F-01922 (11/2017)

## **OPEN MEETING MINUTES**

Instructions: F-01922A

Name of Governmental Body: DHS 144 &146 Advisory Committee			Attending: Julie Sager, MD, Tina Sullivan, RN BSN, Ken Schellhase, MD MPH,
Date: 2/14/2018	Time Started: 9:06 a.m.	Time Ended: 10:24 a.m.	Becky Wendel, RN BSN, Bud Chumbley, MD MPH, Mary Hayney, Pharm D MPH FCCP BCPS, Louise Wilson, MS BSN RN NCSN, James Conway, MD, Stephanie Schauer, PhD, Stacey Moyer, RN MSN, Whitney Ederer, JD MPH, Elise Balzer, BA
Location: 119 E Olin Ave Madison, WI 53713			Presiding Officer: Stacey Moyer
Minutes			

The Advisory Committee reviewed the notes from the first Advisory Committee meeting, held on January 26<sup>th</sup>, 2018, and continued discussion around DHS 144.

<u>Overview</u>: DHS 144 – 1) add meningococcal vaccine as a requirement for school entry, and 2) remove parent report of history of varicella disease as an exemption and replace with requiring a licensed physician, advanced practice registered nurse, or physician's assistant to document history of varicella disease.

- 1) Meningococcal vaccine requirement. DHS proposes to add meningococcal vaccine containing ACWY to the list of vaccines required for students entering the 7<sup>th</sup> grade. DHS will also consider a booster dose for students entering the 12<sup>th</sup> grade.
  - Discussion (continued from first meeting): First, the committee discussed the benefits and disadvantages to having both a 7<sup>th</sup> grade requirement and a second (booster) dose for students entering the 12<sup>th</sup> grade. Committee members commented that this requirement would give students lasting protection against the disease. Second, the committee discussed an implementation plan. They deliberated between a three-year plan and a five-year plan. The committee members discussed the benefits and challenges to rolling out the school requirement including burden to school staff, health care provider offices, and communication challenges.
  - Conclusion: The committee members agreed that students should be required to receive the meningococcal vaccine at both 7<sup>th</sup> and 12<sup>th</sup> grades. The committee members also agreed to the 5-year rollout plan.
- 2) Varicella disease verification. The department is proposing to remove parent report of history of varicella disease as an exemption to varicella vaccination. This information would be added immunization record to student.
  - Discussion: Committee members commented that this change would align with current ACIP guidelines (*see* https://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf). They also commented that since varicella disease is not very common anymore, relying on parent or teacher diagnosis is not an appropriate way to document a communicable disease. The committee also acknowledged the logistical challenges of an in-person diagnosis. However, the recommendation is to adhere to the current ACIP guidelines where diagnosis or verification of history of varicella disease in-person is not required.

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• Conclusion: Committee members agreed to remove parent report of history of varicella disease as an exemption to vaccination and approved of the proposed language for the school immunization record form, which would be effective going forward (e.g. applies to all kindergartners beginning after rule promulgation date) and not require review of children already deemed compliant.

Remaining objectives for third Advisory Committee meeting: DHS 144 outbreak definitions and reporting requirements.

Next meeting: March 14, 2018 at 9:00 a.m.-10:30 a.m. at the Madison Water Utility Building (119 E Olin Ave Madison, WI 53713). Skype capability available: <a href="https://meet.dhs.wisconsin.gov/stacey.moyer/3YNM3V45">https://meet.dhs.wisconsin.gov/stacey.moyer/3YNM3V45</a>. Call in information: (608) 316-9000 Conference ID: 5083477

## **Public Comments Summary:**

- 1. Dr. Phil Watson from GlaxoSmithKline (GSK) commented that Meningococcal B (MenB) has accounted for the majority of meningococcal disease burden in the 16-23 year old age group. They also account for about 80% of meningococcal disease cases. GSK supports a recommendation for both MenACWY (MCV4) and MenB vaccination for school requirements and any other recommendations that align with the Advisory Committee on Immunization Practices (ACIP) guidelines.
- 2. A written public comment was submitted to committee members from GSK. In summary, the letter dated February 9, 2018 states that GSK strongly supports the department's efforts to ensure school requirements are consistent with current recommendations from the ACIP, and that in additional to requiring meningococcal conjugate ACWY vaccine for 7<sup>th</sup> grade, they also recommend adding a meningococcal conjugate ACWY booster dose requirement for 12<sup>th</sup> grade entry. The letter also states that they support an additional requirement for MenB vaccine for 12<sup>th</sup> grade entry, and that all entering 12<sup>th</sup> grade students and parents receive information about all five serotypes of meningococcal disease.

Prepared by: Elise Balzer on 2/16/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: