Topic: Long Term Care

Subject: Letter sent to SPD Contract RNs regarding influenza immunizations

Applies to (check all that apply):
- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify):

Message: The SPD Office of Licensing and Quality of Care has mailed a letter to the SPD Contract RNs reminding them that they may administer influenza vaccines as a “direct care” service for seniors and high-risk clients. The Contract RN is given additional instructions on how they may do this. You will find the letter attached along with a Public Health CD Summary and a letter from Public Health that was mailed to all licensed facilities.

If case managers know of in-home and foster home high-risk clients who need an influenza immunization, they may use the Contract RN to help facilitate the client in obtaining one. If foster home or in-home care providers call the local offices with questions regarding influenza immunizations for themselves, please refer them to the CD Summary.

If you have any questions about this information, contact:

Contact(s): Carmen Spencer or Gretchen Thompson

Phone: 503-945-6460 or 945-6484
Fax: 503-378-8966

E-mail: Carmen.r.spencer@state.or.us
           Gretchen.I.Thompson@state.or.us
Date: November 2, 2004

To: Seniors & People with Disabilities Contract RNs

From: Seniors & People with Disabilities
Office of Licensing and Quality of Care

Re: Oregon’s Influenza Vaccine Education & Prioritization Plan: 2004-05

This letter is to alert you to the implementation of Oregon’s Influenza Vaccine Education & Prioritization Plan: 2004-05. This plan is contained within the enclosed CD Summary (DHS, 2004 October 8) and is directed to all Oregon health care personnel who are involved in influenza vaccination administration and distribution. If you have clients who are at high risk for adverse and avoidable health consequences from influenza exposure, this plan is for you.

Oregon’s Influenza Vaccine Education & Prioritization Plan: 2004-05

- Provides a brief background on our nation’s current vaccination shortage.
- Sets forth guidelines for Oregon heath care providers concerning vaccine prioritization and distribution.
- Defines identifiable categories of high risk individuals.
- Makes additional vaccination recommendations.
- Provides influenza prevention strategies and resource links.

If you know of persons who are high risk and cannot get the vaccination, please follow the procedures outlined in the enclosed Oregon’s Influenza Vaccine Education & Prioritization Plan: 2004-05.

This letter also serves to notify you that SPD Contract RNs can be reimbursed for the administration of inactivated influenza vaccine to their high-risk SPD clients. Contract RNs will be reimbursed for all time spent related to the administration of the vaccination including coordinating with MDs/NPs and collecting supplies. The documentation generated from the visit must support the amount of time billed for; e.g., coordination, client assessment, patient education related to the vaccination administration, health teaching, etc.

As a Contract RN practicing within Oregon’s community based care system, you know that care provider and client education are key interventions in maximizing resource utilization and client health promotion. We have enclosed a letter for you
that was sent to SPD licensed facilities addressing influenza-related care provider and client education subject matter for you to use as an educational resource.

For questions concerning Oregon’s Influenza Vaccine Education & Prioritization Plan: 2004-05, please refer to contact information contained within the plan. For questions concerning Contract RN service provision, contact Gretchen Thompson or Carmen Spencer at (800) 232-3020.

The following is a letter from Public Health sent to licensed facilities:

Oregon’s Senior Citizens Urged to Get a Flu Shot

As you may already know, there is a short supply of influenza vaccine in Oregon and in the entire United States this year. As in all years, people age 65 years and older are urged to get a flu shot. People aged 65 and older are high priority for getting a flu shot, even though there is a shortage. In most years, about 7 out of 10 older Oregonians receive a flu shot.

To find a flu shot near you, try the following:
1. Contact the place you usually get a flu shot
2. Check with local pharmacies. Many pharmacists give flu shots
3. Call SafeNet at 1-800-SAFENET (723-3638). They will look up flu shot clinics in your neighborhood
4. Call the Oregon Flu Hotline 1-800 978-3040. In the Portland-Metro area, dial 503-872-6900. They may be able to help you locate a flu shot.
5. Check with your local senior centers. Some flu shot clinics are being held at senior centers.
6. If you cannot find a flu shot, don’t panic. More vaccine will arrive in Oregon in October and November, and seniors will always be a top priority.

Getting a flu shot is not the only way to stay healthy this winter.
Here’s a list of other things you can do:

- Avoid being around people who are sick. It’s okay to ask friends and family members who are sick to visit when they are over their illness.
- Wash your hands frequently. If flu is in your community, people will be coughing and spreading flu germs. It is easy for you to have flu germs on your hands. Touching the eyes, nose or mouth is the most common way people get the flu.
- Consider carrying an alcohol-based hand cleaner in your car or purse.
- Stay rested.
- Avoid smoking and secondhand tobacco smoke.
- Get a pneumonia shot. Everyone age 65 and older should have this shot. One shot usually lasts a lifetime. Pneumonia is the most common complication of influenza. It can be deadly.
- Stock up on chicken soup!
If you get influenza…..

- Treat the headache, body aches and other symptoms with over-the-counter fever-reducers and cough/cold medicines. Some cold medicines can affect blood pressure – please check with your clinic before taking them if you have high blood pressure.
- Call your doctor – if you are one of the people who might get seriously ill with influenza, your doctor may want you to start you on an antiviral medicine. There are several on the market and all require a prescription. Antiviral medicines can decrease the severity of symptoms, and shorten the course of illness somewhat.

Watch for these symptoms that may be serious:

- A fever that doesn’t go away within a couple of days.
  Most adults with influenza will have a fever that can be as high as 104 degrees. If a fever reducer like Tylenol doesn’t bring a high fever down, call your doctor.

- Chest pain or feel short of breath.
  Influenza can bring out symptoms of other underlying conditions like heart disease. If you have chest pain or difficulty breathing you may need emergency room care.

- Dehydration
  If you are vomiting or perspiring or not drinking fluids, you may become dehydrated. Dehydration can be serious in older people. A sign of dehydration unusually dark colored urine.

- A cough that won’t go away.
  Pneumonia is a frequent complication of influenza, and can be deadly in older people. If you have a persistent cough, pain with breathing, or sputum that is any color but white you may have a bacterial lung infection on top of influenza. You may need an antibiotic.
OREGON’S INFLUENZA VACCINE EDUCATION AND PRIORITIZATION PLAN: 2004–05

The Oregon State Health Officer has determined that, due to an influenza vaccine shortage, adverse and avoidable health consequences to identifiable categories of high-risk individuals could occur. Therefore, assistance with administration of vaccine is warranted to protect these individuals. Under Oregon Revised Statue 433.040, the State Health Officer and the Oregon Department of Human Services (DHS) implement this Oregon Vaccine and Education Plan to protect the public during a vaccine shortage. The plan consists of: 1) guidelines for healthcare providers; 2) rules for imposing civil penalties for violation of the guidelines; 3) mobilizing public and private health resources; and 4) notifying health professional boards of violations. This Plan is effective immediately, October 8, 2004, and will stay in effect through March 31, 2005, unless otherwise amended or rescinded.

This Plan is directed to all healthcare personnel involved in vaccine administration or distribution and to any facility that may be a site for or directly provide influenza vaccination services in Oregon, including, but not limited to:

- provider offices (physicians, nurses);
- home-care agencies;
- medical clinics;
- occupational health programs;
- hospitals;
- retail stores (grocery, pharmacy);
- local health departments (LHDs);
- worksites;
- health systems;
- community-based mass immunizers;
- long-term-care (LTC) facilities.

BACKGROUND

This year’s flu season promises to be memorable, but for the wrong reason: we are short 50 million doses of the 100 million that were expected to be available. On October 5, 2004, the Centers for Disease Control and Prevention (CDC) was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the regulatory agency in the United Kingdom, where Chiron’s Fluvirin® is produced, had suspended the company’s license to manufacture Fluzone® in its Liverpool facility for 3 months, preventing any release of the vaccine for this influenza season. This action will reduce by approximately one-half the expected supply of trivalent inactivated vaccine available in the US; therefore, there will not be adequate supplies to vaccinate all persons who want to be vaccinated this season.

The remaining supply of inactivated influenza vaccine that will be available in the US consists of approximately 54 million doses of Fluzone®, manufactured by Aventis Pasteur, Inc. Of these, approximately 30 million doses already have been distributed by the manufacturer. In addition, approximately 1.1 million doses of live, attenuated influenza vaccine (LAIV/FluMist®) manufactured by MedImmune will be available.

Because of this severe shortfall, Oregon is adopting the interim recommendations issued by the CDC, in coordination with its Advisory Committee on Immunization Practices (ACIP), for influenza vaccination during the 2004–05 season. These recommendations have been endorsed by the American Medical Association and take precedence over earlier recommendations. These recommendations are hereby adopted as the Oregon Vaccine Education and Prioritization Plan under ORS 433.040.

GUIDELINES FOR HEALTH CARE PROVIDERS

With few exceptions (see below), healthcare providers are not authorized to vaccinate healthy persons 2–64 years old with influenza vaccine this season. Providers and facilities must inform persons who are not included in one of the priority groups about the vaccine shortage and may not knowingly vaccinate such persons.

The following groups have been identified as persons at high risk. Providers are therefore authorized to vaccinate individuals in the following priority groups with inactivated influenza vaccine this season:

- all children aged 6–23 months;
- adults aged ≥65 years;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during influenza season;
- residents of nursing homes and long-term care facilities;
- children 6 months–18 years of age on chronic aspirin therapy;
- healthcare workers with direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

Collaboration among community providers is essential to ensure that vaccine is shared with those providers who have inadequate supplies to cover all persons at high risk.

OTHER VACCINATION RECOMMENDATIONS (NOT GUIDELINES)

- Healthy persons who are 5–49 years of age, not pregnant, and in a priority group (healthcare workers, except those who care for severely immunocompromised patients in special care units, and persons caring for children aged <6 months) are encouraged to be vaccinated with intranasally administered LAIV (FluMist®).
- Persons in priority groups identified above should be encouraged to search locally for vaccine if their usual healthcare provider has no vaccine.
- Many children aged <9 years require two doses of vaccine if they have not previously been vaccinated. All children at high risk of complications from influenza, including those aged 6–23 months, who present for vaccination should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that two doses will be available. Rather, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-served basis.
- Pneumococcal vaccine should be administered to eligible high-risk persons along with influenza vaccine.
- High-risk persons in the following groups should not get flu vaccine before talking with their doctor:
  - persons who have a severe allergy (i.e., anaphylactic allergic reaction) to chickens’ eggs; and
  - persons who previously developed Guillain-Barré syndrome (GBS) within 6 weeks after getting a flu shot.
If you need this material in an alternate format, call us at 503/731-4024.

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RULES FOR IMPOSING CIVIL PENALTIES

A civil penalty of $500 may be levied against any person who knowingly violates the guidelines for each repeat violation of the guidelines, as provided in OAR 333-048-0030. A person who receives a fine for a violation is entitled to a contested case hearing as provided in ORS Chapter 183.

MOBILIZING PUBLIC AND PRIVATE HEALTH RESOURCES

Collaboration among community providers is essential to ensure that vaccine is shared with those providers who have adequate supplies to cover all persons at high risk. Each community should have a strategy for sharing vaccine and a lead agency serving as the local public health authority responsible for coordinating these efforts.

The responsibilities of ambulatory clinics, LTC facilities, and others providing vaccination services:

- all persons and entities should report their supply of and demand for influenza vaccines and antiviral agents to the LHD upon request from DHS;
- providers who do not have sufficient vaccine for persons at high risk and who are part of a health system, should contact their parent company to determine if they can acquire vaccine from within said health system; and
- providers and entities that do not have sufficient vaccine for persons at high risk or that have vaccine remaining after vaccinating their high-risk patients should contact their LHD.

The role of LHDs, as the local public health authority, is to maximize the availability of influenza vaccination services for high-risk persons community-wide by coordinating, or delegating the coordination of, flu vaccine activities in their jurisdictions, including:

- determining if all clinics and facilities in their area have adequate supplies to vaccinate all persons at high risk;
- attempting to locate additional resources in the community or the state (e.g., vaccine, clinic services, etc.) for any clinic or facility that does not have vaccine sufficient to meet the demand;
- reporting local vaccine and antiviral supplies and need to the State Immunization Program upon request from DHS; and
- reporting to DHS facilities and providers suspected of violating these vaccination guidelines.

The role of DHS is to maximize the availability of vaccine supplies for high-risk clients by assisting with reallocation of vaccine between counties as requested by the local public health authorities by:

- compiling statewide assessment data on vaccine supply and demand, in collaboration with statewide organizations and LHDs; and
- adopting by rule the Oregon Vaccine Education and Prioritization Plan, including:
  - developing and distributing guidelines for vaccine providers;
  - imposing civil penalties for violation of the guidelines;
  - mobilizing public and private health resources; and
  - notifying health professional regulatory boards of violations.

NOTIFYING HEALTH PROFESSIONAL BOARDS OF VIOLATIONS

In the event that a healthcare provider is levied more than two civil penalties for repeat violations of the Plan, DHS Health Services will report the provider to the appropriate licensing authorities per Oregon Administrative Rule 333-048-0030.

OTHER PROTECTIVE ACTIONS

In this time of vaccine shortage, it is important to remind patients that there are other steps they can take to protect themselves and others against influenza. These include:

- washing hands frequently with soap and warm water, or alcohol-based hand washing products, and teaching children to wash their hands;
- covering the nose and mouth when coughing or sneezing, preferably with a facial tissue or arm (not hands);
- when sick, avoiding exposing others by staying at home until no longer symptomatic.

RESOURCES

A handy “Cover Your Cough” poster is available on the DHS website at http://www.healthoregon.org/acd/cough.cfm; additional information may be found at the Immunization Program website: http://www.healthoregon.org/imm. DHS will update these recommendations as new information becomes available.

The Oregon Flu Hotline will be available Monday through Friday, 8:30am-5:00pm, for providers and the public with questions about influenza and vaccine. Call toll-free at 1/800-978-3040, or for those in the Portland metro area, call 503-872-6900.

Updated listings of flu clinics in Oregon may be obtained by calling 1/800-SAFENET or by logging on to the American Lung Association’s Flu Locator website at http://www.LungUSA.org. Information on flu clinics in Clark County, Washington, may be obtained by calling the Clark County Health Department’s immunization line at 1/360-397-8401.

Persons with chronic medical conditions include adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma; required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus (HIV)).