



**Statewide Advisory Commission on Immunization**  
**Meeting Minutes**  
**March 8, 2017**  
**6:30 p.m. to 8:00 p.m.**

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**I. Attendees**

**Members and Staff :**

Diana Abney (chair), Anne Bailowitz, David Blythe, Monique Soileau-Burke, Victoria McIntyre, Alicia Mezu, Kurt Seetoo, Tiffany Tate, Jennifer Thomas.

**Guests:**

Steve Pearce (Sanofi Pasteur), Glynnis Hall (HQI), Tom Bateman (Pfizer), Damali Totress (GlaxoSmithKline), Matt Toth (Pfizer), Cheryl Staurulakis (Producer – *Someone You Love*), Greg Reed (DHMH).

**II. Welcome and Introductions**

Dr. Diana Abney, Chair of the Commission, called the meeting to order at 6:30 p.m. and welcomed meeting participants. All Commissioners and guests introduced themselves.

**III. Approval of Minutes**

Minutes from the November meeting were approved.

**IV. HPV Dosing Change**

Dr. Abney presented on the new CDC HPV vaccine dosing change. Adolescents between 9-14 years of age only need two doses of HPV vaccine separated by 6 months of age. Adolescents 15 years of age and older need the same routine three doses that have been recommended in the past.

**V. Update from February ACIP Meeting**

Dr. Bailowitz presented updates from the February ACIP meeting. Meeting covered many topics with Dr. Bailowitz covering some of them.

- Hepatitis B vaccine: Simplification of revaccination recommendations for infants born to hepatitis b surface antigen (HBsAg) positive women. Previously the recommendation for these infants who do not have a positive titer after the first series would be revaccination with a full second series of hepatitis b vaccine followed by a titer 1-2 months after the last dose. Research has been done and results are favorable for revaccination with a single dose of vaccine and then titer 1-2 months after that dose. ACIP in the process of rewording this recommendation.
- Influenza vaccine: H3N2 is the dominant strain that is circulating right now. Vaccine is a good match for circulating virus strains. Vaccine efficacy is not as good as expected. It is currently around 48% for all age groups and 53% children 6 months – 8 years.
- Herpes Zoster – GlaxoSmithKline has a new herpes zoster vaccine, SHINGRIX. It is a 2 dose vaccine which is different than Zostavax. It shows

good efficacy of 80-90%. Duration of protection extends out to 9 years. More definitive recommendations will be coming from ACIP.

- Meningococcal: Incidence has gone down. There has been some confusion on how to use the meningococcal B vaccine. Dr. Bailowitz referred people to the CDC ACIP website to see the clarification from the meeting.
- Global Polio is now shifting focus from giving the oral vaccine to the injectible vaccine. This will be fully effective by 2020.
- Day two had a good talk about vaccine errors. Dr. Bailowitz referred people to the ACIP website for details about the talk.
- Zika vaccine: There are number of candidate vaccines for Zika in various stages of development.

## **VI. Maryland Chapter of the AAP Quality Improvement Grant**

Dr. Bailowitz reported on the MAAP HPV Quality Improvement (QI) Grant. They have conducted many initiatives to promote HPV vaccination. They were awarded a regional QI grant. Maryland will be using an online tool, EQUIPP focusing on HPV vaccination. 5 geographically distributed practices will be selected to do the EQUIPP project. Outcome measures will indicate how well they do. Project will end sometime in 2017-2018.

Dr. Blythe asked if the EQUIPP materials are available to other providers that are not in the project. Dr. Bailowitz replied that the EQUIPP materials are available to anybody at no cost.

Dr. Abney asked if there are CMEs available. Dr. Bailowitz replied that CMEs are available.

Dr. Blythe asked about the 5 Maryland practices. How are they chosen? Dr. Bailowitz replied that she has asked that question but has not received an answer yet. She will find out. Dr. Abney reported that the practices will be diverse (not the same geographic area, not the same practice type, not the same payment method, etc.)

## **VII. House Bill 1481**

Tiffany Tate (Maryland Partnership for Prevention) presented on House Bill 1481 (HB1481). Bill is for providers to offer strong recommendation whenever an adolescent presents to the office. If a parent declines vaccination, the health care provider may record the parent's position so that it is documented for future doses. Recommendation is to avoid missed opportunities. The strong recommendation is consistent with research and this bill will ensure that providers offer a strong recommendation. One piece was added today – the legislation will sunset once the Maryland has reached or exceeded Health People 2020 goals. This is not a mandate for vaccination or a change to current policy. It just encourages providers to issue a strong recommendation. Tiffany Tate asks for the Commission's support as there is a hearing on Friday (March 10).

Dr. Abney opened the floor for discussion

- Dr. Burke is in strong support of the bill. She asked if the bill applies to just primary care providers or does it also include urgent care and emergency departments? She is thinking specifically about flu vaccine. Tiffany Tate replied that it for all vaccines in the adolescent platform including flu. Dr. Burke would like to see it expanded to other practitioners.

- Dr. Thomas asks why the bill is limited to adolescents. Would this apply to adults as well? Also, why is there not a school mandate for HPV like Tdap and Meningococcal? Tiffany Tate replied that mandating new vaccines, especially when there is not high coverage, is a large undertaking and not sure how providers will be able to handle it. Greg Reed agrees. DC currently has a HPV mandate and the enforcement is erratic. Virginia also has a mandate but there is little to no enforcement. A number of other states have tried going the educational route. With coverage at less than 50%, that would equate to about 45,000 students needing to be vaccinated. May be an option in the future when rates are higher. This would be too large of a number at this point to make a mandate. Dr. Thomas asked about phasing in. Greg Reed reports that Rhode Island has started a phase in process. We will need to see the results of that process.
- Dr. Bailowitz reported that MDAAP is opposed to the bill. They are in total support of vaccinations but they feel that there is success happening in HPV rates. There has been a steady increase from 2010-2015. With the change to a two-dose schedule, this should help increase rates as well. MDAAP feels that you cannot legislate clinical office practice. Physicians have historically pushed back against legislating clinical practice. Concerns that the bill has some items that are not well defined such as: what constitutes a strong recommendation, who are the primary care providers. In addition, this is an unfunded mandate. MDAAP remains open to reviewing any amendments to the bill. Tiffany Tate responds that the bill states the Commission will be responsible to define the strong recommendation. Dr. Bailowitz replies that the CDC has already defined what a strong recommendation is but the largest sticking point is legislating clinical practice.
- Dr. Blythe commented that DHMH is taking a no position on the bill. He asked if there is any action that we need to take as a Commission. Tiffany Tate replied that there are no actions right now unless the Commission felt strongly in support and would supply a letter of support. Dr. Abney reports that the Health Officers will also take no position on the bill.
- No other Commissioner comments. Opened comments to guests.
- Niko ? (Health Quality Innovators) stated that he is not familiar with the bill and asked about the rationale for the bill. Tiffany Tate responded.
- Damali Totress (GSK) asked if the meningococcal part of the bill was for meningococcal B vaccine or MCV4. Tiffany Tate responded that it is for MCV4.
- Glynnis Hall (HQI) asked about Tdap requirement for school? Kurt Seetoo responded that there is one dose required for school entry and booster doses are not required later. Alicia Mezu also responded about the school requirements for 7<sup>th</sup> graders.
- Cheryl Staurulakis (concerned citizen) commented. She is a film producer for two HPV movies. She feels strongly about the legislation. Many physicians have a hard time providing a strong recommendation. She does not understand why there is objections to this bill. Dr. Abney responded that there are a number of concerns with the bill: designating primary care providers, not all physicians stock the necessary vaccine, upfront financial costs to stock the vaccine, how do we know who is not doing what the bill defines.
- Tiffany Tate comments on the time that a strong recommendation takes. Studies have shown that the recommendation does add a large amount of time to the visit. This legislation would not apply to those that do not stock vaccine. Dr. Abney disagrees that the time is minimal. She would want to take the time address any concerns arise from the strong recommendation.

Dr. Burke agrees with Dr. Abney. Strong recommendations must have a follow through as well and this can take time.

- Dr. Abney states that if the bill does pass, the Commission will do what the bill states.
- Cheryl Staurulakis comments on the two films they have which are free in the state of Maryland. Tiffany Tate will send information on how to access the films to Kurt Seetoo.
- Last comment from Dr. Abney. We need to teach the parents on accepting the recommendations also.

#### **VIII. 2017 Immunization Schedules**

- Kurt Seetoo reported that he had just returned from a meeting at MedChi to approve the DHMH 2017 Childhood and Adolescent Immunization Schedule.
- Minor changes on the childhood schedule: New high risk box for PCV13
- Changes to the adolescent schedule: New green boxes for non-high risk groups subject to clinical decision making for HPV and Meningococcal B vaccine.
- MedChi has approved the schedule.
- Alicia Mezu expressed some concern on the part of school health about MMR vaccination requirements for 5 year olds. Is there any guidance coming out from DHMH? Yes, more information will be coming.

#### **IX. Adult Immunizations – Follow up Discussion**

- Dr. Abney mentioned an adult immunization webinar series that will be coming out. She had received information from the VFC program.
- Kurt Seetoo responded that DHMH has worked in conjunction with MPP and the CDC to develop an adult immunization webinar series. Maryland providers can register before it is open nationally. National registration starts on the March 13<sup>th</sup>. Maryland residents can register now. Tiffany Tate commented that about 5-7 years ago, MPP and DHMH had an adult series with CDC speakers. This time when we approached CDC, they decided that they wanted to make this part of their webinar series. CEs will be offered for free. 4 will be presented by CDC and 2 will be presented by Maryland. Please share the information and have 1 registration per location. Glynnis Hall (HQI) commented that she has posted the webinars on their website and sent out to their providers. Dr. Abney will mention at the HO roundtable.

#### **X. Open Discussion**

- Dr. Thomas reported on House Bill 1262 regarding lowering the age of children who can receive influenza vaccine from pharmacists. Age would be lowered to 5 years old. This will be discussed tomorrow (March 9). Many pharmacists from the rural areas will testify.

#### **XI. Adjourn**

- Meeting adjourned at 8:19 p.m.