

Flu Advisory Board (FAB) Meeting Minutes November 16, 2011

Members Present: Jevon McFadden, Sue Schryber, Pat Krehn, Rosemary Franklin, Heidi Loynes, Bea Salada, Barbara Day, Jim Szyskowski, Jan Teltow, Jennifer Rihtarchik, David Wright, Katie, Aleisa Jones, Rebecca Thomas, Elaine Houser, Barbara Wolicki, Janice Arsenault, Pat White, Mary Jo Flenner, Terri Adams, Ruta Scherangpani, Monique Reeves, JoAnne Eakins, Judy Gwozdek, Susan Peters, Vanita Shaw, Jill Quinn, Aaron Hubner, Lisa Ailstock, JoAnn Hyde, Caryl Markzon, Leonard Pollack, Chris Smith, Pat Vranesich, Cristi Carlton, Courtney Londo

2011-12 Influenza Surveillance Update (Cristi Carlton)

National Flu Surveillance: So far, there has been very little flu activity. The few viruses characterized have matched those in the vaccine.

Michigan Flu Surveillance: There has been little flu activity in Michigan. MDCH Bureau of Laboratories BOL has identified 2 influenza results this season: 1 - Influenza A/H3 and 1 - Influenza B. MI FluFocus surveillance report posted weekly at: www.michigan.gov/flu

2011-12 Flu Vaccination

Current season updates: More than 124.9 million doses delivered in the US as of the end of October. It is projected that 166 - 173 million doses will be distributed. There are more options than ever before on where to get vaccinated and which vaccine to chose

Coverage data available: National 2011-12 coverage estimates will be available in the beginning of Dec. These data are from several national surveys. FluVaxView summaries these data on provides coverage data in the following categories:

- Children 6 months – 17 years
 - 6 months – 4 years
 - 5 – 12 years
 - 13 – 17 years
- Adults 18 years and older
 - 18 – 64 years old (high risk and non-high risk)
 - 18 – 49 years old (high risk and non-high risk)
 - 50 – 64 years old
 - 65 and older
- Race/Ethnicity in persons 6 months and older
 - Non-hispanic white
 - Non-hispanic black
 - Hispanic
 - Other race/ethnicity
- Health care personnel
- Pregnant women

There is a FluVaxView webinar - Nov 17, 2011 2-3 PM that will demonstrate use and application of the website. (<http://www2.cdc.gov/vaccines/ed/fluvoxreg>)

Flu Advisory Board (FAB) Meeting Minutes November 16, 2011

2011-12 MCIR Vaccination Data (As of Nov 2, 2011):

- 869,871 doses entered
 - 862,995 1st doses
 - 6,876 2nd doses
- Last flu season at this time: 945,479

High Risk Group: Pregnant women: Flu vaccination has been recommended since 1960. In 2004 rec. expanded to any time during pregnancy. There is increased risk of complications for both mother and baby. Both the mother and baby benefit from vaccination. 49% of pregnant women were vaccinated in the 2010-11 flu season. This is an increase from 2 years ago but still needs improvement.

Michigan Data on pregnant women: Data source: Pregnancy Risk Assessment Monitoring System (PRAMS), 2009-10 Flu season. Michigan coverage was between 44 - 50%. National coverage was between 32 - 51% (multiple data sources). Pregnant women were **4 times** more likely to get vaccinated if a provider offered or recommended a flu shot. 60.1% of pregnant women were vaccinated who received an offer or recommendation. If they did not receive an offer or rec: 14.9% vaccinated.

As age increased, the likelihood of getting vaccinated increased. Of the 75,757 mothers represented by the PRAMS 2009-10 flu season data, it is estimated that:

- 6,468 (11%) were less than 20 years old
 - 36.4% received their flu shot
- 41,382 (54%) were 20-29 years old
 - 47.5% received their flu shot
- 27,917 (36%) were 30 or older
 - 48.9% received their flu shot

Receipt of seasonal flu vaccine was estimated for 75,177 pregnant women by pre-pregnancy insurance status:

- 40.6 % of uninsured women received the flu vaccine
- 38.1% of women with Medicaid were vaccinated
- 53.1% of women with private insurance were vaccinated
- Pregnant women enrolled in WIC were less likely to get their flu shot (40.7%) than pregnant women not enrolled in WIC (53.3%).

MDCH materials are available at: http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563_48357-199677--,00.html#poster

**Flu Advisory Board (FAB) Meeting Minutes
November 16, 2011**

VFC Flu Update (Terri Adams)

2011-12 VFC Pre-booked Flu Vaccine:

- Sanofi Fluzone®
 - 0.25mL syringes 82,680 doses
 - 0.5mL syringes 46,380 doses
 - 0.5mL vials 38,270 doses
 - MDVs 101,440 doses
- MedImmune FluMist®
 - LAIV Nasal Spray 58,250 doses
 - Total VFC 327,020 doses
 - All vaccine orders have been shipped

Second Round VFC pre-booking

- Sanofi Fluzone®
 - 0.25mL syringes 2,040 doses
 - 0.5mL syringes 2,610 doses
 - 0.5mL vials 2,350 doses
 - MDVs 500 doses
 - Total 7,500 doses
 - All vaccine orders have been shipped

Terri discussed that MDCH sent Flu Flyer to VFC providers urging use of flu vaccine throughout the season. The flyer highlighted that MI ranked 5th from the bottom in the nation for 6 months through 4 years of age for flu vaccinations. Seeing additional requests for vaccine from providers.

MDCH has an extra 1,399 doses MedImmune FluMist and very small amounts of Sanofi Fluzone in syringes still available for VFC providers. MDCH VFC sent reminder email to LHDs and to providers about MedImmune FLuMist vaccine replacement program to extend VFC product throughout the flu season.

Free Fluzone ID vaccine:

Sanofi offered MI 15,000 free Fluzone ID doses for adult use. Fluzone ID indicated for 18 though 64 years. Given ID with micro injector in upper deltoid area of the arm. LHDs ordered 6,320 doses, already delivered. The message was also sent to FQHCs, MHCs, THC, VNAs and College Health Centers to offer free flu vaccine. To date: 810 doses have been requested for 9 sites. (3 College HCs, 4 FQHCs and 2 MHCs have requested doses.)

Flu Vaccine Efficacy and Effectiveness (Pat Vranesich)

Pat discussed resources available on flu vaccine efficacy and effectiveness:

- <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>
- <http://www.cdc.gov/flu/professionals/vaccination/effectivenessqa.htm>

Effectiveness studies are determined by 2 types of studies:

Flu Advisory Board (FAB) Meeting Minutes November 16, 2011

- 1) Randomized Control Trial (RCT) where 1 group receives vaccine and 1 group receives placebo. Vaccine efficacy is measured by comparing flu in vaccinated vs. unvaccinated. With universal flu vaccine recommendations, these studies became unethical
- 2) Observational Studies where participants decide whether they will be vaccinated. The study compares rates in vaccinated vs. unvaccinated.

Variation in effectiveness studies occur for following reasons: bias from study design; match between vaccine and viruses circulating; host factors (age, chronic medical conditions, etc.); sample size of the study and; effectiveness varies from year to the next.

Interpretation of study depends on outcome measured. For example, prevention of laboratory-confirmed influenza-like illness (ILI), hospitalization, self reported ILI, etc. The more specific outcome measurement, the better the results.

On October 26, 2011, a meta-analysis of 5,707 medical articles was published ([http://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(11\)70295-X/fulltext.](http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(11)70295-X/fulltext.)) Eligible studies included those whose endpoints were laboratory-confirmed flu on RT-PCR or viral-culture. Using these criteria the 5,707 articles were narrowed down to 31 eligible studies.

The study found that randomized controlled trials of TIV were effective 8 of 12 (67%) seasons and had a combined efficacy of 59% in healthy adults. LAIV was shown to provide significant protection in 9 of 12 (75%) seasons. With LAIV, there was a combined efficacy of 83% against flu in children aged 6 months to 7 years. There were no randomized controlled trials of TIV for children 2 to 17 years of age meeting the study inclusion criteria. One 2-year study assessing TIV vaccine efficacy in children aged 6 months to 2 years found that in the 1st year vaccine efficacy was 66% and in the 2nd year there were too few cases and efficacy was absent. Evidence for consistent, high-level protection remains elusive for the current generation of vaccines, particularly among those at risk of medical complications and those ≥ 65 years of age.

This article concludes and reaffirms the fact that flu vaccine protects the majority of those who receive it. However, the study highlights the limitations of flu vaccines. It also highlights the need for a new generation of more highly effective and cross-protective vaccines that can be manufactured rapidly.

FAB discussed partner organization responses to the Olsterholm study. FAB members didn't hear too many questions about this study, but their messages were that the flu vaccine isn't perfect, but it's the best protection we have. The study must not have hit the media like we expected it to.

2011-12 Health Care Personnel Flu Vaccination Coverage (Cristi Carlton)

Health Care Personnel (HCP) Vaccination:

Flu Advisory Board (FAB) Meeting Minutes November 16, 2011

Recommendations for HCP to receive flu vaccine have been in place since 1981. Cristi discussed the Hospital Vaccination Survey conducted by MDCH. 177 hospitals in MI were interviewed from August 16-September 19, 2011 regarding their flu and Tdap vaccination policies.

Flu Results: 41% of hospitals (73/177) had a mandatory policy that required all staff to receive an annual flu vaccine; 96% of these policies were implemented in 2009 or later; Critical factors that led to implementation: Leadership and/or administrative support (56%), Pressure from professional groups (14%). Top barrier for not implementing: Staff resistance (25%), Challenges that arise from labor or union policies (20%).

Tdap Results: 11% (19/177) have a mandatory Tdap vaccination policy for all employees; 14% (25) have a mandatory policy for some staff. By hospital group, 8% (9/115) have a mandatory policy for all employees; 12% (14) have a mandatory policy for some staff. Top barrier for not having a policy: Hasn't been discussed (29%), Lack of leadership/administrative support (13%).

FAB members reported the following facility policies:

One facility gives employees a sticker to wear on their badge to indicate that they've received their seasonal flu vaccine. This fosters positive peer pressure; however, some employees don't want to share with others whether or not they've received their flu vaccine.

Borgess implemented a policy where if you received the flu vaccine and got the flu, the time you had to take off wouldn't count against you; if you didn't receive your flu vaccine and got the flu, that time off would count against you. Spectrum implemented a mandatory flu vaccine policy, including their ambulatory care sites.

FAB members discussed the needs for strategies to ensure that health department employees are vaccinated. Discussed bringing this up as an issue at MALPH. MDCH has been asked at fall conferences what our flu vaccination rates are within the Division. There isn't a lot of discussion at pharmacies about their employees getting vaccinated – most highly recommend it but don't mandate it.

Dr. Atkinson said at fall conferences that the first flu vaccine that comes into your office should be given to health care personnel and staff. Protect yourself first so that you can protect your patients. Some HCP are sick of hearing that they need to do one more thing to protect their patients – they are pretty responsive to the message of “protect yourself, your family, and your community.”

Flu Vaccination in Adults (Cristi Carlton)

There is a decrease in the number of adults getting vaccinated against the flu – both nationally and in Michigan.

There is an increase in individuals moving into the 65 years and older category (baby boomers) so it may be this group of individuals who have never traditionally gotten

Flu Advisory Board (FAB) Meeting Minutes November 16, 2011

vaccinated and need to be vaccinated against the flu. It was suggested that many of these individuals might think they are healthier, so they aren't as apt to seek out flu vaccine as our past 65 and older age group.

Another reason adult rates are lower could be the backlash from the H1N1 pandemic when adults were upset that they couldn't get the vaccine right away. They were always told they were high risk and then were told they weren't in this category during the pandemic. This left a confusing message.

People may be confused about the timing of flu vaccine. Before we used to tell them to come back in October, and now we are saying they can get the flu vaccine as early as August or September. Seniors are also confused about the high dose flu vaccine and they may perceive that the traditional flu vaccines given to them in the past haven't worked.

The market has also changed – years ago we only had 50M doses available and now we have many more doses available. The issue of scarcity is now gone.

FAB members agree that MDCH should still send the letter to long-term care facilities. Even though it's November, it's still important for them to receive this letter.

Perhaps the decrease in numbers is also due to the recession. Some of these vaccination programs may have been eliminated because staff members have lost jobs in long-term care facilities and so on. Many long-term care facilities deal with third party vendors to run their vaccination programs.

In long-term care, there is a federal regulation that flu and pneumococcal vaccines must be offered to all residents. Health care surveyors do assess the efforts of long-term care facilities in offering vaccines. MDS does have these rates available for vaccines offered to residents. Vaccine must be offered upon admittance as well as every flu season; flu vaccine education must be given to residents, too.

Henry Ford is doing a project on cocooning of infants – running into a roadblock offering and giving Tdap and flu vaccines to new fathers, grandparents, siblings, and those surrounding the infant. Discussed the role hospital pharmacies could play in this. Outpatient pharmacies in the community are providing vaccines, do hospital pharmacies offer and give vaccines? Discussed hospitals working with an access company, such as a Visiting Nurse Association or other community vaccinators.

Manufacturer Updates

MedImmune – all VFC doses have shipped; 98% of private doses have shipped; first batch will expire November 20, 2011; replacement program through CDC goes directly through McKesson; private doses go directly to the distributor they purchased from; replacement programs runs through January, 2012

Flu Advisory Board (FAB) Meeting Minutes
November 16, 2011

sanofi pasteur - Fluzone ID is 18-64 years (reminder); plenty of vaccine available so if providers want more, shipments are every day; no one should be done vaccinating in November; myths and facts about flu vaccine – American Lung Association Faces of Influenza campaign

One member asked about reactions from Fluzone ID? Increased local reactions including redness and swelling; LHDs have reported that some staff have had swelling and redness; reactions have seemed to vary greatly from person to person; FAB members remarked that people are complaining they are seeing more reactions with the traditional flu shot this year, too; sanofi urged members to report anything unusual to VAERS.

GlaxoSmithKline (GSK) – all doses were shipped by September – this may have posed more of an issue with providers

Novartis - everything has been shipped; more vaccine is available if anyone needs it

Flu Gossip & Hot Topics

National Influenza Vaccination Week – December 4-10, 2011

Suggestion to add flu vaccination rates among health care facilities at fall conferences next year. For instance, “my facility has 98% vaccination rates.” Another suggestion was to add a sticker to the fall conference badges to indicate if attendees had received their flu vaccine. FAB members want flu vaccine to be offered at fall conferences – could LHDs or community vaccinators provide flu vaccine to fall conference attendees?

Reminder to FAB members that there are a lot of educational resources available on www.michigan.gov/flu.