



## Statewide Advisory Commission on Immunization

### Meeting Minutes – May 8, 2019

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#### I. Attendees

**Members and Staff:** David Blythe, Yen Dang, Travis Gayles (chair), Victoria McIntyre, Robert Sadowski, Kurt Seetoo, Monique Solieau-Burke, Tiffany Tate, Sara Vazer.

**Guests:** Damali Totress (Glaxo Smith Kline)

#### II. Welcome and Introductions

Dr. Gayles called the meeting to order at 4:09 PM. Commission Members introduced themselves. Quorum was established.

#### III. Approval of February Minutes

No comments/edits. Ms. Tate moved to approve the February 13, 2019 minutes. Seconded. No amendments or discussion. Minutes approved.

#### IV. Measles Response:

- Mr. Seetoo presented a measles update. As of May 3, there were 764 cases from 23 states with an increase of 60 cases within the last week. Majority of cases from Rockland County, NY and New York City. In Maryland we have four confirmed cases within 3 zip codes in Maryland. The Maryland Department of Health (MDH) held a conference call with the local health departments (LHDs) on April 26 to provide a situation update, provide recommendations and answer questions. Five vaccination clinics have been held in Maryland: 2 in Baltimore City, 2 in Baltimore County, and 1 in Montgomery County. MDH has developed a measles website ([health.maryland.gov/measles](http://health.maryland.gov/measles)) that houses all the resources that MDH has developed as well as links to other sites (e.g. CDC)
- Dr. Gayles asked if there are any other comments/updates from the Commission. Dr. Burke reported that they have a large population of travelers. One problem that they have noticed is with insurance not covering early MMR doses administered prior to the fourth birthday. Dr. Dang stated that for pharmacists, there is a time limit from the recommended time frame to insurance approve. If the provider contacts the insurance company, the insurance company is able to offer backtracking for the medical claim. Dr. Burke asked if there is any way to get this message out to clinicians? Dr. Sadowski stated that often it is a computer driven issue and he is not sure if easy way to fix it. If the insurance company is called, they would likely change the decision. Dr. Sadowski stated that a letter from the

commission to the Chief Medical Officer (CMO) of CareFirst and Kaiser would help to motivate a change.

#### V. **Commission Role in Outbreaks/Outreach Efforts**

- Dr. Gayles asked for other thoughts about the Commission's role in outbreaks. He asked Dr. Sadowski if he will be willing to draft a letter to the health insurance companies. He said that he would be willing to do so. Action: Draft letter and send out to the Commission and put out as a Commission. Can share with MedChi and other professional societies.
- Ms. Tate stated that MDH is sometimes limited to reach out to press so they reach out to her at the Maryland Partnership for Prevention (MPP). If something were to happen related to immunizations, maybe the press can reach out to Commission members to address issues. Dr. Gayles sees this as an opportunity for developing a global communication strategy with specific Commission members identified as spokespeople for the media and asked what the Commission can do in the interim.
- Dr. Gayles asked what the global communication strategy would look like to Commission members. He deferred to Mr. Seetoo to see if there are parameters that we have to follow from MDH to construct a strategy. Mr. Seetoo will look into this. Action: Mr. Seetoo look into MDH contacts and procedure for a Commission communication strategy.
- Ms. Tate suggested that Commission members could be point people even if they are not speaking on behalf of the Commission. For example, if Mr. Seetoo received talking points from CDC, could send them out to Commission and asking if anyone would want to be the point person for press until a communication strategy is finalized.
- Dr. Vazer reported that regular immunization quick statements in the media would be a good idea. Dr. Vazer asked if we have social media presence. Dr. Gayles stated that we don't have a social media presence but it may be a subcommittee option. Dr. Vazer would be willing to be a social media subcommittee lead.
- Action: Volunteers to serve as point people should let Mr. Seetoo /Dr. Gayles know. Mr. Seetoo can then compile a list. Longer term – what would a communication strategy look like?
- Mr. Tate said that the Commission was established as an advisory commission to MDH on immunization issues and it sounds like we are looking to expand that role into becoming an independent body like the Advisory Committee on Immunization Practices (ACIP) which is good. It would be beneficial to have a discussion on the potential role the Commission could play. Does the Commission want to be seen as independent of the MDH or as an extension of the MDH? We would need to determine what we can and cannot do as a Commission.
- Dr. Gayles asked what the thoughts of the Commission are and how to be utilized. Dr. Vazer would like to see the Commission help with better distribution of

immunization education to healthcare providers. Ms. Tate would like to see the Commission pay close attention to things in Immunization, develop a position, and present to Secretary. This can be used for statements to the press. (e.g. FluMist effectiveness problem right now). Most Commissioners are not affiliated with a health system or institution and can therefore speak freely without having to seek additional approvals. Dr. Burke willing to speak without affiliation.

#### VI. **Commission Subcommittees**

- Dr. Gayles asked for consensus to form subcommittees among the Commission? If so, what would those be and who would volunteer for that. We should be mindful of the number of committees and the time commitments. Ms. Tate says that the subcommittees are helpful to get work done between the larger Commission quarterly meetings. Dr. Vazer asked what the purpose of the subcommittees are? Dr. Gayles sees this as an opportunity to get work done between meetings and get more visibility for the Commission. Dr. Vazer suggested having others (e.g. students as part of the subcommittees). Dr. Gayles said that to start it would be made up of Commissioners. Ms. Tate liked to consider non-Commissioners on the subcommittees since that is not specified.
- Ms. Tate proposed an Adolescent/School Health and Legislation/Advocacy subcommittee. Dr. Gayles would add an Outreach/Global Communications subcommittee. Discussion on changing the adolescent/school health subcommittee to a Special Population subcommittee. Special populations could include adolescents/elderly/school health/outbreaks. Dr. Blythe agrees.
- Three subcommittees suggested would be Special Populations, Legislation/Advocacy, and Outreach/Global Communications.
- Dr. Vazer would like to be a part of Outreach/Global Communications subcommittee.
- Ms Tate would like to keep school health separate since there is potentially a larger number of adolescent/school health issues. Dr. Gayles can see prioritization within the subcommittees.
- Dr. Gayles proposed a 4<sup>th</sup> committee – Innovations and Technology. Look at new strategies, campaigns, drugs. Work closely with Global Communications to share the information with the Commission and public.
- Commission agreed on 4 subcommittees (Global Communications, Special Populations, Legislation/Advocacy, and Innovations/Technology). In follow-up, Commissioners can volunteer which subcommittee they will like to be on and in particularly lead
- Ms. Tate would like to volunteer for Special Populations and Innovations/Technology.
- Action: Mr. Seetoo will send an email to Commissioners for subcommittee sign up.
- Plan to have subcommittees meet prior to next meeting to develop a working strategy and to report back to the Commission at the next meeting. Dr. Vazer

suggested having goals by the next meeting (e.g. Commission facebook page). Dr. Gayles would like to have the subcommittee make their goals and tasks and report back.

- Dr. Burke reports that social media is always evolving. The Communication subcommittee would need to keep on top of this and see which is most effective.
- Ms. Tate presented a suggestion on how to move forward with subcommittees. Maybe look to CDC for priorities and making these priorities for subcommittees to focus on. Dr. Gayles will look at the CDC for guidance.

**VII. New Advances/Data on Immunization Effectiveness**

- No reports. This will be an Innovations and Technology committee item agenda item going forward.

**VIII. Open Discussion**

- Ms. Tate opened a discussion on FluMist. She works closely with schools and flu clinics. They have been using injectable recently so she doesn't hear much about FluMist. What have providers heard? Dr. Burke stated that the parents have been good about transitioning back to injectable flu from FluMist. Dr. Vazer stated that there is a gap with school-based flu clinics in Mont Co. Dr. Gayles addressed the Mont Co situation working with the school health staff. Would like to discuss offline about Mont Co since he has not been aware of any issues. Ms. Tate described MPP's process and is unaware of any shortages. Suggested that Dr. Vazer talk to the school administration.
- Tentative next meeting would be August 14 but can move to Sept if needed. Dr. Burke stated that Sept that would work better. Tentatively look to Sept.

**IX. Public Comment**

- No public comments.

**X. Meeting adjournment**

Ms. McIntyre moved to adjourn. Seconded.

Meeting adjourned 5:03PM