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State Board of Health

June 4, 2020

11:00AM

Draft Minutes

Call in # 312-535-8110

Code: 133 028 2300

Locations

WebEx Video Conference Service

Join by phone: 312-535-8110 or 415-655-0002

Meeting number (access code): 133 028 2300

Meeting password: CPkrU2MNM82

Join by video:

<https://illinois.webex.com/illinois/j.php?MTID=m79a59f85ccfc43a7dddfee0344dd268>

Draft Minutes

1. Call to Order—11:03am
 - a. Members present by video call: Damon Arnold, Vince Bufalino, Patricia Canessa, Rashmi Chugh, John Herrmann, Karen Phelan, Janice Phillips, Julie Pryde, Esther Sciammarella, Melissa Storck, Susan Swider, Sameer Vohra
 - b. Members absent: n/a
 - c. IDPH staff present: Erin Conley, Judy Kauerauf, Gina Lathan, Allison Nickrent
 - d. Guests present: Jaya Huprikar. Anita Joglekar, Shilpa Knigge, Jacob Richison, Chris Wade
2. Public Comment
 - a. Shilpa Knigge
 - i. There are few cases of COVID-19 in children, and no cases in schools in Sweden. We have not in the past closed schools for public health instances such as this. IDPH needs to provide better guidance for opening schools in phase 4. Gatherings with 50 or less is not effective for opening schools. In-person school plays a critical role for children. Socio-emotional health is important in school. Children have a constitutional right to go to school. There must be in-person school in the fall. Restrictions for 50 or less is impossible—the guidelines for Restore Illinois should not apply to in-person instruction in schools.
3. Unfinished Business
 - a. Review of SBOH minutes—Minutes from March 12 SBOH meeting are approved by voice vote, with edits adding Dr. Herrmann as present.

- b. Review of Policy Subcommittee minutes and activity—Dr. Damon Arnold, Policy Subcommittee Chair
 - i. Board will receive information for committee meetings so that members can be present as guests.
 - ii. Time change for subcommittee meetings: Policy Subcommittee will meet between 1-3 pm on each scheduled day, Rules Subcommittee will meet between 3-4 on each scheduled day. Motion for time change passes.
 - iii. Policy—add Dr. Canessa to the Policy Subcommittee
 - iv. Policy update
 - 1. May 7, 2020 review of minutes
 - 2. Minutes are approved by voice vote.
- 4. Review of Administrative Rules
 - a. 77 IAC 690 CONTROL OF COMMUNICABLE DISEASES CODE
 - i. Board recommends filing with Secretary of State for First Notice.
- 5. New Business
 - a. COVID-19 Immunization Planning Team—Gina Lathan, IDPH
 - i. See Powerpoint addendum.
 - b. Discussion regarding outdoor and youth activities—Dr. Herrmann, Dr. Phillips
 - i. Document was put together by Drs. Herrmann and Phillips after Policy Subcommittee meeting, with the goal of brainstorming ways in which outdoor sports and activities could be conducted in socially distanced ways. There is some overlap with guidance that has already been provided by other entities, but this document is presented as a starting point before being sent to the Director.
 - ii. Board members will review the attachment provided by Drs. Herrmann and Phillips and will provide comment to Allison.
- 6. Upcoming meetings:
 - a. **State Board of Health - 11:00 - 1:00 PM**
 - i. Thursday, September 10, 2020
 - ii. Thursday, December 3, 2020
 - b. **State Board of Health - Policy – 1:00 PM – 3:00 PM**
 - i. Thursday, June 11, 2020
 - ii. Thursday, August 6, 2020
 - iii. Thursday, November 12, 2020
 - c. **State Board of Health – Rules – 3:00 PM – 4:00 PM**
 - i. Thursday, August 6, 2020
 - ii. Thursday, November 12, 2020
- 7. Adjournment
 - a. Adjourn at 1:09 pm

Mass Vaccination Strategic Action Group (MVSAG)

MSVAG Goals:

- 1. To prepare at least 80% of residents of the state of Illinois to receive COVID-19 vaccinations in a short period of time and rapidly increase population immunity.*
- 2. Prepare public health and public health response infrastructure and staff to effectively manage all aspects of mass vaccinations strategies.*
- 3. Decrease the number of new cases and transmissions of COVID-19.*

Provider
Education

Recruitment

Policy/
Legislation

IIS

Data/
Surveillance

Logistics

Public
Messaging/
Engagement

Priority
Populations

Each workgroup will be comprised of subject matter experts, including two leads, recruited from within IDPH and from local health departments and partner organizations

Gina Lathan, MPH
Immunization Section Chief, IDPH

Outline for each work group

Objective #1: This will be the first objective		
Activity	Performance Measure	Completed By
1. An activity that will be completed in support of Objective #1	The expected outcome/deliverable from this activity	mm/dd/yyyy
2. An activity that will be completed in support of Objective #1	The expected outcome/deliverable from this activity	mm/dd/yyyy
Objective #2: This will be the second objective		
Activity	Performance Measure	Completed By
1. An activity that will be completed in support of Objective #2	The expected outcome/deliverable from this activity	mm/dd/yyyy
2. An activity that will be completed in support of Objective #2	The expected outcome/deliverable from this activity	mm/dd/yyyy
Objective #3: This will be the third objective		
Activity	Performance Measure	Completed By
1. An activity that will be completed in support of Objective #3	The expected outcome/deliverable from this activity	mm/dd/yyyy
2. An activity that will be completed in support of Objective #3	The expected outcome/deliverable from this activity	mm/dd/yyyy

Work Group Updates

PROVIDER AND COMMUNITY EDUCATION

Responsible for compiling a resource inventory of provider information and trainings for various COVID-19 providers and diverse populations using various platforms and teaching styles.

Membership: Garth Reynolds, (Illinois Pharmacists Association), Kathy Zhang (Midwest Asian Health Association), Melissa A Simon MD (Northwestern University), Carla Little (IDPH)

PUBLIC MESSAGING AND ENGAGEMENT

Responsible for the development of COVID-19 messaging and the identification and linkages to communication and community outlets to disseminate the messages.

Lead: Patricia Canessa (Northwestern University/IPHA), **Membership:** Tracy Smith (SIU School of Medicine), Esperanza Gonzalez (Illinois Migrant Council), Carla Little (IDPH)

LOGISTICS

Responsible for the development of provider agreements, ground coordination and human resources to assist in the execution of activities.

Membership: Carla Little (IDPH)

Recruitment

Responsible for the identification of new adult COVID-19 providers, clinics, mass vaccinations clinics, sites, and essential partners in high populated, high COVID-19 infected communities and communities with minimal access to health services.

Membership: Julie Casper (IDPH), Patricia Schou (Illinois Critical Access Hospital Network), Ashley Colwell (Illinois Primary Health Care Association), Heidi Clark (IDPH), Dennis Tiburzi (IDPH), Garth Reynolds, from the Illinois Pharmacists Association, Jennifer Paulk (CDC, Public Health Advisor), Eric Larson (Illinois Dental Society), Vincent Keenan (Illinois Academy of Family Physicians), McCullough, Kim (IHFS), Carla Little (IDPH)

Needs/Expectations:

- Expedited enrollment for new provider in the IIS system (vaccination registry) for COVID-19 providers
- Approval for expanded non-traditional providers (Dentist, Dental Hygienist, etc.)
- Increased number of adult physicians
- Mass vaccination off-site clinics – local health department, community organizations/faith entities collaboration
- Use COVID-19 testing surveillance – target hotspots for needed physicians and collaborations

Next Steps: Draft measurable objectives, activities and execution

Policy and Legislation

Responsible for recommending policy and legislation that will support the advancement COVID-19 mass vaccination efforts and strategies.

Leads: Dr. Damon Arnold (Blue Cross/Blue Shield) Melissa Buenger (CDPH)

Membership:

- Heidi Clark (IDPH), Dennis Tiburzi (IDPH), Jennifer Paulk (IDPH), Jennie Pinkwater (ICAP), Marielle Fricchione (CDPH), Karen Pendergrass (IDPH), Tom Hughes (IPHA), Garth Reynolds, from the Illinois Pharmacists Association, Allison Nickrent (IDPH), Gordana Krkic (Illinois Academy of Family Physicians), Carla Little (IDPH)

Draft Objectives:

1. Create a registry mandate to ensure all providers enter COVID-19 vaccinations into the IIS system
2. Temporarily expand the scope of service, allowing non-physician healthcare professionals to administer COVID-19 vaccinations
3. Assess requirements for non-COVID-19 vaccinations during the pandemic
4. Need policies and guidance for small business regarding COVID-19 vaccinations
5. Need policies regarding costs for vaccinations and administering fees for providers
6. Review OPR's rules/policies to assess if we can build from existing work/documents
7. Need policy and guidance in writing regarding citizenship issues and COVID-19

Next Steps: Draft measurable objectives, activities and execution

IIS

Responsible for determining standardized and expected data quality, data sharing expectations, and reports for COVID-19.

Membership: Leads: Jennifer Paulk (IDPH CDC/Public Health Advisor), David Juen (CDPH)

Heidi Clark (IDPH), Dennis Tiburzi (IDPH), Michael McCarten (IDPH), LaDaryl Hale (IDPH), Helena Hughes-Osby (IDPH), Marielle Fricchione (CDPH), Dave Decker (IDPH), Robin Holding (IDPH), Karen Pendergrass (IDPH), Carla Little (IDPH)

Last Meeting: real time data needs, mobile application use, connectivity concerns, unique and standard reports and response time, paperless process – scanning vs data input, need to reduce human error increase time/processing for data input, capacity to manage large amount of new entries, improve time for processing new provider enrollment, development a module specific for COVID-19

Collaboration with Policy and Legislation Work Group: Mandatory COVID-19 reporting in IIS – emergency and possibly temporary

Draft Objectives:

1. Determine advanced IIS capabilities to more effectively support the mass vaccination response to COVID-19
2. Provide IIS training resources for new and existing providers
3. Elicit input from providers, in both rural and urban settings, to ensure the IIS system is meeting the needs of all stakeholders
4. Assess the feasibility of using a mobile app at mass vaccination sites to reduce data delays and allow for IDPH to obtain real-time data for press releases and other immediate requests

Next Steps: Drafting measurable objectives, activities and execution

Data and Surveillance

Responsible for ensuring that we have a coordinated system to collect, report, store and retrieve data. Data and Surveillance will also develop templates for regular reporting of data.

Leads: Katie Morrissey (IDPH) and Stacy Grundy (SIU School of Medicine)

Membership: Kimberly Conner (IDPH/OPR), Dennis Tiburzi (IDPH/ID), Cara Barnett (IDPH/OPR), Jennifer Paulk (CDC), Cara Bergo (IDPH/OWH), Livia Navon, (CDC, Epi), Carla Little (IDPH)

Needs/Expectations:

- Inclusion, coordination and review of all available data to monitor coverage levels, surveillance and regular reporting
- Efficiency and real-time data with short turn around
- Review of previous mass vaccination data report templates and develop standard and unique data report templates
- Currently no mandatory vaccine reporting – need to assess vaccination data collection strategies/methods
- **Next Steps:** Draft measurable objectives, activities and execution

Priority Populations

Responsible for engaging advocacy, community and stakeholder organizations and individuals to assist in educating, mobilizing, and organizing priority populations (the elderly, populations with underlying health conditions and children).

Membership: Karen Pendergrass (IDPH), Dennis Tiburzi (IDPH), Jennifer Paulk (IDPH), Carla Little (IDPH), Jennie Pinkwater (ICAAP), Jeffrey Erdman (IPHA), Amanda Kelley (AHA), Kelly Nichols (RHA)

Needs/Expectations:

- Have robust conversations with infectious disease specialists to confirm groups at highest risks
- Determine how diverse populations receive information/messaging that do not have computer or internet access
- Need to assess barriers to vaccination for these priority populations and how we can reduce/eliminate barriers moving forward (seniors, underlying health conditions, respiratory conditions)
- Assess where populations would feel most comfortable receiving the vaccines – Primary care doctor’s office? Health department? Other locations?
- Need to take into consideration the fact that hotspots are different in rural vs. urban settings; hotspots in rural settings include meatpacking and canning facilities, correctional facilities
- Address vaccine cost, particularly among low socioeconomic populations
- Partner with organizations that provide services to underserved and minority communities
- Strategies to target high risk populations and establish trust – ex: vaccinations at faith-based organizations, CBOs, messaging
- Integrate local health departments, hospitals and providers in discussions
- Need to identify partner organizations that can help us address the homeless population, immigrants, recently released for jails/prisons

Next Steps

- Continue to identify 2 leads for each work group and work group participants
- Collect input and finalize needs/expectations, measurable objectives and time specific activities for each group by 6/19/2020
- By 6/22/2020, execution of activities within prescribed timeline
- Continue to engage communities and identify partnerships in various capacities
- Continue to recruit and enroll new COVID-19 providers in IIS beginning August 1, 2019

Thank You

Questions/Comments/Input