Minnesota Immunization Practices Advisory Committee

April 29, 2014 Minutes

5:30-8:00pm; Room B-145

Members Present: Patty Graham, Kathy Mitchell, Jennifer Pena, Diane Peterson, David Smeltzer, Gloria Tobias, Julie Winner, Patsy Stinchfield

Members on Conference Call: Amy Buckanaga, Vincent LaPorte

Members Not Present: Heidi Olson-Fitzgerald, Dawn Martin, James Nordin, Laura Schwartzwald, Linda Van Etta

I. Welcome and Introductions: 5:36- 5:40pm
   • Margo Roddy filling in as vice chair this evening
   • Ben Christianson is the new MIPAC MDH facilitator
     o Works in Education unit of Immunization Section
   • Amy Buckanaga and Dr. LaPorte are on the phone this evening
   • Vice Chair- role is open to be filled
     o Need someone to step up and fill this role
   • Nominations for the G. Scott Giebink Award will be opening in late May/ early June
     o Nominees need to work in the area of Immunization practices
       ▪ Specific criteria/eligibility
   • Kathy Mitchell’s final meeting this evening

MDH Bulletin Updates
-Patsy Stinchfield will receive the Immunization Champion award this evening

II. Resources for School Rule Change 5:42pm- 6:02pm
   • Need input from MIPAC members on communicating changes to immunization law especially to providers
   • Child Care and Early Childhood new requirements
     o See slides
   • K-12 new requirements
     o See slides
   • Targeting communications to
     o Held WebX sessions with schools/school nurses:
       ▪ Have attended local meetings with school nurses to communicate new changes
     o Communication changes to local public health:
       ▪ Specifically target messages about the changes to physicians
• Communication changes to Providers/Clinics:
  ▪ Need MIPAC members to send out information to providers/clinics in their respective regions
• Other communication strategies:
  ▪ HPV grant
  ▪ Working with local public health to conduct mass vaccine clinics with adolescent vaccines

• Concerns:
  o Parents receiving incorrect messages from healthcare providers about timeline for vaccines, specifically MVC4
  o Rates for children entering school in the Fall is 29.4%—a third compared to school aged children now

• MDH Action Steps
  o Adding messages via Infection Preventionists
  o Reaching out to immunization contact in health systems
  o Consulting with local public health contacts
    ▪ Targeted communication within their community

• Action Steps for MIPAC members
  o Continue to remind group members specifically about MCV4 and Hepatitis A changes in timeline

Opened Floor for comments and suggestions:

- County level data available?
  - The MN metro area isn’t necessarily better than the rest of MN
- More a “provider issue” than “parent issue”
- General media campaign?
  - Media is picking up on “Got Your Shot” notices
  - Specific media source that clinicians/physicians will listen to?
- Provider communications are lagging behind
  - Clinic managers are receiving the messages about law changes: need to alter the language in the messaging so that clinicians end up receiving the messages as well.
  - Including providers with the nurses to listen to new law changes at sessions that LPH in greater MN have regularly with the nurses in their communities.
  - Have nurse and physician come together to meeting
- MIIC forecaster as ACIP recommendations- The current MIIC wizard is already updated to reflect the law changes.

- Sharing provider-based information and data with physicians

- Have each Health System change/check their immunization schedule at their respective clinics and the schedules that are coded into their EHRs.

III. NIIW/Immunization Champion 6:03pm- 6:18pm
- National Infant Immunization Week
  - Goal: to raise awareness about immunizing infants
- Activities:
  - Op-eds to regional newspapers
  - Article in Minnesota Medicine
  - Provider/clinic toolkit on website
    - Activity sheets to put in waiting rooms
  - Provider presentation about CASE communication model
  - Planning presentations for staff in local parenting centers
  - Special edition of “Got You Shots?” News
  - Family Night on Thursday, 5/1, at Children’s Museum in Minneapolis
  - MDH will be doing social media messages
    - Diverse messages translated to language where the message is published (e.g. Somali newspapers)
- Presentation of CDC Childhood Immunization Champion Award to Patsy Stinchfield by Commissioner Ehlinger
  - Patsy accepts the award on behalf of all health care systems and everyone involved in immunizing a community of children

IV. HPV Grant Update: Partnering to Promote Adolescent Vaccination 6:19pm – 6:33pm
- Thanks to three committee members on webinar
- CDC funds efforts to improve HPV vaccination rates
  - Funding to 11 sites
  - MDH promoting entire adolescent platform
  - Opportunity to get message out about new school law changes before Sept
- HPV rates have been plateauing
  - Vaccination coverage levels among adolescents 13-17 years have not increased over the past few years
- National rates could be much higher if missed opportunities were eliminated among adolescents
- Tdap Vaccination rates: both MN and US rates were above 80% in 2012
- Meningococcal Vaccination rates: are trending upward, lower than Tdap
• HPV #1 Vaccination rates: are trending upward, lower than Mening and Tdap
• HPV #3 Vaccination rates: are plateauing; not a good sign!
• Public and partner engagement
  o Statewide news release on 1/29/2014
  o Webinar
• Multiple Reminder recall activities
  o Postcards
    ▪ About 230,000 postcards sent out
    ▪ See slides for example of postcard
  o Regional Mailings
  o Auto Dialers: begin this summer
• Available for technical support for clinics to do their own recall
• Left-over postcards to be used for additional mailings
• Public Campaign
  o School Space Media: winter and spring sports
  o MN State High School League and Channel 45
    ▪ Exhibits at Xcel during tournaments
    ▪ Statewide coverage of HPV psa
  o Social Media: follow on Twitter
  o Diverse Media: see slides for specific media outlets
  o Prep-day at MN State Fair
  o MDH Booth at the MN State Fair
• Have people seen the media messages?
  o A few hands were raised
• Dr. LaPorte will be leading provider education activities
  o Three presentation types
• See email and slides for dates of upcoming Lectures
  o Would like MIPAC members to attend and listen in on sessions if possible
• Contact Information in slides

V. Immunization and Pregnancy Subgroup 6:34pm – 6:51pm
• Purpose: advise MDH on developing strategies for existing immunization recommendations and promote infant immunizations
  o Expanding strategies to all members providing pre-natal care
• Subgroup membership- see slides
• Progress-to-Date:
  o Topic specific meetings: to individual members such as doulas/birthing centers
  o Exhibited at provider conferences and community
  o Convened 4 conference call meetings with entire subgroup and 2 interactive webinars
• Recap of Meeting 5 &6:
MDH is not able to fund and pursue every strategy
  - Staff assessed those strategies in terms of feasibility
  - Subgroup members looked at strategies categorized as high
    - Asked members to assess utility of those strategies
      - Strategy that is most useful/relevant to the most users
Meeting 5 (Focused on Goal 1):
  - See slides for specific strategies in three main categories
  - 11 members provided input through polling results on Webinar:
    - Important responses:
      - 91% of members said clinic-level providers would benefit the most from education on immunizations
      - Method for delivering education to providers
      - Additional Provider Education and Resources
      - Patient Education and Resources strategies
      - Additional Patient Education and Resources strategies that utilize technology
      - System Focus
    - See slides for specific polling results
Meeting 6 (Focused on Goal 2):
  - See slides for specific strategies that were focused on
    - Important responses:
      - 80% said clinic-level providers would benefit
      - 100% said yes- Providing physicians more time to engage in infant immunization timelines before first meeting with client
    - See slides for more specific results
Next Steps:
  - Collecting prioritization polling responses for Goal 2
  - Create final report
  - Wrap-up meeting
  - Present final report summary at fall MIPAC meeting

VI. AISR Data Analysis 6:52pm- 7:04pm
- The Basics:
  - AISR collects immunization data from schools in MN
  - Measures compliance with state law
  - Measures exemption rates
- Graph on 2012-2013 Kindergarten Exemptions by Vaccine Type:
  - MMR and Varicella- highest exemption rate
  - DTaP exemption rate 2.22%
- Geographic Pockets of CO exemptions
- Cluster Analysis Studies
CA and MI studies found that clustering of exemptions overlapped with clusters of pertussis disease

- Data Sources for MN Cluster study
  - AISR Kindergarten DTaP exemption data
  - Pertussis surveillance data

- Scan Statistic
  - Used Sat Scan program to detect clusters from data sources

- Graph of Kindergarten DTaP Exemption Clusters
  - 6 main clusters
  - Main cluster in central MN
  - Cluster is where we see higher rates of exemption than what would be expected

- Graph of DTaP and Pertussis Disease Clusters
  - Added into graph Pertussis Disease clusters
  - 10 significant clusters found; mainly overlaps with central MN cluster

- There is a significant overlap between DTaP exemptions and pertussis disease clusters
- DTaP exemptions is one of several factors in the increase in Pertussis disease clusters in MN over the past decade

- Next Steps:
  - Using pertussis data from previous years
  - Varicella data
  - Add additional soci-economic variables
  - Conducting key informant interviews in areas of the state with higher CO exemption rates

**Opened Floor for Questions/Comments:**

- We do see a slight increase over the past 10 years in exemptions rates in MN
- Compare our exemption rates to other states
- What is going on in the pocket of disease in SE corner of MN?
  - Mayo dominates that region- reporting or testing cases more?

**VII. Childhood Coalition and Legislative Update 7:05pm – 7:24pm**

- Legislative Session will end on May 19th
- Immunization Related Bills:
  - Immunization Exemption Modification (not an MDH bill)
  - Established standards for pharmacists
    - Pharmacy provisions were added recently
    - Pharmacy bill enrolled/combined into Health and Provision bill
    - Pretty sure that pharmacy requirements will get passed
- Requires flu vaccine for HCWs (not an MDH bill)
- Authorizes dentist to give flu shots (not an MDH bill)
  - Met with Rep. Hertaus to revise language
  - If passed, will need to meet with the Board of Dentistry to communicate requirements and implement bill
- Consolidates the Hepatitis and Meningitis information requirement for college students

Legislative Retirements:
- Rep. Thomas Huntley
- Rep. Jim Abler
- Rep. Mary Liz Holberg

Opened up floor for Questions/Comments:
- Send link to dentistry bill for MIPAC members

VIII. Legislative Update 7:25pm

- MN Childhood Immunization Coalition
  - Never had a coalition focused on children before
  - Begun coalition in 2012 by two moms
    - Board of Directors established
    - Two workgroups formed: Sustainability and Know Your State Candidates
    - NIIW Activity
- Trend throughout the country of more and more parents having exemptions from immunizations
  - Particularly personal belief exemptions
  - Changes in legislation that allows parents to more easily opt-out of immunizations
- Vaccine-preventable diseases in MN
  - Clusters and issues related to exemptions
    - Influenza type B
    - Measles
    - Pertussis
- 20 states that have non-medical and non-religious exemptions: see map in slides for specific states
- Minnesota state law:
  - Requires documentation of vaccination signed by physician
  - Exemption:
    - Medical exemption signed by a physician
    - Or notarized statement signed by the parent/guardian
  - Recommended components of State PBE
    - See slides
- Seeing states passing bills that broadened these exemptions regarding personal/non-medical beliefs
• See map in slides for specific states strengthening vs. relaxing PBE

- States with Enacted Legislation that have strengthened non-medical exemptions:
  o CA, OR, VT, WA

- MN Legislation 2014
  o Rep. Freiberg and Senator Eaton
  o “personal belief” exemption changed from “non-medical”
  o Annual renewal of exemption certificate
    ▪ See slides for specific requirements

Current Status

- Neither bill met committee deadline
- Will continue over the summer
- Hopefully to re-introduce bill in 2015 session

- Contact Information in slides
- Sign up for newsletters from Coalition

Opened Floor for Comments/Questions:
  - Update on Oregon bill regarding process for exemption status
  - Senate leadership eliminated specific language regarding certification process
  and requirement of physician’s signature for personal belief exemptions

IX. ACIP Update 7:35pm – 7:56pm

- Influenza
  o Reviewed LAIV efficacy and safety data in children
    ▪ Presented efficacy data from studies reviewed
      • Focused on evidence of 2-8yr old children
    ▪ Summary of Efficacy Outcomes
      • See slides
    ▪ Studies varied by age groups- no clear-cut age group studied
  o Review of Flu Vaccine Safety in Children
    ▪ LAIV vs. IIV
    ▪ 8 studies met reviewers criteria
  o Mid-season Efficacy
    ▪ 62% for AH1N1
    ▪ 67% in children 6-17 months
    ▪ 52% in 65+ years
    ▪ Plan to evaluate effects of prior vaccination
  o 14-15 Recommendations
    ▪ No changes from 2013 statement of recommendations
    ▪ Holding on preference of LAIV over IIV
• Meningococcal
  o Data on the incidence of disease in MSM
  o No recommendation for routine vaccination of MSM or HIV positive persons
  o Two meningitis vaccines under-review
• Pneumococcal Conjugate Vaccine
  o Discussion of changing to a 3-dose PCV schedule
    ▪ Evidence emerging to support reduced schedule
    ▪ Revisit CDC recommendations
  o Conducted GRADE review for reduced dose schedule
    ▪ Schedules reviewed and compared to no vaccination
  o GRADE review suggests that 3-dose schedule comparable to 4-dose schedule
  o Evidence from 3-dose schedule data is reassuring in that 4th dose is not necessary
• No vote was taken at this meeting
• Tdap in Pregnancy: Vaccine Safety Update
  o Compared to period before Tdap during pregnancy
  o Receipt of Tdap during pregnancy was not associated with increased risks among newborn babies
• HPV Vaccine
  o Reviewed HPV type attribution in HPV-associated cancers
• Graph of Type Attribution by Cancer Site
• Graphs of HPV Attribution by Race/Ethnicity of specific cancers
• HPV Attributes Summary:
  o Racial and ethnic
• Links to presentation in slides

**Opened Floor for Question/Comments:** none

Three Main Messages:

1.) Immunization Rule: specifically gap in meningococcal and Hep A rates
2.) HPV rates in MN and adolescent reports in MIIC for providers
3.) VFC program is 20 years old: tie success of program with measles cases in US and in MN
4.) Exemption rates and Legislative updates throughout the state

**Summary of Measles Case:**

-9 month old international traveler from India to Chicago and then Minneapolis while infected with disease; first dose of MMR

-Only had 15 exposures from this particular child

- Triage Nurse asked question regarding international travel and took vital signs immediately
- Of the 15 kids, 4 kids needed measles immunoglobulin, 1 kid had pertussis as well

- Called all families individually of those 15 kids; after talking to them, send a letter as well; used translator for some calls

- No more cases at this time

Meeting Adjourned at 8:00pm