



**CLHO Communicable Disease Committee**  
**Meeting Minutes**  
**Friday, February 7, 2025**  
**10:05 a.m. – 11:00 a.m.**

Agenda Item	Detail	Action or Follow Up		
Welcome and Roll Call Gerald Dyer, Co-Chair	<b>Quorum is 50% +1 of committee membership</b> Quorum met.			
Approve minutes Gerald Dyer, Co-Chair	<b>Discuss any needed changes for January 3, 2025 minutes</b> Motion to approve: Multnomah Co. moved to approve. Deschutes Co. seconded. No oppositions or abstentions. Approved unanimously.	Approved unanimously		
Tuberculosis Program Element (PE 03) Heidi Behm, OHA	<b>PE 03 Tuberculosis Program Element Changes</b> Heidi reviewed the changes to PE 03 which were mainly administrative cleanups, including simplified case definitions and updates reflecting CDC's reduced tuberculosis outcome measures. Language was added to support shifting drug purchases to local public health authorities via the 340B program.  <b>Questions/Discussion</b> <b>How have performance measures changed?</b> Goals have become easier to achieve. Compliance findings are not based on these outcomes, but they are used for discussions during triennial reviews.  <b>Should confidence intervals be applied to small case counts?</b> Confidence intervals could improve accuracy, but they are not currently calculated. CDC requires reporting of raw percentages without adjustments.  <b>How does 340B impact TB drug purchases?</b> The state cannot buy TB drugs via 340B due to lack of direct patient contact, leading to higher costs. Local public health authorities (LPHAs) are encouraged to register for 340B for cost savings.	Vote to recommend to Big CLHO: Approved unanimously		




	<p><b>Can LPHAs get reimbursed for drugs purchased outside 340B?</b> Possibly, but there is no formal process yet. Discussions with OHA are needed before making such purchases.</p> <p><b>Voting</b> Douglas Co. moved to approve the PE changes and send to Big CLHO. North Central seconded. No objections or abstentions. Approved unanimously</p>		
<p>Immunizations Quarterly Dashboard Rex Larsen, OHA</p>	<p><b>Discuss the Immunizations Quarterly Dashboard and provide feedback.</b></p> <ul style="list-style-type: none"> <li>• Rex reviewed the plan to transition from an annual to quarterly immunization rate publication, focusing initially on two-year olds.</li> <li>• The change aims to provide timelier data, responding to requests from the Public Health Advisory Board (PHAB) and Local Public Health Agencies (LPHAs).</li> <li>• Currently, immunization rates are assessed annually (December 31st) and published between April and June.</li> <li>• Different methods to define the population assessed in each quarter were considered, including analyzing a “rolling” year population that updates each quarter, vs a “progressive” birth cohort approach where the same population is followed as they age over the calendar year.</li> <li>• The “rolling” year analysis includes only children who already turned 2 and reflects the final metric rate for that population at that point in time. Since only ¼ of the population will turn over each quarter, the analysis won’t be sensitive to change in immunization patterns that may have occurred in the quarter. It will include children that are not going to be in the final year’s assessment.</li> <li>• The progressive birth cohort approach focuses on children who turned two in the given quarter, and will be included in the final year’s assessment, making it more responsive to recent immunization trends and interventions, but may show more fluctuations.</li> <li>• Rex is seeking feedback from counties.</li> </ul> <p><b>Questions/Discussion</b>  <b>Why isn’t the rolling approach sensitive to changes in immunization patterns?</b>  It looks at past data, so most of the cohort reflects pre-intervention trends. Only 25% of kids turn two each quarter, making it slower to show changes.  <b>Do immunization rates vary by quarter?</b>  Two-year-old rates are fairly stable. Other age groups, like adolescents, see peaks around back-to-school and early in the year.</p>	<p>For more details or questions, Email Rex Larsen:   <a href="mailto:REX.A.LARSEN@oha.org">REX.A.LARSEN@oha.org</a>  <a href="http://regon.gov">regon.gov</a></p>	



	<p><b>Would the rolling approach work better for predicting school vaccination rates?</b> We don't assess all elementary-age kids regularly, so our data may not be useful for that purpose, but it is something we can look into.</p> <p><b>Why doesn't the progressive approach show a bigger increase?</b> Many kids get vaccinated before age two, so early assessments include those still catching up.</p> <p><b>How do these approaches impact adolescent immunization tracking?</b> Adolescents have a wider vaccination window, making their benchmarks less sensitive to quarterly changes.</p> <p><b>How does the progressive approach help clinic-level improvements?</b> It better reflects efforts like early vaccine recommendations at 15-month checkups, whereas the rolling approach lags in showing those effects.</p> <p><b>When will the dashboard be rolled out?</b> A pilot for two-year-olds will launch in early spring, with feedback opportunities after implementation.</p> <p><b>Which approach did your team prefer?</b> Initially, rolling seemed simpler, but after reviewing data, we preferred the progressive approach since it better reflects intervention impacts.</p> <p><b>Do you need a formal recommendation from CLHO?</b> No, just general feedback before public release, since LPHAs will be using the data.</p>		
<p>Announcements Collette Young, OHA</p>	<p><b>OR-Epi Conference</b> The meeting will take place from April 23rd to 25th at Sunriver, Oregon. Registration and lodging are currently open, but spaces are filling up quickly.</p> <ul style="list-style-type: none"> <li>• This is an in-person-only event, providing an opportunity for attendees to connect, share ideas, and explore ways to improve their work in public health.</li> <li>• The primary theme this year is One Health, emphasizing the interconnectedness of environmental factors, vectors, and infectious diseases. Collaborations with the Oregon Department of Agriculture (ODA) and USDA will play a key role.</li> <li>• The Keynote Speaker will be from the USDA, a former EIS officer with valuable insights.</li> <li>• Plenaries include: <ul style="list-style-type: none"> <li>○ DOJ session on legal opportunities and challenges.</li> <li>○ Focus on farmworkers, syndromic surveillance, and TB.</li> <li>○ Drs. Liko and Cieslak will present a historical and engaging session on leprosy.</li> </ul> </li> <li>• New tracks this year include:</li> </ul>		



	<ul style="list-style-type: none"><li>○ Communicable Disease</li><li>○ STD, TB, and HIV</li><li>○ Community Health</li><li>○ Emerging Events</li><li>○ Informatics</li></ul> <ul style="list-style-type: none"><li>• There are 7 pre-conference and 4 post-conference trainings available for participants.</li></ul>		
Adjourn	Meeting adjourned 10:51 am		
Next meeting: March 7, 2025 10:05 am			
Co-Chair: Jackson Baures		Co-Chair: Gerald Dyer	
<b>Public Health Division</b> HIV, STD & TB (HST): Alison Goldstein, <a href="mailto:alison.goldstein@odhsoha.oregon.gov">alison.goldstein@odhsoha.oregon.gov</a> Immunization: Rex Larsen, <a href="mailto:rex.a.larsen@oha.oregon.gov">rex.a.larsen@oha.oregon.gov</a> Acute & Communicable Disease Prevention (ACDP): Lee Peters, <a href="mailto:lee.r.peters@oha.oregon.gov">lee.r.peters@oha.oregon.gov</a> Administrative Support: Jennifer Brown, <a href="mailto:jennifer.l.brown@oha.oregon.gov">jennifer.l.brown@oha.oregon.gov</a>			