

Immunization Advisory Committee Meeting
Minutes
January 29, 2013, 9:00 a.m.
109 Governor Street, Conference Room 535
Richmond, Virginia

The Immunization Advisory Committee shall provide guidance and serve as an advisory body to the Division of Immunization at the Virginia Department of Health. The Committee will address issues related to best practices in immunization in a clinical setting, vaccine supply, vaccine legislation, vaccine preventable disease control, and other key programmatic issues as they arise. The Committee will meet quarterly, agendas will be available prior to the meeting, and minutes of each meeting will be the responsibility of the Division of Immunization staff.

Members Present: Barbara Allison-Bryan, MD (Sentara Pediatric Physicians-Gloucester); Michael Ashby, MD (Martha Jefferson Hospital); Bill Berg, MD, MPH; David Goodfriend, MD; Julia Gwaltney, RN; Parham Jaber, MD; Heidi Kulberg, MD, MPH (VAAFP); Representative for Manikoth Kurup (DMAS); Douglas K. Mitchell, MD (International Adoption and Travel Medicine Clinic); Carolyn Moneymaker, MD (EVMS); Tim Musselman, PharmD (VA Pharmacists Association); Molly O'Dell, MD; Lilian Peake, MD (VDH); Holly Puritz, MD (VACOG); Trinetta Randolph (VA Community Health Association); Cindy Robinson, RN (Reston Hospital Center); Nancy Welch, MD (VDH); Sandra Zieve, MD (Patient First)

VDH Staff Present: Rebecca Early; Jim Farrell; Christie Gray; Bob Hicks; Laura Ann Nicolai; Sandy Sommer, PhD; David Trump, MD, MPH, MPA;

Others Present: Bindi Patel (Merck Vaccines) and Ellen Shannon (Sanofi Pasteur)

Members Unable to Attend: Chris Bailey (VHHA); Aline Branca, MD (EVMS); Tia Campbell, RN, MSN, NCSN (DOE); Melissa Canaday (VA Native American Community); Michelle Charters, MPH (Project Immunize Virginia); Maureen Dempsey, MD, FAAP (VDH); Laurie Forlano, DO, MPH (VDH); C. W. Gowen, Jr., MD (EVMS); Gwen E. Messler Harry (VCEP); Bill Moskowitz, MD (VAAP); Jeniece Roane, RN, MS, NE-BC (VA Nurses Association); Jay Schukman, MD (Anthem BC/BS); Laura Lee Viergever (VAHP); Jodi Wakeham, RN, PhD (VDH); Linda D. Wilkinson, MPA (Virginia Association of Free Clinics).

Welcome/Introduction/Roll Call—Jim Farrell welcomed attendees and presented the agenda, including the addition of the foster care home resident vaccinations issue raised by Dr. Mitchell. With respect to the most recent data analysis, Mr. Farrell asked everyone to consider strategies, solutions, and possible questions. For example, what can be done to improve the data and how can we use the data more effectively? Roll was taken and is presented above.

Quarterly Data Snapshot—Presented by Rebecca Early (see handout with notes)—Represents data released since last meeting in July 2012; includes information on disparities in vaccination coverage to help assist with identifying gaps in coverage that may need targeting. CDC data collection methodology changed in 2011, which should be taken into account in comparing historical data:

- Vaccine preventable morbidity data sources
- Immunization coverage data sources
- “Snapshot” of Virginia morbidity and immunization coverage
- Questions and Comments:

1. Mr. Farrell discussed the rise in religious exemption trend—while appearing low as a percentage, the exemptions are not equitably distributed across the state; there are pockets where exemptions are higher:
 - 2012 Floyd County area exemptions are high. In particular, one school with 100% exemption experienced a pertussis outbreak that crossed outside the school into the community.

- VDH staff performed significant outbreak control and epidemiology.
 - Exemptions will continue to have a significant impact.
- Dr. Kurup inquired as to why religious exemptions are growing? Mr. Farrell reported there is no scientific evidence, but there seems to be an increasing reluctance by parents to allow multiple vaccines at one time, as well as controversial issues surrounding vaccines, such as HPV.
2. Question from committee—Has there been any push in legislature for clergy to be required to provide signature/validation on religious exemption? Mr. Farrell reported that VDH has not addressed this, there is no existing legislation in Virginia, and it is not anticipated there will be in the foreseeable future.
 3. Dr. Moneymaker asked if homeschooled children are required to be vaccinated? Mr. Farrell stated they are required to follow the immunization schedule, but it is not feasible for VDH staff to visit every homeschooled child to verify. If any of these students are involved in county school extracurricular activities, though, VDH is able to follow up.
 4. Dr. Kurup inquired as to whether private schools' religious exemption numbers are higher? Mr. Farrell reported that historically this always has been the case. Many times the private schools are not as aware of the immunization requirements, but VDH continues to work with more of them each year.
 5. Dr. Berg inquired as to what immunization data is available for Hampton and Newport News. Mr. Farrell informed the committee VDH does not have county-specific data that is statistically valid. Increased school collection at the county level will make it statistically valid. The numbers at the Central Office are statewide numbers, not county specific. Further discussion about VIIS will elaborate on this topic.
 - Mr. Farrell noted the goal is to increase the robustness of VIIS. Lower coverage rates in VIIS vs. NIS is due in part to the increased number of providers in the system without having the historical data.
 - Dr. Berg inquired as to how a district can find out from VDH Central Office how many schools should be sampled to achieve statistically valid data. Mr. Farrell directed him to Sandy Sommer for that information.

VIIS Update—Presented by Christy Gray (see handout with notes) Questions and Comments

1. Dr. Bryan indicated her practice uses VIIS and asked if newborn hearing and blood screening will be added. Mr. Farrell noted that his division is working with the Office of Family Health Services to include hearing screening, but funding and resources are issues this year. Additionally, health information exchange (HIE) in the future will allow providers access to all data. Mr. Farrell stated VDH has heard from physicians who want this access, and he is of the opinion that newborn hearing and blood screening probably will be the first addition to VIIS.
2. Dr. Kulberg announced that AAFP will be having its annual winter meeting beginning Friday, February 1. She asked if VDH has any VIIS recruitment materials, specifically a flow sheet and return on investment. Mr. Farrell responded that he will provide those materials to her.
3. Dr. Berg stated his concern about focusing on additional features for VIIS; he feels the focus should be getting VIIS running at 100% first.
4. Dr. Trump noted lead screening is another area not captured in VIIS. Additionally, Social Security numbers are not captured and that with the potential of 10 million clients in the future, unique identifiers are essential for capturing and maintaining accurate data.

5. Question from the committee regarding H1N1 data collection—Mr. Farrell acknowledged during H1N1, VDH requested minimal data due to time constraints but that his division is working on enhancing the data.
6. Ms. Gwaltney asked if there has been any consideration for providers using Vaccines for Children (VFC) program to be required to use VIIS. Mr. Farrell acknowledged that a tiered approach is being implemented and that VDH is targeting larger providers first. Currently, VFC membership is not linked with VIIS participation.
7. Dr. O'Dell emphasized that more VIIS doctors are essential. They need incentives, and there are significant incentives with Meaningful Use vs. traditional grant route. Mr. Farrell noted physician dollars for EHR is significant and that VDH's objective is to market and educate the potential users. Dr. O'Dell suggested using existing specific grant money rather than per physician dollars and working differently with regional providers. It was agreed Mr. Farrell and Dr. O'Dell will communicate more specifically offline regarding this topic.
8. Dr. Kurup asked if privacy issues are covered. Mr. Farrell acknowledged that VDH is in compliance with HIPPA and state regulations. Dr. Kurup then inquired about the cost of VIIS. Mr. Farrell informed the committee that routine maintenance and hosting the system (HP) totals \$350,000 per year. Any modifications change the scope of the contract and are considered additions.

Current Topics (recurring agenda item):

- **Flu Update (Farrell)**—Flu started abruptly with early onset. Since December 1980, suspected flu outbreaks were distributed fairly evenly throughout the state (with 60% in schools and 29% in nursing homes). Continued widespread activity starting 12/15/12 (last year was 2/25/12).

Vaccine supply: In general, 145 million doses produced and available; 133.5 million distributed (some still to be administered). Still encouraging vaccination, although may have to search more diligently. Providers looking for vaccine are directed to the following website:

www.preventinfluenza.org/ivacs (gives availability and order information). Website for patients: www.flushots.healthmap.org. Vaccines for Children—a federal entitlement program—must qualify to use it. Demand has been greater on private side with surplus in VFC supply—cannot use VFC supply for private practices unless Virginia declares state of emergency.

- **Tdap Provisional ACIP Recommendations (Sommer):** 2011 ACIP recommendation—Immunize pregnant women; small studies have demonstrated antibody is effective in utero but titre declines (27-36 weeks regardless of previous history); appears infant response to first 2 doses is dampened.

Current ACIP recommendation—Immunize at every pregnancy; published as a provisional recommendation; not final until published in MMWR within next month or so.

- **Grants/Pilot Projects Update (Farrell)**—Additional funding competition through CDC; awarded 5 projects 2 years in length:
 1. Adult immunization in Virginia to improve rates—opted to work with pharmacists quarterly; training is web based.
 - Social Services and daycare umbrella organizations to develop policies and recommendations regarding immunization requirements for their staff.
 - DMAS—Trying to get the adult immunization via Medicaid opened; working on setting up dialogue with DMAS.

2. Grant to expand VIIS interface and new VFC vaccine ordering distribution system at CDC—When implemented, physicians will be able to order directly vs. through VDH. Currently, faxed orders are put in by VDH. Next week will start online electronic interface.
3. PHP fund to improve vaccine management process—VFC site audits by Inspector General showed need for improvements; VDH will perform baseline surveys and follow-up maintenance. Over 900 VFC sites (~2,000 physicians).
4. Hep B vaccine for high-risk patients (mostly diabetics) in rural settings—2-year pilot; anticipated that it will provide good data.
5. Billing system grant—Issue: Federal funds will dwindle with health care change (every child still will be covered for vaccines), and state general fund will be used in place of 317 funding. No cost to parent for school-mandated immunizations, but they can bill third party. This new billing structure will allow for projection of generated revenue and will help supplement declining federal dollars, which is necessary and appropriate. This is a significant change for health departments' mode of operation.

Vaccine Policy Update/Legislation—A bill was introduced this year that would have added males to the HPV schedule; bill was tabled; not aware of any further related bills this year.

Open Discussion:

- **Foster Care/Immunizations**—Dr. Mitchell discussed his work for foster care in the Virginia Beach community and presented the issue of immunizations for children in foster homes. Arizona legislation introduced exemption for natural born children in foster homes. Dr. Mitchell posed the question of whether or not the committee should go on record if this comes up in Virginia. Dr. Trump asked if there is a requirement in Virginia currently. Dr. Sommer stated there is no law or regulation in Virginia that addresses immunizations for natural born children in foster homes, although they must immunize foster children.
- **Questions/Answers**
 1. Dr. Trump asked if pharmacists are allowed to vaccinate adults (and minors with parental consent) but without a prescription.
 - Influenza has no age limit, but pharmacies implement their own age restriction. Any interest in changing the limitation? Ms. Nicolai has not heard of any move to expand; influenza has more liberal restrictions. Mr. Musselman stated there have been no discussions on changes beyond 2009 guidelines; law for flu is 6 months.
 - Dr. Berg welcomed an open discussion on pharmacies vaccinating more children and is in favor of expanding this and pharmacy participation with VFC. Dr. Mitchell asked how to obtain information quickly if not using VIIS? Discussion ensued. Ms. Nicolai affirmed education is focused on pharmacies as well, and there are pharmacies (Walgreen, Safeway, Giant) currently using VIIS. Dr. Mitchell suggested the next step is to require the large providers to use VIIS two-way. Ms. Gray noted the expectation is that Meaningful Use Stage 3 will make it a requirement.
- VFC cannot be used for teens yet—not until CDC makes a resolution, which usually is within 30-90 days after ACIP recommendation.

Adjourn/Closing Remarks—Jim Farrell provided closing remarks and thanked everyone for their time and input. The meeting ended at 10:50 a.m.