

**Texas Immunization Stakeholder Working Group (TISWG)
Meeting Minutes – August 20, 2009**

Joe C. Thompson Conference Center
Room 3.102
8:30 a.m. – 3:00 p.m.

Participants

Andrea Stricklin, Paul Sanders, and Rekha Lakshmanan, Merck Vaccines; Angela Craig, GlaxoSmithKline Vaccines; Bianca Parr and Keith Cunniff, Wyeth Vaccines; Clark Petty and Sandra Hermosa, San Antonio Metropolitan Health District; Dan Walters and Jim Bates, Dan Walters and Associates; Daniel Acosta and Dusty Walden, Immunize El Paso; State Rep. Henry Mendoza' office; Decrecia Robinson, Houston Department of Health and Human Services; Della Sprager, Retired Senior Volunteer Programs -Travis County; Diane Flow, Milam County Health Department; Dr. Barry Lachman, Texas Association of Health Plans, Dr. Eugene Toy, Texas Association Obstetrician and Gynecologists; Dr. Jason V. Terk and Carrie Kroll, Texas Pediatric Society; Dr. Neil S. Levy, Texas Osteopathic Medical Association; Dr. Tamara Deuser and Kate McCann, Texas Academy of Family Physicians; Dr. Wendy Chung, Dallas County Health and Human Services; Ed Kothera, Novartis Vaccines; Elsie B. Wiley and Kathy Dreyer, University of North Texas/ Senior Volunteer Childhood Immunizations; Emily Babcock, Margaret Mendez, and Tammy Wishard, Texas Medical Association; and Esmeralda Guajardo, Cameron County Health Department; Fran M. Kirkley, Tarrant County Public Health; Frankie Milley and Lois Reiszner, Meningitis Angels; Jason Lowe, Texas Pharmacy Association; Jennifer Jackson and Brad Bracken, Sanofi Pasteur Vaccines; Kathy Moore, Texas Association Local Health Officials; Laura Lerma, Texas Nurses Association; Leslie Myers, Randall's Tom Thumb Pharmacies; Lori Bush, Lori Koehler and Thomas Colbert, Medimmune Vaccines; Maureen Moore, Immunize Houston; Scheleen Walker, State Rep. Donna Howard' office; Victoria Ford, KL Gates LLP.

New Members and Guests

Alan Barnard, GlaxoSmithKline Vaccines; Kathy Barber, Texas Federation of Drug Stores; Debi Hyatt, Texas Education Agency; Rita Veazey and Steve Richards, Medimmune Vaccines.

DSHS Staff

Angel Angco, Health Service Region 6/5 South; Cheryl Millican and Sonna Sanders, Health Service Region 2/3; Debra Edwards, Community Preparedness; Diane Romnes, Health Service Region 7; Dr. Susan Penfield, Rita Espinoza, and Ruthie Benson, Infectious Disease Control Unit; Larry Cuellar, HIV/STD Comprehensive Services Branch; Amy Schlabach, Christine Contreras, Debra Saxton, Ishah Coleman, Jack Sims, Kenzi Guerrero, Kevin Allen, Lupe M. Garcia, Monica Gamez, Sharon Slater, Sheila Tucker; and Vivian Harris, Immunization Branch.

New Member orientation was held from 8:30 am through 9:00 am General session was called to order at 9:18 am.

Welcome and Introduction: Mr. Jack Sims DSHS Immunization Branch Manager, welcomed all TISWG members, meeting participants, and introduced the facilitator, Dan Walters. All attendees were briefly introduced by the organizations and groups they represented.

The majority of this meeting centered upon the Texas preparation for the H1N1 response.

The Compelling Case for H1N1: Dr. Jason V. Terk, Texas Pediatric Society, discussed the compelling case for H1N1 in Texas and revealed a possible scenario of the Texas response in the next few months. He stressed that transmission of H1N1 virus is high and everyone is susceptible. Being unknown at this time, it is also very possible that young children will need four vaccinations if they have never received a seasonal flu vaccination. He stated that the population does understand this urgency and we must prepare for the worst and hope for the best. Dr. Terk stated that in any emergent

observation we must also be prepared to deal with the distrust. The population may exhibit distrust of the benefits of this vaccine due to complications noted with the previous vaccine compound for “Swine Flu”. As providers, we must be prepared to discuss and recognize the risk versus benefits for our clients. In addition we must realize and understand why people are concerned but also evaluate and determine what is best for the patient.

H1N1 Vaccine: Mr. Jack Sims discussed the planning scenario for the H1N1 vaccine. It will be a two dose vaccine separated by 21-28 days. The amount of vaccine Texas receives will be allocated across the state according to population. The primary target populations to be vaccinated will include:

- All Pregnant Women,
- Children 6 months to 18 years
- Young adult to 24 years
- Those with High Risk Conditions
- People In Contact With Those With High Risk Conditions
- People In Contact With Infants Less Than 6 Months Old
- Health-Care Workers

Providers are encouraged not to delay ordering seasonal flu vaccine while waiting for the H1N1 vaccine. In October manufactures will stop processing seasonal flu vaccine and begin processing the H1N1 vaccine. You will no longer be able to order seasonal flu in October, so be prepared to order as soon as you can.

Table Conversation and Input: The participants were divided into separate discussion groups to discuss who will vaccinate the various target populations. Reports to the larger group followed a discussion period as directed by the facilitator.

The Process for Providers: Ms. Sharon Slater Centers for Disease Control and Prevention, Texas Advisor, explained the new process for providers to register and order the H1N1 vaccine. The aim is to keep the process as simple as possible. All Texas providers are asked to register online at www.texasflu.org. A unique number will be given to the provider at registration. The provider must use that number for all future transactions. Providers will be asked to sign a CDC provider agreement form and administer the vaccine according to ACIP Recommendations; first those at high risk and then those not listed as high risk. Providers are also asked to report into ImmTrac. A call center has been established to assist providers with registration. Details are still being worked out on reimbursement of the administrative fee. Additional information and updates will be relayed once received. A suggestion was made to unify the process for the private provider for billing of the administrative fee and to broadly broadcast the CPT¹ code for H1N1. Ms. Slater stated she will confirm the CPT code and send via email.

¹ CPT (Current Procedural Terminology) codes are numbers assigned to every task and service a medical practitioner may provide to a patient including medical, surgical and diagnostic services. They are then used by insurers to determine the amount of reimbursement that a practitioner will receive by an insurer. Since everyone uses the same codes to mean the same thing, they ensure uniformity

Adverse Event Reporting: Mr. Tony Aragon, DSHS Epidemiologist, Immunization Branch, provided a presentation “*Vaccine Adverse Event Reporting System (VAERS)*”. In this discussion he identified the components of the system, to include what is considered a vaccine adverse event, and the importance of reporting. The National Childhood Vaccine Injury Act of 1986 requires health professionals and vaccine manufactures to report to the U.S. Department of Health and Human Services specific adverse events that occur after the administration of routinely recommended vaccines. One may report directly to VAERS by fax, phone, mail, or via online entry at <https://secure.vaers.org>. DSHS will also accept forms via fax, phone or mail and enter them into VAERS. The form can be found on DSHS website at http://www.dshs.state.tx.us/immunize/forms/vaers_form.pdf.

How to Improve Vaccination Rates for Healthcare Providers: Table discussion on how can we ensure that all health care workers receive the H1N1 vaccination within 2-3 weeks of availability. Each table was asked to brainstorm ideas and focus first on vaccinating healthcare workers that will actually give vaccines, and then ideas to ensure all other workers within a healthcare system are vaccinated. Some of the top three ideas reported from three of the tables were:

- Table 1
 - Change policy – make it a requirement for employment,
 - Make it mandatory across the board – law change for health care workers,
 - Education and address vaccine fears.
- Table 2
 - Job Security for Hospital/Health Care Facility setting – You have to get your shot in order to keep your job,
 - City mandates for EMS and first responders – work with Major’s offices,
 - Campaign for patients to ask their providers “Are you Vaccinated?”
 - Texas Hospital Association mandate; anyone working in a hospital setting must get vaccinated.
- Table 3
 - Start educating and setting the tone before vaccine arrive,
 - Incentive – Bonus for employees and providers,
 - Requirement – for those electively declining, must sign a form to be filed in their personnel folder.

Media Tours:

Mr. Luis Morales, DSHS Communication Director, shared information about the department’s current communication activities. Communication and public education is very important in the H1N1 response in Texas. DSHS has begun communication activities along with efforts this past summer to keep communications ongoing. For example, by analyzing what went well during the initial H1N1 response, DSHS was able to determine what can be improved. H1N1 workgroups were formed which launched a number of information summits across Texas. The presentation from these summits can be viewed at <http://www.dshs.state.tx.us/txflu/flu-summit.shtm>. This fall, the Communications Office will work closely with the Immunization Branch on a public

education campaign to promote awareness and information regarding flu² and H1N1. The campaign will most likely consist of television, radio, print media, online advertising, education literature, news media op-eds, editorials and association newsletters. Social media outlets such as Twitter, Face Book, and YouTube will also be utilized. The campaign will run through mid March and will reinforce key messages that support sound public health practices. All communication will be forwarded to the DSHS central site: www.texasflu.org.

Key Areas to the H1N1 Response:

- **Laboratory/EPI** – Ms. Rita Espinoza, DSHS Epidemiologists; provided two presentations from the regional conference summits. First “*Texas Pandemic Influenza Regional Conference - Laboratory*” which depicted what happened in the DSHS lab this past spring during the H1N1 response. In addition, she addressed what will be done differently this coming fall, i.e. collecting data from laboratory testing and providing criteria for specimen submission. During a typical influenza season (between October and May of each year) the DSHS laboratory usually receives 1,500 specimens for testing. During the response to the H1N1 outbreak in Spring/Summer 2009, the DSHS laboratory received specimens in an increase of 1,000 to 1,500 specimens per day. DSHS Lab and the Laboratory Response Network (LRN) are moving from diagnostic testing to surveillance testing. Specimens not meeting the criteria will not be tested by DSHS/LRN laboratories and should be sent to commercial or reference laboratories. A listing of Reference Laboratories is available at www.texasflu.org. The second presentation “*Texas Pandemic Influenza Regional Conference – Surveillance: Detection and Monitoring for Influenza (Flu)*” explains why flu is not a reportable condition and the four methods used to detect and monitor flu in Texas. Annually 5-20% of the population in Texas will become infected with influenza; approximately 1.2 to 4.8 million individuals. If it were a reportable condition, there would not be any time to focus on other conditions. For this reason, our epidemiologists rely on sentinel surveillance systems to provide information on flu activity in Texas. The four methods used are: Influenza-Like Illness Surveillance Network; Influenza Laboratory Surveillance Program; Influenza Deaths in Children and Adolescents (<18 years of age) and Weekly Flu Reports from Local Entities.
- **Non-Pharmaceutical Intervention (NPI)** - Ms Araceli Rey, DSHS Program Specialists, provided a general overview of Non-Pharmaceutical Interventions (NPI’s), what they are and the role of DSHS at the state and local levels. NPI’s are strategies that reduce the risk of transmission of a disease by decreasing the probability of contact between infected and uninfected individuals. NPI does not include medical intervention to prevent or cure the disease, and does not include vaccine or anti-viral administration. The two main focus areas of NPI are infection control and social distancing. A major role of DSHS in this instance is to provide the current recommendations. Decisions to close schools or cancel events are local decisions. Guidelines for NPI’ are found at DSHS website and www.texasflu.org.

² All mention of flu refers to seasonal flu.

- **Anti-Viral Intervention** - Ms. Justine Kaplan, DSHS Program Specialists, briefly discussed the anti-viral medication distribution in regards to the novel H1N1 influenza. The use of anti-viral medications requires a prescription from a medical provider. It can help treat or prevent influenza; however it is only appropriate in specific circumstances. For maximum effectiveness, anti-virals must be given within 48 hours of the onset of symptoms. Anti-viral medications do not build immunity in your body as oppose to vaccine.

The Strategic National Stockpile (SNS) is a federal government stockpile of medication and other medical supplies available to states for public health emergency response. Approximately 3.2 million doses of anti-virals are allocated to the state. The state antiviral stockpile (SNS plus state purchased) is approximately 4.75 million doses. The state' stockpile would primarily be used for three purposes: for individuals who can not access these medications through routine channels, public health response and outbreak control, and lastly if routine channels break down.

These key areas and presentations can be found in presentations presented across Texas at the Pandemic Flu Summit <http://www.dshs.state.tx.us/txflu/flu-summit.shtm>.

Role of TISWG Participants – What is the role of your organization and what will you carry home to promote: To manage our time, Mr. Dan Walters assigned this as a take home assignment to give some thought on what is the role of your organization in supporting the H1N1 response.

Closing Remarks from Jack Sims: Mr. Sims invited participants to voice any questions you have and may not have been able to ask today to him. Questions may be emailed to Mr. Sims at Jack.Sims@dshs.state.tx.us. He stated he would like to be able to address your questions as we move forward. Ms. Sims would also like to hear suggestions on how to keep TISWG engaged and updated on the H1N1 response. It was suggested to have a conference call once a month.

Next Meeting:

- Next meeting will be scheduled in early November 2009.

Meeting Evaluation/Closing Remarks:

- Negatives
 - Microphone – would like to have more microphones available
 - Handouts – would like to receive handouts
- Positives
 - Attendance
 - Good Content of Shared Information
 - Receiving Agenda before hand
 - Location
 - Interactive Sessions

Adjourn:

- The meeting adjourned at 2:49 p.m.