

Minutes	Immunization Policy Advisory Team (IPAT) Thursday, March 3, 2016/ 11:45 – 1:30pm/Room 1D
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ATTENDEES

W	Hilary Andrews Sara Beaudrault Joni Busche Jessica Caldwell Clarice Charging	X W	Kevin Hogan Linda Howrey Maggie Klein Tami Kochan Ellen Larsen
X	Paul Cieslak	X	Richard Lemman Paul Lewis
X	Alison Dent	X	Rex Larsen for Mimi Luther
X	Aaron Dunn	X	Jenne McKibben Bob Mendelson
X	Debi Farr	X	Janet Patin Nathan Roberts
W	Laurie Francis Erica Gillespie Judy Guzman Dana Hargunani Apryl Herron	W	Jennifer Webster

X – in person W – via webinar P – via phone

Guests:

P	Joell Archibald Marcy Baker Carrie Beck Rachel Clark Erin Corrigan Stacy de Assis Matthews Lisa Glasser Mike Hurley Anna Kandarian Ryan Linskey	W	Kerry Lionadh Ana McMurry Garth Meihoff Lisa Moffatt Steve Robison Joe Steirer Isabel Stock Amanda Timmons Quynh Tran
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Agenda	Minutes/Action Items
Introductions	
Oregon Immunization Program (OIP) Policy Team and IPAT Aaron Dunn	<ul style="list-style-type: none"> • Meetings will now be from 11:45am – 1:30pm • Agenda will focus more on policy issues • OIP Policy Team will help guide discussions with the intent of utilizing partners' resources, as there are limitation on what OIP can do for actual policy change. State role is more in education, research, facilitating collaborations, etc. The ask to IPAT will be to then drive policy change in Oregon.
Men B Review Stacy de Assis Matthews	<p>The School Law Advisory Committee is the group that makes recommendations about whether vaccines should be included in school vaccination requirements in Oregon. The Committee recently reviewed the meningococcal quadrivalent vaccine and meningococcal B vaccine, and recommended not mandating for school or college at this time.</p> <p>Twelve criteria used to evaluate vaccine for school requirement:</p> <ol style="list-style-type: none"> 1. ACIP Recommendation 2. Vaccine prevents disease in Oregon 3. Cost effective 4. Demonstrated vaccine effectiveness 5. Prevents disease in schools

	<ol style="list-style-type: none"> 6. Vaccine coverage will increase 7. Acceptable to the community 8. Funding 9. Vaccine supply 10. Administrative burdens 11. Parent/caregiver considerations 12. ALERT IIS <p>Individual institutions can mandate a vaccine as a requirement for attending. Vaccines not mandated for school attendance are not less important. OIP will still be working to increase uptake of meningococcal vaccines in adolescents.</p> <p>Discussion: Why is school exclusion day so late in the school year? The mid-February date evolved over time. Getting the data from the start of school entered into the various school systems, then assessed takes time, as does getting the notifications out to parents whose children's records are not updated.</p>
<p>Policy Input Review – Direction Setting</p> <p>Erin Corrigan</p>	<p>OIP's role in policy development:</p> <ul style="list-style-type: none"> • Assess problem • Select policy • Create briefs • Develop communications • Perform evaluation <p>Erin asked for input on policy areas IPAT would like to consider. Ideas from December meeting:</p> <ul style="list-style-type: none"> • Giving child care facilities the option to disallow nonmedical exemptors • Requiring staff immunization in long-term care facilities • Consider education al campaign to remind about the age of consent for immunizations (teens can self-consent) • Consider a surtax on pharma to fund social efforts to counter vaccine hesitance <p>Discussion</p> <ul style="list-style-type: none"> • ORS 433.416 prohibits employers from making vaccination a condition of employment. Would require a rule change. • Child care standards cannot refuse nonmedical exeptions and must comply with ACIP • If child care facilities have the ability to turn away non-vaccinated children may help establish being vaccinated as the norm in the community • Making vaccines more accessible is a better route for public health. Kids losing access to schools, day care or health care based on immunization status is not a positive approach. • Better to work with vaccine hesitant parents, alternative schedules, etc. <ul style="list-style-type: none"> • Q: Is that helpful? Could that lead to dropping below herd immunity levels? • Overall, population is very well vaccinated. Seems to be a lot of time spent on a very small segment of the population. • OIP can look at the data on up-to-date rates, delayed schedules, and non-vaccinated children, both at the state and community levels. • Immunization for adults often overlooked. Rates are not where they should be in Oregon and nationally. • What are the capacities of partners for developing or changing policy?

	Erin will put together a summary of ideas and send it out to member, along with a survey to gather input on what topics to develop further.
VFC Site Onboarding Update	<p>OIP is still waitlisting clinics for enrollment in the Vaccines for Children program.</p> <ul style="list-style-type: none"> The Program does not have the resources at this time to handle all the requests. <ul style="list-style-type: none"> Exceptions: <ul style="list-style-type: none"> Clinics affiliated with a local health department Federally Qualified Health Centers (FQHC) Clinics in Douglas and Washington counties Several clinics have cleared the waitlist. OIP is working with Health Analytics to assess VFC coverage at the state level to identify areas of need.
2015 Flu Season Update	<ul style="list-style-type: none"> Flu vaccine uptake is tracked in near real time Weekly Influenza Immunization data are placed into Oregon's FluBites (http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx) publication, available via listserv and online Areas tracked are weekly uptake, immunization source, age and gender, and county.
2016 Flu Summit Update	<ul style="list-style-type: none"> There will be a Flu Summit for 2016 Dates are being finalized; likely in late August/early September Agenda planning committee is meeting Looking for speakers; send suggestion to Alison.dent@state.or.us
PH Modernization Update	<ul style="list-style-type: none"> An evaluation of public health is being conducted. Public health organizations across the state are rating their capabilities in the foundational areas. The results will be compiled and sent to the Public HealthTask Force, who will develop a plan to take to the legislature.
Hepatitis A Exposure	A hepatitis A case has been reported in Clackamas county. The individual worked at the Sandy Cinema on February 12-15. Persons without record of previous hepatitis A vaccination who attended the cinema over those dates and partook of concessions are recommended for prophylaxis or immunization. Clackamas county is organizing the response, with help from Legacy, Providence and Adventist health systems. Clinics were held Feb. 23-25, with 94 doses of vaccine and 138 of IG administered.
Program Updates	An HPV conference in partnership with the American Cancer Society is in the planning stages, tentatively scheduled to be held after the Flu Summit. Please send suggestions for speakers and topics to Isabel.stock@state.or.us