



## General Membership meeting

Tuesday May 16, 2017

1. **DCIC treasurer report-** \$22,753.47
2. **Updates:**
  - a. Big Shots Awards by State Imms Program
  - b. Someone You Love Video (DVD) provided by State to the Coalition-can use to educate about HPV and HPV related cancers
    - i. Can use in practice and/or community engagement
    - ii. Contact Diane McHugh if you want to borrow DVD
  - c. State Imms Program HPV Grant-still have funds to utilize through October
  - d. Adult Grant- covered symposium and ongoing CEUs for the Symposium
  - e. Other News for your organization
  - f. Symposium-went well; over 250 attendees, many whom provide adult imms; in process of getting video available on website and offer CEUs. Attendees liked the panel and chance to ask questions.
  - g. Pneumococcal letters via PHMDC-some positive responses and angry callers re: how we got their private medical records (over 20,000 letters sent to 65-80 year olds); good learning experience re: mass immunization mailings. Some WIR data clean up from this experience.
  - h. Laminated Imms Cards-peds and adult cards available-let Diane know how many you would like as we can purchase with grant funding
3. **Measles Update:**
  - a. 58 cases in MN (4 counties in MN); mainly unimmunized Somali children.
  - b. PHMDC to send letters to kids 4 and under who are not up to date with MMR
  - c. PHMDC also sending mass email notification to daycare providers in Dane County to check MMR status of daycare providers and children
4. **Vaccines for Pregnant Women:** Dr. Conway and Ruth Koepke (WI Immunization Program)
  - a. Some vaccines recommended and several that are contraindicated
  - b. Preconception imms are important: MMR and varicella
    - i. Congenital varicella syndrome-30% infant mortality(within first month of life)
    - ii. Congenital rubella syndrome-major cause of stillbirth and miscarriages
      1. Combined Measles and Rubella vaccine is just starting to roll out into other countries; very few in the world immunized against rubella
  - c. Maternal vaccination-Tdap and Flu
    - i. Tdap-primary purpose to protect baby for first 6 months of life

1. Also protects mom (cocoon baby)
2. Early part of 27-36 weeks gestation → greatest level of antibodies transferred to fetus (to protect against pertussis)
- ii. Flu shot-protects mom which then protects baby
  1. Give in any trimester
  2. Some studies looking at increased autism rates with moms who have severe respiratory illness during pregnancy
  3. In UK-used routine Tdap immunization for pregnancy in response to outbreak → about 91-95% protection for infants
  4. ACIP made off label recommendation for Tdap in each pregnancy
- d. WIR doesn't know which women are pregnant-which is a drawback
- e. Different ways to obtain imms rates for pregnant women (WIR match with birth records and insurance claims data)
  - i. Women with no WIR record excluded
  - ii. Wisconsin Health Insurance Organization (WHIO)-looked at claims data base with ICD9 codes
  - iii. Increasing rates of Tdap imms during pregnancy from 2013-2015
    1. Many are getting immunized during the 27-36 week window (91-93% in 2015)
  - iv. Influenza vaccination rates-higher rates in those that deliver in flu season → room for improvement
- f. Dane County has higher imms rates than Milwaukee County
- g. State Imms Program Website-rates posted for pregnant women, adults, children and teens
  - i. MMWR in July 2015
  - ii. Reports on website with recommendations to increase rates
  - iii. Published in Journal of Vaccine-link on website for article
5. **Membership Discussion:** What is your organization doing to improve immunization rates for pregnant women?
  - a. Difficult to access data (i.e. mom's imms status when baby is in NICU)
    - i. How translatable are the claims data process to health systems?
      1. Discussion about EPIC charting differences by organization
    - ii. PHMDC-home visiting programs offered to low income mothers; provide inservices for staff and overall, clients are willing to get immunized and also immunize babies
    - iii. Early Head Start-overall mistrust of medical providers
      1. Could encourage parents to get immunized even after delivery; some antibodies passed through breast milk
    - iv. Nice if birthing hospitals could provide Tdap and Flu when moms go to triage (even if sent home/didn't deliver)
    - v. More public awareness related to flu-not a health systems issue and more of a community awareness issue (need more emphasis here)
      1. Some people down-play the flu → "not that bad..."

2. Maybe need to push messaging about viral syndrome and increasing autism rates (also Tylenol use and increasing rates of autism)
- vi. Switch to thimerosal free vaccine in one OB clinic
- vii. Work with other community organizations to encourage immunizations
  1. Boys and Girls club
  2. Religious organizations
  3. More positive messaging rather than negative messaging