

**Immunization Advisory Committee
Michael A. Bilandic Building Room N502
160 N. LaSalle Street, Chicago, Illinois
October 20, 2010
10:00am-12:00pm
Summary of Minutes**

Members Present:

Anita Chandra-Puri M.D., FAAP
Rashmi Chugh, M.D
Robert Daum, M.D
Rita Rossi-Foulkes, M.D
Linda Gibbons, RN, MSN
Malinda Hillman, R.N, B.S.N
Lisa Kritz, MSW,MBA
Julie Morita, M.D
Penny Roth,MS, RD,
Margaret Page Saunders, M.S, RD
Lorraine Schoenstadt, MS, RN
Kathy Swafford, M.D
Ellen R. Wolff, R.N. MPH

Others Present:

Diane Bierman, Novartis
Annie Boesen, ICAAP
Jan Daniels, IDPH
Lynnae Godsell, Sanofi Pasteur
Paul Hunter, M.D Milwaukee Health
Paula Jimenez, Sanofi Pasteur
Dave Nardone, Merck
Mike Kimak, Pfizer
Janet Larson, IDPH
Dennis Majeskie, Pfizer Inc.
Martin Matthews, Merck
Karen McMahon, IDPH
Heidi Meyer, GSK
Madhu Nappi, IDPH
John O'Connell, Sanofi Pasteur
Stacey Rogers, Univ. of Chicago
Jeanine Solinski, ICAAP
Mindy White, GSK
Sarah Wlid, Medill, Northwestern
Steve Yelle, Med Immune

1. Welcome and introductions

Dr. Daum called the meeting to order and asked for introductions of the committee. He mentioned that there were four new committee members and asked them to give a brief introduction about themselves.

2. Old Business and approval of Minutes

Dr. Daum called for a motion for approval of the minutes. The minutes were approved with the addition of Dr. Chugh's comments. Dr. Daum asked Janet Larson to e-mail the minutes with Dr. Chugh's changes to all committee members.

3. New Business

Legislative Rule Update: Karen McMahon began the legislative discussion with a background for new advisory members related to the Tdap rules proposal. In July 2009, discussions occurred regarding Tdap vaccine and the need to modify the Child Health Examination Code to reflect current Advisory Committee on Immunization Practices (ACIP) recommendations and alignment with the 6th grade physical examination requirement. The Immunization Section developed and submitted a position statement to the Director of IDPH. Subsequently, H1N1 pandemic began and the Department devoted resources to the H1N1 response and was not able to pursue the rulemaking process at that time. Proposed rule changes have now been drafted and provided in each members' packet for review. The proposed rules reflect the moving an existing Td requirement from 9th grade to 6th grade for Tdap vaccine. Proposed rules will include a catch-up effort for individuals in other grades that might miss a Tdap vaccine later in life. Dr. Swafford disagreed with section 6 that indicated student entering grades seven through twelve who have not already received Tdap are required to receive 1 Tdap only when 10 years have passed since the last DTaP, DT or Td dose and made appropriate suggested revision to be incorporated.

Dr. Swafford also suggested changing the language in the school code to reflect the requirement of two MMR's instead of two measles one mumps and one rubella. She made this suggestion since we can no longer obtain single components of Measles, Mumps or Rubella. Karen McMahon recommended that the MMR should be a separate rule making process since we do have Pertussis going on statewide. Dr. Daum recommended that we have the MMR discussion on the next agenda. Dr. Chandra-Puri stated that individual vaccines for MMR are available in other countries and we do have children coming from other countries. Dr. Daum suggested that we construct language about component equivalence to get around this problem. Dr. Morita suggested we wait till after the ACIP meeting on Oct. 27, 2010 for the Tdap proposed rule change in order to be consistent with the ACIP recommendations. Dr. Chandra-Puri made a motion to precede with the Tdap proposed rules and Lisa Kritz seconded the motion.

Why we need a vaccine against S. Aureus : Dr. Daum provided the Why we need a vaccine against S.Aureus presentation. (See attached)

ACIP Update : Dr. Morita summarized the votes from the ACIP meeting on June 23-24, 2010. The Committee voted to remove the precaution for meningococcal vaccine for persons with a history of Guillain-Barre syndrome (GBS) The ACIP will develop language addressing the risk of GBS in persons with past history of GBS following vaccination with any vaccine to be included and published in the ACIP General Recommendations.

Seasonal Influenza: Karen McMahon indicated that flu surveillance began October 1. Last year Illinois made increases in vaccine coverage for flu vaccine due to the pandemic and availability of H1N1 vaccine. Now that the pandemic is over, distribution practices have returned to routine operations. For IDPH, this is VFC distribution only. Outside of VFC, public and private providers purchase vaccine separately for their respective patient populations or communities. Seasonal influenza activity at this time is considered "sporadic". Adequate vaccine supply is available. IDPH VFC program requested 455,000 doses of influenza vaccine which is a 17% increase over last year. To date 217,000 doses have been distributed. Dr. Morita indicated that providers should order vaccine from several manufacturers in case one of the manufacturers has production or distribution problems. Dr. Morita indicated that if there's a lesson to be learned is that influenza vaccine really needs to be available before Thanksgiving. Dr. Chandra-Puri asks if the pharmaceutical companies have a financial incentive to distribute influenza vaccine to Walgreens, Wal-Mart, and Sam's before the government. Dr. Daum asked any manufacturer

in the audience if they would like to address Dr. Chandra-Puri's question. Martin Matthews from Merck said that it comes down to volume. The vaccine is difficult to manufacture. Martin Matthews indicated that distribution is never based on financial gain.

Dr. Morita indicated that CDC has considered concerns expressed by metropolitan areas regarding lack of available influenza coverage levels. This year CDC is conducting a survey in the fall and spring concerning influenza vaccine coverage levels in Chicago.

Linda Gibbons asked if healthcare facilities are requiring a mandatory influenza vaccine. Dr. Morita indicated that on the Immunization Action Coalition website that there a large number of healthcare facilities that require their employees to get vaccinated.

ICARE future efforts: Lisa Kritz indicated that the Chicago Area Immunization Campaign (CAIC) recently obtained stimulus funds from the Chicago Department of Health to enter in ICARE historical immunization data in five private practices in Chicago. As ICARE stands now patients must sign a consent form to have their immunization history put in ICARE. CAIC is proposing to sponsor legislation that would make ICARE an opt-out or implied consent system. CAIC is looking for statewide support for this legislation and currently has obtained support of the Illinois Chapter of American Academy of Pediatrics and Illinois Association of Family Physicians.

Dr. Morita indicated that ICARE is capable of receiving information from electronic medical records which includes immunization information. Chicago Department of Health is using available funds to support some large health systems to develop those interfaces. Dr. Daum indicated that there needs to be an incentive to providers to enter the data with the amount of time that is required. Linda Gibbons indicated that a current incentive is the result that school nurses with access to view ICARE can look up immunization records and do not have to contact providers and affect office resources.

4. Open Comment: Janet Larson explained the contents of the committee packets. The previously scheduled meeting had been canceled and documents pertaining to the Mercury Free Vaccine Act exemption and the NIS survey were included. Janet Larson led discussion on scheduling meetings for 2011. Dr. Swafford suggested meetings for at least three times. Janet Larson indicated that meeting dates would be selected for April, July and November 2011 on Wednesday dependant on room availability.

5.Future topics: Ongoing discussion of funding and resources for adult immunizations. The committee would like to explore opportunities to expand funding for this population.

6. Ajourn: The meeting was moved to adjourn and seconded.