

# **Rhode Island Vaccine Advisory Committee**

**March 23, 2012 7:30-8:30am**

## **Meeting Notes**

**Members in attendance: Elizabeth Lange, MD, RIVAC Committee Chair; Nathan Beraha, MD; Dinusha Dietrich, MD; Boris Skurkovich, MD; Penelope Dennehy, MD; Richard Ohnmacht, MD; Members unable to attend: P Sarah Fessler, MD; David Chronley, MD; Patricia Flanagan, MD; Gail Skowron, MD; Gail Davis, RN; HEALTH: Dr Fine, Patricia Raymond, Kathy Marceau, Sue Duggan-Ball, Mark Francesconi; Guests: Frank Pimental, Edward Grubach, Sherry Schilb, Sandra Riebero, Katrina Murphy, Rich Aceto, Rick Little.**

### **OPEN MEETING/OLD BUSINESS**

**Dr Lange opened the meeting at 7:35am**

**Minutes from the October 28, 2011 meeting were approved**

### **RI DEPARTMENT OF HEALTH UPDATES:**

**2012 Immunization Schedules, Child and Adult. Summary of changes:**

#### **0-6 Years Schedule**

**&#61607; Menactra licensed for use in children as young as age 9 months with high-risk condition.**

**&#61607; HepA vaccine footnotes updated to clarify that the second dose of HepA vaccine should be administered 6–18 months after**

dose 1.

• MMR Guidance to Administer vaccine to infants aged 6 through 11 months who are traveling internationally.

**7-18 years Schedule**

• Tdap for 7-10 years for kids with incomplete DTaP series

• Booster dose of MCV4 at 16 years

o Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.

o Administer MCV4 at age 13 through 18 years if patient is not previously vaccinated.

o If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks after the preceding dose.

• If the first dose is administered at age 16 years or older, a booster dose is not needed.

• HPV for males and females

**Catch-up Childhood Schedule**

• Language added for use of Hib vaccine in persons aged 5 years and older with high-risk conditions

**Adult Schedule**

• Pneumococcal polysaccharide vaccine recommended for adults 19 and older who smoke

• 2 doses of MCV4 recommended for adults with high-risk conditions

• Hepatitis B vaccine recommended for diabetic adults under 60 years of age

### **Child and Adolescent Schedule links:**

**<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>**

### **Adult Schedule link:**

**<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#hcp>**

### **School located vaccine discussion**

**&#61607; The Vaccinate Before You Graduate (VBYG) program is an alternative vaccination program and serves adolescents who may not have a medical home. There is a need to improve communication among PCP's, patients and school programs. A suggestion was made for better screening at community clinics of whether vaccine was already administered. VBYG transmits data to KIDSNET within 1-2 week period after administration date. This still presents issues for some providers who have transitioned to electronic medical records that do not interface with KIDSNET. KIDSNET is working on a report that can be run by the medical home to monitor vaccines given outside of the medical home. Report will be available for providers to run by the end of April. Currently, there is data missing from KIDSNET for vaccines given by PCP's who are transitioning over to EMR's. Teens vaccinated in the school program may not be showing up for routine physicals. The committee supports amending school health regulations to include a requirement for a physical at 16 years of age. A requirement for a booster dose of MCV4 and a required physical will help drive teens back to medical home. Group**

discussed need for insurers to recognize if PCP does weekend clinic-need for weekend rates, after hour care rates.

- Questions arose about vaccines for cross border adult patients. Out of state patients with out of state insurance are not eligible for (free) RI SSV. Pediatricians have patients over age 19. There is discussion with plans now for adding vaccines to the SSV for patients up to age 26.

#### **School Immunization Initiative:**

- **Background:** In November 2011, a case of pertussis in an unvaccinated 7th grade student enrolled in a Providence Middle school was reported to HEALTH. An assessment of vaccination coverage rates among all 7th grade students at the school showed that ~30% of children had not received the required Tdap vaccine prior to 7th grade entry. Vaccination coverage among 7th graders in all Providence middle schools was reviewed showing low coverage in 4 of the 5 middle schools. In response HEALTH formed a school advisory group made up of HEALTH, Department of Education, providers, parent consultants, school principals and supervisors to address vaccine barriers in school children statewide. Mapped the state with KIDSNET data to identify low coverage areas. HEALTH is requesting schools do population based surveys to be entered into a web-based program to better identify and reach out to schools with low coverage rates.

- Also, re-looking at the exemption process. May request parent to come to HEALTH to sign the exemption after being educated on the vaccines. Other states are moving in similar direction.

- The AAP is changing language around keeping non-vaccinated patients in the practice/ Dr Lange to send a copy of the resolution to Pat. Dr Lange will also send to Pat a compelling book produced by Texas Children's Hospital that interviews families who suffered a vaccine-preventable illness in their family. The group supports HEALTH initiative to straighten the exemption process. School superintendent support is key.

#### **Health Care Worker Regulations Update**

- Influenza and Tdap vaccine will be required for all. Both vaccines are provided through the Immunize for Life program

- All are invited to the HCW Regulation Community Review, Tuesday, March 27, 2012 at 1:00PM in the HEALTH Auditorium.

Influenza surveillance summary presented.

- It has been an early vaccination season. This year there was less demand for vaccine and more availability.

- It would help providers if HEALTH can get flu vaccine to them as early as possible---in August during time when school physicals are happening. HEALTH orders vaccine from the CDC contract. CDC releases vaccine to states when there is adequate supply for all states. Next season's vaccine is new strains so may not be available as early as this season—most likely not until September/October.

- HEALTH is still promoting flu vaccination in a radio campaign on AM and FM stations.

- Dr Lange noted that the Flu Task Force was active throughout the season.

- Requesting pharmacies promote together with HEALTH next season

**if not start together.**

**• CMS wants a universal purchase of vaccine. They want individual accounting of vaccine. The state would have a problem doing this. CMS wants a 3rd party biller to be included. Fear that practices may bill for vaccine. They want all vaccine to come through the state and the pharmacies oppose this. This impacts the program as a whole but not pediatricians since it involves Medicare.**

**Immunization Quality Improvement:**

**Dr Fine: HEALTH exploring ways to help practices do population based measures and reports, to improve coverage rates.**

**Next Meeting Date: Friday, July 20, 2012**

**Location: Department of Health, Room 401, 7:30am to 8:30am**