


Advancing the Maternal & Child Health **VISION** Leadership Quality & Action

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS 2013 ANNUAL CONFERENCE

Community Response to Pertussis: MCH Leadership in **Action**

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Vermont Department of Health
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Objectives

- Understand one state's story of **pertussis** as an existing/emerging health threat
- Describe unique MCH leadership role in integrated community response
- Identify strategies for prevention and community mitigation, with special attention to MCH population
 - ✓ Consider at least one strategy to apply in your state or community if faced with this challenge


Conference objectives:

- Engage in networking opportunities with MCH professionals, researchers and government leaders to share ideas, information, and experiences
- Identify practices and policies designed to strengthen partnerships between local and state MCH programs and families




Our premise:

MCH professionals are highly qualified to provide leadership for a Public Health event such as a community/statewide pertussis outbreak because of their unique perspective on the vulnerability and needs of the MCH population and their competencies in working with communities and systems.



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The Vermont Pertussis Story


- Unprecedented case numbers→ outbreak/epidemic situation
- Waning immunization coverage rates
- Background legislative story: remove philosophical exemption?



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Timeline of an Outbreak


- April, 2011: National Infant Immunization Week
 - News release highlighting infant case (3 week-old)
 - Watching Vermont's IZ coverage rates decline and pertussis situation in CA (8300 cases in 2010; 9 infant deaths)
- November, 2011:
 - **Health Advisory, news release:** rise in Vermont cases (27 to date calendar year)
 - **Actions requested:** lab testing, protecting infants, vaccine recommendations, early treatment & exclusion
 - Outbreak in a small, independent school with relatively low vaccination rates
- December 7, 2011:
 - 47 cases to date, 26 in previous 6 weeks



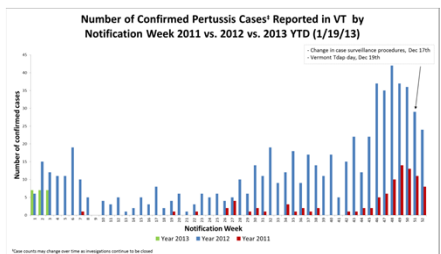

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Timeline of an Outbreak

- March, 2012: Outbreak subsiding?
- July, 2012: “Unprecedented” case numbers continuing since fall, 2011
 - National picture “not reassuring”
- November, 2012: initiation of formalized “response”
 - Increasing public and provider education
 - Increasing Tdap vaccination efforts
- December 7, 2012: Health Operations Center (HOC) activation
- December 19, 2012: “Vermont Tdap Day”




Vermont Pertussis Surveillance

Challenges During an Outbreak: Health Care Professionals

- Diagnosis/discrimination from other common respiratory infections
- Lack of rapid point of care dx test; cost of PCR testing
- Lack of standardized approach to evaluation and treatment
- (?) Limited access to Tdap vaccine for un-/underinsured adults
- HCPs: lack of familiarity/compliance with personal protective measures (equipment, protocols) in health care settings
 - Increased risk of exposure among HCPs
 - Confusion re: impact of HCP vaccination status on post-exposure management

Duchin J and Brady M. Outbreaks reveal limited effectiveness of pertussis vaccines. AAP News. 2012; 33: 1.



Challenges During an Outbreak: Public Health Professionals

- Large case volume may overwhelm resources for case & contact investigation
 - Laboratory testing resources
- **Defining** "high-risk" population
 - Infants
 - Pregnant women
 - Persons with chronic conditions
 - Health care professionals and their close contacts
- Challenge of providing accurate and timely information re: actions to protect high-risk populations

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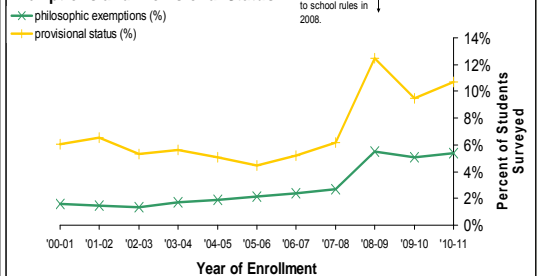
The Immunization Backstory

- Recent decline in Vermont's IZ coverage rates
- January, 2012: legislation introduced to remove Vermont's philosophical exemption
 - Passed easily in the state Senate but significantly amended by House & Conference Committee
- Final bill (Act 157):
 - Philosophical and religious exemptions intact
 - **Annual** signed (parental) exemption statement
 - Parents read, "understand" DOH educational info
 - Increased school nurse reporting requirements
 - MCH Director (Dr. Holmes) co-chairs work group on protection of immunocompromised students/ CSHN

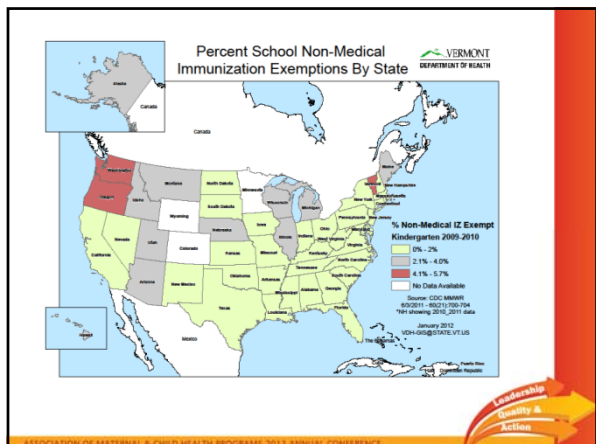


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Vermont Kindergarten Immunization Exemptions and Provisional Status



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Vermont Department of Health Organization

- Alcohol/Drug Abuse Programs
- Board of Medical Practice
- Business, IT, Communications
- Environmental Health
- Health Promotion/DZ Prevention
- Health Surveillance
 - Infectious Disease; PH lab; PH statistics; OCME
- **Maternal & Child Health**
- **Office of Local Health**
- Office of PH Preparedness

Vermont DOH Local Health

- 12 District Offices
 - Correspondence to counties (14), HSAs (13)
- Local PH personnel:
 - PH Nursing
 - **MCH Coordinators**
 - Epidemiology Field Staff
 - Immunization Program
 - School Health Liaisons




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Pertussis: Public Health Response

- **Communication**
- “Community Mitigation”
 - Intervention strategies to slow or limit disease transmission designed for implementation at the community level
- Epidemiology/Surveillance
- **Immunization**
- **Medical Countermeasures**



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PH Response: Communication MCH Leadership Competency 5

Skills	Activities
<ul style="list-style-type: none"> • Tailor information for intended audiences • Disseminating information in a crisis • Crafting a convincing MCH story designed to motivate 	<ul style="list-style-type: none"> • Target: parents/caregivers, health & CC providers • Outreach in community & health care settings • Focus on infants & pregnant women <ul style="list-style-type: none"> – “Cocooning”



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Provider Communication



THINK
THINK of pertussis



TEST
TEST for pertussis



TREAT
TREAT and report suspected and confirmed cases




STOP
TRANSMISSION


Source: Reporting Cases should be reported within 48 hours of diagnosis. For those reporting late or not at all, please call 800-858-8889 for more information.



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Provider Tools: Clinical Algorithms






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PH Response: Immunization

MCH Leadership Competency 1: Knowledge Base

Skills	Activities
<ul style="list-style-type: none"> • (Distinguished by) Life Cycle approach to theory and practice • Use data to identify issues re: health status of particular MCH grp. (pregnant women) • Systems approach 	<ul style="list-style-type: none"> • Target multiple age groups: infants/children/teens, parents, GPs • Pertussis surveillance data analysis re: IZ coverage and cases • "Vermont Tdap Day": statewide effort to increase coverage



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Key Strategies: MCH Population

- Targeted communication
- Highlight vulnerability of MCH population
- Immunize, immunize, immunize!



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Key Strategies: School-Aged Population

- (Local) Health Department School Liaison staff work directly with school nurses
 - Identify un- and under-immunized
 - Multiple strategies for catch-up or exemption verification
- Promote student EHR utilization
 - Immunization status
 - Disease surveillance
- Requires HCP collaboration



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Key Strategies: Health Care Providers

- Targeted and timely communication
 - Health Advisory/Alert System
 - “Eight times, eight ways”: e-mail, web site, standing meetings (AAP, AAFP, hospital medical staff meetings, IZ Advisory Committee)
- Clinical practice tools: algorithms
- Address prescribing challenges for post-exposure prophylaxis



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PH Response Challenge: Medical Countermeasures

Post-exposure Prophylaxis

- Well-established practice during outbreak to protect populations at risk for severe disease/death
- Must be timely to be effective
 - Consider model: expedited partner therapy for chlamydia
- Risk of significant adverse side effects with certain pertussis post-exposure prophylactic antibiotics
- Board of Medical Practice concerned re: prescribing when no established provider-patient relationship



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**Whooping Cough Outbreak.
Get Your Tdap Shot.**



Questions/Comments?

www.healthvermont.gov



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