
2010 - 2011 Maryland Flu Season Wrap-Up

April 27, 2011 * 10:00 a.m. to 3:00 p.m.

I. **Welcome**

Tiffany Tate, MHS, Maryland Partnership for Prevention, Inc.

II. **Maryland Flu Season Overview**

2010 - 2011 Maryland Influenza Surveillance

Rene Najera, MT, MPH, DHMH

Maryland Flu Season Final Report (Preliminary Data)

Tiffany Tate, Maryland Partnership for Prevention, Inc.

III. **Featured Presentation**

“The Universal Influenza Recommendation: How Did We Do?”

Litjen “LJ” Tan, MS, PhD, American Medical Association

***** **LUNCH** *****

IV. **Successes and Challenges of Immunization Providers**

- Colleges/Universities – *Jane Halpern, MD, MPH, Towson University*
- Private Providers – *Melvin S. Stern, MD*
- Local Health Dept. (Small) – *Melanie Gardiner, BSN, RN, St. Mary’s Co. Health Dept.*
- Local Health Dept. (Large) – *Maureen Diaczok, RN, BS, Anne Arundel Co. Health Dept.*
- Home Health – *Eileen Pelovitz, RN, BSN, Baltimore County Dept. of Health*
- Long Term Care – *Bernadine Miller, RN, BSN, CIC, Stella Maris, Inc.*
- Acute Care Hospitals – *Eva Belew, PA-C, MMS, Mercy Medical Center*
- Pharmacies – *Nathan Jones, Walgreen Company*

V. **Facilitated Discussion: “Pharmacists as Vaccinating Partners”**



MARYLAND INFLUENZA ACTIVITY UPDATE 2010-2011 INFLUENZA SEASON

RENE F. NAJERA, MT, MPH
Center for Surveillance, Infection Prevention and
Outbreak Response
Maryland Department of Health and Mental Hygiene
Infectious Disease and Environmental
Health Administration



MISSION

- To improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards
- We work in partnership with local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.

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Maryland Influenza Surveillance

- Syndromic Surveillance
 - ILINet: Sentinel Providers
 - ESSENCE: Chief Complaints at Hospitals
 - MRITS: Weekly Survey of Md. Residents
- Laboratory Surveillance
 - State Lab Admin.: PCR testing for Influenza A/B
 - Clinical Labs: Rapid Flu Testing

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Maryland Influenza Surveillance

- Other Surveillance
 - EIP Hospitalization Tracking
 - Outbreak Investigations
 - Google Flu Trends
 - Collaboration with other states, CDC, and organizations beyond public health

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Things to Consider

- Influenza is not reportable
- Reports are voluntary
- Reports may not be timely
- Except for MRITS and Google Flu Trends, reporting requires healthcare
- All data are preliminary

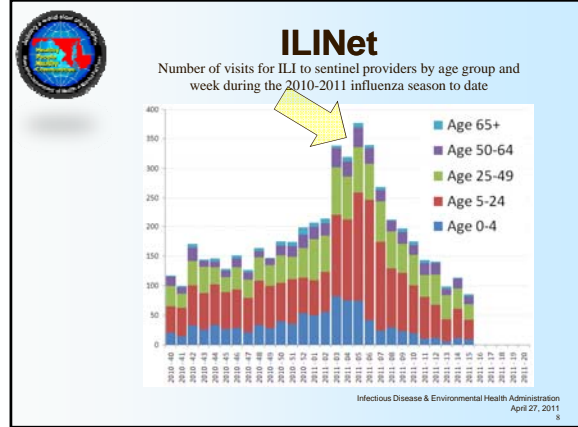
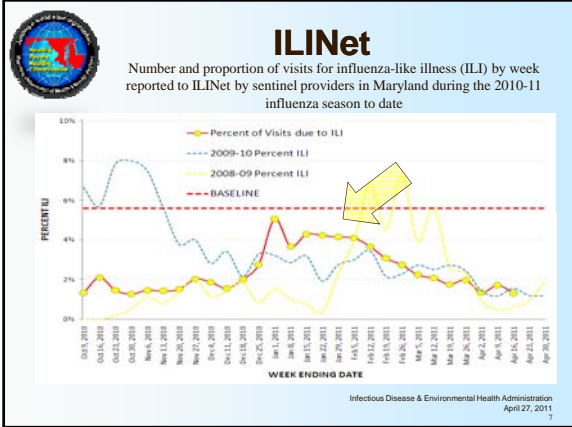
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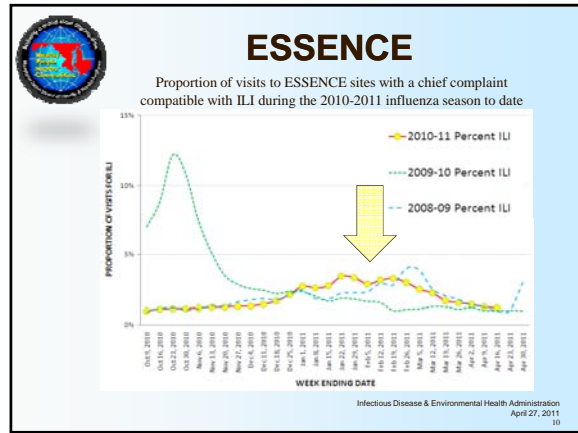
ILINet

- 34 healthcare providers
 - 19 Regular Reporters
 - 3 Reported <50%
 - 12 DID NOT REPORT
- Report ILI Visits / Total Visits / By Age
 - Online
 - Fax
 - Phone

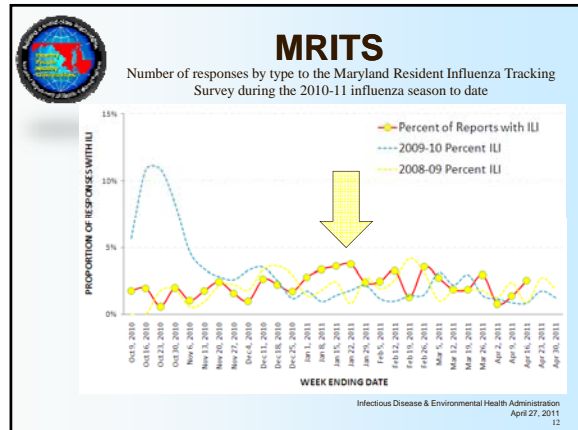
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- ### ESSENCE
- All hospitals in Maryland
 - Electronic interface
 - Chief Complaints
 - ILI = Fever, Cough, Sore Throat, Headache, Runny Nose
 - About 41,700 total visits / 400-1,400 ILI
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- ### MRITS
- Maryland Residents
 - About 1,500 total / 500 households
 - Report weekly online (<http://dhmh.maryland.gov/flusurvey>)
 - Fever, Cough, Sore Throat
 - Travel, Healthcare Visit, Missed Activities, Vaccine Status
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State Laboratories

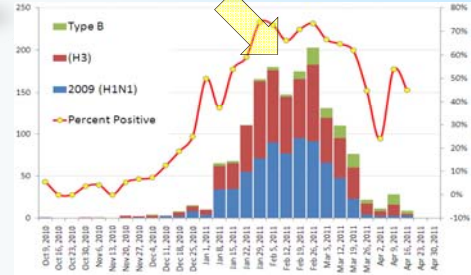
- PCR testing and Viral Culture
- Specimens from outbreaks, hospitalizations, cases of interest
- If PCR negative, subset gets culture
- If PCR questionable, CDC
- PCR = Culture?

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State Laboratories

Number of PCR tests by influenza type and percent positive during the 2010-2011 influenza season to date

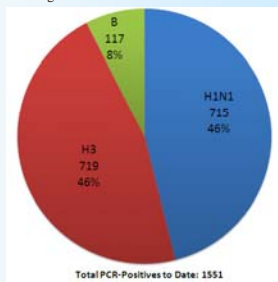


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State Laboratories

Number of PCR positive samples for influenza by influenza type during the 2010-2011 influenza season to date



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Clinical Laboratories

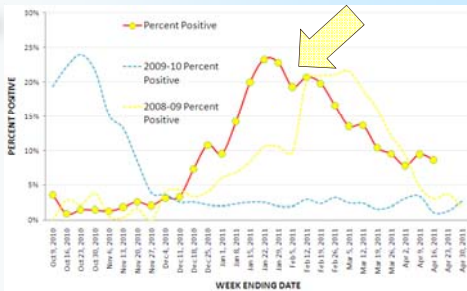
- 38 Clinical Labs
- 28 Reported Regularly
- All reported at least once
- Rapid influenza testing
- A/B, no sub-typing
- Sensitivity/Specificity and Prevalence

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Clinical Laboratories

Proportion of positive rapid influenza tests reported by participating clinical laboratories during the 2010-2011 influenza season to date

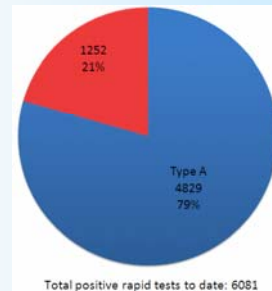


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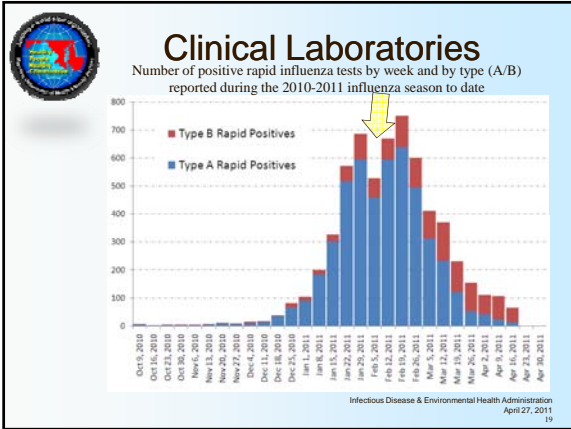


Clinical Laboratories

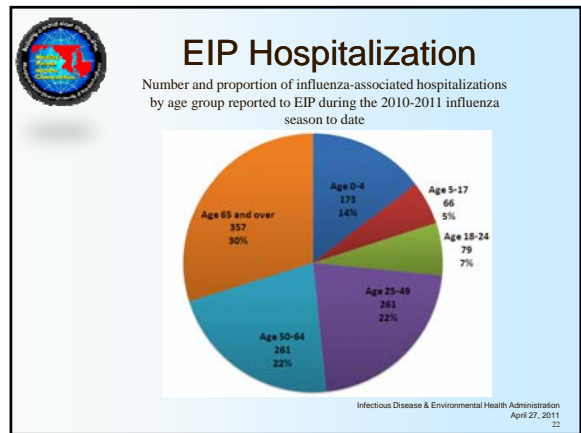
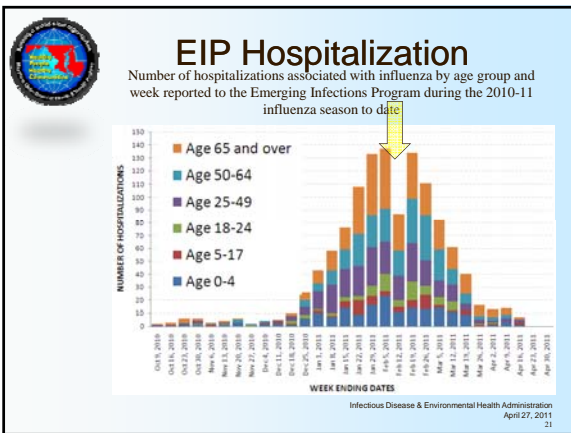
Number and proportion of rapid influenza tests by influenza type reported during the 2010-2011 influenza season



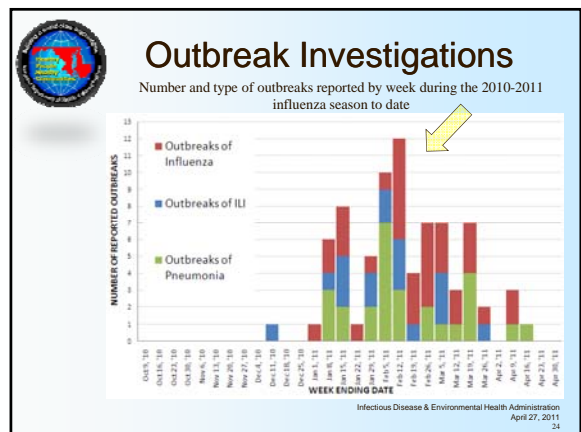
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- ### EIP Hospitalization
- Statewide hospitalizations associated with influenza
 - 36-40 Hospitals / Week
 - Any positive lab test + overnight stay at hospital
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- ### Outbreak Investigations
- Outbreaks of disease in institutional settings are reportable
 - ILI, Pneumonia Outbreaks
 - Influenza Outbreaks
 - Any positive lab test confirms influenza (after first positive by PCR at state lab)
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Google Flu Trends

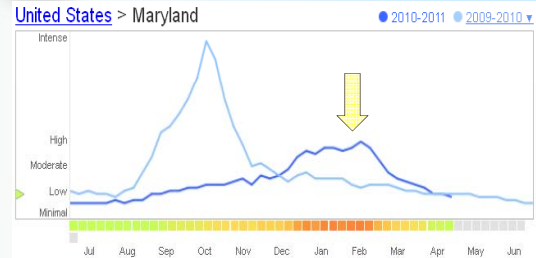
- Collaboration between Google and CDC
- Looks at queries for certain terms
- Matches ILINet Data, more or less
- Does not require contact with healthcare
- Not specific for influenza, necessarily

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Google Flu Trends

Influenza-like illness activity as assessed by Google's proprietary algorithms during the 2009-2010 and 2010-2011 influenza seasons to date



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Notes

- Influenza activity peaked between the end of January and the middle of February
- Types A (H1N1) and A (H3) co-dominant (vaccine-matched)
- Type B influenza dominant toward the end of the 2010-2011 season
- Older age groups affected

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Questions / Comments

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**Maryland
Infectious Disease and
Environmental Health
Administration**

<http://ideha.dhmv.maryland.gov>

2010-2011 Maryland Flu Season Wrap-Up

Thank you to our partners...

GlaxoSmithKline

MedImmune

Merck

Novartis

Sanofi Pasteur

2010-2011 Maryland Flu Season Wrap-Up

(Preliminary Data)

Thank you to our partners...

GlaxoSmithKline

MedImmune

Merck

Novartis

Sanofi Pasteur

What is MPP?

- A non-profit (501c3) organization
- Maryland's only statewide adult immunization coalition (MPP)
- Lead agency for Maryland's only statewide Childhood Immunization Coalition (MCIP)
- Parent organization of Maryland's regional immunization coalition

Our Objectives

- To work with communities and providers to promote preventive health services for Maryland residents.
- To link patients and providers through education, research, and technical assistance.

MPP Membership

- State Health Department (DHMH)
- Local health departments
- Physicians
- Hospitals
- Insurers
- Vaccine manufacturers
- Professional associations
- Private citizens

Influenza Prevention Activities

- Multi-Media Campaign
- Statewide Flu Season Conference Call
- Maryland HCP Influenza Initiative
- Immunization Excellence Awards Luncheon
- Maryland Flu Season Final Report
- HCP Immunization Best Practices Challenge

Maryland Flu Season Final Report

- Data from series of surveys to LHDs
 - Vaccine ordering practices
 - Vaccine administration data
 - Flu season experiences
 - Plans for subsequent years
- Supply and delivery issues
- DHMH flu season activities

Preparing for '10-'11 Season: Vaccine Orders

- LHDs initially **ordered 218,300*** doses of injectable and intranasal vaccine
- 67% ordered from more than one manufacturer/distributor
- 29% ordered from MMCAP

*Need clarification from some respondents; may include ARRA

Initial Vaccine Orders v. Last Year

- 46% ordered **more** vaccine than in previous years
- 25% ordered **less**
- 29% ordered the **same**

First and Last Flu Clinics Held

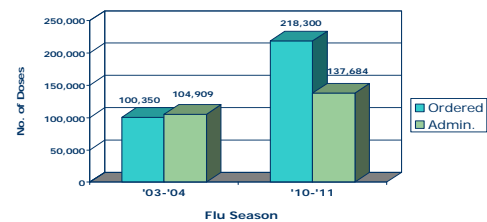
- **First** flu clinic – **September 10**
 - Range: Sept. 10 to Oct. 27
- **Last** flu vaccination administered - Ongoing
 - Range: Mar. 14 to Present

Doses Administered in '10-'11 Season

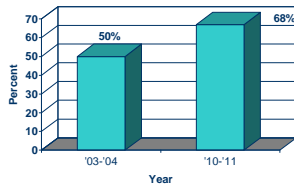
- LHDs **administered 137,684** doses of injectable and intranasal vaccine*
- 17% administered **more** vaccinations than in previous seasons
- 71% administered **fewer** vaccinations than in previous seasons
- 38% of LHDs had **excess** vaccine (62% expect to have excess)
 - Quantifiable loss - \$430,841*
 - Range - \$503 to 90,000

*Need clarification from some respondents

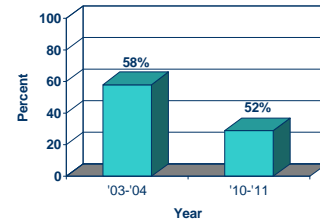
Flu Vaccine Ordered v. Administered (Maryland, 2003 v. 2010)



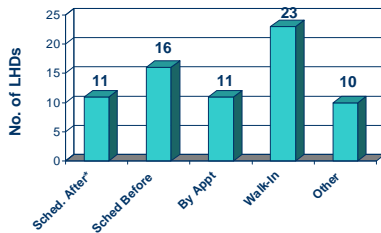
LHDs Ordering from >1 Manufacturer/Distributor (Maryland, 2003 v. 2010)



LHDs Ordering from MMCAP (Maryland, 2003 v. 2010)



Strategies for Holding Flu Clinics

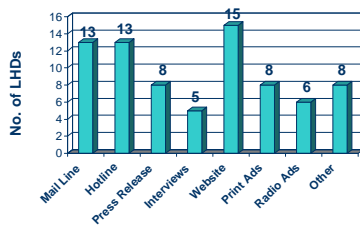


* Scheduled after vaccine delivery

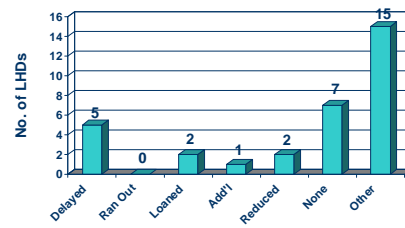
Strategies for Holding Clinics - Other

- Drive-Thru Clinics
- Evening and weekend clinics
- On-site clinics at area businesses
- Vaccinated staff and family members first

Effective Communication Methods



Issues Encountered During Season



Issues Encountered - Other

- “Everybody is giving it”
- “High dose came out after pre-order...adding high dose resulted in excess vaccine.”
- “Extra vaccine from ARRA accounts for much of excess”
- “Short shelf life of mist”

Issues Encountered - Other

- “Lack of demand”
- “Didn’t receive GSK vaccine”
- “LHD charging for vaccine and inability to bill was a problem”
- “Had to borrow vaccine mist to complete school clinics after our supply expired”

Product Preferences

- 100% use multi-dose vials
- 71% (n=17) use syringes

Preferences/Uses for Multi-Dose Vials

- Ease of storage
- Less expensive
- Public/mass clinics
- More reliable/more availability

Preferences/Uses for Syringes

- Good for small children and pregnant women
- Off-site and home visiting
- Convenient for large clinics
- Ease of use

Vaccination of Staff

- 100% of LHDs offered vaccinations to staff
- 12% (n=3) of LHDs require flu vaccines for staff with direct patient contact
- 88% (n=21) **do not** intend to require flu vaccinations
- 67% ask for declination forms

Vaccination of LHD Staff

- **4,476** LHD personnel vaccinated
- Range: 30% to 90% of staff with direct patient contact

Recurring Lessons Learned

- Order from more than one manufacturer
- Order vaccine early/pre-book
- Need guidance/coordination to determine flu order
- LHDs need to bill insurers

Vaccination of Maryland's Healthcare Personnel

(Preliminary Data)

Vaccination of HCPs

- 25 (out of 159) respondents
 - 9 acute care hospitals
 - 4 LHDs
 - 8 LTC
 - 2 Ambulatory Care/Outpatient
 - 2 Other
- **21,928** healthcare personnel vaccinated

HCPs Vaccinated v. '09-10

- 44% of respondents increased number of HCP vaccinated
- 24% decreased number of HCPs vaccinated
- 32% about the same

Flu Media Campaign

Contact Information

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The Universal Influenza Recommendation: How did we do?

L.J Tan
 Director, Medicine and Public Health, AMA
 Co-Chair, National Influenza Vaccine Summit

Disclaimer...

The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of the American Medical Association nor the National Influenza Vaccine Summit

Rationale: Recommendation to vaccinate all people ages 6 months or older

- Annual influenza vaccination is a safe and effective prevention measure that provides a potential benefit for people in all age groups
- Morbidity and mortality occurs in all age groups, including among adults aged 19-49
- Already 50% of healthy adults had a recommendation, and 85% overall
- Some persons who have influenza complications
 - have no previously identified risk factors
 - have risk factors but are unaware that they should be vaccinated
 - might be at risk due newly identified risk factors, such as morbid obesity or race/ethnicity

Rationale: Recommendation to vaccinate all people ages 6 months or older

- A recommendation that all people ages 6 months or older receive an annual influenza vaccination
 - eliminates the need to determine whether each person has an indication for vaccination
 - emphasizes the importance of preventing influenza across the population spectrum
 - reduces potential barriers to increasing the number of persons protected from influenza, including lack of awareness about vaccine indications among persons at higher risk for influenza complications and their close contacts

Messaging Challenges of the Universal Recommendation

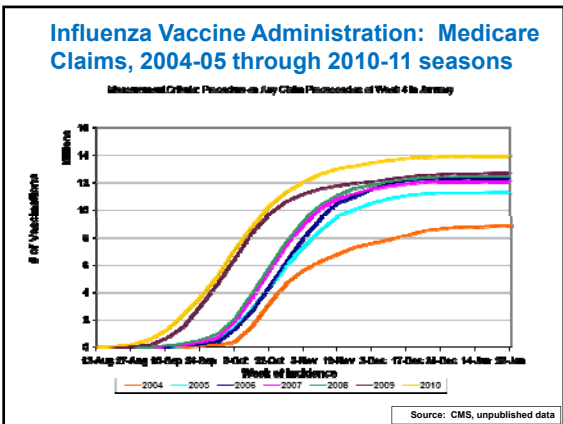
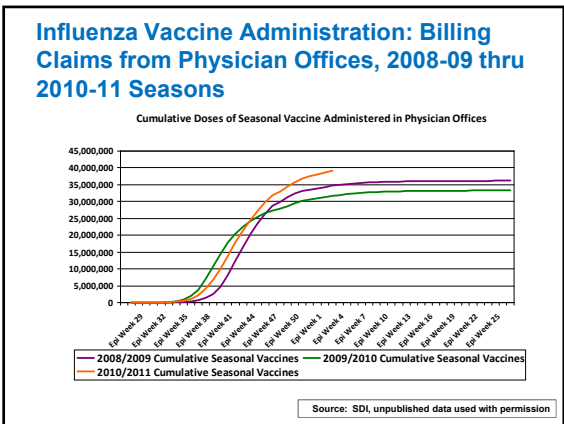
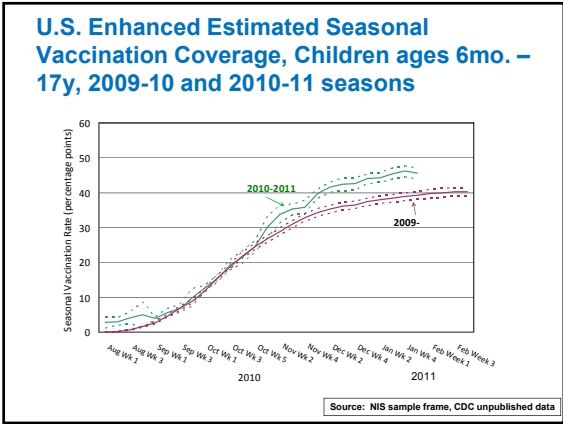
- Universal recommendation adds challenges for communications regarding populations that need to be vaccinated – children
- Simple public-facing message is important to embed new recommendation in the mindset of the public
- Concern remains over reaching those who “really” need to be vaccinated
- Caveat the universal message too much and we will undermine the universal recommendation
 - No other universally recommended vaccine has such caveats
- Needed to be unified in messages to the provider and the public
- We all live in fear of the supply dilemma but needed to make the leap of faith

CDC Communication Goals and Objectives

- Create high awareness of universal vaccination recommendation and flu-related key messages
- Foster knowledge and favorable beliefs regarding influenza vaccination recommendations
- Maintain, extend confidence in flu vaccine safety
- Promote/encourage vaccination throughout the flu season

Source: Weinbaum, NVAC February 2011 Meeting

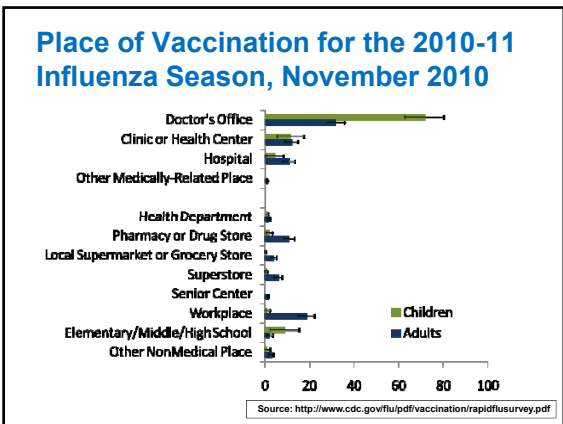
SO HOW DID WE DO?



Influenza Vaccination Coverage, 2010-11 Influenza Season November 2010 Rapid Flu Surveys

| Group | Already Vaccinated % (95% CI) | Already Vaccinated + Definitely Intend % (95% CI) |
|---------------------------|-------------------------------|---|
| Overall | 32.8 ± 2.4 | 42.6 ± 2.6 |
| By age group | | |
| All children (6m-17years) | 30.6 ± 5.0 | 42.9 ± 5.3 |
| All adults | 33.5 ± 2.5 | 42.5 ± 2.7 |
| ≥ 65 years | 64.3 ± 4.8 | 74.0 ± 4.4 |
| By race/ethnicity | | |
| Hispanic | 25.4 ± 6.3 | 35.9 ± 6.6 |
| Non-Hispanic, White only | 35.8 ± 2.8 | 45.3 ± 3.0 |
| Non-Hispanic, Black only | 27.1 ± 7.2 | 35.7 ± 8.0 |

Source: <http://www.cdc.gov/flu/pdf/vaccination/rapidflusurvey.pdf>



Vaccination Among Pregnant Women, 2010-11 Influenza Season, November 2010 Internet Panel Survey

- By mid-November 2010, 45% had already received influenza vaccination
- Overall, 49% of pregnant women were or definitely intend to be vaccinated this influenza season
- Place of vaccination
 - Doctor's office (57%)
 - Pharmacy or drug store (12%)
 - Work place (8%)
 - Hospital (7%)

Source: <http://www.cdc.gov/flu/pdf/vaccination/DingInternetPanelSurveyPregnantWomen.pdf>

Seasonal Influenza Vaccination Coverage of Selected Groups: 2008 - 09 through 2010 - 11 Seasons

| Group | 2008-09 (%) | 2009-10 (%) | 2010-11* (%) |
|-----------------------|-------------------|--------------------|--------------------|
| Overall | 33 ¹ | 41 ³ | 43 ⁶ |
| 6 mos-17 years | 29 ¹ | 44 ³ | 45-48 ⁷ |
| ≥ 65 years | 66 ¹ | 70 ³ | 74 ⁶ |
| Pregnant women | 6-20 ² | 42-51 ⁴ | 49 ⁶ |
| Health care personnel | 53 ¹ | 62 ⁵ | 62 ⁶ |

1. NHIS estimates, online at: <http://www.cdc.gov/vaccines/stats-surv/nhis2009-nhis.htm>
 2. MMWR, July 29, 2010 / 59(Early Release):1-62
 3. BRFSS/NHFS estimates, online at: http://www.cdc.gov/flu/professionals/vaccination/coverage_0910estimates.htm
 4. MMWR, December 3, 2010 / 59(47):1541-1545 and CDC unpublished data
 5. MMWR, April 2, 2010/59(15):357-362
 6. RFS and internet panel estimates, online at: <http://www.cdc.gov/flu/professionals/vaccination/vaccinecoverage.htm>
 7. Unpublished data, CDC
 *November projected 2010-2011 coverage (already vaccinated + those who answered they'd definitely intend to get vaccinated)

Vaccination Among HCP, November 2010 Internet Panel Survey

- By mid-November 2010, 56% of HCP received influenza vaccination
- Overall, 62% of HCP were already or definitely intended to be vaccinated this influenza season
- The most common place of vaccination was at work (79%)
- Coverage varied by work setting
 - 40% among HCP working in settings other than hospitals, physician's offices, or long-term care facilities
 - 68% among HCP working in hospitals
- Coverage varied by occupation
 - 47% among medical technicians, assistants, and aides
 - 78% among physicians, dentists, nurse practitioners, and PA

Source: <http://www.cdc.gov/flu/pdf/vaccination/BlackNovemberHCPsurveyResults.pdf>

AMA Survey of Physicians

- Quick email survey to identify pulse of physician provider regarding influenza immunization and the universal recommendation
- Utilized an established AMA opt-in email list of physicians.
- Sample of 77,846, with 2% response rate (1,503)
 - 848 primary care (PCP)
 - 655 specialists
- Short duration, one time survey
 - No reminders sent
 - No incentives
 - Only open for two weeks (Jan 27 – Feb 9, 2011)
- Potential responder bias! Self reported!

Did you receive/provide influenza vaccination in the 2010-2011 season?

| | % (total) | % (PCP) | % (Specialist) |
|----------|-----------|---------|----------------|
| Received | | | |
| Yes: | 86.2 | 90.2 | 80.9 |
| No: | 13.8 | 9.8 | 19.1 |
| Provided | | | |
| Yes: | 74.0 | 94.2 | 47.8 |
| No: | 26.0 | 5.8 | 52.2 |

Impact of Universal Recommendation

Compared to past seasons, how did the CDC's recommendation impact the amount of seasonal influenza immunizations you administered in the 2010-2011 season?
 (Among Those Who Provided Immunizations in 2010-2011 Season)

| | N | % |
|----------------------------|------|-------|
| I provided more | 344 | 30.9 |
| I provided the same amount | 601 | 54.0 |
| I provided less | 94 | 8.5 |
| Not sure | 73 | 6.6 |
| Total | 1112 | 100.0 |

Are we reaching the public with the universal recommendation message?

| To what extent are your patients familiar with the CDC's recommendation? (Among Those Who Provided Immunizations in 2010-2011 Season) | | |
|--|------|-------|
| | N | % |
| Very familiar | 249 | 22.4 |
| Somewhat familiar | 511 | 46.0 |
| Not familiar | 296 | 26.6 |
| Not Sure | 56 | 5.0 |
| Total | 1112 | 100.0 |

Which of the following steps have you taken to help implement the new recommendation in your practice? Please select all that apply. (Among Those Who Provided Immunizations in 2010-2011 Season)

| | N | % of Respondents* |
|--|------|-------------------|
| Offer vaccination to all patients that come in | 868 | 78.1% |
| Put up literature/posters in your waiting room advising patients of the new CDC recommendation | 424 | 38.1% |
| Put up reminders for clinic staff | 394 | 35.4% |
| Order more vaccine | 365 | 32.8% |
| Implement a standing order | 253 | 22.8% |
| Other | 75 | 6.7% |
| None, haven't implemented anything new | 102 | 9.2% |
| Total Number of Respondents | 1112 | N/A |

*Percentages are based on the number of respondents who selected each category. The N is based on the total number of responses for each category, since this is a multi-choice question

Examples of steps taken to implement universal recommendation

- Offer to all as appropriate
- EHR reminder
- Open "flu vaccine clinics"
 - Weekend walk-in clinics
- Every patient during season was given a consent form at check in
- Make recommendation via my website, Facebook and Twitter
- Personally provide vaccine recommendations handout to patients
- Insurance won't allow. I give many of my pts the vaccine (I am a Rheumie) but I've been reminding as many as I can remember
- Made sure nurses also make effort to offer vaccine
- Written recommendation to all patients to get flu vaccine at plentiful retail outlet and clinics
- We recommended long before the CDC did so
- Advertised on our electronic billboard
- Telephone reminder calls to patients, website reminders, blog
- Give them a disclaimer that the quality of the vaccine has been "iffy"
- Tell patients that my previously healthy 7 year old son died from H1N1 in Nov 2009...

Which of the following do you anticipate being the biggest challenges to providing immunizations to all persons over 6 months of age every year in your practice? Please select all that apply. (Among Those Who Provided Immunizations in 2010-2011 Season)

| | N | % of Respondents* |
|---|------|-------------------|
| Patient concerns over vaccine <u>safety</u> | 852 | 76.6% |
| Patient concerns over vaccine <u>efficacy</u> | 419 | 37.7% |
| Cost to patient | 318 | 28.6% |
| Vaccine supply | 314 | 28.2% |
| Reimbursement issues | 311 | 28.0% |
| Disease severity | 142 | 12.8% |
| Other | 141 | 12.7% |
| None, don't anticipate any challenges | 51 | 4.6% |
| Total Number of Respondents | 1112 | N/A |

* Percentages are based on the number of respondents who selected each category. The N is based on the total number of responses for each category, since this is a multi-choice question.

Examples of challenges implementing universal recommendation

- *Pt. concern re: severity of illness (perceived benign illness)*
- Some patients are simply reluctant without clearly stated reasons
- Parents don't regard it as necessary - find recommendation not credible
- *Hard to guess what to order with so many options for receiving vaccine (public health, pharmacy, specialists, primary care)*
- Very available at retail supermarkets and pharmacies
- Not being able to operationally provide all patients with vaccines in my office; we need community, school, retail, workplace opportunities to provide influenza vaccine to this many patients
- *We are not a PCP. Their PCP should deal with these issues.*
- Timing of vaccine availability
- Scheduling issues; office staff do not have capacity to fully implement recommendation
- *Confusion over best date to give*
- Takes too long to vaccinate all patients even with vaccine clinics offered every Saturday in our practice
- I am employed; so do more work, but get no more money...
- *It has already noticeably reduced the number of acute or urgent visits each day to the clinic*

Other comments?

- *The inability to return unused vaccine in the face of a year that it appears the disease will be mild limits our desire to overpurchase vaccine supply*
- *There remains a great deal of misinformation regarding the flu and the flu vaccine*
- *Consider TV ad recommending vaccination beginning 4 weeks before, and periodically through flu season*
- *Reimbursement will continue to be an issue as well as patient out of pocket costs*
- *These recommendations make total sense. I just wish they had been in place previously*
- *I think it is a good recommendation*
- *It was a mistake to include H1N1 in the 2010-11 seasonal vaccine. It was apparent months ago that H1N1 was over. Doing so has led to confusing and convoluted recommendations for second doses in children 60 months to 9 years, that confound parents and make them even less receptive to influenza vaccine*
- *I love the H1N1/seasonal combo!*
- *More data regarding the high dose influenza vaccine for the patients age >65*

Other comments?

- *We ordered vaccine early but got it late because supplying the Wal-Mart's and Walgreens of the world got higher priority than supplying medical practices*
- *We ordered more than we needed and now we are going to EAT the cost of @ \$2,000 worth of vaccine, many of our patients got their vaccines from local pharmacies and we were left holding the bag. Doctors shouldn't be responsible for these public health measures that then affect our bottom line*
- *It was great not to have a shortage of vaccine*
- *Keep up the good work. I believe that Flu vaccine should be mandatory for all health care providers*
- *I am delighted there is finally a simple recommendation for flu vaccine: it is much easier to cajole/encourage people to get the vaccine*
- *The US government should provide ALL vaccines EVERY YEAR to age appropriate and eligible recipients.*
- *There is a lingering suspicion that some third party purveyors stand to gain economically from all of these*
- *More and more parents are skeptical about the flu vaccines. I'm kind if tired if being viewed as vaccine pusher with financial agenda. The reimbursement is barely above cost.*
- *Would like feedback on how I am doing*
- *I think that having the vaccine available in local pharmacies is a very good idea and is certain to reach more people*

From the National Influenza Vaccine Summit...

The National Influenza Vaccine Summit is...

- Co-sponsored by the American Medical Association (AMA) and the US Centers for Disease Control (CDC)
- A partnership of more than 130 organizational stakeholders, both private and public, in influenza vaccine research, production, distribution, administration, and advocacy
- All committed to achieving the Healthy People 2020 goals for influenza vaccine
- Contact L.J. Tan (Litjen.Tan@ama-assn.org) for more information

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The Summit is also...

- An annual meeting
- A concept
- An informal, action-oriented organization
- A tool for improving communications between stakeholders
- A resource
 - Web site
- An Educator

Members of the Summit include...

- Vaccine Manufacturers
- Vaccine Distributors
- Federal Agencies
- Professional Medical Organizations
 - Specialty
 - State
- Nursing Organizations
- Public Health
- Hospitals

Members of the Summit include...

- Pharmacists
- Community Immunization Providers
- Occupational Health Providers
- Business/Employers
- Private Health Insurance and Managed Care
- Long-term Care
- Quality Improvement Organizations
- Consumers
- Advocacy Groups

Summit Creates United Influenza Vaccination Goals

- The remarkable breadth of participants in the Summit provides a 360-degree view of all the moving parts associated with influenza immunization
- Summit provides continual opportunity for all partners to “get on the same page” with respect to influenza immunization in the United States.
- Advocacy to change policy
- Achieve national/local media coverage
 - Annual Summit awards

Perceptions Survey

- 73 responses
 - 39.7% local or state public health
 - 21.9% other (hospitals, university medical centers, physician organizations, and others)
 - 20.5% pharmacies
 - 17.8% community vaccinators
 - 5.5% vaccine distributor
 - 4.1% private practice
 - 4.1% vaccine manufacturer

General feelings about the Universal Recommendation

- There seems to be a lack of demand or concern for being vaccinated.
- Awareness and lack of awareness of the new universal recommendations seem to be evenly split among those who observed or tracked patients' perceptions.
- There should be more public communications and education regarding the universal recommendations.

How did we do – perceptions from the Summit

- Better uptake due to universal recommendation?
 - 39.4% Yes
 - 60.6% No
- Reasons for lack of increased uptake:
 - Local and state health departments and hospital vaccination rates have decreased due to the availability of flu vaccine in pharmacies and retail locations.
 - Greater supply and less demand.

What was implemented to encourage success

- Communications and promotional materials were updated to highlight new recommendations.
- Universal recommendations promoted through press releases and public media (newspapers, signs, websites)
- Clinics were opened to all who were interested in receiving vaccine.
- More school based vaccination clinics conducted.
- Health-care provider protocols updated to reflect recommendation.

Implemented activities did improve seasonal influenza immunization rates

47.8% of responding providers did say that these activities did help them provide more seasonal influenza immunizations in the 2010-2011 season, compared to past seasons.

Identified Barriers

- 72.2% lack of demand /concern
- 47.2% concerns over vaccine safety
- 43.1% reimbursement issues
- 38.9% cost to patient
- 36.1% concerns over vaccine efficacy
- 23.6% disease severity
- 22.2% vaccine supply
- 1.4% no barriers identified

Challenges that lie ahead

- Experienced/anticipate challenges
 - 62.0% Yes
 - 38.0% No
- Some challenges next season:
 - Public apathy
 - State law imposed age limits
 - Lack of future funding
 - Lack of education regarding the universal recommendation.

Expanded immunization season a must to implement the universal recommendation

- 270M people are currently recommended for influenza vaccination
- To reduce morbidity and mortality, we must increase our immunization rates by expanding the influenza vaccination season!
- BUT, it's not about having more time to vaccinate the same number of people!

Benefits of expanding the immunization season

- Increased opportunity to vaccinate those who are currently being missed
 - Many providers think that they are doing better than they are
 - Many providers do not want to order more vaccine late in the season
- Better vaccinate the contacts of those vulnerable to influenza
 - Very elderly and the immunocompromised do not respond as well to immunization
 - Immunization rates remain low in the chronically ill
 - School aged children are important carriers of influenza
 - Health care worker immunization rates are below 40%

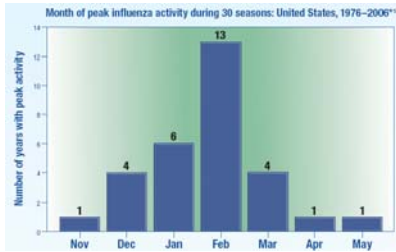
Benefits of expanding the immunization season

- It is extremely challenging to vaccinate so many people in the current 2 to 3 month immunization "window"
 - Vaccination throughout the influenza season is necessary to achieve higher immunization rates

Vaccinating Early

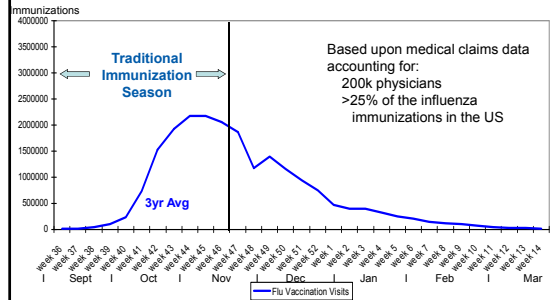
- From August to September, improving early delivery of vaccine by:
 - Increasing number of manufacturers
 - Maximizing efficiencies in production
 - Maximizing efficiencies in vaccine strain selection
 - Improving time for FDA approval of lots
 - Using new technologies (eg, plasmid rescue)
- This would then allow immunizers to vaccinate more people in the early season, eg. through back-to-school visits, etc.
- Also LAIV may be available earlier than TIV

It is Medically Relevant to Immunize "Late"



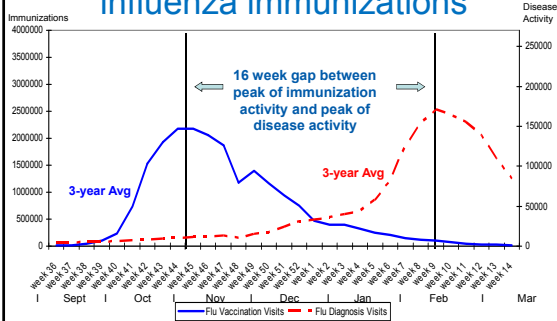
Centers for Disease Control and Prevention (CDC). Prevention and control of influenza: recommendations of Advisory Committee on Immunization Practices (ACIP) *MMWR Early Release*. 2006;55:1-42.

Influenza immunizations peak in mid-November



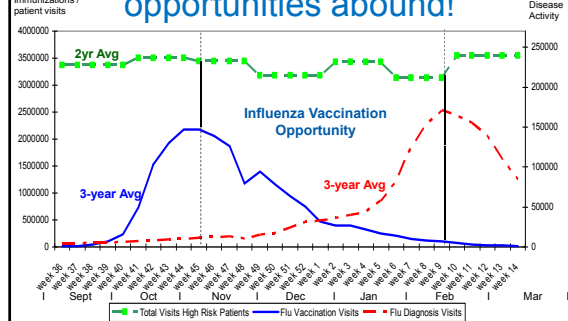
Source: Surveillance Data Inc. Electronic Physician Claims Database

Disease peaks after peak of influenza immunizations



Source: Surveillance Data Inc. Electronic Physician Claims Database

Influenza vaccination opportunities abound!

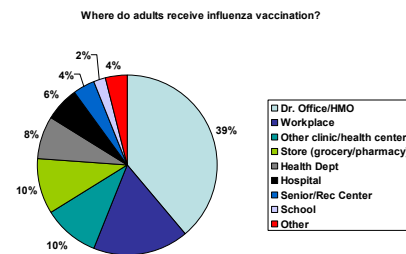


Source: Surveillance Data Inc. Electronic Physician Claims Database

Influenza immunization season must be broadened after Thanksgiving and beyond...

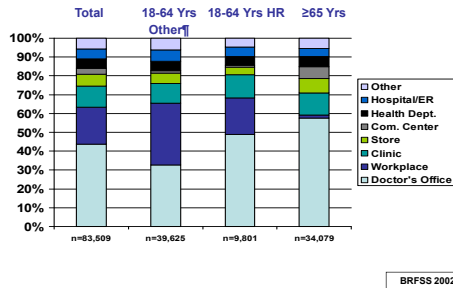
- National Influenza Vaccination Week
 - Annual commitment by HHS, National Influenza Vaccine Summit and partners
 - Usually the first week after Thanksgiving
- Need both public and provider acceptance
- Need good media messaging
 - Emphasize importance of beginning influenza immunization as soon as vaccine available but cannot create frenzy to only be vaccinated early..
 - Need to balance post-Thanksgiving message with temptation to delay vaccination...
 - Need to be aware of regional vaccine supplies and create appropriate messages for providers and public

We Need to Use Complementary Immunization Sites...



Source: Unpublished data from a Gallup telephone survey conducted on behalf of CDC in 2005.

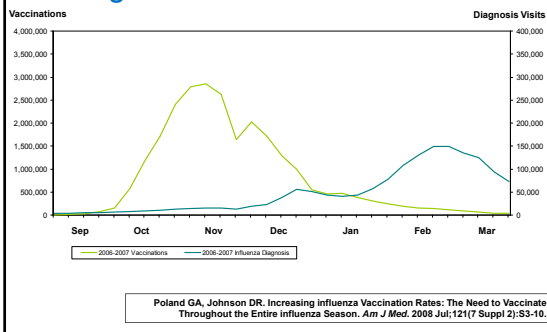
Where Adults Received their Most Recent Influenza Vaccination



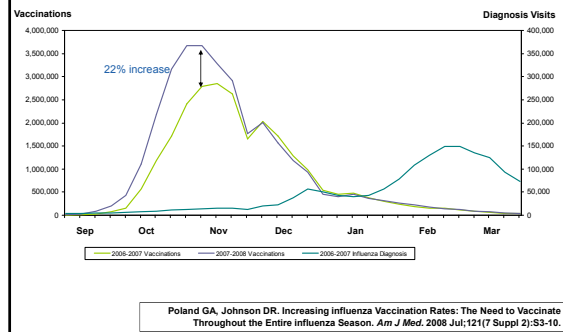
We Need to Use Complementary Immunization Sites...

- All providers/venues serve at least some high risk patients as well as their household contacts
- Immunizing 270M persons requires broad access to vaccine in a variety of settings - private providers cannot shoulder the entire burden
 - Especially significant if we have a universal recommendation
- Pandemic planning dictates that we need to have infrastructure in place to administer vaccine via multiple sites using multiple providers
- Continuity of care should be considered especially with high risk patients

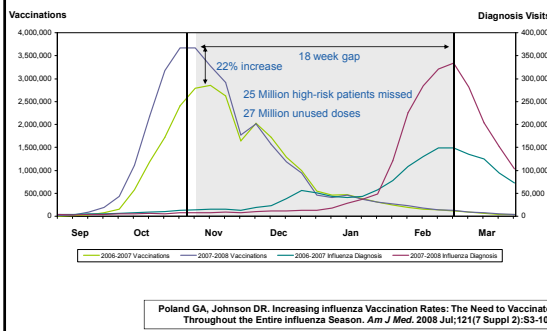
We remain unable to vaccinate throughout the season



We remain unable to vaccinate throughout the season



We remain unable to vaccinate throughout the season



What is the Barrier to Immunizing Throughout the Full Season?

- Belief that immunity cannot be established in time?
 - Season peaks in February – likely well established now...
- More likely, as seen with pediatrics, the common belief that drives behavior is that providers believe they are already immunizing their high-risk patients. So...
 - Providers view expanded window as more time to immunize the same patients
 - Practices purchase the same amount of vaccine each year and stop immunizing when inventory is exhausted

Full season immunization is necessary for the universal recommendation to be successful

- Health care providers have heard the full season message, but do not equate it to immunizing more people
- Providers need to understand:
 - Current immunization rates are far below Healthy People 2020 goals – significant morbidity, mortality, and economic costs
 - Opportunities exist to immunize more patients
 - Vaccination is still effective well beyond December

Thank You for your attention!

Questions?

Fall 2010 Flu Campaign

Towson University

- ## Mass Flu Vaccine Campaign 2010
- Partnerships established for 2009 H1N1 Pandemic continued:
 - Baltimore County Health Dept.
 - Maryland Medical Reserve Corps
 - Towson University
 - Dept. of Nursing
 - Environmental Health and Safety
 - Campus Police
 - Facilities Management
 - Events and Conference Services
 - Office of Human Resources

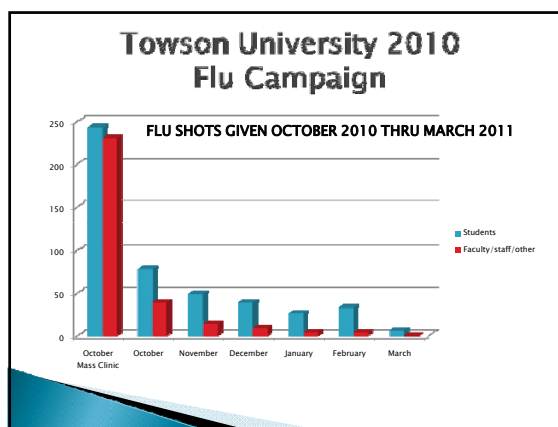
POD STAFFING PLAN

October 13, 2010

| SHIFT | TIME | FORM SCREENERS | CASHER | MEDICAL SCREENERS | SYRINGE DRAWER | ARM WIPER | VACCINA TOR | CHECKO UT/ HANDWR | VISORS | REFILL | RUNNER | VACCINE COOLER MONITOR |
|--------|------------|----------------|--------|-------------------|----------------|-----------|-------------|-------------------|--------|--------|--------|------------------------|
| 1 | 12-11 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 3 | 1 | 2 | 1 |
| 2 | 10:30-2:30 | 3 | 3 | 1 | 1+1 | 2+1 | 2+4 | 2+2 | 8 | 1 | 4 | 1 |
| 3 | 2-6:00 | 2 | 2 | 1 | 1 | 1+1 | 2+2 | 2 | 6 | 1 | 4 | 1 |
| TOTALS | | 7 | 46 | 3 | 2-3 | 4-8 | 8 | 5-9 | 9-18 | | | |

NOTE:
Color coding shows the staff overlap if they work 2 shifts

- ## Social Marketing Campaign
- ### Daily Digest notices: University's all-campus email notification
- Flu is widespread in Maryland now and has definitely arrived on campus. The Dowell Health Center is seeing increased numbers of students with influenza or flu-like illness in just the first week students have been back. Flu season extends into March, so the worst is yet to come.
 - The good news is, there is still time to protect yourself, your friends, classmates and roommates by getting a flu shot. This year's seasonal flu vaccine protects against H1N1 and other circulating flu strains. It is a good match this year and should provide excellent protection.
 - The CDC recommends flu vaccination for all people. Those with chronic illness such as asthma, diabetes, chronic renal failure and other diseases that reduce your resistance to flu are especially encouraged to get a flu shot NOW!
 - COST: \$15
 - FOR APPOINTMENTS: CALL 410-704-2466, PRESS OPTION 2
 - WALK-INS TAKEN: 9-12 NOON AND 2-4:30 PM
 - STUDENTS: may pay with personal check or bursar billing to their student account
 - FACULTY/STAFF: may pay with check only
 - NOTICE TO FACULTY: Students diagnosed with flu who have fever over 100 are recommended to stay at home until the fever is 99 or below for 24 hrs and to contact their professors. The Health Center does not provide medical excuse notes to students for missed classes.



2009 vs 2010 Vaccine totals

- ▶ Fall 2009:
 - 1600 doses of seasonal flu vaccine dispensed in 6 hrs on 1 day at mass vaccine clinic on campus
 - ~2300/4000 doses of H1N1 vaccine dispensed over 4 mass clinics Fall09 and later at the Dowell Health Center
- ▶ 2010-11:
 - 473 doses of seasonal vaccines were dispensed at one mass vaccine clinic in October 2010
 - A total of 774 doses were dispensed Oct. 2010 thru March 2011 despite massive publicity

Challenges and Lessons Learned: Fall 2010 vs Fall 2009


- ▶ Vaccine Availability: Definitely a factor
 - Seasonal flu vaccine was widely available in Fall 2010 vs Fall 2009
- ▶ Lesson: People tend to want what they cannot get.
 - Real shortage of seasonal flu vaccine led to increased demand in Fall 2009 vs 2010
 - Widely available vaccine in Fall 2010 may have led to less perception of urgency
- ▶ Vaccine Cost: May have been a factor
 - Seasonal flu vaccine was offered free to students and \$10 to faculty/staffing 2009 vs \$15 per dose in 2010
- ▶ Lesson: Charging for vaccine may have led to reduced uptake, at least in the case of students

Challenges and Lessons Learned: Fall 2010 vs Fall 2009

- ▶ Perceived Risk (or lack thereof) : definitely a factor
- ▶ Lesson Learned: Students/parents react when the perceived risk and threat of the severity is high.
 - H1N1 perceived to be a much bigger health threat in Fall 2009 vs seasonal flu in 2010
 - Demand for both H1N1 and Seasonal Flu vaccine was much greater in Fall 09 vs Fall 10
 - Students who had H1N1 in 2009 and were not severely ill were less likely to believe they needed flu vaccine in 2010.

St. Mary's County, Maryland School Located Influenza Vaccination Project

by Melanie Cardiner BSN, RN




St. Mary's County
Health Department
William B. Icenhower, MD, MPH, Health Officer

What is it?

- ▶ Collaborative effort to vaccinate school aged children and school staff against the flu
- ▶ Building upon previous years projects originating in 2006
- ▶ To show the importance of vaccinating school-aged children yearly against flu
- ▶ To continue to demonstrate the benefit of annual flu vaccinations for the entire family to the community

How it started


- ▶ Grant from Maryland DHMH Center for Immunizations
- ▶ St. Mary's County Public School Superintendent and Director of Nursing support
- ▶ Vaccinate all students and staff in every elementary school



How it works

Planning

- Consent
- Informational Letters
- VIS
- Vaccine – LAIV and Injectable
- Vaccine administered receipt
- Booster doses
- Clinic dates
- Location in school




Clinic Logistics

- ▶ **School nurses**
 - Send consents to parents
 - Review consents
- ▶ **Health Department**
 - Provide flu clinic
 - Vaccine receipt and stickers



CONCLUSION

The goal of St. Mary's County, Maryland School Located Influenza Project is to keep children healthy, in school, and ready to learn through the collaborative efforts of the school system, the local health department and the Maryland Center for Immunizations.





FluMist® Vaccine Campaign In Elementary Schools

Anne Arundel County
Department of Health

Anne Arundel County Maryland



- ◆ 510,878 census population
- ◆ 120 schools
- ◆ 75,500 students
- ◆ DOH gave about 16,000 doses of flu vaccine in community clinics during 2010-2011 flu season.

Background...



- ◆ Statewide campaign started during 2006-2007 school year.
- ◆ Offered to all healthy students in K-5th.
- ◆ One time campaign funded by Maryland DHMH, CDC and MedImmune.
- ◆ Collaboration between AA County Dept. of Health & AA County Public Schools.

Planning



- ◆ Meeting in summer with school system administrators, DOH supervisors & PIOs from both agencies.
- ◆ Division of responsibilities between agencies outlined & agreed upon.
- ◆ DOH collaboration included School Health, Immunizations & Environmental Health programs.

Talking Points for ES Principals

- ◆ Cooperative effort between AA County Government, AACPS & DOH.
- ◆ Supports Annual Yearly Progress (AYP) goals to reduce absenteeism.
- ◆ Essential Partnerships – AACPS provides administrative support & tasks; AACDOH provides clinical support & tasks.
- ◆ Decreases flu burden among teachers/faculty & older siblings.



Communication to Parents

- ◆ School newsletter articles
- ◆ Brochures in the health room
- ◆ Press releases
- ◆ Connect-Ed (blast telephone message to all students' homes)
- ◆ Websites – Health Department & Anne Arundel County School System
- ◆ County Cable TV – FluMist script
- ◆ 'Back to School Night' information



Consent Forms



- ◆ Developed by DOH Immunization Program
- ◆ Approved by Legal Dept. & AACPS
- ◆ Printed & distributed by school system
- ◆ Available at Back to School Night
- ◆ School Nurse available to answer questions
- ◆ Available on DOH website
- ◆ Translated into Spanish
- ◆ Parents & students need reminders to return

Scheduling Issues



- ◆ V&H screening
- ◆ Field trips
- ◆ School testing
- ◆ School picture days
- ◆ Holidays
- ◆ Weather-related closings
- ◆ Second clinics – 6 weeks later

Unexpected Problems in the Early Years



- ◆ Parents concerned that it was a live virus & the students who were not getting the vaccine would become infected. They thought it was dangerous.
- ◆ Teachers who were pregnant or had chronic health conditions were nervous about being exposed to the FluMist from their students.
- ◆ Doctors' offices & School Health were deluged with community concerns about giving the vaccine in schools.

School FluMist Protocol



- ◆ Vaccinate healthy school children (ages 5-11)
- ◆ Consent obtained in advance from parents
- ◆ Consents screened by school nurses
- ◆ Vaccine delivered to schools by sanitarians
- ◆ Teams of school nurses administered vaccine at school on pre-scheduled clinic days
- ◆ Second dose clinics in 6-8 weeks for children < age 9 who have not received 2 doses of flu vaccine before

Logistics



- ◆ Principal received information memo 2 months in advance, requesting assistance with location, volunteers & naming a liaison staff member in school.
- ◆ Consents collected by teachers and given to school nurse to review & hold until day of clinic.
- ◆ A continual flow of students is necessary to complete clinic in a timely manner.

Site Logistics



- ◆ Large room such as cafeteria, gym or media center was needed to allow for multiple vaccinators & student flow into & out of room.
- ◆ Three vaccinators in addition to School Nurse used.
- ◆ Parent volunteers to escort students back & forth to class & supervise them in clinic area - **crucial**.
- ◆ Volunteers utilized to put stickers on students & use hand sanitizer before returning to class.
- ◆ 'Clinic in a Bag' (with clinic supplies) distributed in advance to all schools.

Vaccine Logistics



- ◆ Immunization Services
 - Management of 20,000 doses of temperature-sensitive vaccine
 - Packaging vaccine in coolers for as many as 12 clinics per day over 2 weeks
 - Managing end-of-day returns
- ◆ Environmental Health Sanitarians – vaccine delivery to schools each morning
- ◆ School Health Nurses – administering vaccine, moving vaccine between schools and then returning unused doses at end-of-day

Clinic in a Bag



- ◆ Brown bags, which are used to package supplies for each clinic several weeks in advance, are then delivered to school nurses.
- ◆ Supplies include drapes, gloves, tissues, stickers, a red bag and bottle of hand sanitizer.
- ◆ Environmental Health Sanitarians deliver vaccine to schools in coolers the morning of the clinic.

Clinics



- ◆ Training in administration of FluMist is provided to School Nurses prior to the clinics.
- ◆ No student is forcibly given FluMist. If after a few minutes a child can't cooperate, an "Unable to Vaccinate" form is sent home to parents. (**rare**)
- ◆ School Nurses are responsible for finishing the required documentation & statistics & returning unused vaccine to the Health Department.
- ◆ Consents for students requiring second doses are retained at the school for second dose clinic.

Clinics continued



- ◆ Maximum of twelve schools per day.
- ◆ All ES (80) clinics completed in 7 days.
- ◆ Most school nurses are sent to 2-3 other school clinics besides their own.
- ◆ School Health Supervisors, Middle & High School Nurses provide backup staff.
- ◆ Three vaccinators per school, plus the School Nurse.

Reports and Statistics



- ◆ **School Health Nurses**
 - Complete a clinic report for each school
- ◆ **Immunization Services**
 - Compiles all statistical data from all school reports
 - Enters information in database

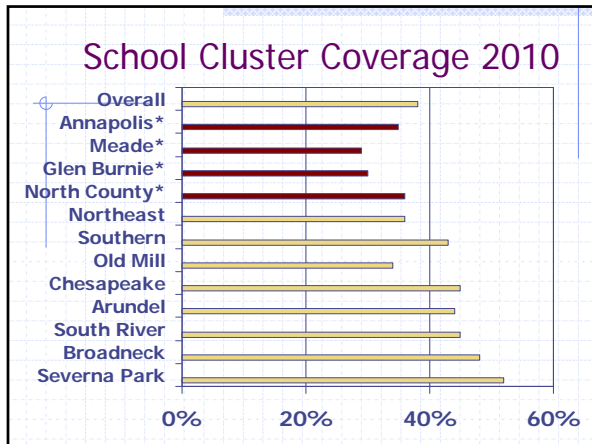


School Clusters



- | | |
|----------------|---------------|
| ◆ Annapolis* | Arundel |
| ◆ Broadneck | Chesapeake |
| ◆ Glen Burnie* | Meade* |
| ◆ Northeast | North County* |
| ◆ Old Mill | Severna Park |
| ◆ South River | Southern |

* Denotes clusters with Title I schools



FluMist Statistics


| | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------------|--------|--------|--------|--------------------|---|
| Elementary Schools | 76 | 77 | 78 | 78 | 78 |
| Coverage | 30% | 34% | 39% | 42% (H1N1 year) | 38% |
| #students | 9,736 | 11,202 | 13,543 | 14,632 | 13,921 |
| #FluMist doses | 13,535 | 14,956 | 16,979 | 17,589 | 19,528 (↑ in # of 2 nd doses) |

- ### Expenses 2010
-
- ◆ Nursing services – in kind
 - ◆ FluMist – funded through ARRA
 - ◆ Clinic items (red bags, drapes, tissues, hand gel, paper bags, gloves)
 - ◆ Travel expenses (mileage)
 - ◆ Printing – donated by school system

- ### FUNDING –
-
- ◆ In 2010, funding for 20,000 doses for the school-based initiative came from the ARRA (stimulus) grant.
 - ◆ Each year the County Executive has committed \$150,000 to support this initiative.
 - ◆ FluMist doses purchased for DOH community clinics can be shifted over to the school-based initiative as needed.
- No reimbursement from parents is requested.

- ### Resources – used to promote initiative to parents & teachers
-
- ◆ “Kids Get Flu, Too! Protect Yours!” - (DHMH)
 - ◆ Let’s Fight Flu Together – (PTA)
 - ◆ “Don’t Get Sideline By the Flu” – (NASN)
 - ◆ “Say Boo To The Flu” – (VNAA)
 - ◆ What is FluMist? – (flumist.com)
 - ◆ “For Kids, the Flu is More Than a Runny Nose” – (cdc.gov/flu)

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 April 2011




Healthy people living, working, and playing in Baltimore County


Baltimore County Department of Health

Home Health /Community Nursing Services

2010-2011 Flu Vaccination Activities

Eileen A. Pelovitz, RN, BSN
Chief, Bureau of Community Health Services

Baltimore County Department of Health 





Healthy people living, working, and playing in Baltimore County

Bureau of Community Health Services

Three divisions that serve vulnerable adults:

- a. Home Health/Community Nursing
- b. Medical Assistance Personal Care Services Program (MAPCSP)
- c. Adult Evaluation and Review Services (AERS)


Baltimore County Department of Health 




Healthy people living, working, and playing in Baltimore County

Baltimore County Home Health Services

- Medicare certified
- Licensed and accredited
- Serve acute and chronically ill homebound residents of Baltimore County
- Provide a variety of skilled services i.e. Nursing; Speech, Occupational and Physical therapies, aide, and medical social work


Baltimore County Department of Health 




Healthy people living, working, and playing in Baltimore County

Baltimore County Community Nursing

- Provide nursing assessment, evaluation of care needs, consultation and referral to medically necessary services
- Serve clients that do not have acute/skilled care needs but have other significant medical issues
- Outreach activities at Senior residential facilities, health fairs etc.


Baltimore County Department of Health 




Healthy people living, working, and playing in Baltimore County

Homebound Client Flu Shots

- Provide seasonal flu shots to clients in the home
- Serve the at-risk population of frail seniors and disabled adults who are homebound or unable to get out of their home without great difficulty/much required assistance
- Cover all geographic locations in Baltimore County


Baltimore County Department of Health 

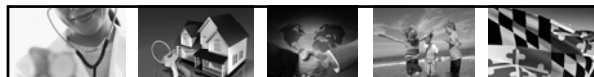


Healthy people living, working, and playing in Baltimore County

Homebound Client Flu Shots

- Unique service offered by Baltimore County Department of Health
- Provide service to eligible county residents even if not under Home Health
- No charge to client or bill insurance

Baltimore County Department of Health 

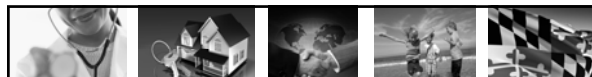


Healthy people living, working, and playing in Baltimore County

How Do We Get Our Referrals?

- Existing Home Health clients (approx 10%)
- AERS and/or MAPCP Public Health Nurses and Social Workers
- Other County governmental agencies i.e. DSS and Aging
- Private Physicians (approx. 85%)
- Self referrals/call front desk (5% or less)

Baltimore County Department of Health

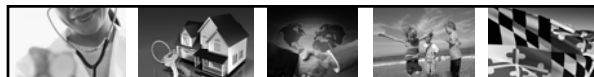


Healthy people living, working, and playing in Baltimore County

Number of Clients Served

- 2009-10 = 103 (including H1N1)
- 2010-11 = 53 (approx 10 % of our 517 HH clients)
- Small percentage of total vaccinations (5,290) administered but essential protection afforded to a high risk/vulnerable group – have caregivers, family, children in the home

Baltimore County Department of Health

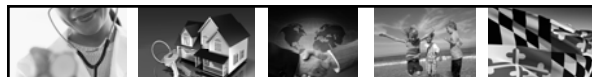


Healthy people living, working, and playing in Baltimore County

Intake Process

- Receive referral from one of multiple sources
- Contact client's Physician
- Fax to Physician the current year flu vaccine order form
- Obtain signed Physician order for flu shot via return fax/mail
- Contact client and arrange home visit

Baltimore County Department of Health

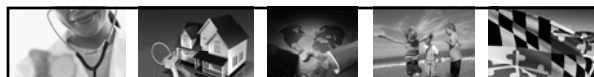


Healthy people living, working, and playing in Baltimore County

2010 Order Form

Form with fields for Name, Address, Phone, and other patient information.

Baltimore County Department of Health



Healthy people living, working, and playing in Baltimore County

Home Visit

- Client completes Vaccine Administration Record
- Client screened by Nurse using established questionnaire
- Vaccination Information Sheet (VIS)
- Flu vaccine administered- pre-filled syringe

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Injectable Screening Form

Form with a checklist of screening questions and a table for recording responses (Yes/No).

Baltimore County Department of Health







Healthy people living, working, and playing in Baltimore County

Home Visit

- Emergency kit (with instructions) on hand- adrenaline and benadryl
- County physician “on call” for any questions or concerns




Baltimore County Department of Health




Healthy people living, working, and playing in Baltimore County

Case Scenario #1

- Elderly client living in Senior residence, wheelchair-bound and no longer able to use public transportation/Mobility, was able to obtain her first flu shot at home.
- Administered by Baltimore County Public Health Nurse who regularly visits that facility




Baltimore County Department of Health




Healthy people living, working, and playing in Baltimore County

Case Scenario #2

- Middle aged male, agoraphobic and OCD who never leaves his home, contacted our office
- Public Health Nurse contacted his physician and obtained orders
- Went to home and was admitted to administer flu shot




Baltimore County Department of Health




Healthy people living, working, and playing in Baltimore County

Future Plans

- Expand this vital service for an at-risk population- individuals with limited access to medical care/preventive services.
- Publish information in local papers, Senior Digest
- Post information at health fairs, senior buildings, etc.
- Notify Private Physicians




Baltimore County Department of Health




Healthy people living, working, and playing in Baltimore County

Future Plans

- Post on Baltimore County Website – County Connection Newsletter
- Email information to those residents in our data base who received flu vaccination in 2010-2011
- Notify case managers of other County Agencies i.e. DSS and Aging




Baltimore County Department of Health



Healthy people living, working, and playing in Baltimore County

Our numbers may be small
 but
 one preventable case of the flu
 may
 equal one preventable death



Baltimore County Department of Health



Healthy people living, working, and playing in Baltimore County

Thank you!

Baltimore County Department of Health



Stella Maris 2010–2011 Flu Campaign

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Where we were..

- ▶ February 4, 2005 – influenza outbreak. 5/10 units effected. 61 residents (15 pneumonia, 3 hospitalizations)72 staff.
- ▶ Vaccination rate for residents 77%
- ▶ Vaccination rate for staff 34%
- ▶ NEVER AGAIN!

And the beat goes on.. 2006 /2007 Resident Vaccination

- ▶ Consent forms for flu vaccine are audited on every resident. If a resident or family has refused in the past another refusal must be signed. We also instituted a consent form that allowed a family member or resident to check off “administration of annual flu shot”. To this day the resident consent forms and immunization sheets are audited on a monthly basis looking for completed consent form and flu and pneumococcal vaccination dates.
- ▶ Letters are sent out to all families encouraging flu shots and reminding them of consent forms
- ▶ Vaccination rate of residents: 85%

2006 /2007 Employee Vaccination

- ▶ Influenza vaccination is addressed in new employee orientation – year round.
- ▶ Myths addressed through posters and staff meetings
- ▶ Influenza vaccination addressed at management meeting with “remember last year”. Encouragement for management to talk to their staff about receiving a flu shot.

2006/2007 Employee Vaccination

- ▶ Dates and times are scheduled for staff to “drop in” Medical Services to get flu shots. Declinations are not addressed.
- ▶ Employee rates: 54%
- ▶ Bernie gets invited to observe a drill at Mercy Medical.
- ▶ Certain days and times are set aside to vaccinate volunteers. Rates not calculated. 130 volunteers vaccinated.

2007 /2008 Employee Vaccination

- ▶ 2007 – Stella Maris has it’s first mass vaccination emergency preparedness drill. *THE TURNING POINT*. Drill starts at 5 AM and runs until 1 AM the following day.
- ▶ Management team is recruited to man the stations. MAJOR ENDEVOUR!
- ▶ All employees in the building (including those picking up their checks) are required to come through the drill. Flu shot or not.

2007/2008 Employee Vaccination

- ▶ Declinations are addressed.
- ▶ Goodie packets are given out – flu shot or not.
- ▶ Clinic times are made available after the drill and include weekend hours.
- ▶ Staff rate 63%.
- ▶ Medical Services Department is asked to run a vaccine clinic for St. Elizabeth Hall – 200 independent apartments.

2007/2008 Resident Vaccination

- ▶ Families are informed about the staff drill in what is now our annual “Letter to Families”. Message is sent that we are committed to safety through vaccination.
- ▶ Audits continue. The staff now know we mean business.
- ▶ residents 92%.
- ▶ Volunteers are still addressed through set clinic times.

2008/2009

- ▶ Through 2007/2008 declinations we know the “issues” and they are addressed throughout the year. Myths, fear of needles, and just plain nervous about the shot are our top three.
- ▶ We have the annual drill and the volunteers are now included in the drill. A separate area is set up for them.
- ▶ Flu mist is introduced for those who are afraid of needles. Discovered that needles sometimes are not the real issue for refusal.

2008/2009

- ▶ Flu shots begin to get discussed in management meetings in June
- ▶ Employees are told the drill will be an annual event and they will have to plead their cases for declinations.
- ▶ A cart is taken around to all the nursing units during the drill.
- ▶ 2008/09 influenza season: Staff 81%, residents 91%.
- ▶ Pay for Performance comes into the picture. Money talks.

2010/2011

- ▶ We are a smooth oiled machine with our drill at this time.
- ▶ Schedule for manning the stations is completed in one week.
- ▶ Vendors were invited to the drill to get vaccinated.
- ▶ We added a pizza party for any department that had vaccine rates 90% or greater. Only one nursing unit makes it.
- ▶ Staff rates 86%, residents 91%.

Where are we going....

- ▶ Mandatory vaccine policy has been approved by executive committee and legal counsel.
- ▶ Policy addresses all staff, volunteers, and vendors.
- ▶ Challenge – implementing the policy!

Mercy Medical Center Flu Campaign 2007-2011

Eva M. Belew PA-C, MMS
Lead Mid-Level Practitioner
Employee Health

Background

- CDC national survey data demonstrate influenza vaccination coverage levels of <50% among HCP over several vaccination seasons
- HCP accept influenza vaccine at about the same rate as general population
- Mercy's experience-vaccination rates from 30-40%

Pressure to improve mounts

- 2007-2008- Pressure mounts to increase HCP influenza vaccination rates:
- Maryland Health Care Commission (MHCC) requires reporting of data on HCP immunization rates
 - New standard from Joint Commission requires accredited organizations to offer influenza vaccination to staff
 - Public Health officials seek to reach the Healthy People 2010 goal of immunizing 60% of all HCP

Multi-level, Multi-disciplinary Approach

- Top Management involvement
- Multiple departments involved
- 100+ committee members and volunteers
- Collaboration with local Health Dept.
- Strong marketing campaign

Core Event: Distribution and Vaccination Clinic (DVC)

- Emergency Preparedness Model designed to provide countermeasures, mass immunization, and distribution of medications in response to a biological (or other) emergent event
- Model outlines set-up, staffing and process

Core Event: Distribution and Vaccination Clinic

- Meets Joint Commission standard to evaluate effectiveness of Emergency Operation plan
- Great practice for real event preparedness

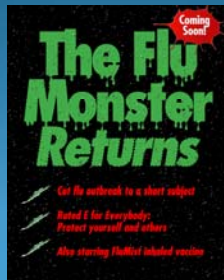
Timeline

- Promotional messaging begins after Labor Day
- Vaccination begins with “Kick-Off” Event-DVC in October
- Additional promotion and vaccination efforts continue through Spring

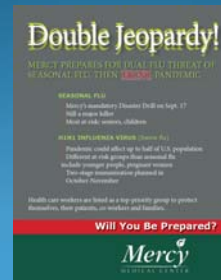
Promotional Period



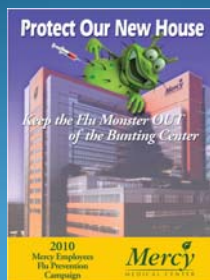
Promotional Period



Promotional Period



Promotional Period



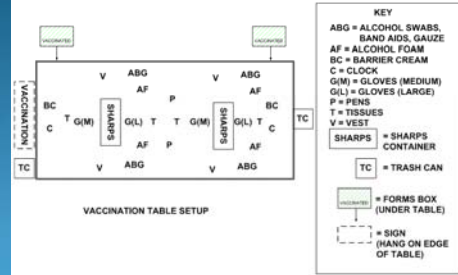
“Kick-Off” Vaccination with DVC

- Implemented annually each fall coinciding with onset of flu season
- Attendance is MANDATORY
- Mercy employee family members invited to attend

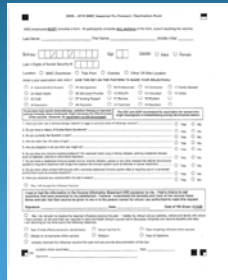
DVC Layout



Vaccine Table Set up



Consent/Declination Form



Preliminary 2011 DVC Results

- 2200 individuals participated in DVC drill
- 1626 staff vaccinated
- 311 family members vaccinated
- Average through put time (enter to exit) 6 minutes

Additional Campaign Elements

- Family Members and Mercy visitors
- Offsite Mercy locations
- Ongoing availability in Employee Health and Nursing Departments
- After hours and weekends in ED
- Availability of Flu-Mist

Additional Campaign Elements

- Employees that decline influenza vaccine must complete mandatory Health Stream influenza education module
- Failure to do so results in merit increase being withheld

Conclusions

- Since implementing DVC model vaccine rates have risen
- Top management support and multidisciplinary approach key to success
- Emphasis on HCP responsibility
- DVC model aids in emergency preparedness and is adaptable to variety of scenarios

Mercy Medical Center Flu Campaign 2007-2011

Eva M. Belew PA-C, MMS
Lead Mid-Level Practitioner
Employee Health