



Oklahoma State Department of Health  
Creating a State of Health

**Meeting Minutes**  
**Infant and Children's Health Advisory Council**  
**Regular Meeting – Monday, May 15, 2017, 1:00 p.m.**  
**Oklahoma State Department of Health – Room 507**  
**1000 N.E. 10<sup>th</sup> St., Oklahoma City, OK 73117**

**Final**

**Open Meeting Act:** Announcement of meeting was filed with the Office of the Secretary of State on November 29, 2016. The final agenda was posted on May 12, 2017 at 11:45 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website April 28, 2017 at 9:23 a.m.

**Call to Order, Roll Call, and Determination of Quorum:** Dr. J. Elliott called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:05 p.m. in Room 507 of the Oklahoma State Department of Health, located at 1000 N.E. 10<sup>th</sup> St, Oklahoma City, Oklahoma. A quorum was determined with the presence of Lynn Cyert, Ph.D.; Jeffrey Elliott, O.D.; Stanley Grogg, D.O.; Susan Hassed, M.D.; R. Michael Siatkowski, M.D.; Amanda Bogie, M.D. (1:10 p.m.); and Paul Darden, M.D (1:20 p.m.).

**Identified OSDH Staff Present:** Cassandra Camp, MPH, Community and Family Health Service; Annette Jacobi, J.D., Community and Family Health Services; Lori Linstead, M.S., Office of Epidemiologist; Edd Rhoades, M.D., Community and Family Health Services; and Linda Dockery, Nursing Service.

**Identified Guests Present:** Dianna Bonfiglio, Vizavance formerly Prevent Blindness Oklahoma; Tom Cummings, Lions KIDSight USA.

**Review and Approval of Minutes of February 6, 2017 regular meeting:** A motion was made by Dr. S. Grogg to approve the February 6, 2017 regular meeting Minutes as presented. Dr. L. Cyert seconded the motion. Votes followed: L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Yes); Motion carried.

**Public Comment:** There were no public comments to address.

**Presentation, Discussion and Possible Action Regarding the Office of Child Abuse Prevention's Request for Proposals—Annette Jacobi, J.D., Director, Family Support and Prevention Service, Community & Family Health Services (CFHS):** Handouts – Ms. Jacobi gave a brief description and history of the Office of Child Abuse Prevention program and stated services include providing home visitation, guidance, and training for families of infants and young children up to 5 years of age. Ms. Jacobi did not present funding recommendations due to budget issues, and stated if a 10% budget cut is necessary due to shortfalls, this program could be eliminated and approximately 800 families and many OSDH employees would be affected.

**Overview of the Birth Defects Registry, Discussion and Possible Action—Cassandra D. Camp, MPH, CHES, CPH, Screening & Special Services, Community & Family Health Services (CFHS):** Handouts – Ms. Camp gave a brief history and background information of the Oklahoma Birth Defects Registry (OBDR), which is an active public health surveillance program. Ms. Camp also gave some important facts describing what birth defects are, detection by screening, and prevention by using Folic Acid. Her department has a multivitamin distribution program for women of child bearing age

to receive up to one year supply of multivitamins to encourage folic acid use, which can prevent up to 70% of neural tube defects (NTDs). Ms. Camp presented statistics regarding contributing factors to birth defects, costs associated, and the number of deaths from birth defects. In Oklahoma, one in twenty-four babies are born with birth defects. Birth defects are the leading cause of death among infants and children less than one year of age in Oklahoma and nationwide. Ms. Camp shared important information regarding the vast number (40,000 different types) of birth defects that are possible and may be present in newborns and children; and the possibility of reoccurrence of NTDs in infants from mothers that have been previously affected with NTDs in prior births.

There are support groups available for families to connect with other families that have similar diagnoses in order to help them process the issues they are experiencing. Within the program are several projects and resources for communities. January is National Birth Defect Prevention month and nutritional information is given out to educate the community on the aspects of birth defects. Also, there is an Enhanced Surveillance for Adverse Outcomes Linked to the Zika Virus program to name a few. A question was asked regarding the funding of the Zika response and Zika registry. Dr. Rhoades answered that there is federal grant funding for the Zika response, but the Zika registry would not be renewed for year two. Discussion was brought up of how Ms. Camp's department retrieves information regarding entry into the OBDR and she responded that hospital-based information is received according to discharge dates and diagnoses from the Health Information Managers (HIM). The client must meet the criteria of the program according to the codes, be listed before the child's second birthday, and if there is a possibility of a birth defect, an abstract is created for follow-up. Discussion was also brought up concerning children being missed from the registry because of being outpatient. Ms. Camp responded that she could set up a meeting with her supervisor to discuss that with the providers to determine what is needed.

**Immunization Program Update, Discussion and Possible Action – Lori Linstead, M.S. Director, Immunization Service, Office of the State Epidemiologist:** Handouts – Ms. Linstead gave a broad overview and role of Immunization Services, and stated that the program is a core component in OSDH's strategic plan. The role of immunizations is to implement activities to raise immunization coverage levels and reduce mortality and morbidity of vaccine preventable diseases (VPD). Ms. Linstead gave information regarding the 7-series vaccines to be administered to children before they reach 3 years of age. Ms. Linstead gave more information regarding the age groups and particular vaccines needed.

Ms. Linstead continued by sharing information regarding funding and mentioned that the majority of funding is from federal CDC funds for the immunization program and no state funding is received for operations. Currently CDC has allocated a grant of \$5.7 million dollars for operating needs for Oklahoma Immunizations program. Ms. Linstead gave information regarding the Vaccine for Children (VFC) program; age groups involved, provider information, and budget allocation of approximately \$70 million dollars for VFC children.

Ms. Linstead continued with information regarding CDC Section 317 funds vaccines which are issued to county health departments and given to uninsured and under insured adults 19 years of age or older; approximately \$800,000 dollars are allocated for Section 317 funds and may be discontinued soon.

State funding allotted to the Immunization Service is \$400,000 for state purchased vaccines. Ms. Linstead shared information regarding providers not supplying vaccines and then referring clients to county health departments. Ms. Linstead encourages bundling of vaccines for cost efficiency. State funding allocated for influenza and pneumonia is \$1.7 million dollars and supplies approximately 85,000 vaccines. A question was asked if Immunization Service has funding for Shingles (Zoster) and Ms. Linstead answered they do not have funding for that vaccine. Discussion was brought up regarding the funding from Medicare Part D for the Zoster vaccine. A question was asked regarding a new Shingles vaccine. Dr. Grogg answered that the vaccine is for immunocompromised clients and is more effective and will be available within the next few months.

Ms. Linstead continued with some information regarding immunization rates which are determined by the National Immunization Survey. According to 2016 data, Oklahoma is a little above the national average for immunizations given to children 19-35 months of age.

Ms. Linstead finished with information regarding Immunization Service's quality improvement projects working with providers to work on increasing coverage rates for various vaccines. Exemption rates in charter and private schools

were discussed. Vaccines not being available at various locations due to the expense, rural providers and their purchasing of vaccines, and their use of VFC vaccines were discussed.

A question was asked how MCV4 can be added to the school admission requirements. Funding for provision of the MCV4 vaccine was identified as an issue. Discussion occurred on how the Council can help with adding a requirement for MCV4. Dr. Rhoades shared that the Council, according to statute, could make recommendations to the Board of Health on rules or make recommendations or resolutions to the Board of Health or the Department on issues related to child health. A motion was made by Dr. S. Grogg that it be shared with senior leadership that the Infant and Children's Health Advisory Council supports the addition of the MCV4 vaccine as school admission requirement and to bring back to the next meeting clarification on the process for making recommendations to the Board of Health and the Department. Dr. A. Bogie seconded the motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); P. Darden (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Yes); Motion carried.

**Agency Update – Edd Rhoades, MD, MPH, CFHS:** Dr. Rhoades asked Tom Cummings, Lion's Club, and Diana Bonfiglio, Vizavance, to give a brief report of their progress in carrying out their field trial of the Welch Allyn SPOT vision screening method in conjunction with optotype screening.

Mr. Cummings began by conveying that the Lion's Club had received screening information from two schools. Bartlesville had 80 kindergarten children screened by the SPOT and rescreened by the school nurse using the chart. Of 80 students, 3 students failed; and of those rescreened using the chart, 2 failed and 1 was wearing glasses. His findings at the second school showed the screening was the same for the SPOT and the chart. Overall, they were both very closely matched on what they screened.

Ms. Bonfiglio presented information on screening findings for Vizavance. Of 4 schools, 357 students were screened, 65 needed referrals. Ms. Bonfiglio will follow-up on the finding for each and will forward the results to Dr. Elliott, as some are in Ada.

The Lion's Club and Vizavance were asked to complete their field trial with both methods and to bring their findings back to the Council.

**2017 Regular Meeting Dates:** Meeting dates for 2017 are scheduled as follows: August 7 and November 6 of 2017. In the February 6, 2017 meeting a conflict of scheduling was discussed regarding August 7 meeting. It was determined that there should be a quorum for August 7, 2017 meeting, so the meeting will continue as scheduled.

**Member Comment/Discussion:** Discussion was brought up about neonatal mortality and infant mortality according to race as an upcoming agenda topic. Dr. Rhoades said he will follow up with the Maternal and Child Health Service to schedule presentation of that information to the committee.

**Next Meeting Date:** Monday August 7, 2017 at 1:00 P.M. at OSDH room 507.

**Adjournment:** Dr. Elliott declared the meeting adjourned at 3:11 P.M.