

Immunization Section Teleconference Minutes

Date: May 18, 2011

Present: Jan Bloom, John Anderson, LaChel May, Kathy Strang, Lisa Wordeman, and Robert Grenwelge

Facilitator – Lisa Wordeman

Minutes submitted by Karoleigh Cassel, Immunization Section Administrative Specialist

Clinical Update from Diana Martin, RN

- The HPV Vaccine Information Statement (VIS) has been updated by the CDC as of May 5, 2011. The link on the Immunization Section's website for VIS has been updated as well. If providers have the previous version of the HPV VIS printed, they are asked to dispose of the old forms and only use the updated forms. Please visit www.immunizewyoming.com to get updated VIS and other important immunization-related materials.
- Although the FDA has approved the Menactra for children at 9 months of age, the ACIP has not changed the recommendation. The ACIP is meeting in June 2011 to decide whether or not to change the recommendations. Currently, the recommendation is starting at 11 to 12 years old, with a booster at 16 years of age.
- ACIP will be voting on whether to change the recommendation for Zoster between 50 to 59 years of age and whether or not the recommended age for the Menactra will be at 9 months of age, whether there will be recommended doses of Tdap for pregnant and post-partum women.
- Measles outbreak-There were recent measles outbreaks in Texas, Minnesota, Tennessee, Kansas, Illinois, New York, Washington, and Utah. Nine people were diagnosed with measles (previously unvaccinated), 184 people were quarantined voluntarily from school and work for 3 weeks. The schools spent approximately \$10,000 on substitute teachers for teachers who could not provide proof of immunity. The outbreak lasted for about 28 days. The epidemic started when a junior high student traveled to Poland.

Pink Book Training and Barcode Functionality Training Update from Jan Bloom

- 125 registrants have registered so far online and by mail. The training will be capped at 200 registrants. The Immunization Section will be adding bar code functionality training on the afternoon of July 18, with a limit of 35 individuals.

Vaccine Program Updates from Lisa Wordeman

Universal-Select Transition Information

- As of July 1, 2011 the WyVIP Program is transitioning from a Universal Purchase state to Universal-Select. This means that Wyoming is moving from purchasing all the vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to purchasing most ACIP recommended vaccines.
- The vaccines affected by the change are: hepatitis A, meningococcal conjugate, human papillomavirus and influenza. There are currently no changes with the remaining

vaccines. The four vaccines mentioned will become Vaccines for Children (VFC)-only vaccines.

- Providers are only allowed to administer the four affected vaccines to VFC-eligible patients (American Indian/Alaska Native or Medicaid-eligible). Only in Federally-Qualified Health Centers (FQHC) and Rural Health Centers (RHC) are underinsured patients eligible for VFC vaccine. KidCare/CHIP is considered insurance. Insured patients who receive doses of the affected vaccines prior to July 1, 2011 will not be able to finish the series with VFC vaccine. The patient will need to receive the remainder of the series from private stock vaccine.
- Patients that start their vaccine series prior to the 19th birthday and return to receive remaining doses will also receive private stock vaccine, since VFC funding does not pay for anyone over 18 years of age.
- WyVIP eligibility-Any person having a Wyoming address is considered a Wyoming resident. Children of parents who live outside of Wyoming, but work in the state and/or have Wyoming insurance are not eligible for WyVIP vaccine.
- Patients that have dual eligibility (for example: an American Indian that has insurance not covering vaccines) should receive the type of vaccine resulting in the least cost to them, which would be VFC vaccine.
- The Vaccine Program discourages vaccine borrowing between private and public vaccine stock. In the event this happens, providers may transfer vaccine between private and public stock to prevent turning a patient away. A borrowing form, now available on the immunization web site www.immunizewyoming.com must be filled out by providers and sent to the Vaccine Program to properly monitor vaccine lot numbers. For more information on borrowing vaccine, please contact Lisa Wordeman at 307-777-2413 or LaChel May at 307-777-8503.
- The Vaccine Program will be closely monitoring provider orders and inventory to ensure VFC vaccine will not be administered to ineligible patients. All patients must be screened for VFC eligibility. Any changes to a patient's eligibility status must be recorded in the patient file. Providers who knowingly administer state or federal vaccines to ineligible patients may be referred to Medicare and Medicaid Services and/or the Medicaid Integrity Group to be investigated for fraud and abuse.
- An underinsured patient is defined by CDC as
 - a child who has insurance but the coverage does not include vaccines,
 - a child whose insurance covers only selected vaccines or
 - a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.
- Patients who have not met the deductible or haven't met the insurance cap for vaccine coverage are not considered underinsured.
- When a patient has insurance, the provider should ask whether or not their insurance covers well-child visits. This will help to answer the underinsured question.
- If a parent does not know if their insurance covers well child visits, then the parent has a choice to make. If they are requesting a VFC-only vaccine, they can choose to receive

the vaccine from the provider's private vaccine stock and risk possibly paying out of pocket. Or the parent can wait, not receive the vaccine that day, and research their insurance coverage. This is a decision for the parents to make and not something that should cause confusion in a provider's office.

- If a patient is indeed underinsured by the criteria set forth by CDC, then they can receive VFC vaccine at an FQHC or RHC or by a VFC provider who has received a Delegation of Authority to act on behalf of an FQHC or RHC.
- The Immunization Section received permission from the Director's office to allow agreements between an FQHC or RHC and a VFC provider to delegate authority for immunizations.
- Delegation of Authority essentially means that a VFC provider could act on behalf of an FQHC or RHC and administer VFC vaccines to underinsured children. The FQHC or RHC does not have any legal responsibility to supervise the VFC provider regarding their immunization practices or storage and handling. It simply means they can vaccinate children who are underinsured with VFC vaccine.
- To receive a Delegation of Authority, a VFC provider contacts a FQHC or RHC to request it. The Immunization Section has created a sample form that could be used for Delegation of Authority. The FQHC or RHC would complete and sign the Delegation of Authority and fax it to the VFC provider for their signature. Once complete, the VFC provider will fax the Delegation of Authority Agreement to the Immunization Section to be filed.
- Once it is received by the Immunization Section, the provider can then act on behalf of an FQHC or RHC for immunizations. This agreement does not give any authority outside of immunizations.
- A provider can receive a Delegation of Authority from any FQHC or RHC. It does not have to be an FQHC or RHC within their county. These forms can be found on our website, along with a list of our current FQHCs and RHCs.
- We know this is a lot of information. Prior to the transition, we will have an online presentation going over all these points in more detail to ensure every office is educated on these changes.

The next teleconference is July 13, 2011 at 12:15 pm.