

Texas Immunization Stakeholder Working Group TISWG
Meeting Planning for February 16TH, 2006
Definitions and Descriptions of Overall Goals

Tentative Overall Goals for Year: The following goals were discussed at a previous TISWG end of year evaluation and were identified as the target areas to address as the 2006 TISWG objectives. These goals are listed below with descriptions and clarification of intent.

1. Promote adolescent vaccination:
2. Increase 4th DTAP coverage
3. Complete original TISWG category list
4. Evaluate progress made on categories
5. Review resources- membership- Involve TAFP for adolescent issues.
6. Promote education and marketing of ImmTrac
7. Collaborate with OB/GYN to enhance maternal flu vaccination coverage.
 - a. Focus on early education, prenatal. Engage FQHC's (rural clinics)
8. Promote and increase provider education.

1. Promote adolescent vaccination.

Adolescent vaccination has increasingly become an issue not to be ignored. With the increasing exposure to meningitis and pertussis outbreaks in Texas, awareness of adolescent immunizations has become more immediate. In the past, the promotion of adolescent vaccinations had been postponed until college or military entry, where required "up to date" vaccination histories were sought. New discoveries of inevitable exposures to disease warranted a closer look at the role adolescent vaccinations might play in reducing disease exposure to clusters of unprotected young children. 2005 marked the introduction of two new vaccines, targeted at adolescents. These new vaccines, Meningococcal conjugate and Tdap¹ will have a major impact on reducing risks to young children. Promoting adolescent vaccination has steadily become one issue item we must address.

2. Increase 4th DTAP coverage.

The Fourth DTaP (Diphtheria, Tetanus and Acellular Pertussis) booster is part of the required combination of vaccine to complete the childhood series. For a number of reasons and concerns, children often fail to complete the 4th booster causing a number of children not current or up to date on their required vaccines. After numerous accounts of low vaccination coverage levels, using the annual National Immunization Survey measurement, efforts were made to improve the outcomes by changing methods that encourage parents and providers to complete the recommended series. In 2003, Texas legislators, by executive order, recommended a 5th dose DTaP for school entry. This gesture intended to propel the success of getting all the required doses in a timely manner. The 4th DTaP remains an issue for advocates. The items below list some of the reasons this continues to be a hot topic.

¹ **Meningococcal conjugate vaccine (MCV4)** used to decrease the risk for meningococcal disease
Tdap-adolescent preparation of tetanus, diphtheria toxoid and acellular pertussis vaccine for adolescents 11-12 years of age.

- Some providers do not provide the 4th dose DTaP at 15 and 18-month check-up as recommended by the AAP periodicity schedule.
- It is suggested we work with HHSC on health plans, contracts, and monitoring to ensure compliance and promote incentives to having providers complete the series.
- TISWG inquired about whom monitors Texas Health Steps to ensure visits occur in a timely manner.
- TISWG members questioned if accelerated immunization schedules were used in some cases to bring children up-to-date with their vaccinations?
- TISWG members inquired who monitors whether the Medicaid children's benefits have ended, when these children show up at their provider's offices.

3. Complete original category list.

It is the desire of the TISWG and staff to complete the 9 categories first identified and listed at the onset of this working group. Subject Matter Experts, SME's and others in those areas will be invited to bring their expertise to the meetings. New issues may also develop and would require exploration of the specific items. The working group and/or program needs will determine the urgency and additions of new topics.

4. Evaluate progress of categories.

A biannual report is generated to update the working group on the progress made and suggested direction or action needed to keep the working group moving forward. In addition, some items on the issue category list have been deferred and placed on "Parking Lot" status, as there are no solutions to the issue at this time. Some efforts may also be prohibitive due to lack of funding, staff, or other resources.

5. Resources – membership - Involve TAFP for adolescent issue.

- Currently there is no funding for this TISWG initiative.
- Membership was volunteered as a result of an initial invitation to immunization stakeholders. Core members, that do not respond nor attend meetings still receive meeting notices, reminders, and minutes, either by e-mail, web page and fax distribution.
- New members are welcome to join, but the core membership will remain as originally agreed upon. SME's are invited to provide the expertise at each issue discussion. Many SME's have remained as active members of the TISWG and have made commitments to promote the best practices of the Immunization Branch.
- Members have asked repeatedly for support and input from TAFP especially when adolescent issues are presented. TAFP is currently a core member although does not attend meetings. Efforts to include their expertise will continue.

6. Promote education and marketing of ImmTrac.

TISWG is to assist with education and marketing of ImmTrac through promotion, recommendation of education tools needed to reach populations, focused targeted publications of articles. In addition, TISWG members made other commitments on how to promote and market all matters of interest to the Immunization Branch, such as web-page banners, directing parents and public to DSHS reference materials, use of newly published literature and media projects, and any other promotion items we have and develop to promote best practices to raise vaccine coverage levels.

7. Collaborate with OB/GYN to enhance maternal Flu vaccination coverage.

Through observation, a number of items identified reasons that OB/GYN staff has initial contact with expectant parents primarily mothers and could initiate education to new mothers about vaccines and at a time other than delivery. The education would not only promote the administration and instruction on the importance and completion of childhood vaccination, but also the importance of the flu vaccine to neonates and fresh post partum clients. Another factor lends to safe management of newborns around coughing adults to prevent the spread of disease. Plans are being considered to look at this new issue. The primary discussion issues are listed below for immediate consideration.

- o Identify the Statement of Intent -Why is this topic an important issue item?
- o Focus on early education (pre-natal). Education to be rendered during prenatal visits and prior to delivery.
- o Involve FQHC's (rural clinics) - Can we get this same message to rural clinic as well as urban centers across the state? How would we do that?

8. Promote and increase provider education.

TISWG is to assist with development and promotion of education tools, literature and marketing materials aimed towards potential providers. The focus is to continue to make providers aware of immunization services and programs available through the state immunization program. Education will also assist with the recruitment of new providers for the TVFC program, and raise awareness of the benefits of using ImmTrac. Ultimately, the overall goal would be instituting among providers, the known best practices to raise vaccination coverage levels for all Texans.

9. Any new goals or issues?