



## Statewide Advisory Commission on Immunizations

### Meeting minutes 1/9/24

#### I. Attendees Members and Staff:

- Monique Soileau-Burke (Chair), Alicia Mezu -MSDE-, Debbie Busch, Elease Booker -MDH-, Liz Elliott, Mary Caudle, Rebecca Carter, Russell Lewis, Yen Dang, Elease Booker-Ragin (staff), Elizabeth Edwards -MDH- (new staff)
- Public Comment Guest: Mr. Mazer

Liz Elliott: Students' vaccines may be in ImmuNet if vaccinations were administered in Maryland. Oftentimes, immunizations are documented on paper from other states or countries. For each enrolling student, School Health determines what immunizations are needed, based on State requirements and the CDC catch-up schedule. Across the state there are systems and processes in place in every health room to notify families of needed immunizations. In summary, when each student enrolls, School Health assesses immunizations, determines needed immunizations and notifies families.

Monique Soileau-Burke: Do you input those immunizations into ImmuNet?

Liz Elliott : We do not on a routine basis due to resource limitations. In Montgomery County, if we give vaccines at a school-based Health Center or at a freestanding immunization clinic they are entered into ImmuNet. However, most schools do not have a clinic. At these schools, there are a variety of staff doing the review and many staff do not have the training to enter vaccinations accurately. This is impacted by the critical shortage of nursing across the state that is even more significant in school health. Mary may be able to speak to Baltimore City.

Mary Caudle: We are 100% similar to what is going on in Montgomery County and especially in terms of a transient population and seeing new and different forms of immunization records. Our English language learners went up by 15% just this year so it has been a constant battle for our nurses and for our school to get this information correct. We don't enter anything into ImmuNet unless it occurs in one of our school-based health centers just like Montgomery County. So it's been a challenge.

Russell Lewis: So question, what do you do with the information year over year? You get the information, you reconcile the immunization, you keep a record of that at the end of year, does it stay that at the school? Do you dispose of it? Or does it just travel with the child from grade to grade?

Liz Elliott: Yeah, so that's a great question. It travels from the child grade to grade as the child moves through the school system. This happens fairly often if this child starts in Montgomery County and they move to PG County and they move to Baltimore City, the record follows that child wherever they go. And if at any point, they have an interaction with the school-based

health center or an immunization clinic, then hopefully if all the records get to the right place all of that back history will be entered into ImmuNet, but that's not 100% given, that's the goal. But again, the record follows the student wherever they go from year to year. And again, we assess all students for immunization compliance when they enroll. Most kids, that's kindergarten. There's also some Pre-K kids that's done by age and then any newly enrolling student the next sort of big bump and big hump is grade seven because of the additional required immunizations for MCB and Tdap in grade 7 and you're right, it's a challenge when students move around a lot in the state. That's a huge challenge or from Maryland to Virginia to DC and back to Maryland and that also happens.

Monique Soileau-Burke: Liz I have a question for you or Mary or Alicia that may seem silly. When you say that their record follows them if they're going to be transferring among counties or jurisdictions in the state of Maryland, is it just a digital record that just gets transferred from one jurisdiction to another? How does that actually follow them?

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Liz Elliott: Sometimes it is a record that gets faxed, but from one school to the other. Sometimes it's records that are given in hard copy to the parent to deliver to the new school. Sometimes if it's within a school within the same jurisdiction, it's a combination of digital records and a paper file. In school health, we're still rather dependent on the paper file. So it can take any number of versions but there's no centralized repository of information beyond ImmuNet. I think Alicia raised her hand. She might have additional content to share.

Alicia Mezu -MSDE-: Yeah, I just wanted to say that Liz is absolutely right. It gets transferred in various different ways, but from my experience as a school nurse in elementary school, if you had students that were in fifth grade, and now they're going the middle school that's down the road I mean years ago, we would just pack up the paper files and send it over to the middle school. I think it's a little bit more sophisticated now since there's digital and electronic records, but that was what I experienced. That's how it got transferred.

Monique Soileau-Burke: It sounds like there's a lot of room for improvement with the transfer of records and with the easing, somehow to make this more manageable for school nurses because it does seem over. Rebecca, I'm gonna call you out here. I have a question for you specifically. I know that when you were working with the school nurses that she made a comment to me or to the commission. I can't remember the difference between what ImmuNet looked like for you as a pediatrician inputting information and receiving information and what the School nurses kind of had access to, would you mind commenting on that? Or maybe I'm misremembering.

Rebecca Carter: Yeah, it was basically as we were going through in terms of how to access the reports and how to sort of visually go through it. It looks very different from the view that we have as the ones entering the information then when we were looking at it from the view of those who are viewing it but not actively entering. So I don't know that I can think of the specific ways in which it's different, but just sort of how to navigate and look for those

missing vaccines was much more apparent in our view.

Monique Soileau-Burke: I think it would be helpful for us next time to invite somebody from ImmuNet to come to this meeting. Would everybody be in agreement with that just to kind of talk through this a little bit more and see after hearing from them if we would have any suggestions for ImmuNet and how to make things smoother. How does anybody have thoughts about that? Because I think that might be helpful.

Russell Lewis: I agree with you. But also may want to consider CRISP as well given that so that might be at least at the school you can span them into CRISP and maybe get a partnership with them. Would be nice if you can scan into CRISP. When the child goes to another school the nurse I think she has to do is log into CRISP and see if they have any information in there in regards to school immunizations.

Monique Soileau-Burke: That's great. I'll make a note of that one last question for Alicia and Liz. Do School nurses, I mean, I understand obviously this is a huge workload issue, but you have the ability to input into ImmuNet, correct?

Alicia Mezu -MSDE-: I'm gonna say yes. I feel like years ago that there was an opportunity for school health services programs to have access to CRISP, but I'll pass it on to Liz in case I'm not up to date.

Liz Elliott: Yeah, so I'll unpack ImmuNet and then CRISP. In ImmuNet we can at least in Montgomery County. We have given certain staff who work at school boys tell centers and in our immunization clinic the ability to input immunization history and imminent and again, We've been hesitant to expand that to everyone because given the workload in healthcare and some of the turnover among our staff. I just don't think it's prudent to have everyone have that access and we don't have the staff to do that. So that's ImmuNet. Yes, but and then for CRISP in school health services in the county, a number of us were redeployed to support Public Health activities during covid and I'm familiar with CRISP because I'm one of those who had access to it. It's absolutely fantastic and I really agree that it may be a very nice platform to expand upon there but in putting into CRISP, we have not done into school health reading the information available in CRISP. Yes, and again, it's a fantastic opportunity not just for immunizations, but you can tell who's been to the ER for an asthma exacerbation for example, so it's really helpful in a number of ways.

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Monique Soileau-Burke: That's great. I think that will be great. I think for our next meeting which I'm Elise is gonna have a little bit of transition information here, but I think what we'll do for our spring meeting as we'll talk about the CRISP ImmuNet situation and see if there's ways that we can brainstorm and make some recommendations to make that smoother and available and maybe helping some of these school nurses out with all this review and helping all of us out so that we can have better documentation for our kids. And I mean honestly, I think remembering that we should really be using these for adults as well. Keeping track of

adult immunizations is really important, especially if they're getting flu vaccines and covid vaccines, they're getting their zofrax. There's so many vaccines available now for adults that we really always focus on this data collection for children and monitoring of children. And I think we need to be making sure that we're able to keep track of these immunizations for adults as well. I don't know if there are any - I know that Russell is an adult provider - I'm not sure if we have any other adult providers on here today. Other than ImmuNet, I don't really and I guess for CRISP, if something was given in the emergency room, I think that's all we're looking at.

Monique Soileau-Burke: That's what we'll do. So that'll be on for next time. I know that it's always easier for all of you. We'll get that date out as soon as possible and invite the guests. Please, I think you had some updates on some transition that you were wanting to talk to us about.

Elise Booker -MDH-: Thank you to all the Commissioners who made themselves available for this call. Thank you, Dr. Burke for always being so flexible and so helpful. So we are having a staff transition. Elizabeth Edwards will be assuming my role as Immunization Commission staff as I will be stepping down, as I will be moving on from MDH. I've seen a lot of you guys over the past 15 years in multiple capacities and it was a pleasure to be your staff for the commission. But you are going to be in Elizabeth's capable hands. She is adequately prepared to be your commission staff person.

Monique Soileau-Burke: That sounds great. Thank you so much. Alright, Please, does anybody else any of the other Commissioners have any thoughts that they want to share? Ideas suggestions. I think we've got a good track here and I think we've got some good things to talk about our next meeting with those CRISP ImmuNet that we discussed. And so if no one else has anything, I think I'll turn it over to Elise so we can manage our public comment time.

Elise Booker -MDH-: Alright, perfect. Thank you. So we are going to open the line for public comment. Please state your name and we'll go ahead and give you five minutes.

00:15:00

Comments from Mr. Mazer

00:20:00

Elise Booker -MDH-: Thank you for your time Mr. Mazer. Anybody else on the line for public comment?

Elise Booker -MDH-: Dr. Burke, I'll send it back to you.

Monique Soileau-Burke: Okay, I just want to thank everyone for joining us tonight. We appreciate everyone's input and the really good conversations that we've had this evening, and we'll certainly be looking at things for our next meeting which will be sometime in the spring. I'm probably guessing in March. Otherwise everyone, please be safe out there. Have a wonderful evening. Once again, thanks

so much for your time.