

Immunization Advisory Committee Meeting
Minutes
February 26, 2014, 9:00 a.m.
109 Governor Street, Conference Call
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: Tia Campbell, RN, MSN, NCSN (DOE); David Goodfriend, MD (VDH); Julia Gwaltney, RN (VDH); Jeanine for Parham Jaber, MD (VDH); Heidi Kulberg, MD, MPH (VAAFP); Douglas K. Mitchell, MD (International Adoption and Travel Medicine Clinic); Bill Moskowitz, MD (VAAP); Tim Musselman, PharmD (VA Pharmacists Association); Molly O'Dell, MD; Holly Puritz, MD (VACOG); Trinetta Randolph (VA Community Health Association); Cindy Robinson, RN (Reston Hospital Center); Blair Taylor for Nancy Welch, MD (VDH); Linda D. Wilkinson, MPA (Virginia Association of Free Clinics); Sandra Zieve, MD (Patient First)

VDH Staff Present: Jim Farrell; Laurie Forlano, DO, MPH; Marissa Levine, MD; Bethany McCunn; Laura Ann Nicolai; Sandy Sommer, PhD, David Trump, MD, MPH, MPA;

Others Present: Tami Brown (Merck); Kerrie Delaney (Voices for Vaccine); Kathleen Glassner for Bindi Patel (Merck Vaccines); 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); Melissa Canaday (VA Native American Community); C. W. Gowen, Jr., MD (EVMS); Robert Hicks (VDH); Manikoth Kurup (DMAS); Carolyn Moneymaker, MD (EVMS); Lilian Peake, MD (VDH); Bob Ramsey, MD (VCEP); Jeniece Roane, RN, MS, NE-BC (VA Nurses Association); Jay Schukman, MD (Anthem BC/BS); Laura Lee Viergever (VAHP)

Welcome/Introduction/Roll Call

The meeting began at 9:00 a.m. Roll was taken and is presented above. Dr. Forlano introduced herself, welcomed attendees, and presented the agenda.

Strategic Plan Update

Jim Farrell introduced Karrie Delaney (Voices for Vaccine) an organization located in Northern Virginia. Mr. Farrell then reviewed briefly the Strategic Plan components presented to the committee last year, as well as the metrics from 2012 to date. The following gaps were identified and will be addressed in the new strategic plan:

1. Children 19-35 months of age receiving the 4th DTAP—only 82% assessed received the 4th dose vs. Healthy People 2020 objective of 90%. This is of particular concern in light of a resurgence of Pertussis in Virginia and the United States.
2. Series completion for children 2 years of age—Approximately 71% assessed received a completed series vs. Healthy People 2020 objective of 80%.
3. Teen meningococcal coverage is 62%; HPV coverage for 1+ dose is 50% for females but only 27% completed the 3 dose series.

4. VIIS registry enrollment—2013 goal of 3,000 active providers has not been met; the goal now is to improve completion of data in the registry (de-duplication and completion of existing data).
5. School compliance—82% of children entering kindergarten received required vaccines vs. goal of 90% (somewhat misleading due to change in requirements), but the trend is upward.
6. Influenza and pneumococcal vaccine for persons 65 years of age and older—One-year goal was 75% not met and Healthy People 2020 goal is 90%.

Mr. Farrell emphasized the following areas of national focus must remain a focus in the new strategic plan:

- Pertussis resurgence—In 2012-13, there were more than 63,000 reported cases in the United States and more than 1,000 reported cases in Virginia—the most cases reported since 1959.
- Lagging coverage of HPV
- Measles importation and outbreak control
- Leveraging electronic health records usage to advance VIIS for providing real-time consolidated data available to providers and consumers—more data and better quality data
- Vaccine management and accountability—improving vaccine handling and storage infrastructure, as well as accountability
- Partnerships—pharmacies, workplace clinics, community clinics, other coalitions and organizations.

Mr. Farrell continued with the topic of the effect the Affordable Care Act on VDH's role:

- Majority of children VDH sees will be covered; underinsured and uninsured adult population will become the focus.
- Necessary to strengthen VDH's relationship with consumers and providers in its role of disseminating positive information to emphasize importance of vaccination and VDH's role, including working with providers to help monitor performance and identify missed opportunities.

Mr. Farrell noted the timeline for the updated strategic plan as follows:

- First draft to committee by early May 2014 before the next meeting for input
- Second draft to committee by early July 2014 for the July meeting
- Final document by early September 2014.

There were no questions from the committee, and Dr. Forlano introduced the next topic.

Legislative Update

Dr. Forlano reviewed the substitute language for House Bill 305 (clarification on payment for certain immunizations), which can be reviewed in the attached presentation. In summary, it preserves the no out-of-pocket charge for parents. Depending on how vaccine is purchased, there are different rules on billing for vaccine acquisition fee. This bill has made it through the House and Senate.

The committee inquired about the impact this bill would have on school-based immunization clinics, particularly Tdap, and immunization partnerships. Dr. Forlano acknowledged this concern has been voiced by VDH local health departments; it is not impossible to bill school clinics for this service; for some it is a change in practice with the goal to maintain pool of school clinics. Jim Farrell also noted that an implementation plan for this bill will be addressed and that this is done already throughout the country; passing cost to insurers is a radical change for some at school clinics.

Regarding forms sent to parents for Tdap consent, it is imperative they mark immunization information (VFC eligibility, insurance, etc.) in order to ensure proper billing. Local health departments will be networked with a very large number of insurers with in-network service providers, which is a very positive aspect to the bill.

Dr. Forlano reviewed House Bill 1031, which addressed primarily technical aspects of the language as a result of the committee's feedback from prior meetings. Refer to specifics in the attached presentation.

Current Topics

- **Flu Update**—Dr. Forlano presented flu activity data (see attached):
 - Widespread flu activity across Virginia
 - Tracked year round
 - Virginia on par with national trends
 - MMWR interim efficacy 2013-14, which done every mid-season and at year end
 - Trends in national data: H1N1 predominance; younger adults disproportionately affected and historically under-immunized (not unique to this year's data)
 - Trend downward for older adults, nationally and in Virginia
 - Lagging HPV coverage rates are disturbing
- **Feedback Regarding Flu Vaccine Policies and Employment**—Dr. Forlano asked committee for input on experience with mandatory flu vaccine policies at work:
 - Sentara has a mandatory flu vaccine policy for physicians and staff; ID card identifies vaccinated; initial push back but well received as most see the importance.
 - Reston Hospital and Children's Hospital have a similar mandatory flu vaccine policy.
 - Dr. Puritz's OB/GYN office encourages staff, offers free vaccine, and has been received well.
- **Meningococcal Vaccine**—Dr. Forlano reviewed elements and noted they are somewhat complicated, which may contribute to the lower coverage rates. Providers have given mixed input, and Dr. Forlano asked the members their opinion as to whether a school policy/mandate would be valuable. A discussion ensued as to why 11- to 12-year-olds are required to receive the vaccine vs. college entry age. Two assumptions are: 1) this age group is in the provider's office already and 2) the age group immune response has been studied.
 - Convenience vs. immunity given when needed is not convincing to providers.
 - Dr. Forlano will review ACIP recommendations for more input.
 - CDC data shows rate of disease at lowest for 10 to 13 years with an upward trend for 14 to 17 years and higher for 18+ years.

- **MMWR, December 20, 2013, Updated Guidance on Hep B Protection for Health Care Personnel**—Dr. Forlano briefly reviewed the changes to these recommendations and noted that she has asked CDC for clarification. VDH will be coming out with some guidance on implementation.

Open Discussion

- Dr. Forlano opened the meeting to any other topics the committee wished to discuss; no further discussion ensued.

Closing Remarks

- Dr. Forlano asked members who may have joined the meeting after roll call to please email MaryAnne Wollman. She noted that the schedule for the remaining 2014 meetings will be communicated with the minutes of this meeting.
- The meeting adjourned at 9:56 a.m.

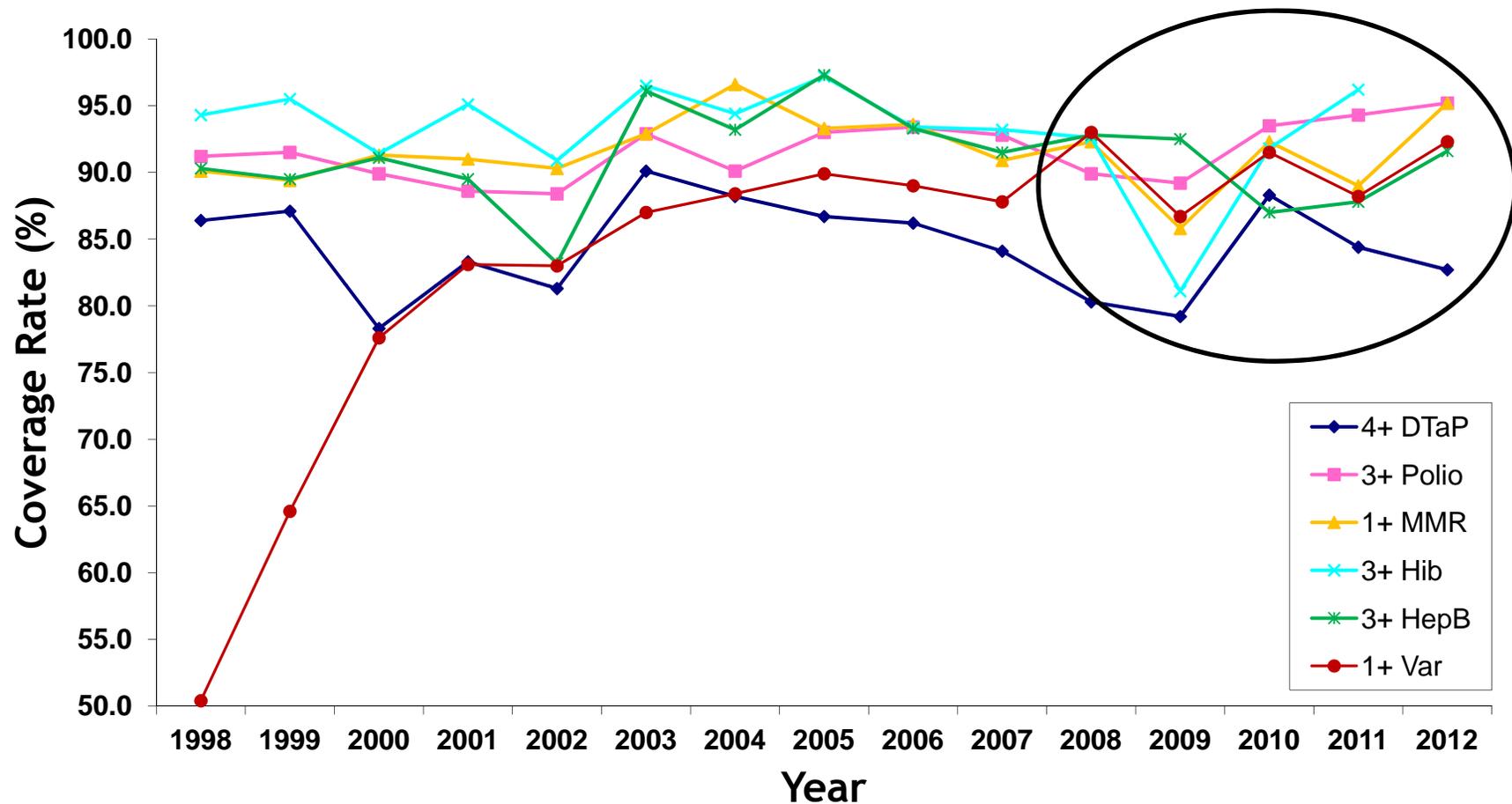
Immunization Coverage In Virginia

Strategic Plan/Service Area Measures

OBJECTIVE: Achieve and Maintain Maximum Immunization Coverage Rates Among Children in Virginia

- **Local Service Area Measures:**
 - Percent of children served at local health departments adequately immunized with routine vaccine-preventable childhood vaccines by 2 years of age (NIS)
 - Percent of children 5-18 years of age who received flu vaccine in the current flu season (VIIS)
 - Percent of children 11-17 years of age served at local health departments adequately immunized with Tdap vaccine (VIIS)

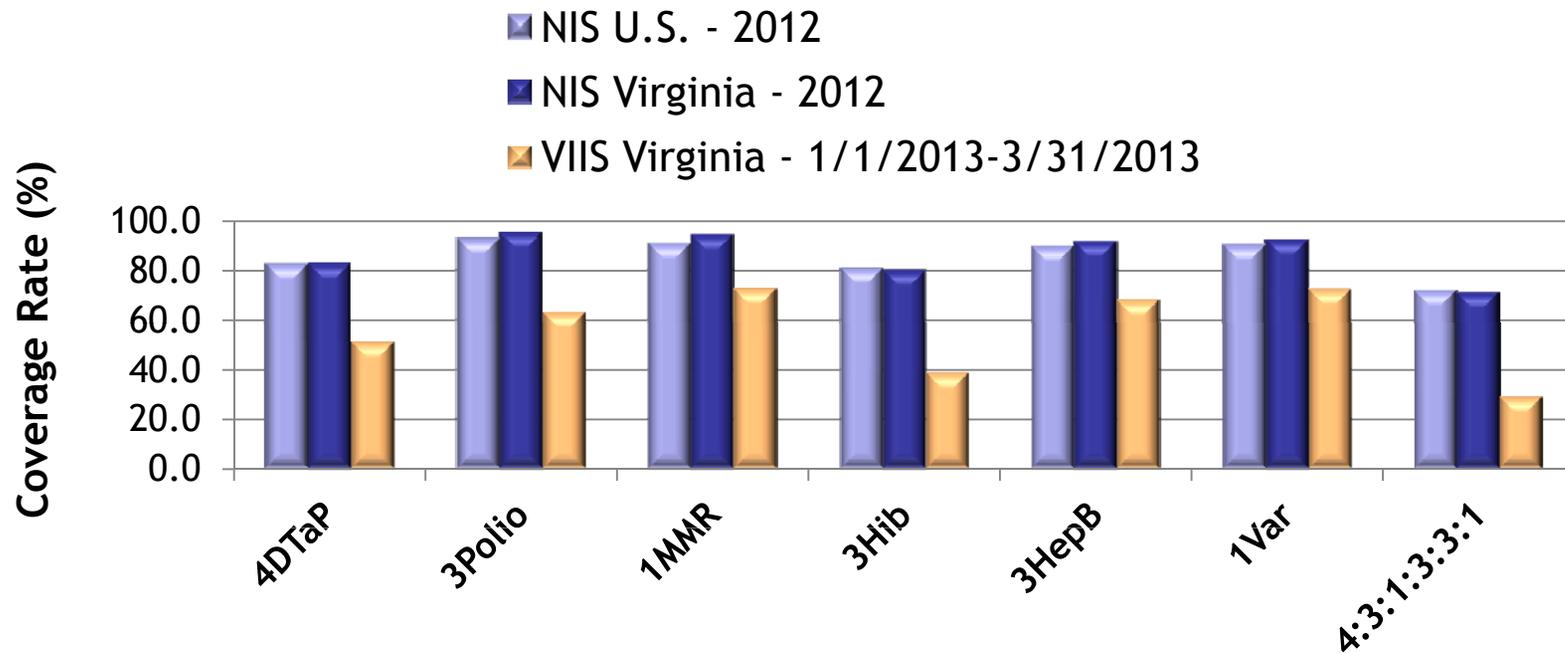
Est Vaccination Coverage for Individual Vaccines Children 19-35 Mos of Age, 1998-2012, VA



Number +Vaccine = at least that number of doses or more
Source: National Immunization Survey (NIS)

Est Vaccination Coverage for Children 19-35 Mos of Age, 2012

National Immunization Survey (NIS) vs. Virginia Immunization Information System (VIIS)



U.S.	82.5±1.2	92.8±0.7	90.8±0.8	80.9±1.2	89.7±0.9	90.2±0.8	71.9±1.4
VA	82.7±6.6	95.2±3.1	94.3±3.9	80.0±6.8	91.6±4.6	92.3±4.6	71.1±7.7
HP2020	90%	90%	90%	90%	90%	90%	

HP2020 = *Healthy People 2020* goal, Source: National Immunization Survey (NIS)

4:3:1:3:3:1 = coverage for 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB and 1Varicella

Vaccination Coverage, 13-17 Years, National Immunization Survey (NIS)-Teen, 2010-2012

	2010 VA %	2011 VA %	2012 VA %	2012 U.S. %	Rank among 50 States + DC 2012
≥1 Tdap	72.0	77.9	88.7	84.6	16
≥1 Men	54.5	61.8	62.1	74.0	38
≥1 HPV*	54.0	46.9	50.9	53.8	38
≥3 doses HPV*	41.5	29.8	27.9	33.4	43
HPV* Series Completion ^	78.2	70.0	57.9	66.7	46

* Females only

^ Among females who began the series and had at least 24 weeks between the 1st dose and the interview date

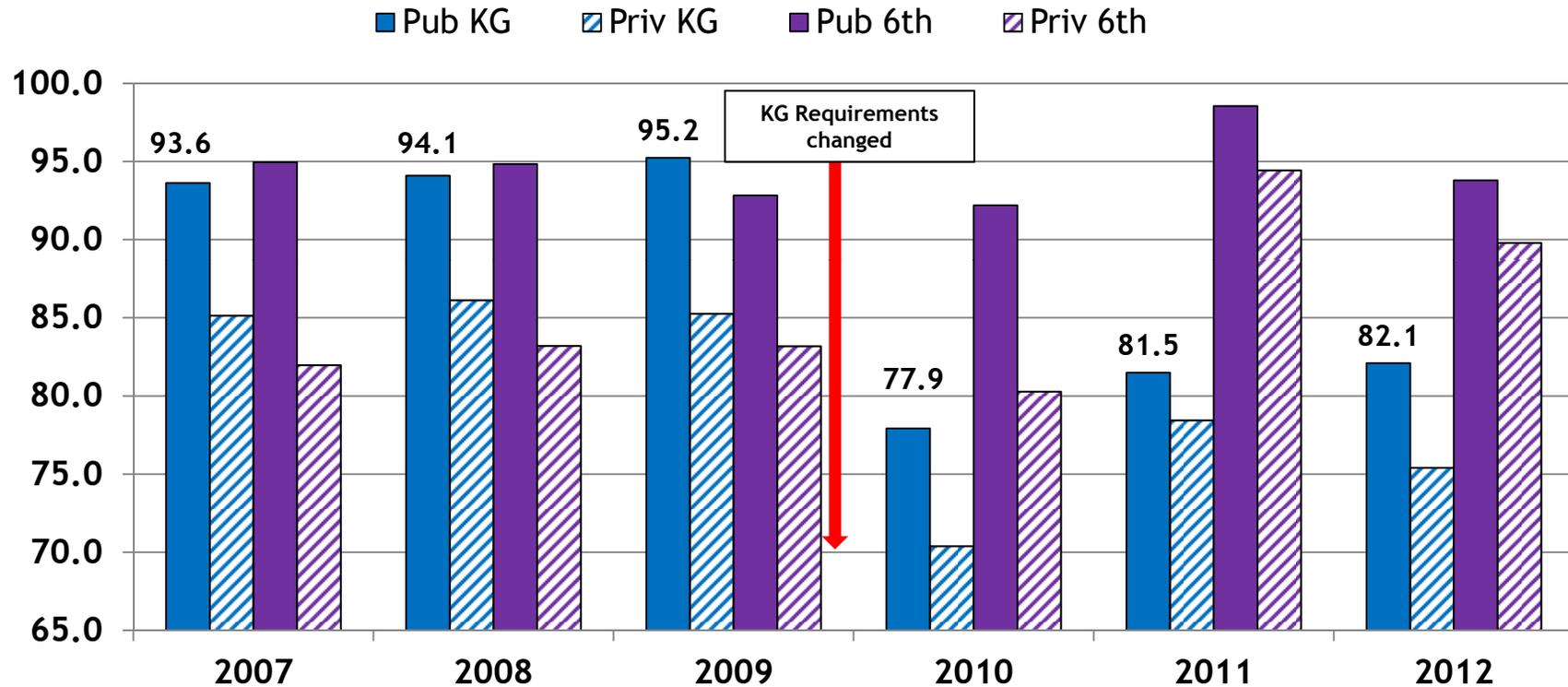
OBJECTIVE: Achieve and Maintain Maximum Immunization Coverage Rates Among Children in Virginia

- Central Service Area Measures:
 - Number of healthcare providers enrolled in VIIS
 - Immunization compliance rates of children at school entry

Measure: Number of Health Care Providers Enrolled in VIIS

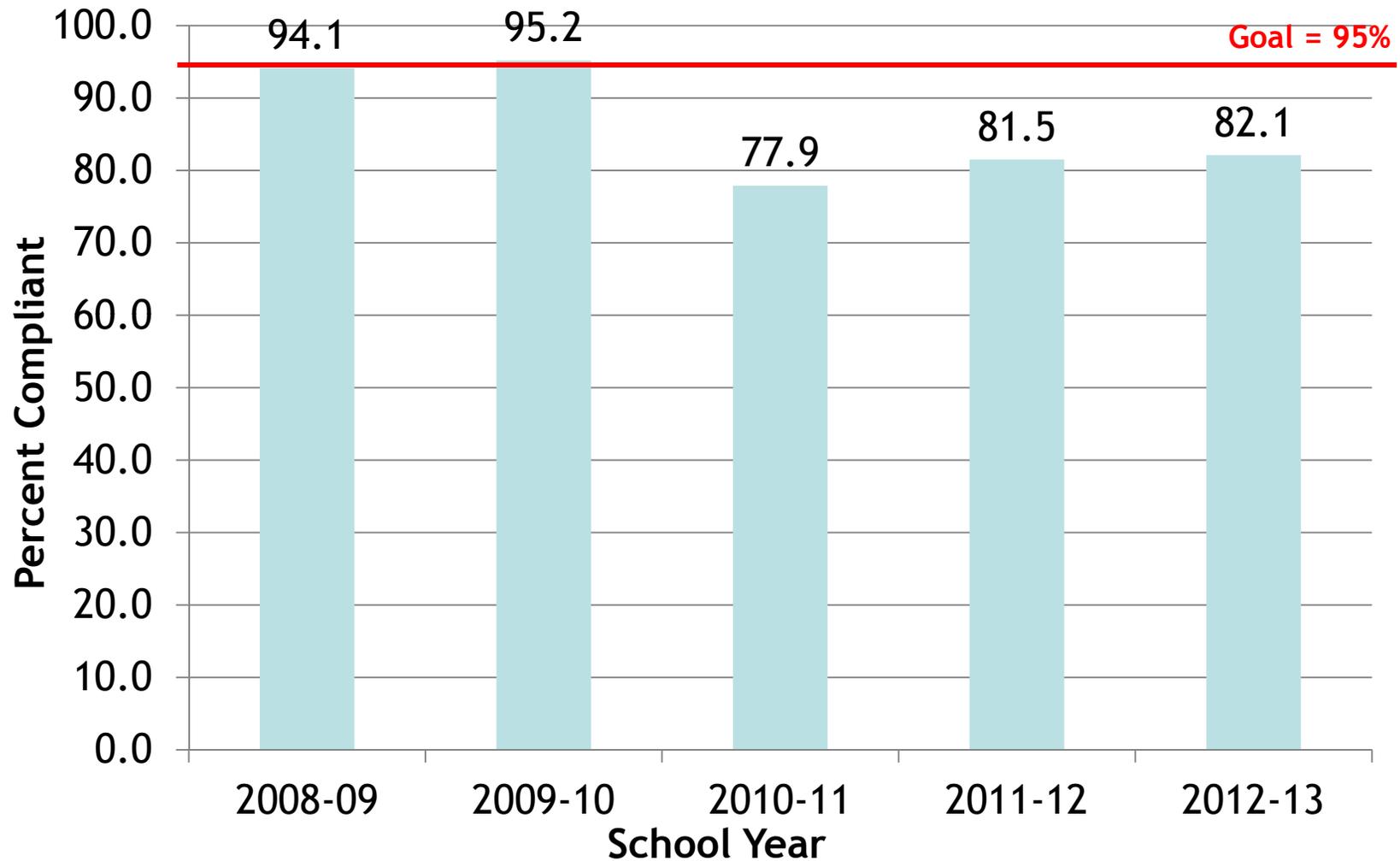


Compliance at School Entry (%)*



*Data from Annual Immunization Survey, SY 2007 - SY 2012
“Compliant”: upon kindergarten entry a child must have valid doses of the following vaccines: 4 DTaP, 4 Polio, 2 MMR, 3 Hepatitis B, and 2 Varicella

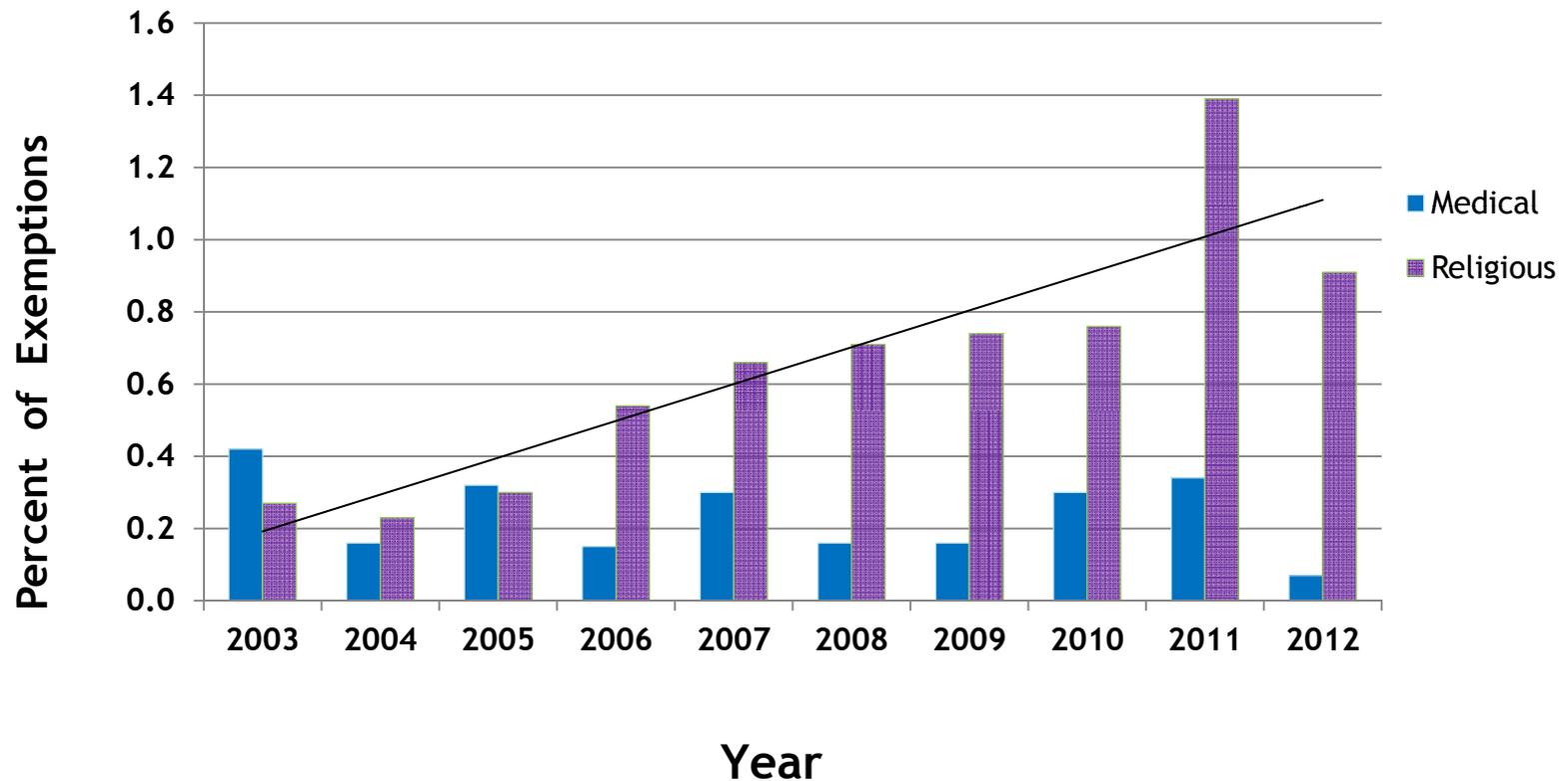
% of Public Kindergarteners Compliant with 4:4:2:3:2* at School Entry



*4 DTaP, 4 Polio, 2 MMR, 3 Hepatitis B, and 2 Varicella

Virginia Immunization Survey, SY 2003 - SY 2012

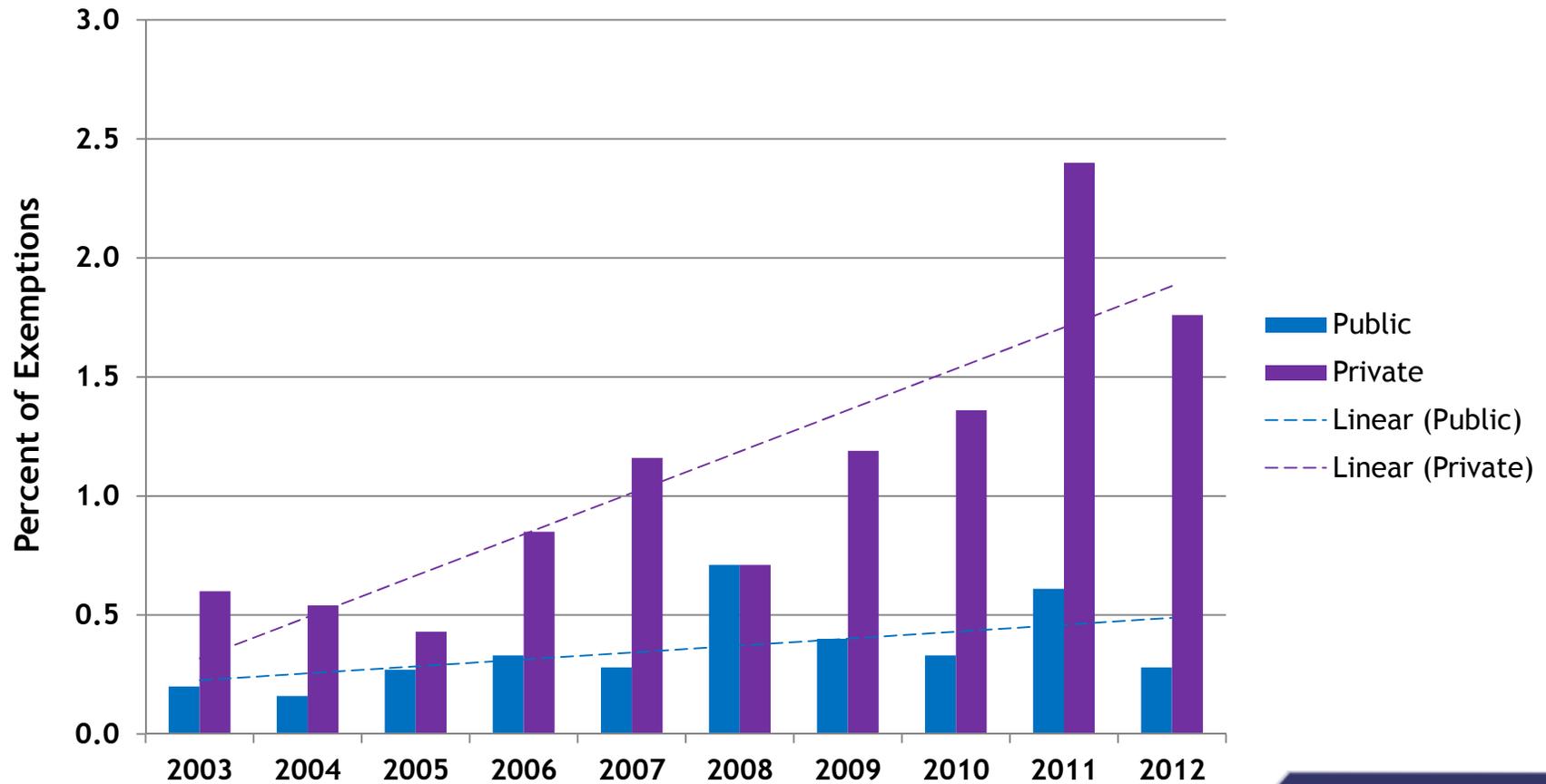
Medical and Religious* Exemptions in Kindergarten Students (%)



*trend line is for religious exemptions only

Religious Exemptions by School Type

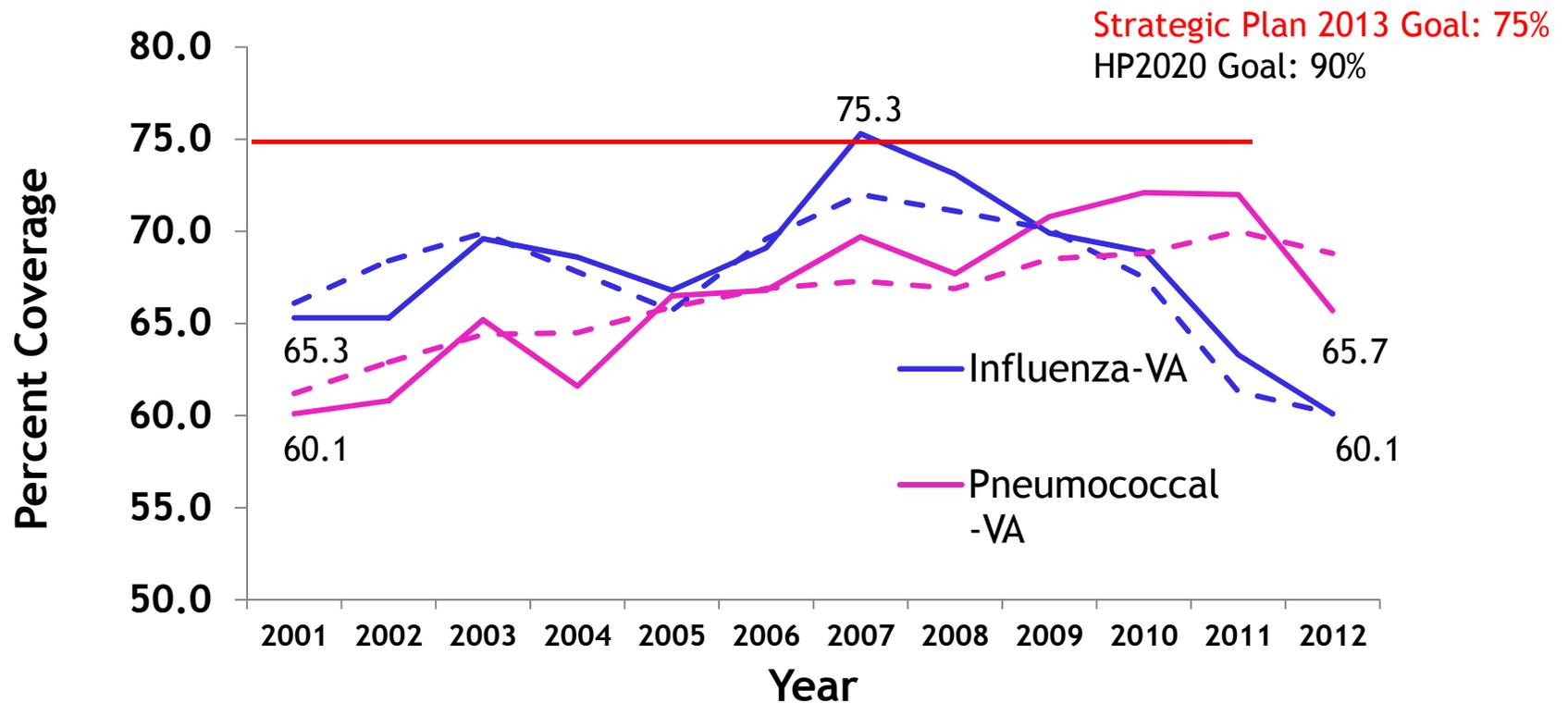
Virginia Immunization Survey, SY 2003 - SY 2012
Religious Exemptions by Facility Type - Kindergarten Students only (%)



OBJECTIVE: Increase influenza and pneumococcal coverage rates in adults \geq 65 years of age

- Central Service Area Measures:
 - Percentage of adults \geq 65 years old in Virginia who are appropriately immunized against **influenza**
 - Percentage of adults \geq 65 years old in Virginia who are appropriately immunized against **pneumococcal disease**

Influenza and Pneumococcal Vaccination Coverage, BRFSS, Persons ≥65 Years, U.S. and Virginia, 2001-2012



Influenza within the past year.

Pneumococcal, ever had.

*Data sources: 2001-2012 Behavioral Risk Factor Surveillance System (BRFSS).

Strategies

- Assess Vaccination Coverage
- Assure Availability and Access to Vaccines
- Educate Providers
- Educate Consumers
- Expand Use of Information Technology
- Employ Emergency Preparedness Training

Strategy: Assess Vaccination Coverage

- Perform annual school survey
- Train in sampling/survey methodology to local staff to enable expansion of locally-specific immunization data
- Increase the number of immunization assessments in private/public VFC provider offices to identify missed opportunities for vaccination and develop improvement plans

Strategy: Assure Availability and Access to Vaccines

- Continue to promote vaccination in Medical Homes
- Increase the number of walk-in immunization clinics in local health departments
- Coordinate and encourage the routine provision of vaccine in other health department clinics (Family Planning, WIC, STD).
- Develop and implement a patient Reminder/Recall Auto Dial system in local health departments
- Maintain provision of a viable vaccine supply of adult and pediatric vaccine to local health departments, Free Clinics, Community Health Centers and private providers enrolled in the Vaccines for Children Program

Strategy: Educate Providers

- Collaborate with partners on the Immunization Advisory Committee to identify peer professionals to conduct practice-based seminars on immunization basics for providers. (e.g., School Nurses, Hospital Systems, Private Offices, etc.)
- Update regularly health department immunization clinical staff on immunization issues, including product updates and evidence-based practices
- Make the *National Vaccine Advisory Committee: Standards for Child and Adolescent Immunization Practices* accessible to providers on the Division of Immunization Web Page.
- Provide up-to-date immunization information on the VDH-DOI webpage

Strategy: Educate Consumers

- Identify resources, and work with private-sector partners (e.g., Chamber of Commerce, Pharma, Hospital Systems, Academia) to support promotion of special events and planned activities such as National Infant Immunization Week (NIIW) and National Influenza Vaccination Week (NIVW)
- Partner with the Virginia Business Coalition on Health (VBCH) and the Chamber of Commerce to develop strategies to increase employee immunization coverage rates and to increase the demand for seasonal influenza vaccine
- Work with the VDH, Office of Risk Communication and Education to develop a system, including the use of social media and marketing, to provide timely updated information as necessary on new vaccines, schedule changes, and administrative changes

Strategy: Educate Consumers (cont'd)

- Re-establish an immunization coalition(s) to collaborate with VDH for providing updates to:
 - Consumer groups
 - Business groups
 - Special interest groupsregarding the following topics:
 - Vaccine-preventable diseases
 - New vaccines
 - Targeted at-risk populations
 - Immunization recommendations and schedules
- Maintain an accurate and up-to-date website on vaccine-preventable disease and immunizations

Strategy: Expand Use of Information Technology

- Increase number and types of providers enrolled in VIIS:
 - VFC & VIIS staff will prioritize the recruitment of VFC providers into VIIS
 - Continue training webinars for Pharmacists statewide and prioritize their enrollment in VIIS
- Improve the completeness and quality of data in VIIS:
 - Add additional staff position to the Data Quality and Data De-duplication activity
 - Establish a team to focus on assisting providers with entering their historical immunization data into VIIS

Strategy: Expand Use of Info Technology (cont'd)

- Facilitate Meaningful Use of VIIS Data:
 - Secure funding to develop the capacity for bi-directional data exchange with providers
 - Continue to educate vendors on VIIS functional requirements in order to build functionality into their EHR products

Strategy: Employ Emergency Preparedness Training

- Partner with the VDH Office of Emergency Preparedness in conducting annual large-scale influenza clinics statewide
- Ensure VDH employees serving as responders in public health emergencies are protected against vaccine preventable diseases (via vaccination) when appropriate

Legislative Update, Flu Update, and More...

Immunization Advisory Committee
February 26, 2014

Legislative Update

HB 305 - As Introduced

- Payment for certain immunizations.
 - Requires the Department of Health to seek reimbursement for the cost of immunizations and a fee for the administration of immunizations in cases in which immunizations are provided to children covered by a health insurance plan other than Medicare, Medicaid, CHIP, or CHAMPUS.

HB305 - As Amended by Substitute

The parent, guardian or person standing in loco parentis may have such child immunized by a physician or registered nurse or may present the child to the appropriate local health department, which shall administer the vaccines required by the State Board of Health Regulations for the Immunization of School Children **without charge to the parent of or person standing in loco parentis** to the child if *(i) the child is eligible for the Vaccines for Children Program or (ii) the child is eligible for coverages issued pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. (Medicare), Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq. (Medicaid), Title XXI of the Social Security Act, U.S.C. § 1397aa et seq. (CHIP), or 10 U.S.C. § 1071 et seq. (CHAMPUS). In all cases in which a child is covered by a health carrier, Medicare, Medicaid, CHIP, or CHAMPUS, **the Department shall seek reimbursement** from the health carrier, Medicare, Medicaid, CHIP, or CHAMPUS for all allowable costs associated with the provision of the vaccine. **For the purposes of this section, the Department shall be deemed a participating provider with a managed care health insurance plan as defined in § 32.1-137.1.***

HB1031

- Proposed updates in provisions governing immunizations for children:
 - Eliminating the 5 year minimum interval language as it relates to Tdap vaccine administration
 - Revisions in Code to require PCV for children up to 60 mos of age
 - Removes the word “Susceptible” in the varicella vaccine requirement language
 - Removes “PCV7” and replaces with PCV

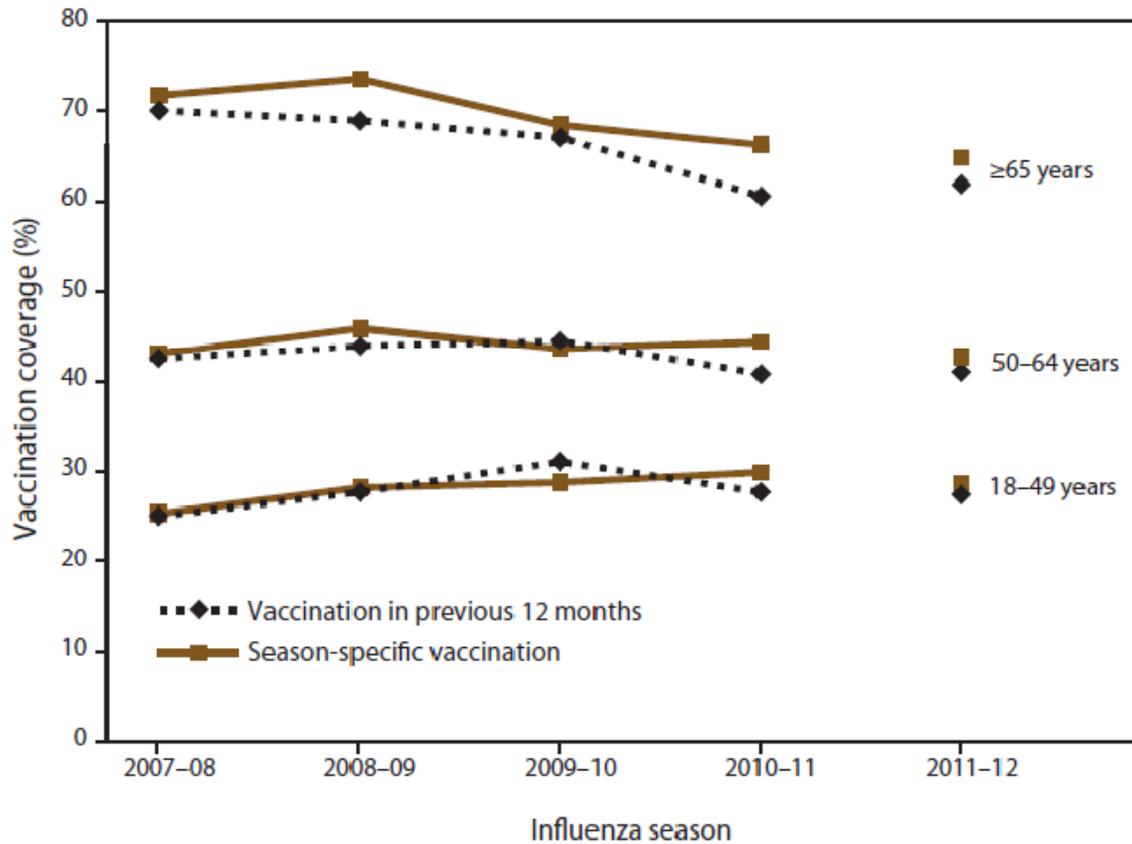
Influenza Update

Influenza Update

- Widespread Flu Activity
- Influenza Surveillance
 - ER/Urgent Care Visits for ILI
 - Laboratory Reports
 - Outbreak Reports
- Influenza Vaccine
 - 2012-2013 Season: 40.7% Virginia adults 18-64yo were vaccinated (vs 35.7% US 18-64 yo)
 - MMWR: VE 2013-2014 rates
 - Effectiveness against the predominant pH1N1 virus was 62%
 - The Overall 61% VE compares with a final estimate of 52% for the 2012-13 season

Flu Vaccine Coverage Among US Adults

By Age, Season-Specific Vaccination, and Vaccination in Previous 12 Months
BRFSS, 2007-08 Through 2011-12 Flu Seasons



CDC Immunization Program Priorities

- Pertussis Resurgence
- Lagging HPV Coverage Rates
- Measles Importations and Outbreaks
- Short Window of Opportunity to Leverage “EHR Revolution”
- Vaccine Management and Quality Improvement

Meningococcal Vaccine Discussion

Meningococcal Conjugate Vaccine (MCV) ACIP Recommendation

- Administer at age 11 or 12 with a booster dose at 16 yo.
- Administer 1 dose at age 13 through 15 years if not previously vaccinated.
- For persons vaccinated at age 13 through 15 years, administer a 1 time booster dose preferably at or after 16 through 18 years.
- Healthy persons who receive their first routine dose of MCV at or after age 16 years do not need a booster dose.

Meningococcal Prevention Mandates for Elementary and Secondary Schools

November 2013

