



DOH 348-221 November 2010

***Adolescent and Adult
Immunization Community Action Plan
for
Seasonal and Pandemic Influenza
PHASE I***

***Executive Summary
& Gap Matrix***

Additional Project Documents and Reports available to include:

Project Abstract
Project Report
Project Appendices

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Report Date: June 2009

Revised Date: November 2010

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Executive Summary

Project Background

In the fall, 2008, the Washington State Department of Health, Immunization Program CHILD Profile Program received a grant from the Centers for Disease Control and Prevention (CDC) to develop a cross-sector ***Adolescent and Adult Immunization Community Action Plan for Seasonal and Pandemic Influenza (the Plan)***. This funding enabled the program to gather the data help to determine barriers, strategies, activities, and services needed to help ensure adolescents and adults get recommended vaccines. The overall purpose of the plan is to improve the seasonal flu vaccination infrastructure, that would enhance vaccine preparedness for a pandemic disease outbreak.

Once we collected data, it became clear that for ***The Adolescent and Adult Immunization Community Action Plan*** to be viable, embraced, and utilized by community stakeholders across the State, the stakeholders themselves needed to develop and have broad ownership. This identified a need to form a planning workgroup of state-wide, immunization community stakeholders to complete the plan in a second phase. Therefore, we divided the development of the plan into two phases:

- Phase I: ***The Adolescent and Adult Immunization Community Action Plan*** outlined in this report.

- Phase II: Form a state-wide, immunization stakeholder workgroup. This workgroup will review ***The Adolescent and Adult Immunization Community Action Plan, Phase I,***

outlined in this report, prioritize, and agree on key strategies and activities, and complete *The Adolescent and Adult Immunization Community Plan, Phase II.*

Together, the broader community of Washington State immunization stakeholders would serve collaboratively as the ultimate stewards of *The Adolescent and Adult Immunization Community Action Plan, Phase II.*

Project Goals

The **project goals** included in the CDC Grant were to:

- Develop a cross-sector *Adolescent and Adult Immunization Community Action Plan.*
- Better understand the capacity and infrastructure needs to address seasonal influenza and to effectively respond to a potential pandemic flu outbreak in Washington State.
- Highlight what needs to happen to improve both routine vaccine delivery and to improve response to a potential influenza pandemic.
- Address how to expand current public and private partnerships to improve the system of care for adults and adolescents.
- Identify the infrastructure needed to be better prepared to efficiently and effectively respond to a pandemic flu outbreak in Washington State.

By accomplishing these goals over the long-term, Washington State will be able to:

- Increase the routine vaccination coverage levels of adults and adolescents and the proportion of adults who are vaccinated annually against seasonal influenza and ever vaccinated against pneumococcal disease.
- Increase overall immunization rates.

Project Recommendations & Conclusions

The following three, critical immunization stakeholder needs and requests emerged from the data collected in this project:

The information provided in this report, *The Adolescent and Adult Immunization Community Action Phase I*, is intended to be used as a strong foundation and launching point for a broader immunization stakeholder workgroup to develop of Phase II of *The Adolescent and Adult Immunization Community Action Plan*. Project stakeholders consistently reported feedback in three main categories:

- **Leadership.**
- **Partnerships.**
- **Immunization Infrastructure.**

A. LEADERSHIP

Below are *three, major recommendations* in the key area of Leadership.

- ❖ **Establish an immunization stakeholder workgroup.**
- ❖ **Provide timely decision-making.**
- ❖ **Increase trust across the immunization community.**

B. PARTNERSHIPS

Below are *two, major recommendations* in the key area of Partnerships.

- ❖ **Convene an immunization stakeholder summit and other immunization stakeholder forums.**
- ❖ **Partnership identification.**

C. IMMUNIZATION INFRASTRUCTURE

Below are *six, major recommendations* in the key area of Immunization Infrastructure:

- ❖ **Address vaccine access and capacity needs.**
- ❖ **Additional resources needed.**
- ❖ **Additional information and communication resources needed.**
- ❖ **Technical assistance needed.**
- ❖ **Simple and easily accessible planning and preparedness activities.**
- ❖ **Educate employers, health care workers, patients, and the public.**

Next Steps: Where Do We Go From Here?

Recommendation:

- Convene immunization stakeholders meeting to discuss the next steps and earlier project recommendations and discussion of questions such as:
 - Should the plan be achievable or should it be a plan that stretches us to deliver our best outcomes and the ultimate vision?
 - Are we doing enough to plan and prepare for a large-scale influenza disease outbreak in Washington State?

- Are leaders at all levels responsible to model, encourage, and nurture trust across the state-wide immunization stakeholder community? If yes, what activities are most essential to enhance trust within our entire immunization community?
- What is the best possible outcome in a large-scale influenza disease incident? What commitments are we willing to make to achieve what we choose as the best possible outcomes?

Significant Points for Future Consideration:

Tribal Governments and Communities:

Tribal governments and communities in Washington State are valued partners among our immunization stakeholders. It was important to include the needs and concerns of tribal communities from the beginning of the project, along with gathering local public health and health care providers' feedback. Included in this analysis and report is input from immunization stakeholders of tribes in the Pacific Northwest, including Washington, Oregon, and Idaho. The findings shared with us by tribes contributed to key learnings and provided a more comprehensive framework to better understand current immunization stakeholders' needs and requests.

All of the immunization stakeholders that participated in the interviews and forums, representing various agencies and organizations, would like copies of the project report. They also reported high interest in future participation in next steps of this work.

H1N1 Global Pandemic of 2009:

When this project began the goal was to address current needs for seasonal influenza and a potential future pandemic response. In 2009, the World Health Organization (WHO) declared H1N1 influenza virus, the first pandemic of the 21st Century.

It is imperative that as much as possible, that leadership and technical assistance be provided to the immunization stakeholders to address partnerships and immunization infrastructure needs at this crucial time. With the interest of so many of our immunization stakeholders in this work, this is our opportunity to work together to develop solutions to meet the immunization stakeholders' needs and interests, identified in this report.

** Attachment: ICAP Gap Matrix (2 pages)*

Please contact Washington State Department of Health Immunization Program CHILD Profile (360) 236-3574 for questions or to share further feedback.

Thank you.

Adolescent and & Adult Immunization Community Action Plan Project Phase I Data for Seasonal and Pandemic Influenza

Phase I: Adolescent & Adult Immunization Community Action Plan Assessment and Stakeholder Feedback & Requests

Leadership

Challenges/Gaps

- *Lack of written plans:*
 - 65% of the E-Survey respondents and 71% of the key stakeholders stated that their organization **did not have a written plan.**
- *Unclear roles, communication and lines of disease containment authority:*
 - 58% of E-survey respondents said they were **not clear** about their role about their role in the event of a pandemic
- Of those who were not clear:
 - 70% said they were **not clear what is expected** of them;
 - 60% **were not clear about who they need to communicate with** in a potential pandemic of influenza;
 - 47% were **not clear about what information** they need.

Needs/Requests

- *Written plan that provides clear roles, and lines of authority for different disease outbreak needs.*
- *Develop partnerships; enhance trust across the immunization community.*
 - 100% of respondents reported high interest in **future participation** in next steps.
- *See Executive Summary and Project Report for further details and additional recommendations.*

Partnership

Challenges/Gaps

- *Uncertainty in terms of partnering:*
 - 65%-90% of E-Survey respondents reported they **do not work with or partner** with non traditional partners.
 - 83% reported they **did not want to or were unsure about wanting to work with other partners** to encourage influenza vaccination routinely or during special promotional events.
- *Silo Planning & Lack of Cross-Jurisdictional Partnering*
 - 70%-92% stated that CDC, DOH, community immunization providers, and LHJs all should be involved in planning together. Planning is being conducted in a **"silo" approach**, in isolation, independently, & **without cross-coordination or facilitated collaboration.**

Needs/Requests

- *Forum(s) for meetings*
 - Stakeholders requested forum (s) for networking, sharing information, strategies.
- *Provide technical assistance regarding immunization partnership development.*

Immunization infrastructure

Challenges/Gaps

- *Immunization stakeholders unclear about potential capacity resources and access to new vaccine information needs.*
- *Lack of critical collaborative information sharing between immunization partners.*
 - **Over 75%** respondents reported they **had not seen any other organization, agency written plan.**
- *Unclear and multiple sources of necessary information:*
 - Stakeholders reported concerns that **multiple sources of information would overload providers and negatively impact critical services** needed during a pandemic disease outbreak.
- *Immunization complacency among Health care providers, responders and the public*
- *Resources and infrastructure to deliver limited vaccine*
 - 68% said they would need access to more vaccine
 - 62% said they would need more space and more staff
 - 31% said they need more training
 - 27% need a larger facility space and more parking.

Needs/Requests

- *Increase immunization capacity*
- *Identify additional resources*
- *Provide technical assistance in developing, partners written immunization community action plan.*

**Adolescent and & Adult Immunization Community Action Plan Project
for Seasonal and Pandemic Influenza**

Phase II: *Form an Immunization Stakeholders Workgroup to:*
- Develop a Statewide Community Immunization Action Plan
- Be a forum to partner on complex immunization planning issues, develop ideas, and share critical information.

Leadership

Recommendations

- Establish Immunization Stakeholder Workgroup.
- Provide timely decision-making.
- Enhance partner trust across the immunization community.

Partnership

Recommendations

- Convene immunization stakeholder meeting forums.
- Partnership identification.
- Partnership and cross-jurisdictional immunization action planning.

Immunization infrastructure

Recommendations

- Address vaccine access and capacity needs.
- Additional resources needed.
- Information & communication resources needed..
- Technical assistance.
- Simple and accessible joint immunization planning & preparedness activities.
- Provide requested technical assistance for immunization partners, providers, communities, & the public.