



General Membership meeting

Tuesday February 19, 2019

1. **Treasurer report- Current balance \$27,147.36 (including grant money)**
2. **Updates** (Please let us know if you have topics you would like to see covered at a membership meeting)
 - a. DCIC membership meetings-:
 - i. Meriter/UnityPoint:
 1. Not much flu at Meriter
 2. outbreak of norovirus at Meriter
 3. increased number of calls from parents of under 1 y.o. asking about measles immunization
 4. experiencing calls from parents re: travel for spring break; anticipating vaccine/other health care needs
 - ii. PHMDC-sending letter and fact sheet to schools/daycares re: measles (to send to under/unimmunized children)
 - iii. MMSD-sending out letters re: Measles; only going out to unimmunized or underimmunized; sending fact sheet and letting them know about school exclusion if measles case identified in school
3. **Vaccine Preventable Disease Update-Amanda Kita Yarbro, PHMDC**
 - a. 2nd largest number of communicable disease referrals received are from vaccine preventable diseases (influenza related hospitalizations make up the majority of these)
 - b. Flu related hospitalizations: only have 43 hospitalizations so far this year
 - i. Peak of flu season can vary widely-this year, we haven't reached peak yet (less than 10 cases/week)
 - c. Chickenpox: not many reported; cases decreasing
 - i. Often lab testing not done-may be missing some clinical cases
 - ii. Most common under 10 years old; between 2016-2018, no cases under 1 y.o.
 - iii. Most of the chickenpox cases are unvaccinated
 - d. Pertussis: also decreasing; 2012 large outbreak; 2014 smaller outbreak
 - i. Positive PCR cases decreasing; not seeing a reduction in testing
 - ii. Middle/high school are largest age group to have pertussis (however, positive PCR cases more common in the younger ages)
 - iii. Mumps-small outbreaks in 2018 and larger outbreak in 2014
 - e. Hepatitis A: not much in Dane County; 0 cases in 2018
 - i. Often associated with foreign travel, national outbreak related to food source or contact to other Hep A case
 - ii. Outbreaks in US since 2017-often related to homeless, IV drug use and contacts
 1. KY, WV, Ohio, FL-moving towards the Midwest
 - iii. Last week, CDC published new vaccine recs: vaccine to anyone 1 year and older experiencing homelessness
 - iv. Other recommendations for vaccine including travel to endemic countries.
 - f. Measles-no cases since 2000
 - i. Outbreaks nationwide; CDC reports 10 states-3 have outbreaks (WA, NY and TX); often linked to international travel.(Now Illinois also 2/28/19)
 1. No recs for immunizing for US travel at this time

- ii. 127 cases in US this year so far
- iii. 2014-large outbreak in Amish population (related to travel) and Disneyland outbreaks
- iv. Many countries worldwide are seeing outbreaks of measles (including Europe, Asia and Africa)
 - 1. CDC website has good information for travelers

4. VFC Site Visits-Lessons Learned, Common Issues-Ellen Ehlers, Wisconsin Immunization Program

- i. 750 providers around the state
- ii. Vaccine storage and handling-primary concern
 - 1. Still see \$1 million in loss each year (due to improper handling, put it in wrong unit, not unpacked, etc); usually flu vaccine
 - 2. Provide resources/education for staff
 - 3. Recommend having 4-5 week supply on hand
- b. Expectations:
 - i. Primary and back up coordinators: manage the VFC program, vaccine storage and handling, vaccine temps, order vaccine, return vaccine, respond to temp excursion
 - ii. Routine visits are every 2 years; can do unannounced visits
- c. Purpose of visit
 - i. Provide education
 - ii. Help meet compliance
- d. Recommendations/Suggestions for Preparation:
 - i. Have all documents re: VFC readily available (ex: data logger, temp logs, etc)
 - ii. Have staff available: primary and back up coordinators, have billing person on call, as needed
 - iii. Have meeting space reserved
 - iv. Email for resources: CDC storage and Handling toolkit, You call the Shots, VFC training binder
 - v. New coordinator webinar-resource for the coordinator to get intro to VFC program (coming soon)
- e. Ops for Improvement:
 - i. Changes to key staff-when turnover, gap in knowledge to new person; communicating change to State VFC Program; Change of info form (form on website) and route to the State
 - ii. Billing for VFC: have staff available (on-call) to answer questions; administrative fee cap (\$20.83)
 - iii. Eligibility and Screening: not all requirements are being documented → need to assure that collecting all the information to assure eligible.
 - 1. Credentials for immunizer is required (ex: Jane Smith, RN)
 - iv. Multiple sibling visits: make sure eligibility for all siblings
 - 1. Assure pulling from correct stock
 - v. Borrowing between stocks: complete the borrowing form (in VFC resource binder)
 - 1. Complete each box (and filled out)
 - 2. Borrowing reasons: codes associated with borrowing types (no need to write out reason); makes it easier for state to track reason
 - vi. Vaccine Management Plan: not always reviewed annually-but make sure that it is reviewed annually or more often if there are changes to the plan
 - 1. Easily accessible; have in an area where staff know where it is
 - a. Ex: on fridge or freezer
 - vii. VIS-review when to provide and UTD forms

1. Make sure VIS is the most current form and have a process to get alerts for VIS
 - a. CDC website-can get email alerts
- viii. Data Loggers:
 1. Reports are not reviewed; weekly review recommended. Can help you identify trends.
 2. 2 probes in one unit; only recommend 1 probe in each unit to monitor temps
 3. Temp excursion: need to assure documenting steps or what was done in response to the excursion
 - a. Workflow and resource guide available from state
 - b. Primary/Back-up coordinators out, assure staff know how to handle and respond to excursion
 - c. Document defrosting and what was done with vaccine
 4. Current certificate for calibration required
 - a. Make sure you have access to the back up certificate
 - b. Know when you need to re-calibrate; try to stagger calibration rather than all come up for recalibration
 5. Temp logs-have them readily available; need to make sure you document min/max and staff initials.
 6. Primary/Back-up coordinators out, assure staff know how to handle and respond to excursion
 7. Signs for power sources-make sure signs are close to the outlet and on circuit breaker and who to contact
- f. Expectations after the visit
 - i. Provide plan after the visit in case there are any corrective actions needed; will review prior to leaving VFC visit
- g. If client meets VFC eligibility criteria (ex. Alaska Native) but also has insurance, it is client right to be immunized via VFC. Recommend provide vaccine whichever way is financially beneficial for client.
- h. AFIX visits are Quality Improvement driven and supplemental/not required; great way to provide education.
 - i. VFC visits are mandatory
 - ii. Currently-AFIX is just for childhood/adolescent focus (have had projects in the past on HPV and adults)
- i. Returning expired vaccine-fill out form, send to state and UPS label generated and route back to McKesson.
 - i. State is reimbursed
 - ii. Must return within 6 months of expiration
 - iii. Multi-dose vials that are already opened cannot be returned

5. Other topics

- a. Diane's last meeting-Diane McHugh retiring end of April.
- b. Symposium Reminder: April 23 at Alliant Energy Center; registration open-share widely
 - i. Meal will be provided, Vendors will be present as well, Parking=free, Medical Assistant CEUs available on site
- c. Not too late to get the flu vaccine
- d. Resources available for guidance on when to re-immunize or not?
 - i. Ask the Expert (Immunize.org)
 1. IAC-email the question and can get a response within a day or so
 - ii. Package inserts or contact manufacturer
 - iii. Pink Book

- iv. Wilmot Vahlmu (Southern Regional Representative) or Stephanie Schauer (Imm Program Director) can provide advice on specific scenarios
- v. General rule-doesn't hurt to re-immunize
- vi. Send scenarios on to DCIC and they can research
- e. Merck-HPV 9 is moving towards single pre-filled syringes and discontinuing multi-dose vials
 - i. Heads up for storage

Attendance: 38

Future Meetings:

Tuesdays, 12-1:30 at Madison Water Utility

May 21

August 20

November 19 (Thanksgiving holiday Nov 28)