

**Dane County Immunization Coalition (DCIC) General Membership Meeting Summary
November 16, 2010 – 12:00 – 1:30 PM**

Symposium and Budget Impact

The fall Immunization Symposium was very successful hosting 257 people. Dr. James Conway from UW Health Pediatric Infectious Disease Department and Dr. William Atkinson from the CDC were the featured speakers. In addition, Dr. Greg DeMuri from UW Health Pediatric Infectious Disease Department presented several Grand Rounds immunization updates. New this year is the opportunity to view these presentations on our DCIC website @ www.immunizedanecounty.org.

While the attendance and participation in these events were unqualified successes, it left our budget at less than \$1,000 – the lowest it has been in many years. The Board of Directors will be looking at possible funding opportunities.

School Influenza Immunization Clinics Subcommittee

The subcommittee looking at school-based flu immunization clinics is comprised of about 20-25 members from a variety of area organizations with vested interest in this potential project and facilitated by Cheryl Robinson of PHMDC. Cheryl reported that the group has been working on identifying barriers and possible solutions. Under consideration and discussion is financing, logistics, vaccine source, insurance reimbursement, staffing, coordination and gaining consents, which schools to include, timing, WIR, 2nd dose and other follow up.

PHMDC Adult Vaccine Availability

PHMDC has exhausted their supply of adult flu vaccine. Other adult vaccines will no longer be available through PHMDC after December, 2010.

WI Pertussis Update

Stephanie Schauer, Epidemiologist with the State of Wisconsin Immunization Program presented information on pertussis disease and prevention in Wisconsin. (presentation attached).

Dane County Pertussis Update

Dane County epidemiologist, Amanda Kita-Yarbro reported that the increase number of cases noted this summer did not continue. No cases have been reported since October when some infant cases were confirmed. Of the 19 confirmed cases to date in Dane County, there were 16 females and 3 males. It is undetermined why the number of female cases is disproportionate to the males, except that more women are tested overall. 5 cases were aged 0-9 years, 5 were aged 10-19 years and 9 were over age 19 years. Most adult contacts of cases had not had a Tdap immunization.

- WIR pertussis immunization data using the 2007 birth cohort for Dane County which consists of 7,051 children indicated that 79% were up date (85% “late up to date”). For adolescents using the 1996 birth cohort comprised of 7,366 children, 61% were immunized.

Reminder: Immunizations can be given during periods of mild to moderate illness. Avoid missed opportunities!

Vaccine Manufacturer Updates

Wes Spitznagle from Sanofi (Adacel manufacturer) spoke about the importance of putting policies and procedures in place to ensure that healthcare workers are immunized. In addition, standing orders can help boost appropriate immunization rates in those receiving wound care and postpartum care. Sanofi has a limited amount of vaccine available in unit dose syringes, but plenty of vials. The manufacturer is promoting pertussis prevention through immunization via public service announcements, direct to consumer marketing and their “Sounds of Pertussis” campaign. Sanofi also donates doses of vaccine to Americares.

Kevin McCormick from GlaxoSmithKline (Boostrix) reported that in addition to California’s outbreak, other states have also reported some of the highest rates of outbreaks since 1950. Wisconsin was one of the first states to employ school mandated Tdap immunization. California is beginning to mandate Tdap immunization for their school-aged children as well. Per capita rates of pertussis disease is actually greater in Minnesota than in California. Nationally 6% of adults have had a Tdap vaccine. 87% of children have received the appropriate number of pertussis containing vaccine by age two years. GSK is working on increasing Boostrix supply by 40% to meet demand and has education materials available.

Pertussis Subcommittee

Sandy Jacobson from UW Health provided a summary of work being done by the Pertussis Subcommittee. The group has been working identifying gaps in vaccination coverage and discussing ways in which these gaps can be filled. Some identified opportunities include postpartum women and families/caregivers of infants, hospitals, health care workers – particularly those who work with infants regularly, emergency and urgent care departments. The committee is developing an education and outreach plan to include an education toolkit for those groups. Draft letters have been developed to be sent to health care facility administrators as well as health care providers encouraging them to remember to immunize against pertussis. **Contact information for your organizations to whom these letters can/should be sent can be forwarded to Diane McHugh at PHMDC.**

From Amanda Kita-Yarbro for the DCIC Membership meeting on 11/16/10:

Childhood immunizations pulled from WIR using the 2007 birth cohort for Dane County which consists of 7051 children.

- 4 DTaP (DT is not an option in WIR): 79% (85% late up to date)
- 3 IPV: 89% (90% late)
- 1 MMR (don’t have access to disease info): 86% (89% late)
- 2 HIB: 92%
- 3 hep B: 85% (87% late)
- 2 hep A: 33%
- 1 VZV (don’t have access to disease info): 83% (86% late)
- 2 rotavirus: 70%
- 2 influenza (did not include H1N1): 62%

For adolescents, I used the 1996 birth cohort (7366 children). I don’t know how complete that is since they weren’t entering all children at birth then. Also, 13 year olds have had more time to move around and not update their addresses so the Dane population probably includes some kids who no longer live here and may

be missing some that have moved in but haven't received any imms from a Dane provider who uses WIR (this is true for 2 year olds too, but to a lesser extent).

- Mening: 43%
- Tdap/Td: 61%