
Update: The National Influenza Vaccine Summit 2009 Meeting

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National Influenza Vaccine Summit

The National Influenza Vaccine Summit is...

- Co-sponsored by AMA and CDC
 - A partnership of organizational stakeholders, both private and public, in influenza vaccine research, production, distribution, advocacy, and administration
 - All committed to achieving the Healthy People 2010 goals for influenza vaccine
 - Contact L.J Tan (Litjen.Tan@ama-assn.org) for more information
 - All presentations will be available at www.preventinfluenza.org; Executive Summary will be available in two weeks
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Summit Creates United Influenza Vaccination Goals

- Improve transparency and communications between partners around influenza vaccine supply and distribution
 - Increase awareness about severity of influenza, benefits of vaccination throughout season
 - Advocacy to change policy
 - Achieve national/local media coverage
 - Provide timely communications between Influenza Vaccine Summit stakeholders
 - Email Updates, weekly conference calls
 - Extend communications messages to the grassroots levels
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The 2009 National Influenza Vaccine Summit Meeting

- Record attendance – more than 287 registered participants representing 153 organizations covering 30 states and 3 foreign countries!
 - Update on influenza – Including pandemic H1N1
 - Multiple sessions to provide basis for 2009-2010 action items
 - Real time influenza immunization surveillance data
 - Improving health care worker rates
 - Ensuring influenza vaccination for patients of private providers
 - Communications surrounding influenza vaccination
 - Improving influenza immunization for 18-and-younger
 - Expanding the influenza immunization season
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Novel Real Time influenza vaccination monitoring

- Considerable interest in measuring vaccination rates in real time
 - Affords potential to target populations where uptake is poor
 - Affords subtle shifts in messaging to improve uptake mid season
 - RAND Rapid Survey Project
 - SDI Medical Claims data analysis and FluSTAR
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Influenza immunization among health care workers

- Nationally averaging from 46 -50%
 - Despite strong efforts, many facilities find that their rates plateau (~70%)
 - Simply basing programs on the Health Belief Model fails
 - Free vaccine does not improve rates
 - Not just a health care worker issue but a patient safety issue
 - Must consider an ecological model where organizations, communities, and policy makers to create environments conducive to risk reduction
 - Policies requiring HCW vaccination may be necessary to protect HCWs, safeguard communities, and ensure patient safety
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Influenza immunization among health care workers

Statement from the Summit...

- Congratulate facilities that have made strong efforts to improve influenza immunization rates
 - Emphasize that despite multiple interventions, HCW rates are stagnant. Interventions include:
 - Education
 - Free vaccine and convenient access
 - Positive incentives
 - Facilities must try stronger methods, including policy considerations, to improve influenza IZ rates among HCWs
 - To protect the worker
 - To protect the patient
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Ensuring vaccination in private provider settings

- Multiple provider panel
 - Influenza immunization is recommended for those with CVD, those who are pregnant
 - Those on chemotherapy will have differing immune responses to vaccination
 - Cocooning those unable to respond important
 - Primary obstacles to immunization are not usually medical:
Eg:
 - Costs of vaccine
 - Not responsibility of the specialist/provider
 - Time makes discussion difficult
 - Not always a priority in patient visit
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Facilitating Influenza IZ in the 18 and Under

- New Jersey Daycare and Preschool Mandate
 - Multiple challenges were overcome in the 2008-2009 school year
 - For the 2009-2010 Season:
 - After December 31st, unvaccinated students must be excluded from school for the duration of influenza season (through March 31st) or until they receive at least one dose of the influenza vaccine.
 - With the exception of the first year of implementation, no additional grace period will be allowed.
 - Students enrolling after December 31st are still required to receive flu vaccine through the end of flu season.
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NACCHO Partners Meeting - School Settings

■ **Key Issue:**

- Identify and disseminate best practices to give a spectrum of school systems ideas on how to implement and sustain school-located influenza vaccinations

■ **Key Solution:**

- Central database of best practices and peer-to-peer exchange mechanisms

■ **Key Concerns:**

- addressing spectrum of issues related to logistics, communications with parents, schools, principals; consent forms, sustained funding, and working with mass vaccinators
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NACCHO Partners Meeting - Healthcare Settings

- **Key Issue:**

- Expand access points for vaccine: includes not only sites for clinics, but also personnel for running the clinics and identifying additional vaccinators

- **Key Solution:**

- The target groups identified to accomplish this were mass vaccinators, community partners, and pharmacists

- **Key Concerns:**

- public misperceptions about the vaccine, missed opportunities, physician buy-in of influenza vaccination in non-medical-home settings, reimbursement, insurance barriers to reimbursement for services outside medical home, improving access and increasing points of access, training needs, safety, liability concerns
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NACCHO Partners Meeting - Supply, Distribution, Financing

■ **Key issue:**

- ❑ Improved communications between manufacturers and public health re: supply and distribution challenges

■ **Key concern:**

- ❑ eliminating insurance/reimbursement barriers for vaccination given outside medical home; improved communications b/n public health and payers
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NACCHO Partners Meeting - Final Report

- This report will be formally written and placed on NACCHO's web page at:

<http://www.naccho.org/topics/HPDP/infectious/immunization/index.cfm>

Facilitating Influenza IZ in the 18 and Under – Matt Daley...

- “Tinkering” with current approaches will fail to achieve adequate vaccination coverage
 - Transformational change is needed:
 - Immunization “silos” broken down
 - Close cooperation between primary care, public health, schools
 - Health care system must place a higher value on influenza vaccination
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**Communications for the
Upcoming Season...
3 scenarios?**

What will we communicate about seasonal flu vaccine? When?

If seasonal flu vaccine is available first:

- Begin promoting seasonal influenza vaccine as soon as first doses become available using our “standard” messages, which include:
 - **“People should begin getting their flu vaccines in September or as soon as vaccine is available”**
 - **“Vaccination should continue throughout the influenza season into March until vaccine runs out”**
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Additional messages. . .

- “This new flu is a reminder of the unpredictable nature of influenza, and the importance of prevention.”
- “Flu vaccines are the most important step for protecting yourself and your loved ones against this serious disease – vaccination can result in fewer doctor’s visits, hospitalizations and deaths.”
- “The seasonal flu vaccine is not expected to protect against the pandemic/novel H1N1 flu. A pandemic H1N1 flu vaccine may/will/will not be available soon.”

What will we communicate about seasonal flu vaccine? When?

If pandemic/H1N1 and seasonal flu vaccines are available at the same time, there is not widespread severe disease and there is not high demand for pan flu vaccine:

- Use seasonal flu vaccine communication as the core. Promote seasonal influenza vaccine broadly as soon as it becomes available using our “standard” messages, as well as:
 - “The seasonal flu vaccine is not expected to protect against the novel H1N1 flu.”
 - “Pandemic flu is a reminder of the unpredictable nature of influenza, and emphasizes the importance of flu prevention.”
 - “A separate vaccine is available which prevents novel H1N1 flu and is recommended for the following people for the following reasons.....”
 - Conduct targeted outreach to promote pandemic/H1N1 flu vaccine to those for whom it is recommended.
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What will we communicate about seasonal flu vaccine? When?

If pandemic/H1N1 and seasonal flu vaccines are available then we see widespread, severe disease, high media coverage, and high demand for novel H1N1 vaccine:

- Broadly communicate about both vaccines with heavy emphasis on:
 - “seasonal flu vaccine is not expected to protect against the novel H1N1 flu”
 - explaining novel H1N1 flu vaccine prioritization/recommendations and rationale behind them
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National Influenza Vaccination Week, 2009 – 2010 Season

- **Scheduled for December 6 to 12, 2009**
 - Children's Vaccination Day
 - Tuesday, December 8, 2009
 - Healthcare Worker Vaccination Day
 - Thursday, December 10, 2009
 - Senior Vaccination Day
 - Friday, December 11, 2009
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2009 -2010 Seasonal Vaccine Supply

- 114-115M million doses are predicted by the manufacturers this year. >90% shipped by end of November.
 - Sanofi – 50M doses
 - 50% by end of August, completed in November
 - GSK – 17M doses, production impacted by B strain growth
 - 1M by end of July, 80% by end of August
 - Novartis – 30M doses
 - 33% by end of August, complete by end of September
 - MedImmune – 10M doses
 - All shipping in August
 - CSL Biotherapies – 8M doses
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General Outcomes from the June 29 – July 1 2009 Meeting

- Must deal with what we know will happen; H1N1 vaccine supply and disease is uncertain, seasonal influenza vaccine supply and disease is fairly certain
 - As of today, expecting >51M doses of seasonal vaccine by end of Aug. 119M total doses, 90% by end of Oct.
 - Begin seasonal flu vaccination consistent with messages from previous seasons but recognize that we will have to overlay pandemic vaccination later!
 - Need to improve immunization of 18-and-under; high risk in private provider settings
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General Outcomes from the June 29 – July 1 Meeting

- Begin seasonal influenza vaccination as soon as vaccine is available, vaccinate through the season until vaccine runs out
 - Healthcare worker flu IZ rates are still poor; facilities need to push strong programs to improve rates
 - Increasingly looking like pandemic H1N1 will circulate along with seasonal flu in the fall
 - Pandemic vaccination will be overlap with seasonal vaccination, Summit will update as info becomes known!
 - That does not mean stopping seasonal vaccination efforts!
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Next Steps...

- Executive summary distributed to Summit partners to distill out salient, impactful action steps for implementation in the 2009-2010 season
 - Pandemic H1N1 will dominate discussion but seasonal efforts must continue
 - Summit must work to facilitate communications between partners in a complex influenza season
 - Summit was a co-sponsor of the National Influenza Press Conference
 - Weekly Summit Calls and email updates have begun
 - All presentations and the agenda are posted on the Summit website:
www.preventinfluenza.org
 - Also available are multiple resources for influenza immunization
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THANK YOU!!
