

Minutes	Immunization Policy Advisory Team (IPAT) Thursday, Dec. 7, 2017/ 11:45 – 1:30pm/Room 1D
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ATTENDEES

X	Hilary Andrews	X	Tami Kochan
	Sara Beaudrault	X	Ellen Larsen
	Jessica Caldwell		Jan Larsen
X	Clarice Charging	P	Richard Lemam
X	Paul Cieslak	X	Paul Lewis
X	Erin Corrigan	X	Mimi Luther
	Stacy de Assis Matthews	X	Jenne McKibben
X	Alison Dent		Bob Mendelson
X	Aaron Dunn	X	Janet Patin
X	Debi Farr		Nathan Roberts
X	Erica Gillespie	X	Amanda Timmons
X	Judy Guzman	X	Cecile Town
	Kevin Hogan	X	Amy Valdez
X	Linda Howrey	P	Jennifer Webster
	Maggie Klein		Collette Young

X – in person W – via webinar P – via phone E - excused

Guests:

P	Joell Archibald		Rhett Marsten
	Jody Daniels		Angela Phan
	Lisa Glasser		Joe Steirer
	Tiffany Kim		Ann Thomas
P	Katy King		
	Juvential Liko		
	Melita Lynch		

Agenda	Minutes/Action Items
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<p>Introductions and Announcements</p>	<p>Immunization coalition proposal out for bid until mid January. Proposal is for operation of the coalition for a two-year period. If members would like to participate in the review process, please contact Aaron (aaron.dunn@state.or.us) or Alison (Alison.dent@state.or.us)</p>
<p>HB 3276 Task Force Report Summary Erin Corrigan</p>	<ul style="list-style-type: none"> • Submitted report to legislature at end of October. • Task force members polled on eighteen recommendations <ol style="list-style-type: none"> 1. I support this recommendation without reservation. 2. I do not fully support this recommendation, but can live with it going forward. 3. I object to this recommendation going forward. • Eight received overwhelming support • See attachment for full list. Discussion: <ul style="list-style-type: none"> • What problem is law intended to solve? Reduce challenges with insurance payment to providers in emergency response scenarios and make sharing of data easier. • What happens next? The various recommendations would not all be implemented via the same process. Awaiting response from legislature on the recommendations • Representative Nancy Nathanson wrote and supported the bill.
<p>Membership Discussion All</p>	<p>List of currently represented groups/organizations was sent out prior to meeting for member review.</p>

	<p>Groups/organizations not at the table:</p> <ul style="list-style-type: none"> Oregon Health Care Association Oregon Nursing Association Oregon Medical Association Head Start/Early Intervention Seniors and People with Disabilities Boost Oregon Oregon College Health Association OHA Lobbyist Civic Organization – March of Dimes, Rotary International Asian Health and Family Services Latin American Health Association Patients in long term care Community pharmacy Chain pharmacy Hospital/birthing program Dentists School-based health centers The public – adults, seniors Community/Civic organizations School secretaries/teachers Child care Employee health EHR/other tech More CCO Public Health Modernization <p>Discussion:</p> <ul style="list-style-type: none"> • Do we need to look at regulatory and professional organizations • What is role of member in reporting back to represented group/organization • Member could represent more than one area • Time of meeting a barrier to some groups; consider alternate times for some meetings?
<p>Hep A Outbreak Prevention Ann Thomas Paul Lewis</p>	<p>Situation in San Diego and other US cities</p> <ul style="list-style-type: none"> • NYC and LAC : predominantly MSM • Remaining outbreaks - Majority either homeless or illicit drug users • Person to person spread through contact with fecally-contaminated environments, poor hygienic conditions playing a significant role <p>Recent trends in Oregon Hep A cases</p> <ul style="list-style-type: none"> • 2/3 travelers to foreign country or household member of traveler • 2 visitors to San Diego whose only risk factors were eating in restaurants and staying in hotels • 3 cases in MSM (1 related to contact with visitor from NYC) • Zero cases in homeless persons or illicit drug users <p>Vaccination strategies</p> <ul style="list-style-type: none"> • Adding homeless to routine category on standing order

	Paul Lewis shared recently drafted Hep A Response Grid for the Tri-county area response planning
ACIP Update Paul Cieslak	<p>Mumps – seeing more outbreaks as immunity wanes Recommendation: Persons previously vaccinated with two doses of mumps-containing vaccine who are identified by public health as at increased risk for mumps because of an outbreak should receive a third dose of a mumps-containing vaccine to improve protection against mumps disease and its complications.</p> <p>Herpes Zoster Subunit Vaccine</p> <ul style="list-style-type: none"> • Adjuvant system • Two doses recommended • Much better efficacy • Stronger reaction to injection <p>Recommendations: Herpes Zoster subunit vaccine is recommended for the prevention of herpes zoster and related complications for immunocompetent adults aged 50 years and older; for immunocompetent adults who previously received Zoster Vaccine Live (Zostavax) and is preferred over Zoster Vaccine Live (Zostavax) for the prevention of herpes zoster and related complications.</p>
Wrap-Up and Next Steps	