

March 15, 2005 Influenza Vaccine Shortage Meeting Minutes

Attendees: Beth Bacon, Michigan Department of Community Health, Office of Public Health Preparedness (MDCH-OPHP); Val Bauer, Visiting Nurse Association (VNA) Borgess Home Care; Mark Bertler, Michigan Association for Local Public Health (MALPH); Carolyn Bird, MALPH Physicians' Forum; Patsy Bourgeois, MALPH; T.J. Bucholz, MDCH; Char Chaney, VNA of Michigan; Denise Chrysler, MDCH - Office of Legal Affairs; Terrisca Desjardins, Southeast Michigan Partners Project; Melinda Dixon, MALPH Physicians' Forum; Joanne Eakins, MALPH Nurse Administrators' Forum; Judith Ferguson, MALPH; David Fox, Michigan State Medical Society (MSMS); Paula Hall, VNA Visiting Nurse Services of Michigan; Liz Harton, MDCH; Teresa Holtrop, Michigan Chapter of the American Academy of Pediatrics (MCAAP); Gary M. Kirk, MDCH; Kurt Krause, MDCH - Office of Legal Affairs; Pat Krehn, MALPH Nurse Administrators' Forum; Linda Lane Lantry, Michigan Advisory Committee on Immunization; Carol Legwand, Alliance for Immunization in Michigan (AIM); Kevin Lokar, MALPH Physicians' Forum; Dianne McCagg, AIM; Stephanie Mercer, MALPH; Marie Milkovich, MDCH-OPHP; Dianne Miller, Michigan Pharmacists Association; Irina Miller, VNA Mid-Michigan Visiting Nurse Support Services; Corinne Miller, MDCH; Jay Mitchell, MCAAP; Faiza Najar, Citizens for Better Care; Elizabeth Norris, VNA Health Services; Donna Nussdorfer, Michigan Nurses Association (MNA); Linda O'Leary, AIM; Thomas Petroff, Michigan Association of Health Plans; Beverly Piskorski, VNA Caring Home Support; Frances Pouch Downes, MDCH; Stan Reedy, MALPH Physicians' Forum; Kay Renny, VNA of Southeast Michigan; James Schackenberg, MALPH; Laura Schmidt, Michigan Health and Hospital Association; Linda Scott, MDCH-OPHP; Peter Scuccimarrì, Michigan Academy of Family Physicians (MAFP); Dean Sienko, MDCH; Bob Swanson, MDCH; Becky Tillman, VNA Visiting Nurse Special Services; Cora Urquhart, MDCH; Lisa Vanraemdonck, VNA Michigan Visiting Nurses; Nancy Vecchioni, MPRO; Pat Vranesich, MDCH; Beret Vukson, Michigan Osteopathic Association; Kathy Webster, MNA; Howard Weinblatt, MSMS; Eden Wells, MDCH; Deborah Windish, MAFP; Kimberlydawn Wisdom, MDCH.

After introductions, a PowerPoint presentation was made. The presentation gave the chronology of this year's flu season from an MDCH perspective.

Following the presentation, attendees were divided into one of three groups to work on one of the following focus issues: 1) Communication, 2) Deployment of resources, and 3) Leadership and other roles. These focus issues had been identified prior to the meeting as areas presenting opportunities for improvement.

During the initial part of this small group work, attendees were asked to list 3-5 challenges within their focus areas that kept all of us from operating at optimal efficiency and efficacy this flu season. The second part of the small group work involved attendees listing potential resolutions to the challenges they had just listed.

After this activity, a spokesperson for each focus issue discussed, for the entire group's benefit, their focus area's top 3-5 challenges and potential resolutions. The entire group then voted on the top 3-5 issues from the three focus issue areas.

A quick tally of the votes revealed that three issues coming from each of the focus issue areas were the top vote getters. They were:

1. **Communication:** The development of a central information repository, such as one web site where all information was held. This site would include information from CDC and the State of Michigan. It was envisioned that the information from such a repository would be disseminated in multiple ways, e.g., person to person, "snail" mail, email, fax, through a website, etc. It was further envisioned that there would be an organization "fan out" effect to ensure that all key stakeholders were blanketed with the communication. Finally, local health departments and other key contacts were seen as the primary points of contact.
2. **Deployment of Resources:** The use of local health departments (LHDs) as a liaison to all partners. It was envisioned that local health departments would serve as a point of contact for all partners and that this would require several things: 1) That LHDs develop policies/procedures for coming flu seasons, 2) That LHDs develop the ability to connect everyone systematically, 3) That public health is given the authority to access proprietary information (e.g., where flu vaccine makers and/or distributors are sending their vaccine) in a crisis situation, and 4) That LHDs know who serves the high-risk populations and where those populations go for their care.
3. **Leadership and Other Roles:** The development of a defined crisis response team. It was envisioned that representatives from all assembled organizations (and others suggested later) be a part of this response team; the CDC was also listed as a team member. It was pointed out that the team members represent organizations so that the potential must exist to "pull" in other members from an organization should the primary member be unable to attend. Also pointed out was that each team member should function in a decision-making capacity within his/her organization so that decisions can be made promptly, when necessary. Team members, of course, would also need to possess good communication follow-through since they would communicate with the response team as well as their organizations.

Following the discussion of the above challenges, the entire group was engaged in a discussion about the best way to move forward to resolve the above issues; specifically, whether a new group should be formed or whether an existing group already possessed many of the organizations and interest in the key issues described above. It was also pointed out that many other states have flu advisory groups, operating on an *ad hoc* or permanent basis, and that much of the work done by such a group could prove valuable in the event of a pandemic influenza situation. A few models were discussed, including one

in which a larger flu advisory board met regularly throughout the year (e.g., 4-6 times per year or more) but charged a smaller, more nimble group (akin to a rapid response team) to quickly address task-oriented issues as they arose.

After much discussion, it was decided that the Michigan Advisory Committee on Immunizations (MACI), consisting of private practitioners, nurses, health administrators, health workers, academicians and others representing the private sector, public health, universities and the pharmaceutical industry, contained many of the elements needed to form a successful flu advisory board. **It was further decided that a special MACI meeting should be set up in the near future to determine whether and how the development of a new flu advisory board as an outgrowth of MACI might occur. MDCH staff agreed to help facilitate such a meeting.**

MDCH staff also agreed to compose the minutes from the meeting and to email them to all attendees while asking them three things: 1) Would they like to be a part of this new flu advisory board, 2) Should someone else from their organizations be involved, and 3) Should individuals from other organizations, not present at the meeting, be involved?

Organizations not present at the meeting but mentioned (through discussion or the evaluation form) as necessary participants included: Major employers, Blue Cross Blue Shield, American College of Obstetric and Gynecology, American College of Physicians, consumer groups, UAW, hospital systems, pre-hospital organizations and planners, AARP, daycare organizations, Michigan Primary Care Association, Michigan Medical Directors Association, American Academy of Pain Medicine, IPAs, Regional Medical Bio-Defense Network, Michigan Infectious Disease Society, Nurse Practitioners, Physician Assistants, Private Sector, Lung/Heart/Diabetes/AIDS/etc. Associations, Long-term Care/Nursing Home/Assisted Living Organizations, Pharmaceutical Industry, Media, Partners Project, Detroit Chamber of Commerce and Michigan Nursing Home Association, correctional facilities, small businesses, the homeless and the homebound.

Finally, MDCH staff agreed to work with Bureau of Health Professions staff to determine whether the provider information they possess is accurate and can be used to contact providers in the event of an emergency.

Written evaluations were collected from attendees at the end of the meeting.