**CLHO Communicable Disease Committee Minutes**

**Date: March 10, 2023**

**Time: 10:00 a.m. – 11:00 a.m.**

Committee Attendees:

Members: Gerald Dyer, Anna Summer, Lisa McClean, Lillia Rodgers, Bob Dannenhoffer, Jessica Winegar, Andrea Krause, Bailey Burkhalter, Katharine Carvelli, Nicole Sticka, Tyra Jansson, Nikki Jasper, Wendy Zieker, Robin Canaday, Sara McCall, Russel Barlow, Emily Brateng, Jon Hitzman, Kathleen Rees, Brian Leon, Abigail Gray

Additional Non-LPHA Staff: Faith Soto, Debbie George, Sarah Zia

OHA Attendees: Paul Cieslak, Lex Zhang, Orion McCotter, Sara Beaudrault, Joanna McClain, Susan Wickstrom, Rex Larsen, Kelly McDonald, Albert Koroloff, Jennifer Brown

Other:

Guests:

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| **Agenda Item** | **Lead** | **Detail** | **Action & Responsibilities** |
| Welcome and roll call | Co-chairs | Quorum met. |  |
| Approve minutes | Co-chairs | Any additions or changes: none  Motion to approve: Lisa McClean, Clatsop  Seconded: Andrea Krause, Jackson |  |
| IQIP | Rex Larsen,  Immunization Surveillance and Quality Manager, Oregon Immunization Program (OIP) | Review vaccine rates for 2-year-olds and adolescence.  Discuss Immunization Quality Improvement for Providers (IQIP) and the possibility of partnering with LPHAs.  **1) Current Immunization rates for 2-year-olds and adolescents.**  The statewide 2-year-olds UTD rates are calculated annually in December. The Dec 2022 rates will be published soon.   * Data shows that COVID did not have a significant effect on the 2-year rates, but other states have seen a disruption. There is some impact on individual rates. Pre-COVID rates were improving significantly, followed by a plateau with the arrival of COVID. * There were no significant changes in individual rates for race and ethnicity. * There was a big drop in 1 flu dose. This was also seen with adults. Work needs to be done to bring flu vaccine rates back up. * The 2-year-old series completion rate for 2021 by county shows higher rates in metro areas. Each county has a summary. Some have too few denominators to display for race/ethnicity. OIP is working on more ways to display small numbers. The data for the counties can be sent by request, and by raw data transfer. OIP can also provide technical assistance for analysis. * Overall, the statewide impact is not significant, but the individual level reveals different impacts.   There was not a big change in adolescent rates, except for a drop in flu, which was already low. The adolescent rates are calculated annually in May and will be published in June or July with 2022 data.   * The 13-year-olds are the biggest focus with a vaccination rate of 34%. * For race/ethnicity, Whites have lower rates than many other groups. * HPV completion rates are mapped and show the varying rates among counties. The counties with strong providers make a big difference such as in Malheur, Jefferson and Jackson. * The county level data is available and can be found on the OHA website under Data and Reports.   [https://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/pages/index.aspx](http://?)   * Overall, there is not a big drop in immunization rates but there is concern for the growing vaccine hesitancy. Next year’s data will provide more information, especially for the children born during the COVID interruption. There will be a lot or work to do for improvement and the incentive measure has been difficult to achieve.   **2) Immunization Quality Improvement for Providers (IQIP)**  The IQIP program works closely with CCOs and LPHAs to help them identify what issues are impeding them. The goal is to improve health and vaccination rates statewide and meet the CCO metrics.   * The IQIP team from OIP has three health educators and is always looking for collaborators to be the local voice as it helps improve the vaccination rates. * OIP can provide trainings, data and other supports. The Plan-Do-Study-Act (PDSA) cycle for learning and improvement was reviewed, as well as an overview of what an IQIP visit would look like. This can also involve local coalitions which makes a big difference. * The program encourages ways to go beyond phone calls in order to assist counties in working through their obstacles. * The IQIP program workflow tool has strategies to assess clinic workflows. These are evidence-based strategies to help clinics improve rates and are detailed in the Guide to Community Preventive Services “ The Community Guide.”   The IQIP is a 12-month process during which PH representatives and VFC providers work together on strategies to increase vaccine uptake by improving vaccination workflow.  **3) Opportunities for LPHAs to partner with OIP**  LPHAs can partner by working with OIP to recruit clinics for IQIP, form an immunization QI community, go to clinics to build relationships, and help improve local vaccination rates.   * By working in partnership with the state, LPHAs and clinics can change immunization rates. There have had great partnerships. * Funding to support this is an issue. * The 2-year-old group is divided in 3 parts:   do not have vaccines, have some vaccines, or missing one vaccine  The focus will be on the ones to be UTD by age 2. OIP staff goes to CCO offices and talks about Alert or helps to set up or re-instate the IQIP.   * Douglas county reported they worked with CCOs and there is a vested interest in meeting the metrics. Before being interrupted by the pandemic, there was good community involvement. * Deschutes county is working towards onboarding clinics. So far, they have recruited eighteen and are doing the two-month check. They offer support for twelve months, set up community connection meetings and share what is working well. The CCO is also involved, sharing information, having QI monthly meetings. Seeing some small improvements in the challenging environment. * Rex noted the providers feel supported to know the projects are back up and running. | Rex - send to Dan Dannenhoffer the Douglas County data |
| Let’s RISE  (Routine Immunizations on Schedule for Everyone) | Susan Wickstrom,  OHA Immunization Communications | Discuss CDC’s Let’s RISE Initiative to get routine immunizations back on track.  This is CDC’s new initiative to provide resources and support to get people back on-schedule with their immunizations.  [https://www.cdc.gov/vaccines/partners/routine-immunizations-lets-rise.html](http://?)  **1) Promoting routine catch-up**  Oregon is behind on routine immunizations and it is a national and global problem as well. OIP is seeking to integrate this initiative in its work.  **2) OHA Communication strategies**  One of the main reasons for the lag is misinformation.  OHA’s focus is on these main communications strategies:   * Sharing data, engaging partners, generating earned media, enhancing access to adult vaccine services, leveraging social media, launching awareness campaigns. * During the roadshow OHA went to cities across Oregon and provided motivational interview training and invited community groups. One result: Multomah County has re-branded Exclusion day as Catch-Up day.   OHA offers these resources for providers:   * Immunization website and listserv, office hours, OIP RISE campaign, vaccine safety training, and toolkits.   The CDC Let’s RISE campaign provides resources for:   * communications, health and human services, and promoting routine immunizations. * There are many communication resources available (i.e., vaccines flyer, social media content) and everything on the CDC website is public domain so anyone can use and share that information.     **3) Partners can engage**  Healthcare workers and partners can take action by:   * prioritizing vaccine catch-up, identifying individuals not UTD, encouraging vaccination, making vaccine recommendations, making vaccines easy to find and affordable. * Positive vaccine stories are also important to communicate, so keep sharing. |  |
| CD Indicators and Metrics | Kathleen Rees | **Update on the CD Indicators/Metrics process and timeline**   * The process and timeline are similar to what we had before but trying to make the responsibilities clearer. * PHAB will review the new timeline Tuesday, 3/14. After the indicators are selected, discussion can begin on the policy pieces. Some indicators will be highlighted next week, such as COVID and respiratory pathogens. There is discussion about what data is available to help up decide next steps for indicators. * The PHAB meeting 3/14 will also address PE-10 STD Client services, specifically syphilis. * Then selected program elements will move forward to the Big CLHO meeting 3/16. There will be more opportunities for discussion.   Concerns? None  Any additional questions or changes? None  Moton to approve: Bob Dannenhoffer, Douglas Co.  Seconded: Anna summer, Clackamas Co. | Kathleen - Move topics to CLHO next week and report back. |
| Closing | Kathleen Rees |  |  |
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**Facilitator: Kathleen Rees Note Taker: Jennifer L Brown Next Meeting: Friday, April 14 10-11 am**