

# Operating Procedures for the District of Columbia Department of Health Immunization Practices Advisory Committee

## **Purpose Statement**

The District of Columbia Department of Health (DOH) Immunization Practices Advisory Committee (IPAC) is a collaboration of District-wide representatives from clinical settings, public health, health plans, professional organizations, educational institutions, community-based organizations and others invested in or affected by the prevention and control of vaccine preventable diseases in the District of Columbia.

### **The charge of IPAC is:**

- 1) to advise DOH in planning, implementing and evaluating immunization activities;
- 2) to provide District-wide leadership in communicating and disseminating information to enhance immunization education, awareness, advocacy, and
- 3) to provide feedback and support for new immunization initiatives planned by DOH.

## **Membership Composition**

### **Voting Membership**

Voting Membership of the Advisory Committee will include statewide representation with a commitment to diversity from individuals who have a professional investment in providing best practices as it relates to immunization services. Specifically, the Advisory Committee shall include representation from, but not limited to, the following groups:

- Adolescent health care provider
- Adult medical practice provider
- American Academy of Pediatrics (AAP), DC Chapter
- American Academy of Family Physicians (AAFP), DC Chapter
- Community-based organizations
- DC Board of Pharmacy
- DC Department of Health Leadership
- DC Department of Healthcare Finance Leadership
- DC Nurses Association (DCNA)
- DC Primary Care Association (DCPCA)
- DC Public Schools Leadership
- District of Columbia Association of Health Plans (DCAHP)
- District of Columbia School Nurses Association (NASN)
- Major medical educational institutions
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
- Officer of the State Superintendent of Education (OSSE) Leadership Organizations representing diverse racial and/or ethnic cultures
- Private medical practice providers
- University/College health services representatives

## **Liaison Membership**

Liaison membership comes from a variety of healthcare professions (e.g., physicians, nurses, local health officials) who have a professional investment in providing best practices in immunization services. Members also represent a variety of organizations including K-12 and post-secondary schools, healthcare and public health.

## **Co-Coordinator**

The DC DOH IPAC will be co-coordinated by:

1. One DC DOH Immunization Program team member
2. One DC Immunization Coalition team member

The DC DOH co-coordinator will be responsible for the facilitating the IPAC meetings while the DC Immunization Coalition co-coordinator will be responsible for facilitating the IPAC Subcommittee meetings.

## **Appointments and Vacancies**

The DC DOH Immunization Practices Advisory Committee is an ongoing group. The Chair and Members will serve three-year terms. Members whose term is about to expire may submit a 'request to renew' to the Advisory Committee who will consider the member and any additional nominations for new members. Terms will start January 1<sup>st</sup> of each year. The Director reserves the right to select and renew members to serve on the Advisory Committee. Once a person is identified, the individual must seek his or her respective organization/institution's written endorsement. Membership appointment and terms will be arranged so that new membership is staggered into the Advisory Committee.

An alternate **must** be identified by the respective organization in order to maintain attendance at Advisory Committee meetings. Members who need to resign from the committee before their term expires must do so in writing.

Advisory Committee members may nominate persons for consideration to the Chair. The Director will provide the final selection of the Chair. A Chair-elect will also be appointed and will succeed the chair once the term has ended. The Director can also ask a current Chair to extend their term if necessary.

A Chair-elect will serve for a two-year term; a Chair will also serve for a two-year term. Therefore, a Committee member who is selected for the Chair will serve two years as Chair-elect, and then two years as Chair.

## **Time Commitment**

### **IPAC General Meetings**

Meetings will be held four times a year. The dates of the meetings will be decided for the year at the last meeting of the previous year. Meetings will be held in the early evening and will last an average of two hours.

## **IPAC Subcommittee Meetings**

There will be opportunities for liaison members to serve on subcommittees, which will meet outside the regularly scheduled meetings of the Advisory Committee. Subcommittees will be formed as needed to support the mission of the DC Department of Health's Immunization Program.

Liaison members will have the opportunity to act as Chair of the IPAC Subcommittees. A subcommittee Chair will serve for a two-year term; a Subcommittee Chair-elect will also serve for a two-year term. Therefore, a Subcommittee member who is selected for the Chair will serve two years as Chair-elect, and then two years as Chair.

The following Subcommittees have been identified by the DC DOH Immunization Program:

### **A. Population Subcommittees**

1. Newborn and Early Childhood (Ages 0-4) Subcommittee
  - i. Perinatal and Newborn
  - ii. Licensed Childcare Development Center (LCDC) Subcommittee
2. School Age (Ages 5-18) Subcommittee
  - i. Public Schools in DC Subcommittee (DCPS and PCSB)
  - ii. Private, Parochial and Homeschooled Subcommittee
  - iii. DCPS Head Start
3. Adult (Ages 19-64) Subcommittee
4. Adult (Ages 65+) Subcommittee

### **B. Functional Subcommittees**

1. District of Columbia Immunization Information System (DOCIIS) Subcommittee
2. Vaccine for Children (VFC) Program and Providers Subcommittee
3. Private Health Immunizers Subcommittee (Private-only providers and Pharmacies)
4. Health Plan Subcommittee (DHCF and Private Insurers)
5. Emergency Preparedness Subcommittee

## **Attendance**

Attendance at meetings is crucial to the productivity of the Advisory Committee. Members should make every effort to attend meetings. Members for whom travel time and distance is prohibitive may connect to meetings by phone or web conference. Members who make arrangements for telephone connections are **required** to attend at least one meeting a year in person.

If the Chair cannot attend a meeting, the Chair-elect will step in to serve as chair for that meeting.

If a member cannot attend a meeting he/she will contact the Advisory Committee DOH Co-Coordinator prior to the meeting and must make arrangements for their alternate to attend as a substitute. Only appointed members have voting privileges. Voting members who miss two consecutive meetings without contacting the Advisory Committee DOH Co-Coordinator will be

removed from the committee. Liaison members who miss two consecutive Subcommittee meetings without contacting the Advisory Committee Immunization Coalition Co-Coordinator will be removed from the committee.

### **Decision Making**

In order for the Advisory Committee to make decisions or endorsements, a majority (51%) of the membership must be present at a scheduled meeting. Decisions can be made when a majority of voting members present reach an agreement on a given matter. Decisions requiring an Advisory Committee vote will be noted in the meeting agenda whenever possible. At times, members may be asked to review and endorse items via email communication. If an email or electronic voting process is utilized, the DC DOH Co-coordinator will record the “yea” or “nay” of members to assure that a quorum has indicated their intention and that the majority has made a decision.

### **Agendas**

The DC DOH Co-coordinator and the Chair will develop the meeting agendas. The Chair will meet with the DC DOH Co-coordinator one month (30 days) before the scheduled meeting and develop the agenda. Members who wish to have an item placed on the agenda need to contact the Chair or the DC DOH Co-coordinator at least two weeks prior to the meeting. Agendas will be distributed and posted in the IPAC online “Huddle” at least five business days prior to the upcoming meeting.

Meeting minutes will be provided prior to the next scheduled IPAC meeting so members may review and make suggested changes to the minutes. The final minutes will be approved at the next meeting and then posted on the public DOH IPAC website.

### **Visitors**

All meetings are open to the public for observation. A public comment period will be allowed at the end of each IPAC meeting. Comments must be pertinent to the discussions of the meeting. Persons wishing to provide comment will need to sign in prior to the comment period and will be limited to the time ascribed. General public may be placed on an email list that will alert them to meeting dates and times. Dates of meetings and approved meeting minutes will be posted on the public DOH IPAC website.

### **Committee Representation to the Public**

Individuals may not represent the DC DOH Immunization Practices Advisory Committee (IPAC) publicly without prior approval of the Committee.

### **Conflict of Interest**

Members will be asked on an annual basis to declare any conflict of interest via a Conflict of Interest Statement. Members will be asked to exclude themselves from voting on any matter that creates an apparent conflict of interest. A conflict of interest is a situation in which an Advisory

Committee member, his/her organization, or a friend/family member would personally benefit based on the outcome of a particular decision made or action taken by the committee.

In light of an increasing public perception of conflict of interest connected to immunization decision-making policies, presentations from pharmaceutical companies or their designated representatives are prohibited during Advisory Committee meetings. Information sources on vaccine preventable diseases will come from content experts within DOH, the health professional community or the Centers for Disease Control and Prevention (CDC).

For situations in which specific information could only be obtained from a vaccine manufacturer representative, it is appropriate for the Advisory Committee Chair or the DC DOH Co-coordinator to request the information during the meeting from the appropriate pharmaceutical representative in attendance at the meeting.