

Minutes		Immunization Policy Advisory Team (IPAT) Thursday, March 7, 2019/11:45 – 2:00pm/Room 1B						
ATTENDEES								
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	Barbra Fisher n person R – via w	ebinar or pho	ne	Bob Mendelsor			1	
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Kimmarie Austin Felicia Butler Nick Chew Juliet Dang Lisa Glas Bryan Go Jeremy I Subrenie		Goodin		Jonathon Modie Bryan Pearson Joe Schnabel			James Shelton Ariel Slifka Gaby Tanaka	

Agenda	Minutes/Action Items			
Introductions / Announcements / Old Business	 Universal Purchase Workgroup – Convened; 20 people in group Health economics review underway. Hope to have recommendation by end of May. Consensus Statement Workgroup - Practices refusing to see families who do not vaccinate – drafting consensus statement. Council of Local Health Officers (CLHO) – forwarded policy platform and current legislation input documents Introduce new manager in the Immunization program, Rex Larsen. Comments on recent Surgeon General's visit – very approachable, appreciate the opportunity to attend event. 			
Public Comment	Two commenters: Topics included vaccine injury (VAERS) reporting data for Oregon and a call for more transparency on vaccine reporting and materials, request for IPAT to consider how best to communicate, especially to legislators.			

Immunizations Hot Topics / Roundtable	 Portland State University – more compliance with students getting vaccine records as a result of measles outbreak in Clark County. Also seeing more students interested in getting vaccinated. Legacy Health – More providers are getting titers and vaccination. Providers are categorized differently than employees. ALERT IIS has been very helpful with records but would like to see titers tracked also. Follow-up re: ALERT IIS. OIP has discussed tracking titers. Currently there is a way to say that a person is immune in the system, but it will not allow you to track the titer results in a way people are used too. EHRs can send a comment in HL7 that says immune to "X" and we store the information and it is reflected in the forecast, but not listed as an immunization in the record. The current functionality is common in IISs nationally. Storing a result of a titer test and listing it with an Imm record is not currently common nationally. OB/GYN – More conversations about how to protect newborns who are too young to get MMR. Schools - More awareness of staff immunization status Tri-county health departments working on a campaign to address vaccine hesitancy Discussion: In regard to SB 649, is there a reason provider wouldn't want to give out the vaccine insert? Only one included with vaccine; would need to reproduce in quantity Very technical language VIS forms come in 22 languages while inserts do not Bill also has a clause to move age of consent for vaccination from
	current 15 to 18.
ACIP Update	 Could OIP send more detailed PDF for amendments to bills? Only votes were on Japanese Encephalitis and anthrax
·	Refined recommendations on Japanese Encephalitis
	 Added recommendation for non-high risk person who could become high risk and had previous vaccine to allow for booster to maintain immunity
	 Average flu activity currently for season. Primarily H1N1 strains but seeing a rise in H3N2 recently. Vaccine 47% effective.
	Reviewed a safety study on flu vaccine in pregnant women
	Quadrivalent flu vaccine dose is now .5 for all ages
	 A DTap-IPV-Hib-HepB combination vaccine is in development. Vote on HPV age range will be in June
Legislative Update	School-related bill with no movement: HB2783 – both video and provider education before exemption allowed SB628 – create a video for all possible vaccine for college entry HB 2744 and SB 647 (sister bills) – remove exclusion process and have schools do at start of school year. Only excluded students when are symptomatic. HB3063 – eliminate nonmedical exemptions – amendment introduced to allow religious exemptions SB565 – make it illegal for employers to require vaccination for employment

	CDC40 and LID 2745 (sister bills) require resident to the
	 SB649 and HB 2745 (sister bills) – require providers to give patients/parents additional information with VIS form, including vaccine package insert, the vaccine excipient table, and a list of any high-priority chemicals included in the vaccine Bill that has moved forward: SB488 – requires dept. of corrections to offer flu vaccination to inmates each year Discussion: SB565 – that is already a law SB628 – would this generate a certificate only for the school, as only measles vaccine is state-required? Bill would transfer vaccine education responsibility to the state. HB 3063 – what is the definition of "religious"? Not one in statute currently; would need to be defined in rules if passed. How would medical exemption be defined? Nothing in the bill that would change current process of review by local health department. HB2783 – concern about the two types of education. It would put a large administrative and time use burden on providers. Anticipate some push back from providers. Included that in OIP analysis report HB 2744 and SB 647 – concern about not excluding students until showing symptoms. Often person is contagious before any symptoms appear, and school staff not trained to recognize symptoms. Impact on medically fragile could be severe. Elimination of exclusion process would push a lot of tasks to the schools that would take time to figure out.
Immunize Oregon Update	 New website launched https://www.immunizeor.org/ Deadline for mini-grant applications is April 1. Application is online, and grants are for up to \$4,000.00. Recruiting for the steering committee; first meeting will be in April CDC Pink Book Conference is scheduled for August; 3-day conference. Dates being finalized. Coalition has been providing technical support for Clark county, helping with clinical counseling, health education and vaccine clinics through Legacy in Washington. Action: Members asked to send immunization materials to Immunize Oregon for the site. Check out the site!
Post Licensure Vaccine Safety Monitoring	 Vaccine safety FDA pre-licensure (briefly) Overview of vaccine safety post-licensure programs Phase IV trials Passive surveillance reporting; VAERS and CISA Large-linked databases (LLDB) for epi studies FDA Sentinel and Vaccine Safety Datalink program Request to IPAT members to consider ways that data from safety studies can be better incorporated into messaging to the community Discussion It seems there is a publication bias for positive findings. Do null findings get published? Yes, likely because the VSD conducts very large studies that are regarded as credible evidence for vaccine safety, which is a high profile topic. However, studies with null findings may not get much attention. Is there information published on how VAERS data is categorized and how to understand the information? Have not seen anything like that.

Wrap-Up and Next Steps	