

Texas Immunization Stakeholder Working Group Meeting Minutes

June 18, 2009

Joe C. Thompson Conference Center

Room 3-102

2405 Robert Dedman Dr

University of Texas Campus

Austin Texas

8:30 am – 3:00 pm

Participants

Scheleen Walker, Representative Donna Howard's Office; Velma Gonzales, Texas Department Aged and Rehabilitative Services, Early Childhood Intervention; Terri Andrews, Immunization Coalition Tarrant County; Gail Anderson, Texas Care Van; Amanda Shaw, Texas Health Resources; Anita Colbert, Fran M. Kirkley, Tarrant County Public Health; Eugene Toy, MD, Texas Association Obstetricians and Gynecologists; Jason Terk, MD, Texas Pediatric Society; Emily Babcock, Margaret Mendez, Tammy Wishard, Texas Medical Association; Kathy Moore, Texas Association Local Health Officials; Clark Petty, Sandra Hermosa, San Antonio Metropolitan Health District; Laura Lerma, Texas Nurses Association; Kim Roberson, Texas Pharmacy Association; Donna Carlin, Texas Higher Education Coordinating Board; Whitney Monge, Texas Association of Community Health Centers; Denise Rose, Texas Hospital Association; Elsie B. Wiley, Kathy Dreyer, University North Texas, Senior Volunteer Childhood Immunizations; Della Sprager, Retired Senior Volunteer Program, Travis County; Anna Dragsbach, Maureen Moore, Houston Area Immunization Partnership; Decrecia Robinson, Houston Department Health and Human Services; Ed Kothera, Stephanie Campbell, Novartis Vaccines; Andrea Stricklin, Holly Jacques Turner, Merck Vaccines; Angela Craig, Beth Null, Brian Buckles, GlaxoSmithKline Vaccines; Lori Bush, Lori Koehler, Medimmune Vaccines; Brad Bracken, Reese Patterson, Sanofi Pasteur Vaccines; Jim Bates, Dan Walters, Facilitator, Dan Walters and Associates.

New Members and Guests

Blanca Gonzales, City of Laredo Health Department; Rhonda Levingston, Dallas County Health and Human Services; Cheryl McDonald, Mary Boyd, City of Dallas Environmental Health Services; Jade Weaver, Texas Pharmacy Association; Vikki Yeatts, Lara Climer, Garland Public Health Department; Robert Vitela, Texas Education Agency; Joe Lastinger, Families Fighting Flu; Daniel Acosta, Dusty Warden, ImmunizeElPaso; Thomas Colbert, Medimmune Vaccines; Tamara Bavousett, Ector County Health Department; Diane Flow, Milam County Health Department; Patsy and Nicholas Schanbaum, TheJamieGroup; Ruthie Benson, DSHS.

DSHS Staff

Jack Sims, Immunization Branch Manager; Sonna Sanders, Cheryl Millican, HSR 2/3; Angel Angco, HSR 6; Diane Romnes, HSR 7; Karen Hess, Lupe M. Garcia, Clara Taylor, Kathryn Johnson, Michael McElwain, Monica Gamez, Amy Schlabach, John Gemar, Rochelle Kingsley, Tony Aragon, and Vivian Harris, Immunization Branch; Rita Espinoza, Infectious Disease Control Unit; Kathy Clements, Texas Health Steps; and Debra Edwards Prevention and Preparedness Section.

New Member Orientation was conducted by Vivian Harris from 8:30 – 9:00 am. The general session was called to order at 9:10 am.

Welcome & Introductions: Mr. Jack Sims welcomed the TISWG meeting participants and guest. He noted that the working group has grown since its inception as evident by the numbers of attendees today. He also stated that during this legislative session the contributions made by TISWG were invaluable. Mr. Sims acknowledged the award of recognition received at the National Immunization Conference. Texas was named as the most improved state in Immunization Coverage levels by the Centers for Disease Control and Prevention, National Immunization Program. San Antonio was also recognized as the most improved urban district at the National Immunization Conference held in Dallas Texas in March. He complemented the participants on the accomplishments they have made leading up to this meeting and the contributions many of them individually made during the legislative session. It was acknowledged that the Department could not have made these great strides had it not been for the work of this working group. Mr. Sims reviewed the meeting agenda for the day with focus on the legislative updates, HINI challenges and the federal stimulus funding. (1) Mr. Dan Walters was then introduced as facilitator.

Mr. Walters welcomed all stakeholders and reiterated that TISWG is growing. He also complemented the participants on the accomplishments they have made collectively as the working group. While reviewing the agenda he instructed the participants to utilize the 'Meeting Journal' found in their handouts and annotate what information must be communicated with those back in their perspective agencies and associations. In addition members were asked to utilize the Texas Immunization System template located on the back of the journal to help identify who is represented and what stakeholders need to be added to TISWG. Participants were then asked to introduce themselves and the organizations they each represented. (2,3)

Legislative Update and TISWG Follow-Up: Mr. Jack Sims began the meeting discussing the success of the legislative session which ended on June 1 2009. This session was very interesting having numerous bills introduced he stated; more bills than Immunizations has ever had. An early report from the legislature on the progress was very helpful. As DSHS Immunization Branch was impacted by several bills, TISWG members will be asked to contribute to the steps needed to implement the expectations and recommendations from the legislation. Mr. Sims commended TISWG as being very instrumental in assisting the legislatures in making policy decisions pertaining to Immunizations. The following bills were addressed and a brief question and answer period followed. Mr. Sims stated not all Immunization legislative bills were signed and explained the legislative process followed if they were not. See handout to review the bills discussed and their descriptions. (4).

Michael McElwain – ImmTrac Manager

Michael McElwain elaborated further on the legislative bills pertaining to ImmTrac, the Texas Immunization Registry. He was pleased to discuss the role of TISWG in relation to this legislation as 18 of the original 27 Immunization related bills were directly related to changes in the immunization registry. He addressed two bills in particular SB 346 and SB 347. Until this session, the Texas registry has always been a childhood registry. Once a child reaches the age of 18 years, their immunization history was automatically erased from ImmTrac. For many years the public experienced difficulty in trying to recreate their vaccination history for new employment, military and college entry. Now with this new regulation, with consent the registry will be a life long registry, maintaining immunization histories from the "Cradle to Grave". ImmTrac staff has already begun this research, and has identified challenges and immediate action items needed for implementation.

Karen Hess – Texas Vaccines for Children Manager

Karen Hess elaborated more on the legislative bills pertaining to the Texas Vaccines for Children Program. HB448 allows for both TVFC and adult vaccine providers to exercise vaccine choice. Under the new proposed regulation, providers can now choose exact brands of vaccine not just what the state has available. Vaccine Choice will also require additional accountability. The current challenge is to provide training on the new system to over 3500 providers. This law becomes effective September 1, 2010. In the meantime assistance is being requested of TISWG either via a pilot study and or other recommendations on the roll out. Following the mini HB488 presentation, questions were felled from the participants.

Highlighted Points discussed: Both SB346 & SB347 will require a rule updates. HB448 does not have a rule and a rule update will not be needed as the legislation was very clear. HB 488 excludes flu vaccine products as providers already have choice of flu vaccine. Vaccine Choice does not apply in disaster or emergencies. DSHS will retain the right to decide which vaccine is used under those circumstances.

The next step for the ImmTrac implementation lies with IT programming. Considerable programming has to take place as well as behind the scenes to build the appropriate programs to support the new legislation. A real emphasize is to make every effort to communicate transparent, and come to TISWG for input in key decisions. If we are not certain of the intent of the bill, DSHS will go back to the legislators for clarification.

Rule Change Process: Mr. Sims reiterated the rule process as an open process that allows the state to apply the law. The process can take up to a year or longer to approve rule changes. Previously the Texas Board of Health approved rule and rule changes, but now the Commissioner of Health Human Services Commission approves the rules final version and adopts them. The rule change is posted on the Federal Register for 30 days which allows for public comment. When public hearings are held, a court reporter records all the comments. After the hearing, all comments are added and a rules packet is prepared to take to the Advisory Counsel. Process steps for the rules will require developing of wording for the rule; work with stakeholders to ensure wording is in keeping with workgroup recommendations and to ensure the wording matches what is meant from the stakeholders. Recent examples have been changing the school rules requiring meningococcal vaccine for 7th graders. Meningococcal can now be used for high-risk children and across the board for all children. As a next step, DSHS intends to gain input from TISWG as this process continues.

Legislative Updates and TISWG Discussion:

Mr. Walters divided the participants into smaller groups to discuss the previous bills presented at length. He also added a round table with the branch manager for those whose organizations are not directly impacted by ImmTrac or TVFC Vaccine Choice. Participants where directed to position themselves in a workgroup with others not from your own organization. Participants were also instructed to discuss two questions from their perspective of what they just heard.

1. What is the most important thing DSHS must consider in developing these bills and requirements?
2. Who are the persons of influence that these bill needs to be communicated to and how should they be implemented.

Participants had a 20 minute discussion with a selected spokesperson to report to the larger group. A summary of the group work and a tally of the round table discussions are listed as attachments entitled: TISWG Comments SB346/347 and TISWG Comments HB448. (6,7)

Donna Carlin, Texas Higher Education Coordination Board, THECB was asked to speak of the role they are currently pursuing with HB4189. This bill concerns meningitis vaccine for students in campus housing and dormitories. THECB has the jurisdiction for Texas colleges. Learning institutions both large and small which have campus housing and dormitory living will be primarily affected.. The THECB is working diligently to draft a rule packet by July 1, 2009 and DSHS to assist with the rule process. It is an anticipated goal to have the rules approved by October 2009 as the rule will go into effect 2010.

Legislation to Implementation Working Groups

Mr. Walters introduced that Implementation Working Sub Groups would be needed for the bills requiring immediate response. Program managers for these two bills would need stakeholder input to begin the project's next steps. Volunteers were obtained and are to be contacted by the project lead. (5)

Recovery Act/ Stimulus Funding Projects

Jack Sims discussed the Recovery Act Funding also known as the Stimulus Funding. He stated there are some delays in receiving these funds, but project planning and processes are underway. Mr. Sims spoke briefly on the current projects that are underway with their challenges. They are listed as follows:

1. H1N1 response

- Congress has designated 350 million doses of H1N1 for Texas.
- DSHS seeks to improve capacity of regional clinics to vaccinate people who do not have access to health care. Last year DSHS used this approach with the seasonal flu vaccine. At least 80 % of Texas population lives in communities outside of metropolitan areas and the vaccine safety net is covered by the local health departments.
- DSHS will need to expand the vaccine distribution program. Currently vaccines are processed by a third party through McKesson. A separate distribution plan will be utilized for H1N1 distribution. CDC is looking at other distribution processes. We know that staff augmentation will be necessary to carry out the distribution plan around the state.

2. School Flu Study SB424 & HB506

- According to recommendations based on SB 424, a joint pilot study is in progress to study school districts that have implemented school-based influenza vaccination programs in selected Texas areas. By conducting a 2009-10 study and submitting reports to the legislation the feasibility to mandate school based influenza programs in districts statewide will be determined by the outcome.
- DSHS and TEA first attempted to explore what was already in place. As there are about 10,000 school based program initiatives in Texas, it was found to be very costly to achieve the Flu study at each program. A current look at school based initiatives to examine if any are preventing school closures (due to illness) by vaccinating students in school. Jointly DSHS will continue the study portion of this bill with stimulus funds. The study does not however allow the agencies to go into the schools to vaccinate children with flu vaccine but will continue to use existing school based initiatives.
- Identifying selected areas will be easier to study in smaller communities rather than larger cities like Dallas and Houston where places to get vaccinated are more numerous.

3. **Cocooning**

- Texas is in the process of developing a “**cocooning**” program with plans to implement the program across the state. Cocooning will focus primarily on Pertussis as too many young children too young to be vaccinated succumb to this disease. A lack of detection in adult and adolescents is a leading cause. The goal and strategy to cocooning is to educate mothers about pertussis prior to delivery and to protect the newborn by vaccinating their parents and anyone surrounding the newborn at the time of birth. Anyone that will have close contact, extended family and friends, must be aware that they should be current with their vaccines to protect their new addition. Currently TVFC, OBGYN offices, large birthing centers give vaccines. There are two hospital settings that host the cocooning programs. Ben Taub and Dallas Parkland are champions but others are needed. It is imperative that commitments be made to pursue cocooning. Goals have been set to target 10-15 birthing centers and to educate pediatric and primary care settings. It is believed that if the parents hear the messages from three different sources, it is most likely will stay with the parent and relatives and ultimately protect their children.

4. **ImmTrac Promotion**

- ImmTrac faces a challenge of providers electronically reporting vaccines they have given. This almost always seem to stem from an IT communication from reporting site and DSHS site. DSHS is seeking to learn more of what the challenges are for providers and how we can make the reporting processes easier. A pilot study throughout the state via contractors is being considered in hopes of gathering and then surveying this information.

5. **Electronic Medical Records (EMRs)**

- As a follow up to Electronic Medical Records, EMR'; in order to be able to utilize EMR with other reporting systems, EMR systems are required to be certified. The use of EMR must be mandated for certification.

6. **Financial Incentives**

- A stakeholder inquired if financial incentives were being considered as a compliance measure for vaccine reporting. It was determined that only one health plan in Texas currently provides provider incentives to report. It is hopeful this model will expand.

7. **Vaccine Purchasing**

- Stimulus funds will also cover vaccine purchases. Vaccine purchase is fully pledged to support public infrastructure. Seventy five (75%) of funds will go towards the states vaccine purchases. Many states did not ask for 75/25 % split and have had to revise their requests to the CDC. Texas Higher Education Coordinating Board will get support to fund meningococcal vaccine for the under and uninsured adults college student.
- DSHS is seeking to provide TDaP vaccine in birthing centers.

- DSHS is seeking to expand the adult safety net to Federally Qualified Health Centers (FQHC) and Family Planning Clinics. The Stimulus funding will end December 2010 however it is not yet known when this funding will be available. When funding ends it will not mean the program will end just the funding ability to purchase the vaccines for this project.

8. Other Issue items identified were also discussed are as follows:

- CDC has awarded funds for continued level and 317 funding. Public health infrastructure was considered in the distribution of this funding. DSHS will allocate funds based on the formula devised. As a result, we should now be at level funding to support vaccine purchasing efforts. The 2010 funding will begin after 2009 purchases are made, at that time level funding will be in place.
- A concern was raised of Federally Qualified Health Centers (FQHC) which are being overwhelmed with new clients, will not receive additional stimulus funding. FQHC have suddenly receiving new clients as a result of the economy. DSHS has inquired if increases are noted around the state and it has been reported that increases are noted everywhere.
- Our Prevnar rates are sky rocketing. We seem to be rapidly increasing these rates faster than others across the nation. We need to determine out how to increase those rates in adolescents just like we did for infants when a new vaccine is introduced. Next years National Immunization Survey data will reflect the Prevnar rates.
- Mr. Sims acknowledged and praised TISWG for the legislative work they have done. The reason TISWG was formed initially in 2004 was to increase vaccine coverage levels. He also stated that at the 43rd National Immunization Conference held in Dallas Texas in March, Texas was recognized as the most improved state based on 2007-2008 NIS results. San Antonio was noted as the most improved metropolitan area. We have improved by an impressive 13 ½ percentage points based on the mid-year reports. We anticipate the real data released this September ranking our finish to be in the top ten percentile. Mr. Sims recounted Dr Lackey' accepting the award on our behalf and spoke favorably of the contributions made by TISWG in this success. The award received was placed on display for the participants to view. (9)

H1N1 – Immunization Aspects

Mr. Sims provided the most current Novel H1N1 background and information available. He asked the stakeholders to also provide information as appropriate. He announced the manufacturing of the vaccine is on the fast track and the supply available is going through the clinical trials before distribution. The vaccine is being developed by Novartis. Currently the known pandemic plans mainly apply to a government response, public health; i.e. health care personnel vaccinated first, the need to have continuity of operations plans in place so business can continue even in light of illnesses. There are many unknowns at this point. We do know the flu looks like it mutates. The California strain is different from the New York strain and even more different from Texas varieties. The core DNA of this strain was also the same as the flu strain from 1918 pandemic. This vaccine is novel, new, and likely to undergo changes; this may include dosage changes as well. Preparedness models are based on bio-terrorism where there may be little to no vaccine available. The infrastructure for response may not be in place. There may be huge numbers of the

population not available, communities coming to a stop, and people needing to come together to support the effort of vaccination. As society may continue to function, we may not be able to due to extended vaccine clinics. We may see the vaccine in a matter of weeks, which could launch massive vaccination clinics and vaccine may not be available in large quantities at first. We also may see large volumes of people at the beginning of a mass vaccination clinic like with the polio vaccine. There may be enough vaccine for the entire population, but not all at once. We do not know yet if the vaccine will be administered in one dose or two doses. There will be pressure to get the vaccine out very quickly if there are a lot of illnesses and deaths. All vaccine is likely to be funneled thru the State at first and we need all of the organizations to assist with a plan and be able to act quickly on it. With a plan in place, this can be managed orderly. We currently have many issues to discuss. These include but are not limited to distribution, administration to priority groups, vaccine safety and provider education.

The largest issue to date is how do we get vaccine to providers? Originally there was to be one single vaccine manufacturer who would distribute vaccine to 100 sites in the state following the national proposed pandemic distribution plan. Now there are five manufacturers of vaccine, the thought is to go back to a centralized distribution such as GIV. CDC is now looking at McKesson. McKesson has been very effective in the past but it may take more then one distributor to accomplish this massive distribution. For example in a previous effort, HEB Pharmacies were a huge asset in distribution of anti-viral medications. There is a proposed priority list on who gets the vaccine first. This list devised by the national pandemic plan along with other resources can be found at www.Pandemicflu.gov.

Dr. Terk added when the flu vaccine is released, the demand will be driven by the population based on numbers affected and the number of deaths. The public will not be clamoring for the vaccine. Physicians have to be the first ones educated. Physicians perceive this as milder than regular flu and therefore not as likely to promote the vaccine until the flu becomes more severe. Mr. Sims stated a lot on attention is on the H1N1 at present. He reminded stakeholders that 3,000 Texans die from seasonal flu every year. We must not lose site of the need to continue to educate about flu. Additional questions were asked and captured. See attachment entitled H1N1 Questions. (8)

Mr. Walters recapped the H1N1 discussion. He stated a great deal of information was discussed, with a short review; it will help us to visualize the process we just experienced. The highlights of this discussion were as follows:

- H1N1 vaccine distribution - mass immunization sites i.e. HEB' pharmacies
- Public education to the point of action, must have a behavior change; including providers, nurses, hospitals, schools {ISD policies & immunization capabilities, public needs and demands,
- Planning and expectations - how is the state preparing,
- Mechanisms for response to questions and answers – phone bank, web site, twitter,
- Vaccine liability and risks, questions of vaccine safety
- Ongoing immunizations services; TVFC providers' preparation for seasonal flu,
- Unknowns - issues along border, number of doses of the vaccine, will there be a 2nd wave, administrative fees, insurance
- ImmTrac - Data entry, non-traditional providers

Strengths identified as a result of the H1N1 DSHS Response:

- TISWG is in place, meets regularly, and is a buffer for ambiguity.
- In a hurricane analogy, this event will hit all over Texas. Texas responds well in these types of events.

- Others experiences such as Operation Lone Star is a great partnership. By building the partnerships now, you will have the structures in place when you need it. Another reality expressed was that some people we just will not be able to reach. We must be prepared for the cost of burden - vaccinating vs. not vaccinating.

Meeting Evaluation

What worked?

The room (better location)
Time allowed for conversation/discussion
Attendance (in numbers)
Small group discussions
Topics/subjects/content
Following agenda
Staying on track
Attendance (variety of participants; diversity)
RSVP wonderful
Kudos to boss & staff
Announcement/invitation from Jack
Agenda ahead of time
Having handouts prior to meeting electronically
Parking

What did not work

Sound System- fading in and out
Location - hold in Dallas (could locations rotate?)
Did not receive all the handouts

Meeting adjourned at 3:14 pm.

Next meeting: August 20, 2009 Location to be determined.

Attachments:

1. TISWG June 18th Agenda
2. TISWG Meeting Journal
3. Texas Immunization System Template
4. 81st Legislation Session Immunization Bills
5. Legislative Working Group Planner
6. Table Discussion SB 346/347
7. Table Discussion HB 448
8. Fielded Questions H1N1 Discussion
9. CDC Improvement Award 2009