Advisory Commission on Childhood Vaccines (ACCV)

Teleconference and Adobe Connect

March 4, 2021

Members Present

Karen Kain (2022), Vice Chair
Barbara Pahud, MD (2022)
William Spiegel, JD (2023)

Division of Injury Compensation Programs (DICP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS)

Tamara Overby, Acting Director, DICP
Andrea Herzog, Principal Staff Liaison, ACCV

Welcome and Report of the Chair and Approval of the December 2020 Meeting Minutes, Ms. Karen Kain, Vice Chair, ACCV

Ms. Kain welcomed participants to the meeting and did roll call confirming the presence of a quorum. Next, Ms. Kain invited comments on the meeting agenda. There were no public comments.

On motion duly made by Dr. Pahud and seconded by Mr. Spiegel, The Commission unanimously approved the minutes of the December 2020 ACCV meeting.

Report from the Division of Injury Compensation Programs (DICP), Ms. Tamara Overby, Acting Director, DICP

Ms. Overby previewed the day's presentations: reports from the DICP and the Department of Justice (DOJ), and updates from ex officio members representing the Immunization Safety Office (ISO) of the Centers for Disease Control and Prevention (CDC), the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health, the Center for Biologics, Evaluation and Research (CBER) of the Food and Drug Administration (FDA), and the Office of Infectious Disease and HIV/AIDS Policy (OIDP).

Ms. Overby began her updates about the National Vaccine Injury Compensation Program (VICP). She stated that 1,426 petitions were filed in the VICP as of March 1, 2021. Of those petitions, 1,372 were filed for adults and 54 were filed on behalf of children. After a period of relatively rapid increases, the number of claims filed for children and adults since 2017 have been steady. Concerning administrative funding, although there was a decrease in the number of petitions filed in FY 2020, administrative funding increased by 11% for a total of $10.2 million in FY 2020.

Next, Ms. Overby discussed the VICP backlog. Ms. Overby stated that there are 1,319 petitions pending review. That backlog includes 1,260 claims for adults and 59 for children. None of the claims in the backlog for children have been activated by the Pre-Assignment Review (PAR), which is a step in the process used by the U.S. Court of Federal Claims to screen claims to insure readiness for review. Of the adult claims in the backlog, and 585 have not been

activated by PAR.

Ms. Overby reported that as of March 1, 2021, in FY 2021, the VICP paid petitioners about $103 million and attorneys have received about $15 million for costs and fees. Next, she discussed the VICP adjudications and the status of the Vaccine Injury Compensation Trust Fund (Trust Fund).

Adjudication Categories	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021
Compensable	**641 (100%)**	**707 (100%)**	**240 (100%)**
Concession	237 (37%)	265 (37%)	100 (42%)
Court Decision	45 (7%)	48 (7%)	11 (4%)
Settlement	359 (56%)	394 (56%)	129 (54%)
Not Compensable	**181**	**198**	**62**
Total	**822**	**905**	**302**

The balance in the Trust Fund stood at slightly more than $4 billion as of January 31, 2021. Total income to the Trust Fund was $96 million from excise tax revenue and slightly over $113 million from interest income.

Ms. Overby continued her presentation by reporting the following VICP statistics that may be of interest to the ACCV.

- 90% of petitions were filed for adults in the last 2 years.
- Over 54% of petitions filed in the last two FY allege shoulder injury related influenza vaccine administration (SIRVA).
- 73% of petitions filed in the last two FY allege an injury from the influenza vaccine.
- About 70% of petitions filed are compensated via negotiated settlement since FY 2006 (but only 56% in FY 2019)
- There is nearly a 14-month wait for petitions to be reviewed by a HRSA physician after the Pre-Assignment Review (PAR) activation date.

Ms. Overby announced that action on a NPRM final rule on the proposal to remove SIRVA and vasovagal syncope from the Vaccine Injury Table (Table) was delayed until April 23, 2021 to give the new administration time to review the proposal.

Ms. Overby reminded the commission members that several vacancies exist on the commission and suggestions for candidates are welcome. Suggestions and recommendations for ACCV positions can be submitted to Ms. Annie Herzog. ACCV membership positions include:

- Three health professionals who have expertise in the health care of children, the epidemiology, etiology, and prevention of childhood diseases, and the adverse reactions associated with vaccines, of whom at least two shall be pediatricians;
- Three members from the general public, of whom at least two shall be legal representatives of children who have suffered a vaccine-related injury or death; and
- Three members who are attorneys, of whom at least one shall be an attorney whose specialty includes representation of persons who have suffered a vaccine-

related injury or death and of whom one shall be an attorney whose specialty includes representation of vaccine manufacturers.

Ms. Overby concluded her presentation.

During discussion, Dr. Pahud reiterated her recommendation that the commission should reinforce its earlier recommendation to the Secretary of Health and Human Services (Secretary) to increase administrative funding for the VICP to help clear the backlog of claims currently in the system. Ms. Overby stated that the Commission had submitted such a recommendation, but that it would be permissible to submit another recommendation to that effect. In response to a clarifying question, Ms. Overby explained that SIRVA is listed as an injury for seasonal influenza vaccines or other vaccines on the Vaccine Injury Table. A claim filed alleging injury caused by the influenza vaccine could be SIRVA or another type of injury. The VICP will not cover SIRVA injuries from any vaccine, when the proposal to remove SIRVA and vasovagal syncope from the Table becomes effective.

Asked about the COVID-19 vaccine, Ms. Overby said that the Countermeasures Injury Compensation Program (CICP) under the Public Readiness and Emergency Preparedness Act covers COVID-19 vaccines. For the VICP to cover a vaccine, it must: (1) be recommended by the CDC for routine administration to children and/or pregnant women, (2) have an excise tax imposed, and (3) be added to the Vaccine Injury Table by the Secretary of Health and Human Services. None of these requirements has occurred, so the VICP does not cover the COVID-19 vaccines.

There was interest in why adult claims have been increasing but the overall amount of payments to petitioners was decreasing. Ms. Overby replied that being awarded compensation for a claim does not necessarily mean that the vaccine caused the alleged injury. Most claims are compensated as a result of a negotiated settlement and neither HHS or the Court has determined that the vaccine caused the injury. Claims are compensated via negotiated settlement for various reasons, such as a desire to minimize the time and expense of litigating the case. Ms. Kain added that a petitioner trying to file a claim involving a child with autism may face obstacles in even obtaining legal counsel since many attorneys are wary of pursuing such cases. Ms. Overby stated that the science does not support that vaccines cause autism. Because of time limitations, Ms. Overby suggested moving on to the report by the Department of Justice.

Report from the DOJ, Ms. Heather Pearlman, Acting Deputy Director, Torts Branch

Ms. Pearlman referenced the Department of Justice (DOJ) PowerPoint materials as part of her presentation for the three-month reporting period from November 16, 2020, through February 15, 2021. (DOJ PowerPoint (PP) at 2.) She noted that DOJ's reporting period is different from the HHS and CFC reporting periods. Ms. Pearlman stated that during DOJ's reporting period, 1,249 petitions were filed, 33 (3%) of which were filed on behalf of minors and 1,216 (97%) of which were filed by adults. (DOJ PP at 2.)

Ms. Pearlman stated that 201 petitions were adjudicated during this reporting period. (DOJ PP at 3.) One hundred and fifty seven of the adjudicated cases were compensated. (DOJ PP at 3.) Of the 157 compensated cases, 73 cases were conceded by the government, ten of which had decisions awarding damages and 63 of which had decisions adopting proffers.

Eighty-four of the compensated cases were not conceded by the government, the majority of which (82 cases) involved settlements. Forty-four cases were not compensated. (DOJ PP at 3.) Six petitions were voluntarily withdrawn. (DOJ PP at 4.)

Ms. Pearlman discussed recently decided and pending cases in the U.S. Court of Appeals for the Federal Circuit (CAFC). (DOJ PP at 5-7.) She stated that during the reporting period, the CAFC affirmed two entitlement decisions appealed by petitioners, vacated and remanded one attorney's fees and costs decision appealed by a petitioner, and one petitioner withdrew an appeal of an entitlement decision. (DOJ PP at 5.) She further noted that three appeals of entitlement decisions by petitioners were pending, and one appeal of an entitlement decision by respondent was pending before the CAFC. (DOJ PP at 6-7.)

Ms. Pearlman next discussed appeals at the Court of Federal Claims (CFC). (DOJ PP at 8-11.) She noted that the CFC affirmed seven decisions appealed by petitioners during this reporting period (six entitlement decisions and one redaction decision) and remanded one entitlement decision appealed by a petitioner. (DOJ PP at 8.) Ms. Pearlman stated that there were eight appeals pending before the CFC filed by petitioners, six of which were filed since the last reporting period (six entitlement decisions, one damages decision, and one attorney's fees and costs decision). (DOJ PP at 10.) She further stated that there were no appeals by respondent pending before the CFC. (DOJ PP at 11.)

Ms. Pearlman noted that oral argument at the CAFC in *Kottenstette v. HHS* was scheduled for April 7, 2021, and in *Kirby v. HHS* for April 8, 2021. Oral argument at the CFC in *Dilascio v. HHS* was scheduled for April 1, 2021. (DOJ PP at 12.)

Ms. Pearlman provided a list of cases that were settled during the reporting period, which are listed in the DOJ PowerPoint presentation in order of the time they took to resolve. (DOJ PP at 13-20.) Ms. Pearlman also provided the usual appendices, which include a glossary of terms and diagrams to help commissioners understand the appeals process.

Ms. Pearlman concluded her report and invited questions from the commissioners. Ms. Karen Kain noted that the DOJ presentation includes initials for some case names and that it appeared that attorneys could access additional case information but not the general public. Ms. Pearlman explained that the CAFC and CFC websites include decisions by case name or initials, where appropriate, and court decisions are available to the public on the respective court's website.

Update on the ISO, CDC, Dr. Jonathan Duffy

Dr. Duffy discussed several recent publications:

- **Meningococcal Vaccination: Recommendations of the Advisory Committee on Immunization Practices, United States, 2020.** Mbaeyi SA, et al. MMWR Recomm Rep. 2020 Sept; 69(No. RR-9):1-41.
  This report compiles and summarizes all recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) for use of meningococcal vaccines in the United States. As a comprehensive summary and update of previously published recommendations, it replaces all previously published reports and policy notes. This report also contains new recommendations for administration of booster doses of serogroup B meningococcal (MenB) vaccine for persons at increased risk for serogroup B

meningococcal disease. These guidelines will be updated as needed based on availability of new data or licensure of new meningococcal vaccines.

- **Safety Surveillance of Bivalent Meningococcal Group B Vaccine, Vaccine Adverse Event Reporting System, 2014-2018.** Duffy J, et al. Open Forum Infect Dis. 2020 Oct 27; 7(12):ofaa516.
  In October 2014, MenB-FHbp (Trumenba, Pfizer) became the first meningococcal group B vaccine licensed in the United States. It is approved for use in individuals aged 10-25 years. The adverse events most commonly or disproportionately reported following MenB-FHbp were consistent with those identified in clinical trials as described in the US package insert. This analysis did not identify any new safety issues.
- **Safety profile of rotavirus vaccines among individuals aged ≥8 months of age, United States, vaccine adverse event reporting system (VAERS), 2006-2019.** Haber P, et al. Vaccine. 2021 Jan 22; 39(4):746-750.
  The Advisory Committee on Immunization Practices (ACIP) currently recommends that RV5 or RV1 immunization be initiated by age 14 weeks and 6 days and completed by 8 months 0 days. This analysis did not identify any unexpected AEs for RV vaccines among individuals aged ≥8 months. Health care providers should adhere to the ACIP recommended schedule and older individuals should apply necessary precautions to prevent potential secondary exposure from vaccinated children.
- **Developing algorithms for identifying major structural birth defects using automated electronic health data.** Kharbanda EO, et al. Pharmacoepidemiol Drug Saf. 2021 Feb;30(2):266-274.
  Given the 2015 transition to International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnostic coding, updates to the Vaccine Safety Datalink's previously published algorithms for major structural birth defects (BDs) were necessary. Algorithms can identify infants with selected BDs using automated healthcare data with reasonable accuracy. These updated algorithms can be used in observational studies of maternal vaccine safety and may be adapted for use in other surveillance systems.

Dr. Duffy moved on to updates from the February 2021 Advisory Committee on Immunization Practices (ACIP) meeting. Dr. Duffy provided an update of an ACIP vote to change the rabies pre-exposure prophylaxis (PrEP) vaccine recommendation: ACIP recommends a 2-dose [0, 7 days] intramuscular rabies vaccine series in persons for whom rabies vaccine pre-exposure prophylaxis (PrEP) is indicated (such as people who work with animals).

The ACIP also continued to discuss development of recommendations for the CYD-TDV dengue vaccine, which will be voted on at the June 2021 ACIP meeting.

Pfizer has submitted a Biologics License Application (BLA) to the FDA for their tick-borne encephalitis (TBE) vaccine, which may be licensed by 3rd quarter 2021. At this time, there are no ACIP TBE vaccine recommendations, and the policy question is, should TBE vaccine be recommended for use in persons aged ≥1 year traveling to or residing in TBE risk areas and in laboratory staff working with TBE virus?

Dr. Duffy reported that new Ebola outbreaks were reported in early 2021 in the Democratic Republic of Congo and in Guinea. ACIP recommendations on Ebola vaccine were published in the MMWR on January 7, 2021.

There is a continuing discussion of possible recommendations for hepatitis B vaccines for

all unvaccinated adults, or alternatively for unvaccinated adults under age 59. The decision should be made by October 2021 with an ACIP vote at that time.

Licensure for two new pneumococcal conjugate vaccines for adults from Merck and Pfizer are anticipated in the June-July timeframe. Licensure for use in children is anticipated in 2022-2023.

The recombinant zoster vaccine RZV was also on the ACIP meeting agenda. Through the end of 2020, 41.3 million doses had been distributed. At the last ACIP meeting there was discussion of the risks of Guillain-Barrè Syndrome, a general risk-benefit discussion concerning the vaccine, and consideration of offering the vaccine to immunocompromised adults.

The ACIP discussed the 2020-2021 influenza season, which included the observations that influenza-like illness was below baseline for that season, and the hospitalization rate was the lowest since 2005. As of February 2021, 193 million flu vaccine doses had been distributed. ACIP is conducting a systematic review regarding the relative benefits and harms of different types of influenza vaccine for older adults. The study results will be presented in late 2021.

The ACIP discussed cholera vaccine, focusing on the question of whethercholera vaccine recommendations should be expanded to include children and adolescents 2–17 years of age. The ACIP plans to vote on the issue in October 2021. Finally, there was a continuing discussion of the Orthopoxviruses vaccines. JYNNEOS, manufactured by Bavarian Nordic, is a live attenuated non-replicating vaccine approved in 2019 to prevent smallpox and monkeypox. ACIP is considering updating recommendations to include use of JYNNEOS to prevent Orthopoxviruses in persons at risk for occupational exposure to Orthopoxviruses.

Finally, for COVID-19, ACIP has recommended three COVID-19 vaccines manufactured by Pfizer-BioNTech, Moderna, and Janssen. ACIP released recommendations for the allocation and release of COVID-19 vaccines when available, on a phased basis, first to health care personnel and long-term care facility residents, then to persons aged ≥75 years and non–health care frontline essential workers, and in the next phase to persons aged 65–74 years, and finally to persons aged 16–64 years with high-risk medical conditions, and essential workers not included in an earlier phase. Dr. Duffy mentioned the expansion of the current vaccine safety surveillance systems to include COVID-19 vaccine data. He briefly noted that data on maternal vaccine safety revealed no significant issues related to COVID-19, and in general, there were no safety concerns or other issues regarding data collected in the new V-Safe survey. Dr. Duffy concluded his presentation.

Update on the NIAID, NIH, Ms. Claire Schuster

Ms. Schuster began her discussion with a comment about how drug resistance has limited treatment options for sexually transmitted infections (STIs) like gonorrhea. She noted that the FDA approved the Bexsero vaccine to prevent Group B meningitis in 2016, and a study in New Zealand suggested that the vaccine offered some protection against gonorrhea. In 2020, NIAID launched a Phase 2 clinical trial to evaluate if Bexsero can prevent gonococcal infection.

Historically, it has taken years, if not decades, to develop vaccines for common diseases like pertussis, human papillomavirus infection (HPV), hepatitis B and measles. The first COVID-19 vaccine authorized for emergency use by the FDA took less than 12 months. The FDA has authorized several COVID-19 vaccines for emergency use, including products developed by Moderna, Pfizer/BioNTech and Johnson and Johnson. With the emergence of new SARS-CoV-2 variants and out of an abundance of caution, new vaccine candidates are being

evaluated. Moderna has developed an investigational vaccine against the B.1.351 variant, first identified in South Africa. Moderna and NIAID will conduct a Phase 1 trial of the vaccine, expected to begin in March.

Trials of COVID-19 vaccines among pediatric populations are important to determine the safety and efficacy of vaccines for children. In the U.S., trials have begun in adolescents 12 years and up, and will continue with younger children in a stepwise fashion. Pfizer/BioNTech and Moderna have completed studies in 12-17 year-olds and results are expected in the coming months. On February 12, AstraZeneca and the University of Oxford, announced the start of a study of 300 children ages 6 to 17 in the United Kingdom. Vaccine dosage in pediatric studies may be reduced to half or quarter doses.

NIH will conduct a study in at least 250 children to evaluate SARS-CoV-2 infection and multisystem inflammatory syndrome in children (MIS-C). NIH is also funding eight projects at various sites to identify risk factors for MIS-C. The studies will look at factors related to how genetic, immune, viral, environmental, and other factors influence the severity of COVID-19 in children and the chances of progression to MIS-C and other long-term complications. A new NIH study will look at the antiviral, remdesivir, in pregnant patients who have been prescribed the drug to treat COVID-19. There are also studies that are evaluating COVID-19 vaccines in pregnant women. Pfizer and BioNTech recently announced the start of a large Phase 2/3 trial in about 4,000 healthy pregnant women.

An NIAID-supported study, ACTT-2, evaluated the combination of baricitinib and remdesivir compared to remdesivir alone. The combination showed that time to recovery is reduced for people hospitalized with COVID-19. Patients who required high-flow oxygen or non-invasive ventilation during hospitalization appeared to benefit the most. Their median hospital stay was shortened from 18 days to 10 days. The follow-on ACTT-4 study is looking at baricitinib and remdesivir compared to remdesivir and the corticosteroid, dexamethasone.

There is a condition, often referred to as "long COVID," that sometimes follows recovery from a COVID-19 episode. Symptoms include fatigue, shortness of breath, brain fog, sleep disorders, fever, gastrointestinal discomfort, anxiety, and depression that can persist for months. These symptoms are called post-acute sequalae of SARS-CoV-2 infection (PASC). NIH has launched a new initiative looking at the causes of PASC and ultimately ways to prevent and treat these conditions. Finally, there is a new website launched by the Department of Health and Human Services, *combatcovid.hhs.gov* that provides information about clinical studies for COVID-19 taking place across the U.S..

Ms. Schuster commented that 16-year-old artist Hannah Ernst began creating portraits of COVID-19 patients who died because of the disease, producing more than a thousand portraits, including Ms. Schuster's uncle, who had succumbed to COVID-19 just days before he would have received the vaccine. She concluded her remarks.

Update on the CBER, FDA, CDR Valerie Marshall

CDR Marshall stated that, on February 4, 2020, the Secretary announced that a threat to the security of the U.S. and its citizens living abroad existed in the form of a virus that causes COVID-19. On March 27, 2020 the threat justified establishing an Emergency Use Authorization (EUA), which is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic. Under an EUA, the FDA may allow the use of unapproved medical products to prevent serious

or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, or available alternatives. Once submitted, FDA will evaluate an EUA request and determine whether the relevant statutory criteria are met and review the scientific evidence about the vaccine that is available to FDA.

There are specific requirements to implement an EUA: adequate manufacturing information to ensure quality and consistency; and evidence that the vaccine safety outweighs risks based on data from at least one well-designed Phase 3 clinical study that demonstrates safety and efficacy. The EUA request must also include plans for active follow-up and monitoring for safety and efficacy. Four of those programs include the Vaccine Adverse Event Reporting System (VAERS), the Vaccine Safety Datalink (VSD), the Biologics Effectiveness and Safety (BEST) Initiative, and Medicare Claims Data.

FDA conducted a thorough evaluation of three candidate vaccines, which ualified for an EUA. On December 11, 2020, the FDA issued the first EUA for Pfizer's COVID-19 mRNA Vaccine for individuals 16 years of age and older. On December 18, 2020, the FDA issued an EUA for Moderna's mRNA COVID-19 vaccine for individuals 18 years of age and older. On February 27, 2021, for individuals 18 years of age and older, the FDA issued an EUA for Janssen's (Johnson & Johnson) COVID-19 vaccine, an adenovirus vector vaccine.

On February 22, 2021, the FDA updated its October 2020 guidance, Emergency Use Authorization for Vaccines to prevent COVID-19. The updated guidance provides recommendations to vaccine developers, including those who have already received EUAs for their COVID-19 vaccines and are seeking to amend their EUAs to address new variants. The guidance recommends that a determination of effectiveness be supported by data from clinical immunogenicity bridging studies comparing the immune response to the modified vaccine to that induced by the original vaccine for which efficacy data are available. Manufacturers are encouraged to study the modified vaccine in both naïve (non-vaccinated) individuals and in individuals previously vaccinated with the authorized vaccine. Additionally, the guidance outlines the FDA's recommendations for assessments of safety to support an EUA for a modified vaccine.

Concerning a different vaccine, CDR Marshall stated that on December 23, 2020, the FDA approved a supplement to the Biologics License Application (BLA) for Cholera Vaccine, Live, Oral (Vaxchora), to expand the usage to include children 2 to less than 18 years of age. Vaxchora was first approved in the U.S. on June 10, 2016 for active immunization against disease caused by *Vibrio cholera* serogroup O1 in adults 18 through 64 years of age traveling to cholera-affected areas. CDR Marshall concluded her remarks.

Update on the OIDP, Dr. David Kim

Dr. Kim commented that the National Vaccine Advisory Committee (NVAC) is responsible for providing advice to the Assistant Secretary for Health, who has been designated to manage the National Vaccine Program. At the February 4-5, 2021, NVAC meeting, two subcommittees made presentations, one from the Immunization Equity Subcommittee and another from the Vaccine Confidence Subcommittee. There was also a presentation on COVID-19 vaccine safety monitoring and a report from the ACIP COVID -19 Vaccine Technical Subgroup. Lastly, there was a presentation of the Vaccines National Strategic Plan 2021-2025.

The Strategic Plan is a roadmap for the immunization enterprise in the U.S., first published in 1998. The latest version of the plan was released on January 19, 2021. There are

five overarching goals: (1) vaccine innovation (vaccine development and delivery systems), (2) vaccine safety (maintain high levels of vaccine safety, minimize preventable adverse events, improve timely detection of safety signals, inform public health policy and clinical practice), (3) vaccine confidence, (4) improve access to vaccines (physical, financial, or other barriers), and (5) promotion of global collaboration.

Dr. Kim discussed The Vaccine Safety Report which describes the results of a systematic review of adverse events associated with routinely recommended vaccines and updates the last report which was released in 2014. The Agency for Healthcare Research and Quality (AHRQ) was commissioned to conduct this review and a final draft of the newest report will soon be released and will be shared with ACCV. Dr. Kim concluded his remarks. Addendum: The report, *Safety of Vaccines Used for Routine Immunization in the United States: An Update*, was released on May 25, 2021 and is available at https://effectivehealthcare.ahrq.gov/products/safety-vaccines/research.

Public comment and adjournment

There were no requests for public comment. Ms. Overby recommended a motion to adjourn, which was duly made by the Ms. Karen Kain, seconded and unanimously approved.