

Rhode Island Vaccine Advisory Committee
Friday, March 28, 2014
Meeting Notes

Members in attendance: Elizabeth Lange, MD, RIVAC Committee Chair;
Penelope Dennehy, MD; David Chronley, MD; Richard Ohnmacht, MD; Nathan Beraha,
MD ; Gail Skowron, MD; Boris Skurkovich, MD

Members unable to attend: Michelle Forcier, MD; Estelle Borucki, RN; Gail Davis, RN;
Sara Fessler, MD; Pablo Rodriguez, MD; Dinusha Dietrich, MD; Karen Mazolla, RN;
Catherine Elkins, RN

HEALTH: Tricia Washburn, Pat Raymond, Mark Francesconi, Sue Duggan-Ball

Guests: Sherry Schilb, Sanofi; Dr. Greenberg, Sanofi; Stephen Smith, Sanofi; Joe
Costello, Novartis, Patricia Novy, Novartis

Speaker: Nicole Alexander-Scott, MD

Open Meeting/Old Business

Dr. Lange opened the meeting at 7:30AM. Minutes from the October 18, 2013 meeting were approved.

HEALTH Updates

- Influenza activity status is regional with the H3 strain presenting as of late. Recommendation is to continue to vaccinate. HEALTH does not return vaccines until IDE staff announces zero influenza activity. HEALTH will notify practices when returns can be entered into system.
- The proposed school regulations, including proposed influenza vaccines for DCYF licensed daycare facility child care workers and children are still under consideration. This committee will be informed of the outcome.
- HEALTH is evaluating options for tightening the religious exemption and/or personal belief vaccine exemptions. Consideration is given to either adding a requirement a web tutorial and/or education from the primary care provider regarding the risks of vaccine preventable diseases. However, since the exemption rate in RI is less than 1 %, which appears to be one of the lowest in the country, there is also a recommendation to leave the current policies in place so as to avoid new attention to this currently rare occurrence. HEALTH will continue to research best practices and experiences from around the country.
- RI is within 1,000 doses of reaching 500,000 influenza vaccinated Rhode Islanders. We anticipate reaching the 500,000 by mid April.
- HEALTH conducted a provider conference call on 3/27/14 and will conduct another on 4/2/14 to discuss changes in ordering and reimbursing influenza vaccine for the Medicare-Fee-For-Service population in the 2014-2015 influenza season. Next flu season CMS will no longer participate in the RI State-Supplied Vaccine (SSV) program. The conference calls address questions on the impact of this decision for Medicare FFS members and providers.
- Due to the changes with CMS, one member shared a concern that some adult providers have mentioned the possibility of not immunizing for influenza next year or referring patients to pharmacies.

- A suggestion was made that more guidance and communication is needed regarding vaccine storage as it pertains to SSV and private supply.

Adult Subcommittee of the Vaccine Advisory Committee- Gail Skowron, MD

Colleagues are invited to join this committee of representatives from pharmaceutical, academic fields, and providers. A recommendation was made to include Pablo Rodriguez, MD. The committee will focus on addressing policy and communications to support the adult program. The subcommittee will also work with the Ocean State Adult Immunization Coalition (OSAIC). Dr Lange requested that updates come back to the VAC committee.

Presentation of Meningococcal Vaccines- Nicole Alexander-Scott, MD

See handouts: Meningococcal Recommendations, RIVAC, 3/28/14 and Menigococcal Vaccination Recommendations by Age and/or Risk Factor, AIM 2/14

Dr. Alexander-Scott presented Menactra, Menveo and Menhibrix for consideration:

- State Supplied Vaccine currently provides Menactra
- Statewide the number of high-risk children is small; per Hasbro hematology - sickle cell N=15
- Dr. Beraha will ascertain the number of children identified as high risk cardiac patients
- Children with medical conditions that put them at risk for meningococcal infection are almost always identified at birth
- For the young infants who are identified after birth, MenHibrix is an inexpensive way to protect these infants
- Internationally, meningococcal vaccines may cover B strain
- The most common serotypes to infect young children are: W135, C and Y; A is not common unless the child is traveling internationally
- Conjugate vaccines, Menactra and Menveo are quadrivalent and are the same cost
- Menveo expanded its license down to 2 months of age, Menactra is licensed for 9 months
- Menveo adds reconstitution step to preparation, one serotype is diluent
- Menhibrix licensed for 2, 4, 6, 12-15 months of age, it follows the ACIP schedule, and is lower cost than the other two presented vaccines [Also needs to be reconstituted. – this was clarified after the meeting]
- Immunization Action Coalition flowchart explains all scenarios for age and high-risk populations
- The questions at hand – cost, reconstitution, vaccine schedule, high-risk patients versus standard schedule
- State has access to a small supply of MenHibrix for high-risk babies
- State can order MenHibrix as early as July 2014
- KIDSNET and Newborn Screening identifies babies at increased risk for meningococcal infection at birth

- Immunization can work with Newborn Screening program such that when a high risk patient is identified by screening, the letter that is sent to the primary care provider also include information about whether MCV4 vaccine is recommended for the medical condition.

Guests were excused from the meeting room. The committee members present discussed the presentations and a paper ballot vote was taken.

Next Meeting: agenda to include PCV schedule.

Next meeting to be held on Friday October 24, 2014 at HEALTH from 7:30-8:30 AM in the Director's Conference Room, Rm. 401