

RI Adult Vaccine Advisory Sub-Committee Meeting Minutes of 9/24/14

In attendance: Gail Skowron, Tricia Washburn, Denise Cappelli, Mary Falvey, Nicole Alexander-Scott, Peter Hollmann, Jef Bratberg, Amy Goldfarb, Caroline Troise, Michelle Lally, Sarah Fessler, Erica Hardy

1. Introductions:

- o Michelle (Mickey) Lally, M.D., Miriam Hospital ID Division and Immunology Center, participant in national vaccine protocols.**
- o Erica Hardy, M.D. – ID consultant for Women & Infants Hospital**

2. Flu vaccine update

- o Ordering of flu vaccine has begun. To date most of the High Dose Fluzone doses have been pre-booked by providers. Most nursing homes ordered. Providers can request a change in their pre-book if they didn't pre-book the HD and would like to order.**
- o High Dose Fluzone and Flulaval was made available for providers to order and reimburse the state due to the CMS issue with Medicare Fee for Service (MFFS) – CMS does not want to reimburse Health for vaccine any longer for this population. Providers can either purchase thru HEALTH, with no change in ordering process thru OSMOSIS but get invoiced for what was shipped to them or providers can purchase on own directly through manufacturer. If purchase on own need to keep separate stock from SSV. Some practices have indicated that they will refer patients to pharmacy. HEALTH pharmacy**

representatives have been part of these discussions.

- o Among other flu messaging, HEALTH is messaging specifically to seniors regarding the importance of getting flu vaccine through print ads, radio, outreach through Medicare, faith-based organizations and through AARP. This messaging does not indicate High Dose as the supply has been almost fully pre-booked and the recommendation was to a specific population.

- o Information about the new pneumococcal recommendation from CDC will be going out in an advisory with a revised State-Supplied Vaccine table and information about the need for providers to order private supply for Medicare Fee-For-Service patients. Hep B vaccine also applies.

- o National information indicates that at this point CMS will not reimburse for a second dose of pneumococcal vaccine. CDC is working with CMS to change this reimbursement issue. If a patients' history of receiving a prior pneumococcal dose is unknown and the provider administers a dose, the provider/patient could be required to pay full cost if in fact the patient did receive a prior dose.

- o Municipal clinics held throughout the state usually offered pneumococcal, Tdap and Influenza. With the new recommendation and the need for patient history, a suggestion was made to not have pneumococcal at these clinics.

3. **Prevnar 13 (PCV13) for adults 65 years of age or older:** The Advisory Committee on Immunization Practices (ACIP) issued new guidance on September 19, 2014 for the use of Prevnar 13 in adults 65 years of age or older

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm>.

o recommendation for one Prevnar 13 vaccine at age 65 or greater
 if Pneumococcal vaccine naïve, give Prevnar 13 followed by
Pneumovax (PPSV23) 6-12 months later.

 if Pneumovax received at age