

<b>Minutes</b>	<b>Immunization Policy Advisory Team (IPAT) Thursday, June 2, 2016/ 11:45 – 1:30pm/Room 1D</b>
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**ATTENDEES**

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

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

**Guests:**

W	Joell Archibald	X	Tracy Little
X	Marcy Baker	P	Garth Meihoff
W	Felicia Butler	X	Mallory Metzger
X	Christina Chac	W	Deb Richards
X	Erin Corrigan	X	James Shelton
X	Stacy de Assis Matthews	X	Joe Steirer
X	Mike Hurley	X	Isabel Stock
W	Jill Johnson	X	Amanda Timmons
W	Heather Kaisner		
x	Rex Larsen		

<b>Agenda</b>	<b>Minutes/Action Items</b>
Introductions	
Bidirectional data exchange Tracy Little	<p>Brief history of data exchange with the ALERT Immunization Information System (IIS) starting in 2011</p> <p>Currently:</p> <ul style="list-style-type: none"> <li>• 468 bidirectional Interfaces               <ul style="list-style-type: none"> <li>– Facilitated by 17 sending orgs/vendor hubs</li> </ul> </li> <li>• EHRs sending queries:               <ul style="list-style-type: none"> <li>– Epic</li> <li>– GE Centricity via ImmsLink &amp; STC</li> <li>– athenahealth</li> <li>– Cerner</li> </ul> </li> <li>• Other interfaces with Washington state registry, Communicable disease database and Early Childhood Cares               <ul style="list-style-type: none"> <li>– Possible query response options:                   <ul style="list-style-type: none"> <li>– single match found</li> <li>– multiple matches found</li> <li>– none found</li> </ul> </li> </ul> </li> </ul>

	<p>Next steps</p> <ul style="list-style-type: none"> <li>Leveraging query messaging with non-traditional data partners <ul style="list-style-type: none"> <li>Query-only partners such as WIC, OR-Kids, EHDI</li> <li>Secondary-source partners such as health plans, HMOs, etc.</li> </ul> </li> <li>Future enhancements</li> <li>Meaningful Use Stage 3 – what impact will this have on IIS?</li> </ul> <p><b>Discussion:</b>  Local health department is working with CCOs where community health workers could use ALERT ISS access when doing case work.  <i>ALERT IIS is working with CCOs on access needs.</i>  OIP is providing CCOs with data for 2-year-olds. What does that data consist of?  <i>CCOs provide a patient list and OIP pulls the records for that group. Can also include overall rate information for the group.</i>  How many primary care providers are doing bidirectional data exchange?  How many do not use electronic medical records?  <i>ALERT IIS has the number of providers but has not broken it out by type of provider.</i></p>
<p>HPV Update Christina Chac</p>	<p>HPV series rates for 13-17 year olds (May 2015)</p> <ul style="list-style-type: none"> <li>Female – 36.4%</li> <li>Male – 20.6%</li> <li>Goal for both by 2020 – 50%</li> </ul> <p>Population-base Intervention</p> <ul style="list-style-type: none"> <li>Increase the percentage of adolescents who complete the HPV vaccine series <ul style="list-style-type: none"> <li>Increase the percent of HPV vaccines administered by pharmacists to 11- 17 year olds</li> <li>Increase the number of HPV vaccines administered by SBHCs</li> </ul> </li> </ul> <p>HPV Round Table Event</p> <ul style="list-style-type: none"> <li>Partnership with American Cancer Society</li> <li>Thursday, October 20<sup>th</sup></li> <li>Create statewide team working on improving HPV education and HPV vaccination rate</li> <li>Identify who is doing what</li> <li>Framing the conversation between providers, parents, and youth</li> <li>Examine Oregon HPV prevalence and HPV vaccination rates</li> <li>Determine what to do next</li> </ul> <p>2016 Oregon Flu Summit &amp; More</p> <ul style="list-style-type: none"> <li>Tuesday, August 23<sup>rd</sup></li> <li>HPV Component</li> </ul> <p><b>Discussion:</b>  CCOs are tying HPV vaccination with adolescent well visits and sports physicals. Some creative ideas in use to reach that population.</p>
<p>OIP Policy Team: Results of IPAT Survey and discussion Erin Corrigan</p>	<ul style="list-style-type: none"> <li>Survey sent to IPAT member after March meeting to gather input on areas of policy to focus on. Each respondent selected three topics from 9 choices in order of preference.</li> </ul> <p>Analysis of results</p> <ul style="list-style-type: none"> <li>Choosing top two topics did not give each respondent at least one choice as a selection.</li> </ul>

	<ul style="list-style-type: none"> <li>• Choosing three or four topics would give each respondent at least one choice as a selection.</li> <li>• Top four choices: <ul style="list-style-type: none"> <li>– Education strategies to address vaccine hesitancy</li> <li>– Increasing uptake of vaccines by health care workers</li> <li>– Improving flu vaccine coverage</li> <li>– Increasing Tdap uptake in pregnant women</li> </ul> </li> </ul> <p><b>Discussion:</b>  At national meeting of the American Academy of Pediatrics and other provider organizations, vaccine hesitancy is always a topic. Pick the top two choices to begin, but do not let the others fall off the radar.</p>
Vaccine Exemption Rates in Oregon Stacy de Assis Matthews	Exclusion Summary 2016 <ul style="list-style-type: none"> <li>• 684,615 children covered by school law</li> <li>• 41,045 exclusion letters issued (40% increase from 2015)</li> <li>• 6,995 children excluded (50% increase from 2015)</li> <li>• Majority of the increase was from previously held exemptions that expired in 2016.</li> </ul> New nonmedical exemption process – year two <ul style="list-style-type: none"> <li>• Slight increase in number of nonmedical exemptions but still below peak of 7%.</li> </ul> SB 895 changes <ul style="list-style-type: none"> <li>• Schools and children’s facilities now reporting immunization rates by vaccine for grades K-12</li> <li>• Reporting exemption rates by vaccine for grades K-12</li> <li>• Removal of all old exemptions signed prior to 2014 <ul style="list-style-type: none"> <li>– K-12 nonmedical exemption down by ~4,000 exemptions</li> </ul> </li> </ul> Immunization data by school/children’s facility is available on OIP website at <a href="http://www.healthoregon.org/immdata">www.healthoregon.org/immdata</a>
Policy Option 1: Education Strategies to Address Vaccine Hesitancy Amanda Timmons	General guidelines around what is considered vaccine hesitancy World Health Organization (WHO): “a behavior, influenced by a number of factors, including issues of: <ul style="list-style-type: none"> <li>• confidence (do not trust vaccine or provider)</li> <li>• complacency (do not perceive a need for a vaccine, do not value the vaccine)</li> <li>• convenience (access)</li> </ul> Vaccine hesitant individuals may accept all vaccines but remain concerned about vaccines, some may refuse or delay some vaccines, but accept others; some individuals may refuse all vaccines” Sources of hesitancy <ul style="list-style-type: none"> <li>• Cultural shifts – patients more involved in decision-making, linking lifestyle choices to disease prevention</li> <li>• Lack of information – the average person has no idea how vaccines are tested for safety</li> <li>• Misperception – it’s safer to do nothing than to do something.</li> </ul> WHO Strategic Advisory Group of Experts (SAGE) input on vaccine hesitancy: <ul style="list-style-type: none"> <li>• multimodal interventions are required and that it is important that vaccine-hesitant groups be divided by their underlying concerns and by their willingness to comply with routine vaccination schedules</li> </ul> Vaccine Hesitancy: A Literature Review completed by Sara Jaye Sanford, MPH (available upon request) key messages: <ul style="list-style-type: none"> <li>• Limits of information – facts may not change fundamental attitudes about health and illness</li> </ul>

	<ul style="list-style-type: none"> <li>• Social norms and networks - single most predictive variable for their immunization decisions in an analysis of parents in King County, WA</li> <li>• Role of providers - receiving a strong recommendation from a healthcare provider is one of the main predictors of immunization status</li> </ul> <p><b>Discussion:</b>  In reference to the statistic that 3.7% of recent med school graduates believed that vaccines do more harm than good, is there data for Oregon for vaccine attitudes in med students?  Vaccination rates in the US are overall quite high. Is there value in directing a lot of resources at a very small albeit vocal population?  While overall rates are high, there is more rate variation at the local level, which does affect herd immunity.  Applying more or stricter rules could push people in the opposite direction. Policy does not need to be about restrictions, it could address dealing with outbreak control, etc.</p> <p>Discussion will continue at September meeting.</p>
Policy Option 2: Increasing Uptake of Vaccines Among Health Care Workers	Time ran out - postponed to Sept. meeting