

Michigan's Flu Advisory Board

August 19, 2009

Attendance: Terri Adams – MDCH; Donna Nussdorfer – Washtenaw County Public Health; Vanita Shaw – GSK; Naomi Shaheen – GSK; Mark Upfal – DMC; Rosemary Franklin – MDCH; Marie Malkovich – OPHP; Mariam Beck Clare – MI Dept. of Corrections; Susan Peters – MDCH; Carla Patrick-Fagan – MDCH; Janice Arsenault – MDCH; Karen Kim – Kroger; Yannan Dong – Kroger; Jim Syzskowski – Kroger; Jim Mattherws – Hometown Pharmacies; JoAnn Hyde – KCHCS; Carolee Besteman – MPCA; Dawn Lukomski – Detroit Dept. Health & Wellness Practice; Kimberly Newman – Saginaw Public Schools; Susan Bass – IHA of Ann Arbor; Alyse Grossman – MDCH; Courtnay McFeters – MDCH; Jennifer Rihtarchik – sanofi Pasteur; Jon Steketee – Novartis; Beverly Piskoriski – Greater Oakland VNA; Eden Wells – MDCH; Tracy Newhouse – UofM Michigan Visiting Nurses ; Leonard Pollock – Henry Ford Health System; Roberta Peacock – Kent County HD; Glory Aiken – MedImmune; JoAnne Eakins – NAF-Ionia County HD; Teresa Holtrop – MIAAP & Children's Hospital of MI; Louise Bernstein – Jackson Co. Health Dept; May Ricciardello – Jackson Co. Health Dept.; Kim Comerzan – Monroe County Health Dept; Michael Toscano – Roche; Bob Swanson – MDCH; Rachel Potter – MDCH; Mary MacQuees – OPHP; Kerry Chamberlain – OPHP; Matt Cook – OPHP; Greg Pratt - Michigan Pharmacists Association; Terri Lee Dyke- MDCH; JoEllen Wolicki; MDCH; Carol Legwand' DMC – Children's Hospital; Pat Vranesich – MDCH; Rob Miller – MDCH; Marilyn Laurus – Bay County HD; Lisa Blackmer – Bay County HD; Becky Taylor – MDCH; Barbara Day – MDCH; Mary Wisinski – Kent County HD; Pat Krehn – Muskegon County HD; Barbara Wolicki – MDCH; Cristi Carlton – MDCH; Elaine Houser – Oakland HD; Linda McGrath – U of M Health System. Elizabeth Ritchie - OPHP

Introduction and overview of meeting:

Cristi Carlton welcomed everyone to the meeting and gave an overview of the new meeting structure. The FAB now consists of 5 workgroups:

- Preschool and Younger
- Children and Adolescents (K-12 schools)
- Adults (including colleges and vocational schools)
- Health Care Personnel
- Non-vaccine Interventions/Antivirals

Members can choose to participate in any of the workgroups. The new meeting structure was designed to utilize member's time efficiently and gain the most valuable insight from all FAB members. Members broke out into workgroups.

WORKGROUP: Preschool and Younger Influenza Immunization

Workgroup Lead: Patricia Krehn

Internal MDCH Support: JoEllen Wolicki

OBJECTIVES

Discuss best strategies for immunizing the preschool and younger population

DISCUSSION

1. Integrating WIC – info to WIC, Immunization Nurse at WIC integrating posters, newsletters with agencies and professional organizations
2. Providers – education sessions; reach out the more organizations
3. Utilize MCIR pop up screens for messages to MCIR users.

ACTIONS/FOLLOW UP

- 1, Work on creating an educational piece for the 2 month olds & 4 month olds including getting vaccines
2. Create a piece for providers
3. Create piece for health care partners

<p>Discuss strategies for handling non-compliance issues</p>	<p>Flu Free Zone: from LHD because all staff vaccinated Strategy: encourage day care providers to add information on website. Create immunization message templates that can be incorporated into newsletters.</p>	
<p>Discuss ways to communicate with and convince parents to get so many shots (especially since flu vaccine and H1N1 are separate vaccines)</p>	<p>Strategies to distribute materials at IAP; other professional organizations.</p>	<p>Tweak pieces that have already been developed to incorporate H1N1 messages.</p>
<p>Determine strategies to collaborate with intermediate school districts to immunize children and their parents in the preschool and headstart settings. For those families who do not have their children enrolled in those settings then they need to be seen by their provider (all family members immunized at the same time).</p>	<p>Clinics at head start session</p> <ul style="list-style-type: none"> • Parents can choose <p>Preschool ISD students immunize in school setting</p> <ul style="list-style-type: none"> • Community vaccinator 	<p>Create informational template to distribute to ISD with high risk children highlighted. Add flu message to exclusion letter.</p>

WORKGROUP: Children and Adolescents (K-12) Influenza Immunization

Workgroup Lead: Kimberly Kay Newman
Internal MDCH Support: Courtnay McFeters

OBJECTIVES	DISCUSSION	ACTION/FOLLOW-UP
<p>Increase the public's awareness of the importance of flu vaccination (including having easy access to educational materials.) - How to further distribute existing materials</p>	<p>Current initiatives:</p> <ul style="list-style-type: none"> • Saginaw schools put up flu monthly posters in schools. • In a lot of the Detroit area flu vaccine messages are very suspect; need to engage the media and other avenues to get correct messages out. • Novartis created a Facebook page and participates in Twitter. • There are You Tube videos that can be shown statewide • Coordinated messages with: schools, radio stations, TV messages, health systems, public and private schools, LHDs, day cares, etc can be difficult • Billboards on hand hygiene – Detroit – 300 <p>Possible avenues:</p> <ul style="list-style-type: none"> • Electronic transportation signs • Visiting Nurses Association (VNA) is coordinating efforts with the MI Department of Transportation (MDOT) to offer flu shots at rest stops. 	<p>Send information via:</p> <ul style="list-style-type: none"> • VFC Listservs • School Superintendents • MDCH to distribute to: IAP, INE, all other listservs • Bullets and prevention points on MCIR news screen • Post info on school website • School emails on MRSA

<p>Discuss mass vaccination clinics in school settings. (in regards to both novel H1N1 and seasonal flu; staffing needs)</p>	<p>In Michigan there is a lack of school nurses; not all schools have nurses. Discussed whether FAB should consider putting a list of mass vaccination partners together. The list could be shared with professional agencies and contacts.</p> <p>Discussed that schools are concerned with losing money.</p> <p>Discussed schools having a separate isolation room for sick kids.</p> <p>Discussed creating/maintaining partnerships for mass vaccination clinics. Partner with school organizations for clinics: PTO/PTA. Distribute information via school newsletters and flyers, Flu Buster, Parent teacher conferences.</p>	
<p>WORKGROUP: Adult Influenza Immunization Workgroup Lead: Lisa Ailstock Internal MDCH Support: Barbara Wolicki</p>		
OBJECTIVE	DISCUSSION	ACTIONS/FOLLOW UP
<p>Determine strategies to increase the public's awareness of the importance of flu vaccination</p>	<p>Discussion was held by the group regarding the importance different strategies for each sub group on our list. The outcomes of these discussions will be outlined in each area.</p>	<p>Develop materials to increase the uptake of flu vaccine for all high risk populations, not just those over 65 years of age.</p>
<p>Develop targeted messages for community members by:</p> <ol style="list-style-type: none"> 1) Age groups (e.g., young parents, grandparents/seniors, college-age) 2) Risk groups (e.g., pregnant women, persons with diabetes, sickle cell, asthma) 	<p>Issues to influence the messages for each of these ADULT groups:</p> <ol style="list-style-type: none"> 1. Seasonal flu issues would be focused on the elderly, high risk adults 2. H1N1 messages would be focused on adult pregnant women, care givers and family members of infants <u><</u> 6 months of age, adults age 19 - 24 years, and high risk adults ages 25 – 64 years. 3. First priority would be 19 – 24 year old adults for H1N1 4. Flu information would be included on the MCIR Welcome Screen encouraging flu vaccine for all high risk populations. 	
<p>Develop strategies to promote the use of MCIR in adult settings for persons 20 years and older:</p> <ol style="list-style-type: none"> 1) colleges and vocational schools 2) Hospitals 3) Private Provider offices including but not limited 	<ol style="list-style-type: none"> 1. Discussion on the use of MCIR for adults. MCIR was opened to all age groups for data entry in 2007. Current MCIR laws only require data entry of vaccine information for person 20 years of age or younger. 2. H1N1 vaccination participation will require all doses administered (regardless of age) be entered into MCIR. This is the tracking mechanism for this vaccine. 3. Some large health systems and pharmacies (Kroger) and other vaccine 	

<p>to: OB/Gyn, Family Practice, Internal Medicine</p>	<p>partners (VNA) have been putting data into MCIR.</p> <p>4. There has been an increase of 13% of adult information in MCIR which reflects the increase use across the life span. Only as more data is entered into MCIR will it be a good reflection of vaccine coverage rates in Michigan.</p> <p>The benefits of having data in MCIR for adults:</p> <ul style="list-style-type: none"> • Information all in one place • Provider can utilize assessment feature of MCIR in making vaccine recommendations • Reminder/recall function for future vaccine needs. 	
<p>Discuss vaccination issues in the colleges and vocational schools</p>	<p>Short term goal for this group is the vaccination with H1N1 due to high risk age criteria, lack of insurance for other vaccines, community living situations, high social networking etc. These same criteria may also apply for the encouragement of seasonal flu vaccine if available at a reasonable cost or no cost.</p>	
<p>Develop key messages to non-traditional or community vaccinators (not private providers within a clinical base) e.g., pharmacies, VNAs, EMS, etc.</p>	<ol style="list-style-type: none"> 1. Do we need to outreach to non traditional vaccinators such as the Michigan Pharmacists Association? 2. Encourage the consideration of other vaccines for high risk populations (Zoster, PPV23, Tdap). 3. Are the current messages hitting the right audience? What can be done to improve the message or finding better venues for other vaccinators? 4. Where can we find an advocate for these non traditional vaccinators? 	
<p>Determine ways to increase vaccine coverage in the under-served adult populations (e.g., homeless, migrant)</p>	<ol style="list-style-type: none"> 1. Incarcerated population at high risk for H1N1 due to age, and community living situations. 2. Homeless may not have access to traditional vaccination centers. 3. Increase unemployment and lack of insurance will discourage adults from seeking out vaccine for themselves rather than just their children. 	
<p>Discuss issues involving novel h1n1 vaccination program, e.g., prioritization, vaccination strategies</p>	<ol style="list-style-type: none"> 1. H1N1 messages would be focused on adult pregnant women, care givers and family members of infants \leq 6 months of age, adults through age 19 - 24 years, and high risk adults ages 25 – 64 years. 2. First priority would be 19 – 24 year old adults 3. Flu information would be included on the MCIR Welcome Screen for all providers encouraging flu vaccine for all high risk populations. <ul style="list-style-type: none"> • Non traditional vaccinators may increase the availability of the vaccine to populations that have not traditionally sought out flu vaccine. 	
<p>WORKGROUP: Health Care Personnel Influenza Immunization Workgroup Lead: Mark Upfal Internal MDCH Support: Rosemary Franklin</p>		
<p>OBJECTIVE</p>	<p>DISCUSSION</p>	<p>ACTION/FOLLOW-UP</p>
<p>Determine plans for handling HCP absences due to influenza</p>	<p>This needs to be tailored to individual organizations</p>	

<p>Discuss flu pandemic planning for health care facilities</p>	<p>Promote use of flu vaccine – both seasonal and Novel H1N1 – for Health Systems to test out their mass dispensing programs.</p>	
<p>Determine best practices aimed at increasing the number of HCP who receive flu vaccine (e.g., having a contest, engaging the administrators, etc.)</p>	<p>What are best practices? Examples include Bronson; flu vaccination is mandatory at Bronson.</p> <p>We must focus on the fact that, as HCP, our primary objective is to protect the patient. Patient Safety is number one.</p> <p>Number #2 objective is to protect the individual HCP.</p> <p>Washtenaw Co LHD has mandatory flu vaccination of HCP, but they have an opt-out. They had a contest to reward vaccination. (incentives.)</p> <p>The following programs and practices are helpful, but their effectiveness in increasing vaccinations rates is unproven:</p> <ul style="list-style-type: none"> - Declinations - Incentives (random drawings, gifts, recognition) - Offer vaccines free of charge - Make administration convenient - Mobile carts - Give “release time” for employees to get vaccinated - Education – dispelling myths - Visible management support - Get management support from the top <p>Exclusively promote “protect your patients.” HCP population is unique because the number 1 objective is to protect others, not just the vaccinee.</p>	
<p>Best practices regarding HCP exposure prevention (e.g. personal protective equipment and hand washing)</p>	<p>Refer to Internet for recommendations. The Office of Public Health Preparedness (OPHP) already has created materials that address this issue.</p> <p>Promote disinfectant wipes for shared surfaces (phones, keyboards, etc.)</p> <p>There is still a question about whether HCP who are working near ill patients need to wear N-95 gear or surgical masks.</p>	

WORKGROUP: Other Non-Vaccine Interventions/ Antivirals Work Group Meeting

Workgroup Lead: Teri Lee Dyke
Internal MDCH Support: Rachel Potter

OBJECTIVES	DISCUSSION	ACTIONS/FOLLOWUP
<p>Identify the appropriate communication streams for non-pharmaceutical interventions</p> <p>Provide targeted educational topics to select groups</p>	<ul style="list-style-type: none"> • The group discussed experiences in April and May. Emphasis was placed on identifying consistent and appropriate sites (i.e. CDC, MDCH and local jurisdictions) <ul style="list-style-type: none"> ○ www.cdc.gov/flu ○ www.michigan.gov/flu or www.flu.gov • To physicians regarding where patients access antivirals in an emergency use and non-emergency use scenario • To LHDs regarding guidance/protocols for use/distribution/tracking for the SNS antivirals • To pharmacies highlighting the benefits for using (input of their patient data into) MCIR for treatment and vaccination for influenza • To high risk populations for prevention and community mitigation for seasonal and H1N1 influenza <ul style="list-style-type: none"> ○ Identify locations to post materials (e.g., OB/GYN offices) ○ Identify materials to post ○ Identify venues that serve higher risk populations 	
<p>Determine the most effective way to use the MCIR for tracking antivirals</p>	<ul style="list-style-type: none"> • See later discussion regarding community pharmacies and use of MCIR 	
<p>Discuss novel ideas about screening patients and delivering antivirals.</p>	<p>No discussion time remaining</p>	
<p>Looking at community pharmacy-based screening and treatment</p>	<ul style="list-style-type: none"> • Mike and Greg described a trial of a model agreement between retail pharmacies used in collaboration with LHDs, using tracking sheets that provided some surveillance data. • Issues related to pharmacy based screening and treatment 	

	<ul style="list-style-type: none"> ○ Identifying willing pharmacies ○ Training required ○ Skill to recognize clinical case and the ability to adapt to changing case definitions ○ Communications with local health jurisdictions 	
<p>Determine what plans need to be in place for early interventions</p>	<p>Discussed non-vaccine measures that were used in healthcare and non-healthcare settings</p> <ul style="list-style-type: none"> ● Healthcare: <ul style="list-style-type: none"> ○ Early recognition, early isolation and treatment ○ Respiratory hygiene/cough etiquette ○ Hand hygiene ○ Vaccination of employees ○ Enhanced environmental cleaning ○ Discussed minimum wage earners disincentive to report to work when ill due to no sick time or no pay ● Non-healthcare settings, such as schools <ul style="list-style-type: none"> ○ Discussed the non incentive of athletics that if you don't report for school, you don't compete in the game. Suggested that MHSAA be contacted to encourage athletic depts. Discourage ill students from coming to school ○ Disincentive of lack of available sick time to reporting to work ill ○ MDCH is working with MDOE on messaging and guidance for schools K-12 and universities for influenza prevention and guidance on when to close (based on local data). <p>4) Discussed the development of a toolkit similar to the AIM toolkit to disseminate information</p>	

After the workgroup breakout sessions, the FAB met as whole and each workgroup gave a summary of their discussions.

Cristi Carlton gave an update on the epidemiology of H1N1:

International Epidemiology Update

Southern Hemisphere surveillance (currently in their flu season) - virus is still circulating widely but trends are downward; 71% of all influenza viruses currently detected globally - South Africa is the notable exception (H3N2); impact and severity appeared slightly worse than a normal influenza season with increased hospitalization requiring respiratory critical care. As of August 6, 2009, over 170 countries and territories worldwide and 14,462 deaths reported.

United States Epidemiology Update

CDC estimates well over 1 million cases of novel H1N1 influenza and more than 98% of the viruses sub-typed. Influenza activity has decreased in recent weeks (still higher levels of ILI than is normal for this time of year). As of August 14, 2009, 7,511 hospitalized cases of seasonal and novel influenza and 477 deaths reported (10 deaths in individuals 0-4 yrs, 67 deaths in 5-24 yrs, 203 deaths in 25-49 yrs, 135 deaths in 50-64 yrs, 45 deaths in age 65 and older, and 17 deaths with unknown age).

Michigan Epidemiology

Surveillance indicators show a low, steady level of influenza activity. As of August 8, 2009, 3,257 cases of flu-like illness and confirmed and probable cases of seasonal and novel influenza; 10 deaths have been reported. This is an under-representation of actual cases.

ACIP Recs: Novel H1N1 Influenza (July 29, 2009 Meeting)

Groups recommended to receive the novel H1N1 influenza vaccine include:

- Pregnant women;
- Household contacts and caregivers for children younger than 6 months of age;
- Healthcare and emergency medical services personnel;
- All people from 6 months through 24 years of age;
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Together, these key populations cover 159 million people

A shortage of novel H1N1 vaccine is not expected, however, if there are limited quantities the following groups should receive vaccine before others:

- pregnant women;
- people who live with or care for children younger than 6 months of age;
- health care and emergency medical services personnel with direct patient contact;
- children 6 months through 4 years of age and;
- children 5 through 18 years of age who have chronic medical conditions.

ACIP Recs: Seasonal Influenza

The 2009 recommendations include three principal changes or updates:

- Annual vaccination of all children aged 6 months--18 years should begin as soon as the 2009--10 influenza vaccine is available.
- The 2009--10 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains tested from the United States and other countries are now resistant to oseltamivir. Recommendations for influenza diagnosis and antiviral use will be published later in 2009.

Of the 10 deaths in Michigan, over 66% were associated with underlying conditions and co-morbidities. However, 33% did not have underlying conditions (i.e., asthma, COPD, hemotologic blood disorders, leukemia/lymphoma, diabetes). Obesity was a factor in the U of M cohort study (published in MMWR), but obesity is NOT an independent risk factor for 2009 H1N1 flu.

Manufacturer updates were given

UPCOMING FAB MEETINGS:

Friday, November 13, 2009

Wednesday, February 24, 2010

Wednesday, May 26, 2010

Wednesday, August 25, 2010

Wednesday, December 08, 2010

More information about FAB (including past agendas, meeting minutes, and meeting times/directions) can be found at:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563_48357-197755--,00.html