

Minutes	Immunization Policy Advisory Team (IPAT) Thursday, Sept. 5, 2019/ 11:45 – 2:00pm/Room 1B
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ATTENDEES

X	Joell Archibald	X	Nadine Gartner	X	Bob Mendelson
	Mark Bajorek		Erica Gillespie		Jessica Nagelkirk
	Sara Beaudrault		Bryan Goodin		Janet Patin
X	Carrie Beck	X	Holly Groom	X	Diane Quiring
R	Jessica Burgon	X	Judy Guzman	X	Joanne Rogovoy
X	Albert Chaffin	X	Linda Howrey	X	Deborah Rumsey
X	Lisa Chambliss	X	Fiona Karbowicz		Danielle Sobel
R	Clarice Charging		Maggie Klein	X	Amanda Timmons
X	Paul Cieslak	X	Tami Kochan	X	Cecile Town
R	George Conway		Jan Larsen		Amy Valdez
R	Erin Corrigan		Rex Larsen	X	Collette Young
X	Jessica Daniels	X	Richard Leman		
X	Stacy de Assis Matthews	X	Paul Lewis		
X	Aaron Dunn	X	Mimi Luther		
X	Barbra Fisher	X	Mike Day for Jenne McKibben		

X – in person R – via webinar or phone

Guests:

Felicia Butler Juliet Dang Sara Kiely Katy King Albert Koroloff Tila Liko	Aaron Pude Joe Schnabel James Shelton Joe Steirer		
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Agenda	Minutes/Action Items
Introductions / Announcements / Old Business	<ul style="list-style-type: none"> Coordinated Care Organizations (CCOs) have added a metric for adolescent immunization. Immunize Oregon is looking for members. www.immunizeor.org
Public Comment	None
ACIP Agenda Update	June ACIP Meeting: HPV <ul style="list-style-type: none"> Recommended catch-up immunization for all through age 26 who are not adequately vaccinated. Pneumo <ul style="list-style-type: none"> PCV13 no longer routinely recommended for non-immunocompromised adults ≥65 years of age; administer based on shared clinical decision Adults age 65 and older still recommended to get one dose PPV23 Hepatitis A <ul style="list-style-type: none"> Recommended for all person aged 2-18 years not previously vaccinated MenB <ul style="list-style-type: none"> Booster dose recommended for persons aged 10 and older with underlying condition or who are microbiologists one year after primary series completion, and additional booster every 2-3 years. Booster dose at least 6 months after primary series in an outbreak.

	<p>Flu</p> <ul style="list-style-type: none"> Interim influenza vaccine effectiveness estimate: 30% for 2018–2019 season; drift of the A/H3N2 strain accounts for the relatively low figure. Both A/H3N2 and the A/H1N1 strain have been replaced for the 2019–2020 vaccine. <p>Zoster</p> <ul style="list-style-type: none"> Signals for Guillain-Barré Syndrome and Bell’s Palsy following recombinant zoster vaccine (Shingrix®) detected in administrative (ICD-10/9) data. Numbers are small and chart reviews still pending, so data are preliminary and insufficient to change recommendation. Recommendations go into effect once the MMWR is published. ACIP looking at Tdap for 10 year booster as alternative to Td.
ALERT IIS Update	<p>Questions from last meeting:</p> <ul style="list-style-type: none"> Request to add links to other state IIS help desks is doable. Needs to go through standard change request process. The OIP IIS help desk had that information if someone needs it in the interim. Request for a CIS for all ages. No doable, but there is a report in the IIS that shows all immunizations needed. <p>Presentation</p> <ul style="list-style-type: none"> How well Oregon is meeting the IIS standards and an overview of the Aggregate Analysis Reporting Tool – AART used to measure progress.
Universal Purchase Recommendations	<p>Review of recommendations from Universal Purchase workgroup and request for member input on next steps.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Recommendations reflect discussions of the workgroup. RE: Recommendation #1, how do we determine the number of clinics not vaccinating? There isn’t a process or metric to track that. There are data on vaccinating clinics. Recommendation #6 is pretty vague, so hard to decide to know what we’re agreeing to if agree to move forward. How long is “limited” duration, what would be the scope of work, etc.? Need to gather information in Recommendation #1 to know the scope before moving forward with rest, but Recommendation #6 funds process. <p>Vote</p> <p>Moved and seconded: Approve all recommendations and gather more information focused on Recommendation #1.</p> <p>Yes – 23 No – 0 Abstain - 0</p>
Immunizations Hot Topics / Roundtable	<ul style="list-style-type: none"> Medicaid program working with dental counterparts to prepare for dentists immunizing. Portland State University is moving to the 2 dose hepatitis B series only. Seeing a lot of unvaccinated students. Work has been ongoing on Hep A in high-risk communities. A project to provide funding to local health authorities and tribes is about to commence. Website will be: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINE/SIMMUNIZATION/Pages/SpecProj.aspx There’s a need for better, positive vaccine messaging, and hearing more from the voices that support immunization. Would like to see PSA-style messaging. <ul style="list-style-type: none"> There is a “Why I Vax” project underway that Boost Oregon is a part of. Perhaps add this to a future agenda.

	<ul style="list-style-type: none"> ○ We need the state to help normalize vaccines. ● Work with schools to add immunizations to their back-to-school checklists? Consider including pharmacists as a resource for school immunizations (pharmacies cannot participate in VFC)? ● More out of the box ideas, like mobile vaccine clinics at social events, fairs, etc.
Consensus statement	<p>Opened discussion on draft statement from June meeting on patient dismissal for vaccine refusal.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ● Who is the audience for the document? <i>Primarily clinic leadership</i> ● Seeing more providers in practice areas that are dismissing patients who don't vaccinate. ● Add verbiage about providers not required to adopt. ● Safety of other patients is a concern, especially those too young for vaccination or with medical conditions. Not feasible for all clinics to have alternative waiting areas, or appointment schedules. ● Potential new patients are asking if practices allow unvaccinated patients. ● Language seen as negative. Should be ways to word for more positive statement. ● Has IPAT done a consensus statement in the past? <i>No</i> ● Group is pro vaccine and pro patient, and statement should reflect that. ● Turning away non-vaccinating patients could push them to providers who do not advocate vaccination, creating more pockets with low coverage. ● Could statement be a tool for providers – best practices? ● Take “policy” out of the title. Makes it sound more like a directive. ● Recommend clear language and engaging patients ● Consider adding alternate protocols – e.g. three strikes, you're out? Focus on especially contagious VPDs? <p>Group agreed that the statement needs some revision. Members interested in working on revisions please contact Amanda Timmons Amanda.j.timmons@state.or.us</p>
OIP Strategic Plan	Deferred to December meeting
Wrap-Up and Next Agenda	<p>Asking members for agenda topics for December.</p> <ul style="list-style-type: none"> ● Boost Oregon presentation ● Flu preparation? What do we know from the southern hemisphere season? ● Experience with moving to 2 shot series at university?