Oklahoma State Department of Health
Creating a State of Health

Final

Meeting Minutes
Infant and Children's Health Advisory Council
Special Meeting – Monday, August 17, 2015, 1:00 p.m.
Oklahoma State Department of Health – Room 314
1000 N.E. 10th St., Oklahoma City, OK 73117

Open Meeting Act: Announcement of meeting was filed with the Office of the Secretary of State on June 19, 2015. The final agenda was posted on August 14, 2015 at 10:00 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website.

Call to Order, Roll Call, and Determination of Quorum: Dr. Stanley Grogg called the meeting of the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:00 p.m. in Room 314 of the Oklahoma State Department of Health, located at 1000 N.E. 10th St, Oklahoma City, Oklahoma. A quorum was met with the presence of Amanda Bogie, M.D., Lynn Cyert, Ph.D., O.D., Stanley Grogg, D.O., and Jacqueline Shipp, L.P.C.

Identified OSDH Members Present: Sharon Vaz, Screening and Special Services; Lori Linstead, Immunization Service; Sheryll Brown, Injury Prevention Service; Annette Jacobi, Family Support and Prevention Service; Susan Quigley, Childhood Lead Poisoning Prevention Program, Screening and Special Services; Edd Rhoades, M.D., Community and Family Health Services; and Stephanie Westbrook, Nursing Service. **Others Present:** Scott Tohlen, Research Analyst, Oklahoma House of Representatives.

Review and Approval of Minutes of May 11, 2015 Special Meeting:
A motion was made by Dr. Cyert to approve the Minutes as presented. Dr. Bogie seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); S. Grogg (Yes); J. Shipp (Yes). Motion carried.

Public Comment:
There were no public comments.

Discussion and Possible Action on 2016 Regular Meeting Dates: Proposed meeting dates for 2016 were discussed. A motion was made by J. Shipp to approve 2016 Regular Meeting dates of February 8, May 2, August 1, and November 7. Dr. Bogie seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); S. Grogg (Yes); J. Shipp (Yes). Motion carried.

Immunization Program Overview: Lori Linstead, Director, Immunization Program, OSDH, distributed handouts and provided an overview of the Immunization Program. The federally funded Vaccine for Children (VFC), which provides funds for vaccines for children birth to 18 years, is administered by the

Immunization Program. Vaccine is made available to both public and private providers who chose to be part of the program. Medicaid-eligible and those providers who provide for the Medicaid population represent the majority of VFC eligible children and VFC providers. VFC-eligible children include Medicaid children, American Indian/Alaskan Native, uninsured children, and underinsured children. Oklahoma receives approximately $4.2 million for operation of the Immunization program and $62 million in vaccine. Next year the amount of vaccine will increase to approximately $70 million. Oklahoma also receives approximately $800,000 in 317 funds for uninsured or underinsured adults (19 years and older) which is used to provide vaccine through county health departments. In addition, OSDH allocates state funds for purchase of vaccine up front which is administered to adults or children who have private insurance through county health departments which is subsequently billed tp their insurance. Due to high cost of vaccine, Rotavirus, Prevnar, meningococcus, and HPV are not included for those with private insurance.

National immunization rates (4:3:1:3:3:1:4) for children in Oklahoma was shared from the Centers for Disease Control and Prevention (CDC) for 2013. The United Health Foundation takes the CDC data and ranks states. Oklahoma ranks 47th in the nation for children 19 – 35 months of age. Oklahoma 2014 state data for children 19-35 months ranked by county was shared for the older vaccine series (4:3:1:3:3:1). Oklahoma 2014 data was also shared ranked by county based on the recent addition by CDC of Prevnar to the series (4:3:1:3:3:1:4) which resulted in rates plummeting. Oklahoma has a strategy target to increase our coverage rates from 61% in 2012 to 80% by 2018. Some of our strategies include use of a reminder/recall system for children who are due or past due immunizations and to decrease missed opportunities to vaccinate children during clinic visits.

Information was shared from the Kindergarten Survey on exemption rates. From 2004 to 2014, Oklahoma's exemption rate went from 1.4% to 1.5%. Eighteen states across the United States allow the 3 exemptions (personal, religious and medical). Oklahoma's personal exemption rates are going up.

Newborn Screening Program Overview: Sharon Vaz, Director, Screening and Special Services, distributed handouts and presented an overview of the Newborn Screening Program. Newborn screening is one of several programs under the umbrella of Screening and Special Services. Oklahoma mandates newborn screening. The Board of Health can make rules to add screening for additional disorders. Newborn screening is performed to identify children who possibly have a disorder. Diagnostic tests are needed to confirm the presence of a disorder in infants with an abnormal screening test. Oklahoma has been screening newborns since 1963. Oklahoma is a model state program by providing short and long term follow up of children with diagnosed disorders in addition to screening. In addition, the program provides a metabolic dietician and a Healthy and Ready to Work nurse for children with Sickle Cell Disease. Provision of genetic counselling is also unique to Oklahoma.

Information was shared on the Incidence of various disorders. About 1 in 20 children screened requires follow up for an abnormal or unsatisfactory test with 1 in 600 children identified with a disorder. Although these disorders are fairly rare, some are more frequent than previously recognized. Screening

for Severe Combined Immune Deficiency, which was recently instituted in Oklahoma in 2015, was thought to occur about 1 in 100,000 but now we are finding the incidence is about 1 in 50,000.

Newborn screening also includes Newborn Hearing Screening which will be presented in more detail at a future meeting. Critical Congenital Heart Disease is another new disorder which was implemented in January 2014 in Oklahoma hospitals using pulse oximetry. As far as the future, the Secretary of Health and Human Services Advisory Committee is making recommendations on screening for additional disorders. The Infant and Children's Health Advisory Committee will have a role of advising the Newborn Screening Program and the State Board of Health on whether or not we should add a new disorder to the Oklahoma screening panel. Copies of parent brochures were shared.

Agency Report: Dr. E. Rhoades provided follow up to question raised at the May 11, 2015 meeting of the ICHAC about the role of the member elected to the role of secretary. The elected secretary could do the roll call for the meeting and for voting on motions and take the minutes. Alternatively, Department staff can take the minutes and do the roll call for calling the meeting to order and for voting on the minutes and the elected secretary can review the draft prior to being distributed. In relation to the remaining 3 unfilled appointments on the ICHAC, Dr. Rhoades shared he had contacted the appointment secretaries for both the Speaker of the House and the Senate President Pro Tempore and that appointments should soon be forthcoming.

In relation to the Special Meeting scheduled for November 2, 2015, Dr. Rhoades indicated the members would notified in advance on whether or not the meeting would be held after conferring with Dr. Grogg, Chair, based on whether or not there was new business that needed to come before the ICHAC prior to the Regular Meetings to be scheduled for 2016. Election of new officers will be a potential agenda item for the next meeting.

Dr. Cyert asked about what actions the ICHAC could take to improve the state immunization rates such as doing a resolution to the legislature. Dr. Rhoades shared the statutory role of the Council was to advise the State Board of Health and the Department on infant and children's health issues. Discussion of actions by the ICHAC to address the immunization rates could be an agenda item for an upcoming meeting. Dr. Rhoades shared overviews of additional child health program areas would be scheduled for this next year.

Adjournment: Dr. Bogie made a motion to adjourn the meeting at 2:05 P.M. Ms. Shipp seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); S. Grogg (Yes); J. Shipp (Yes). Motion carried.