

Challenges to assuring client eligibility & appropriate dosing at mass vaccination clinics

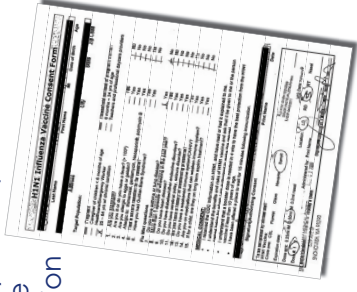
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Background & Purpose

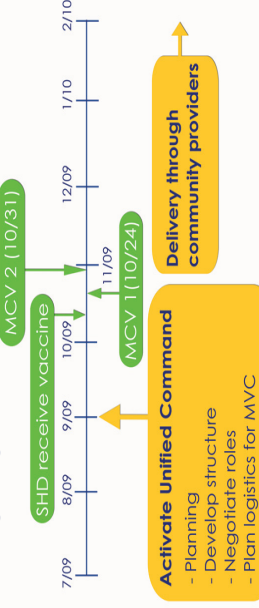
- Vaccination key to prevent spread of infectious diseases
- Vaccinating for 2009 H1N1 influenza complicated by eligibility criteria & mix of available vaccine presentations
- Potential for error in high-volume mass vaccination clinics → evaluated mass vaccination efforts in Snohomish County, Washington (population 704,900)

Setting & Methods

- Representatives of local public health, hospitals, major clinics, pharmacies, tribes, & third party payers identified ten mass vaccination clinic (MVC) sites: hospitals, clinics, schools, churches, pharmacies, & county parks
- Local public health supported logistics & sponsoring agency (e.g., hospital or clinic) staffed each MVC
- Consent forms documented basic demographic information, eligibility, & type of vaccine administered
- MVC targets: pregnant women, caregivers of infants < 6 mo, persons 6 mo-24 yr, adults 25-64 yr with chronic medical conditions
- Limited injectable presentations → preservative-free injectable (Novartis®) for pregnant women, intranasal (FluMist®) if 2-49 years & no contraindication to intranasal, preserved multi-dose injectable (Sanofi®) for all others with contraindication to intranasal (e.g., age ≥50)



Timeline



Results

- Nine MVCs held on 10/24 (vaccinating 5,429 persons) & ten on 10/31 (vaccinating 20,185 persons); one drive-through MVC operated both days
- Eligibility verified for 88% of persons on 10/24/09 & for 95% of persons on 10/31/09
- Overall, correct vaccine presentation (based on age, pregnancy status, & underlying chronic disease) administered to 87% of persons presenting either day



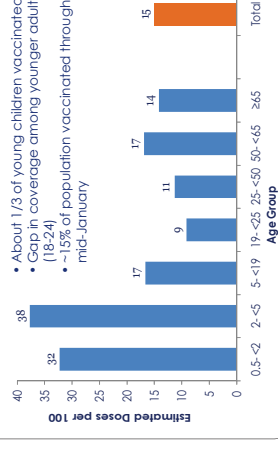
Dosing largely correct despite confusing vaccine presentations & target groups

Vaccine	Pregnant women (N=1722)		Children <4mo (N=196)		Age 2-49 yr w/CHF (N=403)		Age 24-49 yr no CHF (N=419)		Age 50+ (N=107)	
	n	%	n	%	n	%	n	%	n	%
Single-dose preservative free (Novartis®)	1577	91.6	11	0.6	31	0.7	87	0.6	21	0.7
Multi-dose preserved (Sanofi®)	104	6.0	1907	97.2	463	94.9	2953	18.3	2976	96.4
Intranasal (FluMist®)	41	2.4	43	2.2	189	4.4	11519	8.1	90	2.9

¹ Highlighted cells indicate correct vaccine presentation
² CHF=Contraindication to FluMist®



Combined community and MVC approach led to high coverage in Snohomish County



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Summary

- Despite major logistical challenges, eligibility was verified & correct vaccine administered for most patients, but significant numbers received incorrect vaccine presentation
- Mass vaccination effort reached significant proportion of younger children

Lessons Learned

- Define eligibility clearly & simply
- Use clear & simple questions to screen for eligibility
- Pilot forms thoroughly before using
- Thoroughly train MVC staff in how to screen
- Anticipate screening challenges & assure rapid response
- Above all, assure evaluation design aligns with MVC planning

Conclusions

- MVCs can efficiently vaccinate many people in short periods, but may not be able to fully restrict eligibility or to assure administration of the appropriate vaccine when eligibility criteria are complicated.
- Simplifying eligibility criteria may reduce potential errors in vaccine administration

Acknowledgements

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