

Flu Advisory Board (FAB) Minutes Wednesday, August 17, 2011

Members in Attendance: Monique Reeves, Judy Gwozdek, Mark Upfal, Rosemary Franklin, Charles Barone, Tawyna Simon, Jeff Romano, Gillian Stoltman, Mary Wisinski, Sue Schryber, Pat Krehn, Terri Adams, Patricia A. Vranesich, Bob Swanson, Barbara Wolicki, Susan Peters, Christopher Smith, Cristi Carlton, Courtney Londo, Heidi Lyones, Janice Arsenaault, Mary Jo Flenner, Carolee Besteman, Aaron Hubner, Barbara Day, Stephanie Sanchez, Vanita Shaw, Naomi Shaheen, Julie Lawler, Elaine Houser, David Wright, Jennifer Rhitarchik, JoAnn Hyde and Caryl Markzon.

Member on the Phone: Patsy B (Lenawee), Kim Newman (Saginaw Public Schools) and Susan Bass (IHA)

Influenza Surveillance Update (Susan Peters)

Recap of 2010-11 Flu Season

- Michigan providers in the Influenza-like Illness Surveillance Network (ILINet) reported 2010-11 ILI levels very similar to the 2008-09 flu season.
- Michigan Disease Surveillance System (MDSS) individual and aggregate data reviewed from the past three flu seasons; reports for this season are lower than last year and similar to the 2008-09 flu season.
- Viruses subtyped at the MDCH bureau of labs for the 2010-11 flu season
 - 41.5% A/H3N2
 - 40.2% 2009 A/H1N1
 - 17.9% B
 - 0.3% A unsubtypeable
- 3 influenza co-infections identified by PCR
- 25 Congregate outbreaks
 - 11 - A/H3; 2 - 2009 A/H1N1; 1 - A/H3 and B; 1 - A and B; 1 - B
 - Facility type: 20 long-term care or assisted living facilities; 2 college-associated; 3 K-12 schools
- Voluntary Hospitalization Reporting
 - 867 total
 - 65+ group had most
 - 18-49 years had the lowest
 - Peak of 111 during week ending March 5 (vs 300 in 2009)
- Pediatric Mortality – Case Descriptions in Michigan
 - Case 1:
 - 1 month old from the Central Region
 - Date of death in late January
 - 3 day history of vomiting and anorexia
 - Diagnosed with shock and sepsis
 - Death in the ER
 - RT-PCR testing was positive for influenza B
 - Co-infections: RSV, *Strep pneumoniae*, *Klebsiella pneumoniae*

- Not eligible for influenza vaccination
 - Case 2:
 - 6 year old from the Central Region
 - Date of death in late February
 - Sought medical care 1 week prior; diagnosed with cold
 - Unresponsive at home; pronounced in ER
 - RT-PCR testing was positive for influenza B
 - B/Victoria/02/87 lineage (covered by the 2010-2011 vaccine)
 - Co-infections: Adenovirus, Enterovirus, *Strep* group D
 - History of asthma
 - Unvaccinated during current or previous seasons
 - Case 3:
 - 8 year old from the Central Region
 - Date of death in early April
 - Sought medical care in ER one day prior to death
 - Admitted next day
 - Developed seizures, shock and encephalitis
 - Death in ICU
 - RT-PCR testing was positive for influenza B
 - B/Victoria/02/87 lineage (covered by the 2010-11 vaccine)
 - Co-infections with adenovirus and rhinovirus
 - History of asthma, myocarditis, and GERD
 - Vaccinated during current and 2009-2010 seasons
 - 6 MI deaths this season
 - Ages: 1 month (not eligible for vaccination), 4 month (not eligible for vaccination), 9 month (unvaccinated), 6 year old (unvaccinated), 8 year old (vaccinated) and 9 year old (unvaccinated)
 - 5 B, 1 2009 A/H1N1
 - 4 had underlying high-risk medical conditions
 - 4 had co-infections: *Strep* (pneumo, Group A, Group D), *Klebsiella*, Adenovirus, Enterovirus, Rhinovirus
 - 115 in US (43 B, 30 2009 A/H1N1, 21 A/H3, 20 A)
- Pregnant and Postpartum ICU/hospitalizations
 - 10 cases in 2009-10
 - 8 in 2010-11
 - 7 2009 A/H1N1, 1 A unsubtyped
 - 15-38 years of age, median 24 years
 - 7 pregnant, 1 postpartum
 - 1 death
 - Hospitalized 4-37 days, median 15.5 days
 - 6 had previous medical condition
 - All either unvaccinated or no documentation
- Summary of Michigan Activity
 - 2010-11 was a more traditional season
 - Activity started increasing in late December to early January
 - Peaked in mid- to late February

- Very young and old more affected
- Unusual co-circulation of all 3 strains
- Severe cases were still present
- Very similar to national picture

Challenges with Prompt Diagnosis of Influenza (Discussion)

Discussed the following article which was recently published, “*Admission Diagnoses of Children 0-16 years of age hospitalized with influenza.*”

<http://www.springerlink.com/content/x05430pu335253uq/>

- Study details
 - 16 year retrospective study
 - 401 children (16 and under) hospitalized
 - Lab confirmed influenza
 - Medical records reviewed
 - Sepsis-like illness
 - 52% of main diagnoses in children < 6 months
 - 7-16% in older children
 - Respiratory symptoms
 - 38% of admissions
 - Acute neurologic conditions (febrile seizures)
 - 15% of admissions

Discussion topics:

What can be done to help clinicians correctly suspect influenza at the time of admission?

What can be done prior to the event?

Stories from the field.

During the flu season, some health systems test persons with ILI for influenza via rapid flu test upon admittance to the hospital in order to cohort; out-patient locations can be different. There are provider differences in using antivirals (patients, contacts of patients, etc.); discussed how accurate the rapid flu A and B tests are. Discussed that when a patient is discharged, health care personnel need to be clear on what to expect during the next few days and what to look out for; have a triage line available.

Children can present different flu symptoms and their conditions can decline rapidly in some cases. Some health care professionals don't see the flu as a serious disease and don't link it to pneumonia, sepsis, and other complications that can be associated with flu.

Discussed that one of the first thing HCP should ask when children are seen is, “Did you get your flu shot?” This would help reinforce the importance of vaccination at every visit.

Michigan does vaccinate a lot of children against the flu and the number of pediatric flu-associated deaths would be much higher if we didn't vaccinate. Michigan does a great job vaccinating with pneumococcal vaccine, too. Michigan had the highest uptake of PCV13 in the country.

Adult Flu Vaccination: Decreasing Coverage Trends (BRFSS) (Cristi Carlton)

Discussed flu vaccination coverage rates from this presentation:

http://www.preventinfluenza.org/NIVS_2011/1-weinbaum_flu_coverage.pdf

- Rates increased for HCP, Pregnant women and adults aged 18-49 (high risk and non-high risk) in the 2010-11 flu season compared to the previous flu season
- Rates are far off from the Healthy People 2020 targets
- Rates decreased for adults 65 and older
 - MI Flu Vaccination rates among adults 65+ (county coverage estimates - 2008-2010 data combined from BRFSS)
 - Ranged from 44.6% to 82.2%
 - Top 5: Grand Traverse (82.2%), Muskegon (80.2%), Washtenaw (78.6%), Ingham (77.1%), Kalamazoo (75.9%)
 - Bottom 5: Lapeer (44.6%), City of Detroit (51.9%), St. Clair (58.2%), Van-Buren Cass (58.6%), Saginaw (59.5%)
 - Limitations: small sample size and self-reported telephone survey
- Place of vaccination
 - Adults 18-64: 28% doctor's office; 21% clinic/health center; 19% workplace; 19% pharmacy
 - Adults 65+: 40% doctor's office; 26% pharmacy; 20% clinic/health center

Discussion topics:

Are we seeing a true downward trend in 65+ years?

What are you doing to reach out to adults?

Are you doing anything additional for high-risk populations?

Discussed that many older adults see a lot of specialty providers yet they only go to their medical home once a year – if it isn't during the flu season, they may not get offered flu vaccine. Many staff at long term care facilities do not have coverage for flu vaccine; sometimes the LTC doesn't offer flu vaccine to staff. Effect of staff turnover in LTC facilities. It's a requirement by CMS to offer flu vaccine – not to give flu vaccine. Discussed next step – letter to LTC from MDCH.

Meijer offers pneumococcal vaccine (and zoster vaccine to anyone who is eligible) to anyone who presents for flu vaccine. Meijer is going to start reporting adult doses to MCIR this year. In pharmacies, billing is pretty complicated; most of the billing is through Medicare and a handful of private companies.

Are we truly seeing a decline? The elderly population size is getting much greater; many health complications in elderly (e.g., diabetes, heart disease, etc.). If it truly is a decline, we could really face a dilemma. Discussed whether older populations getting confused now that more age groups are recommended to receive flu?

Health Care Personnel (HCP) Influenza Vaccination (Cristi Carlton)

- HCP vaccination rates have increased the last few flu seasons, however they are still lower than we would like
- 2010-11 flu season: HCP in hospitals: 68%; HCP in ambulatory care/outpatient/dental: 60%; HCP in long term care: 48%; other HCP 40%.
- Numerous medical societies have strongly endorsed mandates
- FAB workgroup – letter to Hospital CEOs
- Many hospitals in MI have adopted mandatory flu vaccination policies for their employees
- MDCH is partnering with Michigan Health and Hospital Association (MHA)
 - Plans for early September
 - Joint letter will be distributed to Hospital CEOs
 - Push for requiring HCP vaccination
 - Includes Tdap message
 - Hospital vaccination policy webinar
 - Target audience: Hospitals CEOs, Infection Control coordinators, Employee Health
 - Development of a “toolkit”
 - Model policies, FAQs, etc.
- MDCH is conducting a survey of all Michigan hospitals vaccination policies
 - Currently conducting a pre-survey
 - Telephone survey – 192 hospitals
 - Do they **require** all HCP to receive an annual flu vaccine?
 - Do they **require** all HCP to have a documented Tdap vaccine?
 - Do they document employee vaccination status?
 - Identification of top barriers for not having a policy *or* critical factors that moved them to a mandatory policy
 - Post-survey will be conducted in May or June 2012

Discussion

Some hospitals do require vaccination but they allow unvaccinated HCP to wear masks or they accept declination forms. Benchmark of hospitals that require flu vaccination of HCP – we really have no idea how many hospitals require this, therefore the survey will provide a benchmark. Infection control policy – many hospitals will not let pharmaceutical representatives walk into the facility without being fully vaccinated and tested.

Clinical Updates for the 2011-12 Flu Season (Heidi Loynes and Barb Wolicki)

- Who needs two doses of flu vaccine this season
 - Children ages 6 months through 8 years need 2 doses if they:
 - Never received seasonal flu vaccine before
 - Are unsure if they received seasonal flu vaccine before
 - No documentation on a record card or in MCIR
 - Did not receive any doses of seasonal flu vaccine in 2010-11

- Separate flu vaccine doses by at least 4 weeks
- Both doses may be TIV, LAIV or a combination
- Persons needing only 1 dose this season include:
 - Children ages 6 mo-8 yrs who received 1 or more doses of 2010-11 seasonal flu vaccine
 - Children who are 9 years of age or older
- Flow chart available at: http://www.michigan.gov/mdch/0,4612,7-132-2940_2955_22779_40563_48357-191504--,00.html
- Flu vaccine dosage
 - LAIV: Dosage is the same for everyone aged 2-49 years
 - Administer 0.2 mL intranasal (0.1mL in each nostril)
 - TIV (IM): Dosage is based on the age of the person
 - For children aged 6-35 months, administer 0.25 mL each time a TIV dose is given
 - For children aged 3 years and older, administer 0.5 mL each time a TIV dose is given
- Three types of TIV
 - TIV (IM) “flu shot”
 - Ages 6 mo and older
 - 15 mcg of each viral strain (3 x 15 mcg)
 - TIV High Dose (IM)
 - Ages 65 years and older
 - 60 mcg of each viral strain (3 x 60 mcg)
 - TIV ID (Intradermal)
 - Ages 18 through 64 years
 - 9 mcg of each viral strain (3 x 9 mcg)
 - Administer using manufacturer’s prefilled syringe
 - Dose 0.1 mL
 - Given ID in the deltoid area of the upper arm ONLY.
 - Document as: “TIV ID” on the vaccine administration record & immunization card and “Influenza Intradermal (ID)” in MCIR
- Contraindications to flu vaccine
 - Permanent Contraindications (TIV and LAIV)
 - Anaphylactic reaction to prior dose of flu vaccine
 - Precautions (TIV and LAIV)
 - Egg allergy
 - Moderate-to-severe acute illness
 - History of Guillain Barré Syndrome (GBS) within 6 weeks of any previous influenza vaccination
 - Contraindications associated with LAIV only
 - Pregnancy
 - Immunosuppression
 - Children ages 2-4 years with a history of wheezing
 - Children receiving long-term aspirin therapy
 - Chronic medical conditions

- HCP, household/close contacts of severely immunosuppressed persons requiring a protective environment
- Screening for egg allergies
 - Influenza vaccines manufactured for use in the U.S. contain only a small quantity of egg protein
 - It may be safe to give influenza vaccine to some people who say they are allergic to eggs
 - Egg allergy is now considered a precaution to influenza vaccination instead of a contraindication
 - ACIP/CDC is developing an egg allergy screening algorithm to help determine if: flu vaccine should be administered or further evaluation is needed prior to flu vaccination
- MDCH Flu Documents available online:
 - Administering Influenza Vaccine: TIV (IM) and LAIV
 - Administering Influenza Vaccine: TIV ID
 - 2-Dose Algorithm for Children 6 months through 8 years
 - Egg Allergy Screening Tool/Algorithm
 - Quick Look at using TIV (IM), TIV High Dose & LAIV
 - Quick Look at using TIV ID
 - Seasonal Influenza Vaccine 2011-12 (Chart)
 - VIS (already posted at www.michigan.gov/immunize)

Questions on Presentation

Package insert for intradermal flu vaccine indicates that there may be more local reactions; is this true? Will this discourage people to get the flu vaccine next year?

- Increase in the frequency of reported local reactions – not necessarily severity of those reactions; data also shows that people liked the ease of the intradermal vaccine and would like to get it again

How will the information on egg allergies impact clinical practice?

- Some members thought that since this is quite rare, it will not affect clinical practice. One member reported that between 1-3% of the population actually has an egg allergy; CDC said less than 1% should not get this flu vaccine.

Many new Q&As updated on CDC flu website: www.cdc.gov/flu - look under “What’s New.”

Manufacturer Updates

MedImmune – no one available

Sanofi Pasteur – 35 million doses distributed by the end of this week; several of the pharmacy chains are carrying Fluzone high dose; Fluzone intradermal is new – microinjection systems are available today in case anyone wants to look at it; training video available on vaccine shop website; one product insert for all Fluzone products – NDC codes are on this PI; first-to-know – help offices increase flu immunization rates and be proactive about the importance of flu vaccine – toolkit for offices; many offices); all doses will be out by the end of October – possibly the end of September.

GlaaxoSmithKline (GSK) – started shipping at the end of July; 100% of doses go to CDC first and then hospitals and private providers; all doses should be out beginning of October-end of September.

Novartis – 90% of shipments completed nationally by September 15; guarantee by mid October but will be more like September; doses still available if anyone has a need – they can work with Novartis on the pricing

CSL Biotherapies – no one available

Flu Gossip and Hot Topics (All)

Now that more pharmacies are offering vaccines and entering doses into MCIR, will there eventually be a movement toward allowing pharmacies to become VFC providers? Pharmacies don't want to take the doses away from the medical home, but they do offer access to vaccines that medical homes can't always offer. Pharmacies can feed their information into MCIR, although not all pharmacies can store all vaccines. Many pharmacies won't carry all vaccines and the VFC program is focused on making sure all recommended vaccines are offered by VFC providers. Discussed bringing this subject to MACI.

Families Fighting Flu – Dr. Reeves and Mr. Yaksich will present to a webcast next Thursday on health literacy and immunizations through University of Michigan Public Health Training Center

Alana's Flu Foundation has expanded into Alana's Foundation which offers support to families that experienced the tragic loss of a child (regardless of the cause). Information on the foundation is available at:

<http://www.alanasfoundation.org/Alanasfoundation/Welcome.html>

Medicaid question – one pharmacist heard that Medicaid hadn't decided if they are covering flu vaccine this year; has anyone else heard this? Terri sent a question to our Medicaid liaison, because we have not heard anything about this at. MDCH fee schedule is established on the MDCH website – numbers are from previous season and they retroactively bill – perhaps there was some confusion. We will look into this further.