



# National Influenza Vaccine Summit

## *Influenza Activity Spotlights*

Monday, February 13, 2012

Issue #14

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**Professional Medical Organizations**  
**Please disseminate widely to all of your members.**

**NOTE:** There will be **NO** National Influenza Vaccine Summit Call on Thursday, February 16, 2012. The weekly surveillance report will be distributed via the regular Summit *eUpdate*.

### 1. Summary of the February 9, 2012 National Influenza Vaccine Summit Call

L.J Tan welcomed Summit partners and facilitated the call.

**Influenza Surveillance Update** – Scott Epperson from CDC reported that, although influenza activity is starting to pick up in some regions, all surveillance indicators remain below baseline levels. Activity continues to increase in western/upper mid-western states. H3N2 is the predominant strain, but more H1N1 is beginning to appear in Regions 6 and 9. Although the numbers remain small, the vast majority of type A specimens tested are similar to vaccine strains, while only about half of B strains tested are similar to vaccine strains. A second pediatric death has been reported. The child's strain was identified as type A, but a specimen was not available for subtyping. The previously reported pediatric death was type B. Scott reported that no additional H3N2v cases have been reported since the last cases were identified in West Virginia in November. Current information on the influenza season is available on the [CDC influenza website](#).

**Kohl's and Children's Influenza Prevention Project for Kids** – Patsy Stinchfield, Director of Pediatric Infectious Disease and Immunology Infection Control at Children's Hospitals and Clinics of Minnesota, presented information about the *Kohl's and Children's Influenza Prevention Project for Kids*, a highly successful public/private partnership to increase influenza immunization in children. This project, which is now in its third year, has been made possible through a \$1.5 million grant from Kohl's. The four major components of the project are: (1) school-located vaccine (SLV) clinics, (2) clinics held at Kohl's Department Stores, (3) basic influenza prevention education in the school setting, and (4) a marketing and communications campaign. This year over 6,000 students have been vaccinated at clinics occurring at elementary, middle and high schools. Ms. Stinchfield stressed that the partnerships that have grown over the three years of the project have helped make the SLV clinics a little easier each year. Clinics also were conducted in twelve Kohl's stores, providing convenient access for parents. Outreach workers provided influenza education for students in grades K-3, with particular emphasis on the importance of hand hygiene. Junior and senior high school students developed creative entries for a PSA contest, with prizes being awarded to the winners' schools. These efforts received additional attention through stories in local media outlets. Finally, the marketing campaign consisted of radio PSAs and "Frankie and Franny" videos which aired on the

local PBS station. Ms. Stinchfield stressed that all of these activities were possible through the generosity of Kohl's, which has a policy of returning 5% of profits to local communities.

Following Ms. Stinchfield's presentation, Summit partners asked several questions related to the availability of materials for use by other groups. Ms. Stinchfield said the project's videos are free and will continue to be available for use during the 2012-2013 influenza season. L.J Tan noted that these and other great resources should be available at this year's Summit meeting in May. In response to questions about the logistics of obtaining the \$1.5 million grant, Ms. Stinchfield stated that Kohl's has a long-term commitment to local children's hospitals. The store initially approached Children's Hospitals and Clinics of Minnesota about their interest in supporting a project, and then selected the influenza campaign from several options presented by the hospital. At that point, the hospital was required to develop an extensive grant application with measurable outcomes. The hospital and Kohl's representatives meet on a regular basis to determine if funding will be continued each year. Call participants also had several questions related to the SLV clinics. Ms. Stinchfield noted that community vaccinators administered vaccine; each school needed only to provide a gym/cafeteria for the clinic and access to communicating with parents. Although the campaign targeted children, parents/grandparents appearing at the clinic also were able to be vaccinated if they had insurance coverage or by using vaccine obtained through a separate small grant. Local providers were supportive of these school efforts and did not appear to resent the availability of additional clinics in the community. Finally, the difficulties of documentation were discussed. Parental consent forms are always the most challenging part of conducting SLV clinics, but this was somewhat alleviated by the fact that many clinics were held in the evenings in conjunction with other school events attended by parents, allowing them to provide in-person consent. Documentation of the immunization was provided on the student's Vaccine Information Statement, but information has not been reported to the Michigan Care Improvement Registry (MCIR.) However, plans are underway to report to MCIR via a "data dump" beginning next year.

Ms. Stinchfield provided multiple websites with additional information about the Project, including the [homepage](#), a [video PSA contest](#), "Frankie and Franny" [videos](#), an [infographic](#), and a [blog](#) item about the clinics held at Kohl's stores. Ms. Stinchfield also offered highlights of additional print and video materials, including a [handout](#) describing basic influenza prevention information, a [handout](#) to help parents determine "Which flu vaccine is right for me or my child?", a publicity [poster](#), and a [video](#) of a September broadcast on a local television station. In conclusion, [Ms. Stinchfield](#) noted she would be happy to provide an individual response to anyone with further questions or needing additional information.

**Announcement** - Dr. Tan reminded callers about the joint National Adult Immunization Summit and National Influenza Vaccine Summit to be held in Atlanta on May 15–17. The website providing additional information on these meetings should be available right after the February ACIP meeting.

- 2. The CDC/Influenza Division Weekly Influenza Surveillance Report** for Week 5, 2012 (ending February 4 ,2012) is available [here](#). This site also includes maps of the ILINet State Activity Level and the [geographic spread](#) of influenza illness as reported by state and territorial epidemiologists. CDC's key seasonal influenza points for February 10 are available [here](#). [Archives](#) of previous *FluViews* also are available.
- 3. National Vaccine Advisory Committee (NVAC) Adopts New Recommendations on Influenza Immunization of Healthcare Workers**

The NVAC recently voted upon and adopted the following new recommendations on influenza immunization of healthcare workers:

- Establish comprehensive influenza infection control programs in hospitals that include education on how to prevent flu transmission with tools such as hand hygiene, cough etiquette, free access to flu vaccines, and information on the benefits and misconceptions of flu vaccines.
- Health care employees and facilities should integrate flu vaccination programs into existing flu prevention and occupational health programs.
- Continue efforts to standardize methods on how to measure health care worker vaccination rates.
- Facilities that can't reach and maintain 90% vaccination level without the first three steps should strongly consider mandatory flu vaccination policies and may consider exemptions.
- Develop new and improved flu vaccines and vaccine technologies.

These recommendations will now be forwarded to Dr. Howard Koh, Assistant Secretary of Health.

Several stories on this issue are available for review. A discussion in CIDRAP is available [here](#). Differing perspectives may be reviewed at the [ShotOfPrevention blog](#) and in [McKnight's Long-Term Care News](#), a business news magazine serving the institutional long-term care field. Finally, OSHA's disagreement may be reviewed [here](#).

#### 4. CDC Recommendations for Influenza Antiviral Medications Remain Unchanged!

As previously noted in [Influenza Activity Spotlights Issue #12](#), January 30, 2012, recent publications have questioned the value of antiviral medications for the prevention and treatment of influenza. However, CDC's recommendations for use of influenza antiviral medications remain unchanged. Information about this decision is available through [CDC's Have You Heard? website](#) and a [CDC Health Advisory](#). A summary of CDC's Antiviral Guidance for the 2011-2012 Influenza Season is available [here](#).

#### 5. Call for 2012 NIVS Immunization Excellence Awards Nominations - Deadline March 2, 2012

Nominations are being accepted through March 2 for the 2012 *NIVS Immunization Excellence Awards*. **Summit partners are asked to disseminate the following information as widely as possible.**

The National Influenza Vaccine Summit is soliciting nominations for the 2012 *NIVS Immunization Excellence Awards*. Nominations close on March 2. These awards recognize individuals and organizations that have made extraordinary contributions towards improved adult and/or childhood influenza vaccination rates within their communities during the 2011-2012 influenza season. A national winner and honorable mention recipient will be selected for each of the four award categories listed below. Winners will be presented their awards at the National Influenza Vaccine Summit in Atlanta on May 15–17 and will be invited to provide a presentation to Summit attendees.

The *Immunization Excellence Awards* provide recognition in four categories:

- **Overall Season Activities** (activities related to early season and later season);
- **Healthcare Personnel Campaign** (community and/or institutional-based activities);
- **Immunization Coalitions/Public Health Community Campaign** (programs conducted within states and communities that demonstrate strong public and private collaboration); and
- **Corporate Campaign** (programs developed by communication/public relations organizations and/or supported by manufacturers, distributors or other for profit entities, such as multi-practice site companies.)

Click [here](#) to access complete information about the awards and the online nomination form.

## **6. Oregon and New Jersey Continue Work on Bills Requiring Reporting of Influenza Vaccines for Health Care Workers**

If passed, [Oregon](#) Senate Bill 1503 (also known as the *Influenza Prevention and Education Act*) would require health care workers to provide their employers with evidence of annual seasonal influenza vaccination or a written declaration that they declined receiving the vaccine. SB 1503 also would require the health care employer to report to the Oregon Health Authority on the vaccination of health care workers.

A bill making its way through the [New Jersey](#) legislature would require health care facilities to give their workers influenza vaccines.

## **7. Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration**

The Department of Veterans Affairs (VA) through its National Center for Ethics in Health Care (NCEHC) invites interested parties to comment on a [guidance document](#), *Meeting the Challenge of Pandemic Influenza: Ethical Guidance for Leaders and Health Care Professionals in the Veterans Health Administration*. Comments must be received by the VA on or before April 9, 2012.

## **8. New Report Analyzes Mandatory Influenza Vaccination of the Health Care Workforce**

A new [analysis](#) of state laws that require health care workers (HCWs) to accept influenza vaccination as a condition of employment has been issued by the George Washington University School of Public Health and Health Services. A [press release](#) about the report provides additional information.

## **9. Influenza-like Illness May Be Linked to Hospitalization for Febrile Convulsions**

As detailed in a recent CIDRAP [article](#), influenza-like illness (ILI) appears to be associated with hospitalization for febrile convulsions in preschoolers, especially in years when the H3N2 strain dominates, according to a study in the *Journal of Infection*. Danish researchers examined data on 59,870 admissions for febrile convulsions in children between 3 months and 5 years of age from 1995 to 2005. They found a risk ratio of 2.05 for being hospitalized with febrile convulsions when ILI activity was above 3% for the population, compared with when ILI was less than 1%. Overall, febrile convulsions increased 10.6% during influenza seasons, but the team found the largest increases were during seasons of H3N2 dominance, especially when a new strain emerged. During new-H3N2-strain years, influenza contributed to 29% to 47% of admissions.

## **10. Summit Website Offers Wonderful Resources on Influenza Vaccination!**

Remember to visit the Summit [website](#) for the latest on influenza immunization resources, as well as archival copies of the weekly newsletters!