VCHIP CHAMP VDH COVID-19

September 16, 2020 | 12:15-12:45pm Call Questions and Answers*

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VCHIP CHAMP 2020 Learning Session: Strengthening Vermont’s System of High-Performing Medical Homes

If you are in the CHAMP network, you should have received a Save the Date for this session. It will occur Tuesday, October 13, 2020, from 8 am to 12 pm on Zoom. We will be returning to our VCHIP roots and focusing on improving screening and follow-up for family-centered preventive services and well-child visits in the context of striving for racial and health equity in the delivery of our care. Please register by October 1 and reach out to the VCHIP team at vchip.champ@med.uvm.edu. We welcome attendance of community partners. That’s one of the benefits of being able to do this in a virtual platform.

AAP Updates – Connecting with the Experts: AAP COVID-19 Town Halls

AAP National launched a bi-weekly Series on Thursday, September 10, including interactive Q&A sessions with AAP experts. The next session will take place on Thursday, September 24 at 7:00 pm CT. The proposed topic for next week is testing and they are open to suggestions for future topics.

Practice Issues: VDH Immunization Program Influenza Vaccine Update
Christine Finley, APRN, MPH, Immunization Program Manager at VDH

I’ve tried to collect all of the questions that have been coming into the program, which I’ll address on this call. Flu vaccine coverage is low in Vermont. The Influenza Vaccine Coverage report was put out July 30. It’s the first time the Immunization Registry put out an annual report. I encourage you to review it. It has a lot of data available. The lowest rate was at 18-49 years of age and children 13-17 years are the group with the next lowest rate.

We are looking to expand access due to the co-circulation of COVID-19. We also have some additional funding due to COVID-19. In the past, we were put on hold from orders due to the need to reconcile the entire inventory first. Last year, when we made adult vaccines available at no cost, the over 65 year old age restriction caused problems. We cannot purchase the formulations for those age 65 plus under our CDC contract.

We are working to address immunization registry issues. In the past, the practice affiliation was changed if individuals got a flu vaccine at an off-site clinics. We are preventing this change in these situations. We have put more funding into public education to promote flu vaccine. We are also working with an outside group to expand that with more of an emphasis on social media than in the past. The Blueprint for Health reached out to us, and we are very interested in collaborating with primary care practices to promote the flu vaccine.

State supply and distribution of the flu vaccine is in the ordering process. In order to ensure the flu vaccine gets to every practice, we put in a big order by August 31 and then a second order by September 21. We now have 11 different influenza products. CDC tells us what we will be sent. Over 85% of the products are single dose, pre-filled syringes or vials, and are licensed for ages 6 months and older. A live attenuated flu

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vaccine can be ordered by practices via VIMS. We know some practices don’t use it at all and others order a small supply.

If you are doing an off-site clinic, we need you to sign an addendum. Off-site is defined as in a cooler and taken out of the site of administration. It does count if you take a cooler into a tent in your parking lot. We tried to make the vaccine management checklist for all-site clinics as clear and as simple as it can be. You only need to submit the data logger information if the vaccine has been exposed to an outer range temperature.

VDH has partnered with the AAP through a grant we wrote to support additional flu vaccine coverage. When we looked at how to use the funding and expand access, we thought to use the system we already have. The application is one page. We made it as simple as it could be. We need to receive your application by October 23. To obtain funding, you need to fill out a reporting form – where did you hold the clinic? How many people did you serve? We need that information to assess the effectiveness of the flu clinics and how many people were reached. If you need Medical Reserve Corps (MRC) volunteers to support flu vaccine administration, you need to document that in a letter, describing steps you took to meet the need through regular resources and processes, and include information on medical orders and liability. We have additional resources for providing off-site clinics in the time of COVID-19.

CDC has excellent guidance on drive-through flu clinics. You can use the grant to cover the cost of staffing and/or to purchase a little refrigerator. You can use the grant for both pediatric and adult clinics. You can also use the funding for an assisted living facility. For over age 65, the high dose is 24% more effective. VDH cannot partner with you because we don’t have the staffing at this point with the COVID-19 testing we’re putting on. VNAs can also enroll as a specialty provider. In terms of temperature monitoring for off-site clinics, we will mail you the monitor and make sure it’s all set. We are finalizing a poster regarding the importance of flu vaccine in the time of COVID. Board of pharmacy is putting out guidance that encourages training and limitations on giving vaccines to children. Flu vaccine immunity begins to wane after 6 months, and that’s usually in folks age 65 and over. The CDC does not say anything about 4 months.

Questions/Discussion

Q: Can we put that video or a link on our practice websites about why the parent vaccinates?
A: Chris Finley, APRN, MPH, VDH: Yes, we’d love that. Please share.
A: Wendy Davis, MD, VCHIP: https://www.healthvermont.gov/immunizations-infectious-disease/immunization/parents

Q: What is the efficacy of regular flu vaccine for otherwise healthy people who are over 65 y/o? I ask because some school staff over 65 y/o don’t want to be bothered to go to their MD office.
A: William Raszka, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: Yikes; it works similarly in older 65 and under 65 based on a large trial of 20k adults. Not great for either group though.
A: Merideth Plumpton, That is a great question. The CDC has the following resource about flu vaccines for age 65+, https://www.cdc.gov/flu/highrisk/65over.htm. Pharmacies also carry high dose and FLAUD.
A: Ashley Miller, MD, South Royalton Health Center: To clarify, 65+ don’t make a great response to the flu vaccine, so those licensed for those over 65 will hopefully make a better immune response. So, should we be pushing these folks to go to their PCP, or if we think they won't get it if we don't give one, the regular is better than nothing?

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A: William Rasza, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: The general approach to influenza vaccination is that any vaccine is better than no vaccine. Using the high dose in those older than 65 is optimal.

Q: Schools are still saying no “volunteers” including MRC volunteers.
A: Breena Holmes, MD, VCHIP, VDH: We are hopeful that we can get the volunteer piece waived if you want to do a flu clinic.
A: Sharonlee Trefry, VDH: Some schools may say no volunteers but the AOE guidance does allow for volunteers if the superintendent approves.

Q: Can someone comment on the timing of administrating vaccines? There has been a push to start vaccinating now, which seems early to me. I understand 8 and under with first vaccine needing a booster. But are we really doing the best for our patients by vaccinating in September when our flu season has been lasting longer into the spring?
A: William Rasza, MD, UVM Medical Center Children’s Hospital & Larner COM Department of Pediatrics: I think that there has been a concern that if influenza and COVID-19 are circulating together, things will be a mess. There has been push to immunize earlier this year to avoid co-circulation. The waning immunity is more about older adults.

Q: Do providers need to be present for flu clinics? We are doing several weekend and evening hours at multiple offices, so logistics of covering with providers is challenging. Any thoughts? We used to in the non-EHR world, but not sure now. What would be needed for this?

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