

Rhode Island Vaccine Advisory Committee
Friday, October 18, 2013
Meeting Notes

Members in Attendance: Elizabeth Lange, MD, RIVAC Committee Chair; Gail Davis, RN; Penelope Dennehy, MD; Sara Fessler, MD; Pablo Rodriguez, MD; Davis Chronley, MD; Richard Ohnmacht, MD; Nathan Beraha, MD; Dinusha Dietrich, MD; Karen Mazolla, RN; Catherine Elkins, RN

Members Unable to Attend: Michelle Forcier, MD; Gail Skowron, MD; Estelle Borucki; Boris Skurkovich, MD

HEALTH: Tricia Washburn, Denise Cappelli, Mark Francesconi, Kathy Marceau, Sue Duggan-Ball, Guests: Don Wright (MedImmune), Sherry Schib (Sanofi), Joe Costello (Novartis), Tricia Novy (Novartis), John Paul Livingstone (Novartis), Taylor Thibault (PC Intern)

OPEN MEETING/OLD BUSINESS

Dr. Lange opened the meeting at 7:30. Minutes from the April 5, 2013 meeting were approved.

HEALTH Updates

Influenza vaccine ordering and distribution going well. Ordering using OSMOSSIS tool; some distribution parameters set to reduce waste need modification to address clinic needs. To date all influenza vaccine has arrived with the exception of Flumist due to short expiration dates. The majority of providers are ordering less weekly than what is available to them.

HEALTH held a influenza ordering Q&A conference call 10/15 and will hold another on 10/24 from 12:00 to 1:00 pm. HEALTH did not purchase adult, cell based, egg free vaccine as it was not available in January at the time of HEALTH's pre-booking. While it is safe for most with egg allergy to receive the state supplied flu vaccines available, those adults highly allergic can be referred to a pharmacy that offers cell based vaccine.

Insurers will reimburse for vaccine when vaccine is not available from the state.

Pharmacies in the state are not vaccinating children. Although the state allows pharmacies to vaccinate age 9 and above, the KIDSNET reporting requirements are often a concern.

Reporting requirements: School located clinics are required to report to KIDSNET within 48 hours of administration. A direct interface with KIDSNET is still years away.

HPV PRESENTATION - Sent electronically with meeting minutes. Includes incidence of cancer, youth risk behavior data, HPV coverage rates, other state HPV mandates, and recommendations for providers. YRBS data presents vaginal intercourse but not oral or anal sex. HEALTH is considering HPV mandate in RI.

Discussion:

- VBYG can offer catch up program for those who received 1st dose at office.
- One dose per year is immunogenic and should protect.
- If mandatory, extra office visits will prove difficult.

- Patients say this is most painful vaccine, that the 3rd hurts more than 2nd.
- Research may show that 2 doses will protect.
- Parents concerned that the vaccine is too new.
- Public health campaign necessary: remind of the importance of the vaccine. Several HPV initiatives are in place, HEALTH to coordinate efforts and keep group informed.
- Campaign message needs to be around cancer prevention, unlink from sex.
- BC/BS requires quality measures for sexual activity and Chlamydia screening
- HEALTH to recommend Family Planning program review BC/BS data
- Parents say their child hasn't had sex. They need definition of sex and understand this vaccine is to be provided well before any sexual activity occurs.
- National Family Growth Survey reports 54% of females age 15-19 have had sex and 55% of males 15-19 have had sex.
- Propose 7th grade school entry requirement of one dose.
- SNTs have KIDSNET access for K and Gr. 7 entry. High school SNTs can obtain access to track this schedule.
- HEALTH entered into a data sharing agreement with RIDE to receive school roster data for program evaluation only.
- Shot only is considered a preventive visit should not include co-pay. Need to confirm.

Committee in favor of requirement and proposes a school entry schedule: 1 dose -G7, 2 doses -G8 and 3 doses- G9. Committee to send a recommendation letter to HEALTH.

HEALTH will schedule a public hearing once letter of recommendation is received and will post a 30 day notice.

EXEMPTIONS PRESENTATION: Sent electronically with meeting minutes.

Three types of exemptions:

1-medical –if there is a contraindication; kept on file at school

2-temporary - given on good faith that a provider visit is pending (not a public document)

3-religious - signed by parent in school after SNT counsels on risks. If outbreak, student is removed from school

All states have medical exemptions, most have religious. 28 states have philosophical.

Christian Science church does not oppose vaccines but a small segment of worshippers do.

Discussion:

- Christian Science church does not oppose vaccines but worshippers do.
- Have church leader sign the exemption form, or have parents attend a counseling/education session at HEALTH.
- When parents become concerned by a disease outbreak, they tend to have child vaccinated.
- Having religious leader sign, shifts responsibility. Would need to provide outreach/tools to leaders.

- Why offer the religious exemption at all. Just offer medical.

Committee in favor of removal of religious exemption and offering medical exemption only; will send a letter of recommendation to HEALTH.

Next Meeting:

The next meeting will be held on Friday March 28, 2014 at HEALTH from 7:30 – 8:30 AM.