



Statewide Advisory Commission on Immunizations

Meeting Minutes – July 20, 2021

I. Attendees

Members and Staff: David Blythe, Rebecca Carter, Travis Gayles (Chair), Janaki Deepak, Toby Gordon, Victoria McIntyre, Kurt Seetoo (staff), Monique Soileau-Burke

Guests: Josh Mazer (Annapolis, MD)

II. Welcome and Introductions

- Dr. Gayles called the meeting to order at 3:04 PM. Commission Members introduced themselves. Guests introduced themselves. Quorum was established.

III. Approval of May Minutes

- Dr. Soileau-Burke moved to approve the May 26, 2020 minutes. Seconded by David Blythe. No amendments or discussion. Unanimously approved.

IV. COVID Vaccination Debrief

- Dr. Gayles introduced the topic for the meeting: COVID Vaccination Debrief. Many of the Commissioners have been very involved with the COVID vaccination response in different roles. He would like to discuss what has worked, what needs more work, what needs immediate/short term attention, and how can we leverage the Commission resources/expertise.
- What has worked?
 - Dr. Soileau-Burke – The Commission was able to come together to pen a letter to the Governor about decreased vaccinations and getting patients back to providers. We all learned about flexibility and ingenuity.
 - Dr. Gayles asked if the Commission would like to produce another letter this year since last year's letter was well received.
 - Dr. Blythe – Also beneficial has been the increased sharing of immunization information and the work that has occurred (e.g. advances in ImmuNet to get data from numerous sources to improve vaccinations and prevent vaccine preventable diseases)
 - Dr. Gayles asked practitioners on the Commission about their experiences with ImmuNet (e.g. getting information and entering data into ImmuNet)
 - Dr. Soileau-Burke – Pediatricians were already set up to report but there were periods where patients went to outside facilities, and they had first doses show up but not the second or vice versa. Issues seem to have been resolved very quickly. Dr. Carter agrees that there were initial delays but she does not see them now.
- What are some of the gaps?

- Dr. Soileau-Burke – Unvaccinated people remains a big issue. We have taken care of those that are going to get vaccinated. Those not willing to get vaccinated will not. We need to reach those in the middle. She has seen improvements.
- Dr. Gayles asked what can we as the Commission do to reach that group? There are many initiatives such as Shots in the Shop (e.g. vaccinations in barbershops and hair salons). Any other areas that the Commission should focus on?
- Dr. Deepak – She has concerns with young people now getting infected. We need to expand to social media to get the younger people, posters at beach, in bars, etc. We need to message the severity of the disease if unvaccinated. Coming up with more age specific messaging.
- Dr. Gayles agrees. Largest age group of new COVID cases is the 20–29-year-old and this is where the lowest vaccination rates are. Continued outreach to this age group is needed.
- Dr. Gordon – She mentions one challenge is it is one thing to have social media pages but it is another thing to get people to follow on social media. It would help to have a market analysis on who we are trying to reach. Are we trying to reach those that need to get vaccinated or to influencers of those age groups? What role can the Commission play that is not played by anyone else. Possibly as an information source. We don't need to create messages but help others amplify the messaging.
- Dr. Soileau-Burke agrees. To get message out, we need to work on the county level since the jurisdictions vary. If we can get consistency among providers, it would be helpful.
- Dr. Gordon suggested we should focus on 10-15 leaders around the state at the county level and focus on getting coordinated messaging.
- Dr. Soileau-Burke reported that national AAP is currently offering grants to chapters around the country to use social media to promote vaccinations. MDAAP is going to be putting together a focus group about what types of things would be helpful to the 20 -29 year old group.
- Dr. Gayles report is that the challenge is that the Commission does not have resources but others like AAP and AAFP do and are conducting these activities. Maybe as a Commission we can send a letter calling out successes and gaps for improvement with available resources of. Letter would be sent to leadership of these advocacy organizations and key elected officials. We can use the roles of the Commissioners to promote. Maybe we can get this out by the end of the summer?
- Dr. Gordon wondered if it would benefit to focus on getting providers up to speed so that they can share information comfortably (e.g. those that are not tech savvy). Possibly provide some training programs or connect them to training programs. Dr. Gordon also works with advocacy groups for those with hearing or vision issues and focusing on accessibility in the remote world. We need to also think about this population.

- Dr. Deepak asked if we could reach out to a local NPR station to amplify the messaging. She has not seen signs on buses and/or the light rail. Dr. Gayles has said that the MDH Communications team has put out a lot of messaging but maybe we can share feedback with them. Dr. Deepak suggested that maybe we can focus on a success story in each county with positive messaging.
- Dr. Gordon thinks we need to try and figure out other ways to reach the hesitant groups and get them to take action. Dr. Gayles agrees. In Montgomery County, they have been able to leverage key stakeholders and see how to push past the “I have the information and need to figure this out myself” mentality.
- Dr. Soileau-Burke wants to make sure that pediatricians have access to the vaccine. She vaccinated almost as many parents as she did kids. We need to make sure the providers are willing to take on vaccinating the whole family.
- Dr. Gayles agrees. There were issues with the federal government to get the vaccines to providers and many local health departments partnered with providers to get them vaccine. Hopefully as we move forward there will be better access to vaccines for providers. This can be included in the letter.
- Routine Immunizations for children and adults to get them caught up.
 - Dr. Gayles presented this discussion point. Locally they are focusing on this as they try to get children caught up prior to school. Dr. Gayles opened the discussion.
 - Dr. Gordon asked if there is data about how many children are behind. Dr. Gayles said there was a survey sent to LHDs. In Montgomery County, they get a daily spreadsheet with how many are behind.
 - Mr. Seetoo reported on the annual school survey that the Center for Immunization collects on all K students and new students in grades 1-12. Data is due back by Nov 15 so there is a delay in getting the numbers. Getting more real time data for the locals is more helpful.
 - Dr. Soileau-Burke asked if there was a rebound after the initial large decrease in April of 2020. Mr. Seetoo reports that there was a rebound in the late summer or early fall but there are probably many children that are not up to date.
 - Question was raised to use ImmuNet data since there is better compliance now to get more real time data. Mr. Seetoo responded that the ImmuNet data is a good source, but it is not complete. Not all children are in the system.
 - Dr. Gordon asked if there is discussion about addressing it holistically for the family unit and getting everyone caught up with COVID and routine vaccinations including flu. She asked if other states are doing anything similar to this. Dr. Gayles is not aware of any other states doing this but agrees it is a good idea.
 - Dr. Deepak agreed with the idea especially with flu season coming soon. Approaching it as a family would be a good initiative for all providers.
 - Dr. Gayles agrees with this idea. This can be an additional bullet in the letter.

- Dr. Gordon asked if we know who the risk/target groups are or should be? As part of the strategy, we should know what are the high risk groups (e.g. family unit vs individual).
- Dr. Carter added that with mobile COVID clinics, they cannot access the routine vaccinations simultaneously with COVID. If they can eliminate some of the obstacles, they can address the coadministration more readily.

V. **Public Comment**

- Josh Mazer, Annapolis, MD

VI. **Meeting adjournment**

- Meeting adjourned 4:01 PM