



## Statewide Advisory Commission on Immunization

### Meeting Minutes

June 14, 2017  
6:30 p.m. to 8:00 p.m.

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#### I. Attendees

##### Members and Staff:

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

##### Guests:

Glynnis Hall (HQI), Greg Reed (DHMH), Matt Toth (Pfizer), Damali Totress (GlaxoSmithKline)

#### 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 March meeting were presented. Dr. Blythe moved to approve the minutes. Dr. Bailowitz second. March minutes approved.

#### IV. Commissioner Seats

Some Commissioners are moving off their seats. Dr. Abney emphasized that we try to diversify the group. She would like to get more diverse voices. Dr. Abney asks the commission if there are any possible Commissioners. If any Commissioners are aware of any candidates, please let Kurt or Dr. Abney know. We will let the Commissioners know what positions are available. Dr. Abney would like to get a student/youth member. That would likely be someone close to DHMH in Baltimore. In order to create this seat, there would likely need to have changes in the statute. Dr. Abney asks Commissioners to please think about this as well. Dr. Bailowitz thought that the maybe the student can get the community service credits. Commissioners agree that this is a great idea.

#### V. Update on VPD outbreaks

Dr. Abney feels that it is important to speak about vaccine preventable disease outbreaks. Dr. Abney presented on mumps outbreak in Arkansas in Marshallese community. The outbreak started in the northwestern part of Arkansas and spread to Missouri. Currently there are 10 states involved. Outbreak started in the summer 2016

and has continued into 2017. There has been little news coverage on this outbreak and Dr. Abney feels that it is important that parents are aware of these outbreaks. She feels that much of the vaccine hesitancy in the US is due to the success of vaccines. This is the largest mumps outbreak since 2006. Mumps is not uncommon in the US any more. Most of the cases have been vaccinated. Arkansas has done a lot to get the message out and has worked with the community to get people vaccinated. Mumps component of the MMR vaccine is the least effective. 1 dose give a 78% immunity with the second dose going up to 88%. There may be a need in the future for a third dose. Dr. Blythe reported that the vaccine has varying effect based on the strain circulating. 3<sup>rd</sup> dose is certainly warranted in some circumstances. This outbreak will be important to the ACIP meeting in making decisions on mumps vaccination. Dr. Bailowitz mentioned that the next ACIP meeting is next week. Dr. Abney reports that in 2016, there were 5800 cases of mumps in the US. So far in 2017 we are at 3100 cases of mumps in the US.

Dr. Abney also reported on the Minnesota measles among the Somali community. Originally Somalis had a high vaccination rate (around 90%) because of the prevalence of measles in Somalia. Around 2008, this population began to notice that there was an increase in the rate of autism spectrum disorder in the Somali community. Most of those children with ASD had the more severe presentation. They started to refuse vaccine due to the perceived risk of autism from the vaccine and the vaccination rates dropped to approximately 40%. Dr. Andrew Wakefield approached this population around 2010-2011 and really spurred the anti-vaccination movement in this community. The incidence of autism in the Somali community was about the same as the surrounding community but higher than the national average. Currently around 76 cases with 70 being unvaccinated. 3 had only one dose and the other 3 had two doses of vaccine.

Dr. Abney also reported about a case of pertussis in a high school in Virginia recently. The school did not feel this was a big deal. This case really emphasized the importance of messaging. The Commission needs to look at ways to get messaging out that this can happen in Maryland. Social media was suggested. Most HDs/many private practices/DHMH has some form of social media. Most people do not read newspapers anymore. Social media is free. Dr. Burke suggested that it needs to be very specific/relevant to the audience. We need to make it hit closer to home. Messages need to be relevant and address all ages (focus on adolescents, parents, grandparents). Alicia Mezu suggested that the school based health centers (SBHC) be included because many of them can vaccinate. Dr. Blythe asked how the SBHC would be involved. Alicia would need to think more about it. CDC has some nice handout materials. Commissions will often send out information. Need to find out how that would work at DHMH. Commission may be able to put together a packet/one pager about outbreaks, information, etc. to disseminate via the SBHC. Dr. Burke also mentioned that the

messaging needs to have links to get more information/vaccine (e.g. where to get vaccine-doctor, chain pharmacies with a script, LHDs). Dr. Abney suggest that we speak with Chris Garrett about DHMH social media, Alicia provide name of MSDE contact for social media, Dr. Bailowitz can work through AAP. Physician associations, pharmacy associations, MedChi might also have some resources. Dr. Abney suggested a committee to work on this with Kurt. Dr. Burke volunteered to help. Matt Toth (Pfizer) says that they have a lot of unbranded resources. Matt Toth volunteered to help. If anyone else would like to help, please email Kurt or Dr. Abney.

#### VI. **School Age Vaccines**

Dr. Abney reports that we are still seeing a lot of adolescents that are not up to date for the 7<sup>th</sup> grade requirements. The Commission should have some action item related to this so that we can make a difference. Dr. Burke asked if there needs to be more information as children are registered (as an entry point). Do we need to increase the notification/provide more information during this time? Alicia Mezu thinks this is a good idea since schools do develop registration packets. She also suggested promotion at the back to school nights. Dr. Abney asks if something can come down from MSDE rather than each HD approaching their school board. Alicia mentioned that there is a weekly memo that goes out from the state Superintendent to the local superintendents. Approaching the local superintendents individually may not be as effective. Jennifer Thomas says to remember to include the pharmacy groups to get the message out. They have a Monday memo to get out to pharmacists. They can help to disseminate a message. Dr. Abney suggests going through the chains at DHMH and MSDE to see if we would be able to send out a message. If we cannot get anything out by the beginning of the school year, then maybe we can focus on the next April when registration packets go out. Commission will work on the messaging and then work with Alicia to get it sent out. Alicia can let Dr. Abney and Kurt know when we will need to get information to her.

#### VII. **AAP HPV project update**

Dr. Bailowitz updated on the APP HPV project to increase vaccination rates. MDAAP decided to do a quality improvement effort. 5 practices recruited. Progress phone call was recently held to discuss barriers and lessons learned. There will be a final summary in late summer/early fall. Dr. Bailowitz will share with the Commission when the final results come out. Dr. Bailowitz also mentioned that there will be 2 CME presentations (Bel Air, another remote location) coming in October.

#### VIII. **2017-2018 Flu Season**

Dr. Abney reported on a study on using texting to remind parents to get second dose of flu vaccine. This is a two-flu season study so results will not be available anytime soon. Dr. Blythe asks how would that be implemented if shown to work? It would be presented as a technique to help increase rates. Dr. Burke thinks it is a great idea but it costs her practice three times more money to send text from their EHR than it does to send an email. This could be a barrier for some practices. We will have to see what happens in the future.

Dr. Blythe reported on the past flu season. Lots of flu this season, mostly H3 during the peak and some H1. There was also a large amount of type B. Type B and H3 that we detected were sequenced and matched pretty well to the vaccine. Component this year is the same as last year except for the H1 component which is slightly different.

#### **IX. Yellow Fever Vaccine Update**

Dr. Abney reports that there is a yellow fever vaccine shortage. Only one yellow fever vaccine currently licensed in US (YF-VAX) by Sanofi. Manufacturing problems at Sanofi will cause a shortage. An expanded access investigational new drug (eIND) application for Stamaril (also produced by Sanofi) has been pursued. Stamaril has been used outside of the US for years. Stamaril will be available through a limited number of providers throughout the US. Dr. Bailowitz asked if the vaccine has gone to Yemen. Commission members did not know. Dr. Burke mentioned that there is new information on the duration of the vaccine. WHO site now saying that one dose of vaccine lasts for a lifetime unless a person plans on going to a location that requires vaccination every 10 years.

#### **X. Adult Vaccine**

Dr. Abney would like the Commission to champion adult vaccine. We need to figure out how to get more traction with adult vaccine. Dr. Abney suggested asking DHMH or another partner to make a digital PSA on adult vaccines. CDC has some interesting things about adult vaccines that can be put on a webpage. Dr. Bailowitz reported that they recently did grand round at Sinai about adult vaccines. Matt from Pfizer recommended that we go back to the SBHC and social media as a way to promote adult vaccine. Dr. Blythe mentioned that pharmacists can provide ACIP recommended adult vaccine without a prescription. Social media messaging does not cost (e.g. share CDC messaging). Commissioners are asked to think about this and come up with ideas.

XI. **Open Discussion**

Dr. Abney discussed date of next meeting. Next meeting date is Sept 13<sup>th</sup> at 6:30PM with a possible following meeting on Nov 8<sup>th</sup>. Please mark your calendars.

XII. **Motion to adjourn**

Motion to adjourn by Dr. Burke. Seconded by Dr. Blythe. Motion passed. Meeting adjourned at 7:50PM