

**Texas Immunization Stakeholder Working Group (TISWG)
Meeting Minutes – October 16, 2008**

Texas Legislative Conference Center
State Capital
1100 Congress Avenue, Room E2.002A
8:30 a.m. – 3:00 p.m.

Participants

Carrie Kroll and Dr. Jason V. Terk, Texas Pediatric Society; Clark Petty and Sandra Hermosa, San Antonio Metropolitan Health District; Erin Jackson, Representative Donna Howard's Office; Fran Kirkley, Tarrant County Public Health; Kim Roberson, Texas Pharmacy Association; Laura Lerma, Texas Nurses Association; Whitney Monge, Texas Association of Community Healthcare Centers; Andrea Stricklin and Del Negron, Merck Vaccines; Brad Bracken and Reece Patterson, Sanofi Pasteur Vaccines; Ed Kothera and Lori Bush, Medimmune Vaccines; Keith Cunniff, Wyeth Vaccines; Dan Walters, facilitator, Dan Walters and Associates.

New Members and Guests

Bob McVey, Representative Ryan Guilin's Office; Emily Babcock, Margaret Mendez, and Tammy Wishard, Texas Medical Association; Maureen Moore, Houston Area Immunization Partnership; Jim Bates, Dan Walters and Associates; Angel Angco, DSHS - Health Service Region 5/6; Lauralea Bauer, Texas Education Agency; Kelly Gorham, DSHS-Texas Health Steps; Sandy Benavides-Vaello, Texas Association of Community Health Centers; Michael McElwain, DSHS – Immunization Branch; Kingsley Enontang, Texas Pharmacy Association; and State Representative Donna Howard.

DSHS Staff

Sharon Slater, Centers for Disease Control and Prevention; Lucille Palenapa, Infectious Disease Control Unit; Kathy Clement, Texas Health Steps; Amy Schlabach, Jack Sims, Karen Hess, Lupe M. Garcia, Monica Gamez, Immunization Branch; Christine Contreras, David Scott, Debra Saxton, Tim Hawkins and Vivian Harris, Disease Prevention and Intervention Section.

A new member orientation began at 8:30 am through 9:00 am. The general session came to order at 9:10 am.

Welcome and Introduction: Mr. David Scott welcomed TISWG members, meeting participants, and introduced facilitator, Dan Walters.

Introduction of All Participants: TISWG members and meeting participants introduced themselves and the organizations they represent.

Review of Minutes: Mr. David Scott asked for any feedback/comments regarding the last meeting minutes. Having no comments, the approved minutes are now final. The minutes are located at the following web address: <http://www.dshs.state.tx.us/immunize/partners/tiswg.shtm>

Agenda Review and Expectations: Mr. Dan Walters reviewed the agenda and discussed meeting expectations with the participants. He stated this model was also used with the Immunization Branch a few weeks earlier to develop the new Strategic Plan. Mr. Jack Sims briefly shared the process and the progress the Immunization Division has made using this technique. More information on the progress will be shared with TISWG at a later date.

TISWG Line of Sight to the Texas Immunization Vision, Mission, Goals, and System:

Mr. Dan Walters began the discussion with a presentation “*Getting a TISWG Line of Sight to the Immunization Branch Vision, Mission, Goals, and System*”. - “A visual of what the Immunization System looks like”. The objective in this segment was to introduce key components and concepts of the Immunization Branch’s Strategic Plan by creating interdependence. Members examined what we can do collectively that we cannot do independently. With the elements that make up this strategic plan, how can a provider or the individual person in this complex system connect their day-to-day activities with this high-level strategy? The group broke into five mini-TISWG table groups to complete an exercise and then reported their personal reflections on their view of the Immunization System, and the Vision and Mission of the Immunization Branch. Participants stated the following:

- **Personal Reflections on the Immunization System (as stated)**
 - Would like to see ideas on how to strengthen the ideas and goals of this whole system.
 - The inner-workings of each area and how it relates to TISWG. We come together as a working group to make sure we are all heading in the right direction and are able to look at issues with a different set of eyes.
 - Emphasize the implementation of open communication, so everyone is aware of individual discussions going on.
 - Need to have a clear understanding of the vaccine supply chain. Do not want to under emphasize it, because any one part that breaks down really affects significantly on the ability to deliver vaccines.
 - Instead of vaccine manufactures working independently in separate entities, how can they work collaboratively?
 - Clarify that the diagram is not just pertaining to the public vaccine system, but it also pertains to the private vaccine system as well. What is missing from this are the payments for services on the private side. This is something significantly affecting the vaccine safety net, the cost of acquiring, storing, and providing vaccines on the private side and payment from third party payers not keeping up with the progress.
 - Would like to learn more about how the government part of the system works.
 - Curious to know how this system incorporates those in outlying or rural areas.
 - Define what is missing. WHO actually gets the vaccination as part of the system, the children, the parent, the adult, and the people who actually see the vaccination?
 - The anti-vaccination forces, how can we counter act?
 - Showing the benefits rather than the side effects. As part of the system, need to breakdown barriers and educate people in correct signs as oppose to bad signs.
 - The anti-vaccine movement; there are forces outside the system.
 - Where is the anti-vaccine movement going to go? Need simple messages, “Vaccines are safe, Vaccines work” and continue communicating that.

- **Personal Reflection on the Vision and Mission (as stated)**

- Alignment - Focus on similar common goals, better job on organization, communication, so there is better awareness, collaboration with any stakeholder in terms of efforts towards common goals.
- Concern with communication to the end users; the technicians, nurses, and medical assistants. How do we get the message out of what is new in immunizations? What are the best practices?
- NIS (National Immunization Survey) Survey constantly changes what they are measuring.
- Have to measure success in terms of outcomes, and that outcome should not be all based on surveys. Cannot compare apples to oranges, because you have to measure that outcome in the context of the disease.
- System has inappropriate measures – vision and mission are outcome focus, the system measures are task focus (right shot, right time), and funding is driven by right shot right time. Because of the inappropriate measures, it creates a back up of the entire system, slowing the process down.
- Concept of Right Shot, Right Time; compartmentalized into the functions and ignores other things that are done as active roles. It is more than just about the vaccination.

Influenza Road Map – Overview & Implementation Discussion: Mr. Tim Hawkins provided an update on “The Influenza Road Map”, discussing the impact, challenges, and recommendations of influenza disease. In the past year, TISWG has discussed issues relating to influenza and been given the opportunity to provide input on the influenza roadmap planning for the next five years. The Immunization Branch has taken the input and recommended action steps to develop a draft report. The goal is to have the final report serve as an educational tool for the public with a five-year visual roadmap, presenting the big picture and direction. The group broke into five mini-TISWG table groups to discuss five key issues. The responses from each table group are located at the following web address: <http://www.dshs.state.tx.us/immunize/partners/tiswg.shtm>

- Issue 1 – Vaccinating Throughout the Entire Flu Season
- Issue 2 – Alternative Flu Vaccination Sites
- Issue 3 – Public/Provider Influenza Immunization Education
- Issue 4 – Vaccinating Healthcare Workers Against Flu
- Issue 5 – Using and/or Promoting the Use of ImmTrac for Flu Vaccination

Adolescent/Adult Immunization Business Plan – Overview and Implementation Discussion: Mr. Jack Sims distributed three handouts; 1.) *Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series*, a chart of the disease burden for all age groups and for all vaccine preventable diseases. The action plan is being finalized and almost ready for distribution. A few data issues center on disease surveillance and the burden of disease. DSHS wants to be able to demonstrate in the report the burden of disease in Texas for vaccine preventable diseases as it attributes to adolescents. 2.) *DSHS Plans/Considerations* is a list of DSHS actions regarding the adolescent plan and its implementation. Feedback is welcomed and requested. 3.) *Recommendations/Action Plan* is a listing of objectives with some activities and an action plan for the adult program. Below each action plan were questions posed to TISWG.

Members can give feedback and respond via email to the Adult Adolescent Coordinator, John Gemar at John.Gemar@dshs.state.tx.us .

Immunization Hot Topics: Mr. Jack Sims

- According to the latest National Immunization Survey, vaccine coverage levels in the state have gone up. The lowest coverage levels continue to be the fourth dose of DTaP. Texas is at 82%, compared to our goal of 90% coverage. Ideally it is anticipated that we reach 90% coverage level per each individual vaccine measured in the 4:3:1:3:3:1 series¹. Texas is at 90% or higher with all other vaccines. We are right at the national average.
- A DSHS cross-sectional workgroup is forming to draft a document on Hepatitis A and Hepatitis B. Hepatitis A is disappearing and Hepatitis B is on the decline as well. The message being told is that “public health works, public and private partnerships work and vaccines work”.
- Hurricane Response:
 - Mr. Sims recognized Karen Hess and her group for their excellence in the delivery and distribution of vaccines during this latest hurricane response.
 - Mr. Sims also thanked vaccine manufactures for their donations.
 - DSHS obtained access to Louisiana’s immunization registry before a hurricane made landfall. By being proactive, if what happened during Hurricane Katrina were to be repeated, DSHS would be far better prepared to gain access to displaced children’s records.
 - DSHS will begin working with other state agencies to help prepare “first responders”. The aim is to get responders vaccinated and ready for the next disaster response.
 - Between September 15th and October 15, 2008, 12,000 new individual school based providers have registered for ImmTrac access. Schools with access to ImmTrac can easily look up information on displaced children. Efforts to encourage all schools to register with ImmTrac are on going.
- ImmTrac Update:
 - In August, the Senate Bill 11 rule approved ImmTrac to be used as the Disaster Tracking and Reporting System for anti-viral, vaccines and medication administered in preparation for, and /or during a disaster response. This new adaptation will allow DSHS to expand the statewide immunization registry to include vaccination histories for first responders and their immediate family members. In addition, it will provide an avenue to capture the documentation needed for the reporting of adverse reactions to vaccines and medications should it become necessary.
 - A new birth registration process for ImmTrac began in early September. It now allows providers to simply check a box informing ImmTrac that they have parental consent on file in their offices. With consent, immunization records can immediately populate the statewide registry.

¹ 4:3:1:3:3:1 series is a measurement of the 4 doses DTP or DTaP, 3 doses Polio, 1 dose MMR, 3 doses Hib, 3 doses Hepatitis B, and 1 dose of Varicella vaccine used by the Centers for Disease Control and Prevention, National Immunization Program, National Immunization Survey, to determine the National Estimated Vaccination Coverage of children ages 19-35 months.

- During the Hurricane Ike Response, the first “First Responders” were entered into ImmTrac. Currently there are over 200 registered responders in ImmTrac.
- Up-coming Legislative Landscape:
 - There are stakeholders that would like to see the registry maintained life-long.
 - There are issues around vaccine financing and reimbursement rates;
 - There are issues of vaccine safety and education;
 - There potentially is expected discussion on coverage law, waiver tax, and ImmTrac sharing.
- Flu Season Update:
 - Providers may receive multiple shipments of vaccine, but will only receive vaccines as it becomes available to DSHS to place orders against. By the end of this flu season, providers will have a choice of flu product.
 - DSHS is committed to purchase vaccine throughout the flu season, October through May.
 - The Houston Area Immunization Partnership is hosting the Texas Immunization Summit 2008 on November 14 and 15, 2008 at the Holiday Inn Town Lake, in Austin, Texas. Seating is limited. Visit www.immunizehouston.org to register on-line or contact Jennifer Curtiss, at jcurtiss@jba-cht.com, or via telephone (512) 474-2166, for more information.

4th DTaP Research Study and Update: Ms. Sharon Slater provided a presentation on “The 4th DTaP Research Study“. It depicted the preliminary results of the questionnaire from the Quantitative Research Survey. Forty-five parents whose children were behind on their fourth dose of DTaP participated. The results presented at a previous TISWG meeting were the first of this two-part study. The second part of this quantitative research talked to parents, reviewed current literature, identified perceived barriers, explored how wide spread the barriers were, and how many parents were actually effected. During a three-week period in May and June, surveyors conducted 2,000 interviews.

Next Steps: A report of the findings will follow and TISWG will have the opportunity for review, comment, and input.

Announcements:

- In recognition of TISWG’s fourth year anniversary, participants posed for a group photo.
- Mr. Sims introduced our sponsor and special guest, Representative Donna Howard. Mr. Sims acknowledged her efforts to pass key legislation regarding ImmTrac.
- Mr. Walters recognized Mr. Clark Petty, San Antonio Metro Health. His article regarding the Immunization Registry is currently circulating in a nationally syndicated press release.

Meeting Evaluation

- Negatives
 - Several physicians were missing today. Efforts are needed to ensure more MD's attend future meetings.
 - For the next meeting in Feb/Mar, would like "Save the Date" notices to go out earlier.
- Positives
 - This was a "Cool Venue"
 - Forced shifting from table to table made the meeting very interactive.
 - Review of system perspectives was very helpful.

New Items/Next Steps:

- Status Report of Hib Allocation and Supply
- Adolescent Recommendations
- Next Meeting will be scheduled in February or March of 2009

Adjourn:

- The meeting adjourned at 2:50 p.m.