

Texas Immunization Stakeholder Working Group TISWG Meeting Minutes – October 20, 2005

MCC Building Room 3.1004 (Hill Country Room)
3925 Braker Lane, Austin
8:30 a.m. to 3:00 p.m.

Participants

Carrie Kroll, Texas Pediatric Society; Jason V. Terk, MD, Texas Pediatric Society; Kathy Moore, Texas Association Local Health Officials; Kim Roberson, Texas Pharmacy Association; Neil S. Levy, Texas Osteopath Medical Association; Shelley Bjorkman, Health Human Services Commission; Tom Cowan, Texas Education Agency; Beth Null, GlaxoSmithKline Vaccines; Clifford Pumphrey, Wyeth Vaccines.

New Members and guest

Velma Gonzales, Division of Early Childhood Intervention; Marissa Rathbone, Texas Education Agency; Chuck Girard, Texas Association of Obstetricians and Gynecologist; Judy Willgren, Health and Human Services Commission; Carolyn Zamora, Humana Health Care; Michelle Smith, Humana Health Care; Bongreral Sheddric, Humana Health Care; Norma Quiroz, Humana Health Care; Annah Lopez, Texas Pharmacy Association; Marilyn Schramm, Department Family and Protective Services; Susan Griffin, Texas Medical Association.

DSHS Staff

Jean Hanson, Texas Health Steps; Desiree Pendergrass, MD, Children With Special Health Care Needs CSCHN; Casey Blass, Jack Sims, David Scott, Vivian Harris, Tim Hawkins, Victoria Brice, Lupe M. Garcia, Karen Hess, Claude Longoria, and Monica Gamez, Disease Prevention and Intervention Section.

New Member orientation was held from 8:30 am through 9:00 am. General session was called to order at 9:05 am.

Welcome and Introductions: Mr. David Scott welcomed TISWG members and meeting participants.

Introduction of all participants: TISWG members and meeting participants introduced themselves and the organizations they represent.

Review of Minutes and Agenda: Mr. Scott reviewed the agenda and asked TISWG members for review and feedback regarding last meeting minutes. One correction was noted, having no further comments the meeting minutes were approved and are now final. The minutes may be viewed on-line. <http://www.dshs.state.tx.us/immunize/partners/tiswg.shtm>

Presentation: Texas Vaccines For Children TVFC: (Karen Hess) Ms. Hess presented a discussion regarding the “Vaccine Services Group” and the Texas Vaccines for Children Program.

Discussion TVFC: Brainstorm New Issues - Mr. Scott and Mr. Hawkins facilitated the discussion pertaining to TVFC. The following information was discussed:

- **Issue: Need to identify providers that accept Children’s Health Insurance Program CHIP, but not Medicaid.**
 - Would this be a cost effective approach?
 - There would be a need to coordinate enrollment lists

- **Issue: Pooled Resources (funds from both public and private sources, i.e. Universal Vaccine Purchase)**
 - There is an opportunity to research the benefits of pooling resources together among a variety of organizations such as insurance companies, managed care organizations, physician groups, CHIP, and many more. This would reduce the burden on the State of Texas and encourage community support due to commitment by organizations to contribute into the pool.
 - This opportunity could make vaccines available at a much lower cost.
 - The challenge to this opportunity is that it would require legislative inquiry and could create tension among stakeholders. DSHS is not a lobbying organization.
 - Before we create a sub committee on Universal Vaccine, it was suggested to invite the federal public health advisors to explain what “universal” vaccine purchase actually means.
 - **Action:** Dr. Levy will research the benefits and challenges to pooled immunization resources, universal vaccine purchase, and related issues and present his findings at the next TISWG meeting. DSHS will invite a federal advisor to a future meeting to provide requested information.
- **Issue: Incentives & Image of TVFC Site Visits**
 - There is a need to provide incentives through the form of public recognition for achievements related to the outstanding performance and compliance during site visits.
 - Develop a formal recognition program.
 - The image of the site visit needs to be changed. Site visits should be viewed as an opportunity to recognize achievements, rather than “punish” those who do not abide by the standards. The terminology of “technical assistance” and “audits” needs to be utilized more positively.
 - The site visit should be viewed as a symbol of pride and achievement that could be proudly displayed to the public to demonstrate outstanding business practices.
 - Site visits should be focused on “education”.
 - During the enrollment period, new providers could be notified regarding possibilities for public recognition based on site visit performance.
 - Overall, incentives should be provided; opportunity to improve TVFC through improved communication and marketing.
- **Issue: Recruitment**
 - Currently, there is little to no effort being made to recruit nurse practitioners (NP) and physician assistants (PA) as TVFC providers.
 - There is a need to present information related to TVFC enrollment to the management of colleges and universities in the state of Texas that offer nurse practitioner and physician assistant programs.
 - **Action:** Invite representatives from NP and PA schools to attend TISWG meeting and have detailed discussion on how to increase TVFC enrollment.

Updates and Issues: Mr. Scott introduced members and participants to provide updates.

Subcommittees and Workgroups Reports

- **Adult Vaccination Committee:** TMF committee member forwarded this report. Currently working on two projects:

- a. Promoting adult vaccination during Flu season,
 - b. On-line cultural competency Continuing Medical Education CME training for physicians.
- **Immtrac:** Mr. Longoria reported Immtrac is in collaboration with Texas Medical Association TMA and Texas Pediatric Society TPS to develop a working group to discuss Immtrac issues with private providers. The first meeting is set for November 17, 2005. The focus will be on developing, marketing, and education of ImmTrac. TMA and TPS recommended physicians invited to provide input to the workgroup.
 - **Immunization Branch News** - Mr. Jack Sims provided an update concerning the following Immunization Branch issues:
 - **Vaccines for Hurricane Evacuees:**
 - Mr. Sims recognized local organizations involved with the Katrina evacuation efforts. Worked closely with the Texas Education Agency TEA and the Department of Family Services DPFS, to ensure that children could be enrolled in school without immediate proof of vaccinations.
 - At this time, children considered homeless are not required to show proof of immunizations.
 - Established a call center.
 - Created a direct link with the Louisiana Registry.
 - Of the over 17,000 requests for registry information, 60% of inquiries were found.
 - Immunization Branch has worked out logistics for sharing information from Louisiana to DSHS Regional and local health departments. 10,000 additional registry look-ups were made.
 - Mr. Sims recognized the TISWG for their efforts in providing advise, information and recommendations to the Immunization Branch on how to deal with the evacuation efforts once notifying TISWG of evacuation concerns.
 - Mr. Sims recognized manufacturer representatives and their effort to work with the Immunization Branch to distribute vaccines during the evacuation effort and the back-to-school rush. The manufacturers also donated vaccines to the Immunization Branch during this evacuation period.
 - The Centers for Disease Control and Prevention, CDC, also assisted by purchasing the vaccines through their funds and shipping them to Texas.
 - **Influenza and Pandemic Influenza:**
 - Mr. Sims announced that while the flu season is occurring, this is not related to the pandemic flu. Pandemic flu results in genetic shift from bird to human—to human to human.
 - DSHS does have a Pandemic Flu Plan. The plan will finalized in the coming weeks and will be distributed.
 - The federal government is putting a plan in place to develop a vaccine and determining how the vaccine will be distributed to the states.
 - 2005-06 Flu Season:

- Chiron has now announced that they will produce less flu vaccine than originally projected; however, there will be enough vaccine available to distribute to the high-risk populations (i.e., long-term care facilities). After October 24th, the distribution of vaccine is expected to be broad.
 - Mr. Sims advised the TISWG to continue to provide recommendations concerning distribution of the vaccine.
 - Availability of vaccine is looking better; three companies including Glaxo-Smith-Kline will be manufacturing the vaccine this season.
- **Immunization Branch Activities**
 - Media campaigns will be initiated in the four largest metro areas in Texas. (Houston, San Antonio; Bexar County, El Paso, and Dallas)
 - Immtrac Activities: “Back to School” record searches have doubled. In 2004 15,000 records were searched, in 2005, searches reached 34,000. As data becomes more complete, ImmTrac will be more utilized as seen with the recent increased number of records requests.
 - Vaccine Services Group:
 - Tdap vaccine is being discussed regarding distribution to both adolescents and adults; will look at cost of moving funds to adolescents and adults; may need to request additional funding from DSHS.
 - 4th DTaP 15-18 months of age – will work with DFPS, to ensure compliance in childcare centers. Will meet with 4 large metro areas to come up with action plan pertaining to vaccine coverage levels.
 - Will also use Immtrac to determine which children do not have the 4th DTaP.
 - Have written standard assessments developed with Women’s Infant and Children’s Program (WIC).
 - Partnering with Texas Health Steps with their mail-out.
- **Medical Home Workgroup** – Dr. Pendergrass
 - Started in 2003 for educating primary care physicians and pediatricians regarding medical homes for all children, not just special needs. By meeting the needs of the most complex children, one meets the need for all children.
 - January 2004: Started process of developing strategic plan centered on provider education and parent education.
 - **Action:** Could a member of DSHS Immunization Branch and a member from TISWG attend the medical home workgroup to provide insight and increase collaboration?
 - Updates will be provided to the TISWG in the future to ensure collaboration.
- **Provider Education Commitments**
 - Dr. Terk will be gathering additional information from the American Academy of Pediatrics, regarding standard provider tools for concerned parents about vaccines and vaccine safety. The national meeting has not yet occurred and there is limited data at this point.

- There needs to be a discussion regarding how to interact emotionally with people who are concerned with vaccine safety while providing the necessary immunizations.
- **Action:** Mr. Scott reminded TISWG members of their provider education commitments. They are to be included in the 2006 Goals.

Public and Parent Education/OB/GYN: Mr. Chuck Gerard is in attendance and represents Dr. R. Moss Hampton, with the Texas Association of Obstetrician and Gynecologists. The discussion centered on two primary concerns that are listed below:

- **How to educate women about vaccines during pre-natal visits**
 - It is very difficult to discuss issues related to immunizations to a mother who has just given birth due to the delivery experience. This is why bringing OB/GYN practitioners into the discussion of providing vaccines is so important, as well as parent education prior to delivery.
 - Further discussion will be needed with OB/GYN society.
 - There is a need to promote at the federal level as well.

- **Emphasis on maternal flu vaccine coverage**
 - This is another major issue regarding protecting the newborn from influenza.
 - Highly recommended to vaccinate if delivery occurs or will occur during flu season.
 - The flu vaccine could be administered to the mother before the baby is born.
 - Encourage household contacts to also be vaccinated to protect the newborn from influenza.
 - While encouraging parents to get their flu vaccinations, there is little information being given to parents concerning the risks of newborns being brought home to household members who have not been vaccinated for influenza, or showing symptoms. Education to parents, especially mothers, remains key.
 - *Other points and concerns identified:*
 - Improved access to patients through ob/gyn
 - Uniformed concerns to providing flu vaccine to pregnant or newly delivered moms
 - Mis-information re: household members as high risk due to child being under six months of age
 - Ob/gyn may not want to include flu administration to pregnant women in their practice
 - Pertussis vs. Flu: recognition may be an issue.
 - Birthing rooms may be a source of infection due to household member's presence
 - DSHS to work with Texas Hospital Association THA regarding stressing the importance of not allowing coughing adults around newborns, in delivery rooms, birthing rooms and nurseries.
 - Education to mothers prior to delivery may include
 - Medical home for infant

- Immunization information
 - Tdap (Tetanus toxoid, Reduced Diphtheria toxoid, and Acellular Pertussis vaccine)
 - Hep B linked with influenza informing and practice
 - Flu-mist is okay for nursing moms
- The difficulty of placing flu vaccine as a high priority among OB/GYN practitioners relates to the difficulty to project the need for flu vaccine as the flu season comes forth. Again, education will be key to assist those practitioners with how to prepare for flu vaccine, administering the vaccine, etc.
- Recognition of pertussis/flu symptoms should be a major concern during the prenatal phases that could be managed at the OB/GYN level.
- **Suggestions for Improvement:**
 - DSHS should notify the Texas Hospital Association that coughing adults do not need to be around newborns;
 - Informing mothers that flu-mist vaccine is suitable for nursing mothers;
 - There needs to be discussion regarding a medical home for the baby;
 - Tdap vaccine; flu vaccine not only for mothers, but also household members; and immunization education to those moms.
 - Question for discussion: How can the medical home incorporate parent education for mothers throughout the pregnancy? An example would be to create a checklist that the mother and health care practitioner could follow throughout the course of the mother's pregnancy. Historically the nurse has been associated with the parent education throughout the pregnancy, however other checkpoints could help.
 - An insurance company, Humana, has incorporated a similar checklist that informs and reminds mothers regarding immunizations.
 - Medicaid and managed care could also incorporate a similar practice.
 - Due to health concerns pregnant women may actually be getting a flu shot prior to delivery.
 - There is a need for a DSHS -Medicaid partnership
 - Managed care coordination of pregnant women is needed.
 - Linkages between family practice and ob/gyn care could include a universal checklist for maternity care.
 - Title V moms and children on Medicaid will have a medical home
 - Family planning at the local level could also provide the education
 - **Next Steps:**
 - Need further discussion with OB/GYN society;
 - Change forms – need a discussion with companies such as Hollister regarding how to include needed items on forms
 - Engage the CDC at the federal level and their counterparts to promote a national standard of care.
 - Promote a broader message: Issues will include immunization registry, medical home concept, and vaccines to mothers in general (not just flu vaccine and pertussis), perinatal Hepatitis B, and consent forms.

- Mr. Gerard will share this information with the society and send a letter to the physicians in order to coordinate the message concerning vaccines for pregnant mothers.

Presentation: New Vaccines (Dr. Levy)

- Dr. Levy provided a presentation concerning new vaccines and requirements. He also updated members on the terminology related to these new vaccines.
- See handout attached.

Next Steps for Next Meeting:

- Date of Next Meeting: 3rd week in February 2006 (Thursday, February 16, 2005)
- *Next Meeting:*
 - Look at the 2006 goals: Goal setting will be a formal part of the next meeting. Mr. Scott asked participants to review the handout concerning goals.
 - Receive update from medical home workgroup
 - Feedback from OB/GYN society – Mr. Gerard will secure Dr. Hampton's attendance for the next meeting.
 - Pooling Resources and Universal coverage of vaccines – Dr. Levy will research this issue and will provide a presentation.
 - Provider Education commitments are to be discussed at the next meeting.
 - Update on TVFC action items. Invite NP/PA to future meeting re recruitment.

Meeting Evaluation/Closing Remarks

- Meeting participants remarked on the following concerning strengths and weaknesses of the meeting.
 - *Strengths:*
 - Room
 - Orientation
 - Attendance
 - Ability to move forward
 - Feedback from participants
 - Information very useful
 - *Challenges:*
 - Parking is a problem
 - Too much presentation, not enough interaction
 - Prefer to sit a circle or square, in order to look at each other
 - Missed previous facilitator
- David Scott thanked the participants for their attendance and participation.

Adjourn

- The meeting adjourned at 3:00 p.m.