

**Physician Advisory Committee (PAC)
of the San Diego Immunization Branch (SDIB)
Meeting Minutes**

Our mission: Reduce vaccine-preventable diseases by raising immunization coverage rates of all San Diego County residents

Website: www.sdiz.org

Date: March 3, 2010

Time: 7:30-8:30 a.m.

Place: Harbor Room

Attendees: Janet Battey, MD; Linda Bethel, PHN; Anne Cordon; Liz Dodson, RN; James Murphy, MD; Henry Ng, MD; Kimberly Ralston; Mark Sawyer, MD; Mark Shalauta, MD; Florencia Sisterson, PHN; John Tueller, MD & Heidi Unruh, PHN

Agenda Item	Discussion
Welcome and Introductions	<i>Dr. Sawyer</i> welcomed everyone and thanked them for attending.
Updates & Announcements	<p>3 new vaccines have been approved by the FDA in the recent weeks:</p> <ul style="list-style-type: none"> • High dose influenza vaccine – Made by Sanofi, intended for use in seniors. 4 times as much influenza antigen as normal vaccine with 60 micrograms. Otherwise it's the same as any other influenza. Clinic trials are showing that seniors are responding better to vaccine and are having a greater antibody response. It is now FDA approved for use in the upcoming flu season. The recommendation for the use hasn't yet been decided. Hopefully in July a statement should come out with ACIP's recommendation. • New conjugated meningococcal vaccine – Made by Novartis. Exactly the same as Menactra with same 4 serotypes. It's simply an alternative choice to Menactra. This and other meningococcal vaccines will likely be licensed for children as young as infants within the next year. • PCV-13 – 13 valent pneumococcal vaccine. It will replace prevnar. Discussed further below in <i>ACIP Update</i>.
Zoster and Pneumovax Article from Merck	<ul style="list-style-type: none"> • Summary - Zoster and Pneumovax should not be given to seniors at same time. Based on one clinical trial. It shows a decreased antibody response to Zoster when given simultaneously with Pneumovax rather than given separately. • Overall this is not felt to be a significant observation. The antibody titers were only moderately decreased. For Zoster immunity the general feeling is the cell mediated immunity response is more important than measuring the antibody titers. Informal poll from ACIP shows that not many people are concerned and they are not planning to change the recommendations for use of Zoster vaccine.
ACIP Meeting Update	<ul style="list-style-type: none"> • HPV – No change yet in recommendations. But data was presented for use in women ages 26 and above because it's anticipated that Merck's vaccine will be approved up to age 45. With older women usually two things happen: either they are already infected with HPV or they change their sexual behavior so they're not at risk (not having multiple sexual

	<p>partners). Overall impact of vaccine for older women is decreased compared to younger women and is not cost effective. ACIP is expected to give a permissive recommendation similar to what was done for HPV and boys.</p> <ul style="list-style-type: none"> • Recommendations for use of PCV-13 – New conjugated pneumo vaccine. It's anticipated to further reduce the disease in children by 60%, the 60% of the disease is caused by the 6 serotypes that are in the new vaccine and are not in the old vaccine. The general intent is to switch out new vaccine with old. It may happen on an exchange basis. The price of the new vaccine is about \$30 more. This is anticipated to be either cost neutral or even cost saving because it will prevent more disease. Immunizing infants will also protect seniors, since they're not being exposed to young kids carrying disease. There are anticipated benefits for older people as well as young children. Kids that have already had 4 doses of PCV-7, if they are under the age of 59 months you should give one dose of PCV-13 to top them off and give them protection for the 6 serotypes. • Hepatitis – workgroup is working towards recommending that diabetic adults get Hep B vaccine. This comes from a series of outbreaks in skilled nursing facilities where older diabetics are living. Most adult diabetics are not immunized because they are older and never fell under the pediatric recommendation. A formal recommendation might not be made until October. • Meningococcal – Anticipation of vaccine licensed for children in the next year. However the incidence of disease has dropped dramatically for reasons that are unclear. As a result the remaining disease in young infants that can be prevented is quite small. It does not seem to be cost effective. This raises questions on whether recommendation for infants should be made. It seems there will not be a formal recommendation from ACIP. No final vote on this yet. • Influenza - H1N1 is over as far as CDC is concerned, even though they say we may see another wave. Next year's seasonal influenza vaccine will have the new H1N1 strain and will be a trivalent typical influenza vaccine. There will no longer be risk groups and everybody every year will be able to get the seasonal influenza vaccine. The topic was brought up of there being quite a few refusals on the swine flu vaccine, but people are willing to get seasonal. Some doctors are worried that if the vaccines are combined there may be refusals for them both. ACIP addressed safety of H1N1 and it is perfectly safe compared to seasonal flu and they are trying to get this message across to everyone.
<p>Influenza 2010-2011</p>	<ul style="list-style-type: none"> • No significant influenza strains this season. H1N1 has remained pretty quiet around the country. There is still plenty of vaccine. There's only one mass vaccination clinic left. There will be vaccine offered throughout the month of March at smaller venues like swap meets and farmers markets. Recent turn out at mass vaccination clinics have been very low. • School based clinics are now wrapping up in San Diego. Around 60,000 doses were given. Effort between County and immunizers from Maxim Healthcare and Children's Hospital. Evaluations of the events will be happening soon to see how things can improve and how to plan for the future. There is still general interest for school based immunizations for flu since it's hard for doctors and patients to meet up every fall especially for kids that need 2 doses. The problem is funding, who will provide vaccine and who will be the immunizer. May happen again next year, but might be on a smaller scale.
<p>Mumps and Measles Outbreaks</p>	<ul style="list-style-type: none"> • There have been recent Mumps outbreaks in New Jersey and New York, mostly among adolescent boys in Jewish populations. It may be due to the fact that in school they usually all share the same book and are in very close quarters of each other. The outbreaks were mostly in vaccinated people. This shows the mumps component in MMR is the least effective. It's 79-95% effective. Even in fully immunized populations you can have an outbreak. • 4 cases of Measles in Northern California in the last month. These were isolated events and unrelated.

RDD 2009 Data	<ul style="list-style-type: none"> • Up to 36 months of age – Drop in Hib coverage rate, DTap #4 is low as well, Pneumo rates are going up over 80%. • PBE rates are slowly creeping up over the last few years. Question was asked to parents: Did you ever delay or refuse a vaccine because of something you read about safety of side effects? This took a significant jump compared to past years. 1-2% say their child has never had any immunizations. • Adolescent coverage is generally improving. HPV coverage is at 40% which is improved only on first dose. Meningococcal vaccine 30-40%. • Adult coverage rate for flu for seniors: It's exactly the same as it was in 1998. • Tdap in health care workers has made a small improvement to 26%, but total population of adults is only 12%.
Registry Update	<ul style="list-style-type: none"> • Working on interface: either data exchanges through electronic real time as you send the data to receive it back again, also at batch file exchanges. Haven't heard anything from Navy and Scripps. Navy faces their own problem with their EMR system which constantly crashes and data entry has to be entered into multiple systems, so they might be hesitant to try to communicate with another system. There may be some stimulus money that may be available for registry communication. Scripps has worked with registry in other states. The obstacle is to get on IT agenda and to make it part of operational procedure with disclosure process. Kaiser has large percentage of kids immunization records in their systems. This would greatly increase sharing of information. Legality and logistics are the issue along with electronic communications. Children's Hospital and CPCMG have adopted EPIC and we are now exchanging data with them electronically. Hopefully momentum with CPCMG and Children's has started and it might encourage other clinics that it is possible with EMR's.

Next Meeting: May 5, 2010