ND Immunization Advisory Committee Meeting Minutes

Thursday, October 18, 2018

Those in attendance: Juliet Artman, Jessica Barker, Rebecca Baron, Miranda Baumgartner, Abbi Berg, Heather Bergeron, Dr. Devlin, Judy Duchsherer, Jenny Galbraith, Annette Groves, Natalie Gunnerson, Renae Henderson, Chantel Hillius-Kramlich, Molly Howell, Kristin Luttio, Lacey McNichols, Sherrie Meixner, Andy Noble, Dr. Ocejo, Tiffany Smith and Lori Thompson.

Review and Approve Previous Meeting Minutes (Molly Howell):
Meeting minutes will be emailed to committee members for review and approval.

New Employee (Molly Howell):
Jenny Galbraith is the new immunization surveillance coordinator for the NDDoH. She will be responsible for perinatal hepatitis B, vaccine preventable disease surveillance and the school/childcare assessment. Dr. Ocejo would like to speak with Jenny in the future about perinatal hepatitis B.

Gardasil®9 FDA Approval for 27-45 (Molly Howell):
Gardasil®9 is approved to be given to adults 27-45 years of age. This is the link to the FDA approval https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm622715.htm. There is no ACIP recommendation for this age group at this time. Insurance will most likely not cover Gardasil®9 for these adults and it will be an out-of-pocket expense for them. The NDDoH will not be providing state-supplied Gardasil®9 for this age group at this time. Dr. Ocejo asked why it was approved for this age group. This was the age group for clinical trials and Merck was able to show efficacy for these patients. ACIP will need to discuss and make recommendations.

Upcoming ACIP Meeting (Molly Howell):

The ACIP will be discussing HPV9 and looking at the data for the new FDA recommendation. At the October meeting, they will not have a vote on a recommendation, this will be done at a future meeting; most likely February 2019.

• Lake Region District Health Unit and Upper Missouri District Health Unit have had adult patients asking for the HPV9 since the new FDA change.

The ACIP will be voting on recommendations for hepatitis A vaccine in the homeless population and the 2019 revised Child and Adolescent and Adult vaccine schedules since updates have been made.

• Dr. Ocejo asked about North Dakota’s hepatitis A vaccination rates in children. Data will be taken from NDIIS and presented at the next meeting. The hepatitis A vaccine recommendation was made in 2006 for 12 to 23 months.

2018-2019 Influenza Vaccine (Abbi Berg):
The NDDoH held their annual influenza vaccine kick off on September 24th in conjunction with Bismarck Burleigh Public Health and the Capital Ice Synchro team. The team was impacted by influenza when they went to nationals two years ago and have been proactive about vaccination
There is a recent study out talking about timing of influenza vaccine. The study looked at influenza vaccination from 2010-2017. The study stated from the time of vaccination patients lose 16% protection every 28 days. The current ACIP recommendation is that everyone should be vaccinated by the end of October, as it is unknown when influenza season will peak.

- North Dakota is already seeing influenza cases
  - 33 cases have been reported with a mixture of influenza A and B
- Florida and Arkansas have reported pediatric deaths due to influenza, these cases were in unvaccinated children.

Flumist® is being offered at provider offices. The American Academy of Pediatrics (AAP) recommendation is to prefer the injectable influenza vaccine, unless patients refuse to be vaccinated for influenza, then the Flumist® can be offered. Flumist® will not be offered for VFC this year, due to the timing of the recommendation and when influenza prebooking was completed. Injectable influenza vaccine that was prebooked could not be returned or exchanged for Flumist® and wastage of influenza vaccine would have been high due to this. Flumist® will be provided by the VFC program next year as long as it will be on the VFC contract.

- Dr. Ocejo expressed concerns that Flumist® is not being offered for the VFC eligible patients. VFC eligible patients can receive private Flumist®, however, they cannot bill Medicaid or the patient for the cost of the vaccine.
- Discussion about the discrepancy between the AAP and the ACIP did occur and what the committee can do when this occurs. Further discussion will take place at the next meeting as to what can be the committee’s response in these instances.
- Health units commented that only having the injectable influenza vaccine has made school clinics much easier.

Some LPHU’s will be participating in a limited campaign for influenza vaccine to under/uninsured adults with focus on high risk adults such as those at homeless shelters and drug treatment facilities.

Some providers indicated that they have since an increased uptake of influenza vaccine this season. They also indicated that they are not having any supply issues. Providers stated that patients have come into facilities asking for the high dose influenza this season. School clinics are going well and providers are administering vaccine to patients that have not received an influenza vaccine for a long time.

Weekly flu updates will be posted to [www.ndflu.com](http://www.ndflu.com).

**Measles Response (Molly Howell):**
On September 4th a case of measles was reported to NDDoH that met the clinical case definition, had an unknown vaccination history, was lab confirmed and had travel contact with sick international travelers. On September 6th further testing at CDC found the case to be negative.

- The contact had visited many locations in the community and this information was released.
- Schools that had contact with the individual excluded students that were not up-
to-date or had exclusions on file for 21 days from the last known exposure. Once the report came back from CDC as negative these students were allowed back into school.

- This was a good learning experience to make offices look at policies and procedures that are in place to handle these instances.
- Providers felt that communication from NDDoH was adequate. Health alert titles could have been more specific to ensure that providers would read the information and not assume it was the same communication that was already sent to providers.
- Infection control policies and practices within facilities were reviewed to ensure they can handle these cases.
- Providers are receiving the Health Alert notifications from Molly and also receiving the notifications from infection control.

**Booster Dose of MCV4 (Molly Howell):**
The NDIIS is using data from the State Longitudinal Data System (SLDS) to determine school coverage rates by grade. There was a 89.4% match rate from the SLDS file to NDIIS records. MCV4 rates are 86.8% for 11th and 12th graders. October 1st was the exclusion date starting this school year.

- Upper Missouri District Health Unit stated their schools have signed an MOU to enforce the exclusion date. Extra school and after hour clinics were held to get students UTD.
- Altru went into schools last year and in September to update students and had many students in the office. Schools in the area were going to enforce the exclusion day.
- Sanford had a large number of children being updated that do not receive routine healthcare and have not been seen in the clinic for a long time. They relied on the NDIIS to ensure these students were UTD on all vaccines when seen in the clinic.

**Statewide Adult Immunization Recall (Andy Noble):**
Emails were sent to providers at LPHU’s and some health systems to assess the need for adult reminder/recall. Reminder/recall is being done at sites during influenza season and occasionally throughout the year. The NDDoH would like to fill in the gaps were reminders are not being sent by providers. The reminder/recall would focus on pneumococcal vaccines at this time and leave the Shingrix® vaccine off for now. Providers agreed that another reminder from NDDoH would help to get their adult patients UTD.

**Shingrix® Supply (Andy Noble):**
Shingrix® is still in short supply and will be though 2019. Providers are encouraged to order from multiple distributors, they will still be shorted doses, but will be getting doses from multiple points. Providers should prioritize those who have started the series, instead of starting many patients and not having doses for those to complete the series. Providers can talk to their GSK representative or GSK Direct for shortage updates.

- The reason to prioritize those who need the second dose is due to the clinical trial data. Efficacy data is only available for patients receiving two doses.

**Acute Flaccid Myelitis (Molly Howell):**
CDC continues to see an increase in cases in the US. There have been 62 cases reported in 22 states with a median age of 4.1 years. Minnesota has 6 confirmed cases. There are 127
persons under investigation for potential acute flaccid myelitis (AFM). CDC does not know the causes of most of these cases. Providers can clinically diagnose, then the state and the provider collect lab specimens and symptom information and an MRI should be completed. All results should be sent to the CDC and a panel of physicians at the CDC will decide whether to consider the patient a case or not. AFM is a serious condition and there is no specific treatment. AFM cases are rare, occurring less than one in a million.

There are several possible causes of AFM such as viruses (e.g., poliovirus, non-polio enteroviruses such as EV-A71, adenoviruses, and West Nile virus), environmental toxins, and genetic disorders. A condition where the body's immune system attacks and destroys body tissue that it mistakes for foreign material may also cause AFM.

The NDDoH is investigating a report of a child under investigation. The NDDoH is asking providers who have patients that meet the clinical case definition to report right away. Reporting right away is needed to get the information to CDC and so proper testing can be completed.

Preventative measures that can be taken are handwashing, vaccination, covering coughs and sneezes since the cause is unknown.

A Health Alert Notification is being sent on October 18, 2018, and providers would also like talking points as well.

**National Immunization Survey (Molly Howell):**
On August 23, 2018, teen National Immunization Survey (NIS) rates were released. ND adolescent rates are above the national average. Tdap, meningococcal and varicella are all above 90%. HPV for females and males for starting and completion are still increasing. For more information about NIS adolescent immunization coverage rates, please visit CDC’s TeenVaxView site at [www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html](http://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/index.html).

On October 12, 2018, infant NIS rates were released. ND rates have significantly increased and are above the national average. With the NIS rates, sample sizes are small (less than 200) and there is a large confidence interval. The NDIIS rates do not show the same increases as the NIS rates; the NDIIS rates are staying the same. For more information on NIS infant immunization coverage rates, please visit CDC’s ChildVaxView site at [www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html](http://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/index.html).

Meeting adjourned at 8:00 a.m.