Massachusetts Adult Immunization Coalition (MAIC) Meeting

September 15, 2015 1:00 – 3:00
Location: Massachusetts Medical Society
860 Winter Street, Waltham, MA 02451
Commonwealth Room

ATTENDEES IN PERSON		
Last Name	**First Name**	**Organization**
Alie	Robyn	MA Medical Society
Lisinski	Heather	JSI
Vanucci	Rebecca	MDPH
Cohen	Joyce	MDPH
Lett	Susan	MDPH
Tibbetts	Brittany	UMASS Medical School
Oldham	Holly	UMASS Medical School
Brown	Zack	UMASS Medical School
Bee	Jason	UMASS Medical School
Selfridge	Denise	Healthcentric Advisors/ NE QIN-QIO
Aceto	Rich	GSK
Czarnecki	Jim	Berkshire Area Health Education Center (AHEC)
McReynolds	Cynthia	MCAAP Immunization Initiative
McHatton	Paula	Lowell Health Department, Public Health Nurse
Keegan	Jo-Ann	Lowell Health Department, Health Director
Bayard	Colleen	Homecare Alliance of MA
Elliot	Debora	Sanofi Pasteur
Peele	Annette	EOEA
Laurence	Valerie	Vibra - The Meadow of Rochdale
Miller	Dorothy	Merck
Leydon	Lisa	American Cancer Society
Martel	Joanne	Andover Health Dept
Goldstein	Michael	Merck
Forker	Monica	Pfizer
Schilb	sherry	Sanofi Pasteur
Garvey	Michael	Medimmune
O'Mara	Leigh	Sanofi Pasteur
Palazzo	Jim	GSK
Tokarski	Torey	EOEA

WEBINAR/PHONE		
Anderson-Frederic	Bettye	Springfield Dept. Health & Human Services
Rimpila	Erica	North Suffolk MHA, Employee Health Nurse
Preskul-Ricca	Mary Ann	Consultant
Magliozzi	Helen	MA Senior Care Assoc
Rogaki	Donna	Wellpoint
Kimball	Jennifer	Berkshire Public Health Alliance
DiMaio	Leanne	Tufts Health Plan

MINUTES

2014/15 Flu update – *Joyce Cohen, MDPH*

- Sharp peak early on much like (2012/13); one strain caused most cases, H3N2, challenge because it was not in the vaccine, more illness among many people, especially elderly; many more hospitalizations, especially 65+, more clusters reported
- Not a good match between vaccine and strain, only 19% effective in preventing medical visits across all age groups, comparing to other viruses/strains
- Overall 145 pediatric national deaths, 1 ped dead in MA, older unvaccinated child
- 2013/14 – 2 deaths in children in MA, both unvaccinated
- Aggressive outreach by DPH, especially in smaller group homes; perhaps in past years weren't reporting because they didn't think they had to; so first time reports = doubled number of clusters, much busier season for the state; good relationship with these groups
- Nationally high hospitalizations this season, mostly 65+
- Test results to CDC, H3 and FluA, FluB rises later in the season.
- Enhanced surveillance, contacted by the CDC to report flu & mumps, 10 cases, also rashes reported as associated with the flu, NOT measles, but we did have a few cases; flu samples negative are also tested for other viruses at the state lab (RSV, RHV/ENT); helpdesk set up to promote testing and submission of specimens

Vaccine Updates: Flu/Pneumococcal/HPV/Men B – *Susan Lett, MDPH*

ACIP Influenza Recommendations 2015/16:

- Annual vaccination recommended for all persons aged 6months+
- Don't delay to procure a specific vaccine preparation
- There are two new strains in the flu vaccine this year, which is good news since they are a good match for the US, not as much drift

Vaccine Strain Selection 2015/16:

- For 2015–16, U.S.-licensed influenza vaccines contain new two strains which are different from those in the 2014–15 vaccine.
    - Trivalent influenza vaccines contain:
        - an A/California/7/2009 (H1N1)pdm09-like virus
        - an A/Switzerland/9715293/2013 (H3N2)-like virus
        - a B/Phuket/3073/2013-like (Yamagata lineage) virus
    - Quadrivalent vaccines contain the above three viruses and a second influenza B strain, B/Brisbane/60/2008-like (Victoria lineage) virus.

- Choice of which influenza vaccine formulation to use should primarily be driven by the age indication, contraindications and precautions. There is **no** current preference for:
    - LAIV vs. IIV
    - quadrivalent vs. trivalent
    - high-dose vs. standard dose
    - ACIP is reviewing the data, too soon to make a decision

Flu Vaccine Products 2015/16:

- Many vaccine formulations: trivalent, quadrivalent, inactivated, live-attenuated, recombinant, high does, cell-culture based etc.
- DON'T WAIT, IF YOU HAVE TRIVALENT, USE IT
- New & updated product approvals:
    - Afluria
    - Flublok
    - Fluzone
- 170 million doses available, more than ever before

- **Doses needed for children 6 months through 8 years of age**
    - Children 6 months through 8 years who have previously received 2 or more total doses of trivalent or quadrivalent influenza vaccine as of July 1, 2015 need only 1 dose for the 2015-16 season. The 2 previous doses do not need to have been given during the same season or consecutive seasons.
    - Children 6 months through 8 years who have previously received only 1 dose or no doses of influenza vaccine need two doses of vaccine to be fully protected for the 2015-2016 season.
    - **Last year was first year strains had not changed at all, so one doses was enough, NOW need TWO doses**
- Manufacturer addressed heat instability & made improvements

Flu Recommendations Summary 2015/16:

- Annual influenza vaccination is recommended for all persons aged 6 months & older
- Many vaccine options
- ACIP does not express a preference for use of any particular product
- DON'T DELAY TO PROCURE A SPECIFIC VACCINE PREPARATION

CDC 3 pronged approach to influenza (continue this approach, no new materials yet):

1. Annual vaccination is the best way to protect against flu
2. Everyday prevention – covering coughs/sneezes; staying away from people who are sick; proper hand washing; staying home yourself when you are sick
3. Appropriate use of influenza anti-viral drugs – an important second line of defense; including early presumptive treatment & prophylaxis

Updates: PCV13 now recommended for all adults 65years+ in series with PPSV23

Beginning last season, PCV13 and PPSV23 are recommended to be administered routinely **in a series** to all healthy adults aged ≥65 years. This year, the optimal interval between doses PCV13 and PPSV23 for immunocompetent adults in this age group was **updated** to be **≥1year** (changed from 6-12 months). This change in recommendation was based on the considerations summarized below.

1. Shorter intervals (e.g. 8 weeks) may be associated with increased reactogenicity.
2. Longer intervals (≥1 year) may lead to an improved immune response.
3. Changing interval for the PCV13-PPSV23 sequence to ≥1 year simplifies and harmonizes the recommendation. It allows the intervals to be the same, regardless of the order in which the two vaccines are given, in immunocompetent adults aged **≥65 years.**
4. The recently revised CMS regulations for pneumococcal vaccines allow for Medicare coverage of a different, second pneumococcal vaccine one year after the first vaccine was given. The change in the ACIP recommended interval for the PCV13-PPSV23 sequence would make ACIP recommendations consistent with the current Medicare policy.

PCV13 and PPSV23 are recommended to be administered routinely **in a series** to all immunocompetent adults aged ≥65 years. **PCV13** should be administered **only once** for all adults. Specific recommendations are based on a person's previous pneumococcal vaccine history.

- **Persons who are pneumococcal vaccine-naïve.** Adults aged ≥65 years who have not previously received pneumococcal vaccine or whose previous vaccination history is unknown should receive a single dose of PCV13 first, followed by a dose of PPSV23. The dose of PPSV23 should be given **≥1 year** after a dose of PCV13. If PPSV23 cannot be given during this time window, the dose of PPSV23 should be given during the next visit.
- **Persons previously vaccinated with PPSV23.** Adults aged ≥65 years who have previously received ≥1 doses of PPSV23 also should receive a single dose of PCV13 if they have not yet received it. A dose of PCV13 should be given **≥1 year** after receipt of the most recent PPSV23 dose. For those for whom an additional dose of PPSV23 is indicated, this subsequent PPSV23 dose should be given **≥1 year** after PCV13 and ≥5 years after the most recent dose of PPSV23.
- The two vaccines should not be co-administered. If doses of PPSV23 and PCV13 are inadvertently given on the same day or earlier than the recommended interval, those doses do not need to be repeated.
- Adults 19 years and older at increased risk for pneumococcal disease who received a dose of PCV13 at 64 years or younger should **no**t receive another dose of PCV13 at 65 years or older.
- For adults ≥65 years with immunocompromising conditions, functional or anatomic asplenia, CSF fluid leaks or cochlear implants, the recommended interval between a dose of PCV13 and PPSV23 remains at ≥8 weeks. NO CHANGE

Recommendations for two newly licensed MENINGOCOCCAL SEROGROUP B VACCINES

1. Trumenba by Pfizer, as a 3-dose series
2. Bexsero by Novartis, as a 2-dose series

Both MenB vaccines were approved for use in persons aged 10–25 years. However, the ACIP has made an off-label recommendation for their use in certain persons aged ≥10 years who are at increased risk for meningococcal disease, see below.

ACIP recommends MenB vaccine for persons at increased risk and outbreak control:

- Persons with persistent complement component deficiencies
- Persons with anatomic or functional asplenia (including: sickle cell)
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*
- Persons identified as at increased risk because of a serogroup B meningococcal disease outbreak

Challenges when considering routine use of MenB vaccine in other adolescents & young adults:

- low burden of disease
- proportion of serogroup B disease that could be prevented by vaccine is unknown;
- vaccine effectiveness and duration of protection data not available
- impact on carriage unknown
- potential impact of vaccine pressure on circulating strains unknown

***Proposed* considerations for Use of MenB vaccine in other adolescents & young adults:**

- MenB vaccine series *may* be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease
- The preferred age for MenB vaccination in this age group is 16 through 18 years of age
- This is a Category B recommendation (recommended for individual clinical decision making).

HPV vaccine update

9-valent HPV vaccine

- Targets 5 additional high risk types accounting for 10% of all cancers
- Difference by sex: 14% of HPV-associated cancers in females, 4% in males
- 15% of cervical cancers
- Supplemental info & guidance on CDC website July 2015 link to: www.cdc.gov/hpv/downloads/9vHPV-guidance.pdf

CDC Roadmap for Improving HPV Vaccination Rates:

No more extra funding but won't stop efforts, helping to amplify the message – identify cervical cancer early

1. Assemble the team: Immunization Program, AAP, cancer leaders/advocates, provider communities (Yellow Umbrella/Team Maureen working group every other month)
2. Mobilize partners & stakeholders: find out what they are already doing
3. Work together to strengthen provider support for a strong routine recommendation
4. Develop practice- & provider- level interventions: must be evidence-based; high quality AFIX focused on HPV coverage

PLAN FOR THE LONG HAUL!

ASK/ACKNOWLEDGE/ADVISE

Update on Local Public Health Setting Vaccine Reimbursement – *Brittany Tibbets, Commonwealth Medicine*

- Reimbursement for the 2014-2015 flu season reached 1.65 million in revenue back to cities and towns in MA
    - Medicare: $400,000
    - Commercial: $1.25 million
    - 91% reimbursement rate of claims
- Top 5 grossing towns: between $40,000 and $60,000 each
- One more payment to be sent out in the end of September for claims re-processed by the health plans or claims that were re-adjudicated because they were inappropriately denied
- PCV-13 Reimbursement
    - $12,460.02 in reimbursement for 72 patients
    - 88% reimbursement rate on PCV-13
        - When we looked into denial reasons a few Medicare denied because the patient believed they had waited to receive the vaccine within the appropriate time frame but had not; the rest denied for incorrect patient information
- Conducted 7 on site trainings throughout the state and 2 webinars
    - 201 attendees
    - Common questions were on needing additional resources for billing Medicare part D and questions regarding additional information and resources for BOHs and compliance related issues
        - There is published material from HHS that if a health department operates public clinics that health department is considered a healthcare provider and would be subjected to HIPAA laws/rules/enforcement
- This past season we also expanded the program to the state of Maine. Worked with the Maine Public Health Department and Department of Education to bill for School Located Vaccine Clinics and billed on behalf of 24 providers
    - $126,000 in reimbursement back to those providers
- New for 2015-2016
    - The health plans are adding
        - New quadrivalent intradermal vaccine
        - Meningococcal Serogroup B
            - MenB-4C
            - MenB-FHbp
        - HPV – 9 valent vaccine
            - 9vHPV
    - At this point, Tufts and Harvard Pilgrim have agreed to cover the HPV vaccine for the entire ACIP recommended age range. The other health plans are still discussing internally but have expressed interest in adding it as well.

Immunization Reports from the Field – *MAIC Members*

Manufacturers:

- Sanofi – 67 million doses this year, up from last year, 7 presentations, don't all become available at the same time, shipping July to Nov; multidose quad in available now, ship same day; 75% high dose expected to ship by end of Sept. Syringes are the slowest, .25 for peds is slowest.

- GSK – 27-29 million doses, 2 presentations, prefill syringes, first 50% notified and delivered, second half this Thursday, mainly to CDC & distributed, QIV multidose vial fully delivered if ordered

- Medimmune – 15 mill dose flu mist Medimmune, on the trucks, heat weakness approved

- Any public push back on vaccines? Jo Ann Martel – "doesn't work", can't teach them science but say some protection better than none, yes some years better than others; first clinic next week, & schools in October; seems to be starting earlier, signs up in the pharmacies in mid-August, timing isn't great for vaccines available, public does not want to wait so they go to CVS; place orders based on last years' use with a little increase, clinic users do come back, quick & easy, not a long wait, months to plan flu clinics, always in Oct, Nov is too late but word is out in August. Pharmacies dipping in on public health arena. Some clinics pushed from Sept to Oct because vaccine shipments not ready.

- Nurses required to already have flu shot when they enter program. Vaccines not available for private adults unless they go to individual stores (Walmart, CVS, Rite Aid).

- MA starts later than the rest of the country. Our part of the county tends not to have flu activity until late Nov. State sends doses in December but Joanne says TOO LATE, not useful/used and will expire; she is not reaching the 23-35 year olds who are only available at odd hours so other points of access besides clinics (DR office, pharmacies) are good resources for them; but the elderly are NOT WAITING

- We know about disparities (DPH) but cannot cut the data by race & ethnicity; moving away from Doctors office, more at work, pharmacies, retail offices but RATES are not going up, and are lower for blacks & Hispanics but have made some progress; DPH developed manual with help of Health Equity office – decrease disparities at community level, one of the reasons our disparities are lower than other states; each year office of health equity seeks funding for health center or other public entity that seeks to decrease disparities across health spectrum, not just flu, DPH helps this effort (shelters for battered women, substance abuse programs)

- CDC moves back national influenza awareness week, now first week Dec.; be mindful that this is free advertising/messaging, OK to wait

- Flu reimbursement – Tufts won't reimburse high dose because ACIP has not made it a preferential formula; how are we ever going to get insurers on board that it is available and ready to give? Huge expense? Other insurers are covering it, only at the boards of health. Some aren't reimbursing for interdermal; a preferential recommendation won't be coming, state can only do so much; more towns are getting involved in using this, why can Tufts hang their hat on this ACIP recommendation when other insurers aren't? Really a problem. Expensive product, really a burden.

2015 MA Adult Immunization Conference – *Rebecca Vanucci, MPDH and Robyn Alie, MMS*

400 participants; keynote highly rated; breakout sessions highly rated (HPV, Immunization Equity); afternoon plenary – mixed reviews, some wanted 2 breakout sessions to be able to attend one in morning and repeated one in afternoon.

2016 Conference Ideas: Wednesday April 27, 2016 at Best Western Royal Plaza, Marlborough; Keynote Robert H. Hopkins, Jr MD, FAAP, FACP, Chief of Med/Peds from University of Arkansas, editor of journal *Vaccine*

1. Plenary, second keynote speaker ideas? Workshop ideas? Special topics?
2. **HPV**: educating health professionals, Rebecca Perkins, Dr. Cantor possible speakers; Doctor recommendation is biggest influence to get 11-12 year olds vaccinated; Someone You Love HPV epidemic video
3. Disparities: why ethnic minorities have certain attitudes and perceptions of vaccinations & flu shot, cultural barriers, reach out from the population themselves
4. **Join planning committee!** Can call in, next one end of October? We keep them short & productive. Can't attend? Send us speakers and ideas: rebecca.vanucci@state.ma.us.
5. Pnemo and long-term care, elderly populations.

Upcoming Events/Related Items/Future Projects

October 15 – upcoming Ped Conference in Marlborough, panel with Rebecca Perkins on vaccine hesitancy/HPV

November 6 – 3rd annual cervical cancer & other HPV related cancers summit, Dana-Farber Cancer Institute in Boston

STANDING ORDERS PROJECT – MA chosen by IACP, June 6, 3pm – 4hr extensive workshop, seeking 100 practices to attend, www.standingorders.org, not CME or CEUs, should be great workshop, location TBD, DPH working with them (limited to 2 people per practice)

DPH other new project – MA chapter of ACOG, providers who give care to women

Next Meeting – Tuesday, December 1, 2015, 1-3 pm, MA Medical Society