

# DON'T PLAY THIS GAME



## Dane County Immunization Coalition

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[www.ci.madison.wi.us/health/coalitions/dcic.html](http://www.ci.madison.wi.us/health/coalitions/dcic.html)

### DCIC General Membership Meeting Minutes: August 21, 2007

#### Board of Directors:

##### Chair

Kim Sveum  
WKOW-TV

##### Vice Chair

##### Secretary

Linda Capener  
Group Health Cooperative

##### Treasurer

Sandy Jacobson  
UW Health

Freddi Adelson  
Madison Metropolitan School  
District

Dr. Jim Conway  
UW Health  
Pediatric Infectious Disease

Carola Gaines  
Unity Health Insurance  
Corporation

Jill Jensen  
Dean Health Care

Dan Hopfensperger  
WI Division of Public Health  
Immunization Program

#### Present:

Public Health- Madison & Dane County  
Jeneile Luebke Cleary, Cheryl Robinson, Amy Vieth  
WI Division of Public Health- Immunization Program  
Jerry Gabor, Jeff Berg  
GlaxoSmithkline Vaccines  
Lisa Carey  
Group Health Cooperative SC-W  
Linda Capener  
UW Medical Foundation  
Elaine Rosenblatt  
UW Family Medicine  
Maggie Dugan  
UW School of Pharmacy  
Mary Hayney  
Sanofi Pasteur  
Marni Walker  
Unity Health Insurance  
Carola Gains  
Sanofi Pasteur  
Steve Mauzutis  
Merck Vaccines  
Maria Zononi-Peterson, Carol Schaeffer  
Dean Health  
Jaime Prickett  
Wildwood Family Clinics  
Diane Triplett  
WPS Insurance  
Mary Carlson  
Black Earth Clinic  
Missy Danz  
Novartis Vaccines  
Jose Guzman  
MD Group LLC  
Erika Horstmann  
MedImmune  
Steve Maurer, Brian Flynn, Dr. MacDonald  
Verona Family Medical Clinic  
Raandi Schmidt

## **DCIC General Members:**

**THANK YOU** for your attendance and participation in the coalition. The mission and goals of the coalition cannot be met without your support and participation!

## **Guest speaker(s)**

### **Mary S. Hayney, PharmD, MPH**

Associate Professor of Pharmacy, University of Wisconsin School of Pharmacy

Presentation: Current Zostavax and Varivax ACIP recommendations/ information.

#### **Zostavax**

On May 25, 2006, the Food and Drug Administration (FDA) licensed a shingles (herpes zoster) vaccine (Zostavax®, Merck), for use in people 60 years of age and older.

Advisory Committee on Immunization Practices (ACIP) Recommendations:

On October 25, 2006, the ACIP voted on recommendations for the use of a *single* dose of shingles vaccine. These provisional recommendations are for vaccination for all persons 60 years of age and older, including those who have previously had shingles, to prevent shingles and post-herpetic neuralgia. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists.

The ACIP provisional recommendations can be found at the Centers for Disease Control and Prevention (CDC) website <http://www.cdc.gov/vaccines/recs/acip/default.htm> but are not considered final until they are published in CDC's *Morbidity and Mortality Weekly Report (MMWR)*. When the final recommendations are published they will also be accessible on the CDC website.

Shingles vaccine (Zostavax®) contains the same virus strain (Oka/Merck) as varicella vaccine, but is 14 times more potent. The vaccine is given as a single, 0.65 mL dose, administered subcutaneously. In clinical trials, those who received vaccine had about 50% fewer cases of shingles, less severe disease and 66% less postherpetic neuralgia than those who received placebo. For more information on the efficacy and safety of shingles vaccine, including contraindications and precautions to the use of shingles vaccine, please see the Zostavax® package insert: [http://www.merck.com/product/usa/pi\\_circulars/z/zostavax/zostavax\\_pi.pdf](http://www.merck.com/product/usa/pi_circulars/z/zostavax/zostavax_pi.pdf).

#### **Varivax**

Two 0.5-mL doses of varicella vaccine administered subcutaneously are recommended for children aged  $\geq 12$  months, adolescents, and adults without evidence of immunity. For children aged 12 months--12 years, the recommended minimum interval between the two doses is 3 months. However, if the second dose was administered  $\geq 28$  days after the first dose, the second dose is considered valid and need not be repeated. For persons aged  $\geq 13$  years, the recommended minimum interval is 4 weeks. Single-antigen varicella vaccine is approved for use among healthy persons aged  $\geq 12$  months.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>

### **Dr. Peter McDonald, MD**

Medical Science Director, MedImmune, Inc.

Flu Mist update:

NEW for 2007-2008

- ✓ FluMist® (Influenza Virus Vaccine Live, Intranasal) is the nasal flu vaccine that helps provide healthy children and adults, aged 5 to 49, with well tolerated and effective protection against the flu.
- ✓ FluMist® is indicated for active immunization for the prevention of disease caused by influenza A and B viruses in healthy children and adolescents, 5 to 17 years of age, and healthy adults, 18 to 49 years of age. There are risks associated with all vaccines, including FluMist. As with any vaccine, FluMist does not protect 100% of individuals vaccinated and may not protect against viral strains not contained in the vaccine.

- ✓ The FluMist vaccine will be delivered frozen, but then should be refrigerated; do not freeze vaccine
- ✓ It may remain at room temperature for up to 8 hours
- ✓ .1ml per nostril
- ✓ There is data to support that Flu Mist produces better immunity in kids <5yrs than does the injectable flu vaccine, even if only one dose is received the first year; studies of older kids are not done yet
- ✓ Providers can give it as early as August/September and still have good protection in the spring
- ✓ FDA has the data from vaccine company, but has not yet decided about giving the LAIV to younger kids

### **Board of Directors Committee**

Last meeting: **Monday, August 6<sup>th</sup>**

Next meeting: **Monday, November 12<sup>th</sup>**

- ✓ Suggestion to change the frequency of meetings to quarterly instead of every other month
- ✓ Suggestion to have the Board of Directors should meet the month prior to general membership meetings
- ✓ Suggestion for the September 10<sup>th</sup> meeting to be canceled. The next BOD will be **November 13<sup>th</sup>**.
- ✓ Suggestion for the time of the Board of Directors meeting to be from 9-10am to accommodate Dr Conway's schedule
- ✓ A suggestion to RSVP to the committee agendas as well as general membership meetings and "reply to all" so attendance can be assessed prior to meetings
- ✓ Suggestion of Representation from: Wisconsin Medical Society, WNA, WPHA, parent groups, or other local stake holders
- ✓ Recruit DHFS representative such as Jeff Berg, Jerry Gabor, Dan Hopfensperger, etc. (Dan Hopfensperger has agreed to join the Board of Directors)
- ✓ Debbie Beck has been asked if she wishes to still be a part of the coalition, even though she is unable to return to work. She states that she could not do this, as it may be a conflict of interest with her previous position at the DHHS. She encourages the BOD to replace her position as vice chair. Suggestions were made to ask Freddi or Carola to move from an officer position to the position of Vice Chair. If neither is interested, Linda volunteers for this task, but then her position as secretary will have to be replaced (*Carola has recently volunteered for secretary*)
- ✓ Have a speaker for half of the meeting and also include a brainstorming/ idea sharing/ problem solving session at each meeting from a respective organization, so that general members feel that they are not only gaining current knowledge, but also a sense of what is happening locally and what other organizations are doing to improve immunization rates, etc.

A survey will be sent to DCIC General Members soon. The purpose of the survey is to assess what the general members feel about:

- ✓ Location of meetings
- ✓ Time of Meetings
- ✓ Frequency of meetings (consideration for change to quarterly)
- ✓ What would motivate members to continue to attend meetings
- ✓ What are factors that prevent members from attending meetings
- ✓ Are they still interested in being members
- ✓ Could they recommend other colleagues who would be interested in attending meetings
- ✓ What would make general membership meetings more interesting; suggestions for speakers/ topics, etc.

**The Coalition would appreciate any/all feedback regarding the survey. The coalition's success in the future is dependent upon general membership participation, interest, and support.**

### **Immunization Practices Committee**

Last meeting: Monday, August 6<sup>th</sup>

Next meeting: Monday, Monday, Oct 1<sup>st</sup>

### **Discussions:**

#### **PEARLS**

PEARLS articles discussion. The next issue of Immunization PEARLS will be available in September.

#### **Hep B Standing Orders:**

Some OB providers in Madison are not ordering the birth hep b dose. UW has standing orders for OB floor babies for hep b birth dose. GHC does as well. Dean representative not present so unsure of their practices. Some providers have felt that since the child gets 3 doses of hep b because of Pediarix, then the birth dose is not needed if the mother has been screened for hep b.

#### **Refusal:**

UW (DFM) and UWMF have a refusal policy in place where the parent has to sign a form. GHC does not currently have a form that parents must sign (it is being discussed). The nursing staff/ providers still provide education to parent re: possible "consequences" of not vaccinating/ etc.

#### **Zostavax:**

FDA licensure in 5/2006. ACIP preliminary recommendations in 10/2006. MMWR still to publish final ACIP recommendations. (Due out sometime before the end of the year). UW clinics giving vaccine. PH will not give this vaccine because it is a non-VFC vaccine.

#### **PH contraindication policy:**

Public Health has been revising policies and procedures for the new city/ county immunization manual, and had a conflict with the development of the contraindications policy. The State of WI p&p listed fever  $\geq 100.4$  as a contraindication, but PH could not find any research to support this. Dr Conway was asked to review this and gave feedback and best practice recommendations. The new PH policy now only lists moderate to severe illness and contraindication, without listing a fever threshold. Private practice relies on the provider assessment for contraindication.

### **Education and Outreach Committee**

- ✓ Donna Weaver, nurse educator from the CDC is the speaker for this year (see attached pamphlet)
- ✓ Immunization Grand Rounds sponsored by the DCIC (see attached pamphlet)

**To access minutes, schedules, pamphlets for the Grand Rounds, and the Immunization Update, go to: <http://www.ci.madison.wi.us/health/coalitions/dcic.html>**

**The Next DCIC General Membership Meeting is:  
October 16, 2007 12 Noon- 1:30**

Speaker/ Discussion:

**Dr. William Scheckler**

Immunization waiver data and implications

State Medical Society Building  
330 East Lakeside Street  
Madison WI