

USE OF AN IIS DURING PANDEMIC EXERCISES

AUTHOR/PRESENTER: MIRIAM MUSCOPLAT, MPH

AUTHOR: KATHRYN HAUGEN, REHS/RS

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MIIC Background

- Minnesota Immunization Information Connection
- Created in 2002
- No mandate to enter data in MIIC
- Widely used by local public health, primary care providers, and schools (~90% participation)
- Contains 78 million immunizations for 7.8 million clients across the lifespan



Immunization Program and Schools

- Annual Immunization Status Report (AISR)
 - Minnesota statutory requirement to report immunizations, medical exemptions, and consciences objections
 - Kindergarten and 7th grade
 - Currently uses non-MIIC web-based application
- School MIIC Use
 - Over 800 schools and school based clinics using MIIC
 - 1,500 active MIIC users
 - Often use MIIC data for AISR reporting



School Vaccination Requirements

- Substantial changes for 2014-2015 school year
- Updates to 7th grade entry requirements
 - Require Tdap (previously Td or Tdap required)
 - Require Meningococcal vaccination
- Rates as of September 2013(from MIIC)
 - Tdap-26.5%
 - MCV4-16.2%

Pandemic Exercise Opportunity

- Partnership between MDH Immunization Program and Emergency Preparedness and Response Section (EPR)
- Vaccine to help kids catch-up with school requirements
- School located vaccination exercises
- 317 discretionary funds used to purchase vaccine
- Limited operations funds available

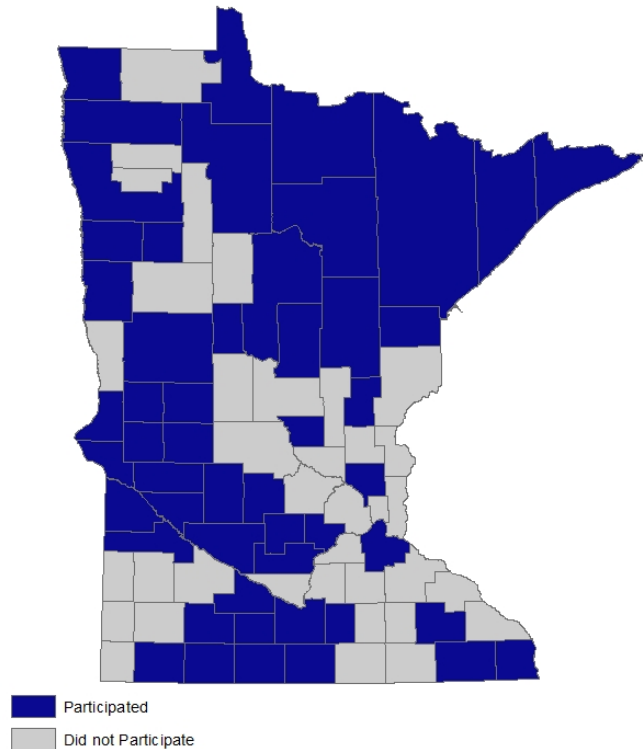
Pandemic Exercise Parameters

- Vaccine offered to local public health and tribal/Indian Health Services (IHS) agencies
- Offered Tdap, MCV4, other vaccines as requested
- Required to enter administered doses into MIIC (within 14 days)
- Participating agencies asked to estimate doses needed
 - MDH provided MIIC based, county level Tdap and MCV4 vaccination rates to help agencies estimate how much vaccine is needed
- Required to provide After-Action Report (AAR) outlining successes, failures and lessons learned
 - Template provided by EPR, but was not specific to SLV



Participation

- 51 agencies
 - 50 local public health/community health boards
 - 1 IHS
- 138 total SLV exercises
- 5,100 students vaccinated with 5,900 immunizations



Case Example: Otter Tail County

- Targeted 2013-2014 6th graders (552 children)
- Offered MCV4, Tdap, Varicella
- Used MIIC to identify student-specific needs
 - Targeted mailing
- 8 school districts in 4 days
 - 201 students vaccinated
 - 436 immunizations administered

Case Example: Otter Tail County

Pre-Exercise Rates



Adolescent Immunization Summary

Otter Tail County Public Health

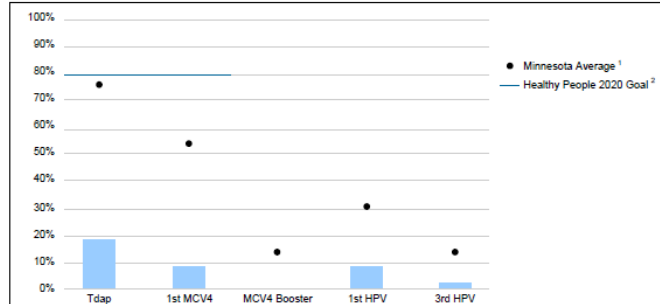
Report Type: Adolescent List

List Name: EP_AllSchoolsCombined

Report Run Date: 10/13/2014 Assessment Date: 03/03/2014

Assessment of Immunization Rates

552 Client Records Assessed



¹ Minnesota average is based on MIIC records of adolescents 13 through 17 years as of July 2013.

² Healthy People 2020 is a set of science-based public health goals established by the U.S. Department of Health and Human Services. Not every vaccine has a Healthy People 2020 goal.

Routine vaccination with Tdap and the first doses of MCV4 and HPV are recommended at age 11-12 years.

Tdap		17%	$\frac{93}{552}$	received Tdap after age 7 clients assessed
MCV4 (Meningococcal)	First Dose	7%	$\frac{41}{552}$	received at least 1 dose MCV4 after age 10 through age 18 clients assessed
	Booster ³	0%	$\frac{0}{0}$	received MCV4 booster clients who received MCV4 at ages 10-15 and are now 16+ years old
HPV	First Dose	7%	$\frac{38}{552}$	received at least 1 dose HPV after age 9 clients assessed
	Third Dose	1%	$\frac{7}{552}$	received all 3 doses HPV clients assessed

³ For this report, a booster dose is one that is given between the ages of 16 and 18 to a client who received a prior dose of MCV4 between ages 10 and 15.

Post-Exercise Rates



Adolescent Immunization Summary

Otter Tail County Public Health

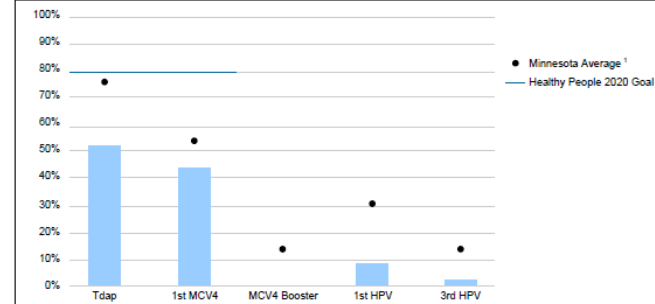
Report Type: Adolescent List

List Name: EP_AllSchoolsCombined

Report Run Date: 10/13/2014 Assessment Date: 04/11/2014

Assessment of Immunization Rates

552 Client Records Assessed



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Routine vaccination with Tdap and the first doses of MCV4 and HPV are recommended at age 11-12 years.

Tdap		52%	$\frac{286}{552}$	received Tdap after age 7 clients assessed
MCV4 (Meningococcal)	First Dose	44%	$\frac{244}{552}$	received at least 1 dose MCV4 after age 10 through age 18 clients assessed
	Booster ³	0%	$\frac{0}{0}$	received MCV4 booster clients who received MCV4 at ages 10-15 and are now 16+ years old
HPV	First Dose	9%	$\frac{48}{552}$	received at least 1 dose HPV after age 9 clients assessed
	Third Dose	1%	$\frac{8}{552}$	received all 3 doses HPV clients assessed

³ For this report, a booster dose is one that is given between the ages of 16 and 18 to a client who received a prior dose of MCV4 between ages 10 and 15.



MIIC Use

- Determined MIIC use from information provided in AAR
- 23 of 39 (59%) agencies or community health boards specified MIIC use

MIIC Function	Number of Agencies Reporting Use
Client Assessment	18
Real time assessment	4
Data Entry	8
Inventory Management	3
Reminder/Recall	7
Generate Roster of not UTD students	2

Immunization Rates

Tdap Rate	SLV Participating County	Non-SLV Participating County	Statewide Rate
September 2013	24.7%	27.6%	26.5%
August 2014	56.1%	54.3%	55.0%

MCV4 Rate	SLV Participating County	Non-SLV Participating County	Statewide Rate
September 2013	14.7%	17.1%	16.2%
August 2014	49.5%	46.9%	47.9%

Successes

- Client level assessment using MIIC
 - Prior to clinic
 - Real-time
- Reminder/Recall or use of Roster feature
- Communication ahead of time with school
 - Logistic issues
 - Class lists

Challenges

- State Point of View:
 - Agencies had difficulty estimating the amount of vaccine needed
- LPH Point of View (from AARs):
 - LPH communication issues with schools
 - Incorrect addresses in MIIC
 - Non-MIIC IT issues (namely internet connectivity)
 - Inefficiencies of direct data entry into MIIC
 - MIIC Inventory works for direct-data entry only

Lessons Learned

- Estimation of how much vaccine to order is challenging
- Specific MIIC training/support is helpful
- Communication between partners very important
 - Logistics
 - Estimation of doses needed
- Use a more specific AAR template

Future Pandemic Plan

- Minnesota Immunization Program Plan
- Use of MIIC to pre-register providers
- Use of MIIC to provide numbers of patients immunized in previous year (help with dose estimation)

Thank you!

Miriam Muscoplat, MPH

Miriam.Muscoplat@state.mn.us

