



New Mexico Influenza Vaccine Consortium

New Mexico Influenza Vaccine Consortium Annual Debriefing Meeting

April 14, 2010

10:30 a.m. to 1:00 p.m.

NMMRA Large Conference Room

5801 Osuna Rd. NE, Suite 200

In Person:

Anthony Aspaas, Indian Health Service

Crownpoint Health Care Facility

Katie Avery, New Mexico Department of Health (NMDOH)

Merrie Blue, New Mexico Medical Review Association (NMMRA)

Carlene Brown, NMMRA

Jennifer Bryant, NMMRA

Sheila Conneen, NMMRA

Anna Dykeman, NMMRA

Jan Ellis, Presbyterian Health Plan

Maggi Gallaher, NMDOH

Janis Gonzales, Children's Medical Services

Frank John, Sanofi Pasteur

Susan Kellie, UNM Hospital

Damian King, MedImmune

J.J. Mitchell, Novartis Vaccines-UT

Courtney Overton, NMMRA

Anna Pentler, New Mexico Immunization Coalition

Karen Sakala, New Mexico Primary Care Association

Linda Sechovec, New Mexico Health Care Association

By Phone:

Pamela Hislop, Molina Healthcare

Sharon Notah-White, Molina Healthcare

Kelli Reynolds, Evercare of New Mexico

Welcome and Introductions:

- All participating members introduced themselves.

Contract Update:

- NMMRA has been notified by NMDOH that the NMIVC contract will not be renewed for next year. Dr. Gallaher stated that there is a severe budget shortfall and a number of contracts were either eliminated or reduced. NMDOH is concentrating on preserving direct care services.
- Linda Sechovec stated that she did not want NMIVC to disappear because it does make a difference for providers and patients. She recommended that the group brainstorm on how NMIVC participants could continue to meet and share information and training opportunities.

Surveillance Season Overview Report:

- Katie Avery reviewed the objectives of the NMDOH influenza surveillance system, which include monitoring the intensity, severity and impact of influenza, identifying circulating influenza types and strains, data dissemination, prevention and control guidance, and pandemic preparedness.

- She provided several graphs, showing the percentage of influenza-like illness (ILI) visits to sentinel sites, percentage of positive influenza tests from lab reporting sites, confirmed influenza hospitalizations, hospital admission rates by age group and deaths by age group.
- Conclusions regarding the past influenza season are the following:
 - The season was long, more intense by ILI peak, severe by hospitalization numbers and had great impact on certain populations
 - Lab and hospital data correlated well with ILI
 - The predominant strain in 2009 was the pandemic H1N1
- Lessons learned were the following:
 - The current distribution procedures required large amounts of paperwork going back and forth
 - Additional federal funding for response to the pandemic helped to break down silos and permit staff to be placed where needed while continuing to provide critical services
- A question was raised on what to do over the summer with the unexpired vaccine doses still in stock. It was recommended that facilities hold on to the vaccines in case they are needed.
- The future plans are the following:
 - Review the sentinel sites for population representation
 - Continue laboratory network reporting
 - Improve mortality surveillance in collaboration with the Office of the Medical Investigator and the Bureau of Vital Records Health Statistics
 - Continue border surveillance
 - Expand hospital surveillance and maintain it under the Emerging Infections Program

School Influenza Immunization Project Summary 2009-10:

- Anna Pentler reported that there was considerable interest from schools wanting to participate in the program; 145 schools participated and more schools were turned away due to uncertainty about vaccine availability.
- The program provided more than 60,000 doses, twice the number provided the year before.
- Extra funds were available from a grant from the La Tierra Sagrada Society to help provide immunizations in Albuquerque area schools as well as funds received from the American Recovery and Reinvestment Act (ARRA).
- A great deal of preparation took place to ensure program success, including developing forms to be given to parents, making sure forms were completed and returned, setting up clinics, ordering vaccine and supplies, administering vaccine, scheduling form transfers, and tracking and recording information.
- University of New Mexico Health Sciences Center (HSC) students in nursing, pharmacy, physician assistant and public health programs and other volunteers

helped in Albuquerque and other area schools in administering the vaccines and doing the paperwork.

- Challenges identified included high burden and opportunity costs; overworked school nurses and NMDOH staff; times that were convenient for the schools were not necessarily convenient for the HSC student volunteers.
- Benefits of the program included an increase in student immunizations over the previous year; increased program awareness by parents, students and school staff; a decrease in out-of-pocket expenses.
- Lessons learned included the challenge of making sure consent forms are received and returned by parents; consent form return rates affected vaccine ordering; clinics needing to be rescheduled because a school did not receive vaccine in time; lack of availability of injectable vaccine caused some schools to use FluMist only.

Health Care Worker Vaccination Project:

- Carlene Brown discussed the status of health care worker vaccination activities in connection with the healthcare associated infections (HAI) program, funded through ARRA.
- Health care personnel vaccination was estimated at 37.1 percent for 2009 novel H1N1 influenza and 61.9 percent for seasonal influenza.
- Seasonal influenza vaccinations were higher for hospital workers than for staff working in outpatient clinics, long-term care facilities or other settings.
- Only five states have mandatory health care worker vaccinations and 15 states have mandatory vaccinations for long-term care facility staff.
- New Mexico is a voluntary reporting state. The vaccination period is September 30, 2009 to March 15, 2010. Facilities must report staff immunization data by May 15, 2010 via online survey.
- Among the interventions reported to increase staff influenza vaccination rates are weekend vaccination programs; train-the-trainer programs; reporting vaccination data to facility administration and/or board of trustees; sending a letter to employees emphasizing the importance of the program; and having visible leadership support.

Web Site and Vaccine Database Update:

- Anna Dykeman presented the season summary for the NMIVC Web site and vaccine data base.

Survey Results and Brainstorming for the Future of NMIVC Activities:

- Participants reviewed the results of the 2009-10 season wrap-up survey. Respondents indicated that they found the information sharing and education activities of NMIVC to be beneficial.
- Respondents wished to receive vaccine availability information, updated educational materials and health care worker immunization strategies from NMIVC prior to influenza season.

- Based on these survey findings, participants discussed possible modes of information sharing and opportunities for funding of critical consortium activities.

Nurse Advice New Mexico:

- Connie Fiorenzio provided Nurse Advice New Mexico’s summary of influenza-related call activity for July 2009 through March 2010. This summary will be available with the other handouts from the meeting.

“We Heard the Bells” Video:

- It was planned to show the video, “We Heard the Bells,” produced by the Centers for Medicare & Medicaid Services. Due to time constraints, the video was not shown. To view the video, visit www.flu.gov/weheardthebells/.