Oral Presentation
Vaccinating in the Aftermath of a Natural Disaster: Texas Immunization Unit’s Response to Hurricane Harvey
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Background:
Hurricane Harvey made landfall off the east coast of Texas on August 25th, 2017. The Texas Immunization Unit’s response to the hurricane officially ended on September 29th, 2017. During that time, the unit established a 24-hour response team, filled 65 State of Texas Assistance Requests (STARs), coordinated depots for vaccine transportation to the affected regions and distributed over 70,000 doses of vaccine for the response.

Setting:
Operations were led by the Immunization Unit in Austin, Texas. Vaccines were distributed to Houston, Corpus Christi, and other areas directly impacted by Hurricane Harvey and sites outside of the impacted regions that provided temporary shelters.

Population:
Vaccines were distributed to impacted regions and locations housing individuals dislocated by the hurricane. The targeted population included first responders, volunteers, and individuals affected by the hurricane.

Project Description:
The primary focus of our response was on providing Tdap or Td to the target population. This effort ensured these groups met the CDC guideline of receiving a tetanus booster if they have not been vaccinated for tetanus in the past 10 years. Our secondary focus was on distributing flu vaccine to reduce the potential for outbreaks at shelters and other crowded facilities, such as Houston NRG Stadium, which was set up as a mega shelter for hurricane evacuees and housed approximately 10,000 people. Hepatitis A vaccine, while not a routine response vaccine, was also distributed to meet the request of first responders in some areas.

Results/Lessons Learned:
The Immunization Unit successfully adapted to the complexities of delivering vaccines as part of a large-scale emergency response. To fill requests as quickly as possible, we established our own 24-hour operations center in addition to the State Medical Operations Center (SMOC) already in place. We also had to adjust our method of vaccine delivery to
Oral Presentation
Leveraging pharmacy partnerships to improve Oregon's immunization rates – successes and opportunities
Kerry Lionadh

Background:
Since 2011 Oregon law has broadened pharmacists’ immunization authority, dropping the age limit at which pharmacists are authorized to administer all ACIP recommended vaccines without a prescription to age seven. These changes place Oregon among the minority of states that grant such broad authority to immunizing pharmacists and have created an opportunity for the Oregon Immunization Program (OIP) to leverage partnership with pharmacists to improve vaccination rates across the state. This project describes OIP’s experience in building an immunization partnership with Oregon pharmacists.

Setting:
570 pharmacy locations reporting to Oregon’s Immunization Information System (ALERT IIS)

Population:
2,215 pharmacists reporting to ALERT IIS

Project Description:
While legally mandated immunization reporting and broadened immunization authority are strong foundational elements that enable Oregon’s immunization community to reach underserved populations, ongoing work is necessary to fully leverage pharmacy partnerships to meet our goal of improving immunization rates. OIP’s work to partner with pharmacies includes: hosting policy advisory councils that include pharmacy representatives; guest lecturing at pharmacy schools; collaborating with professional pharmacy organizations and boards; developing pharmacy internship programs; and partnering in outbreak response planning.

Results/Lessons Learned:
Pharmacist’s current workflow requires logging on to ALERT IIS to look up consolidated patient records. To improve their efficiency, we are assessing pharmacy organizations’ interest in bidirectional data exchange between pharmacy information systems and ALERT IIS. Measuring the changes in immunization rates reported by pharmacists revealed noticeable increases in immunization rates after changes in law that lowered the age at which pharmacists can immunize, most notably for influenza vaccine rates. Pharmacist surveys conducted by OIP in 2017 provide insight into Oregon pharmacists immunizing behaviors as well as their opportunities for reaching populations that may be missed by more traditional immunization venues.