

Lydia Luther



Please mute your microphones and turn cameras off. Speaker questions should be submitted via the chat box.

Thank you!



Speaker Transition Slide



Part 1: Pandemic Impact on Routine Immunizations in Oregon

Steve Robison



Overview

- Clinics initially limited non-urgent/emergent services when the pandemic began in March.
- American Academy of Pediatrics and CDC recommended continuing giving immunizations to infants per schedule.
- Less clear guidance on older child/teen/adult immunizations during the pandemic.
- Social distancing and fear of disease exposure may make parents reluctant to return for immunizations
- Strong seasonality in Oregon for many immunizations related to back to school periodremote learning this fall may impact this as well.
- Oregon Immunization Program is tracking immunization delivery per month during the pandemic



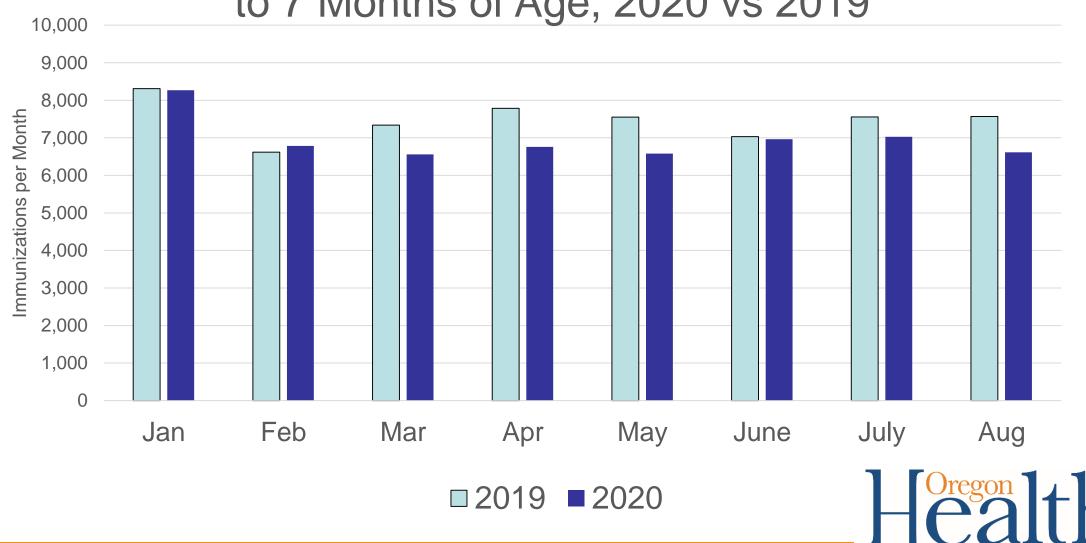
Impact Measures

The Oregon Immunization Program is tracking 7 seven childhood & 2 adult immunizations as proxy measures for COVID effects.

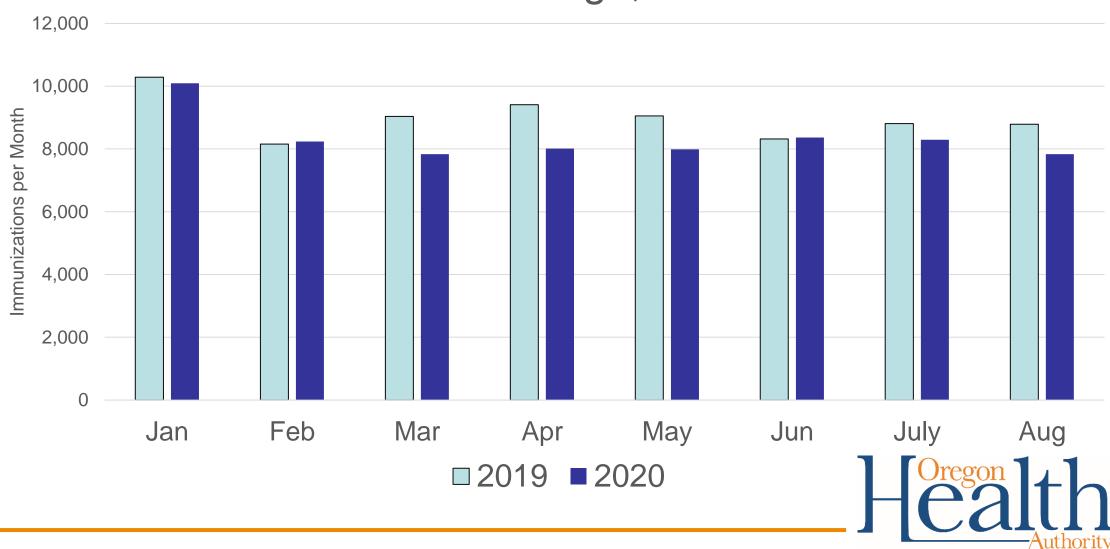
- Rotavirus at 2 to 7 months of age
- DTaP at 2 to 9 months of age
- MMR at 12 months of age
- MMR at 2 to 9 years of age
- HPV at 9 to 13 years of age
- Tdap at 9 to 13 years of age
- Immunization Visits(non-flu) at 2 to 19 months of age
- Tdap among women of child-bearing age
- PPSV23 among adults



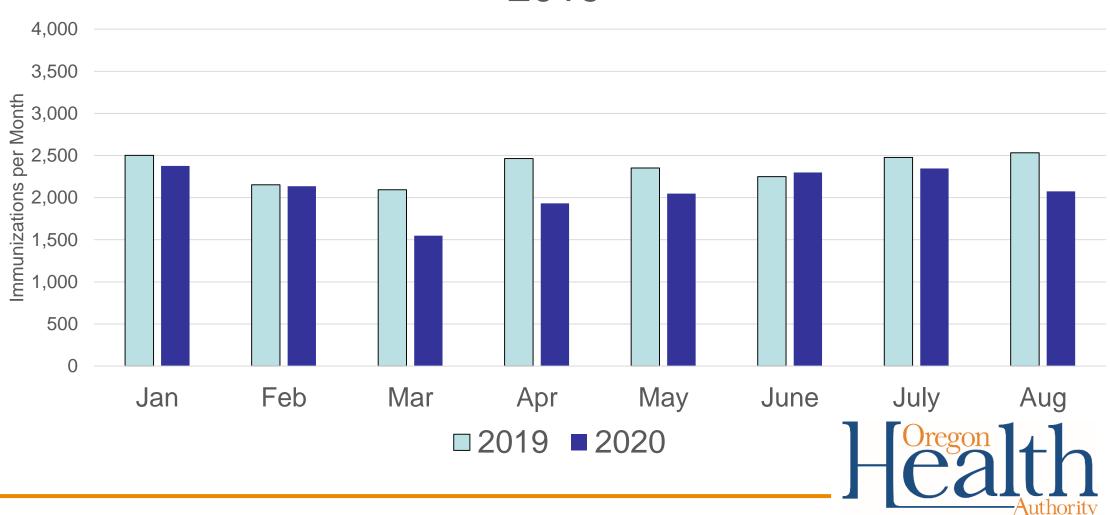
Oregon Infant Rotavirus Immunizations at 2 to 7 Months of Age, 2020 vs 2019



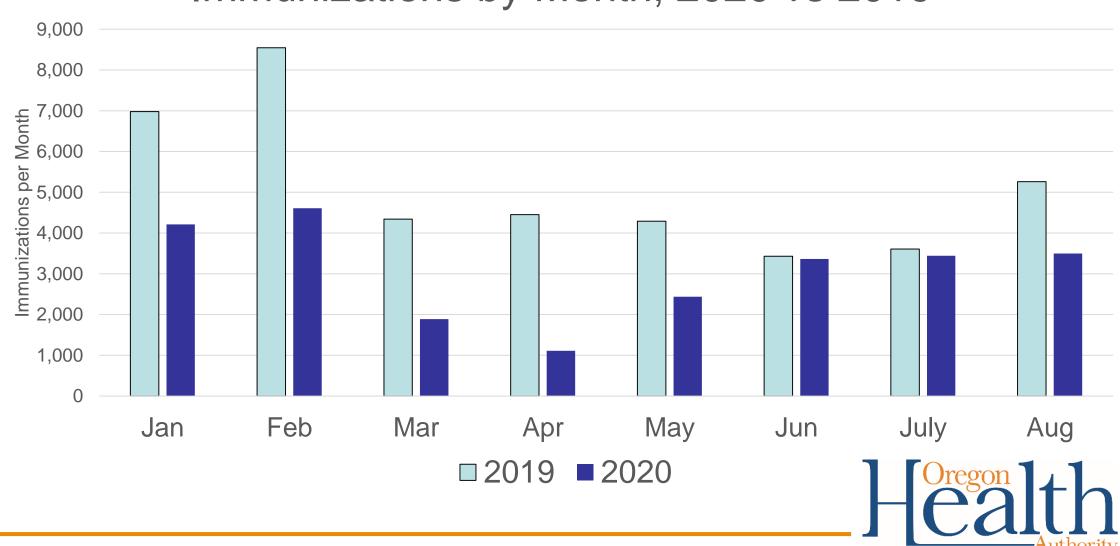
Oregon Infant DTaP (Pertussis) Immunizations at 2 to 9 Months of Age, 2020 Vs 2019



Oregon Measles-Containing Immunizations (MMR) at 12 Months of Age, by Month, 2020 vs 2019



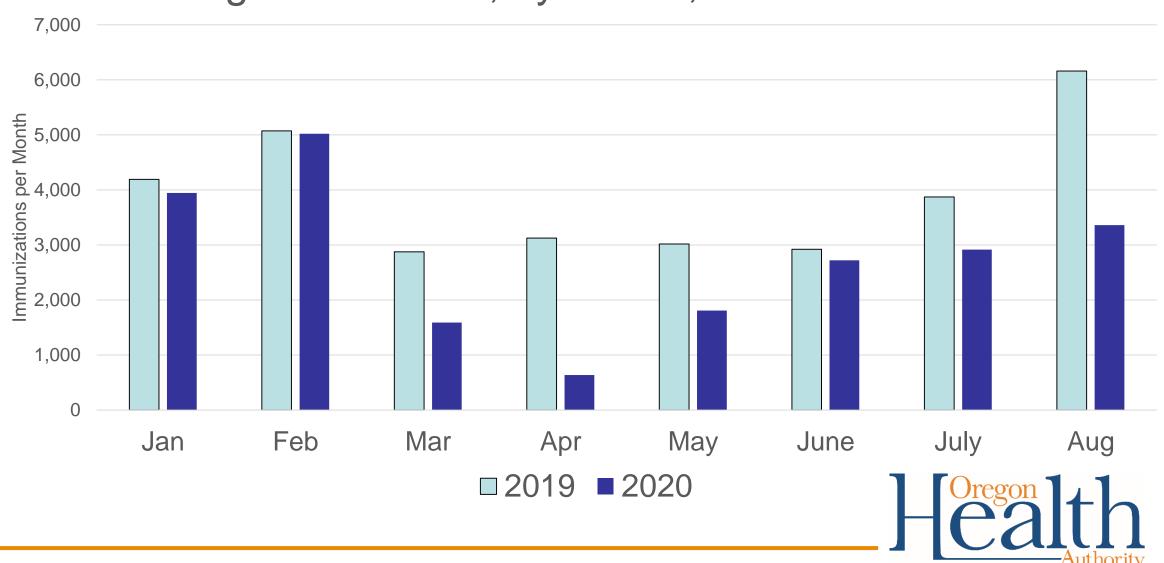
Oregon Children Age 2-9 Years, MMR Immunizations by Month, 2020 vs 2019



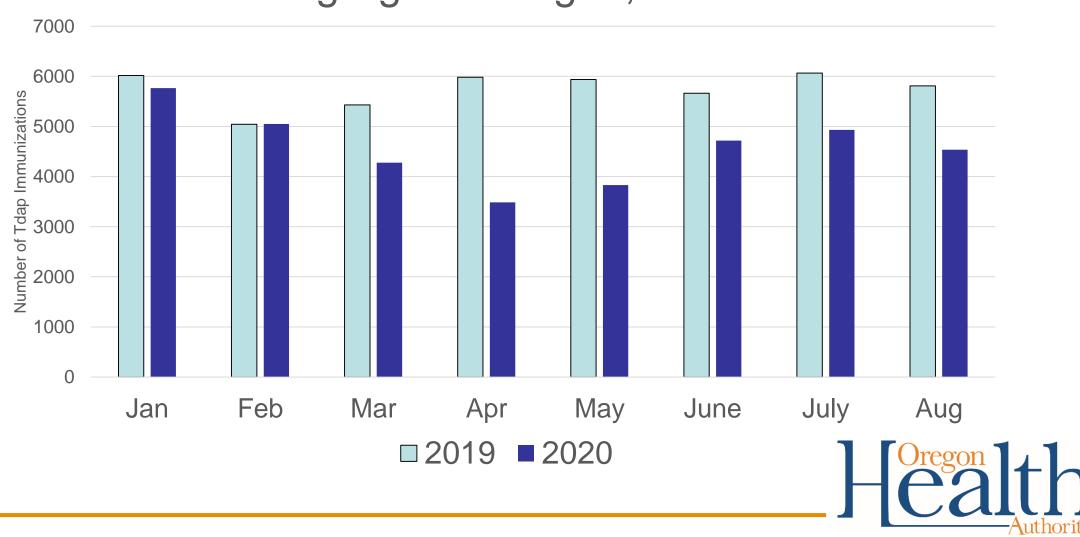
Oregon HPV Immunizations for Adolescents Age 9-13 by Month, 2020 vs 2019



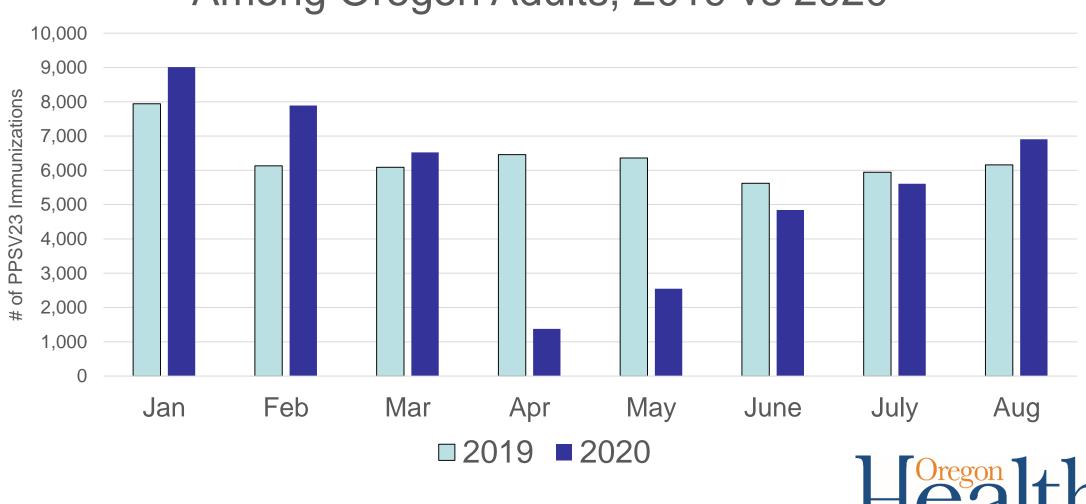
Oregon Tdap Immunization Among Adolescents Age 9-13 Years, by Month, 2020 vs 2019



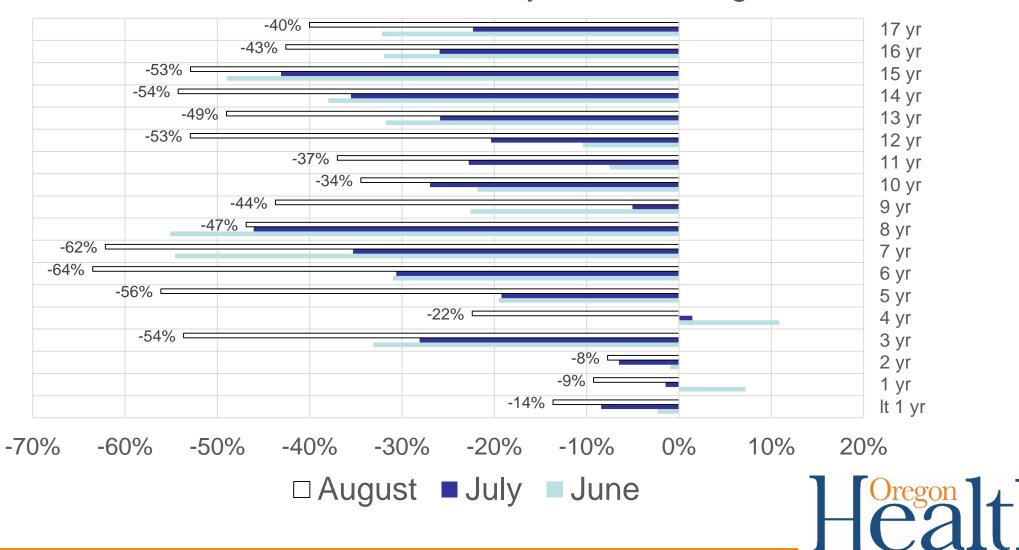
Tdap Immunization Among Women of Childbearing Age in Oregon, 2019 vs 2020



Pneumococcal (PPSV23) Immunizations Among Oregon Adults, 2019 vs 2020



Percentage Change in Childhood Immunization Volumes, 2020 vs 2019, by Month and Age



Next Steps

OIP is developing an interactive, Tableau visualization of county-level impacts for these measures.



Part 2: Influenza Immunization Past and Future in Oregon



Overview

- OIP has tracked weekly influenza immunizations since 2012, and is a national leader in reporting near-real flu immunizations and estimating rates across Oregon populations
- Weekly immunization data is included in OHA's FluBites publication
- This season, OIP will have a web page for influenza immunization along with FluBites placement
- The first issue of FluBites is planned for Oct 9th
- Additional topics of concern this season:
 - race/ethnic disparities in influenza immunization,
 - whether Covid impacts on other immunizations apply to flu as well



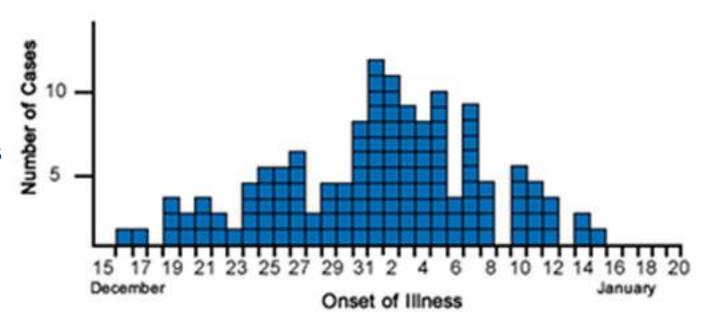
Lessons from the Past

- Seasonal influenza immunizations follows a very stable pattern each season.
- Generally, seniors and young children in Oregon have the highest immunization rates for influenza.
- Young adults, and particularly young adult males, have very low rates of influenza immunization.
- Geographic disparities in rates- Southern Oregon, coastal communities, and other rural communities tend to have the lowest immunization rates.
- Influenza immunization depends on a wide spectrum of providers. Pharmacists in particular provide almost half of adult influenza immunizations.
- Influenza immunization is often a family level decision- if parents don't get flu immunizations, their children likely won't get immunized either.



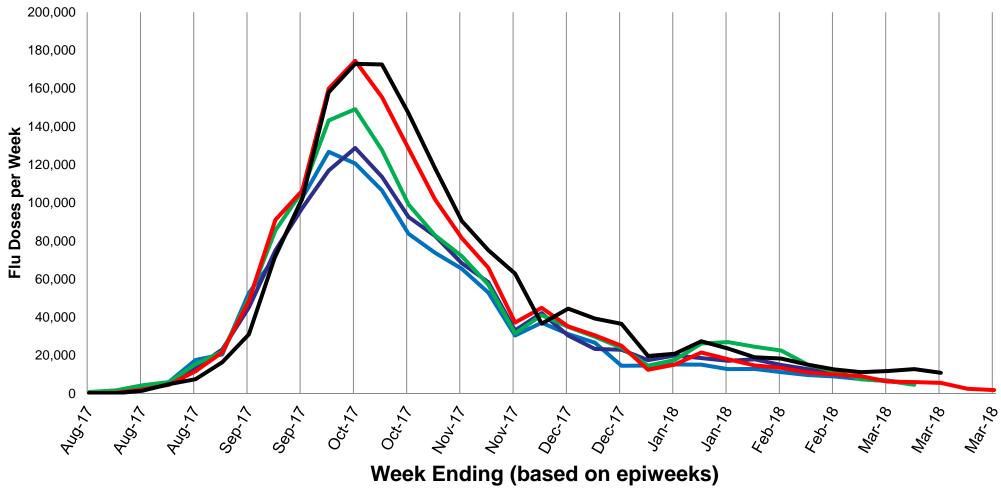
Immunization Curves

- Epi's love curves.
- Usually we track disease-
- But why not immunizations as well?



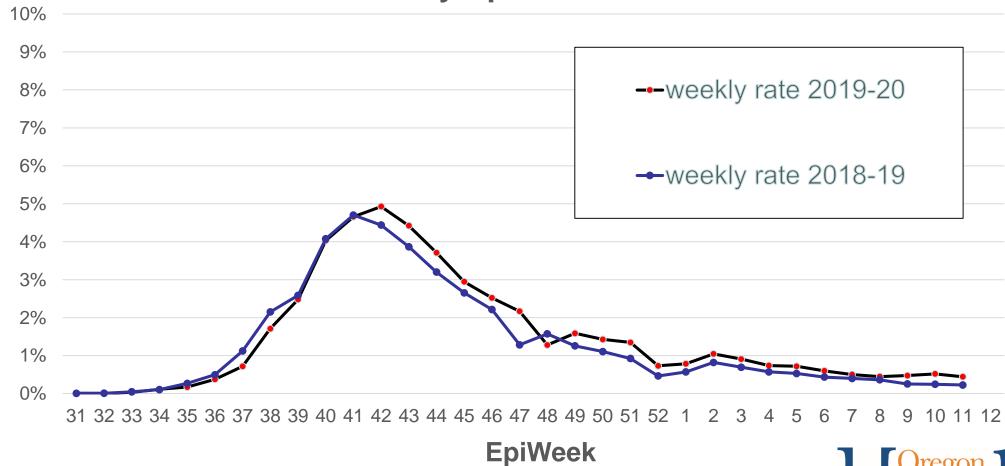


Oregon Flu Vaccine Doses by Week, 5 Prior Seasons

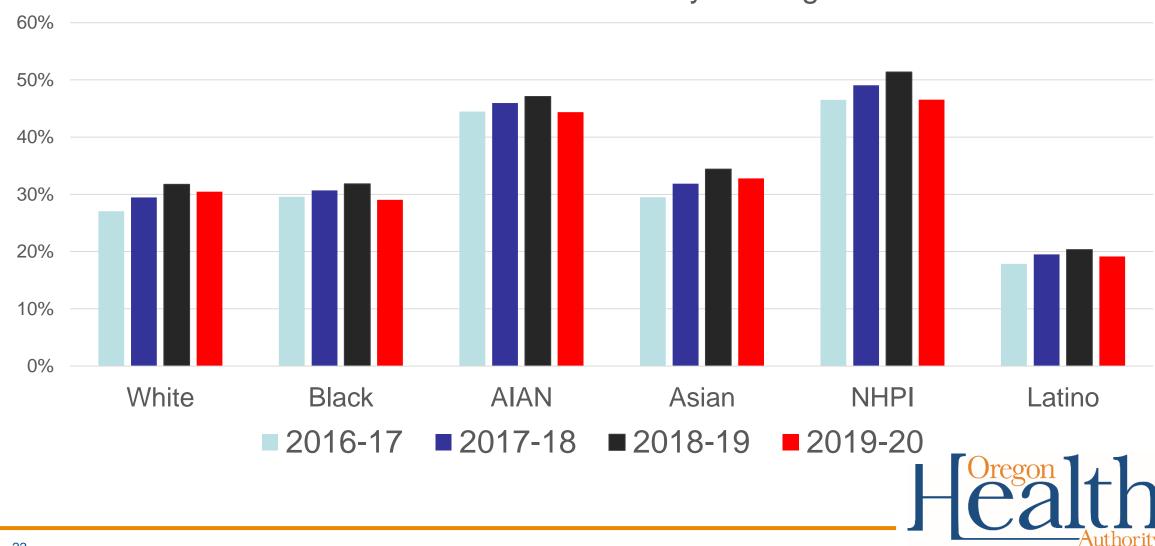


—2015-16 **—**2016-17 **—**2017-18 **—**2018-19 **—**2019-20

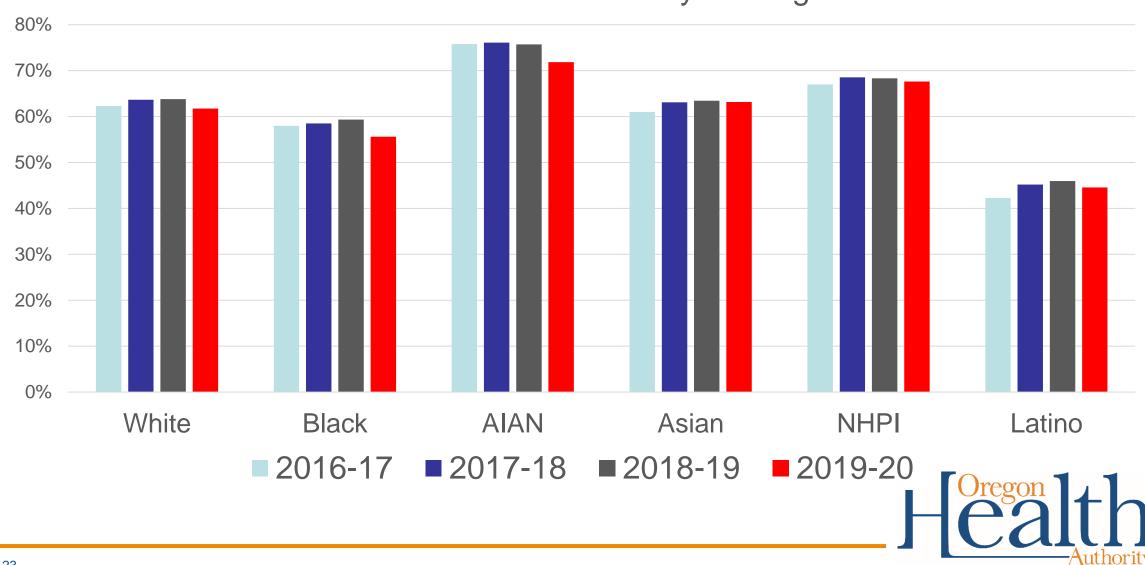
Weekly Influenza Immunization Rate Among Not-Yet Immunized Oregonians, 2019-20 Compared to 2018-19 by Epiweek



Adult Age 20-64 Influenza Immunization Rate Estimates by Season and Race/Ethnicity in Oregon



Adult Age 65+ Influenza Immunization Rate Estimates by Season and Race/Ethnicity in Oregon

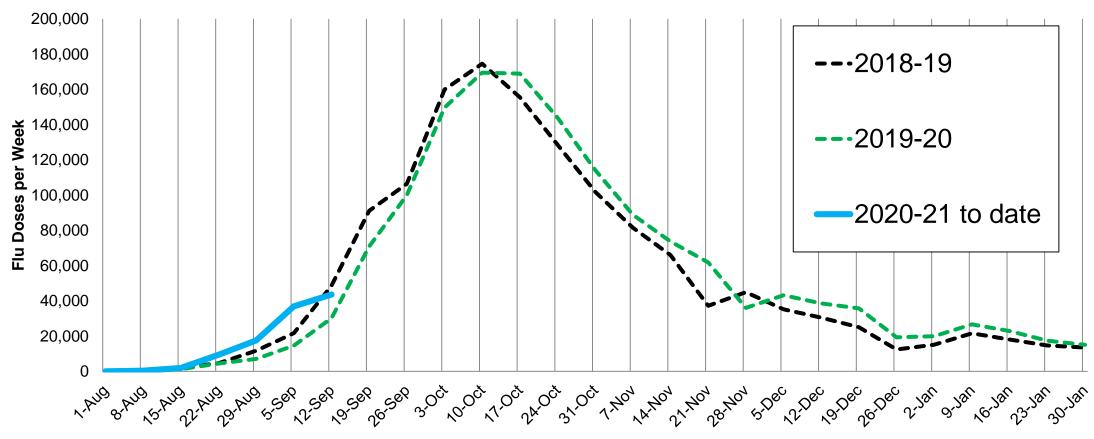


So Where Are We Now?

- It is still early in the immunization season for influenza- all numbers are preliminary and may be revised in the future
- Worry is that COVID will:
 - Reduce access to influenza immunization providers
 - Lessen people's willingness to go to provider sites, whether clinic or pharmacy.
- So will the lessons of the past still apply this season?



2020-21 Season Oregon Flu Vaccine Doses in ALERT IIS by Week

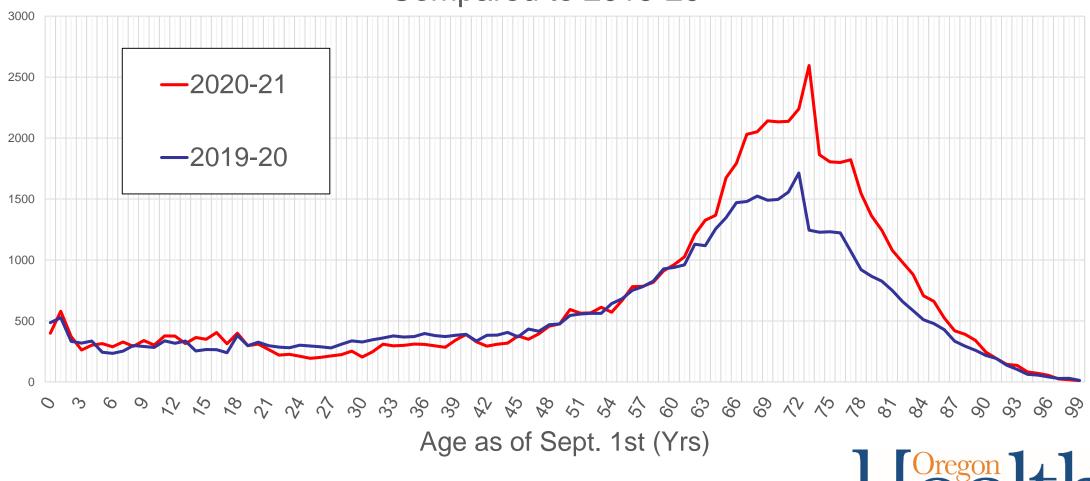


Week Ending

Weekly Rate of New Influenza Immunization Among Not-Yet Immunized Oregonians, 2020-21 vs 2019-20



Oregon 2020-21 Flu Immunizations by Age, as of Sept 9th, Compared to 2019-20



Conclusion

- Influenza season immunizations look mostly like last season to date
- Too soon to assess whether some people are starting flu immunizations early
- Don't see a COVID impact yet on flu





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Immunization Update: Flu in Oregon 2020-21

Erin Corrigan, MPH



A Flu Season Like No Other

- Flu Vaccine Supply
- Managing Flu in ALERT IIS
- Oregon CARES Flu Vaccination Campaign









Flu Vaccine Supply: PLENTIFUL! Thousands of VFC doses available now (certain brands only)



Flu Vaccine Supply



All Clinics:

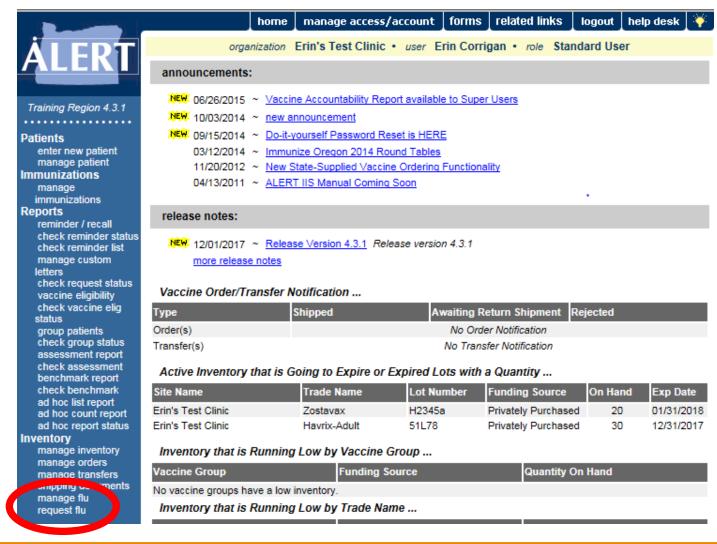
- State-supplied VFC flu vaccine
 - For patients age 6 months through 18 years

Public Clinics

- State-supplied Adult flu vaccine (Flu Pool)
 - Vulnerable populations, code as O (317)
- Locally owned flu vaccine is marked as "Private" in ALERT
 - For insured patients age 19+

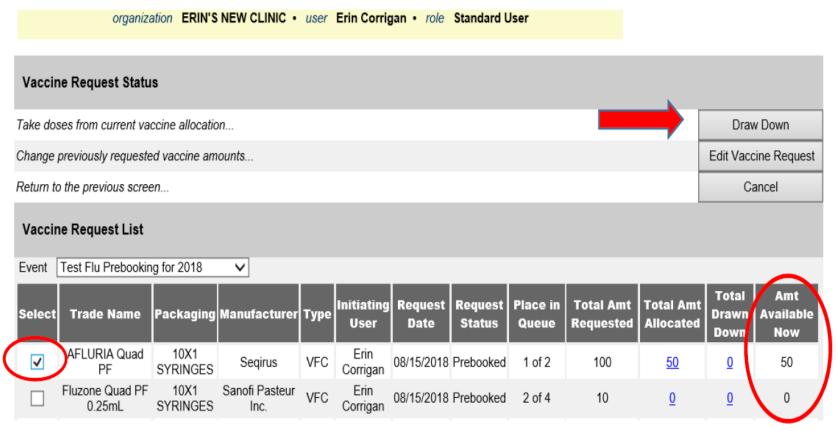


Checking on Flu in ALERT

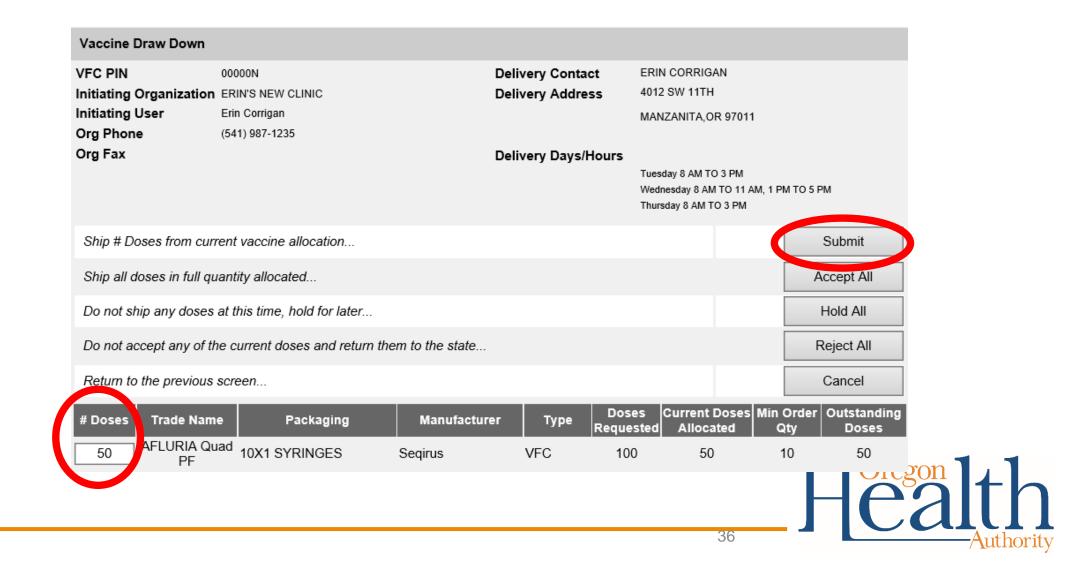




Checking on Flu in ALERT: Manage Flu



Draw Down (Order) Flu in ALERT When Doses are Available



Oregon CARES Influenza Project

- Protect our communities most affected by COVID, preserve our healthcare system, prepare for COVID vaccine distribution and administration.
- Includes funding for LPHAs & Tribes, communication tools, and special projects to test novel vaccination administration projects.
- 70K doses of flu vaccine at no cost available to all enrolled providers let us know your ideas! 52 requests so far.
- Enroll with us if you can help and if you intend to be a COVID vaccine provider.



Exciting Planned Projects

- Outreach using mobile van to vaccinate Benton Co Assisted Living Facilities
- Clackamas Co Community Paramedic delivers vaccines to houseless populations
- DHS contract nurses to bring vaccines to all Adult Foster Care Homes statewide (residents and staff)
- "Public Access Providers" enrolled with OIP



More Oregon CARES Work

- Communications toolkit to help reach populations most at risk, including printable materials and digital media
 - Spanish-language focus group and statewide English-language survey to help us understand messages and barriers
- Vaccinate uninsured or underinsured parents or other family and caregivers: wrap-around flu vaccine coverage
- Homeless outreach, jails, all-access mass vax



ALERT IIS training resources

Live webinars & on-demand content Learn more about ALERT IIS reports





HOURS of OPERATION: Mon-Fri, 9-4



ALERT IIS Help Desk 800-980-9431 alertiis@state.or.us

- Reset passwords
- Set up new user account
- Report duplicate patient records
- Functionality questions



VFC Help Desk 971-673-4VFC <u>VFC.help@state.or.us</u>

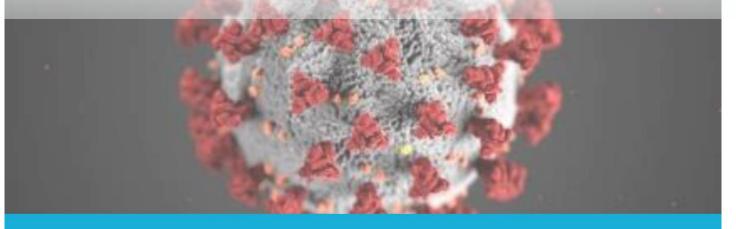
- Vaccine ordering
- Temperature excursions
- VFC compliance
- Enrollment



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Oregon COVID-19 Vaccination Planning Update



COVID-19 Vaccination Program
Interim Playbook for
Jurisdiction Operations

Rex Larsen
Oregon Immunization Program
Public Health Division



What we'd like to talk about today

- Current federal assumptions
- Oregon's planning actions
- Focus on equity and community outreach

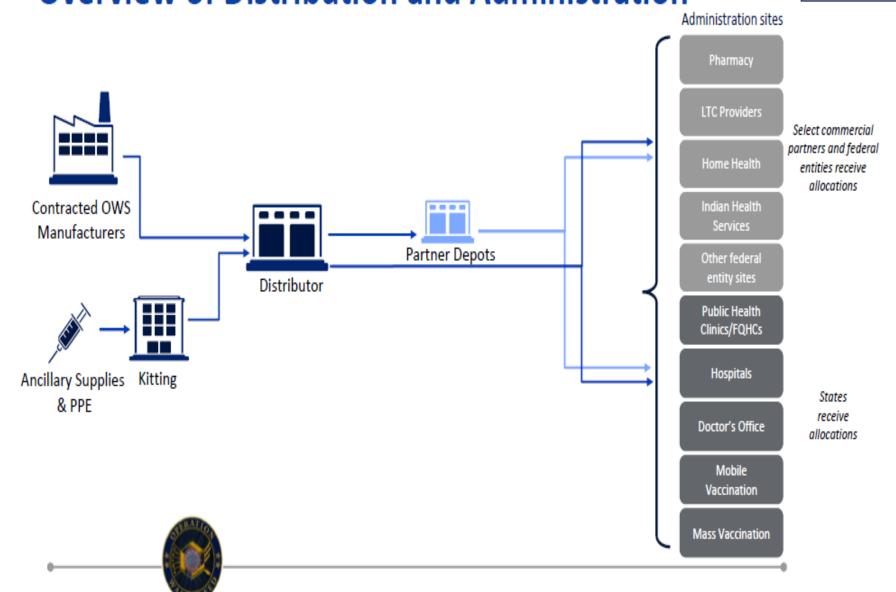


Current Federal Assumptions

The COVID-19 Vaccination Program will require a phased approach Phase 3 Phase 2 **Potentially Limited Doses** Large Number of Doses Available Continued Vaccination, Available Shift to Routine Strategy Max 🌑 Projected short period of time for when doses may be limited Volume doses available (per month) Trials only Key factors · Likely sufficient supply to meet demand Expand beyond initial populations · Supply may be constrained Use a broad provider network and settings: including Likely sufficient supply Likely Tightly focus vaccine administration o Healthcare settings (doctors' offices, clinics) · Open access to vaccination Administer vaccine in closed settings best suited o Commercial sector settings (retail pharmacies) admin Administer through additional private partner o Public health venues (public health clinics, mobile for reaching initial critical populations (workplaces, other strategies clinics, FQHCs, community settings) vaccination sites) specific to Phase 1-A populations · Maintain public health sites where required Populations of Focus* Phase 1 Phase 2 Phase 3 Remainder of Phase 1 populations Remainder of Phase 1 populations Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients Critical populations** Critical populations** or infectious materials and are unable to work from home. General population General population Phase 1-B: Other essential workers People at higher risk of severe COVID-19 illness, including people 65 years of age and older 9/4/20

Key Flow of material

Overview of Distribution and Administration





OWS coordination

What we don't know

- Which specific populations the Advisory Committee on Immunization Practices will recommend receive the vaccine
- How many and which products will get licensed, their strengths and limitations
- Whether products will be licensed under an EUA initially
- When vaccine will be available



Co-creating healthy communities

- Inviting community and CBO representatives to participate in our COVID vaccine advisory committee as decision makers.
- Ask communities what their vision is for prioritizing the state allocated COVID vaccine.



COVID Vaccine Planning Advisory Committee

- A committee of community members with diverse experience with care and access issues for critical populations to develop plans, increase the reach of our COVID vaccination activities, and develop key messages.
 - Will include representatives of health systems, pharmacies, Long term Care Facilities, Community Based Organizations, Local Public Health Authorities, CCOs, Department of Corrections, MAP members, businesses, education, pharmacies, members of communities of color and other groups disproportionately impacted by COVID, and federal partners
 - The focus will be developing vaccination plans to stop the spread of COVID-19 and address disparities in COVID-19 outcomes amongst high risk and historically marginalized groups



Broaden our partnerships

- Provide additional funding for CBOs already engaged with OHA performing COVID-19 work
 - Community outreach
 - Communications
 - Partnering with OHA and LPHAs to host vaccination clinics
- Amend statewide EMS contracts to include mass vaccination and closed POD activities that can be leveraged by CBOs and LPHAs to reach communities that would otherwise not get vaccinated.
- Funding for communications for Latinx and black communities which are less likely to get the flu vaccine (Brink Communications)
- OHA is currently evaluating budget and timelines for these projects
- The goal is to have them up and running in time for peak flu vaccination in October and November



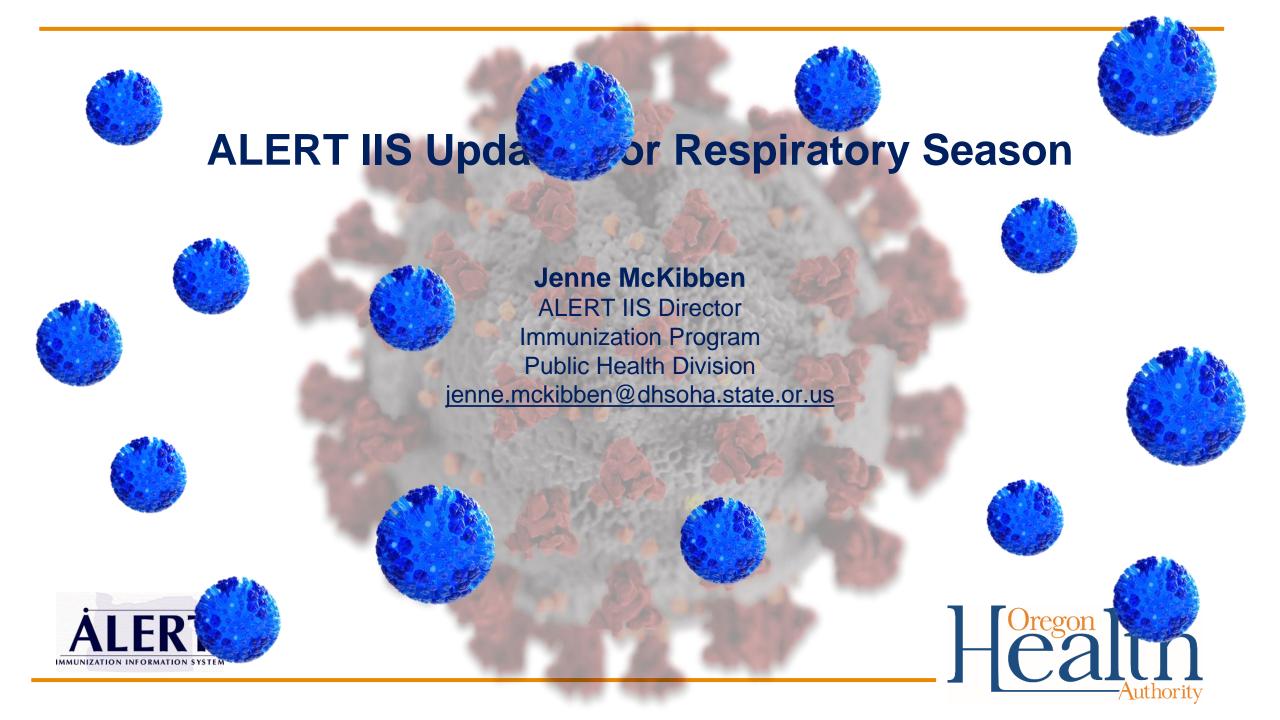
Questions for you all...

- What do you see as the greatest barrier to COVID vaccine implementation that you would like to see OHA addressing?
- What groups that have not traditionally had a seat at the table would you like to see engaged with?

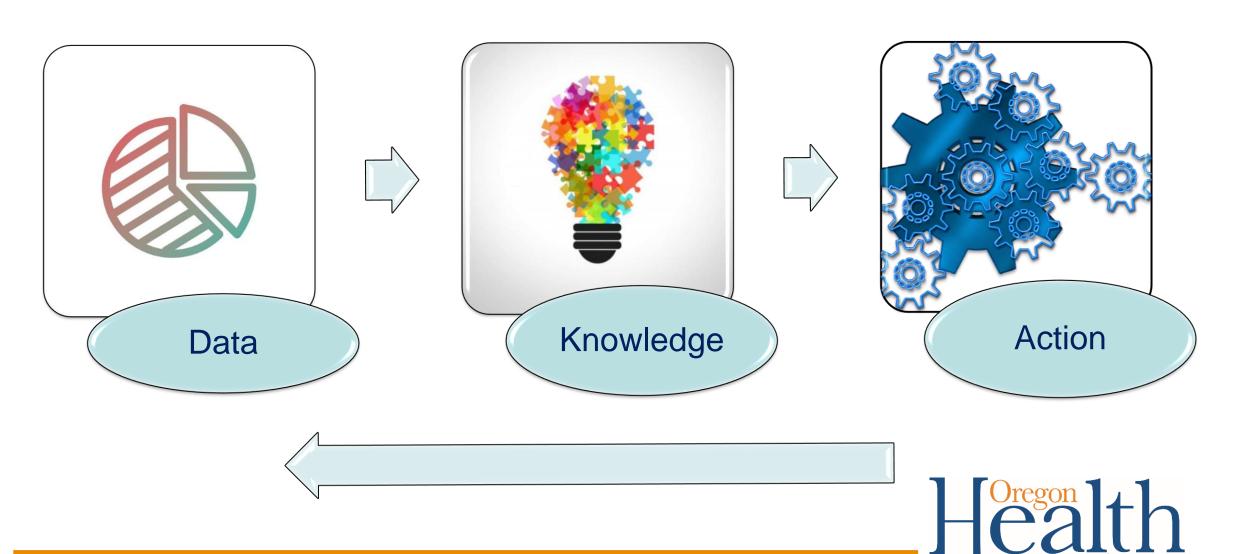


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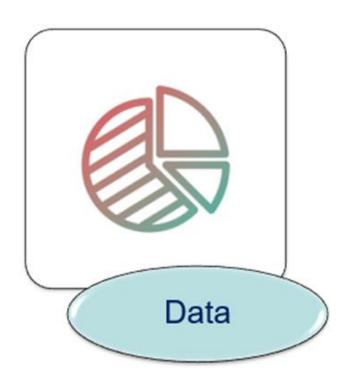




Role of ALERT IIS in this work



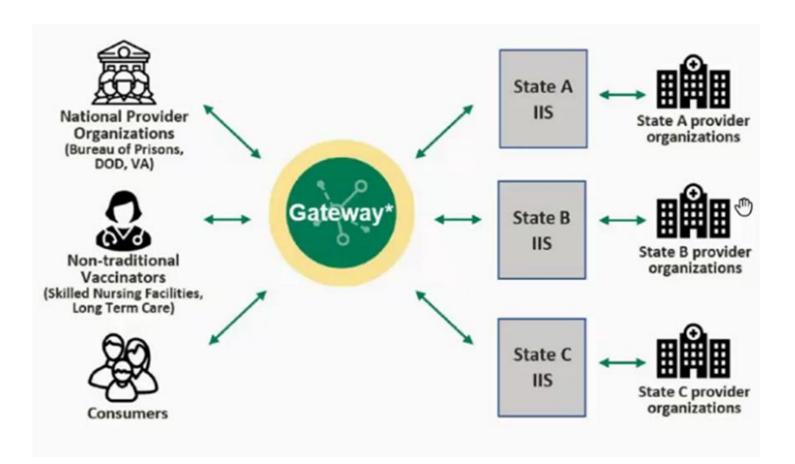
Role of ALERT IIS in this work



- Data exchange
- ALERT IIS functionality updates
- Vaccine Administration Management System (VAMS)



Data Exchange – IZ Gateway



- data exchange hub
- interstate data exchange
- federal entity data exchange



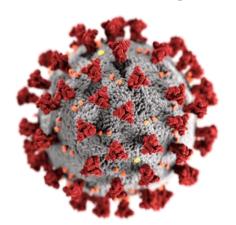
ALERT IIS Functionality - COVID-19 Vaccine

current

- prebook module designed to allow for pandemic situations
- real-time, bi-directional data exchange
- vaccine ordering and inventory modules
- ability to onboard COVID-19 vaccination providers

new

- pandemic vaccine indicator to organization profile
- new COVID-19 and adjuvant vaccine groups for forecaster





ALERT IIS Functionality – Influenza Vaccine

State Supplied Vaccine

- Flu Prebook Module
- Draw down from prebooked inventory at a rate that works for your clinic

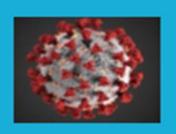
Data Submission

Regular method as all vaccines





COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – September 16, 2020

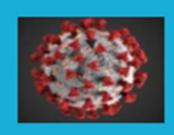


System Infrastructure – Jurisdictions must ensure their IIS:

- is ready to support the COVID-19 Vaccination Program
- meets COVID-19 response data exchange, storage, and reporting requirements
- supports dose-level accountability
- meets specifications to support the data extracts required by CDC



COVID-19 VACCINATION PROGRAM INTERIM PLAYBOOK FOR JURISDICTION OPERATIONS – September 16, 2020



Data Sharing Requirements – for providers

- Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority.
- Standard data elements for both demographic and vaccine administration





Vaccine Administration Management System (VAMS)



CDC Vaccination Clinic Mobile Application

- easy-to-use, secure, online tool to manage vaccine administration
- free for public-health-approved clinics
- can be used on computers, tablets, and other mobile devices
- able to share near real-time data with IISs through the Immunization (IZ) Gateway.
- data access will be protected and secure



Vaccine Administration Management System (VAMS)

IIS jurisdictions can:

- Identify employers with employees who need to be vaccinated
- Identify sites for mass vaccination clinics
- Access data for analysis and reporting

Employers/organizations can:

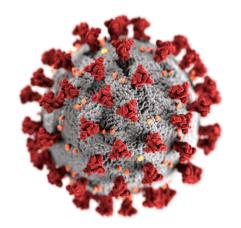
- Identify essential and high-priority workers who need to receive vaccine when it first becomes available
- Upload lists of these workers in a bulk format



Vaccine Administration Management System (VAMS)

Clinicians can:

- Scan vaccine barcodes
- Set up customized vaccination schedules
- Track vaccine inventory and administration



Vaccine recipients can:

- Answer eligibility screening questions
- Make vaccination appointments
- Get a reminder about returning for a second dose if required
- Receive a vaccination certificate

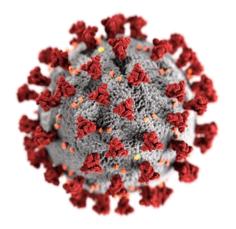


Questions



VAMS

- Use in Oregon TBD
- Please send questions about VAMS to <u>iisinfo@cdc.gov</u>



ALERT IIS Help Desk

- alertiis@state.or.us
- Toll Free: 1-800-980-9431
- Help Desk: 971-673-0275
- Fax: 971-673-0276





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Thank You

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