC 246-105-030?</i></p>	<p>We have an opportunity to potentially eradicate covid-19, let's take it.</p>
	<p>The requirement is not useful: only a small proportion of children would be vaccinated because of this ;many are or will already be vaccinated, and others are opposed because of values and beliefs that will not be changed by the requirement</p>
	<p>Without robust data about the ability of the vaccine to prevent future transmission &amp; data on the importance of school-based transmission as a driver of community spread we cannot deprive children of their right to an education</p>

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	The process is likely to be contentious and divisive. increased vaccination is best achieved by active promotion (trust building, increased access, trusted advisers) not "mandates". parents need to be persuaded, not compelled.
	Unsure- on one side, i think no, don't include- exemption chaos, pulling kids out of school, more hesitation/less trust- a lot of risks when we don't know how much it will lessen disease burden given the changing nature of the pandemic/variants.
	I feel very strongly that the vax is safe and effective but don't think sboh should implement a requirement for all kids for next school year. won't be successful and the unintended consequences to kids, families, and learning will be immense.
	Too many unanswered questions and no compelling reason why vaccinations should be mandated now. there may be a future time, after more data collection where vaccinations should be mandatory. avoid unintended consequences.
	My vote is yes,as soon as the vaccine obtains full approval,that would give more confidence to the population and to children and young people.
	We have balance the needs of the many with the needs of the individual. i feel like this vaccine is what is best for both, however like dr. kwan-gett said the equation includes public outrage as well as benefits. i worry that moving too quickly to
	There is a lot of gray area here with personal rights and freedoms, but ultimately this is what is the best thing to do for public health moving forward. this will benefit students more then not having it. parents will be mad, but this isn't about th
	The lives of our children and our community 6 generations out has to come above money, or the burden of extra work. the science we have says yes.
	Overall the vaccine meets a majority of the requirements, but i am concerned about the burden of implementation, parent and public acceptance, and how it will affect students abiltiy to be in school.
	I donâ€™t think we have had enough time or data to recommend a yes vote.
	It's clear that a requirement would impose harms on a proportion of children and families. it is not clear that the benefits of vaccination outweigh the harms; for that to happen, we would need a more virulent variant and/or more effective vaccine.
	While i believe the vaccine needs to be part of school entry requirements, i do not support implementation for the 2022-23 school year. the
	I recommend following the standard process regarding rulemaking and not fast tracking the process. we are still learning about the disease, long term impacts, and vaccines.
	Vaccination will keep students safe and healthy, which will keep students in schools, which will keep students learning, growing, and becoming upstanding members of society. this is the way.
	The political rancor that has been generated by the pandemic makes it much harder to determine any unintended consequences such as greater vaccine refusal, increased removal of students from public education, and how to help special populations.

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	There is too much unknown about the characteristics of future variants and the effectiveness of current and future vaccines to make it a school requirement.
	Also, i believe like all of the systemic changes that came before, requiring covid-19 vaccine for schools will certainly create more inequality within our communities.
	I noticed that my white brothers with powerful positions spoke first and they shared their positions which set the tone for our last discussion.
	Include this vaccine in the schedule will hurt children in the long run while simultaneously helping them in the short run. most people will comply, and there will be some # who will be vocal & very mad concurrently. in which way is more harm done?
	The requirement is not necessary: other ways to increase vaccination, including school-based clinics, education harmful: to school resources to track this; to relationships of schools to communities; and risks children being excluded bec
	School is a picture of contagion and transmission and we need to increase vaccination coverage.it's that government measures are aligned with what is being sought.it was an excellent experience to participate in this group.
	Our focus is to keep kids in school. the consequences of a vaccine mandate now will jeopardize student learning and further split communities. stay focused on the long term goal of preserving physical and also social and emotional health.
	Although i voted "no" i do wonder if an incremental approach might work--like 15-17 yo's this year; assess impact, and then maybe expand to other ages next year. also, any other policy levers sboh can take to increase vax uptake besides this rule?
	Unsure cont- other side, yes, include- covid disease has had disproportionate impacts on communities of color and ppl with comorbidities- will all kids feel safe at school and will disparities be perpetuated if measures like this aren't taken?
	Consider revisiting the issue in time for implementation in the 2023-24 school year. vaccine data will be better and the pandemic modelling improved. i would look at covid vaccination as a multi-decade project.
	We now that children in the pandemic have done badly outside of school & school support services, bipoc communities more than any. kids need to be in school, our policies need to be part of the solution, rather than contributing to the problem
	We should continue to research & provide information to increase public acceptance and make sure system is prepared for the vaccine effort.