

DCIC General Membership meeting 2/16/10

Treasurers report:

2/16/10 balance of \$2864.47, no pending expenses.

There is no Public Health money for immunization media campaign this year.

Wilmot report from State

- Adult vaccine availability due to Federal Stimulus \$ to public sector
 - Hepatitis A and B and Twinrix
 - HPV age 19-26 yrs ,male and female
 - MMR and varicella
- Hiberix is now available thru state order (Hib only, for last dose only, age 15month – 4 yrs.)
- Ok to start ordering Hib (ActHib and PedvaxHib) through State
- High dose older adult flu vaccine approved for fall. No State guidance on vaccine preference.
- Preorder VFC flu vaccine for next season in March for clients to 18yrs.
- Underinsured clients now also eligible for VFC vaccine (including insurances with high deductibles or vaccine not covered by insurance)

PHMC report of school and targeted clinics for H1N1 vaccination- Cheryl Robinson (see slides)

Review of cases of H1N1 in Dane County

109,808 doses of H1N1 were given in Dane County (per WIR adhoc report)
¼ of the population currently immunized.

Total given by PHMDC 30,635, via

Schools

Targeted community clinics

WIC

Appointment Clinics

Regular Immunization Clinics (PH will start more promotion of this)

Other

EMS county clinics

Parish Nurses

Medic clinics

PH and school staff

Percentage of school enrollment vaccinated in the school setting varied over time. Started high in the fall with 1st round, went down overall through last week (mid Feb)

What made it work?

- Vaccine availability
- Federal money for staffing and equipment
- Coordination with other agencies (HHU, Bright Star, school nurses)
- School systems that organized and promoted vaccine
- Planning

- Most of PH staff had to be pulled from other programs
- Team structure with expert Immunization program staff on each team.
- Close attention to **consents a priority** to safe administration of vaccine

School thoughts (MMSD)

- Communicating with parents was the biggest issue
- Prep time was huge—consents, phone calls, WIR screening
- Consent forms was biggest piece for assurance

Other agencies thoughts

ACHC

Sometimes supply of vaccine didn't match needs

Hard to do outreach because of erratic supply

Did mostly point of care immunizations

Nasal vaccine seemed to be less popular...why....Live vaccine issue/rumors, patients not wanting anything in their nose, youtube video.....

GHC

Inconsistent supply of vaccine

All the changing guidelines and restrictions

Currently still finding some demand

Did 15,000 H1N1 vaccine

17,000 seasonal flu

Did some outreach to high risk categories by phone, mail, email

Difficult to work with so many types of vaccines with different age restrictions (never knew which type of vaccine you were getting)

Found different roles for staff to get things done—experts

Employee health increased seasonal flu immunization rates with high H1N1 rate (UW employee health also)

Head Start

Got word out to families

Made calls to high risk families to refer in for vaccine

No special clinics available—determined that children too young to be immunized without parents

Wildwood clinic

Because of supply issues, gave vaccine with same day appointments or patients presenting at an appointment

Did outreach to pregnant women as priority

Still giving some vaccine, but slowed demand

For next time.....

HMOs ..get the specialist MDs (that the high risk clients are regularly seeing) to give the immunization

Immunizations at Head Start and Daycare centers—find a way to get vaccine to them

Discussion on target groups/priority groups

Issues regarding giving it to anyone who asks or presents vs. “save” it for true high risk

Discussed the different types of vaccine and the age of presentation—confusion between brand names

- Licensure had to do with the current vaccine the company had on the market for FDA labeling

- Lots of different vendors

Webcasts were very helpful for updates and questions, a great way to get current and consistent information throughout the State