

Vermont Immunization Advisory Council

May 3, 2019

Participants:

Phone

Alicia Harahan – Agency of Education
Carol Hauke, RN – Rice High School - SN
Deb Doyon, RN – Newport area -SN
Martha Maxham, Agency of Human Services
Christine Payne – UVMHN CVMC Family Medicine Waterbury
Patsy Kelso – VT Dept of Health, State Epidemiologist

In person

Paul Parker – Richmond Pediatrics & Adolescent Medicine
Christine Finley - VT Dept of Health, Immunization Program
Amanda LaScala - VT Dept of Health, Immunization Program
Karen Halverson - VT Dept of Health, Immunization Program

1. [2018 Annual Report](#) – Summary report of Vermont’s immunization rates and ongoing effort to ensure legislator, providers and the public is aware of Program goals and current efforts
Any feedback on the report is welcome
2. [2018-19 Child Care and School data](#) released
Child Care - Coverage improvement, 93.7% fully up to date
School –
 - K – 12: 94.5% fully up to date
 - K only: 90.4% fully up to date
 - MMR rate K and K-12, 93% and 97%

Dr. Parker asked if there is outreach to Independent school parents?

Chris suggested that the Immunization Program will contact VCHIP to ascertain if there was interest and resources to lead an effort on school improvement of immunization rates.

Carol noted that Rice High School is planning to eliminate the religious exemption. It was noted that two other independent schools have also eliminated the religious exemption

3. [Men ACWY](#)

Requirement currently for residential students only. Of the 31 states with Men ACWY requirements, only two states limit it to residential students.

Dr. Parker asked what the incidence of Men with serotypes ACWY was in VT?

Patsy responded 0 – 1 case(s) per year

Chris: will provide actual case count. [Based on a review of NBS, since 2010 there have been 20 cases of meningococcal disease and eight cases with a subtype noted as ACWY. In the past six years, no cases of meningococcal disease with the serotypes A, C, W or Y have been reported](#)

Alicia asked who are the students and schools affected by the current rule?

Karen noted dormitory students in grades 7 – 12 (only independent schools have dormitory students)

4. [PCV 13 and Hib required in Child Care](#)

Chris clarified that the requirements are consistent with the ACIP recommendations.

Dr. Parker asked why there wasn't a rotavirus requirement. Chris noted that this vaccine must be administered by a very young age (8 months) and it would be challenging for child care centers to track this. It was also noted that there is no hepatitis A vaccine requirement, but that it is required by the federal Head Start program.

5. Act 37 Required report for mandatory immunization of school personnel

Chris noted that Act 37 (2015) included a required report for mandatory immunization of school personnel. The link to this was included in the agenda. The report provided two recommendations:

Recommendation 1. The Department of Health on its own, or at the direction of the General Assembly, should adopt a voluntary recommended schedule of vaccinations for adult school personnel.

Recommendation 2.) The Department of Health should survey school nurses and administrators biannually to determine levels of compliance with the published recommended schedule.

- MA and UT provide recommendations for immunization of school personnel
- Alicia noted she has not seen this Report and that Recommendation 1 makes sense. She noted that a new director is coming soon and she will provide contact information for follow-up
- Dr. Parker noted education of staff is a benefit, double standard if kids are required. He also noted baseline data would be useful to see if education improves vaccination rates
- Patsy: supports educational efforts and recommendations
- Chris asked if the group supported Recommendation 1 with education but not Rec 2 (surveys) at this time. Consider surveys to determine immunization levels in the future. There was agreement to this approach.

6. Advisory Council Chair – Amanda shared statutory language regarding the need for the Committee to elect a chair. Dr. Parker volunteered to be chair and was fully accepted by the Council.

7. Additional Updates

- MMR information was recently sent out to providers and vaccine managers with practice specific coverage rate data from the Registry.
- Measles provider call planned for May 10th.
- Hepatitis A outbreak discussion: VT Registry data: 45% of 17 years olds have no doses of Hep A. Dr. Parker encourages Hep A for teens. Chris noted there currently is a 62% hospitalization rate for adult Hep A cases in NH.
- Martha stated that she could not find Hep A information on the Health Dept webpage, should be easier to find. Chris shared news of planned outreach to homeless people and work with shelter staff. Martha asked about how Hep A is handled within the Dept of Corrections. Dr. Payne asked if Registry data is available to practices when people are vaccinated while incarcerated. The answer is most of the time. The Registry is working with Corrections to ensure it always happens.

Action items:

1. The Immunization Program will coordinate a draft of recommendations for school personnel and review with AOE before sending to the Advisory Council for review. Additional information: The Program will work to have this sent to all schools by August 1, 2019.
2. The next meeting will be in 1 year.