Massachusetts Adult Immunization Coalition (MAIC) Meeting

December 1, 2015 1:00 – 3:00
Location: Massachusetts Medical Society
860 Winter Street, Waltham, MA 02451
Commonwealth Room

MAIC meeting minutes

ATTENDEES IN PERSON		
Last Name	**First Name**	**Organization**
Alie	*Robyn*	*MA Medical Society*
Lisinski	*Heather*	*JSI*
Vanucci	*Rebecca*	*MDPH*
McKenzie	Mary	Chelsea, Public Health Nurse Advisor
McReynolds	Cynthia	MCAAP Immunization Initiative
Schilb	Sherry	Sanofi Pasteur
Mori	Ruth	Wayland Public Health Nurse
Hopwood	Chris	Healthcentric Advisors, New England QIN-QIO
Layer	Lynda	MA Chapter, American College of Physicians
Peele	Annette	EOEA
Palazzo	Jim	GSK
Cromwell	Joan	City of Chelsea
Leydon	Lisa	American Cancer Society
Frazier	Diane	Pfizer
Garvey	Michael	MedImmune
WEBINAR/PHONE		
Lett	Susan	MDPH
Bip	Rattana	MDPH
Naylor	Suzette	Berkshire AHEC
Mercer	Leila	Public Health Nurse, Natick
Sullivan	Marianne	Health Services, UMASS Dartmouth
Corning-Davis	Barbara	Healthcentric Advisors, New England QIN-QIO
Martel	Joanne	Andover Health Dept

Vaccine Updates: Flu/Pneumococcal/HPV/MenB – *Susan Lett, MDPH*

- Great news – expanded availability of HPV and Men (MCV4) vaccines for kids through 18
- During transition, MDPH will ask insurers to continue to reimburse providers for private purchase of HPV and MCv4 through March 2016
- FluMist delayed, end of December most should be available, plenty available for private purchase
- 2 new vaccine strains recommended because of drift, similar to the circulating strains, this year significantly more protection offered than last year; good match in USA, continent & hemisphere
- National and state wide very low rates of influenza activity so far, well below baseline
- CDC encourages appropriate use of influenza prophylaxis for HIGH RISK individuals
- **2 newly released Meningococcal B vaccines** – serogroups A, B, C, Y, W-135, decrease in smoking for young people can be associated with lower meningitis occurrence, smoking by itself is a risk factor
- **2 serogroup B vaccines** – Trumenba (Pfizer) 3-dose and Bexsero (Novartis/GSK) 2-dose, same product for ALL doses, NOT interchangeable; not a lot of data with interchangeability, unlike other vaccines which are more flexible, these products use very different proteins
- **ACIP indications for MenB vaccines** – recommended for 10+ years old at increased risk (Cat A); healthy 16-23 not at increased risk (Cat B)
- **Challenges for routine use of MenB vaccines in adolescents & young adults:** low burden of disease, proportion of serogroup B cases prevented is unknown, effectiveness data not available, safety (reactions), outbreaks on college campuses cause concern/challenges
- **College students have lower/equal risk of MenB than non-college students (18-23 years)**

MenB Vaccines Immunogenicity and Duration of Protection

- Immunogenicity suggests short term efficacy
- For MenB-FHbp: Evidence of waning antibody levels within 6 months post dose 3
- For MenB-4C: Modest waning in antibody observed through 24 months post dose 2
- Proportion of vaccinees who develop bactericidal antibodies may vary with each outbreak or circulating strain
- We need more data

Impact of MenB Vaccines on Carriage

United Kingdom

- At study entry, 31-34% carried any *N. meningitidis*
- No significant difference in carriage was detected between the study groups at 1 month after vaccination with MenB-4C

United States (ongoing in RI)

- Carriage surveys initiated at two schools experiencing serogroup B outbreaks
    - Survey in conjunction with MenB-FHbp mass vaccination
        - Dose 1 (baseline carriage), Dose 2 (post-dose 1 carriage)
        - Additional round planned for Fall 2015
- Preliminary results show no change in carriage in the student post-dose 1

Recommendations for Use of MenB Vaccine in Other Adolescents & Young Adults

- Serogroup B meningococcal (MenB) vaccine series **may** be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease.

- The preferred age for MenB vaccination is 16 through 18 years of age (based on what we know of waning immunity)
- **This is a Category B recommendation (recommended for individual clinical decision making).**

No recommendations for routine use at this time due to:
- Low burden of disease
- Complete data for additional policy making not yet available.
- ACIP will monitor data as it becomes available.

CONCLUSIONS
- Incidence of meningococcal disease has declined for all serogroups
- Serogroups C & Y continue to occur in age groups recommended to receive MenACWY
- Serogroup B vaccines
    - Antibody persistence unknown
    - Number of vaccine-preventable cases not known
    - Impact on carriage not known
    - Vaccine pressure on circulating strains not known
    - QALY saved is 20 times higher than any other vaccine
- These are valuable tools to prevent outbreaks
- Great to be able to offer to adolescent patients

Special Projects – *Rebecca Vanucci, MPDH*

1. TAKE A STAND project: Immunization Action Coalition

— use evidence based strategy to implement standing orders
— coming to Boston for 1 time clinic in June, already recruiting practices, limited to 2 individuals per practice right now
— MDPH will be promoting up to June, would like to partner with MMS, MCAAP and Healthcentric to get the message out
— nationally recognized speakers will be there (TBD)
— practices have to be administering vaccines to adults & open to using standing orders (clinic nurses & managers should attend), www.standingorders.org

2. ACOG 3 year grant to raise imm rates for pregnant women in CA & MA www.immunizationforwomen.org, great opportunity to raise rates

National Influenza Vaccination Week NIVW is Dec 6-12

Immunization Reports from the Field – *MAIC Members*

Tufts now reimbursing for high dose outside HCP offices – pharmacies, local boards of health etc.

Michael Garvey, MedImmune – FluMist update: just received 16000 doses today, next week December shipments will all caught up

Mary McKenzie, Chelsea Public Health Nurse Advisor - delay in payments to health depts.; late payments go into general funds, not revolving accounts, so we are not able to purchase more vaccines;, if this continues, health depts will not be able to continue to fund vaccines, September payments have not been received yet

Ruth Mori, Wayland Public Health Nurse – national payers do not enter into agreements with local health depts.; those of us in high-vaccination communities… we attempt reimbursement, goes back to revolving fund, eating up budget, high number of nationally covered individuals, need to push UNITED, AETNA for equal reimbursement - Susan Lett/DPH and Commonwealth Medicine willing to speak with UNITED, consider as a coalition reaching out v individuals for efficacy?

Marianne Sullivan, Health Services, UMASS Dartmouth - I would like to discuss issues around billing MassHealth for influenza immunizations for students on our campus and having those claims rejected

American College of Physicians – national platform, immunization is #3 priority

2016 MA Adult Immunization Conference Updates – *Rebecca Vanucci, MPDH and Robyn Alie, MMS*

Wednesday, April 27, 2016 – Marlborough MA
No hard copy brochure this year, awardee nomination info will be sent to full coalition for input; also seeking suggestions for participants who should be represented

Keynote speaker Robert H Hopkins Jr, MD, FAAP, FACP – Chief of Meds/Peds from University of Arkansas, editor or journal *Vaccine* – will cover 4 topics – HepB, MenB, Pneumo, HPV

Program structures – options:
Option #1 - 2 breakout sessions (AM/PM) + afternoon plenary – would shorten workshops AND lunch (60 min)
Option #2 – either afternoon plenary OR breakout sessions – 90 min lunch, possible movie? (Someone You Love – cervical cancer, plugs HPV vaccination); possible offer space for movie as optional during lunch time

- Breakout sessions tend to facilitate conversation v being talked at/lectured without break, keep people engaged, smaller groups, opportunity for folks to get vaccine storage and MIIS updates that need it

Possible breakout sessions:

1. Surveillance, Reporting, Control (x2)
2. MIIS (x2)
3. Adult Immunization 101
4. Vaccine Storage/Handling
5. Multicultural Panel – aging perspective? – challenges + communication strategies
6. HPV case study from Salem State – Kimberly Daly, successful quality improvement program in 2014 – Spread Love not Warts (Suzette Naylor document) (comments – something different, sounds good – Lowell did similar campaign with Tdap) – collaboration across colleges, physicians & communities
7. Integrating flubit/FluFOBT – ACS working toward 80% colorectal screening rate by 2018, blood testing, fecal sample instead of colonoscopy, take-home kit, combine with time of vaccination, helped increased access for colorectal screening – speaker on this topic, show how to

implement in your practice, piloted in FQHC and other states, not MA, no hard data yet but received well with ethnic groups & elderly, evidence-based approach

8. Immunization & refugees/immigrants – targeting adult population – this could be incorporated into the Multicultural Panel idea
9. Movie during lunch?

PLANNING COMMITTEE meeting dates – 12/15 (breakout sessions will be decided), 1/11, 2/9, 3/15 3-4pm at MDPH state lab & can call in

Discussion of possible changing MAIC meeting times to evenings so other groups (physicians or providers) can attend, but not changing in the near future – probably early March next date, 1st or 8th, 1-3 or 2-4.