

**IMMUNIZATION ADVISORY COMMITTEE MEETING
NOVEMBER 18, 2015**

MEMBERS PRESENT

ROBERT DAUM, MD (CHAIRPERSON)
RASHMI CHUGH, MD on phone
JESSICA GERDES, ISBEJ
LINDA GIBBONS, RN MSN
ARVIND GOYAL, MD
LISA KRITZ, MSW, MBA
MALINDA HILLMAN RN, BSN

KAREN PFAFF, RN
JULIE PRYDE, MSW, LSW, CPHA
ANITA CHANDRA-PURI, MD
CHRISTOPHER SCHRIEVER, PharmD,
JULIA MORITA, MD on phone

ALSO IN ATTENDANCE

NIRAV SHAH, M.D., J.D, DIRECTOR – IL. DEPT of PUBLIC HEALTH

Carol Gibson Finley, Acting Chief, IDPH Immunization Section

Maribel Chavez-Torres, Chicago Department of Public Health Immunization Manager

Jan Daniels, IDPH Immunization Section

Linda Kasebier, IDPH VFC Program (phone)

Susan Williams, IDPH AFIX (phone)

Lorraine Schoenstadt, RN, Chicago Public Schools

Elizabeth Hackett, Ever Thrive IL

Patrick Coleman, Agilent Technologies

Shauna Cratts, AstraZeneca

Kelly Morris, GSK

Victor Wojtychiw, Health Heroes

Steve Yelle, MedImmune

Scott Jablonski, Pfizer

Janet Arnet

Monica Kay

Victoria Jackson, RN, IDPH/ School Health

Teri Nicholson, IDPH I-CARE (phone)

Elise Balzer, Ever Thrive IL

Kelly McKenna, Ever Thrive IL

Mary Ann Douglas, ISBE Intern

Michael Calwell, AstraZeneca

Iriny Salib, GSK

Mindy White, GSK

Sandra DiSalvo, Health Heroes

Martin Matthews, Merck

Lynae Godsell, Sanofi

Jeanne Fernandez

Call to order and introductions

Dr. Shah, Director of IL Department of Public Health provided a brief bio sketch on his background and promised undeviating support of vaccination. He thanked the committee for their service. He referenced the measles outbreaks reported nationally the last couple of years and reflected on the controversies that surround vaccines; advising that scientific evidences still stands that vaccines are safe.

He indicated vaccination needs had prompted some recent legislation:

Senate Bill 1410 addressing changes in religious exemption approval processes and

Senate Bill 986 addressing Tdap and MMR vaccination for daycare center employees

He also indicated that there is a national trend on government policy fronts to require all health care providers to receive influenza vaccine annually.

MINUTES FROM MAY 6, 2015 WERE APPROVED

NEW BUSINESS

IDPH UPDATES – Legislation and Rule Revisions - Carol Gibson Finley

- Senate Bill 1410 addressing changes in religious exemption approval processes, is now Public Act 099-0249 requiring routine use of a religious exemption form beginning 10.16.15. The form is posted on IDPH web page: <http://www.dph.illinois.gov/sites/default/files/forms/ohpformsil-certificate-religious-exemption-form-081815.pdf>
- Senate Bill 986 addressing Tdap and MMR vaccination for daycare center employees is now Public Act 099-267. DCFS licensed facilities must comply beginning 1.1.16.
- Committee members can now use the email account for communications, questions, request, etc. dph.iac@illinois.gov
- Immunization Rules 665 and 695 for day care, pre-school and school populations, have been combined into one rule set: Child and Student Health Examinations and Immunization Code; 695 is being repealed. Initial public hearing was in Chicago on 11.16.15; second is scheduled for Jefferson County Health Dept. on 12.2.15 and third at IDPH Regional Office in Champaign on 12.3.15.
- 694 College Rules are going to the State Board of Health on 11.19.15.
- Rules won't be published in Illinois Register until public comments are reviewed.
 - Linda Gibbons asked question if it was too late to submit public comments; comments can be submitted to Joshua Steinberg-IDPH

Vaccines For Children Program Updates

Maribel Chavez-Torres gave the Chicago VFC Report

- The Chicago VFC enrollment will be released in January 2016. In 2015 Chicago has 545 active providers, reduction in number due in part with single practice merging with large practices.
- To date in 2015: 411 providers received a required VFC compliance site visit; 25 unannounced storage/handling and 10 enrollment visit. Chicago vaccine replacement program is to have provider replace 20% of vaccine loss (one time allowance) multiple infractions is reviewed by case by case. Chicago VFC has seen less waste due to policy
- As of 11.15.15, 95% of Chicago VFC Providers have stand-alone freezer, which is ahead of CDC requirement which begins 1.1.7. Also provided a handout on participation in a PPHF Project which involved investigating the use of digital date loggers. (See hand out for more info).
- Chicago VFC is initiating a pilot program to move providers to I-CARE. Expect all providers to be transitioned by mid-2016.
- Influenza vaccines became available for VFC providers on 8.20.15. To date, 86% of vaccine has been received. On 10.5.15 CDPH launched an awareness campaign for yearly flu shot, this year's theme is "TAKE ONE FOR THE TEAM" and features transit, broadcast and digital ads. As of 10.31.15, 52 walk in clinics vaccinated 5,159 residents with influenza vaccine. Vaccinate Illinois week is December 6-13, 2015.
- To date, 56 FQHCs have enrolled in Chicago Vaccines For Adults (VFA) program funded by Federal 317 funds. To date, the VFA Program has distributed 16,640 adult vaccines including flu vaccine.

Linda Kasebier gave IDPH VFC Report

- Illinois released the 2016 VFC enrollment online through the ICARE registry system on 11.10.15; deadline for enrollment is January 1, 2016.
- As of 11.9.15 Illinois has 1,074 active VFC-enrolled providers.
- To date in 2015: 628 providers received a required VFC compliance site visit, 23 providers received unannounced storage/handling and 33 providers received an enrollment visit.
- As of the meeting date, vaccine loss and replacement for 2015 had encountered 119 incidents; cost of wasted vaccine was \$324,831. Providers replaced \$231,635.81 of vaccines wasted, constituting 75% of total cost wasted.
- Some providers are still encountering difficulty reporting dose for dose accountability in ICARE due to EMR data not being appropriately coded or other data importing issues. ICARE and VFC staff continues to troubleshoot with providers to resolve these issues.
- Illinois Department of Healthcare and Family Services (HFS) provided 4 spreadsheets listing Medicaid providers who serve potential VFC eligible children; IDPH staff is continuing to compare this data against current VFC providers. IDPH and CDPH will need to identify those Medicaid providers not currently enrolled in VFC to HFS. IDPH expect HFS to contact those providers to enroll in the VFC Program; IDPH will also conduct outreach to those providers and recruit them to enroll in VFC. The recruitment goal is to have 10% new VFC providers (110 new providers) enrolled in 2016.
- Influenza vaccine became available for VFC providers on 9.14.15, IDPH has requested additional 20,000 doses of the Fluzone product.
- IDPH has enrolled 76 certified local health departments to participate in its Vaccines For Adults (VFA) initiative. The IDPH VFA is also supported with Federal 317 vaccine funds. To date, the program has distributed 45,861 of adult vaccines.

GENERAL DISCUSSION ON UPDATES PROVIDED

Lisa Kritz commented on the Religious Exemption Rule, explained about the form, indicated physician are just advising parents and that it is for next school year or any new students whose parents want religious exemption from vaccinations beginning 10.16.15. Wanted to thank all groups involved, expected it will take about a year to show how this goes in reducing exemptions.

Jessica Gerdes indicated schools are having issues with the 12th grade MCV 4 requirements applying to students who have aged out of the VFC eligibility (over 18 years of age). She indicated a number of providers are unaware if Medicaid will pay for vaccinations for students older than 18 years of age. IDPH indicated that these students would need to be referred to a FQHC for vaccination services.

Julie Pryde wanted to know if a list could be distributed to know where FQHCs are; Carol Finley indicated she would provide that information and send a list of enrolled VFA Providers and deputized local health departments before the next meeting.

Dr. Goyal made comments regarding Medicaid adults, indicating that since 2014 there have been an increasing number of childless adults in the program. He reported there is a learning curve with the providers about eligibility, need to educate staff that they can bill for vaccines.

Dr. Chandra-Puri requested an explanation of the VFA program. Carol Finley responded vaccines can be used with persons >18 years of age who are uninsured or underinsured. The vaccines can also be used in case of outbreaks, noting recent uses had included responses during measles, mumps and meningitis outbreaks. Maribel Chavez-Torres further clarified about 317 vaccine use for outbreak response.

It was noted that HFS' Managed Care Plans also seem to be an issue. Dr. Goyal shared that foster children cannot be put in a Managed Care Plan; has to be fee for service.

Julie Pryde offered to secure and share a list of local health departments who purchase vaccines for use with adults.

Linda Gibbons had questions regarding the Chicago VFC Reports: Why is the waste loss policy different from IDPH and why does Chicago need another developed module for I-CARE. Maribel and Linda explained that with Chicago and Illinois VFC Programs will soon both be using I-CARE with all VFC providers. Because ICARE will house the VFC business practices (vaccine ordering, vaccine accounting, vaccine inventory, etc.) for both agencies, it is essential to keep each program area separate for reporting, for vaccine budgets, etc.

Dr. Goyal raised several questions and concerns about VFC Programs in general:
Why can't the state and Chicago be on same calendar year?

Maribel Chavez-Torres responded that Chicago has always included enrollment issues in their required provider training which is usually offered in the first quarter; enrollment is then required after that.

Linda Kasebier indicated that IDPH associates completed enrollment with need for compliance site visits, which are managed on the calendar year.

VFC data show a loss of 15-20% of providers over last 6 years; assessing that this is no solely due to provider consolidation occurring through HFS MCOs.

Carol Finley reminded all that the VFC provider site counts are associated with the provider location, not the number of providers operating at the site as HFS data does.

Dr. Goyal indicated that providers are dropping out due to inspections, "police powers" equipment requirements, and inability to make a profit. He further indicated that costs incurred are about \$20 a shot, yet the base payment is \$6.40 per vaccine. He asked what could be done to increase the number of VFC providers; what barriers could be removed from the CDC requirements.

Maribel Chavez-Torres responded that the VFC requirements are federal requirements and that unannounced storage and handling site visits are new, but are mandated.

She adding that the vaccines provided are not free, and it is problematic when providers don't take care of the product. She also informed that consolidations of single practice providers to larger groups is occurring. Linda Kasebier also responded, indicating that some providers are dropping out of VFC due to manage care operations.

Dr. Goyal wants to form a small working group about Medicaid provider issues. Carol Finley suggested that Maribel Chavez-Torres and Linda Kasebier should be included.

Dr. Chugh requested data on providers that operate VFC programs in both the Chicago and Illinois. Both Ms. Torres and Ms. Kasebier indicated they would look into it but determining those providers would be difficult.

Vyki Jackson from IDPH/School Health indicated she would share the school health clinic list.

Following a brief BREAK

ICARE UPDATE

Teri Nicholson gave ICARE and 5 year plan updates.

- Working with Chicago VFC to move forward with pilot VFC program
- Utilizing weekly task meetings to increase performance
- Targeting end of November 2015 to have Reminder/Recall project ready
- Targeting early 2016 for I-CARE-3; researching oracle and ASP.NET new features - including MCV4. Noted that the updated version will be a seamless transition to the end user.

The next items may be stretch out beyond 6 weeks

- Add refugee and alien ID
- Continue work with sites to implement EMR ICARE data exchange via HL7
- Also updating training videos in ICARE and for reminder/ recall

Identified key items from supplied handout on ICARE Statistics

- Active HL7 provider 5,079
- Providers using reminder recall 19 out of 14, 00

QUESTIONS/COMMENTS

Jessica Gerdes asked why only 19 providers used reminder recall.

Terry Nicholson responded that many may be using their own EMR reminder recall functions.

Dr. Daum would like to see if it a survey created to see who have an external reminder recall system.

Rashmi Chugh, MD had question about total patients identified in the ICARE Statistics report. She indicated she would like to see it sorted by active patients over 1 year or over 5 years. Dr. Chugh also had issues about the confidence in the number 10.5 million patients, wondering if there was patient duplication. Teri indicated she would double check on the 10.5 million patient sum.

Dr. Daum indicated he would like to see these numbers cleaned up; remove duplications, people who have moved, persons deceased, etc.

Dr. Goyal indicated he would like the data broken down by year, with date parameters, and asked if every VFC shot administered is in ICARE.

Carol Finley had provided committee members with a county-based coverage level reports produced from ICARE. The reports included coverage levels for adolescents aged 13-17 and for young children aged 24-36 months of age. Ms. Finley indicated that these statistics do not include adjacent states. Dr. Chugh asked for a summary analysis before next meeting.

IMMUNIZATION COALITON and MENINGOCOCCAL RESOLUTION FOR 2016

Lisa Kritz drew attention to the flyer notice sent to committee members for call for abstracts 12th National Conference for Immunizations Coalitions and Partnerships being held in Indianapolis from May 25-27, 2016.

Ms. Kritz also reported on House Resolution 70-97 which would require all schools to provide information on MCV vaccination requirements, indicating that EverThrive is in support of the resolution. She also indicated the committee should approve similar measures if a resolution was introduced for meningococcal B vaccination education.

IAC COMMITTEE UPDATES

Kelly McKenna reported that a ICARE questionnaire has been developed to survey ICARE users. Ms. Finley suggested that survey completion could be promoted on the ICARE home page. There was further discussion about best ways to distribute survey, including desire that survey completion time not exceed 10-15 minutes.

2016 MEETING DATES WERE ESTABLISHED

March 16, 2016 in Springfield

June 8, 2016 Chicago

November 16, 2016 Chicago

NEW BUSINESS

Linda Gibbons reported that the New Childhood Exam form should be ready by 1st week of January; only thing revised is immunization section, not required for the 1st year.

Jessica Gerdes reported that with the Child Care Act, the intent was not to exclude students, and proof of appointments is not accepted.

OPEN PUBLIC HEARING

No one provided testimony.

MEETING ADJOURNED