

**Physician Advisory Committee (PAC)
of the San Diego Immunization Branch (SDIB)
Meeting Minutes**

Our mission: Reduce vaccine-preventable diseases by raising immunization coverage rates of all San Diego County residents
Website: www.sdiz.org

Date: January 6, 2010

Time: 7:30-8:30 a.m.

Place: Harbor Room

Attendees: Janet Battey, MD; Linda Bethel, PHN; Patty Dahl, PHN; Liz Dodson, RN; Henry Ng, MD; Kimberly Ralston; Mark Sawyer, MD; Shaila Serpas, MD; Mark Shalauta, MD; Florencia Sisterson, PHN; Howard Taras, MD; John Tueller, MD; Heidi Unruh, PHN & Josef Zwass, MD

Agenda Item	Discussion
Welcome and Introductions	<i>Dr. Sawyer</i> welcomed everyone and thanked them for attending.
Announcements	<p>2010 Immunization Schedules</p> <ul style="list-style-type: none"> The new 2010 schedules are not posted yet on CDC. Most of the differences are only in the footnotes. New changes are now routine immunization of influenza vaccine up to age 18. New focus on Polio dose after 4th birthday. Most combo vaccines are given before that age, but for long term immunity against polio the dose after 4th birthday is recommended. No new vaccines and no major changes in vaccine recommendations. Once the new schedules are available they will be sent out by email.
H1N1 Influenza Update	<ul style="list-style-type: none"> Ongoing Disease Activity – Activity has gone down in last several weeks which is measured by doctors visits, hospital counts and deaths. Vaccine Availability – Vaccine is now available for anyone who wants it. Vaccine has been available since October 5th and almost a million doses have been shipped to San Diego County and another 500,000 are on there way. This is enough for half the population. Of the million doses that have been received only 80,000 have been given in the public health centers. We are now in middle of phase 3 of receiving vaccine with the 500,000 doses. Local health departments have already received their share. There is also a supplemental supply of vaccine that has arrived to California which was more than they expected, this will benefit the hospital systems and large providers to make sure they get whatever they needed. Some have already received their shipment. Small retail pharmacies placed order on Monday since vaccine is now available for everyone that wants it. Large chain retail pharmacies have received vaccine directly from CDC, but small pharmacies are still waiting on theirs. Another order will go in on Friday for all updated and unfilled orders on the CalPanFlu website. And the last order should go in next Wednesday, but more may come after that. We're expecting to have a lot of vaccine, with not enough people wanting it later.

	<ul style="list-style-type: none"> • We have had success in giving vaccine in public and private schools. Close to 40,000 doses have been given. There is a partnership with the county and community organizers that are coordinating with school districts. The question was raised about doing school clinics with seasonal flu vaccine. Problems arise with paying for vaccines and having immunizers available. There are recent talks about pharmacies organizing with schools, but this would involve the pharmacy collecting money for vaccine, so it may only work in certain populations. • Kaiser has a lot of H1N1 vaccine. Scripps just received a large order. With recent shipments at Navy their supply is finally meeting the demand. North County Health Services has a large amount as well. • Messages for Community – It's not too late to get H1N1. There were issues earlier with people going to their Dr's office and them being out and telling them to go to public health, but then public health being out and telling them to go back to their doctors. This has been a challenge and there is information lacking. Vaccine would sometimes arrive unexpectedly without any warning. There hasn't been good communication. State wide discussions including AAP will be held about improving processes in the future and decisions about who gets vaccine and when.
Seasonal Influenza Update	<ul style="list-style-type: none"> • Most places have a small amount and some are completely out. There is no more supply that is going to be shipped. So whatever people have and use is it. SDIB's project to extend the flu season into January and February will be put on hold until maybe next year because most places are out of vaccine. Hopefully CDC will allow the project to be pushed back and year and see how receptive the community and clinics are to getting late vaccine.
Mandatory Influenza Vaccination for Healthcare Workers	<ul style="list-style-type: none"> • It has been successful at Children's Hospital. They have 95% immunization rate for inpatient staff. Those not immunized have to walk around with a mask all day long. This is being enforced. Union tried to talk it take the matter to court and they lost. At Navy the policy was only seasonal (not H1N1) but they had supply problems with seasonal and other issues because the more prevalent disease was H1N1. Participation was about 92%. Some pediatricians are still reluctant to get the vaccine.
Availability of New Vaccines	<ul style="list-style-type: none"> • New vaccine approved by FDA for seniors. It has 60 micrograms of flu antigen as opposed to 15 in normal vaccine. This will help with the relatively low immune response in seniors. The vaccine should be available next year. Also available next year is Agriflu which is made by Novartis. It's an adult vaccine that will help overall with supply. • GSK vaccine for HPV – Has anyone heard about it or seen it yet? Not sure on projections of when it is going to hit the streets. • Senond meningococcal vaccine is approved in October. It's similar to Menactra. Not sure when that one is coming out.
Recent Journal Articles of Interest	<ul style="list-style-type: none"> • H1N1 in pregnancy- The article takes a look at the cost analysis of seasonal and H1N1 in pregnancy using quality adjusted life years. The article looks at prevalence rates of both H1N1 and seasonal. The more prevalent the infection is the more cost effective it is to immunize. The mortality rate is taken into effect. Bottom line - For most scenarios vaccination of pregnant women is considered to be cost effective. They are disproportionately affected by influenza and are relatively young and healthy. It was brought up also that Obstetricians are also a barrier and many don't believe in giving pregnant women vaccines. HPV Vaccine for males was not considered to be cost effective. CDC came out with passive recommendation that's it's ok to give it, but it's not cost effective. Pregnant women can get flu shot in any trimester.

SDIR Update

- At the state level CIC is working with Kaiser to try to get over confidentiality issues and let their records be shared. Hopefully the hurdle will be overcome soon. Also hopefully places like Scripps and Sharp and their IT people will agree to allow SDIR to interact with various new electronic medical records that are going in place.

Next Meeting: March 3, 2010