

Idaho Immunization Assessment Board
Board Meeting Minutes
Monday, October 5, 2015
Department of Insurance, 700 W. State St., Boise, ID – 3rd Floor Conference Room A

Board Members Present:

- Ted Epperly, M.D. - Family Medicine Residency of Idaho – Chair
- Chris Pickford – Boise School District – Vice Chair
- Dean Cameron, Director – Idaho Department of Insurance
- Christine Hahn, M.D. – Idaho Department of Health & Welfare
- Mike Hodge - Albertsons LLC & New Albertsons Inc.
- Richard Rainey, M.D. – Regence BlueShield of Idaho
- Fred Martin – Idaho Senate
- Jeff Thompson – Idaho House of Representatives

Board Members Absent:

- Brian Fellner – Blue Cross of Idaho
- Unfilled board member position

Others Present:

- Rafe Hewett—Idaho Department of Health & Welfare
- Tamaire Olson—Idaho Department of Health & Welfare
- Elaine Mellon – Idaho Department of Insurance
- Kurt Stembridge – Glaxo-Smith-Klein
- Christian Buhler—Pfizer
- Brian Neuenschwander—Pfizer

Call to Order: Chairman Dr. Ted Epperly called the meeting to order at 3:00 PM MDT.

Approval of Minutes from July 20, 2015 meeting:

Motion to accept minutes made by Senator Fred Martin; motion seconded by Representative Jeff Thompson. Motion passed unanimously. Quorum was present.

Financial Report: Elaine Diner presented the **Adjustment Report (see attached)** and related Financial Report **New adjustments to survey:** Aetna Health Management revised their survey downward by 208 lives resulting in a requested refund of \$13,520. Symetra Life Insurance requested a refund in the amount of \$64,350 for a revised survey due to double reporting. We have not been able to verify that other companies/TPAs have paid for those lives, so the refund has not yet been sent.

New unanticipated collections: Blue Cross Blue Shield of Louisiana submitted surveys for the years 2011 through 2015. Total amount of assessments and interest is \$16,466.86

Dr. Ted Epperly pointed out an error on the Adjustment Report: Jacobsen Construction was omitted from the listing of adjustments (under Unanticipated Collections) Elaine Diner confirmed that it had been omitted. Jacobsen Construction did submit a survey (late survey) and did pay the assessment for 2015. The Adjustment report will be revised to reflect this additional unanticipated collection.

Outstanding payments: EBSO (TPA) owes \$5,265; Blue Cross Blue Shield of Louisiana owes \$16,466.86 (assessments and interest); the quarterly payments (3 companies) of \$3,869,027.50 are due December 15, 2015 and March 15, 2016.

For the 2014 survey year, Elaine Diner sent emails to the 10 self-funded plans to request surveys. After discussions with the board, those emails will be rescinded and instead, we will ask Select Health to provide a survey for 2014 which will include those 10 plans.

Rich Rainey moved that Elaine Diner verify with SelectHealth which companies were reported for in the 2014 survey and ask if all of their plans were reported for in each of the years 2011, 2012 and 2013. Mike Hodge seconded the motion. Motion was unanimously approved. Quorum was present.

Financial Report: (see attached) as of 10/5/15: Total adjusted budget of \$18,521,855.72 includes unanticipated collections of \$553,626.86. Refunds to carriers were \$14,258.18 and carrier population adjustments were \$262,275.00. Adjustments collected year-to-date from carriers were \$11,689,437.50. Vaccine Expenditures for the first quarter were \$1,954,322.00. Funds remaining in the dedicated vaccine fund were \$12,618,057.50. Elaine Diner will send out to the board members the revised Adjustment Report and Financial Report.

Old Business:

1. Non-responders to survey:

This topic was covered earlier in the meeting: We will ask SelectHealth to submit the survey for their 2014 self-funded plans.

Dr. Epperly asked for a listing of the non-responders to be updated at each meeting. Elaine will prepare this for the next meeting.

2. Plan of Operation revisions

Director Dean Cameron reviewed the updates. Short term health are currently excluded from the survey, by statute. Some carriers include immunizations in their short-term health plans and other carriers do not. Temporary plans are non-ACA-compliant plans so they are not required to provide coverage for immunizations.

The DOI has not yet worked through whether these plans should be included in the survey each year. So the DOI does not have a recommendation for the board at this time. In addition, there would be legislative action required to remove the exclusion (in the definition of "carrier") for short-term policies from the survey.

Other changes to the plan of operation:

All pages will reflect "October 2015"

Page 1: Fourth paragraph, second sentence shall read: "The acts of the majority of the Board present at a meeting at which a quorum is present (including any members present by proxy) shall be the acts of the Board."

Page 2: Code change numbers

Page 3: none

Page 4: Signature block to reflect new director Dean Cameron

Exhibit A Assessments: Omit second sentence, which starts, "A carrier administering health insurance....for which it is not reporting numbers of covered lives." This is the sentence that has caused confusion for SelectHealth. It seems to imply that a carrier may not submit a survey. Director Dean Cameron said that this is not the purpose of the act, so the DOI is recommending that the sentence be removed.

Representative Jeff Thompson moved to accept the suggested changes to the Plan of Operation; motion seconded by Senator Fred Martin. Board unanimously approved the changes; a quorum was present.

New Business:

1. **Introduction of new Immunization Program Manager** at the Department of Health & Welfare:
Dr. Chris Hahn introduced Rafe Hewett, who has been with the Department but is new to the Immunization Program. Rafe was previously with the Oregon Immunization Program and prior to that with the Florida Department of Health & Welfare.

2. **Meningococcal B recommendations:**

Dr. Chris Hahn presented a handout (attached) of cost comparisons for a new vaccine. There already is one vaccine for meningococcal disease; it is one of the causes of meningitis. This is a new vaccine for another type of meningococcal disease (the B variety), which has already caused some outbreaks on university campuses.

In June Dr. Hahn attended the Advisory Committee for Immunization Practices (ACIP) as a non-voting member. ACIP voted to pass some recommendations on the use of this new vaccine, however those recommendations have not yet been published. In the hand-out Dr. Hahn showed the advisory language, but it could change before publication. Dr. Hahn wanted the board to be aware of it. Recommendations are for this vaccination to be done from 16 to 18 years of age. There is already some use of this new vaccine for certain high-risk individuals. It is possible that colleges and universities might require it prior to admission.

The IDHW does not anticipate high usage of the vaccine right away; they think it will be more gradually adopted.

The assessment contingency fund already anticipated some usage of the vaccine, but in very limited cases. (The contingency fund is worked into the calculation of the assessment rate.) The IDHW knew the vaccine recommendations were being developed.

On the hand-out Dr. Hahn put together some scenarios for how this would increase the assessment depending on how rapidly the Meningococcal B vaccine is used.

Dr. Chris Hahn made the motion that the board approve the use of the contingency fund for Meningococcal B vaccine for children ages 16 through 18, contingent upon ACIP's published recommendation. Dr. Christine Pickford seconded the motion. Motion passed unanimously. Quorum was present.

3. **Idaho's Childhood Vaccination Percentage and Ranking**

Dr. Chris Hahn presented a handout (attached) titled "Idaho Childhood Vaccination Rates and Exemptions." For standard vaccines (MMR, DTP/DTap, Polio, Hib), immunization rates for children 19-35 months in the United States have remained at over 90% for the past 15 years. For other new vaccines, the rate starts out low and generally takes 3-5 years to reach the same rate as the standard vaccines. (See slide labeled "U.S. uptake of vaccines over time") The longer the vaccine has been around the higher the rate of vaccination.

How is Idaho doing? Going back to 2009, Dr. Hahn said that we are seeing a gradual improvement of vaccine rates for 7 key vaccines. Idaho is similar to neighboring states, but the entire West is generally lower than the Eastern states. The presentation showed rates for each of the 7 key vaccines.

The slide titled, "It's the last dose!" is the most important slide. For PCV, DTap, Hib and Hep A for 1 and 2 doses, Idaho is doing well, about 90% vaccination rates. For the last dose, however the rate drops to 80% or (for Hep A) 60%. Getting the last dose in the children is a problem. For some vaccines the 3rd or 4th dose is needed for good immunity.

Slide titled, "Estimated Vaccine Coverage among children enrolled in Kindergarten..." (Colorful bar graph) we can compare Idaho rates to neighboring states. We see that Idaho is slightly lower for the three vaccines shown, as far as getting the full number of doses.

Dr. Ted Epperly pointed out that Idaho is closing the gap on immunization rates and we would like to think that this is partially due to the Immunization Program. So we are having an impact. Also note that all states have requirements for vaccinations and allow exemptions for medical, philosophical or religious reasons. Idaho has the highest rate of immunization exemptions, so that may be part of the reason for the lower vaccination rates in childhood and the drop off of 3rd or 4th doses for some vaccines.

Next meeting:

December 7, 2015 – Department of Insurance, Conference Room 3A, 700 W. State St, Boise, ID at 3:00 PM MST.

Agenda Topics for next meeting:

1. Old business: 2014 assessment
2. TRICARE update

Adjournment:

Motion to adjourn made by Mike Hodge; motion seconded by Dr. Richard Rainey. Board voted unanimously to adjourn. Quorum was present. Meeting adjourned at 4:38 PM MDT.

Minutes by Elaine Diner, Administrator for the Idaho Immunization Assessment Board.

Attachments (handouts presented at meeting):

- (1) Adjustment Report
- (2) Financial Report
- (3) Meningococcal B considerations
- (4) Immunization Rates in Idaho
- (5) Revised Plan of Operation

Meningitis B Vaccine

Cost Considerations for SFY2016

Meningitis B Vaccines

\$	245.90	Bexsero (2 dose series; \$122.95 per dose)
\$	287.25	Trumenba (3 dose series: \$95.75 per dose)
\$	266.58	Average cost of vaccine series by federal contract rates (2 vaccines, Trumemba and Bexsero)

Current Federal / State Funding Ratio used to set the SFY2016 Assessment

59.3%	VFC
1.6%	TRICARE
2.7%	SCHIP
36.4%	ASSESSMENT

Population Information

68,395	Idahoans ages 16 - 18 years
35,565	52% of Idaho HS graduates in 2013 enrolled in college

Potential Cost for Meningitis B Vaccine if all Idaho teens 16-18 years of age are vaccinated

\$	18,232,397	If all Idaho teens 16-18 years of age
\$	6,636,593	Assessment cost if Idaho teens 16-18 years of age

Potential Cost for Meningitis B Vaccine if all Idaho teens 16-18 years of age are vaccinated at the same rate as MCV4 at age 11-12 (Idaho's current NIS rate 71.6%)

\$	13,054,396	If all Idaho Teens 16 - 18 years vaccinated at Idaho's Current NIS rate for MCV4
\$	4,751,800	Assessment cost if Idaho Teens 16 - 18 years vaccinated at Idaho's Current NIS rate for MCV5

Potential Cost for Meningitis B Vaccine if all Idaho teens 16-18 years of age who enroll in collage are vaccinated

\$	9,480,847	If all Idaho Teens 16 - 18 years are vaccinated at Idaho's 2013 college enrollment percent
\$	3,451,028	Assessment cost if all Idaho Teens 16 - 18 years vaccinated at Idaho's 2013 college enrollment percent

Potential Cost for Meningitis B Vaccine if all Idaho teens 16-18 years of age who enroll in collage are vaccinated at the same rate as MVC4 at age 11-12 (Idaho's current NIS rate is 71.6%)

\$	6,788,286	If all Idaho Teens 16 - 18 years are vaccinated at Idaho's 2013 college enrollment percent at Idaho's Current NIS rate for MCV4
\$	2,470,936	Assessment cost if Idaho Teens 16 - 18 years are vaccinated at Idaho's 2013 college enrollment percent at Idaho's Current NIS rate for MCV4

Additional Considerations:

Assessment contingency for SFY2016 is \$3,668,936

Meningitis B Vaccine is now part of the Vaccines for Children (VFC) entitlement program (will need to be available in all provider offices for VFC-eligible patients).

ACIP recommendation wording will likely be something like: "A serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 thorough 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."

Idaho Childhood Vaccination Rates and Exemptions

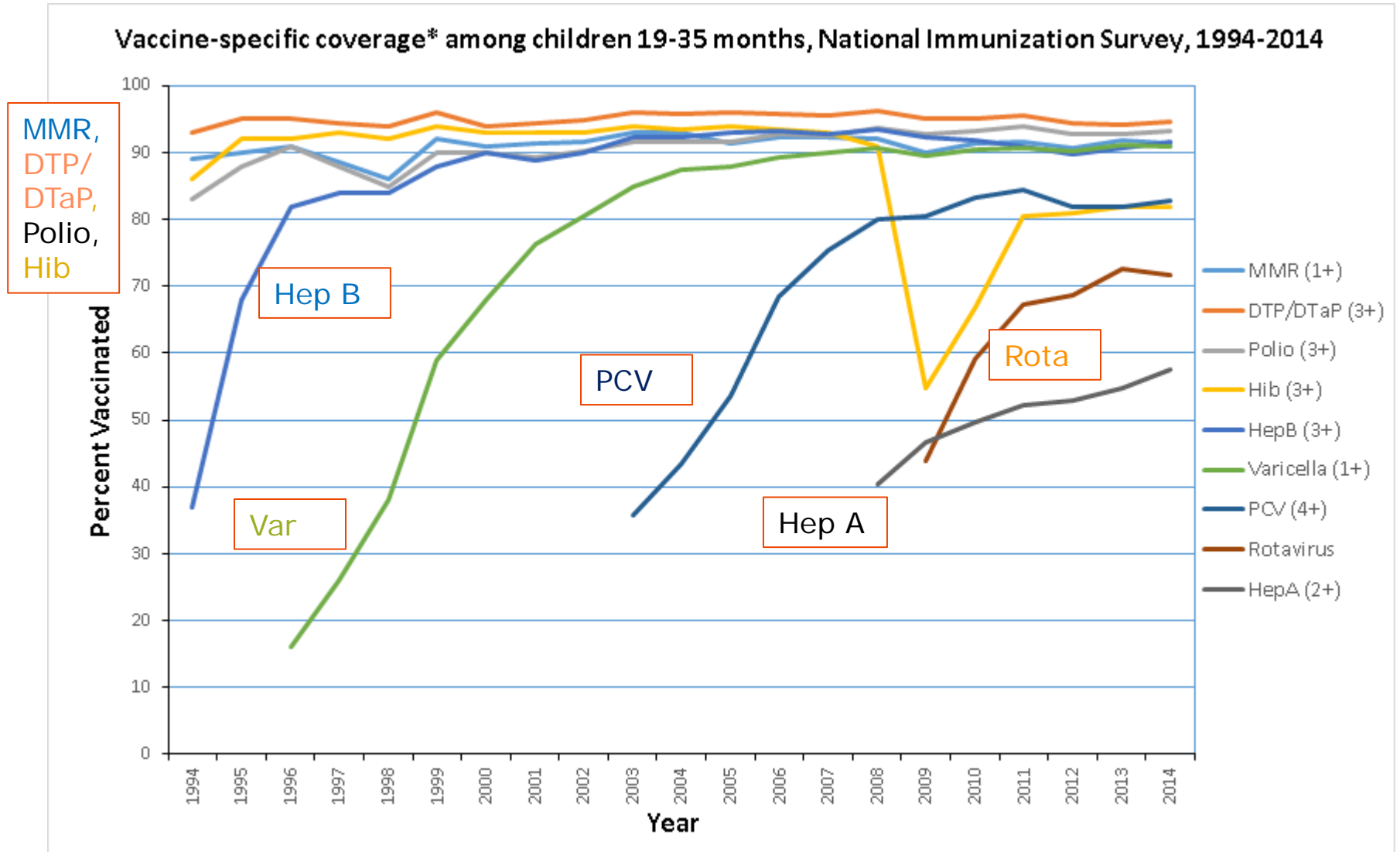


Christine Hahn, MD

Idaho Division of Public Health

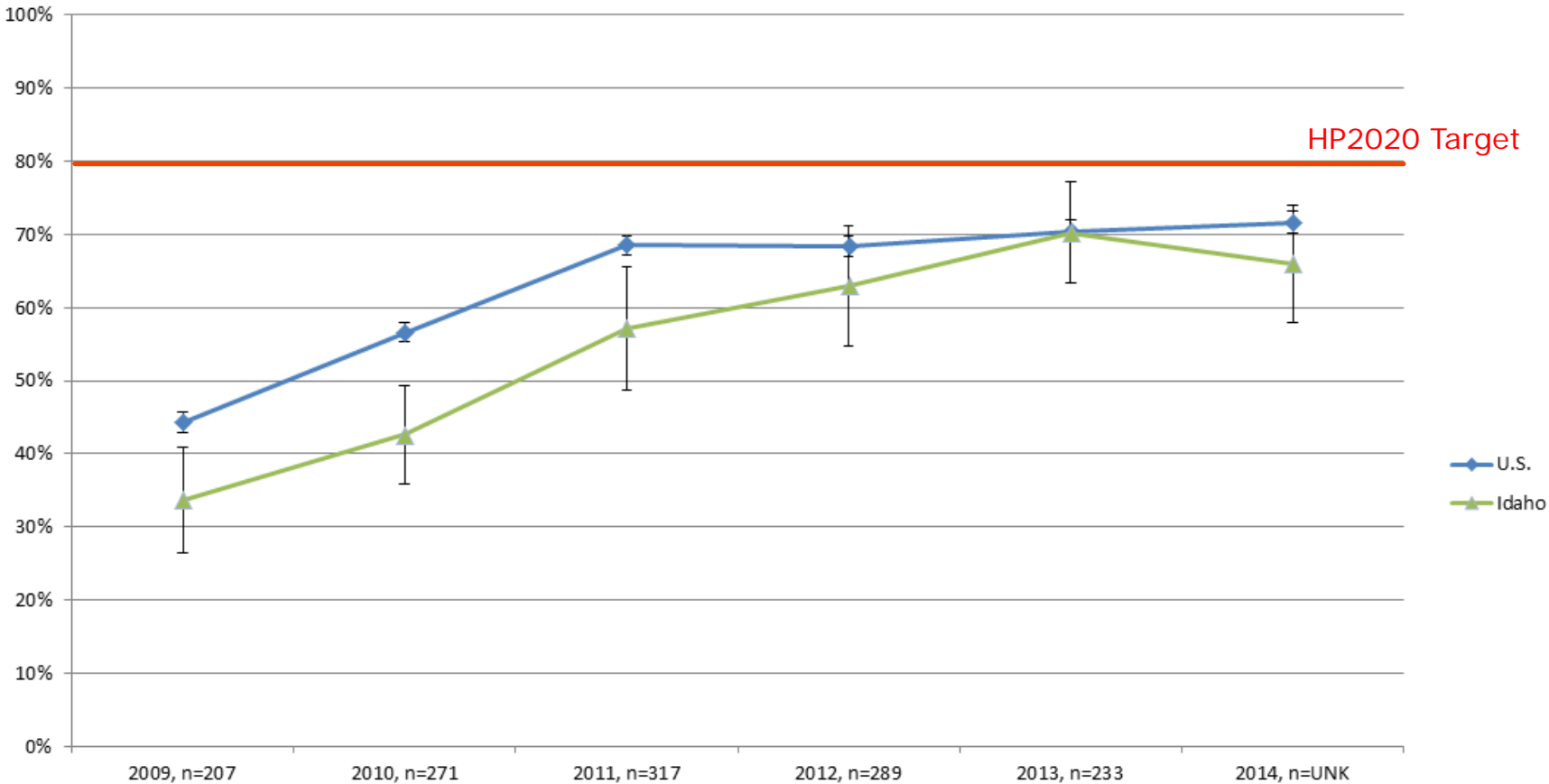
IDHW

U.S. uptake of vaccines over time



What percent of kids 19-35 months of age are up to date on 7 key vaccines (DTaP, Polio, MMR, Hib, HBV, Var, PCV)?

4:3:1:3[‡]:1:4* Vaccination Coverage, 2009–2014^{†§}



* Refers to 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine, or diphtheria and tetanus toxoids (DTP/DT/DTaP), 3 or more doses of polio virus vaccine, 1 or more doses of a measles-mumps-rubella vaccine (MMR), plus full series of *Haemophilus influenzae* type b (Hib), 3 or more doses of hepatitis B vaccine, 1 or more doses of varicella vaccine, and 4 or more doses of pneumococcal conjugate vaccine (PCV)

‡ Full series *Haemophilus influenzae* type b (Hib) vaccine: ≥3 or ≥4 doses, depending on brand received

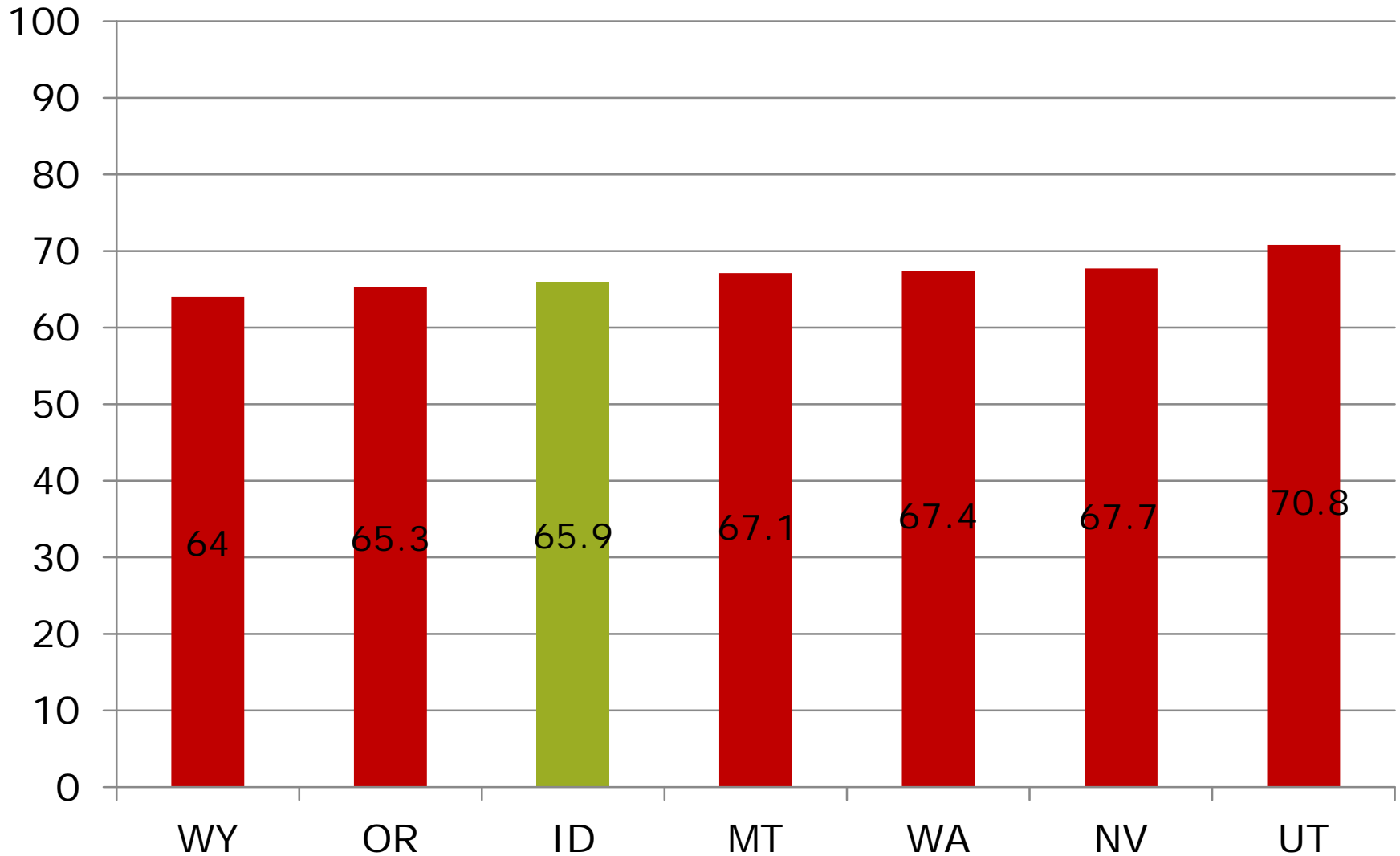
† From the National Immunization Survey (NIS), children aged 19 through 35 months

§ This series was sampled beginning in 2012, however in 2013 data was published for 2009–2011 rates

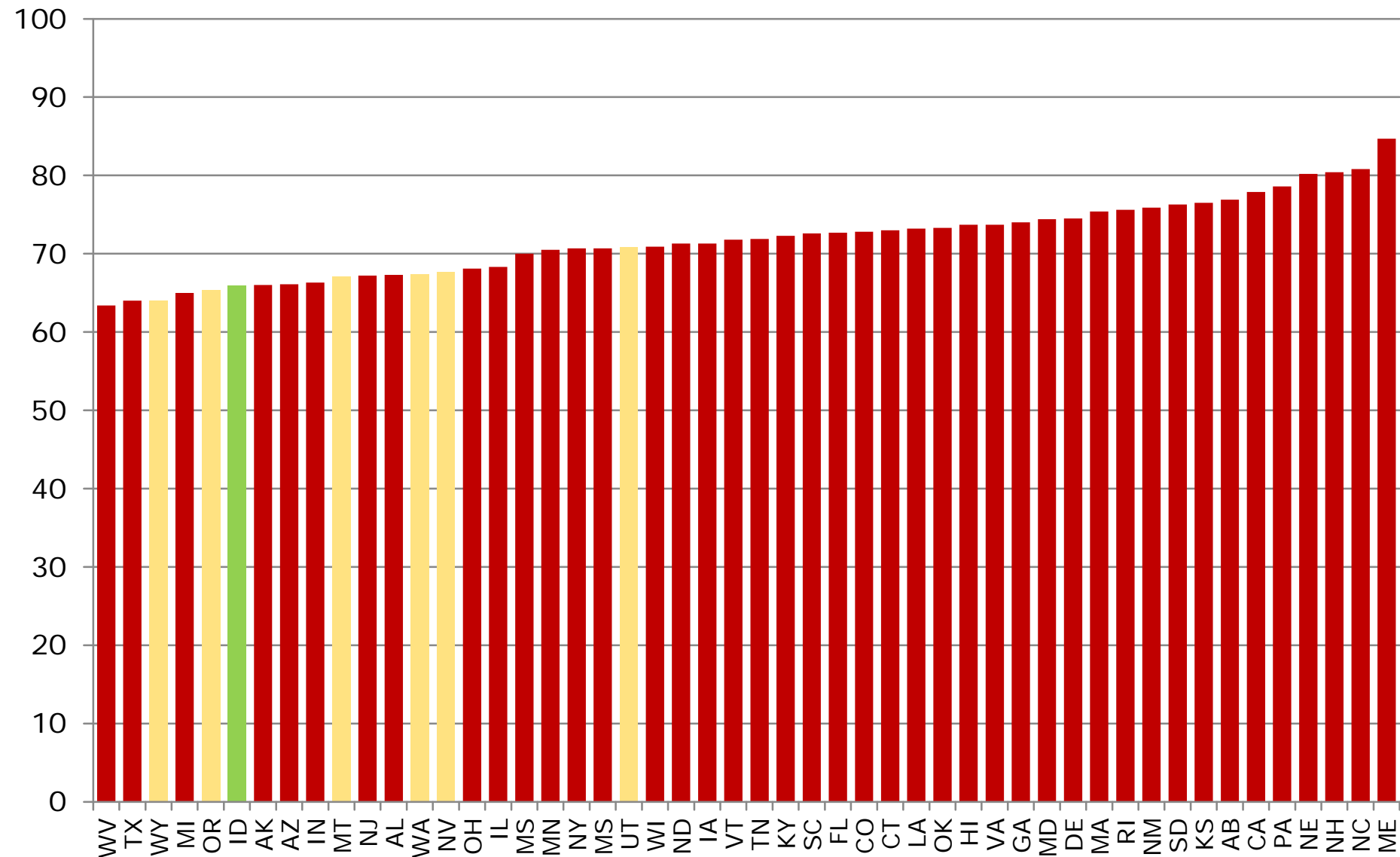
n = number of children sampled for each survey year in Idaho

Rates of vaccination with 7 key vaccines

Children age 19-35 months-- Idaho and neighboring states, 2014

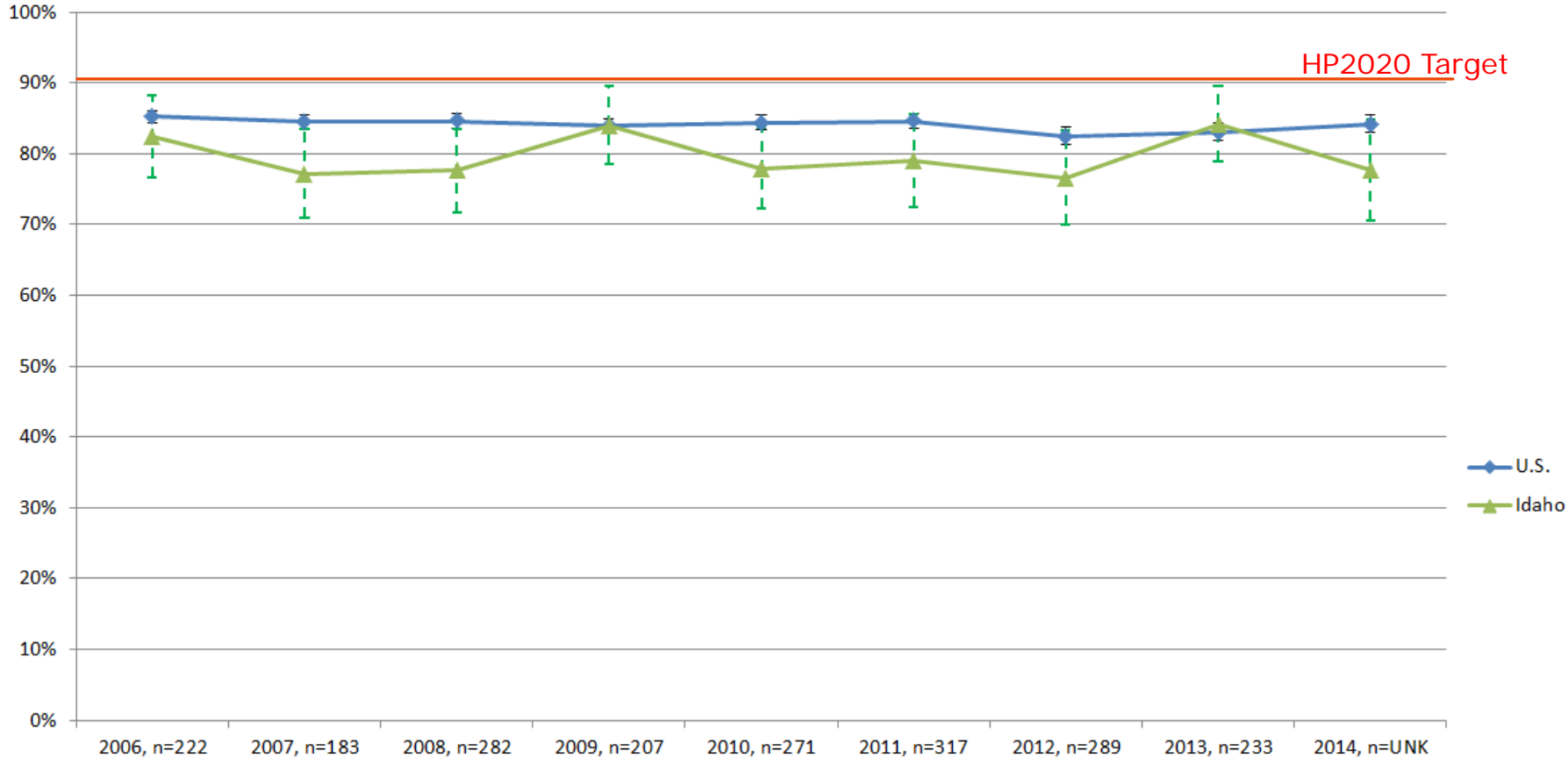


Rates of vaccination with 7 key vaccines, children age 19-35 months– Idaho and other states, 2014



DTaP series

4+ DTaP* Vaccination Coverage, 2006–2014†



* Refers to 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine, or diphtheria and tetanus toxoids (DTP/DT/DTaP)

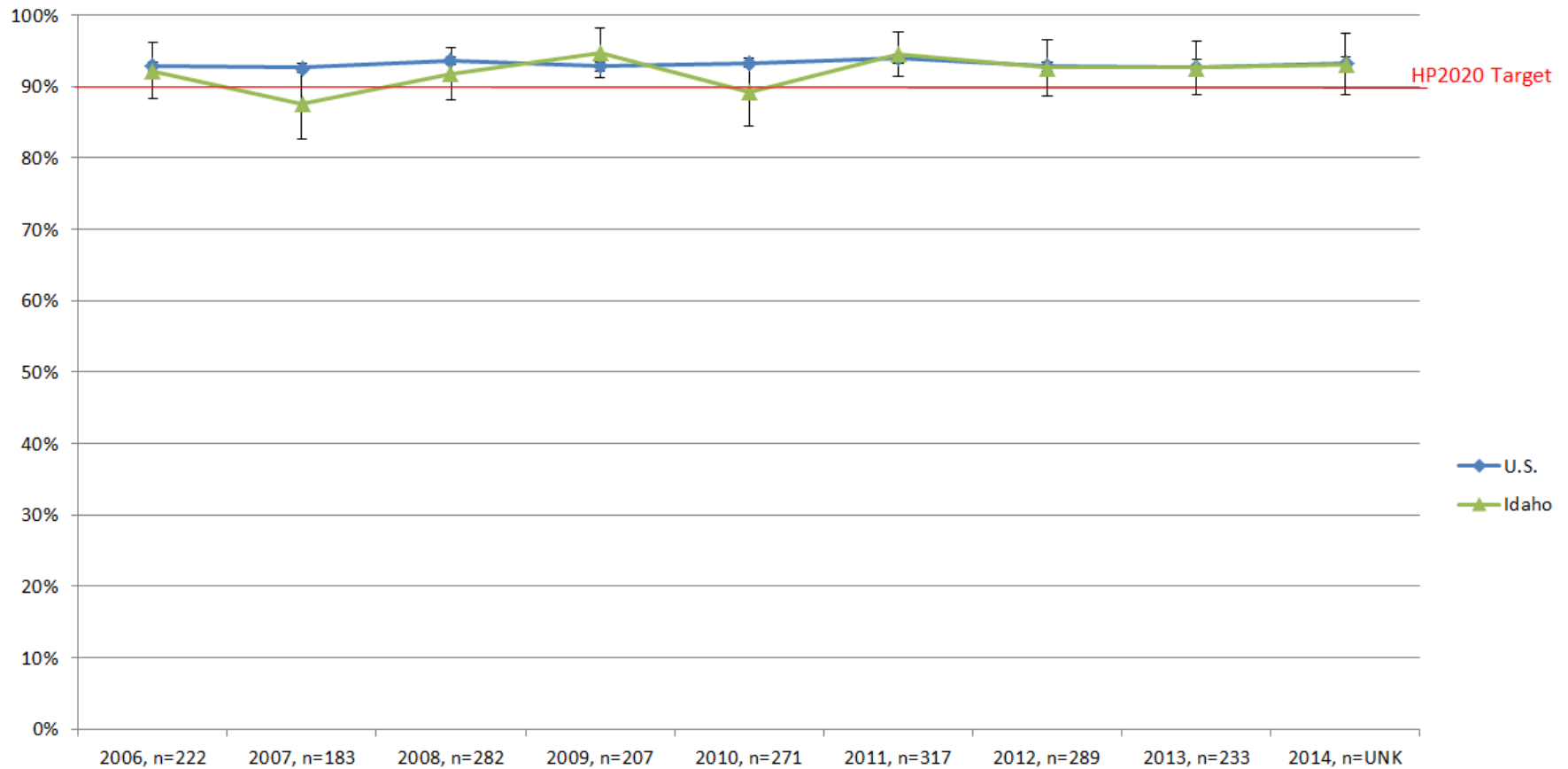
† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Polio series

3+ Polio* Vaccination Coverage, 2006–2014†



* Refers to 3 or more doses of any polio virus vaccine

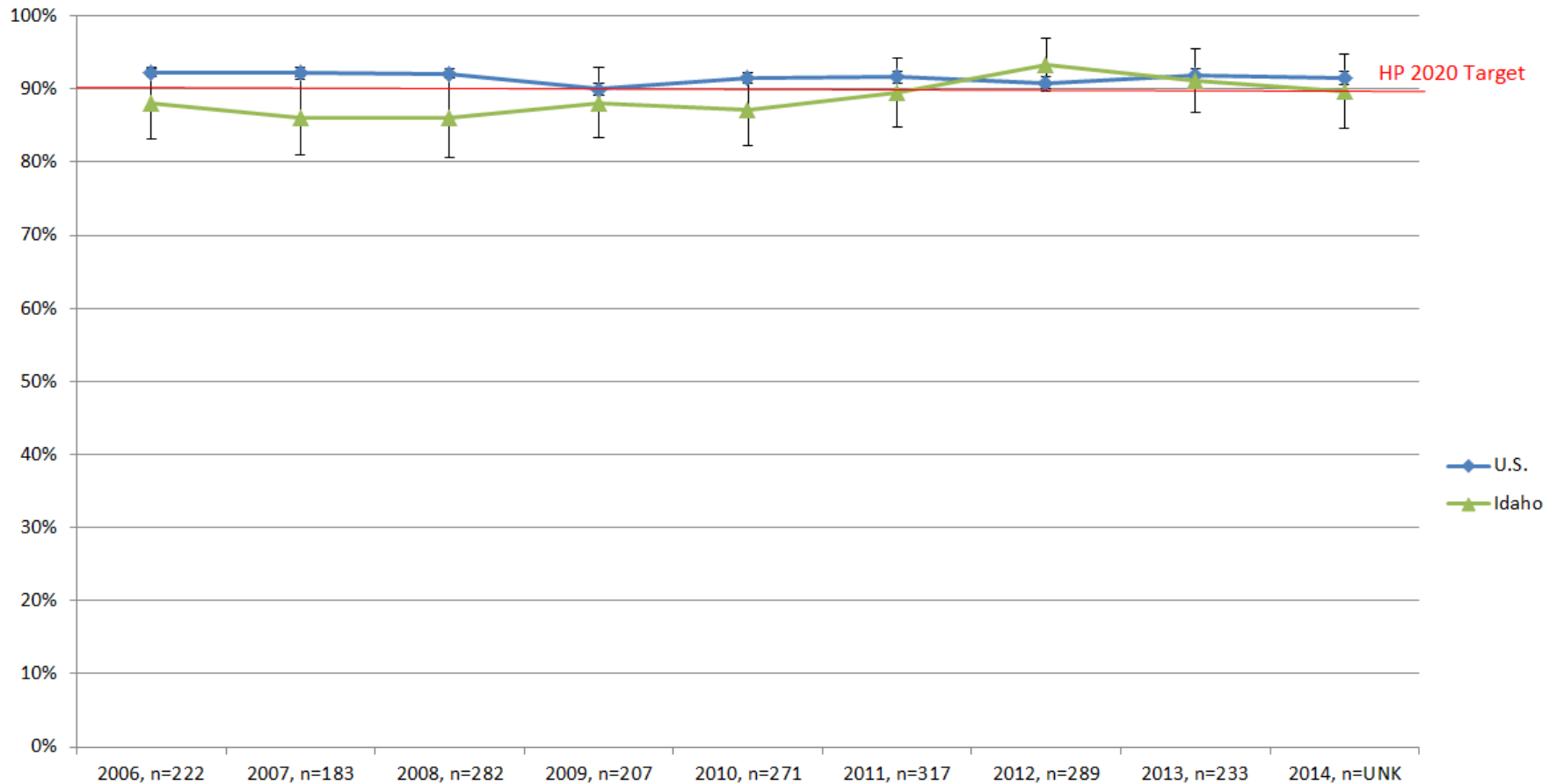
† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

MMR 1 + dose

1+ MMR* Vaccination Coverage, 2006–2014†



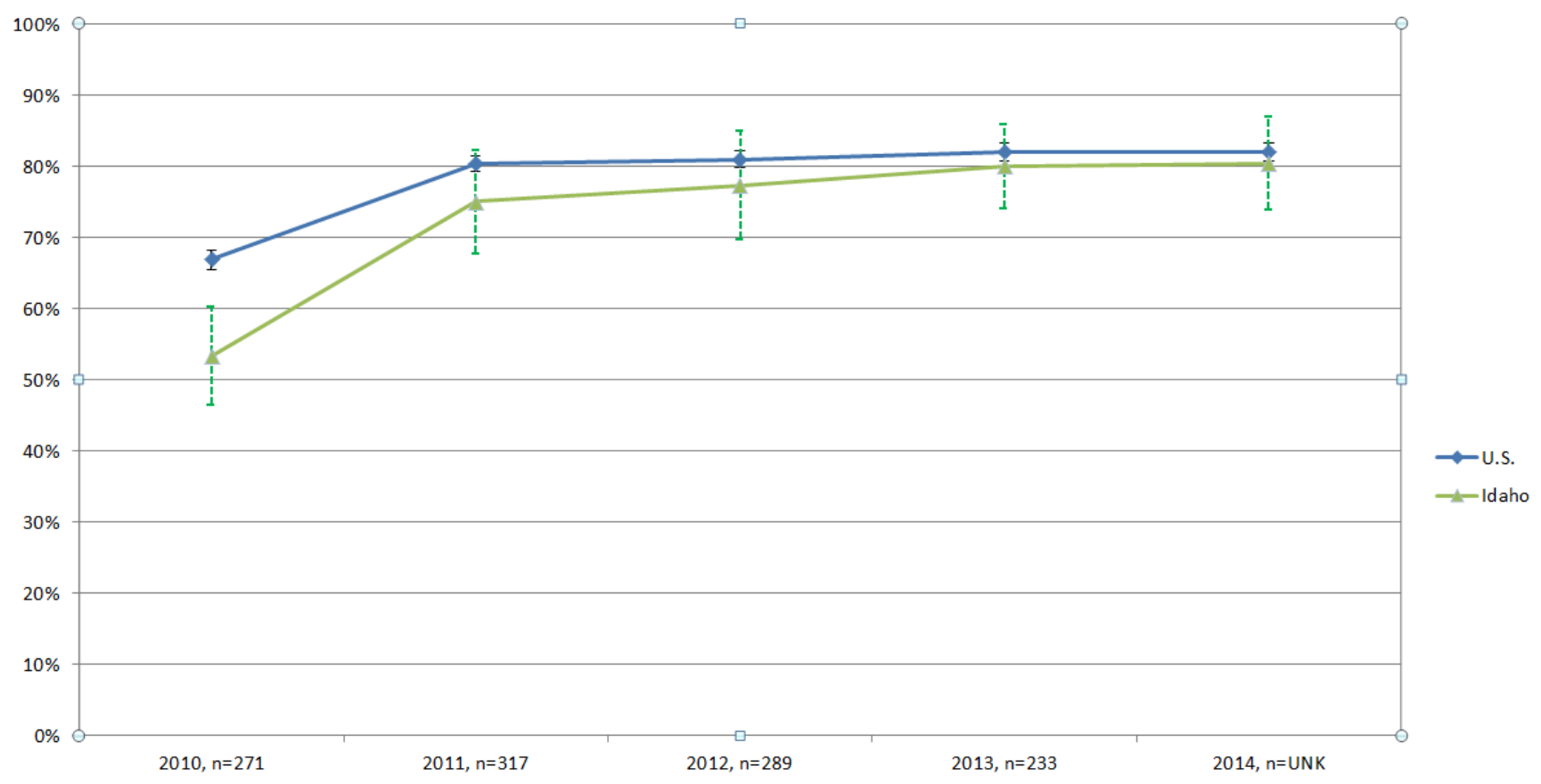
* Refers to 1 or more doses of a measles, mumps, and rubella vaccine (MMR)

† From the National Immunization Survey (NIS), children aged 19 through 35 months
n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Hib series

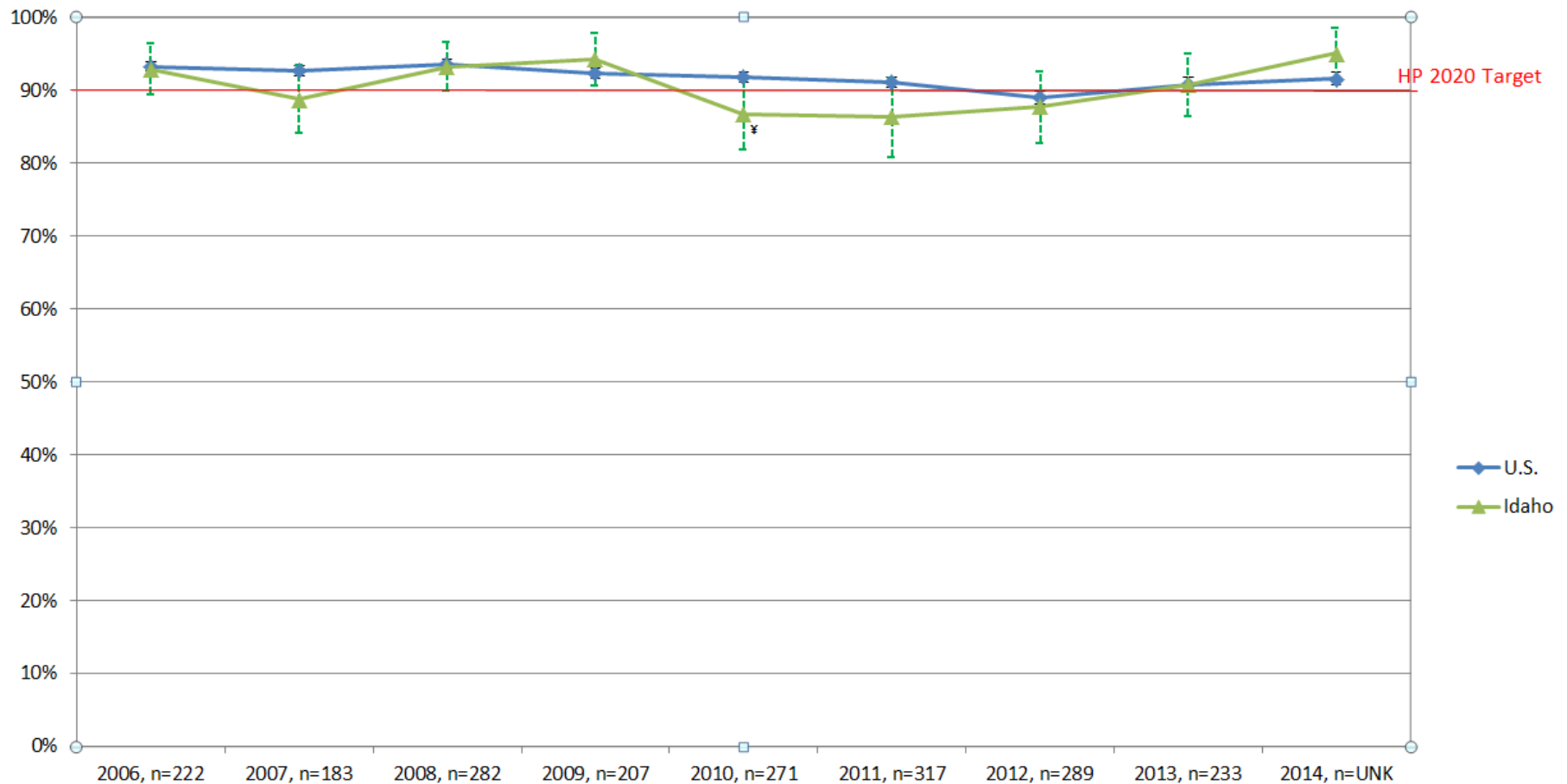
Hib-FS* Vaccination Coverage, 2010–2014^{†§}



* Refers to full series *Haemophilus influenzae* type b (Hib) vaccine: 23 or 24 doses, depending on brand received
[†] From the National Immunization Survey (NIS), children aged 19 through 35 months
[§] This series was sampled beginning in 2010
 n = number of children sampled for each survey year in Idaho
 Vertical bars above and below each point estimate indicate the 95% confidence interval

Hepatitis B series

3+ Hep B* Vaccination Coverage, 2006–2014†



* Refers to 3 or more doses of hepatitis B vaccine

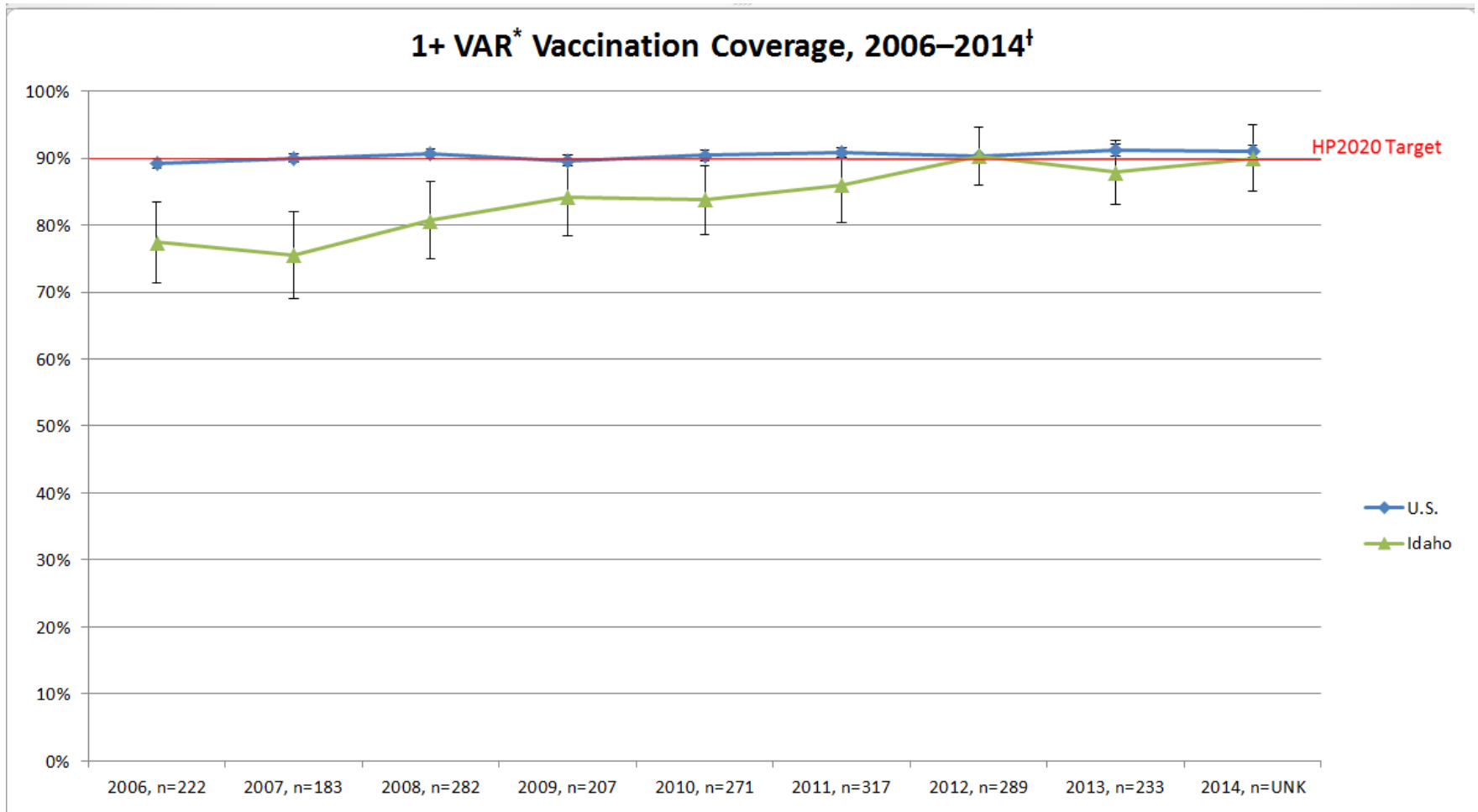
† From the National Immunization Survey (NIS), children aged 19 through 35 months

‡ Refers to a statistically significant change compared to the previous year, p=0.05

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Varicella 1 +



* Refers to 1 or more doses of varicella vaccine at or after child's first birthday, unadjusted for history of varicella illness

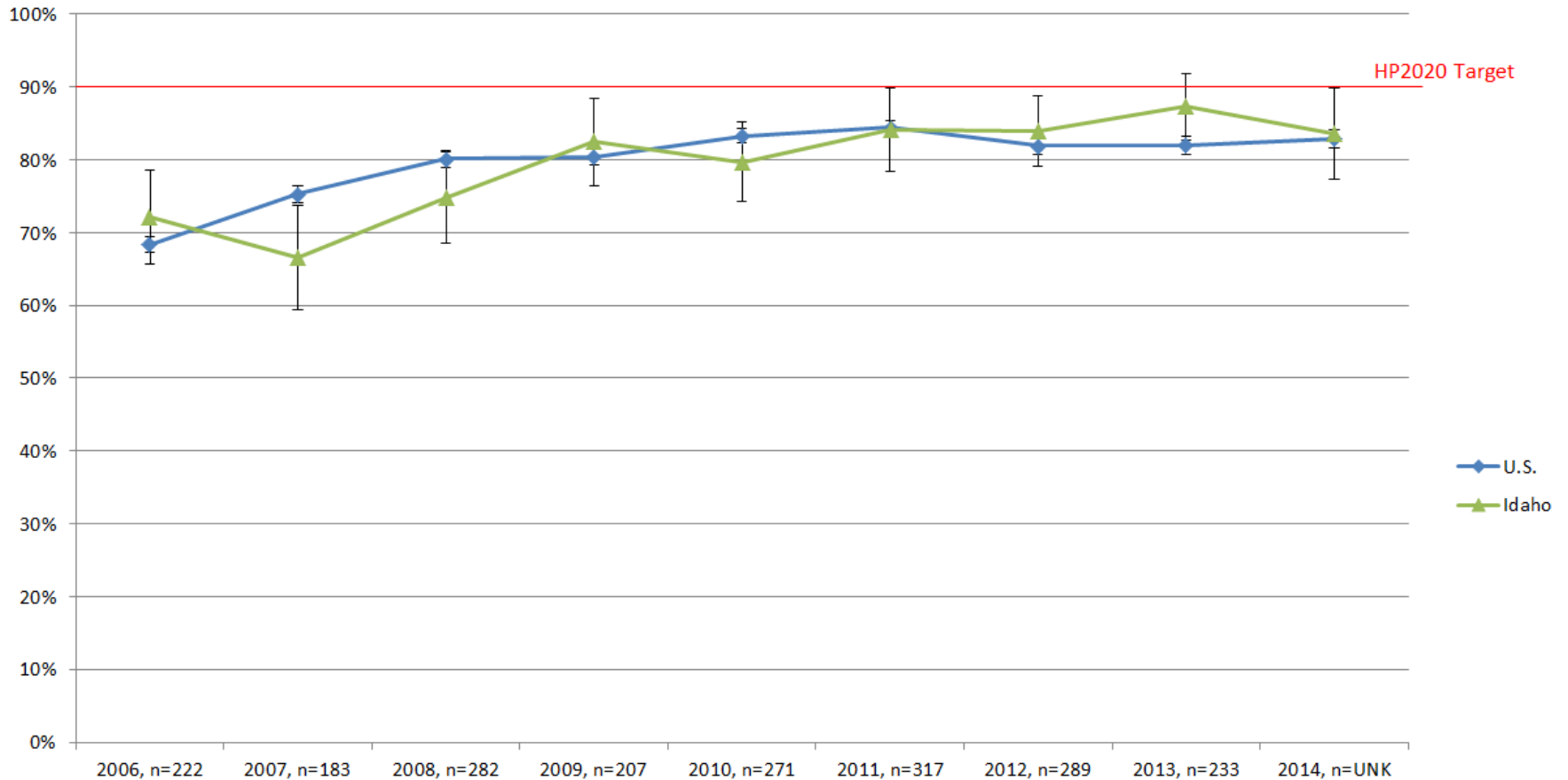
† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Pneumococcal series 4+

4+ PCV* Vaccination Coverage, 2006–2014†



* Refers to 4 or more doses of pneumococcal conjugate vaccine (PCV)

† From the National Immunization Survey (NIS), children aged 19 through 35 months

n = number of children sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Vaccines measured in NIS but not included in the “series” used as a yardstick by CDC

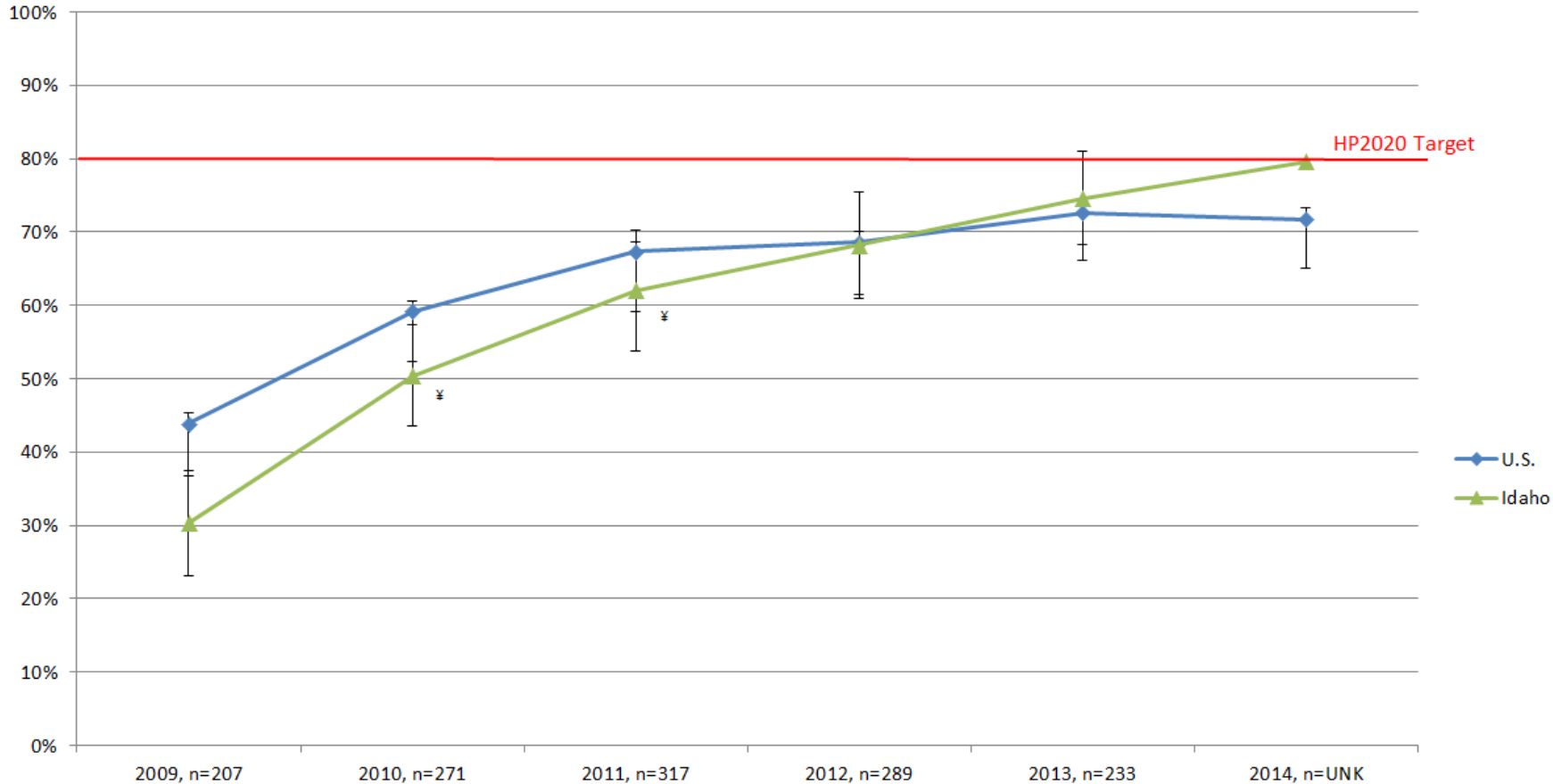
Children age 19-35 months

Rotavirus(2or3)-HepA(2)

Hep B birth dose

Rotavirus

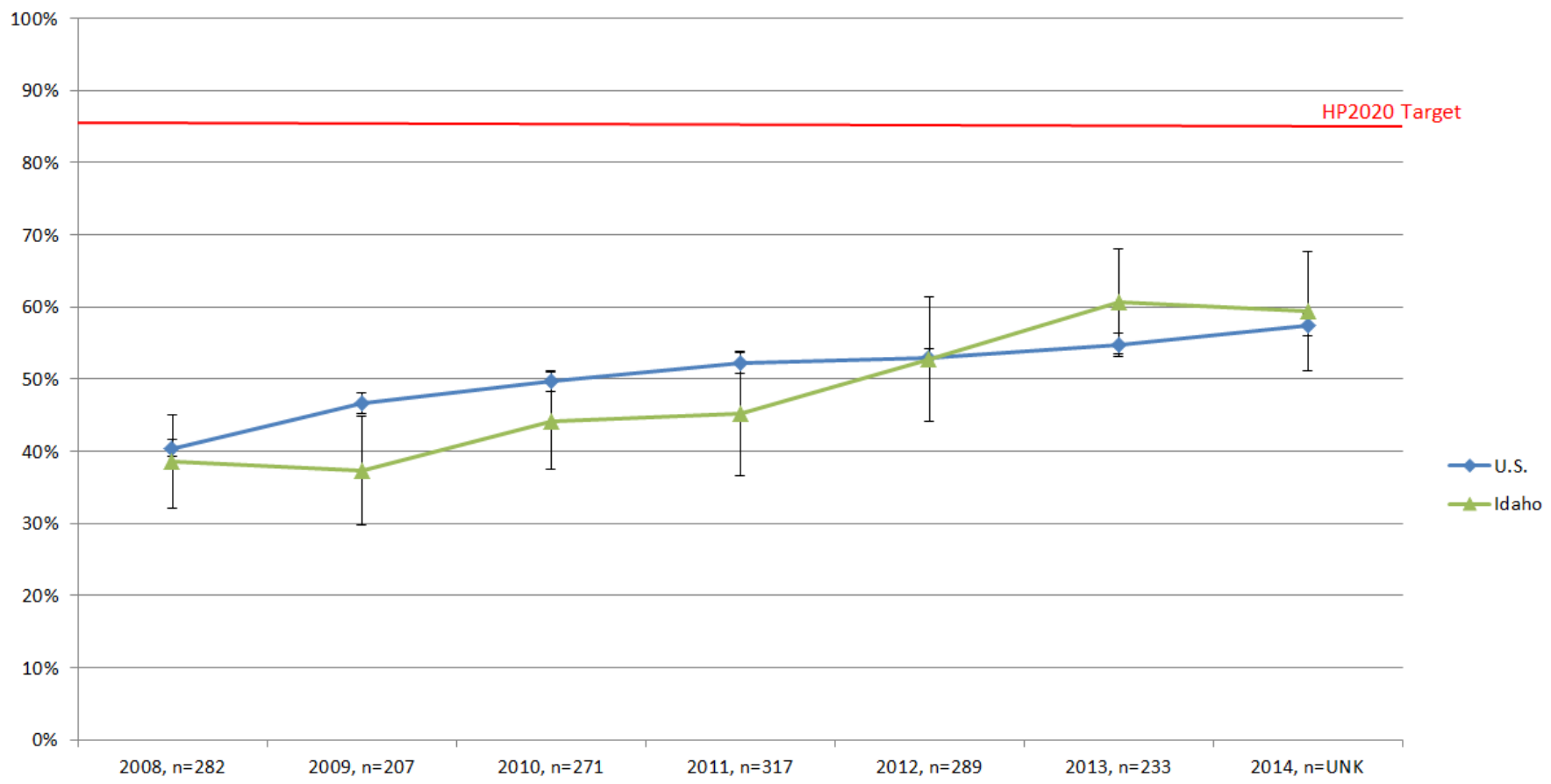
Rotavirus* Vaccination Coverage, 2009–2014^{†§}



* Refers to 22 or 23 doses of rotavirus vaccine depending on brand received
[†] From the National Immunization Survey (NIS), children aged 19 through 35 months
[§] This series was sampled beginning in 2009
[¥] Refers to a statistically significant change compared to the previous year, p=0.05
 n = number of children sampled for each survey year in Idaho
 Vertical bars above and below each point estimate indicate the 95% confidence interval

Hepatitis A

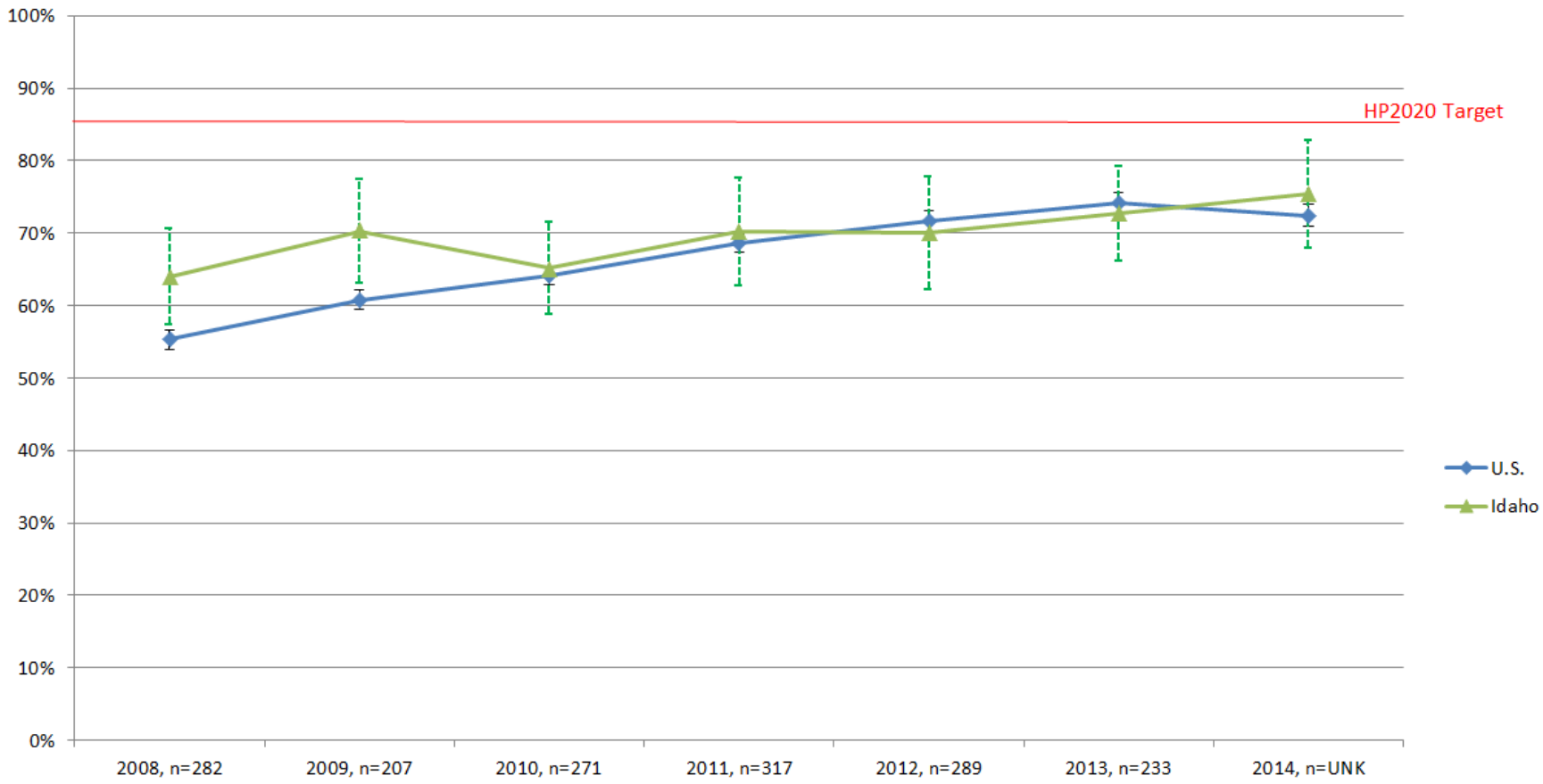
2+ Hep A* Vaccination Coverage, 2008–2014^{†§}



* Refers to 2 or more doses of hepatitis A vaccine
[†] From the National Immunization Survey (NIS), children aged 19 through 35 months
[§] This series was sampled beginning in 2008
n = number of children sampled for each survey year in Idaho

Hepatitis B– birth dose

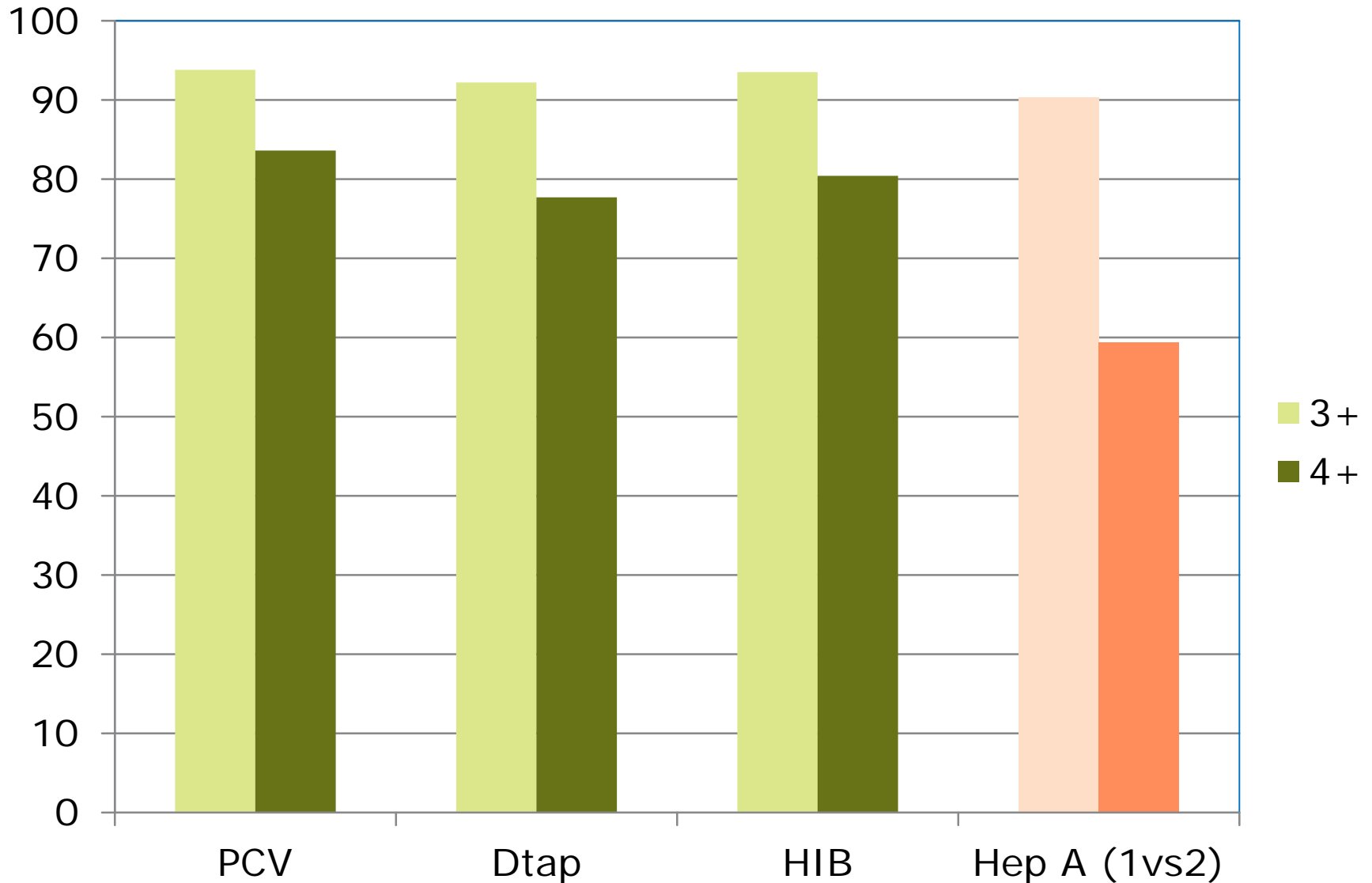
Hep B Birth Dose* Vaccination Coverage, 2008–2014^{†‡}



* Refers to 1 or more doses of hepatitis B vaccine administered between birth and age 3 days
[†] From the National Immunization Survey (NIS), children aged 19 through 35 months
[‡] This series was sampled beginning in 2008
 n = number of children sampled for each survey year in Idaho
 Vertical bars above and below each point estimate indicate the 95% confidence interval

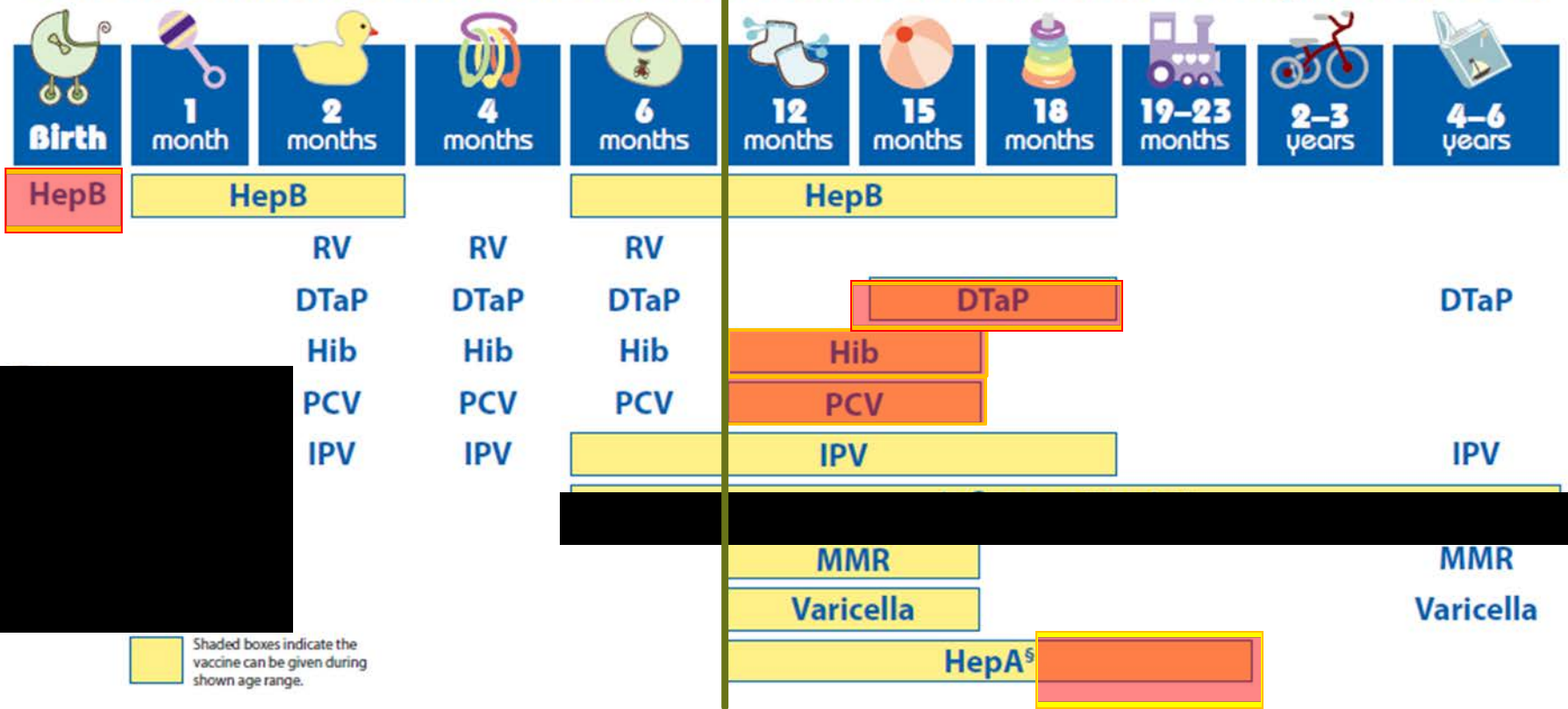
It's the last dose!

Idaho rate of 3+ doses and 4+ PCV, DTaP and HIB;
1+ and 2+ for Hep A



Trouble Spots

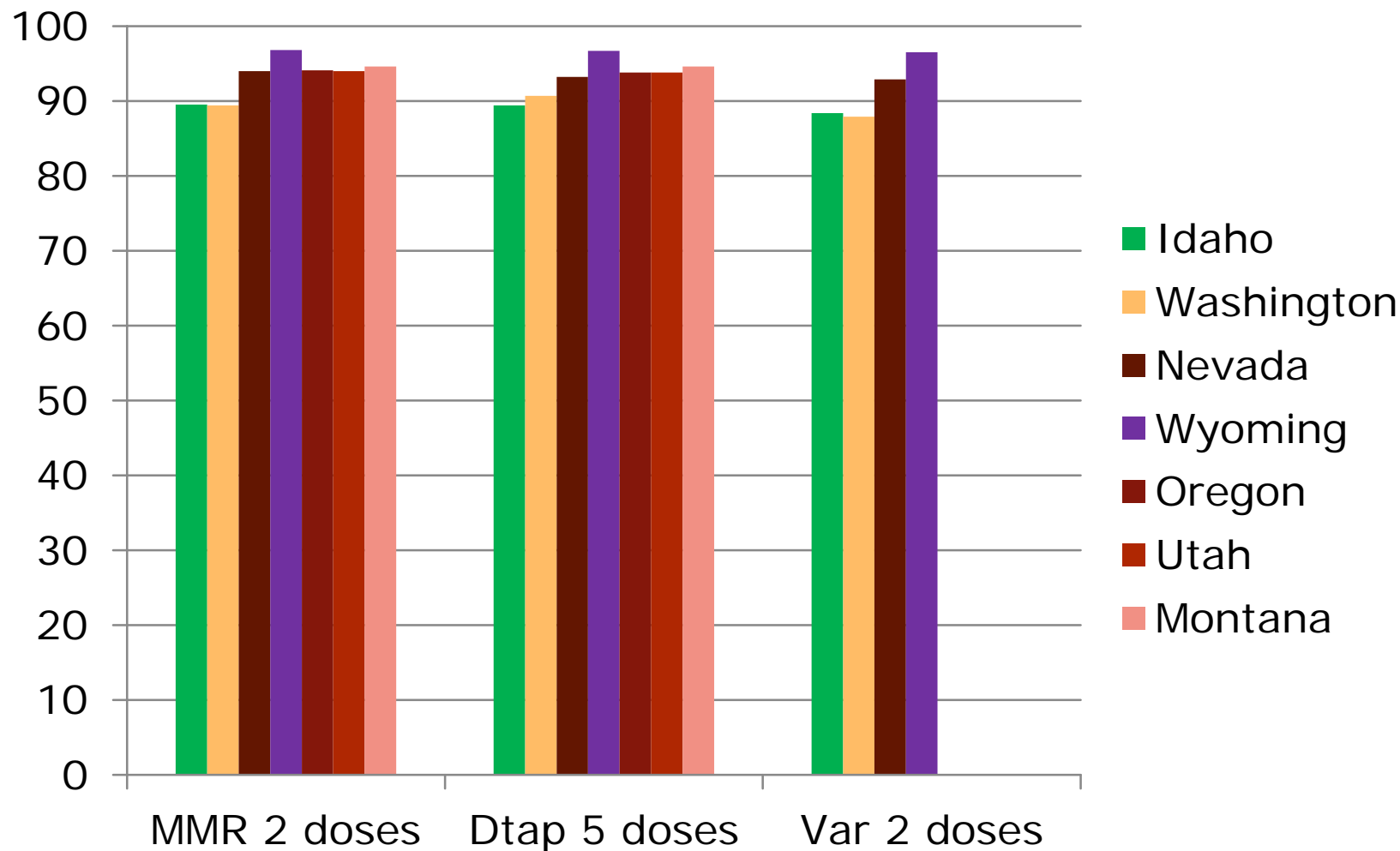
2013 Recommended Immunizations for Children from Birth Through 6 Years Old



Summary: children 19-35 months

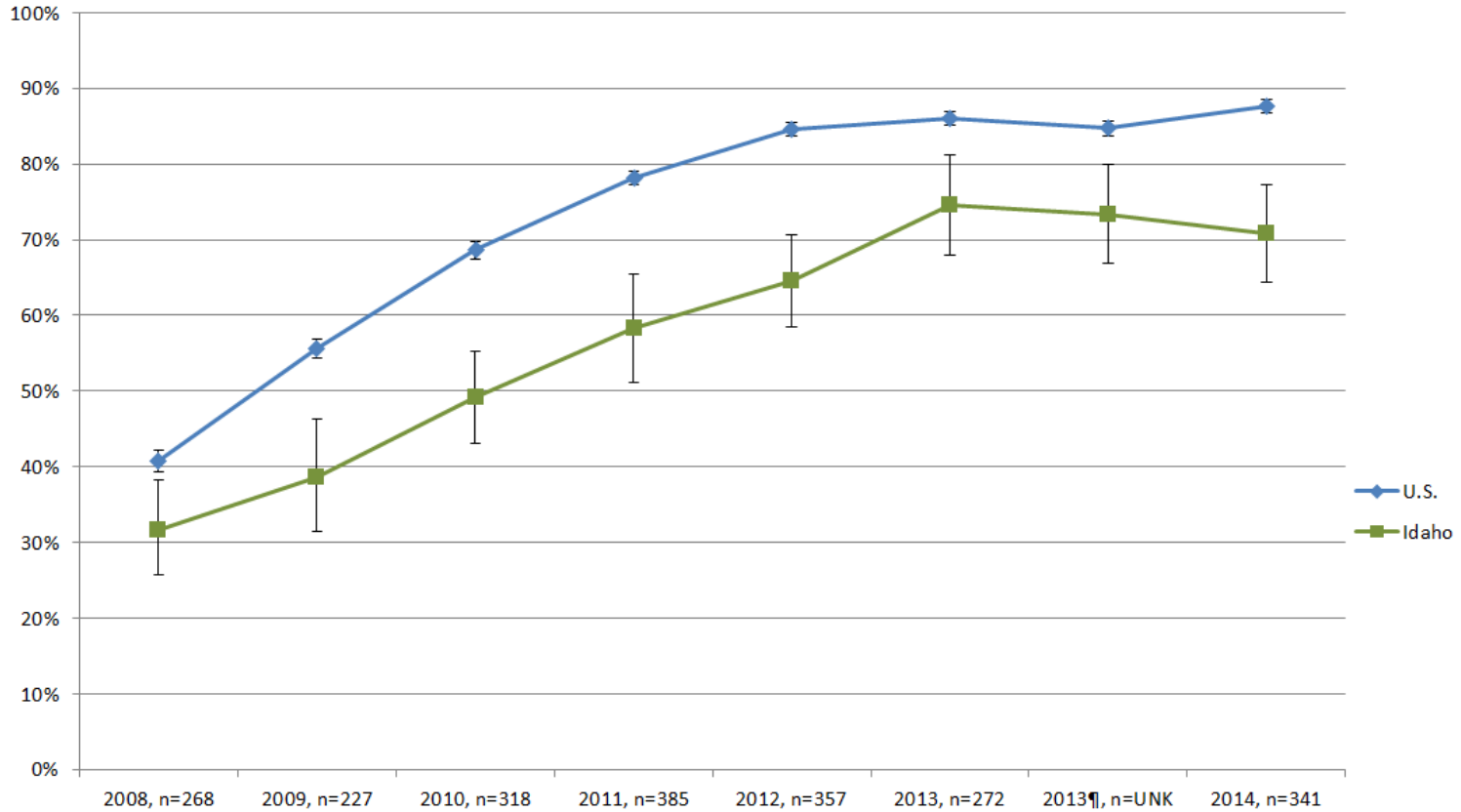
- Idaho continues to see gains in many measures, but we are not reaching national goals for many early childhood vaccines
- Particular challenges in reaching goals include:
 - Birth dose of hepatitis B
 - Vaccines given at 12 months of age or later:
 - 4th dose of DTaP, HIV, and PCV
 - 2nd dose of Hepatitis A

Estimated Vaccine Coverage among children enrolled in Kindergarten– Idaho and neighboring states, 2014-15



Teens

≥1 Tdap* Vaccination Coverage 2008–2014†



* Refers to ≥1 dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since the age of ten years

† From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

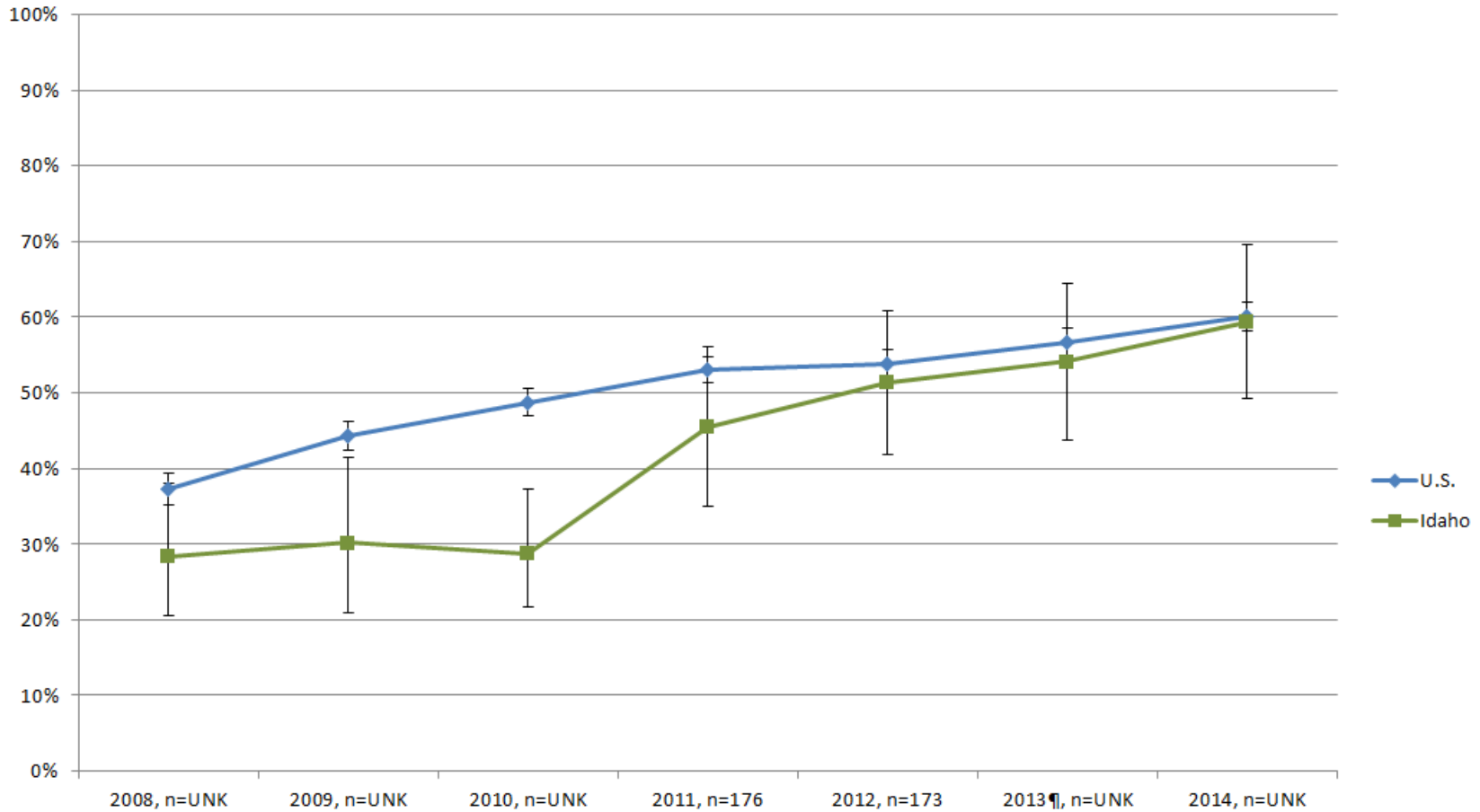
¶ Refers to a statistically significant change compared to the previous year, p=0.05

n = number of adolescents sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Teens

≥1 HPV* Female Vaccination Coverage 2008–2014†



* Refers to ≥1 dose of human papillomavirus vaccine, either quadrivalent or bivalent, females only

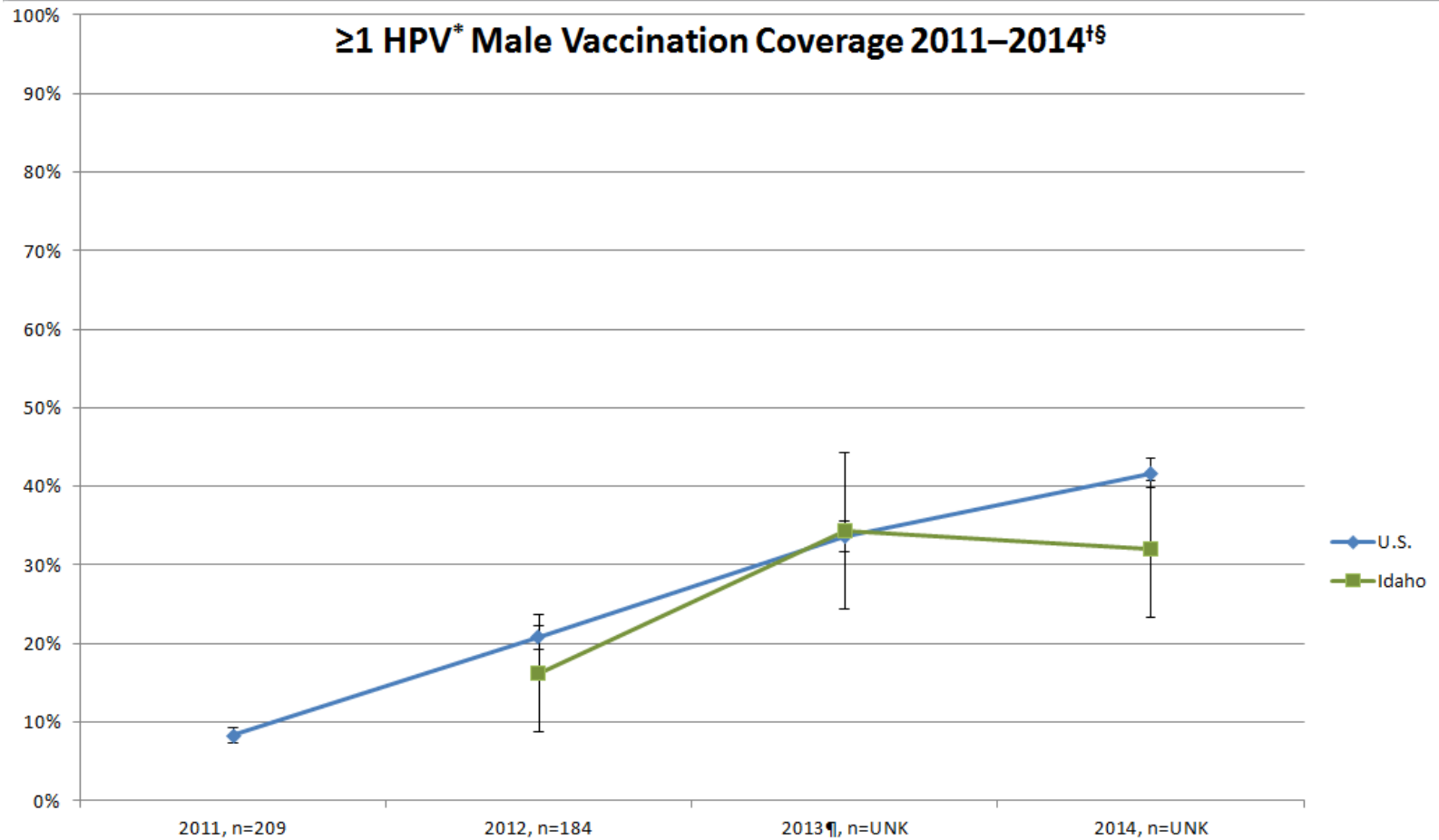
† From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

n = number of adolescents sampled for each survey year in Idaho

UNK=Unknown

Vertical bars above and below each point estimate indicate the 95% confidence interval

Teens



* Refers to ≥1 dose of human papillomavirus vaccine, either quadrivalent or bivalent, males only

[†] From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

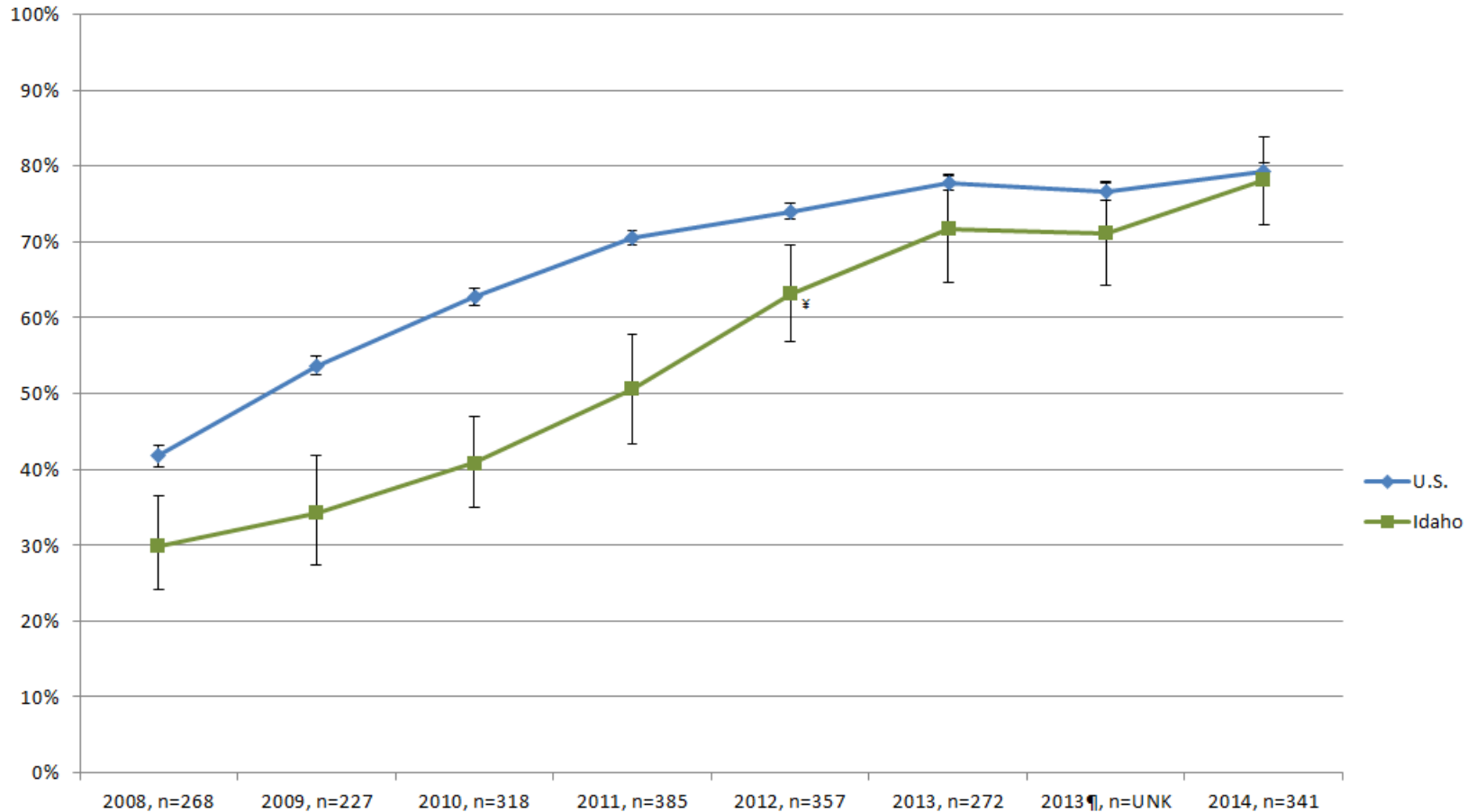
[§] This series began national sampling in 2011, data collected for Idaho was insufficient to determine point estimate prior to 2012

n = number of adolescents sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval

Teens

≥1 MenACWY* Vaccination Coverage 2008–2014†



* Refers to ≥1 dose of meningococcal conjugate vaccine or meningococcal vaccine of unknown type

† From the National Immunization Survey (NIS)-Teen, adolescents aged 13 through 17 years

‡ Refers to a statistically significant change compared to the previous year, p=0.05

n = number of adolescents sampled for each survey year in Idaho

Vertical bars above and below each point estimate indicate the 95% confidence interval