Virginia Health Commissioner's Pertussis Prevention Task Force
Minutes
August 30, 2011, 9:00 a.m.
109 Governor Street, Mezzanine Conference Room
Richmond, Virginia

The Health Commissioner's Pertussis Prevention Task Force (HCPPTF) will discuss and develop pertussis prevention strategies and initiatives that will protect those most vulnerable to the spread of pertussis in Virginia. Recommendations are to be issued in a formal plan that addresses, at a minimum, the following areas: Public and private clinician outreach and education; targeted new parents/families and community vaccination campaigns; health care sector systems changes; and innovative models for vaccine delivery.

Members Present in Person

Dr. Michael Ashby (Martha Jefferson Hospital)	Stephen Kirshenbaum (Eastern VA Medical School)
Chris Bailey (Virginia Hospital and Healthcare Association)	Dr. Donald Lewis (Eastern VA Medical School)
Dr. Dana Bradshaw (VDH-NW Region)	Rebecca Mendoza (Dept. of Medical Assistance Svcs.)
Dr. Maureen Dempsey (VDH-Deputy Commissioner)	Dr. Bill Moskowitz (American Academy of Pediatrics)
Rebecca Early (VDH-Immunization)	Lisa Park (VDH-Healthcare Reimbursements)
Jim Farrell (VDH-Immunization)	Dr. Holly Puritz (American Congress of OBs/GYNs)
Dr. Laurie Forlano (VDH-Deputy State Epidemiologist)	Dr. Karen Remley (VDH-Commissioner)
Catherine Harrison (VA Association of Health Plans)	Jeniece Roane (Virginia Nurses Association)
Dr. Parham Jaberi (VDH-Central Region)	Jodi Wakeham (VDH-Public Health Nursing)

Members Present by Conference Call

Dr. Shawn Borich (VA College of Emergency Physicians)	Dr. Jay Schukman (Anthem BC/BS)
Dr. Charles Devine (VDH-North Region)	Dr. Nancy Welch (VDH-East Region)
Dr. Molly O'Dell (VDH-SW Region)	Dr. Sandra Zieve (Patient First)

Observers Present

Heather Crouch (GlaxoSmithKline) *conference call*	Ellen Shannon (Sanofi Pasteur) *conference call*
Aimee Perron Seibert (ACEP-AAP) *in person*	

Members Unable to Attend

Dr. Steve Arnold (VA Association of Health Plans)	Gwen Messler Harry (VA College/Emergency Physicians)
Doug Gray (VA Association of Health Plans)	Tim Musselman (Virginia Pharmacists Association)

Welcome/Introductions – Remley

Challenge: How do we put together a thoughtful approach to protect babies and improve overall immunization rates?

Slide Presentation: Pertussis Epidemiology and Prevention – Early

Ms. Early's presentation consisted of local and nationwide pertussis and immunization information and strategies going on around the country.

Open Discussion

- **Identification of Risk – Target Populations for Prevention**
  - Many parents who are immigrants are without complete immunization.
  - New moms are a good focus, but vaccinating adults in general is optimal.
  - Yearly checkup is perfect time; must get over OB/GYN vaccination barriers.
  - GSK: More than happy to speak with these other groups; easier to get them in other places.
  - Younger adult males can be challenging to reach.
  - Increasing number of immigrants; do we have any correlating data?
    - Surprisingly, it is homegrown.
  - Infant mortality rate in VA mirrors national trend, but reasons are unclear.

- **Clinician Outreach and Education**
  - Dr. Puritz commented on eastern VA's taskforce involvement:
    - Puritz' facility has been using Tdap standing orders for years.
    - Estimated patient coverage rate is 40% (a suspected barrier is a lack of nurse education).
    - Could a fact sheet be made available at time of discharge?
    - OB/GYN offices are "vaccine phobic" (paperwork voluminous); hospital requirements and cost issue; started initiating at 28 weeks for 1-hour visit, but dads and caregivers are not the patient and are unable to treat.
  - What is vaccine rate for nurses? 15-30% (relatively good number for adults).
  - We have to keep in mind that the vaccine is 80% effective. What do you think about your peers? Do you think your peers need educating (e.g., removal of interval, Tdap)? What would be the preferred mechanism?
    - Fact sheet (paper and electronic).
    - Immunization is more routine in pediatrics, not as much with OBs.
    - A lot of opportunity at VCU to educate. How to push information. VCU nursing staff was very engaged with Dr. Remley's H1N1 updates.
    - Clinicians have obligation to educate their peers, which is invaluable.

- **Public Outreach and Education**
  - The thrust is to protect your child, not yourself as in flu; need to convert the marketing approach.
  - Childcare workers—connecting them to local health departments; message for them has to be different; difficult to use mandate, high turnover.
  - Are private schools under-immunized?
    - Law does require private schools same as public.
    - Religious exemptions present a challenge in clusters.
  - March of Dimes ad is effective; hearing the cough on an ad in a waiting room video.
  - Social media should not be ignored; could use that to put a short video out there enforce the message.
  - Research data emphasizes that action comes when provider recommends the vaccine. When patient is readying for overseas travel, ask/recommend.

- **Vaccine Related Issues—Availability, Costs, Reimbursability**
  - Schukman: Claim should pay. There are logistical issues of whether or not family member; barrier is getting rest of cocoon established.
  - How is hospital reimbursed?
  - Issues with where vaccine is provided determines coverage. Different policies with different pharmacies; billing issue to look into to make the process easier.
  - ~$30 per dose Tdap; could be cheaper to combine flu and Tdap in the same office/clinic visit.
  - Look more into EDs giving vaccine.
  - People are less reticent in getting Tdap vs. flu.
  - Healthcare industry is biggest employer.
  - Mandating flu shot was very tense.
    - Can we find out stats on resulting flu shot mandate at CHKD?
    - Chief Medical Officers annual meeting in October has on the agenda healthcare worker immunization policies. Let's ask them to find out what their employee immunization rates are before October.
  - How many get TD when Tdap is recommended? Hard to get ED staff to take on public health matters.
  - Grandparents tend to be more receptive.
  - Reimbursement a problem for age 65+. Patient First pays $33+. Pediatricians pushing grandparents to Patient First, but they have to pay and don't want to because they don't get reimbursed
  - VDH has 25,000 doses available now for free Tdap to selected populations.
  - Medicare Part D does cover pharmacy Tdap vaccine.

- **Virginia Immunization Information System (VIIS)**
  - How are we going to use VIIS for this?
    - Encourage peers to be a part of VIIS to increase its robustness; we get national and state immunization data not local level data.
    - Meaningful Use—some incentive to use electronic health record and share in the system.
    - A verifiable source to validate immunization records; a benefit for the adult community that is more prevalent for children.
  - Can VIIS be used as a record for provider? Yes. Therefore, an additional record is not necessary.
  - ELRs have made it easier and harder. Family member must be in the electronic system to bill; lots of work and a barrier.

- **Vaccine Strategies to Optimize Tdap Coverage**
  - Research shows that if practitioner recommends it, the patient will get it. ACOG sheet tickler? No, standing orders would help to have "tick off."
  - 2 days after birth is a key time to impress upon parents to immunize.
  - Do pediatricians have similar barrier? Sequence: Mom, Dad, siblings. Can we give the grandparents the shot? Liability issue working with lawyers. Farther away from health district, more attrition.
  - 2-week visit is critical time to immunize.
  - First visit of newborn in hospital is golden couple of minutes to talk about it and encourage family to immunize; hand the physical reminder of Tdap info to parents—just started doing it and is well received by grandparents especially.

- Pharmacists have the ability to give vaccines to grocery stores, Sam's club, Wal-Mart. Extra money this year spent on Tdap; more flu vaccine is given to these participants.
- Can we link the flu vaccine with Tdap? No flu campaign money this year (was H1N1 money), but wherever possible link the two.
- Do drug companies have resources to help campaign?
  - GSK Medical Affairs Division: A lot driven by CDC; 100% overlay of what we are presenting today; grocery store excellent idea; reimbursement to pharmacists; messaging can be supported by Medical Affairs; licensing does not fully support this method. Hearing provider barriers is very helpful. If new mom hears any hesitancy, chance is gone.
  - Sanofi Pasteur: Agreed with GSK; postpartum programs have helped with nursing education.
- Could VDH have sites within or near private facilities/hospitals?
  - This has been a discussion; several VDH HDs have talked about partnering—a local HD focus.
  - Idea for private practices—VDH HD at office the 3rd week of every month for free immunization.
  - Similar to STD "clinics" (staff on site).
  - Public health nurses are stretched in Chesterfield Co., and it would be near impossible; better to use existing infrastructure and get patient to increase education. Logistics are a challenge; WIC clinics are a good opportunity.
  - What to tell patients—where, what hours, what information to bring?
  - Great to talk about ways in our existing systems; since it is a one-time vaccine, maybe focus as we did with Polio—a national campaign.
  - There are opportunities for simple, effective partnerships between clinical (hospitals, etc.) and local health departments.
- Hampton Roads has a light rail program staring; like the national event.
- Some pharmacies may combine timing of vaccines—flu vaccine is opportune time.
- Not much individual pharmacy entering/reporting data, but aggregate reporting done.
- Why do we think the one-time adult vaccine will last for life?
  - We don't know for sure and more information is coming.
  - Longitudinal studies not done yet.
- Why did we drop the vaccine to begin with?
  - Routine immunization is effective; booster is needed in adolescents and adults.
  - Study of antibody levels will reinforce.

Wrap-up/Next Steps – Dempsey

- We will gather the discussion information from today to further develop what we will do next and have it available at or before the next meeting.
  - Page 14 of slides, school entry requirements, 5 year interval can be altered.
  - Our Code should reflect the interval removal.

Adjournment—Meeting adjourned at approximately 11:00 a.m.