

**The meeting of the State of Illinois Department of Public Health, Immunization Advisory Committee, was held on November 6, 2013 10:00 a.m. 160 North LaSalle Street, Chicago, Illinois.**

**MEMBERS PRESENT:**

ROBERT S. DAUM, MD - Chairman  
RASHI CHUGH, MD  
MALINDA HILLMAN, RN, BSN, CPHA  
LISA KRITZ, MSW, MBA  
JULIE MORITA, MD  
JULIE A. PRYDE, MSW, LSW, CPHA  
JESSICA GERDES, RN  
ANITA CHANDRA-PURI, MD.  
LINDA GIBBONS, RN, MSN  
TINA TAN, MD  
CHRIS SCHRIEVER, MS  
CRISTIAN SPEIL, MD  
MARGARET SAUNDERS  
KAREN PFAFF

**ALSO PRESENT:**

BILL MORAN  
JAN DANIELS  
JENNIE PINKWATER  
CARLA LITTLE  
PAUL LUCAS (by phone)

Reporter: Jori Gardner

Start time: 10:05am

- I. Row call of members and visitors completed.
2. Approval of minutes, with minor spelling edits.
3. Legislation Update - presented by Bill Moran
  - a. PA 098-0480 (HB3190, Meningococcal) - Draft Rules changes for 665 and 695 reviewed
    1. Not to take effect until at least 6 months after completion of rules.
    2. Recommended not to promote until further along in rules process.
  - b. SB1610 (Influenza vaccine for healthcare workers, including those affiliated or has privileges at a hospital. Facility may include contract workers)
  - c. PA 098-0271 (HB3191) Tied to ACIP recommendations
- D. PA 098-0184 (SB1623, Pertussis Act)
  1. EverThrive would like to work education and are currently working on funding.
  2. Agree that Act should be expanded to include all birthing hospitals.
  3. WIC programs can be a means of expanding education.
  4. March of Dimes has good materials on Pertussis and newborns.

4. Bill Moran presented immunization level data for school required vaccinations. Dr. Morita talked about other immunization level data routinely reviewed including 19-35mo olds, 11-18 and 13-15 for adolescence. Both IL and Chicago fall short of 90% for the desired/recommended vaccinations. Have a lot of room for improvement in HPV.

5. Dr. Morita stressed the impact that vaccine requirements have on immunization coverage. Used Tdap as an example, shows that with requirement, levels go up.

6. Discussions around HPV vaccine: Requirements boost immunization level, but HPV is more of a delicate issue. Still issues among public and healthcare providers. Have lots of work to do as far as education. Can SBOE start tracking HPV vaccine levels since it is on the school exam form? Tracking may not be feasible at this time. No system in place to track HPV vaccine. Dr. Morita we shouldn't underestimate the importance of the NIS. Discussed how NIS data is collected...phone. Need to think about how we need to start utilizing ICARE.

7. Lisa Kritz presented information from the Vaccine Exemption Sub-committee. It is important to look at the exemptions by county. Dr. Daum said we can explore that at the next meeting. There is a 1.2 exemption rate in Chicago, but much higher statewide. IL has 8,082 religious exemptions which compares to other state that have philosophical exemptions. IL has an exemption rate of 6.1% and non-medical is 4.8% (5<sup>th</sup> highest in nation). Options:

- a. More rigorous process for parents to go through when applying non-medical exemptions.
- b. IDPH should put together a document called "Risks-of-non-vaccination". Posted online, parents would have to print out and sign along with signature of provider that conducted and signed to school exam form.
- c. If school has an expulsion policy, it also needs to be signed by the parent indicating that their child would be excluded in the event of a reported VPD....measles.
- d. Joint letter from IDPH and ISBE on new requirements needs to go out to all schools.
- e. Review progress a year later.

Summary by Lisa Kritz included: IDPH to exam the rules and confirm that we can make the process more rigorous. If so, the committee wants to draft the Risk of non-vaccinations document. Then want a 2-3 part requirement for parents. 1.) Written request that includes specific exemption for each specific vaccine. 2.) Signed copy of the Risk of non-vaccination document. 3.) Sign the school expulsion policy for measles. Also recommend a joint letter from IDPH and ISBE on new requirements.

Dr. Daum recommended that we have discussions and indicate that we agree that this is a good idea. Bill should look into it and have it on the agenda in February. Dr. Daum's check is 1.) Do we like the idea? 2.) Ask Bill what involved.

Motion made by Dr. Morita and second by Jessica Gerdes to move forward with exploring the process for rule change. Addition to motion by Dr. Chugh that if not possible through rule change to propose some alternative solutions. Approved and second by Karen Pfaff. Note added by Jessica Gerdes was to use the term exclusion in place of expulsion. Agreed.

BREAK.

Dentists and vaccinations bill: Reintroduced. Lisa Kritz said she spoke to lobbyist for IL State Dental Society and they made it clear they wanted it reintroduced. Jenny Pinkwater (ICAAP) said we continue to oppose the addition of dentists. The bill they are proposing mirror the pharmacist bill with additions of HPV, HB, and Shingles. ICAAP will be opposed to any vaccinations that include ages 0-18. Takes from medical home. Different than pharmacists who provided after hour access. Dentists don't fit this need. Dr. Tan: What education do dentists have on administration of vaccines? Dr. Morita agreed pharmacists have incorporated vaccine administration into their trainings and trained on medication handling and

storage. Chris Schriever agreed with Dr. Tan and Dr. Morita. Committee feels opposed to routine vaccinations. Dr. Morita stated that a role for dentists may be in a pandemic situation. Motion made by Dr. Chugh state opposed to routine vaccinations, would consider further exploration of the dentists role in emergency preparedness efforts. Linda Gibbons, second.

Medicaid and Pharmacy update: Dr. Morita stated the IL Pharmacy Act was updated this past year to allow children 10-13 be vaccinated with Tdap and flu. Not recognized by HFS as a reimbursable provider. Dr. Goyal wants to tie pharmacy reimbursements to ICARE requirement. He was proposing that all providers who seek reimbursement through Medicaid would have to use ICARE. Bill and Dr. Morita had concerns about tying ICARE use to reimbursements because it would require a lot of providers to use ICARE. ICARE has capacity limitations. Initially IDPH approached HFS to establish a reimbursement rate for pharmacists, which is now set at \$6.40/dose. Chris Schriever states that he likes the idea, and it's a great way to be involved...to get everyone to use the system. After vaccines are given, a report does go to the physician. Dr. Morita said the IL Pharmacy Association should be bought into the conversation. Dr. Daum agreed as well as other professional organizations.

Dr. Chandra-Puri reminded us that we have had this discussion before about mandating ICARE. Dr. Daum said it should include everybody. Dr. Daum recognized that there are issues with stakeholders, ICARE capacity.

Lisa Kritz suggested that we first confirm reimbursements are going to pharmacies and then work together on the ICARE requirement. Shouldn't have access blocked due to non-reimbursements.

Bill Moran said the rate has been established, but can't confirm implementation. Suggestion is to go back to Dr. Goyal and work on the 2-step approach. First reimbursement then ICARE requirement.

Motion was made by Dr. Morita that IDPH pursue reimbursement for pharmacists who administer vaccines to Medicaid enrolled children. Second, Dr. Chugh.

Bill Moran suggested having an HFS representative on the board. Motion by Dr. Morita, second by Dr. Chugh to include an HFS representative.

Bill Moran provided the VFC update. Discussed pediatric 0.25 flu vaccine shortage. Request that providers use the substitution box on the flu vaccine order form to allow IDPH to order what is available. Sanofi has started to distribute pertussis containing vaccine again. Discussed the new annual educational requirement for VFC participation. Currently 96% of the LHDs are deputized.

Bill Moran provided the ICARE update: Transitioning to Phase II full automation of ICARE by providers. Shared statistics of ICARE. Dr. Morita said about half of their providers are using ICARE.

Based upon request of the board, Carla Little gave overview of the Office and a presentation on H7N9 flu, Illinois readiness as far as vaccine distribution and holding clinics. Carla handles emergency medical countermeasures. How we do preparedness on a daily basis through the Public Health Emergency Preparedness Grant and the Hospital Preparedness Grant, we give the local health departments and offices deliverables to ensure that they have All-Hazards Plans in place for a response. Each entity was asked to conduct a risk assessment to determine what the top hazards in their community are. Hospitals are required to stockpile a select amount of specific antibiotics. Federal government has a Prep Act, Public Health Readiness and Emergency Preparedness Act, that provides liability protection for dispensers, vaccinators, schools any building that we would use, manufacturers, non-medical and medical volunteers that provide liability coverage during a public health emergency, and it worked very well during H1N1.

Dr. Morita and Paul Lucas presented information on Vaccinate Illinois. Over 2,000 flu vaccine vouchers given out. Targeted 19 jurisdictions. Various messaging has been used including Facebook, newsletters, etc.

Dr. Chandra-Puri and Lisa Kritz provided discussion on Meningococcal requirement. Wanted to ensure that the language is clear and noted some confusion with the current Tdap requirement by school nurses. Jessica Gerdes, Jan Daniels, and Bill Moran felt a lot of information has been communicated concerning varicella through school health days, flyers, etc.