April 13, 2011 Minutes  
Minnesota Immunization Practices Advisory Committee

Members Present:  
Carol Diemert    Edward Ehlinger    Miriam Muscoplat  
Cynthia Hiltz    Margo Roddy      Patricia Segal Freeman  
Sharon Lynch     Kristen Ehresmann Elizabeth Parilla  
Dawn Martin (Chair)   Claudia Miller  John Flynn  
James Nordin    Lisa Harris      Denise Dunn  
Diane Peterson  Sudha Setty    Julia Ashley  
David Smeltzer  Jill Marette    Cheryl Norton  
Patsy Stinchfield  Andrea AhnemanJeanne Anderson  
Gloria Tobias    Cynthia Kenyon Kristin Sweet  
Linda Van Etta (phone)   Aaron Devries

Available Handouts:  
• Agenda  
• Minutes of the November 10, 2010 MIPAC Meeting  
• Operating Procedures for MIPAC  
• MDH MIPAC Fact Sheet  
• MDH Immunization Advisory Committee Member Roles, April 11  
• Lynn Bahta’s February ACIP Meeting Update PowerPoint  
• Sound Choice Pharmaceutical Institute 4/6/2010 PowerPoint  
• Is Fetal DNA in Vaccines Linked to Autism? By Theresa A. Deisher  
• Andrea Ahneman’s NIIW PowerPoint  
• Key Messages Fact Sheet: Messaging from MDH for NIIW 2011 April 23-30  
• NIIW Op-ed template for local partners, public health  
• Template NIIW news release  
• Cynthia Kenyon’s MN Pertussis Summary 2010 Preliminary Data PowerPoint  
• Pam Gahr’s Measles Outbreak Update PowerPoint  
• Kristin Sweet’s Hepatitis A in Windom 2011 PowerPoint  
• Miriam Muscoplat’s Minnesota’s Vaccine Coverage Rates PowerPoint

Welcome and introductions  
Dawn Martin welcomed everyone to the meeting. She said it has been a busy few months in immunization with the measles outbreak, the Wakefield visit, Ed Ehlinger being appointed MDH Commissioner, and Children’s White Paper. She also said that it is nice to have someone in the commissioner’s position who is an advocate for immunization and children and congratulated Ed. Kris Ehresmann echoed that sentiment for the MDH Infectious Disease Division. She said that Ed had been on MIPAC for a long time, over 20 years. She also told the group that Ed also served on our TB equivalent committee so he is well-versed in what IDEPC does.

Ed Ehlinger then spoke to the group. He said that he especially loved the last paragraph of last meetings’ minutes where he suggested that MIPAC should create a briefing paper for the new MDH commissioner. He then presented his priorities for the department. They are:

1. Maintain the department’s status as a premier public health agency in the country and enhance it.  
   We have a good public health system in state and there is good collaboration with local public health.
2. Ensure community engagement. We need to have the people in the state engaged in health issues.  
   Both the state and local community partners need to engage everyone. For example, he went to the Somali community forum; they own the issue.
3. Bring together clinical services (medicine) and public health. He said that we know that social determinants are important to a person’s health status. He is bringing a public health perspective to health care reform.

4. Addressing health disparities.

He said that all four are relevant to MIPAC and immunizations are pilot project for health care reform. He was challenging members to do these 4 things- reduce disparities, bring medicine and public health together, engage the community, and maintain immunization quality. He wants this MIPAC to continue and said that members are the link to the community. He charged members to challenge MDH with their ideas and be a leader in health reform, i.e., universal vaccine access state/soul source payment. He said to they must use their knowledge, expertise to help MDH.

After Ed spoke, Dawn had the members introduce themselves. The committee then approved the minutes from the November 10, 2010 MIPAC meeting.

Kris Ehresmann then recognized Cheryl Norton from MDH and her work with MIPAC. She said that it was Cheryl’s last MIPAC meeting and that she is retiring after 41 years at MDH. She noted that Cheryl has been involved with MIPAC even before it was officially MIPAC. The group gave Cheryl a standing ovation for her lifetime contributions to the Immunization Program.

After the recognition, Kris clarified some issues from the last MIPAC meeting. She said there were two issues that were discussed that caused some concern. One issue was related to the presentation by Pam Gahr on varicella disease exclusion policy in schools. Kris acknowledged that members had expressed concerns about the policy. She explained the process the department used to develop the policy and where with the policy currently stands. Pam had worked with MDH staff and outside partners to develop the policy She took the feedback the group had and brought it to Ruth Lynfield, MDH’s State Epidemiologist because she is the person who would make the final decision. Ruth consulted with other infectious disease physicians and CDC policies and came to conclusion that what we were recommending was appropriate. At the last meeting, MIPAC expressed interest in wanting to revisit the policy; however the department had made a final decision. She apologized for the confusion Pam’s presentation caused. The immunization unit updated the commissioner on the policy and explained the decision making process. The department looked at the varicella exclusion policy because it had not looked at school exclusion for this disease. This policy is not just about varicella but represents a broader exclusion for all VPD’s. She acknowledged that the department needs to do a better job of education providers, parents, schools, and the community on why we are recommending this exclusion policy. We have made a commitment to reach out to these populations. The department had a thoughtful discussion on this policy and it needs to be put it in bigger context of all vaccine-preventable diseases and school exclusions.

Kris also mentioned that at the last meeting, the department let members know that they were working on a statement for influenza vaccination of health care workers. We had started on a position statement in early fall (2010). It came up at MIPAC’s November meeting and staff had already put in a lot of time into the issue. However, this winter, the department decided to take a hiatus from it given some new information on influenza vaccine efficacy.

Dawn said that she appreciated Kris’ clarification and also mentioned that there were some email exchanges between her and staff. Dawn then said that this transitions into the next topic, which is talking about MIPAC’s role and needing to take a critical look at membership and fill member vacancies.

Updates

- **MIPAC Committee.** Sudha Setty updated members on the future direction of MIPAC (See Handouts and PowerPoint for complete details) Sudha told the group that MDH staff met with a few MIPAC members after the November 10, 2010 meeting. The department wanted to establish a
clear vision for MIPAC and discuss what MDH wanted from the committee and what members wanted. Specifically: clarify the committee’s role, recruit new members, and add a communication structure and deliverables for each meeting. Two committee models were considered and the group felt that the current committee should remain intact but members should focus work on specific initiatives and form small working groups. She also told the group that MDH developed a MIPAC Website for committee members. MIPAC documents will be posted there. Members will receive the link to the website through an email. It is for MIPAC members and MDH staff only.

The group also reworked MIPAC’s “Purpose Statement” (See PowerPoint slide). The “Committee’s Charge” is the new part of the statement. Their charge is to: advise, provide statewide leadership, and provide feedback and support for new MDH immunization initiatives. Sudha then discussed MIPAC’s Role as an “advisory committee.” (See handout). The department sees their input as important and values their advice. The department needs their expertise. Specifically, MIPAC’s advisory role is to: Advise MDH based on their expertise, represent their group, achieve consensus if possible, and give reasonable comments and suggestions.

Before each meeting, MDH staff will meet with MIPAC’s chair to discuss the agenda. In addition, Each meeting will end with specific immunization-related bullet points that members will be able to send out to their organizations. These will go out after meeting and will be on the MIPAC website. Finally, Sudha said that the department is working on getting additional members and would especially like to have members who represent health plan payors, greater Minnesota health systems, and pharmacists. She encouraged members to email her if they have any suggestions. Her email is sudha.setty@state.mn.us.

Dawn ended the discussion by stressing the importance of filling member vacancies. She acknowledged that MDH has been trying hard to get new members. She also said that we are looking for representation from Family Practice and Adolescent Medicine physicians. She asked members to please give consideration to this issue and send Sudha any suggested names.

- **ACIP.** Lynn Bahta gave a February ACIP meeting update. (See PowerPoint Handout for complete detail.) She said that not a lot of votes occurred but there was a lot of information presented that set the stage for future action. ACIP revised their Healthcare Personnel (HCP) for Tdap recommendations because they want to get vaccination rates up. They recommended that all HCP should receive Tdap regardless of age and they should receive it as soon as feasible, regardless of time since last Td. This removed the “interval” barrier and the age barrier. There was also a post exposure prophylaxis recommendation. There is a benefit to post-exposure prophylaxis, especially if the HCP is working with high risk patients. They also discussed the Tdap vaccine in pregnant women but there was no vote at this time on any recommendations. The AAP does recommend Tdap in pregnant woman.

ACIP voted on a few other issues. First they voted to recommend a booster dose of Ixiaro – Japanese encephalitis after 12 months for persons in a high-risk area. Studies have found waning immunity after 15 months. They approved the updates to the HCP vaccine recommendation, which had not been updated since 1996. Not any major changes. They changed the terminology from “healthcare worker” to “healthcare personnel” and separated the ACIP recommendations from the Hospital Infection Control Practice Advisory Committee (HICPAC).

There was no vote on the influenza vaccination for next season but the strains in the vaccine 2011-12 were confirmed to remain unchanged from last year. There was some discussion on flu vaccine and egg allergies which will be updated for the 2011-12 recommendations. She mentioned that VAERS signaled an increase of febrile seizures with one of the flu vaccines in children ages 6 to 23 months. The Vaccine Safety Data Link (VSD) also analyzed the data (See PowerPoint for details) In
particular; the VSD did see some febrile seizures when the vaccine was given at the same time as PCV13 and DTaP.

If people want additional information, the slides from the meeting are available at www.cdc.gov/vaccines/recs/acip/slides-feb11.htm#.

- **Legislative.** Patti Segal Freeman gave a brief update on the 2011 legislative session. She said that both the Senate and House have passed their health and human services omnibus bill. She said that the newspapers have indicated that governor will veto the bills. If that happens, the month of May will be very busy while the governor and legislators work out a compromise. She told the group that a provision was added that eliminates reporting of all health data to MDH, this would include disease reporting; however, the author has said this is not the intent. She also gave members the names of the chairs of the Health and Human Services Committees in the House and Senate. They are:
  - House Health and Human Services Reform: Chair: Rep. Gottwald from St. Cloud, his profession is listed as “Business.”
  - House Health and Human Services Finance: Chair: Rep. Jim Abeler from Anoka, his profession is listed as “Chiropractor.”
  - Senate Health and Human Services: Chair: Rep. Hahn from Eden Prairie, his profession is listed as “Business Process Consultant.”

Patti also told the group that we have information that a Dr. Theresa Deisher is going to come and speak at a House Health and Human Services Finance committee hearing on Thursday, April 28. Patti pointed out the handouts in members’ folders that provide information on Dr. Deisher’s view points. Dr. Deisher believes that the epidemic of regressive autism is associated with the switch from using animal cells to produce vaccines to the use of aborted human fetal cells for vaccine production. This created the potential for autoimmune responses and/or inappropriate insertion into our genomes through a process called recombination. She said that if members would like to know more about Dr. Deisher, they can google her name. Diane Peterson asked if it would be an open hearing. Patti responded that it should be open because it is a committee hearing. Diane also asked members if anyone or their organization has had contact with Rep. Jim Abeler this session. Nobody had met with him. She said that maybe as individual organizations, they could meet with him. They would not be representing MIPAC. Patsy mentioned that Childrens is having a vaccine forum during NIIW and legislators were invited. Some legislators have said they will be there but they have not heard from Rep. Abler yet.

**National Infant Immunization Week (NIIW).** Andrea Ahneman presented information on what the department is doing for NIIW (See PowerPoint). She said that a group at MDH has been planning NIIW activities and the overall goal is to increase awareness of Minnesota parents about the importance of infant immunization. The primary audience is the general public, new moms and parents. The strategies involve partnering with key organizations, developing key messages and designing templates for op-eds and news releases. These are all in the handouts. The key message documents will be sent to local partners and LPH. It includes letting parents know that cost is not a factor and getting more than one shot at one time isn’t dangerous. The Op-ed template is for health care providers to use when writing their local newspaper. A newsletter blurb will be sent out as broadcast fax to use in communications. There will also be a special “Got Your Shots? News “edition, which will contain a checklist for providers with what they can do to reach out to patients. MDH has created a NIIW web page with separate sections for parents and providers. MDH has planned two media events with local partners in St. Cloud and the Metro. We are working on getting parents stories out to the public and media. Both events will be on Monday, April 25 in St. Cloud with CentraCare and in the Metro area with HCMC at Whittier clinic. MDH attempted to get a Twins player involved but it didn’t work out. However, the Twins agreed to put up a scoreboard message from April 11-30 to reach out to parents at the ballpark. The department recently
started Twitter and Facebook accounts. Andrea said that if anyone goes to a Twins game they should try to get a picture of the billboard and then tweet it. We’re trying to make it fun with social media. MDH’s Twitter account is - @mnhealth and the Facebook account is Minnesota Department of Health.

Patsy Stinchfield reported that Children’s is also doing an activity for NIIW. She said that they were contacted by Representative Betty McCollum’s office about holding a forum on vaccines. She wants the conversation to be science-based. So, Children’s is hosting a forum on April 27 from 8:30 am to 10:30 am. All MIPAC members are invited and they should have gotten invitations. It’s being sponsored by the Advocacy department at Children’s. They have invited legislators because they don’t hear enough from us (the health care providers and our community). They invited them to hear what current immunization issues, such as misperceptions, vaccine safety, etc. The media is invited and the forum will be videotaped.

Dawn asked MDH to circulate information about all the events to MIPAC members.

Current Surveillance/Immunization Coverage Data:

- **Pertussis.** Cynthia Kenyon, an epidemiologist at MDH, presented an update on 2010 pertussis data (preliminary). *(See PowerPoint for specific details.)* There have been over 1,100 cases reported in MN in 2010 and three percent of the cases have been hospitalized. The median stay is three days but it ranges from 1 to 28 days and the mean is six days. We have noticed a slight increase in the number of adults hospitalized (n=5) though the majority are less than four months of age. Adult median age for hospitalization is 62 yrs old. The majority of cases are in ages 8 to 12 years, which was 27% of cases. In the mid 1990s there was a slight increase in the number of cases and every three years there would be a peak. However, now we are seeing a higher peak that lasts longer, three instead of two years. The median age group is younger (10-11 year olds) than it used to be. This is the cohort that received all acellular pertussis vaccine. Nationally, the highest rates are in infants; however, in Minnesota, the highest rates are in 9-12 year olds. 2011 seems to be quieter but still steady. Cynthia expects the rate to be lower this year because we have sustained a three year peak. In addition, providers are using Tdap more, but still only a 50% uptake in adolescents. Nationally the uptake in adults is six percent. The most recent peak has seen more clustering in schools not as sporadic as earlier years. Everyone needs to be more active with schools, communities and providers to understand what to do in an outbreak and to use Tdap when vaccinating patients.

Patsy Stinchfield said there is a poor use of Tdap in emergency rooms; they tend to use Td. They don’t want to do immunizations because they don’t see themselves as primary care, but it’s a huge opportunity. Dave Smeltzer wondered if it was a cost issue. There is a cost difference between the two vaccines. Tdap also requires E.R.s to do screening and they may be hesitant to do so. This barrier should decrease the more EMRs (Electronic Medical Record) link to MIIC. Dawn said that HCMC is starting to do it and they are doing it with measles screening.

- **Measles Outbreak** *(See PowerPoint for details.)* Cynthia Kenyon presented Pam Gahr’s slides, who is the main epidemiologist for measles. In Minnesota, in the previous five years we only saw six cases and they were all imported. In 2010, there were three unrelated cases. With those previous cases we saw no new transmission to secondary cases.

In 2011, to date, MDH has confirmed 17 cases, 15 which are linked to an index case of an unvaccinated child who traveled to Kenya. There was one case in adult who had traveled to Florida (tied to 2 other cases nationally to Florida), another adult traveler who was in India and had received both doses. The lab genotyped the case from India and it matched the current strain circulating in India. The exposure settings have included: household, hospital, homeless shelter, drop-in daycare. The genotype of the linked cases is sub-Saharan Africa. Six were too young to be vaccinated, six chose not to be vaccinated, all of Somali descent. There have been ten hospitalizations and we have seen a variety of complications but especially a lot of otitis media being diagnosed first. MDH put
outbreak control efforts into place (see PowerPoint). Children 12 months and younger were targeted for IG. April 9 was the most recent rash onset. Currently, MDH is monitoring immunization status of congregate living facilities and being aggressive in collecting specimen. To put the workload in perspective, MDH has ruled out over 100 cases. Using new online database so everything is automated. PCR is also adding a new dynamic to testing. Diane Peterson asked if MDH is keeping track of number of hours worked. Yes, and there are a number of staff who have put in a lot of time. Dawn said that they made efforts to contact patients who had no MMR and HCMC is keeping track of how much time this is taking. David Smeltzer said that in his practice people haven’t changed their minds about vaccinating. This is different than HCMC. Dawn said that people are coming in for their vaccination and they are catching kids up on other vaccines. Most were behind and not exempters. The difference could be in the populations served. Aaron Devries said there was a low supply of IG and it required extraordinary effort to get enough IG. We need to discuss how our pharmacies stock IG. Kris then introduced Aaron in his new role as medical director for IDEPC, though he has been at the department for a number of years. Jim Nordin said that we used to have IG before the hepatitis A vaccine but health partners didn’t have any now. There is only a single supplier. Dawn said there has been excellent community collaboration and communication with local and state health departments. The providers and HCMC appreciate it. MDH is working hard to contain the outbreak and get a handle on it. Patsy echoed that MDH is working hard and they are also working with the department. She said that they joke that they talk to MDH staff more than their spouses. Just today there are 6 more suspect cases and 1 confirmed. Most children that were hospitalized were exposed in E.R. Children’s have looked at over 500 exposures. Patsy said that MIIC is wonderful and it is very reliable and helpful. Of the children hospitalized, they have seen children who had every vaccine but MMR. Also, she said that she had to miss the first two innings of the Twins opener because of a measles exposure in emergency room. They had to call 38 families. Some were thanks but no thanks. Not getting urgency of why vaccines are important. Dawn said that in the future we need to put this all together and look at the public health impact. Prevention would be so much more cost effective. Diane hopes MDH will write this up because it shows the cost to society for personal belief exemptions.

- **Work with Somali Community Regarding Measles.** Lynn Bahta presented information on the work MDH is doing in the Somali community in response to the outbreak. Even before the outbreak, there was work going on with the Somali community. In 2008, WCCO did a report on autism in the Somali community and it caught national attention and national autism groups rushed to aid the Somali community. MDH and providers had noticed this community refusing MMR at higher rates than the population. The Somali community sees themselves as having high rates of autism. To address this, MDH conducted a review of available Early Childhood Special Education (ECSE) services data. In fall 2008, MDH along with community partners held a forum for the Somali community and in 2009 MDH held a resource forum. MDH has done consultation with providers on how to address this issue and were planning some in-services. HCMC and Children’s also convened a group to discuss this issue. They have discussed putting on an informational forum and creating a coalition/taskforce. Another Somali health coalition is also meeting. Lynn happened to be scheduled to meet with them the week of the first measles case. Thus, we have been more reactive than proactive. One of first cases was in a Somali child and this caused concern. MDH compared MIIC data of Somali and non-Somali MMR rates and varicella rates. We saw a pattern of MMR rates drop among Somali children in the cities but not in Stearns and Olmsted. They have been seeing parents anecdotally refusing vaccine. The MDH response has been to do targeted activities and Somali physicians have been talking to media and at forums. MDH staff is meeting with spiritual leaders at mosques. We need to take the lead from the Somali community and let them work with their own community. Lynn said that we need to address autism fears first and provide information to the broader community. In addition, through their meetings with the Somali community, MDH has realized the community has an oral-based tradition and we need to access people through spiritual leadership.
MDH held a forum with some community organizations and most of the parents who attended had autistic children. The Minnesota Vaccine Awareness Group – a relatively new local anti-vaccine group was also there. At the forum they realized that some parents are foregoing well child checks because they are feeling pushed to vaccinate. Parents see their choice as a measles rash or autism. Faith drives their decision making; not hearing any other information than what is being told by other parents of autistic kids. They expect MDH to solve their problem. There were about 75-100 people at the forum. Next Steps: End of April meeting and three-pronged approach. Dawn thanked Lynn for her work and wants to be kept updated. She said that there has been good communication and just wants to continue to be kept in the loop.

The next two presenters had to shorten their presentations because it was getting close to the end of the meeting. The PowerPoints have all the details of their presentations.

- **Hepatitis A Windom outbreak.** Kristin Sweet, a MDH epidemiologist, gave a two minute overview of a Hepatitis A outbreak in Windom, Minnesota. There were 11 cases in Windom in 2010 and it spread in first graders, which is unusual. It also spread to a daycare provider, a parent, and a grandparent. Before the outbreak, two MDH staff had gone to Windom to talk to providers and found one provider who didn’t think Hepatitis A vaccine was relevant. Then the outbreak happened and the same provider was resistant to giving post-exposure prophylaxis during the outbreak, but did provide vaccine and IG as requested. There were 13 kids in a day care and out of 11 who would have been eligible none had a documented hepatitis A vaccine. MDH does not know if anything has changed in the community.

- **Current coverage rates from NIS data** – Miriam Muscoplat, a MDH epidemiologist, gave a brief review of current immunization coverage rates in MN with NIS data. She said that the take home message is that rates have stayed the same since 1995 in Minnesota, around 80%; however our national ranking has dropped but there are large confidence intervals around the rates. The Hib vaccine was excluded from the series calculation because of the vaccine supply issues. Hepatitis A and Rotavirus rates are low but they are not yet included in the series rate. Minnesota’s hepatitis B birth dose vaccine rate is lower than the national rate. Tdap rates for adolescents are in general very low and not above the national average. Our HPV rates are similar to the national rate and we are slightly behind in MCV. She was going to talk about how MDH is promoting adolescent vaccination and working on issues of vaccine hesitancy but there was not enough time so members can review the PowerPoint. All data is based on NIS data, not MIIC.

Dawn said that anecdotally they have had an excellent uptake on rotavirus compared to hepatitis A.

Dawn then asked for members input around the MIPAC structure, mission, and roles. She said that we would have working groups to work on specific issues and MDH staff would be involved. She stressed that we needed be proactive early in the year to pick the initiatives. She said that the overarching goal of the 2011 program initiatives is to improve up-to-date status and improve the 80% NIS data. We have talked about that before and it’s a worthwhile umbrella to work on. She then listed the areas the group could focus on.

- Adolescent immunization
- Vaccine Financing. (A few years back, MDH had a vaccine financing workgroup and some valuable groundwork was done). The AAP has begun to look at this. There is also interest from the commissioner to pursue vaccine financing. We can build upon this.
- Parental hesitancy

Dawn opened up meeting for discussion. Is this a good structure? Do members like the direction we are going in? Jim Nordin said that he thought we need to get together, face-to-face, two to three times a year,
not just in small groups. Dawn said that that was the small group consensus. The group decided to move
to three meetings and drop the summer meeting because it was difficult to schedule. There would be
meetings in September, November, and March. There were three proposed dates.

Dawn also said we also talked about getting new and more members. Diane said that vaccine financing is
a big issue with adults but also interested in furthering HCW vaccine uptake and addressing vaccine
hesitancy issues. Kris said maybe we should use the term vaccine hesitancy instead of parental hesitancy.
Dawn and Margo addressed whether we could take on three initiatives or if that was too many. Work on
vaccine financing would take awhile. David Smetlzer said that he thought vaccine financing should be
dropped. Adolescent immunization is very important since our rates are so low. The financing issue is a
whole society issue and will be difficult for the group to tackle. Kris said that we could split vaccine
financing off and MIPAC take on the other two issues. MDH could partner with AAP and other groups to
address vaccine financing. It is going to take longer and be a slower process. Jim agreed with Kris and
said vaccine financing needs to continue to be worked on but we won’t get a handle on pertussis until we
get a handle on adolescent vaccination issues.

Dawn asked for a motion to decide on the initiatives MIPAC and the workgroups would focus on. She
said that after the areas are identified, the intent was to have members volunteer to be on one of the work
groups. Members should email Lisa Harris with their workgroup preference. Lisa.Harris@state.mn.us.
A motion was made and it passed to adopt adolescent immunizations and vaccine hesitancy.

Dawn said that vaccine finance is complicated and we don’t want to shy away from it. It could be focus of
health care reform as the commissioner said. AAP is addressing this. The timing is good and there is a
level of government support right now.

Wrap up thoughts or comments from Committee Member
The group then agreed on three key messages to bring back to your organization. This will make it easier
to get back to everyone’s constituents. Members can put the messages in their organizational newsletter or
e-mail the messages out. They could also go in the GYS newsletter.

1. NIIW week
2. Hearing on April 28
3. Start emphasizing adolescent immunizations

MDH will get the MIPAC website link out to members. It is not on the public website.

Dates of next meetings: September 13 and November 15 (Tuesday Evening) Dawn stressed that
everyone needs to attend.

Adjourn