

**Immunization Advisory Committee Meeting**  
**Minutes**  
**June 30, 2015, 9:00 a.m.**  
**109 Governor Street, Conference Call, Room 639**  
**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:** Julia Gwaltney, RN (VDH); Heidi Kulberg, MD, MPH (VAAFP); Douglas K. Mitchell, MD (International Adoption and Travel Medicine Clinic); Carolyn Moneymaker, MD (EVMS); Bill Moskowitz, MD (VAAP); Trinette Randolph (VA Community Health Association); Cindy Robinson, RN (Reston Hospital Center); Laura Lee Viergever (VAHP); Linda D. Wilkinson, MPA (Virginia Association of Free Clinics)

**VDH Staff Present:** Jim Farrell; Laurie Forlano, DO, MPH; Bethany McCunn; and Sandy Sommer, PhD

**Others Present:** Tami Brown (Merck); Lauren Bull (Hillbridge Group for VACEP/AAP); Heather Crouch (GSK); Katie Donnini (Alliance Group); Chuck Duvall (Pfizer); Craig Gill (Pfizer); Carol Kelly (Pfizer); Nicole Pugar (Williams Mullen for AC<sup>OG</sup> and Merck); and Ellen Shannon (Sanofi Pasteur)

**Members Unable to Attend:** Barbara Allison-Bryan, MD (Sentara Pediatric Physicians-Gloucester); Michael Ashby, MD (Martha Jefferson Hospital); Chris Bailey (VHHA); Aline Branca, MD (EVMS); Tia Campbell, RN, MSN, NCSN (DOE); Melissa Canaday (VA Native American Community); David Goodfriend, MD (VDH); C. W. Gowen, Jr., MD (EVMS); Parham Jaber, MD (VDH); Robert Hicks (VDH); Manikoth Kurup (DMAS); Marissa Levine, MD, MPH, FAAFP (VDH); Tim Musselman, PharmD (VA Pharmacists Association); Molly O'Dell, MD; Lilian Peake, MD (VDH); Holly Puritz, MD (VACOG); Bob Ramsey, MD (VCEP); Jeniece Roane, RN, MS, NE-BC (VA Nurses Association); Jay Schukman, MD (Anthem BC/BS); David Trump, MD, MPH, MPA; Jodi Wakeham (VDH); Nancy Welch, MD (VDH); and Sandra Zieve, MD (Patient First)

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## **Welcome/Introduction/Roll Call**

The meeting began at 9:01 a.m. Roll was taken and is presented above. Dr. Forlano introduced herself, welcomed attendees, and presented the agenda.

## **Legislative and Regulatory Update**

- **Fast Track Regulation**—Sandy Sommer summarized the pending regulation, which is non-controversial (clarification on prekindergarten requirements); regulation is with Governor pending approval and available for review on Town Hall website. Thanks to committee for input.
- **2014-2015 General Assembly (GA) Report**—Jim Farrell summarized two bills considered during the 2014-2015 GA session with respect to meningococcal vaccine. Fiscal impact caused them to be tabled; ACIP recommendations regarding Meningococcal B vaccines also announced, which could increase the complexity of potential legislation regarding meningococcal vaccines (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm>).

- Annual Code Review—Dr. Forlano explained the review process, summarized the submission, and asked for feedback:
  - Meningococcal—Require the vaccine at 6<sup>th</sup> grade entry; fiscal impact almost identical to last year. Meningococcal B is now licensed and available with a permissive recommendation only; ACIP meeting last week made the permissive Meningococcal B recommendation for ages 16-23 years (vaccine has been included in Vaccines for Children program); category B permissive will be a specialty vaccine in clinics—not routinely available.
  - HPV—Adding a requirement for boys to mirror the current vaccine requirement for girls; considering adding an amendment to require a form to document the opt-out; this will help VDH follow HPV vaccine rates at a more local level. Noted concern that it could be viewed and used as a philosophical exemption.
  - All others same as last year’s review.
  - Draft of Code review will go out to committee when finalized.
  - Doug Mitchell requested more education. In response, Jim Farrell announced a pending FTE Adolescent Program Coordinator that has been re-advertised and in recruitment.
  - Confirmed that schools would be expected to collect and retain signed waivers related to the HPV proposal; DOE feedback pending.

**Secretary’s Strategic Plan Metrics**—VDH revamped its performance measurements and plan; identified are 35 focused agency metrics, 5 of which are key metrics:

- DTaP #4—Increase percentage vaccinated (#4) by 2<sup>nd</sup> birthday; Pertussis is still prevalent; 78.8% vaccine coverage rate still below national average—target is 88%, HP2020 is 90%. Noted that this is a difficult metric to move, and Dr. Forlano asked for insight from pediatricians:
  - Moneymaker: Patients moving in/out of practice, in part due to change in insurance; her practice checks Virginia Immunization Information System (VIIS) every time a new patient arrives; the challenge is those coming from other states.
  - Farrell: VIIS still incomplete (historical entries by physicians a challenge) but moving forward every year.
  - Farrell: Quarterly assessment of coverage rates across LHDs; VFC physicians (700+ and 1/3 are using VIIS); records are reviewed for coverage rates. Site visits address missed opportunities after records are reviewed. Two FTEs and 1 contractor currently working on data cleansing.
- HPV—Nationally, Virginia is 13-17 years 27.6% (according to 2013 NIS survey; 2014 results are due out soon.) National level is 37%; HP2020 goal is 90%. Actions currently being taken:
  - Adolescent Program Coordinator position
  - NACCHO HPV grant in Prince William District
  - Federal Assignee (Nora Macklin) arrived April 2015 (AAP/HPV partnership).
- Cancer coalition partnership improvement is needed; how to get good information out to private providers? Noted that it is easier to connect with VIIS providers, and the CDC quarterly reports provide good information; but it is more difficult to connect with private providers.

## HPV Program Update

- NACCHO received CDC funding to provide grant funding to localities for increasing HPV coverage rates. Continued funding on strategic efforts in Prince William county is unknown at this time. Prince William County was funded, and the strategic priority areas for their project are as follows:
  - Empowering and supporting providers, patients, and families
  - Advancing HPV policy
  - Developing, refocusing, and disseminating the message
  - Engaging stakeholders
  - Enhancing and analyzing data.
- Looking at ordering patterns by VIIS physicians; orders showing major inconsistencies result in contacting providers twice a year.
- Jim Farrell described a pilot project for a centralized reminder recall system to recruit providers in Charlottesville and Prince William.
- Study projects (medical students):
  - Impact of HPV school-based clinics (a 2-year study)
  - Identify barriers and facilitate HPV at UVA Children's Hospital.

## Billing for Immunization - Status

- VDH awarded second grant to assess billing infrastructure (35 districts/119 Local Health Departments (LHDs)); previously, most immunizations were provided for free; new bill passed requiring VDH to bill for associated charges. Bill passed quickly but infrastructure very costly and complex.
- System is being assessed (WebVision) to determine if feasible for managing a new billing system. Cost estimate to make changes will follow.
- LHDs are receiving reports showing missed opportunities and billing activity; will never be cost neutral.
- Additional challenge: VDH purchases centrally; income for product at Central Office and administration fee goes to LHDs. All procurement now is federally funded and grant/contract says we cannot charge for the vaccine. Second grant will be to implement our billing plan, which is being developed. Business Analyst almost finished. If cost exceeds grant funding, will have to use state funds. Cannot bill parent but can bill third party (insurance). Billing currently across the state is inconsistent now. Welch: Perception when we don't bill is sending message that we are not worth the same as private physicians.
- All LHDs have access to billing system except for Fairfax (separate entity). Dr. Kulberg shared that her department had to recategorize an existing FTE to become a medical coder; it was agreed that VDH needs to look at human resource obstacles agency wide. Must use co-op funded vaccine in order to charge, not federally funded vaccine. Many LHDs use federally funded vaccine.

### **Open Discussion:**

- Meningococcal Vaccination Requirement—Referred back to ACIP Meningococcal B permissive recommendation.
- HPV School-Based Clinics—Challenge for LHDs is to commit to giving 3 doses, which complicates the issue. Insurance and billing add to complication:
  - Some LHDs are planning for this.
  - Family Educational Rights and Privacy Act does not allow school nurses to enter information in VIIS without parental permission.
  - HIPPA does allow nurses to access information.
  - Bethany McCunn added that some LHDs have received permission by adding another form to the beginning of school year packet.
  - Dr. Welch suggested using Memoranda of Agreement/business agreements since schools are public institutions. Richmond City is going to utilize CareDocs.
  - School-based clinic costs are for facilitating communication and infrastructure born by school; administration costs are born by VDH.
- No additional topics raised.

### **Closing Remarks**

- Dr. Forlano asked members who may have joined the meeting after roll call to please notify MaryAnne Wollman by email.
- The meeting adjourned at 10:04 am.