Senate Health and Human Services Committee
Testimony on Interim Charge # 8: Panel 1
Feb. 24, 2010

Presented by the Texas Medical Association, Texas Pediatric Society, and Texas Academy of Family Physicians

Madame Chair and Members of the Committee, My name is Donald Murphey, and I am the medical director of pediatric infectious disease at Cook Children's Medical Center in Fort Worth. I serve as a co-chair of the Texas Pediatric Society's Infectious Disease and Immunizations Committee as well as a member of Texas Medical Association's Infectious Disease Committee. It is a privilege for me to speak with you today on behalf of TMA, the Texas Pediatric Society, and the Texas Academy of Family Physicians, collectively representing more than 48,000 physicians in Texas.

Today, I'm first going to discuss the state's communications with physicians on H1N1, and second, the H1N1 vaccine allocation and distribution processes. I will close with recommendations for your consideration.

State process for H1N1 communication and education

Pandemic preparation requires extensive guidance and planning between federal and state government and local communities. These planning activities are essential to minimize the impact of a pandemic.

The novel H1N1 influenza outbreak in the spring 2009 highlighted the critical role physicians play in the public health and clinical setting. Physicians are usually the first line of defense. Patients and their families turn to their physicians for guidance, education, and healing during a pandemic outbreak. And, we want to be able to provide our patients with timely and accurate guidance, education, and healing – especially during a pandemic.

Our associations have a long history of working with the state and the Department of State Health Services (DSHS) on many public health issues, such as immunizations.

We actively promote that immunizations are important, safe, and effective for all Texans as recommended by the Centers for Disease Control and Prevention (CDC). We know vaccination is one of the safest and most cost-effective ways of protecting young children and adults in Texas from preventable and potentially fatal diseases. Vaccination is of particular importance to pediatricians, infectious disease and public health practitioners, and other primary care physicians who are first line of defense for most Texas children and adults.

The 2009-10 HIN1 vaccination pandemic presented a unique challenge in Texas in several respects:

- First, a large proportion of the population prioritized for the H1N1 vaccine by CDC are cared for by physicians who do not routinely offer vaccinations. These are physicians who offer specialty care such as obstetricians-gynecologists. Some of these physicians do not have experience with state and federal vaccination systems, such as ImmTrac or the federal Vaccine Adverse Events Reporting system, nor have other training and resources in their practices to readily vaccinate all of their patients.
- Second, this fall, the H1N1 pandemic overlapped with seasonal influenza. This occurred as CDC, DSHS, and others were promoting vaccination for the seasonal influenza. We also knew substantially less seasonal influenza vaccine would be available, as vaccine manufacturers produced less seasonal flu. According to a January 2010 survey of TMA and Texas Pediatric Society (TPS) physicians[1], H1N1 created a critical demand from patients for seasonal influenza vaccination. TMA heard from many physicians about their concerns regarding the available supply of flu vaccine. TMA later learned that 70 percent of physicians were unable to get enough seasonal influenza vaccine to address the needs of their patients. Physicians feel that most of the seasonal influenza vaccine went to large pharmacies or grocery stores. Not all communities have these large establishments; in these communities it is most evident that patients rely on their physicians as their medical home. Physicians need to be able to get vaccine for their patients.
- Third, H1N1 virus arrived before the vaccine was available. This presented a difficult communication problem for CDC and DSHS.

We appreciate that CDC and DSHS frequently provided updates on H1N1 vaccine availability, which our associations regularly shared with physicians.

In fact, TMA infectious disease physicians created a weekly e-newsletter. This group of Flu Fighters, as they called themselves, sifted through all the current information by CDC, DSHS, and other sources and ensured the most important items were communicated to TMA and TPS members each week. The physician group and newsletter was called, *Flu Fighters Hotline*.

Moving forward, TMA and TPS would like to encourage even greater coordination on seasonal flu, H1N1, and other pandemics with DSHS so we can better serve Texans.

State allocation and distribution processes

We commend DSHS for its efforts to set up an electronic registration system to sign up to receive the H1N1 vaccine. However, there were some early concerns with the process that I would like to review.

First, our associations did not get the green light to notify physicians of its electronic registration system in a timely fashion. Second, once DSHS did give the go-ahead to notify physicians, it provided only a short time to register. While the deadline to register was extended, we believe these issues discouraged some physicians from enrolling for H1N1 vaccine. However, our associations continued to promote the registration process throughout the fall. We also worked with our county medical societies to promote the registration process to physicians.

The state's 2-1-1 education system was not available until October 2009. It did prove to be an important resource to get information on their vaccine orders and the registration process.

[1] 2009-2010 Seasonal Flu Survey, Texas Medical Association, Texas Pediatric Society

We received many comments from physicians on the H1N1 ordering process in our January survey on the seasonal flu. Physicians said they never understood when or if they would get vaccine, or how much of their order would be filled.

Not knowing when their H1N1 vaccine supply would arrive put many physicians in a difficult position. Their patients had no way of knowing when they should come in for a vaccination, and physicians' staff could not notify their patients or give them any sort of direction. Patients are scared and fearful and want concrete information not "sorry, we're not sure… ."

We recognize the need for prioritization of vaccinating higher risk patients per the CDC guidance. We also understand H1N1 vaccine allocations were made by DSHS based on the amount and the type of vaccines available. However, we suggest a more transparent process so physicians clearly understand DSHS's decision-making process. A transparent process would help our physicians to better communicate the state's allocation decisions to their patients.

We recognize the complex issues involved in providing information to the public on where vaccine is located. We look forward to working with DSHS on improving this process to ensure physicians and patients have information on who has vaccine in their communities so vaccination referrals can be made and received in a timely manner.

We believe the availability of antiviral and the process for dissemination was efficient. There were some local concerns, but overall, we believe this system was effective and could serve as a model for national dissemination of antivirals.

Suggestions for follow-up

We are fortunate the novel flu resulted, for most people, in mild illness and occurred in a relatively short-time frame. We of course, remain concerned that H1N1 may return in a third wave this spring. Physicians continue to encourage our patients to be vaccinated for H1N1.

However, since the outbreak of H1N1 and the high occurrence of this flu this year, we learned much. Our associations have a few suggestions for your consideration.

We recognize the critical need the state and the commissioner of health have in being able to communicate with physicians in a public health emergency. TMA and TPS promptly shared all urgent information from the commissioner with our membership. However, our membership represents about 75 percent of the physicians licensed in Texas. We strongly encourage you to enable the commissioner to have access to e-mail and contact information for all licensed physicians in the state. This will enable the state's health authority to notify all physicians during a pandemic.

During the H1N1 pandemic, family members and caregivers of persons prioritized for vaccine should also be considered for vaccination. Physicians with small supplies of H1N1 vaccine had to make difficult and critical decisions on who should be vaccinated. As we move forward, the state should consider offering guidance for these situations.

We encourage you to take this opportunity to promote the importance of vaccination among health care workers and support strong health care facility policies on vaccination of their employees. Our associations believe vaccinations are important, safe, and

effective. We will continue to promote this message going forward to members and their staff.

Finally, the demand on the state's public health infrastructure grows more complex each year. Yet, many areas of the state have no local health department presence or have only minimal public health infrastructure. We urge this committee to continue to seek adequate resources for DSHS and local health agencies to conduct basic public health functions needed to ensure a healthy environment. In the event that a local public health clinic does not exist, we recommend using physicians to advance medical homes for their patients. We must ensure that all areas of the state have high-quality public health resources to serve their residents. Our associations stand committed to help you advocate for a strong public health infrastructure.