



Oklahoma State Department of Health
Creating a State of Health

Final

Meeting Minutes
Infant and Children's Health Advisory Council
Regular Meeting – Monday, November 7, 2016, 1:00 p.m.
Oklahoma State Department of Health – Room 507
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 December 7, 2015. The final agenda was posted on November 3, 2016 at 11:45 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH), and on the OSDH website November 3, 2016 at 11:45 a.m.

Call to Order, Roll Call, and Determination of Quorum: Dr. L. Cyert called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:15 p.m. in Room 507 of the Oklahoma State Department of Health, located at 1000 N.E. 10th St, Oklahoma City, Oklahoma. Dr. L. Cyert announced Dr. S. Grogg has been appointed by the Governor for an additional three year term to represent knowledge of immunizations, and the newest member appointed a three year term by the Governor, Brandy Smith, who was unable to attend, to represent knowledge of child abuse issues, and replace Jacqueline Shipp, L.P.C. due to expiration of her term. A quorum was met with the presence of Lynn Cyert, Ph.D., Paul Darden, M.D., Stanley Grogg, D.O., and R. Michael Siatkowski, M.D.; Not present were: Amanda Bogie, M.D., Jeffrey Elliott, O.D., Susan Hassed, M.D., and Brandy Smith.

Identified OSDH Members Present: Lisa Caton, Screening and Special Services; Susan Quigley, Screening and Special Services; Joyce Marshall, Maternal and Child Health; Barbara Smith, Maternal and Child Health; Lori Yearout, Screening and Special Services; Edd Rhoades, M.D., Community and Family Health Services; and Linda Dockery, Nursing Service.

Identified Non-OSDH Members Present: Amber Bellew, Vizavance formerly Prevent Blindness Oklahoma; Dianna Bonfiglio, Vizavance formerly Prevent Blindness Oklahoma; Tom Cummings, Lions KIDSight USA; Brooke, Granddaughter and test subject of Tom Cummings; Sherry Hall, AstraZeneca;

Review and Approval of Minutes of August 1, 2016 regular meeting: A motion was made by Dr. S. Grogg to approve the August 1, 2016 regular meeting Minutes as presented. Dr. P. Darden seconded the motion. Votes followed: L. Cyert (Yes); P. Darden (Yes); S. Grogg (Yes); M. Siatkowski (Yes). Motion carried.

Public Comment: There were no public comments to address.

Election of Officers for 2017: A motion was made by Dr. S. Grogg to accept Dr. J. Elliott as Chair, Dr. A. Bogie as Vice Chair, and Dr. P. Darden to become Secretary. Dr. M. Siatkowski seconded the motion. Votes followed: L. Cyert (Yes); P. Darden (Yes); S. Grogg (Yes); M. Siatkowski (Yes). Motion carried.

Childhood Lead Poisoning Prevention Rules presented to the Oklahoma Board of Health on behalf of the OSDH Screening and Special Services Department: Susan Quigley, Screening and Special Services, Community & Family Health Services distributed handouts of Title 310 Oklahoma State Department of Health Chapter 512 (310:512) regarding the proposed rule changes which have been consistent since 1994, with minor changes in 2010 regarding payments and

funding. Prior to May of 2012 the reference level for elevated blood lead levels in children was $\geq 10\mu\text{g}/\text{dl}$, however, this changed in June 2012 to $\geq 5\mu\text{g}/\text{dl}$ as studies determined there is no safe level of lead in regards to children. The rule changes will reflect what Screening and Special Services is currently treating as the reference lead level of $\geq 5\mu\text{g}/\text{dl}$. The rule changes would also reflect that providers with the Point-of-Care blood lead testing device would report all testing results to Screening and Special Services of OSDH, reporting would be provided electronically, and areas of the original rules with confusing wording would be updated regarding screening and reporting requirements. Oklahoma has used Universal Screening that requires all children would be screened at 12 and 24 months of age, however, the rules were not clear on age requirements. The public hearing for the requested rules to be changed is November 17, 2016. Discussion was brought up by Dr. S. Grogg regarding receiving a normal result of a child tested at 12 months and then retesting at 24 months is redundant, and use of a questionnaire should be sufficient to get information needed to follow-up if necessary. Ms. Quigley stated that retesting at 24 months is pertinent as the child is more active and possibly putting more items in their mouth, and the use of a questionnaire is not required so information is lost. Dr. P. Darden mentioned with many residents moving often a questionnaire would not capture all of the crucial information to know if a child is in danger of lead poisoning. A motion was made by Dr. P. Darden to accept the changes of the lead poisoning prevention rules recommended by Screening and Special Services presented to the Oklahoma State Board of Health. Dr. S. Grogg moved to add an amendment to the motion that screening at 2 years of age would be the discretion of the screening specialist or health care professional if deemed necessary according to previous screening and observation. The amendment failed lacking a second. Votes followed regarding original motion: L. Cyert (Yes); P. Darden (Yes); S. Grogg (Abstain); M. Siatkowski (Yes). Motion carried.

A question was asked: does CDC make recommendations regarding screening done at 12 and 24 months or the questionnaire. Ms. Quigley answered that yes the CDC does make recommendations for targeted screening of 12 and 24 month old children, but since have left that up to each state. Ms. Quigley shared the last two NHANE Studies have established $3.5\mu\text{g}/\text{dl}$ as the reference level for lead but CDC has not made it official. A question was asked if the numbers of $20\mu\text{g}/\text{dl}$ for environmental investigation and $45\mu\text{g}/\text{dl}$ for chelation are movable levels. Ms. Quigley answered that CDC agreed the level for investigation should be lower, but gives each state authority to determine the reference level they can perform an environmental investigation. CDC has not made a recommendation to lower the level for Chelation as it is so hard on the body and damage may have already been done to the child just with the lead level present. Ms. Quigley shared the percentage rate of children with $\geq 5\mu\text{g}/\text{dl}$ is approximately 2.5% and if the level was changed to $\geq 3.5\mu\text{g}/\text{dl}$ the rate would change to 5.6%. A question was asked in regards to what proportion of children have been screened. Ms. Quigley answered it varies by location but approximately 22% of children have been screened, and of that 60% are between 12-24 months of age.

Welch Allyn Spot VS100 Vision Screening Tool Presentation: Tom Cummings, Oklahoma State Director, Lions KIDSight USA and board member of the Lions KIDSight National program, distributed handouts of the flyer of the Welch Allyn vision camera he demonstrated in his presentation. Mr. Cummings shared some history of the Lions Club vision programs that began in 1925 which buys and recycles glasses that are sent to Africa. Mr. Cummings shared the KIDSight program partnered with Moore Hospital and through a grant from Lions International Foundation bought 5 Welch Allyn cameras for the state to use. There are 4,500 Lions and 150 clubs throughout Oklahoma. The age focus screened with the Welch Allyn camera is 6 months to 6 years of age, and the cost is approximately \$7,000.00. Follow-up after screening is very important in identifying the vision needs of the child. Mr. Cummings demonstrated the vision screening camera using his granddaughter Brooke as a test subject. A printout is then distributed to the parent with results. The entire process takes less than 1 minute. Mr. Cummings asked Dr. L. Cyert to demonstrate the camera using his granddaughter Brooke to reiterate ease of use. The camera is not designed for use on adults as there are adult eye abnormalities or diseases that cannot be detected. Dianna Bonfiglio shared her staff use the chart for vision screening for Kindergarten, first, and third grade children, because the camera has a pass or fail status and Oklahoma state law requires an actual result of visual acuity be given. However, the camera screening tool can be used on second, fourth, fifth, sixth, and preschool children. The Lions KIDSight program Mr. Cummings is part of performs screening on children and if they fail the criteria they are referred to an Ophthalmologist.

Overview Children's Vision Screening Program: Barbara Smith, RN, MPH, MEd School Health Consultant, Child & Adolescent Health Division, Maternal & Child Health Service, Community & Family Health Services gave a handout which displayed Oklahoma Statutes regarding Vision Screening 70 O.S. § 1210.284 (OSCDN 2016). Ms. Smith shared that almost all of the research determined Photo Screening an acceptable tool if used on children <6 years of age. However, the standard recommendation of screening for school age children who can recognize shapes and figures is the Opti-

Types charts (i.e., HOTV, Snellen Letter, and Lea Symbol). A handout was given which included the research websites used for compiling Ms. Smith's report.

Dr. Rhoades shared ICHAC is to advise the OSDH regarding their opinion of using screening tools such as the Welch Allyn Spot photo screening tool demonstrated to the group by Mr. Cummings. A motion was made by Dr. M. Siatkowski to recommend OSDH to consider a Pilot Program comparing a photo screening tool to Opti-Type screening charts used for Kindergarten aged children. Dr. S. Grogg seconded the motion. Votes followed: L. Cyert (No); P. Darden (Yes); S. Grogg (Yes); M. Siatkowski (Yes). Motion carried. Question was asked what are the advantages and disadvantages for using a photo screening tool. Dr. M. Siatkowski answered that risk factors are being measured for referrals to ophthalmologists. Ms. Smith shared that with use for Kindergarten children additional training would need to be done for screeners and asked if that would be provided by the state. Dr. L. Cyert answered this would be a pilot program and not performed on all Kindergarten aged children in the state, and further details would be addressed as the Pilot program comes into action. Ms. Dianna Bonfiglio stated Prevent Blindness Oklahoma would like to participate in the Pilot Program, Dr. S. Grogg explained that details of partnerships would be left up to OSDH.

In conclusion, Dr. Cyert shared her assessment of the Welch Allyn Spot photo screening tool and stated there is very little research of use on children >6 years of age. Dr. Cyert a member of the National Center for Eyes and Vision, an expert panel assigned by Prevent Blindness Oklahoma, would accept the Welch Allyn Spot as a photo screening tool for use on children <6 years of age, and stated that according to her research Welch Allyn Spot photo screener is the preferred model to use. Dr. S. Grogg stated that Tahlequah Optometry schools or maybe other schools in Oklahoma would want to have this as a research project.

Immunization Report: Dr. S. Grogg shared the Immunization Committee has changed some of the language and specifications regarding vaccinations.

As Follows:

- Hepatitis B vaccine changed from "may be given" to "must be given" for newborn infants before they are discharged from the hospital.
- Pertussis-Tdap may be given anytime during pregnancy.
- HPV vaccine for 15 years and older recommended is 3 doses.
- HPV for 14 years and younger is 2 doses.
- Meningitis B vaccine recommended 2 doses for low risk clients 16-23 years of age.

2017 Child Immunization Schedule is out.

- Spray flu vaccine is not recommended.
- Everyone over 6 months of age recommended to get flu vaccine.

2017 Regular Meeting Dates: Meeting dates for 2017 are scheduled as follows: February 6, May 15, August 7, and November 6 of 2017.

Next Meeting Date: February 6, 2017 at 1:00 P.M. at OSDH room 507.

Adjournment: Dr. Cyert declared meeting adjourned at 2:38 P.M.