



Statewide Advisory Commission on Immunization

Meeting Minutes – February 13, 2019

I. Attendees

Members and Staff: Aditya Chopra, Yen Dang, Travis Gayles, Toby Gordon, Victoria McIntyre, Alicia Mezu, Robert Sadowski, Kurt Seetoo, Monique Solieau-Burke, Tiffany Tate, Roseann Velez.

Guests: Eleese Booker (MDH), Jody Sheely (MDH), Ruth Thompson (MDH)

II. Welcome and Introductions

Dr. Gayles called the meeting to order at 4:06PM. Commission Members introduced themselves. Quorum was established. Dr. Gayles introduced himself as the new chair of the commission.

III. Approval of November Minutes

Dr. Solieau-Burke moved to approve the May 9, 2018 minutes. Seconded. No amendments or discussion. Minutes approved.

IV. Updates from past efforts/projects:

HPV

- Dr. Solieau Burke - Maryland AAP has ongoing project revamping the adolescent well visit with the goal of improving HPV rates. It is a six month project going into June-July. Currently have a grant from AAP which is Maryland specific.
- Dr. Gayles asked the Commission if there is a desire to continue a larger structured HPV effort? Dr. Solieau-Burke reported that the Commission has discussed the idea of having a social media presence making it easier for primary care providers to send reminders and get out immunization information including information to schools. How do we move this forward? Any work going on now that we can support or use as a model to do as a Commission. Dr. Chopra would like to see better advertising or informing the adult populations about immunizations. How can commission help? Letter to editors? Dr. Chopra suggested letters or posters or social media. Dr. Solieau-Burke discussed the problem that most materials are branded by vaccine manufacturers. Concern that vaccine hesitant parents would want to see information that is more objective and not potentially biased by manufacturers.
Potential actions: Better education including adults. Get information that is not industry related. Draft a letter to editors signed by all Commissioners to raise awareness of HPV vaccination. Toby Gordon suggested developing sophisticated

strategies that target the audience. Possible to work with public health partners? R. Gayles reported that Montgomery County formed partnership with University of Maryland School of Public Health to help develop information. Would this focus only on HPV? Dr. Solieau-Burke reported that overall Maryland has very good rates. Struggle is the with discrepancy of HPV rates with Tdap rates. Toby Gordon would be willing to attend a meeting to brainstorm and work through next steps.

- **Summary:** develop communication strategy possibly partnering with academics. Focused on HPV and also include other vaccinations. Can table the letter until we see how a communication strategy develops.
- Dr. Gayles can reach out to Univ of MD and report back. Commission agrees with this approach.
- Toby Gordon suggestions finding out what organized groups are doing things so that we can make the connections.
- Suggested timeline for updates by mid-March.

Commission Make Up

- Dr. Gayles wanted to revisit adding seats to the commission. Dr. Solieau-Burke said that there was a brain storming session about who we would want to see on the Commission (e.g. youth/young adult, senior, special needs). This was presented to MDH but a hold was put adding new seats to the Commission. Table discussion for now.

V. **Update on VPD Outbreaks**

- Dr. Gayles wanted to have a discussion on what role do we see the Commission playing when we see outbreaks in other jurisdictions? Ms. Gordon asked if we have a leading voice in Maryland that would address the misinformation that is circulating. Maybe even a presence with the media as part of the communication campaign? Dr. Solieau-Burke agrees that media response would be good to use it as an opportunity to reeducate people and address needs. Dr. Gayles stated that there is no current media presence but this is an opportunity to create one. The Commission is a committee of experts and maybe we can develop an informal protocol to provide media presence in response to an outbreak. Ms. Gordon stated that Op Ed columns are effective. It is a free way to get the word out. Commission can engage over email. Be proactive to put one out now? Ms. Gordon is willing to help if someone would like to help with content. Dr. Gayles can start a working document and share via email among the Commission to get feedback. We would need to strategically think about where we would like to send it out to. Kurt to look into process for the Commission to put out a press release or a social media post.
- Dr. Dang stated that it would be great to determine root causes of outbreaks. Autism, access to vaccine? Suggested targeting insurance groups to distribute a press release to their member listserves encouraging vaccination? Maybe put out a

Commission statement as reminder to get vaccinated and sent out to professional groups and other entities such as insurance companies.

- Mr. Sadowski stated that most insurance companies have newsletters that go out to members. This would be another method to send out the information.
- Dr. Valez stated that it would be great to get the Commission to be a source of up to date information. The challenge is those that don't want to get vaccinated will likely not want to read these materials. Hardest group to reach are non-compliant parents.

VI. **New Projects**

- Dr. Gayles asked for input from the Commission on where do we see the Commission heading? New roles/responsibilities? Stay the same? Dr. Solieau-Burke stated that one of our main goals is education. That should be our goal as a Commission although it is a very broad goal. Dr. Gayles stated ems like the desire is for the commission to be more visible/more intentional for education and advocacy.
- Dr. Solieau-Burke asked if there is a reason that flu vaccine is not offered in Balt City schools. Mr. Seetoo mentioned that the Immunization program works with local health departments to get out to the schools. Baltimore City has historically had issues getting out to the schools. We would like to focus on getting more kids vaccinated in school by coordinating with local health department. The Commission may be able to speak with school officials to encourage school based clinics. Ms. Tate stated that the Maryland Partnership for Prevention did work with Baltimore City schools last year. Last year they were able to get into 30 and she anticipates getting into all of them this coming year. Ms. Mezu stated that there are school health meetings coming up in March and May.

VII. **Clinical and Research Updates**

- Dr. Gayles asked for practicing physicians on the Commission if there are any recent clinical issues? Dr. Chopra reported that many want Shingrix but it is not available. Also, many are not wanting to get the second shot because of the reaction to the first doses. Even those that want to get the second dose are having a hard time finding it. Mr. Sadowski asked what adverse effects? Myalgia, severe pain, flu like symptoms. Very sick and miserable. Would it be good to try to get information out to people about not completing series. Ms. Gordon asked what happens if not getting the shot. Mr. Sadowski stated that it is a matter of decreased efficacy. Do people that receive the second shot have the same level of reaction? Dr. Chopra stated yes.
- Dr. Solieau-Burke stated that AAP has discussed with pediatricians saying that the pharmacists were not putting into ImmuNet. This is required by law that pharmacists need to report to ImmuNet. We need to look into this. Maybe we can provide language to remind pharmacists that this is a requirement. Mr. Seetoo said

- that the Center for Immunization can look into ImmuNet to see who is not reporting for targeted education. Yen Dang is surprised about hearing this.
- Dr. Valez stated that the NP Association of MD is currently reviewing bills of pharmacists injecting long acting anti-psychotics. They have not made a decision about support or oppose but maybe we can look into method of documentation for immunizations. Dr. Gayles asked if there is a list of what pharmacists can prescribe in terms of follow up monitoring because there may be a movement to expand this list. Ms. McIntyre suggested reaching out to Pharmacy Board to see what regulations say. Dr. Dang stated that without doctor prescription can give or write for vaccine and oral contraception. Can prescribe chronic disease medication through special clinics. Should we invite a representative from Pharm Board to give update at next meeting? Committee agrees. Dr. Dang can present if not able to get a board member.
 - Dr. Chopra stated that vaccines are hard to get for non-large chain providers. Anything that can be done with this? Dr. Gayles asked if there is a way that we can look into vaccine availability for non-large providers? Maybe we can we get an intern or graduate student to work on the Committee to address some of these issues? May be able to get academic partners involved such as a pharmacy school?

VIII. **Open Discussion**

- Mr. Sadowski wanted to let everyone know that Carefirst is sponsoring a free pediatric educational conference on Friday, Sept 13. Open for pediatricians, family practice, nurse practitioners, and physician assistants. Six talks given by experts in the field with one of the talks on the upsurge of HPV related oropharyngeal cancers. It will be held at the Canton CareFirst Building from 8AM-2:30PM.
- Dr. Dang would like to see the Commission focus education on Hep A vaccine especially for homeless people.
- Dr. Chopra reported that Medicaid won't cover many vaccinations which makes it difficult for vaccination in the office.
- Question was raised as to what staff does the Commission have to do this? Dr. Gayles stated that all members are volunteer and asked how do we structure the Commission to make sure things get done without resources? Ms. Tate stated that there was a time when the Commission had subcommittees that were effective. Maybe we should consider making subcommittees again and have them direct the work. Ms. Gordon could see something where we work with student projects but need to know the Commission structure. Dr. Gayles suggested looking at past minutes and reaching out to Commission members who have been on subcommittees and develop some ideas for models and subcommittees and what would be the relevant topics now. Ms. Tate stated that past committees were based on the pressing issues of the day such as Registry, Adolescent/School Health, Legislative. Legislative would review the legislation and report back to the

Commission for the Commission to weigh in. Some possible current subcommittees could include adult immunization, legislative, communications. Will come up with a list and send around for volunteers. Ms. Gordon volunteered to work with communications. Ms. Tate and Ms. Mezu would be willing to work on the adolescent / school health. Dr. Gayles would like to keep it around 3 committees at most. No need to have a meeting to establish the committees.

- Dr. Gayles requested feedback for the next meeting. How often do we want to meet? The bylaws say that the Commission should meet quarterly. Wednesdays work for the Commission as well as this time. Tentative next meeting – May 8, 2019 at 4:00PM. Can also look into WebEx meetings to allow for more flexibility.

IX. Public Comment

- No public present for public comment

X. Meeting adjournment

Ms. McIntyre moved to adjourn. Seconded.

Meeting adjourned at 5:15 PM