Illinois Department of Public Health
Immunization Advisory Committee (IAC)

Meeting Minutes

December 22, 2022, from 12:30 – 2:30 PM

IAC Members and Meeting Invitees:

☒ Sameer Vohra, MD, Director, IDPH	☒ Leanna Barber, Administrative Assistant, IDPH
☐ Griselle Torres, Deputy Director, ODC, IDPH	☒ Jackie Tiema-Massie, Immunization Program Director, CDPH
☐ Brandy Lane, Assistant Deputy Director, ODC, IDPH	☒ Stephanie Atella, Immunizations Project Director, ICAAP
☒ Arti Barnes, Chief Medical Officer, IDPH	☒ Marielle Fricchione, MD, Rush University Medical Center, IAC Member, Chair
☒ Heidi Clark, Division Chief, Infectious Diseases, IDPH	☒ Arvind Goyal, MD, Illinois Department of Healthcare and Family Services, IAC Member
☒ Dennis Tiburzi, Assistant Division Chief, Infectious Diseases, IDPH	☒ Craig Batterman, SIU Medicine, IAC Member
☒ Karyn Lyons, Section Chief, Immunizations, IDPH	☒ Rebecca Doran, Illinois State Board of Education, IAC Member
☒ LaDaryl Hale, Coverage Level Administrator, IDPH	☐ Amanda Minor, Douglas County Health Department, IAC Member
☒ Daniel Goodman, Interim VFC Administrator, IDPH	☒ Bessey Geevarghese, Lurie Children's Hospital, IAC Member
☐ April Caulk, IIS Administrator, IDPH	There were thirteen guests and/or members of the public in attendance
☒ Jennifer Paulk, CDC Public Health Advisor	

Agenda:

	Topic
1	Welcome and Membership Roll Call Quorum was present. Quorum is determined by the majority of the appointed members of the IAC being present. There are currently six appointed members with five of the members present.
2	Meeting called to order The meeting was called to order by the Chair, Dr. Marielle Fricchione
3	Open Comments The IAC Chair opened the floor to comments from the public. There were two comments made from the public. • Lisa, a member of the public, stated she does not want to see a mandate for the children to get the COVID-19 vaccine. She stated that the risks, such as myocarditis, outweigh the potential benefits. She said she is a schoolteacher and would consider homeschooling if vaccines were mandated. She would like to hear science regarding the benefits outweighing risks, not the CDC recommendations. • The next public comment was from M who is a Kindergarten school teacher. She said she does not want to see the vaccine mandated for children. She said her spouse was a healthy man working in the medical field, but after the adverse effects of the vaccine, he is no longer able to work. She said she cannot afford for her children to have an adverse effect from the vaccine.

The chair gave others from the public an opportunity to speak, but no one else raised a hand to speak.

There were also nine comments made via email:

- Arthur, a member of the public, states:

  "Good evening. As a parent of 3 children in Illinois\cook county, I strongly oppose requiring covid vaccines to attend school.

  They do not prevent you from getting or spreading covid.

  Thank you."

- Melissa, a member of the public, states

  "Please do not add the covid vaccine to children's vaccination schedules. If parents believe that the benefits of the vaccine outweigh the risks, they can obtain the vaccine. However, there are many adults who are concerned about the risks associated with the Covid vaccine who do not want their children to be vaccinated. Parents should be allowed to make medical decisions that they believe is best for their children.

  Since the majority of children have very minor symptoms associated with the Covid illness, the vaccine is not necessary. However, there have been increased blood clots and heart problems associated with the vaccine which should prevent them from being added to the schedule. More extensive research should be done on the possible lifetime consequences.

  Thank you for considering my input."

- Christopher, a member of the public, states"

  "I am writing today to ask that you do not put the Covid-19 shot on the list of mandatory shots and vaccines for school children. As a father of three, all in various grades, I understand the importance of keeping children healthy and safe. That's exactly why I'm requesting this shot does not become mandatory.

  The medical community has done a wonderful job of finding other ways to fight this virus and keep people as healthy as possible. We have slowed considerably from a pandemic to Covid now being more along the lines of a seasonal flu. Whether you believe in the efficacy of the shot or not is up for debate, it's the choice of a parent to do what's in the best interests of their children. I do not frown upon those that have decided to have their children get the Covid shot. That is their choice and they are entitled to it. However, I do not want someone to tell me that my children no longer have the right to an education because they did not get a shot for a virus that is now under control. We do not make children get a flu shot to go to school. We should not make hasty decisions to impose vaccines on children and hold their rights over their heads.

  Again, I am asking that the Covid shot is not put on the list of vaccines for children."

- Lisa, a member of the public, states:

  "I am a concerned parent of two high schoolers and one elementary school students. I am imploring the Immunization Committee to NOT add the Covid vaccine to the childhood vaccine schedule.

  Children have not been dying from Covid, but they have been dying from the vaccine. The CDC, who approved the vaccine for children is now stating that over 130 thousand people have died or been dramatically injured from the vaccine.

Parents should be the ultimate authority over their children's Healthcare decisions. This vaccine has not stopped the transmission of Covid, in fact the majority of people who are getting Covid are vaccinated.

Do the right thing for the families of Illinois. DO NOT REQUIRE the Covid vaccine for children to attend school. Allow parents to continue choosing how to care for the health of their own children.

Thank you and I hope you have a Merry Christmas and a Happy New Year."

- Susan, a member of the public, states:

"I implore you to keep the Covid vaccine off of the childhood vaccine requirements for schools. Children are not affected by Covid. My children have had it once, and were completely unaware they were "sick". This vaccine does not work to stop the spread of Covid and according to the newest study released by the Cleveland Clinic, the vaccine may actually be causing people to have worse cases of Covid when they become infected. Furthermore, the vaccine is not safe. There are countless studies now on the Covid vaccine causing heart issues, especially in young men and boys; being responsible for Bells Palsy, Guillain Barre syndrome, vertigo, tinnitus, blood clots, strokes and sudden death syndrome. Our family has been directly affected by a Covid vaccine injury and it was recognized by the hospital.

My children will not be receiving this vaccine. I can assure you we will be pulling them from the public and private school system if it becomes required. European countries are currently refusing the vaccine for children under 18 due to its lack of efficacy and the dangers associated with it. We should be doing the same. There is no reasonable or sane example to back the use of this shot for children."

- Joe, a member of the public, states:

"Please reject the proposed COVID vaccine mandate. My entire family has had covid. The funny thing is that my wife and I who ARE vaccinated for covid twice. My children got it the first time and not the second despite being exposed to us. The symptoms were mild for all of us. My wife and I now regret even getting the vaccine given it's failed us twice and due to the emerging data showing harm to some who take it and rapidly waning efficacy. Our kids who were too young to be vaccinated last year and had omicron apparently gained more durable natural immunity (post infection) than my wife and I did.

I was a US Marine and have been vaccinated for everything under the sun including yellow fever, small pox, and anthrax. But this covid vaccine is a huge disappointment. My dad with 4 doses got covid this summer and despite living with my family while infected my kids didn't get it - again, they had durable post-infection immunity. The current covid vaccine is not effective, likely isn't safe, and we will not give it to our kids.

Oppose a covid vaccine mandate."

- Ashley, a member of the public, states:

"I just wanted to express my concern about requiring a covid vaccine for school attendance. When many other European countries are no longer recommending the vaccine for children, I hope that in Illinois, we can make the educated decision to let parents choose what is right for their own families. We have never mandated a flu vaccine, as we know the efficacy is nowhere near as effective as other childhood vaccines and there's simply no need to require a vaccine that does not prevent transmission. My children have had covid twice now, both times the worst thing that came of it was a runny nose.

Additionally, we have already seen with the low childhood Covid Vaccine numbers across the board, that parents that would have wanted, or felt the need to vaccinate against Covid would have already done so. This will only create chaos and a lot of very angry parents pulling their children from the public school system.

	I ask that you please, leave this vaccine as optional for school attendance." • Lisa, a member of the public, states: "I am writing to implore you to not put the Covid vaccine on the schedule for school children. This vax is doing more harm than good! Look at the countless people "mysteriously" dying after taking it. Also, Covid has NEVER been an emergency for kids! Their chance of dying from Covid is beyond minuscule! Vax mandates are being overturned left and right , as people finally are realizing the harms and the unconstitutionality. Please, i beg you, do not do this to our kids!" • Jennifer, a member of the public, states: "I am a concerned parent and elementary school teacher in Illinois. I am imploring the Immunization Committee to NOT add the Covid vaccine to the childhood vaccine schedule. Children have not been dying from Covid, but they have been dying from the vaccine. The CDC, who approved the vaccine for children is now stating that over 130 thousand people have died or been dramatically injured from the vaccine. Parents should be the ultimate authority over their children's Healthcare decisions. This vaccine has not stopped the transmission of Covid, in fact the majority of people who are getting Covid are vaccinated. Do the right thing for the families of Illinois. DO NOT REQUIRE the Covid vaccine for children to attend school. Thank you and I hope you have a Merry Christmas and a Happy New Year." There was also one comment made via voicemail. The person making this statement also included one of the email statements above: • Jennifer, a member of the public, states: "I am a public school teacher in Illinois and I also have three children, and I know there is an immunization committee meeting tomorrow. I am just putting in my two-cents that I do not believe that the COVID vaccine should be part of the childhood schedule regardless of what the CDC is saying because of the amount of deaths and injuries that have been caused by the vaccine. At least 100,000 people have died from the vaccine, and children are not dying from COVID. So, again, just to put in my two-cents that I do not believe that the COVID vaccine should not be part of the childhood schedule, and I hope that you will take that into consideration during your meeting tomorrow."
4	Remarks from Sameer Vohra, MD, Director, IDPH Dr. Vohra provided some general remarks: • Addressed the history of following best practice for immunizations. • Governor is not changing the vaccine requirements for school. • This is a good forum to share what should and could be the best for health benefits in terms of immunizations for Illinoisians. This includes the ability for collaborative work with physicians and experts in the medical offices to identify gaps and address the rise of infectious diseases. • Committees like this helps update latest immunization data and standard. • Bivalent vaccines are now available to those as young as 6 months of age. • Grants are available to further benefit Illinoisians. • Ensure best practice for Illinois. • Now is a critical time for reset and review, and to set goals.
5	Old Business: Approval of 12/1/2021 meeting minutes

	The minutes from the last meeting were reviewed. The motion to approve the minutes was made by Dr. Arvind Goyal and seconded by Rebecca Doran. The minutes from the 12/1/2021 meeting was approved by the group.
6	New Business: • Presentation: History of Vaccines and Health Impact • Presentation: Vaccination Grant Update • Presentation: COVID-19 Bivalent Vaccine Coverage Updates • Presentation: Adult and Childhood Immunization Standards and Coverage Levels • Discussion: Topics to focus on in 2023 *No votes were scheduled for this meeting* Presentation on History of Vaccines and Health Impact, presented by Heidi Clark, Division Chief, Infectious Diseases • Effective vaccines decrease the disease burden. Vaccines work. • We've made so much progress, and we don't want to go backwards. • Discussed data showing declines in vaccine preventable illnesses once the vaccines were developed; and some photographs were shared. o Public Health looks at the entire population, and reviews data rather than individual cases. o Reviewed Smallpox, Pertussis, Polio, Hib, Diphtheria, Measles, Rubella, Hep A, Hep B, Mumps, Varicella, • Some highlights: o Smallpox vaccine initially developed in 1796. Smallpox killed millions in North America in the 1500s to 1800s. The disease left people blind, maimed, brain damaged. Now eradicated due to vaccination. o Polio can cause muscle weakness, paralysis, or death. If no vaccine, an estimated twenty million currently healthy people worldwide would have been paralyzed. In the news this year: case in New York. o Hib – 4% of cases are fatal, and 15-30% of survivors had hearing impairment or neurologic sequelae; Before vaccine, >20,000 cases per year in early 1980s. In 2019, only 18 confirmed cases, a 99% reduction. o Diphtheria produces gray membrane in the throat that blocks the windpipe; can cause death by suffocation. Thousands died in pre-vaccine era, but a total of 14 cases reported in US from 1996 to 2018. o Rubella – In one outbreak, 11,000 pregnant people lost babies due to congenital rubella syndrome (CRS) and 20,000 babies were born with issues like heart problems, cataracts, and deafness. Annual US rubella cases fell from 47,000 pre-vaccine to 6 in 2020; CRS cases fell from 152 pre-vaccine to zero in 2020. o Measles – As estimated 3 to 4 million people in US were infected each year prior to vaccine. Of the reported cases, >400 people died, 48,000 were hospitalized, 1,000 suffered encephalitis; measles can cause central nervous system damage or cognitive delays. There is an ongoing outbreak in Ohio among unvaccinated individuals including some that are too young to be vaccinated. o Hep A – an ongoing outbreak among unvaccinated population was recently declared over. • Vaccines save lives. It is estimated two to three million deaths are prevented by vaccines each year worldwide. • Important to get kids caught up on vaccines that they missed during the pandemic to avoid outbreaks. Presentation on I-VAC Vaccination Grant Update, presented by Stephanie Atella I-VAC – Illinois Vaccinates Against COVID-19: A project led by the Illinois Chapter of the American Academy of Pediatrics (ICAAP) • ICAAP Provides advocacy and collaborates with other organizations and agencies in the area of: o Early Childhood Initiatives (Early Intervention, Oral Health, Reach Out and Read) o Adolescent Health Initiatives o Housing Insecurity o Food Insecurity o Lead Poisoning o Immigration o Immunizations

- The Sub-grantees for this project: The Extension for Community Health Outcomes (ECHO) – Chicago at the University of Chicago and The Illinois Academy of Family Physicians (IAFP)
- Bootcamps
  - I-VAC provides "Vaccine Bootcamps" to provide foundational knowledge and skills related to COVID-19 vaccine administration and distribution.
  - Seven cohorts have taken place since last year and over 380 clinicians have attended.
  - Topics include:
    - Operational issues (I-CARE, VFC, etc.),
    - Handling, storage and preparation,
    - Clinical resources for adult and pediatric populations, and
    - Strategies for overcoming vaccine hesitancy.
  - Seven cohorts have taken place since last year and over 380 clinicians have attended.
- Learning Collaboratives: A forum for providers to engage with their peers around solving real-world barriers to COVID-19 vaccine implementation.
  - Available to any provider or provider organization in the state who is interested, regardless of bootcamp participation.
  - Two different learning collaborative tracts: Pediatric populations and Adults & pregnant persons
  - Learning Collaborative forums are held bi-weekly, and over 25 sessions have taken place since last year. Over 100 clinicians have attended, many attended every session.
- Implementation Support
  - Local providers in primary care and hospital networks serve as coaches.
  - Coaches are from each of the 11 COVID-19 regions in the state.
  - Over 26 clinicians are active and weekly office hours are offered.
- Toolkit & Outreach Materials
  - Outreach materials are sent to all bootcamp participants and others as requested.
  - Resource materials: Patient Handouts and Provider Handouts both available in English and Spanish
  - Podcast "Beyond the Needle"
- Other Projects
  - Email training for residents
  - Pediatric report cards
  - Supporting vaccine rollouts
  - Education for community stakeholders
  - Capacity to provide support on related issues (COVID treatment, respiratory surge, etc.)

Presentation on other Immunization Section grants, presented by Karyn Lyons

- Current and Pending Vaccine Grant Programs:
  - COVID-19 Vaccine Integration into Care (presented by Stephanie Atella, ICAAP)
  - COVID-19 Vaccine Community-Based Education & Outreach
  - Pediatric Vaccination Coverage Levels
  - Adult Vaccination Coverage Levels
- COVID-19 Vaccine Community-Based Education & Outreach (CBO)
  - Nine (9) grantees received regional awards, awarded in Spring 2022
  - Grantees are responsible to:
    - Recruit Community Ambassadors from high priority areas,
    - Appoint Regional Ambassadors for support,
    - Develop a training program for the Ambassadors,
    - Develop program activities to address vaccination goals, and
    - Monitor and evaluate activities, community engagement, and outcomes.
  - CBO Impact and Activities
    - So far, nearly 19.000 individuals reached.

- Over 200 events logged, including:
  - Community Resource Fairs, Health Fairs, Community Events, Holiday Events
  - Interviews, surveys, focus groups, townhalls
  - Passing out flyers and surveying people at places like churches, temples, strip malls, parks, laundromats, and stores
  - Educational programs
  - Canvassing door to door and on the street
  - Provision of vaccines at health fairs and mobile clinics
  - Dinners, coffees, bingo nights, painting nights, trunk-or-treats

- Pediatric Vaccination Coverage Levels
  - Awards – Application is closed and submitted applications are currently being reviewed. There are 7 awards anticipated – 1 Award per region.
  - Grantee Responsibilities
    - Identify at least four (4) communities or geographic clusters to focus on,
    - Address all routinely recommended vaccines,
    - Develop school-based survey for grades K-12 school health staff,
    - Promote provider enrollment in I-CARE,
    - Provide education and resources,
    - Promote provider enrollment in publicly funded vaccine programs,
    - Encourage providers to make immunization a standard of patient care even if they are not vaccinators,
    - Implement a public immunization campaign through a variety of media sources to educate, empower, and mobilize targeted communities, and
    - Build partnerships with community partners, health entities, and other stakeholders.
- Adult Vaccination Coverage Levels
  - Awards – Application is closed, currently reviewing submitted applications. There are 3 awards anticipated – 1 award per region, splitting the state into northern, central, and southern portions.
  - Grantee Responsibilities
    - Identify at least four (4) communities or geographic clusters to focus on,
    - Address all routinely recommended vaccines for the age group,
    - Develop a community assessment tool,
    - Promote provider enrollment in I-CARE,
    - Provide education and resources,
    - Promote provider enrollment in publicly funded vaccine programs,
    - Encourage providers to make immunization a standard of patient care even if they are not vaccinators,
    - Implement a public immunization campaign through a variety of media sources to educate, empower, and mobilize targeted communities,
    - Build partnerships with community partners, health entities, and other stakeholders.

COVID-19 Bivalent Vaccine and Booster Coverage, presented by Karyn Lyons

- Graphs were shown for doses administered from March 2021 to November 2022 for doses administered to people in three age groups: 0-5 years of age, 5-11 years of age, and 12-17 years of age.
- Based on I-CARE data, over 1 million bivalent boosters doses administered to children aged 5-11 years.
- Bivalent Vaccine Doses for younger children:
  - Moderna Under 6 years and Pfizer Under 5 years of Age – The first bivalent vaccines orders for young children were delivered on December 10th, and most were delivered the week of December 12th.
- The percentage of fully vaccinated individuals who received a bivalent COVID-19 Booster
  - 18–64-year-olds: 80.6% fully vaccinated, no booster, and 19.4% Boosted with bivalent dose.
  - 65 years and older: 50.5% Fully vaccinated, no bivalent booster, and 49.5 % boosted with bivalent dose.

Adult Coverage Levels, presented by Karyn Lyons

- Shared the Standards for Adult Immunization Practices – updated standards call on all healthcare providers to implement them, whether they vaccinate or not.
    - Shared frequent barriers to vaccination such as cost, reimbursement, focus on medical management over preventative services, etc.
    - Key concepts of the standards: assess, recommend, administer or refer, and document.
    - Strategies to increase rates: standing orders, reminder interventions, use of Immunization Information Systems (IIS)
    - Coverage Level grantees for 2023 will assure that providers they are in contact with are aware of these Immunization Standards.
- Showed data on Illinois vaccination coverage estimates in adults as compared to US rates. Some key findings:
    - Pneumococcal – IL estimate for adults >65 years was 70.9% versus US estimate of 70.1%.
    - Shingles – IL estimate for adults >60 years was 34.2% versus US estimate of 40.5%. Rates varied widely by county.
    - Td or Tdap in past 10 years – IL estimate for all adults was 63.5% versus US estimate of 65.1%. When only Tdap was considered, IL estimate was 34.8% versus US estimate of 32.3%.
    - Influenza – IL estimate for an annual flu shot this season was 50.4% versus a US estimate of 49.4%. Range varied widely by US county (range was 40.7% to 56.1%). Estimated coverage was highest for persons >65 years of age. Coverage estimates varied by race and ethnicity.

Pediatric Coverage Levels, presented by Karyn Lyons

- Shared the Standards for Childhood and Adolescent Immunization Practices
    - Key concepts of the standards: ready availability of vaccine, assessment of vaccination status, effective communication about vaccine benefits and risks, proper storage, administration, and documentation, and implementation of strategies to improve vaccination coverage.
    - Coverage Level grantees for 2023 will assure that providers they are in contact with are aware of these Immunization Standards.
- Showed data on Illinois vaccination coverage estimates in children as compared to US rates. Some key findings include:
    - Influenza – Current estimate in Illinois is higher than same week in 2020-2021 and nearly at same rate as 2021-2022. Illinois estimate for this season is 47.9% versus US estimate of 45.6%. Statistically significant improvement in rates for Hispanic children.
    - Polio - Illinois coverage estimate by 2 years of age is 93.0% versus US estimate of 93.9%. I-CARE data for children by 2 years of age showed coverage levels differed by county. Illinois immunization rate of Kindergarteners is 96.5% versus US estimate of 95.0%.
    - MMR - Illinois estimate for children by 2 years of age is 90.5% versus US estimate of 92.8%. Illinois Kindergarten estimate is 96.6% versus US estimate of 95.2%.
    - Meningococcal coverage estimate is 94.7% and school coverage is 93.6%.
    - Tdap coverage estimate is 89.5% and school coverage is 93.5%.
    - HPV coverage estimate for 1 or more doses is 76.6%, up from 66.1% in 2017.
    - HPV coverage estimate for adolescents who are up to date is 62.2%, up from 50.4% in 2017.

The meeting opened-up for the committee to ask any question and/or to suggest topics for next year's agenda.

- Suggested topics:
    - Request for IDPH to map for CHIP and VFC providers for the state so gaps in service areas can be identified.
    - For next year, that VFC & I-CARE data be on the agenda. It was suggested adding performance per provider on immunizations given.

	○ Dr. Vohra suggested a discussion to focus on the areas where we need to broaden communication around vaccinations overall. ○ Benefits of a vaccine coalition. ○ Review of the ISBE health form, which was stated, is an IDPH health form. It was suggested that there be open comments on the most recent version at the next meeting. ○ Desire to have more frequent meetings. *No votes were scheduled for this meeting*
7	Adjourn The motion was made to adjourn the meeting by Dr. Arvind Goyal and was seconded by Marielle Fricchione. The meeting was adjourned.