

Immunization Advisory Committee
Michael A. Bilandic Bldg. Room N502
IMMUNIZATION ADVISORY MEETING
160 North LaSalle Chicago
November 2012
10:00 a.m. – 12:30 p.m.

Summary of Minutes

Members present:

Robert Daum, MD – Chair
Rashmi Chugh, MD – IL Academy of Family Practice
Anita Chandra-Puri, MD ICAAP
Linda Gibbons, RN – IL School Health Association
Jessica Gerdes, RN – IL State Board of Education
Malinda Hillman, IL Assoc. of Public Health Administrators

Lisa Kritz – Illinois Maternal Child Health/CAIC
Julie Morita, MD – Chicago Dept of Public Health
Karen Pfaff, RN – IL Assoc School Nurses
Julie Pryde, MSW, LSW, CPHA
Penny Roth – IL. DHS, WIC
Lorraine Schoenstadt, RN – IL Nurses Association
Chris Schriever, UIC College of Pharmacy
Tina Tan, MD – Lurie Children's Hospital

Participants at table

Bill Moran, IDPH-Immunization Chief
Paul Lucas – IDPH/CDC
Debra Phillips – Cornerstone

David Culp – IDPH – Deputy Director/OHP
Robin Holding – IDPH I-CARE
Jan Daniels – IDPH

Audience

Monica Mayer – Merck Public Policy
Lynnae Godsell – Sanofi Pasteur
Madhu Nappi – IDPH
Marlowe Djuric Kachlic, PharmD – University of Illinois @ Chicago-College of Pharmacy
Elise Balzen, Public Health Advisor / CDPH
Erica Martinez, Public Health Advisor / CDPH
Kenneth Soyemi, MD – IDPH
Neel Patel – Novartis
Nicole Yonkers – Novartis
Sydney Kenyon – NVD
Sheri Stensland-MWU College Pharm/Walgreens

Nicole Wegrzn – MWU College of Pharm/Walgreen
Breanna Olsen – MWU
Eugene Chue –MWU
Annie Boesen – ICAAP
Jeannine Soliniski – ICAAP
Jennie Pinkwater – ICAAP
Carrie Gallagher – GlaxoSmithKline
Christine Polivka – GlaxoSmithKline
Amber Betley – Novartis Vaccines
Nicholas Martin – Telligen, QIO
Vadie Reese – Telligen, QIO

1. Welcome and introduction

Due to Dr. Daum being delayed, the meeting was called to order by Jan Daniels, and requested all members to introduce themselves and identify their association, and then requested all audience members to introduce and identify their associations as well. Two new members of the committee were present and were introduced, Chris Schriever, Pharmacist and Jessica Gerdes. ISBE.

2. Old Business and approval of minutes

Approval of the meeting minutes from the March 21, 2012 and July 18, 2012 were approved .

3. New Business

Dr. Morita gave an update from the October 2012 ACIP meeting. From the webinar there was an update on pertussis activity throughout the U.S. over 32,000 cases were reported by end of October

2012. At this time in 48 states more cases have been reported than there have been in 2011. ACIP discussed prior recommendation for Tdap among pregnant women, there was found to be efficient transfer of maternal antibodies to the infant, if mother is vaccinated during the pregnancy. Additional ACIP discussion went on to further discuss the benefits of actually vaccinating during every pregnancy.

There was also discussion on meningococcal vaccine, there is a new product, Hibman C. It's been approved among infants at high risk for meningococcal disease. Recommended and approved for 2-4-6 and 12 to 15 months of age; but ACIP approved its use only in those children who are at high risk.

Minor modifications with recommendations related to MMR vaccine. Revised the recommendations for MMR vaccination of HIV patients who were prenatally infected; two doses of MMR vaccine once the anti-retroviral therapy has been established. Basically even they have previously vaccinated once the therapy is started they should get two additional doses.

The childhood immunization schedule will be switched back to a combined 0-18 years schedule. So it is all on one chart. The footnotes will be consolidated to one page which will be more of a separate attachment or separate page.

The last thing that was discussed was activated influenza vaccine. The quadrivalent vaccines will be available in 2013, the LAIV form of the vaccine.

Lisa Kritz asked how the OB-GYN would be involved with promoting vaccinating for influenza with pregnant women. Dr. Morita stated that ACOG is involved with immunization than they have in the past, ACOG actually has a group that works on immunization issues and a web page with resources available. When working with the OB-GYN's what kind of message should go out, make the recommendations and then make sure that they get it or know where to get it elsewhere. There seems to be a potential opportunity for the OB's to really become proponents of a partnership between pharmacies and their practice.

Bill Moran, IDPH Immunization Section Chief, gave an update on legislative and administrative rules update for varicella, MMR and PCV13 rule changes. Three hearings were held around state, Chicago, Springfield and Mt. Vernon. At those 3 hearings no verbal testimony was given. Did receive 4 written testimonies and all were in favor of the adopting the rule changes, which include 2nd dose of varicella, mumps and rubella and the PCV 13 rule.

Rules 665 and 695 have to go through JCAR process, once completed they are authenticated into rules that follow the State Board of Education, they are still not finalized. The JCAR process was discussed. Discussion regarding timing of when the new rules changes would be enforced.

Dr. Daum asked that the committee take a break and would reconvene in 10 minutes. Short recess was from 10:45 and meeting resumed at 11:00am

Paul Lucas, IDPH/CDC gave update on pertussis surveillance in Illinois, there has been a steady increase in cases from 2007 to 2012. Greater proportion of hospitalized cases are in children under the age of one year of age; however the greater proportion of actual pertussis cases are in school age children 11-18 years of age.

Due to budget cuts IDPH had to reduce the amount of laboratory services that were providing for vaccine preventable diseases, which included the PCR and culture testing. David Culp wanted to

clarify that IDPH laboratories serve the purpose of providing surveillance information associated programs. So no testing is done at any of IDPH's labs without requests of program.

Bill Moran brought up the implementation of the Tdap requirement for grades 6th through 12th and wanting a letter from the Immunization Advisory Committee to the IDPH Director recommending that the rules be fully implemented as written for grades 6th through 12th grade beginning in school year 2013-2014. Linda Gibbons moved that via letter to Dr. Hasbrouck that the full Rules for Tdap requirement in 6th through 12th grades are implemented in 1013-2014 school year. Dr. Chandra-Puri seconded the motion. Motion was passed.

David Culp introduced another item that the committee would recommend that IDPH change the language from adoption or implementation of the 2nd dose of varicella, mumps and rubella and the PCV 13 rule from 2013-14 to 2014-15. The committee had no objection in submitting a letter to the Director making this recommendation.

Chris Schriever was called on to discuss Senate bill 3515 "Pharmacy Practice Act". What was just amended in the Act, that pharmacist that are trained in the area of vaccination have proper credentials can now vaccinate patients ages 10 through 13. A "valid prescription" would be any prescription written or electronic that had already been called in certainly would be ok.

As of now there are 650 Walgreens pharmacies enrolled in I-CARE.

I-CARE and Cornerstone:

Robin Holding(I-CARE)- The goal for I-CARE is to have every provider using I-CARE to record immunizations, but unfortunately in Illinois it is not mandated that they do. Now receiving Cornerstone data daily. What goes into I-CARE is all of the Medicaid patients and public aid patients, plus in addition all the private providers that we have. Also getting hospitals and larger clinic data.

Dr. Daum asked the need for two separate registries. DHS uses theirs for the Medicaid patients, and they track only Medicaid children, whereas with I-CARE they track all patients regardless of age. Cornerstone is mostly case management. I-CARE is the state registry and Cornerstone is considered more as a provider, but they are dealing with all the health departments and are uploading data into I-CARE.

Committee to identify stakeholders and debrief stakeholders for mandating I-CARE. Lisa Kritz, Bill Moran, David Culp and Robert Daum agreed be committee.

Bill Moran gave update on changes in Illinois with the VFC program, starting 1.1.13 all VFC providers must be enrolled in I-CARE. In 2013 ordering immunizations will be strictly through I-CARE. Also starting 1.1.13 "underinsured" children can only received VFC vaccine at a FQHC or deputized LHD.

Meetings for 2013, Jan Daniels will schedule dates for 2013 and send information to members. Bill Moran asked if there could be a possibility of having one of the three meetings in Springfield.

4. Open Comments: None
5. Future topics: I-CARE
6. Adjourn: Dr. Daum adjourned the meeting
Proceedings concluded at 1:00p.m..