



Statewide Advisory Commission on Immunizations

Meeting Minutes 3/21/24

Attendees: Monique Soileau-Burke, Russel Lewis, Victoria McIntyre, David Blythe -MDH-, Debbie Busch, Dianna Abney -MDH-, Liz Elliott, Rebecca Carter, Elizabeth Edwards -MDH- (staff)

Monique Soileau-Burke: All right. We have a motion. Can I get a second? Perfect all those in favor say I raise your hand.

Rebecca Carter: second

Monique Soileau-Burke: Give me a finger up the perfect any opposition

Dianna Abney -MDH-: No, that's not an opposition. I was late raising my hand

Monique Soileau-Burke: Any abstentions? Okay great. I wanted to just give everybody.

David Blythe -MDH-: It's David. I abstained because I wasn't here for the last meeting. So I will abstain for the last meeting.

Monique Soileau-Burke: Okay, perfect. So we have one abstention Elizabeth if we can note no Nays and one abstention, perfect. So there's a couple of things we just wanted to talk about tonight. The first is just a quick review about what we talked about last time. I wanted to just again thank Alicia and Liz for their great presentation. I know that we all learned a lot about school health and with immunizations and I have newfound respect for all the paperwork that goes into making sure that we've gotten through all of those immunizations. I was on a call this morning with MSDE and MDH talking about getting some data in terms of immunizations and how they're using that and a lot of States how they're really able to get us more data on a granular level. And I know that they're going to continue to work with that. We'd love to be able to get very pinpointed data down, even to Neighborhood levels, so I know that MDH is interested. I'm sure David you would have more knowledge about this than I do that they were looking into maybe getting some dashboards and things like that so that more detailed information for targeted appeals in education can be made. Did you have any comment about that David or I mean, we just talked to Jamie Perry about that this morning.

David Blythe -MDH-: I don't have any comment other than we're definitely working on trying to make it more available and appropriately but more available.

Monique Soileau-Burke: So that would be great. And I said, I think it will help with a lot of targeted education and trying to provide immunization availability. We also talked a little bit this morning about still just trying to get more consolidated resources. Particularly, I see the pediatricians and the School nurses here on this call, when you pull from multiple different counties and try to figure out what's going on in each County in terms of administration of vaccines and what's available, I think that will be very helpful too as part of that dashboard. The other thing that we talked about in the fall later in December was talking about the RSV vaccine. Certainly that has greatly improved. I know Victoria is here. Victoria, I hate to put you on the spot, but would you give us a little quick update about Beyfortus and RSV. Can you give us a quick update about that?

Victoria McIntyre: Sure so. VFC started sending out Beyfortus. I believe in September or October. We've kind of slowed down now because people are out of the flu season a little bit. So they're not ordering as much but yeah, I don't know exactly what else you want me to add to that.

Monique Soileau-Burke: Yeah, I think that's great. And do you expect that there will be more opportunity for ordering, and if it will be easier in the fall for VFC to be able to order more than 10 at a time Depending on what the production is.

Victoria McIntyre: I can't say that because I don't know what the production level was going to be like, if the production is ramped up over the summer and there's more available yet. We will open up the opportunity to order more but for right now we're still in that hold pattern of 10 doses, but people aren't really ordering as much.

Monique Soileau-Burke: Yeah, it's almost the end of March. So I think people are kind of turning down. I know the other good news to report is that there are at least a few hospitals that I know that are giving it in the nursery, which is really exciting. I mean, I think that ideally is the best place for it to be so that we're not missing anybody. It's hard to remember when they come in for that one two day visit and there's all those other things going on. At least for me. I have to really kind of focus and now that we're going to be able to have it that will be great. And as I was saying Russell, we were working together at the end of last year talking about insurance payment and that's actually been pretty good. I think it turned around pretty quickly. I don't know any other pediatricians on the line who do their own practice or their own billing. We had actually really pretty good luck with it. And as far as turnaround went, that was really quick. I know that most insurance is now reimbursing for administration of the RSV vaccine in the hospital for the baby. So that is great. So that's all really good news.

Monique Soileau-Burke: Before we get into the kind of discussion that I really wanted to focus on tonight. I did want to have a quick update slash conversation about the measles outbreak and kind of what's going on. And David, I know you're always the man with the numbers. So if you have any numbers, I know I don't think there have been any reported cases in Maryland as of

yet. Is that correct?

David Blythe -MDH-: Certainly no cases identified associated with the cluster of cases that is current being seen in Chicago though obviously, that's a concern probably anywhere in the country, but certainly a concern here. So we all of course are more vigilant or remaining vigilant about measles, but we did have a case as you guys probably recall earlier, it was a case associated with travel. So that is another case here fortunately, there were no spread cases or no Transmissions from that person to any other people and we're now well outside the window where secondary transmissions would be expected to be seen so that's good news, but it just does underscore, the concern overall about measles number one to the issue of measles being much more common in other parts of the world right now. And so that when people are traveling or coming from some of those locations, there's certainly the potential to have measles here and so we've been working among other things to make sure that healthcare facilities are aware of the testing needs, the recognition, and isolation and testing recommendations and capacity in Maryland. So that potential cases can be investigated and confirmed or not as quickly as possible. So to end this long spiel here though, we've had just that one confirmed case. We have done a lot of testing at our lab and coordinated with a number of providers some of whom might be on this call. But to test people who are suspected of having measles unfortunately, no other wild-type measles cases have been. We have identified people who recently vaccinated and had lesions and those were the vaccine strain, and unexpected, but no other wild-type measles identified other than that one case

Monique Soileau-Burke: I might just have missed, I will tell you I was actually out of town last week, but I know that there was a kind of memorandum sent around by the CDC. Has MDH sent around anything to practitioners or School nurses about, reviewing what to look for and then kind of actually how to get the testing done because as I'm thinking about it

David Blythe -MDH-: It's a good question. Yes, we did. Actually earlier, not just when we had the case back, a couple of months ago. We haven't re-sent anything following the CDC HAN alert message that went out last week, but we did earlier send out that guidance and including the guidance about travel.

Monique Soileau-Burke: Okay, I think that just to make sure that people know about testing because I have to say if that case happens we're all and I think a much better situation about dealing with isolation than we were 10 years ago. I think we all know exactly what to do when this happens, but the testing I know for us at least would still be an issue to see where we get that test and how we do it. So, is there a site on the website? Is there an easy click from the mdh main homepage?

David Blythe -MDH-: About the testing part of it?

Monique Soileau-Burke: Yeah, I'm just trying to think about the preventive kind of ahead of the game. If I see somebody in my office or somebody walks into Dianna's clinic or Liz sees somebody at school mean- After spring break, I know that one of the big issues is that spring

break is coming up and we have a lot of people here that travel a lot. A lot of international students, a lot of people who are visiting family that are in just large populations that could be either unvaccinated or under vaccinated. So just kind of thinking to make sure we have all our ducks in a row.

David Blythe -MDH-: Yeah. Yeah, I have to find the website. I mean there's both the lab guidance as we as just overall page on measles and it has links to various recommendations and guidance documents

Monique Soileau-Burke: Does anybody else have any thoughts about sharing that kind of information that they think would be helpful?

Monique Soileau-Burke: I think it's great. I just want, for me as a practicing person, to make sure that it's somewhere easy that we can find for testing and make sure we can do that

Dianna Abney -MDH-: Monique, I don't think it would hurt to have it. It's sort of like if we don't have it. Somebody will have a case and will need it. But maybe if we send it out that will help us not have to have it.

Monique Soileau-Burke: So Dianna knows my New Orleans connection here. I always say I'm warding off evil spirits like I do things so that nothing bad happens, So, I don't know maybe David, maybe if we could send it around again with spring break coming up after spring break. I certainly don't think it would hurt.

David Blythe -MDH-: Yes.

Monique Soileau-Burke: That would be my thought just to have that kind of at the top of my list if everybody's coming back from Spring Break and we're trying to put this at the front of our brain.

David Blythe -MDH-: Got it, understood.

Monique Soileau-Burke: Okay.

Dianna Abney -MDH-: Besides somebody might be taking their boards this year and that might be helpful.

Monique Soileau-Burke: I wonder who that could be. Yeah, I think it's a great thing just to make sure that we're thinking about measles? Liz and I were talking earlier just reminding everybody not on this call, but for us we're going to send out reminders to our colleagues that again you can get the MMR down as young as six months and you can give a second booster as early. I mean the second vaccine can be given as early as 28 days after the first if someone's going to an endemic area, so I do that a lot this time of year when I have patients who are traveling abroad to see family. Alright well we will move onto the next thing I really wanted to chat about tonight. We don't have a speaker, but maybe what we can do as a commission tonight is have a conversation and get some specific questions. We had a lot of questions about ImmuNet last time and exactly how it was available for people who were in different places. I know with Liz and Alicia we were talking about with School nurses and how their ability to look into it versus

input immunizations and different screens, I think Recca, I'm gonna pick on Rebecca because she was one of the people that kind of brought this to my attention that maybe what the School nurses are able to see might be different than what we as providers are able to see and I'm not sure Dianna if what you can see as the health department is different or the so any concerns about ImmuNet or experiences with ImmuNet that we want to talk about or that we want to make sure we're bringing up and continue to have that discussion about.

Liz Elliott: A number of Kaiser vaccinations are not appearing in ImmuNet and that has been a continuing issue for a number of nurses. My understanding is the data file has been going, but we are not seeing it. I don't know if that has been looked at. There are a lot of kids who have Kaiser. So that's just a question I have and then the other question I have is there was some discussion about regional coordination between ImmuNet and other states would be fantastic because we do live in a very transient area. And I have a third and then I'm done. Coordination with ImmuNet with various students, the local Education Agency and Schoolhouse Services programs. Everybody has a different platform to track this kind of thing. But what is the status of all of that interface because it's great if it's an ImmuNet, but if it doesn't interface with the system in the Local District, it's not as helpful. So that's my third question.

Monique Soileau-Burke: Okay, that's a good question about interfacing. What do you have in Montgomery County?

Liz Elliott: Interface, it doesn't work. We use Synergy. I know the student information system that the County school system uses is Synergy, and I have tried valiantly to try and get it to interface with ImmuNet and it hasn't worked yet. And I've gotten multiple messages. There was determination about which code to use. We finally figured that out. And then I was told the state ImmuNet kept crashing which I thought was odd. So it just sort of doesn't make sense to me that they don't talk to each other.

Monique Soileau-Burke: So I think the Kaiser issue is certainly something that we're seeing. We're still seeing and I don't know-I'm gonna pick on Dianna to ask her if we're still having issues with pharmacies that are giving the vaccines and then they're not actually in ImmuNet. We saw that a lot during Covid with kids were going to various different places for different things. It was really hard to keep track of. I know they're supposed to by law, but we were having some problems with pharmacies, too.

Dianna Abney -MDH-: We had some problems. I don't know what we had. an excessive amount, but we did have some problems my nurses haven't mentioned lately. So probably because people are not getting covid vaccines and unfortunately not getting that many flu vaccines at least the pharmacies. I haven't heard them talk about it or complain about it lately.

Monique Soileau-Burke: So David, do you know anything about these interfaces between the ImmuNet and these specific school systems and if there's any interest or if there's anybody working on that? think about improving the interface.

David Blythe -MDH-: Yes, I'm sure I'm sorry.. I know I did respond to your Kaiser issue and we did confirm that Kaiser actually is reporting. So I don't know why you are seeing those kinds of results, but they report regularly, daily they have a daily feed from their facilities. So I'm not sure why those aren't appearing. And I don't know the specifics of the Synergy, so I can't speak to that directly myself, but we can find out

Monique Soileau-Burke: Who is the game contact person for ImmuNet at MDH?

David Blythe -MDH-: Patricia Schwartz is the head of ImmuNet and I don't know who you've been working with and who you work with on the Synergy side as well.

Monique Soileau-Burke: Because ImmuNet is a really great thing and it's certainly better than what we used to have. What was the old thing called? I can't remember where we used to have something else. ImmuNet is better. but I definitely think there are improvements that we could do for collaborating on again, we can have it interface with the school systems and offices and j

David Blythe -MDH-: yeah, and so Did you say a little bit more what you mean by interface?

Monique Soileau-Burke: But I think what Liz was Liz and I'm not trying to rephrase you, but you were just saying that your student system that you use in Montgomery County. Doesn't talk to ImmuNet. You can't import immunizations from ImmuNet into the school systems to record the students.

Liz Elliott: Correct

Liz Elliott: That is yes you are, right. Ye

Liz Elliott: The system has the capability. But it doesn't work for some unknown IT issue reason is what I've been told.

David Blythe -MDH-: I mean, yes, and there's been great improvements and ImmuNet and the data exchange available through ImmuNet and including I will note we get better and faster and more complete data from pharmacies. Then from providers. Maybe this is one of the reasons why some of the EHR interfaces with some provider offices, and that is a challenge because for now there will be bidirectional data exchange. It does require a configuration on the EHR side as well

Liz Elliott: Right, and so in Montgomery County, we actually do have an EHR. For students and other folks in the county who are seen by the health department our school-based health centers so that next-gen directional interface works quite well. That's totally working and all we're looking for is just one way from ImmuNet to Synergy for the rest of the students. At least in Montgomery County, we have 16 school-based health and wellness centers. and 211 school buildings, so we've left out the majority.

Monique Soileau-Burke: Yeah, and I think that's what David was saying too. It is true each

different EHR and we had a lot of problems with that during covid at the beginning too that a lot of EHRs were not reporting or talking and they always tend to lag behind. I do think that there are people who are smarter than I am that could figure this out pretty quickly. So I think it might be something for us to do and maybe at one of our next meetings we could talk to Patricia Schwartz, or maybe we can have a smaller subcommittee that might be interested in taking this on and we could meet with Patricia separately, but would anybody interested in doing that?

Liz Elliott: Yes

Monique Soileau-Burke: Okay. I will see if I can reach out. Maybe I'm sure I might have this contact information somewhere, but maybe I'll bother David if I can. Is that okay David if I need contact?

David Blythe -MDH-: Yes, it is. It's not a bother.

Monique Soileau-Burke: No, I said, I think ImmuNet is really great. And I agree. I think it's been many improvements even over the last two years. I think covid gave me a lot of opportunity to improve very quickly and I think it was responsive.

David Blythe -MDH-: Yes, one other thing just a note is that there is data exchange particularly with DC. So I know Liz you were talking about that but that we do exchange data, bidirectionally, in real time with DC and Delaware. I know and working I think on our end we're prepared to exchange with other states. There's a whole process that involves something called IZ Gateway that we're connected to that can exchange with other states if those other states participate in that exchange, and fortunately Delaware and DC both do.

Liz Elliott: That's absolutely fantastic to know and it's a light, it's a beacon. So thank you for that.

Yea David Blythe -MDH-: it's exciting. It's been exciting.

Monique Soileau-Burke: Are there any other issues that we want to talk about ImmuNet or questions that we wanted to bring up?

Dianna Abney -MDH-: So I have a question for Liz. Liz, do you guys never give any vaccines in your school-based health centers? Do you know...

Liz Elliott: We give a lot of vaccines in our school-based health centers. Yes, because there we use next-gen as our EHR and...

Dianna Abney -MDH-: if yours are going into ImmuNet?

Liz Elliott: school based Health Centers. And there's a bidirectional, back and forth between next gen and ImmuNet. We also have a freestanding immunization clinic or bicycle health services and those vaccines also go into imminent anything we enter into a minute well by the end.

Dianna Abney -MDH-: And you then do those people that were given someplace else come back

to you too into next gen you have bidirection. Okay.

Liz Elliott: Yeah, yeah. Yes. It's bidirectional with Gen. Yes, but the issue is next yea

Dianna Abney -MDH-: Got this I understand now the other people don't.

Liz Elliott: 16 out of 211 don't get it

Rebecca Carter: Yeah, I should say we truly are tasking our school health nurses with the general review of gathering all of that data from all of the sources. So if they're spending hours at a time for individual kids to try to track that information, there should be a way for them to be directly entered once again

Liz Elliott: And there's a number of districts across Maryland that don't have a nurse in every school there's just not enough nurses and so it depends on the district and so in terms of Schoolhouse staff entering data directly into immune based off historical records, I have to limit that I think to people who are specially trained and detail-oriented. So we have to pay attention to that also.

Monique Soileau-Burke: Yeah, anything else?

Russel Lewis: So this is Dr. Lewis. So maybe you addressed this already? So how do you get newborns into ImmuNet? Do you do that whether in the hospital or do we do that when it comes to the pediatrician?

Monique Soileau-Burke: Usually it's done in the hospital if they're delivered in a hospital and even most birthing centers because I think a lot of them give vaccine a lot of them do they'll give Hepatitis B, and so most the time for me when they come to me they're already in there. The more of an issue is if I have somebody that moves from out of state or out of the country, then we have to put them in there. Is that kind of what you guys do Rebecca and Dianna, too?

Dianna Abney -MDH-: Yes.

David Blythe -MDH-: And it's a good point. For those babies born in Maryland, we do have data exchange with the vital statistics Administration to get births, electronically transported into ImmuNet so that information is in there, but that probably takes a few days. So if there are vaccinations being given right at birth, they probably aren't yet, so those would have to be entered through the hospital system. And you're right, the people who are coming from out of state again, unless they were from DC or some of the states that are now participating in that data exchange then they won't be in there.

Monique Soileau-Burke: Yeah, and I do notice that frequently the one thing even for babies born in Maryland is that they're their initial Hepatitis B if it was given in the hospital sometimes is not. You may not in ImmuNet because you said because it takes time.

David Blythe -MDH-: I bet that's why but I can check on that and try to find out

Monique Soileau-Burke: It should seem though. Even if it takes some lag time, there should be some way that the date is waiting. And as soon as it appears it can go in but now I'm talking magic stuff.

David Blythe -MDH-: He yeah and I shouldn't speak because I don't really know there might be those issues where the names might not match up by name and so forth. And so, how sure are you that the baby girl, this is this person, but it's definitely worth checking on because that is an important thing.

Monique Soileau-Burke: Yeah, that would be great. The other thing too is we get a lot during a lot. Once again, I keep going back to covid because that's when we had these kids going, four different places to get their vaccines where the name would be misspelled. They use their middle initial and...

David Blythe -MDH-: True

Monique Soileau-Burke: they don't normally use the middle initial and most of the time it's pretty good about bringing up white these two people have the same date of birth. And their names are similar. Do you want to coalesce this but sometimes it does still require some detective work and that's not ImmuNet's fault. There's a lot of hands in there during that period of time so

David Blythe -MDH-: That's true, but that's a good point and why a record might not appear for somebody where there was a vaccination administered.

Monique Soileau-Burke: Yeah. Anybody else have any other thoughts?

Monique Soileau-Burke: I think we've got some good information here and we can follow up and maybe make some of those inquiries about more specifics and maybe if Patricia once we can have her come talk to us next time. I know that there is also a new director of immunizations. Is that correct? David? I'm really picking on David tonight.

David Blythe -MDH-: Yes. Yes to both that we can definitely talk with Patricia and assuming it's a ti she's available and I know she'd be happy to talk with the group. And yes, we have a new chief of the center for immunization. The person might be known to some of you guys but it's Dr. Lucia Donatelli who was prior to this for a number of years at the Baltimore County Department of Health and their infectious disease Community program and ran that and so has a lot of local Health Department experience. She too is a pediatrician and so we're excited to have her but she's really hit the ground running her first week. She was dealing with the measles case and all that. So anyway, she's really been immersed in all things immunization

Monique Soileau-Burke: That's great. And I think that I'm going to be meeting with her with

Jamie Perry to talk about some things that we talked about on our MSDE/MDH me this morning, so that might be another opportunity. Anybody else having any other issues concerns thoughts they want to bring up. Then what we'll do is we'll go ahead and have a comment period and I'll ask Elizabeth I'll call to see if we have any members of the public to make any comments and if we do we'll use a two minute timer. And we'll open it up now. So as of now do we have any members of the public who would like to make a comment?

Monique Soileau-Burke: If you do, please unmute yourself and feel free to talk.

Monique Soileau-Burke: Hearing none I will go ahead. I will give you everybody 20 minutes back of this beautiful spring evening. And maybe some of you who are still stuck at work can finally go home.

Monique Soileau-Burke: All right, everybody have a great rest of your evening.