

CMS  
Centers for Medicare  
& Medicaid Services

7500 Security Blvd.  
Baltimore, Maryland  
21244-1850  
<http://www.cms.gov>

## Inside:

### 2 Vaccination Sites

*Useful URLs*

### 2 Ethnic Disparities

*New Data*

### 3 Advice and Consent

*Sign of the times?*

### 4 Flu Coordinators

*Working Hard*

## CDC Trys Something New in Fighting the Flu

*New approach yields mixed results in healthcare worker study*

In a controversial new study of Colorado healthcare workers the Centers for Disease Control and Prevention has tried to implement a new quick study protocol for assessing the effectiveness of influenza vaccines. The results have been at times confusing, frustrating and misinterpreted by mainstream media.

The study looked at the effectiveness of influenza vaccination on 'influenza-like' symptoms. CDC routinely conducts studies to evaluate the effectiveness of vaccine in a flu season. Typically, these studies are done by crunching data after the flu season has ended. In this new approach, the study was conducted mid-season, as a 'rapid-study' in an attempt to discover relevant information that might be of use to the general public as well as healthcare providers and public health program officials. The hope was that information could help make informed decisions regarding efficient use of vaccines, antiviral medications and other preventive measures. Unfortunately, flaws in the methodology seem to have mitigated any usefulness in this regard.



Results showed very low effectiveness against these symptoms in what the CDC warns was a flawed methodology which did not assess effectiveness against laboratory-confirmed cases of influenza. The CDC continues to strongly urge vaccination of healthcare workers, as recommended by ACIP.

### Going through the spin cycle

The study has been picked up by some national media and presented with some interesting 'spin.' While some headlines announced the ineffectiveness of the vaccine against influenza, many had to do quick cleanup of the message as they realized that the study only looked at effectiveness against 'flu-like symptoms.' In looking at these symptoms, the study, conducted in December, failed to account for myriad ailments that could present in this way. 'Flu-like symptoms' is a broad definition that can include those presented by people suffering from influenza, but also colds, and other respiratory illness not caused by the influenza virus.

### More to follow...

The CDC seems willing to trade off disappointing or frustrating results for the potential to develop real-time assessment of vaccine effectiveness. More 'quick-study' results are pending. Till then, there's every reason to accept findings from past studies that vaccinating healthcare workers is an essential element to fighting a known killer. The study is published in Morbidity and Mortality Weekly Report:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5301a3.htm>

# Ethnic Vaccination Disparities Outlined

*Hispanic-American and African-American rates continue to lag*

Substantial disparities in vaccination rates remain among racial and ethnic groups in the United States, a recent report revealed. In an article published in the October 10, 2003 Morbidity and Mortality Weekly Report, The Centers for Disease Control and Prevention reported on trends of vaccination in various groups and the disparities among the groups.

Analyzing data from the National Health Interview Surveys, covering the period from 1989 through 2001, this report showed that while national rates for the total population were on track with set goals, those for minority groups lagged significantly.

According to data gleaned by the CDC from the study, Hispanic vaccination rates were around 31 percent. African-American, non-Hispanics vaccination rates were around 30 percent. These figures are stand against a 57 percent vaccination rate for non-Hispanic whites. The article can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5240a3.htm>

## Vaccination Sites

*There's going to be a little click, it won't hurt a bit*

### **National Immunization Project Flu Page**

is the CDC's homepage for Influenza and related issues has changed. Here's the new address:

<http://www.cdc.gov/flu/>

### **Medicare Preventive Services Page**

is devoted to the Centers for Medicare & Medicaid Services Influenza and Pneumococcal campaign. Includes the "Flu Q&A."

<http://www.cms.hhs.gov/preventiveservices/2.asp>

### **MedQIC.org**

(Medicare Quality Improvement Community) is the searchable resource for articles, links and other resources related to many topics and settings.

<http://www.medqic.org>

### **Immunize.org**

is a great resource for information on pneumonia and related conditions.

<http://www.immunize.org/>

### **National Immunization Project Flu Gallery**

offers many resources approved and made available by the CDC. Includes bilingual materials and many formats, including posters, stickers, etc.

<http://www.cdc.gov/nip/flu/gallery.htm>

**those for minority groups lagged significantly**

CMS

Centers for Medicare & Medicaid Services

7500 Security Blvd.  
Baltimore, Maryland  
21244-1850

<http://www.cms.gov>

Contact: Joe Hutchison  
[jhutchison@okqio.sdps.org](mailto:jhutchison@okqio.sdps.org)  
405-840-2891

# New Study looks at 'Consent'

An important new study looks at the issues involved with the various forms of consent and dispels the misconception that signed consent is a requirement for immunization of adults in various healthcare settings.

The study is presented in an article published in the January 12, 2004 issue of Archive of Internal Medicine.

The article, "Is Signed Consent for Influenza or Pneumococcal Polysaccharide Vaccination Required?" looks at what is required legally for adult immunization programs and practices. There are, it turns out, many forms of 'consent,' including the most important, informed consent. This is a basic ethical tenant that requires that patients be informed to the extent possible about the benefits and dangers of any medical procedure.

Signed consent, is seldom required or appropriate. The misconception that signed consent is a requirement has lead to the proliferation of forms, releases, guidelines and other inappropriate procedures. Ironically, this misunderstanding, and the missed opportunities resulting from these practices, can lead to decreased vaccination rates and, ultimately, increased deaths from a disease that can be effectively combatted by vaccination.

There is currently no federal requirement for signed consent to administer influenza or pneumococcal vaccination. Only one state in the union, Maryland, requires such consent. Still many programs continue to generate forms and practices intended on fulfilling requirements that don't exist. More important, the study suggests, is the use of Vaccine Information Sheets, a good tool for achieving informed consent for important procedures. The forms are available on the CDC site at:

<http://www.cdc.gov/nip/publications/VIS/default.htm>

The study is a comprehensive, yet very accessible examination of the various types of consent and their utilization in programs around the world. The article points out three essential elements to forming 'consent.' It must be (1) voluntary (2) granted with competence and (3) informed.

The article examines each of these requirements and goes on to examine implied consent, as in the case of patients in special circumstances like emergency rooms and nursing homes. Tacit consent is another standard used in Holland for instance, in which patients are assumed to give consent until they expressly withdraw it. This may not meet the informed consent standard.

Verbal consent is another form of consent, and important tool. The article points out that consent does not have to be documented to be valid.

The article can be accessed through MedQIC at:

<http://www.medqic.org/content/Settings/PhysicianOffice/AdultImmunization/Literature/IsSignedConsentForInfluenzaOrPneumococcalPo.jsp?topicID=471>

**There are, it turns out, many forms of 'consent,'**

**consent does not have to be documented to be valid**

**regional flu campaign coordinators wear many hats**

**Successful campaigns harness the energy of partnerships**

# Regional Flu Coordinators Get It

In any organization, any campaign or effort, there are always a few good men and women who go the extra mile to make it all come together. Just like the political campaigns that rely so heavily on the efforts of dedicated precinct leaders, the CMS Influenza and Pneumococcal Adult Immunization campaign has ‘go-to’ people, on the ground around the country working overtime to get the word out about immunizations against diseases that stalk America’s elderly.

The regional flu campaign coordinators wear many hats at CMS. Most work in multiple topics; and many in multiple states and jurisdictions. One can see the character of the region in the campaign choices that are made. Heavily populated regions rely heavily on mass-transportation advertising, along with traditional newspaper advertising.

Successful campaigns harness the energy of partnerships. In New York City, Norma Harris is working with Brooklyn borough community television to produce CMS TV programming. She’s looking right now for video to support her programming. Faith-based partnerships are yielding great results around the country. Regional coordinators ‘get it’ better than anyone else. They’re out in the communities, making things happen.

## Centers for Medicare & Medicaid Services 2004 Regional Flu Coordinators

Region	Contact	Phone	E-mail
<b>Boston</b> (Region I)	Peter MacKenzie	617-565-4857	<a href="mailto:PmacKenzie@cms.hhs.gov">PmacKenzie@cms.hhs.gov</a>
<b>New York</b> (Region II)	Norma Harris Tonya Green	212-264-3720 212-264-36771	<a href="mailto:NHarris@cms.hhs.gov">NHarris@cms.hhs.gov</a> <a href="mailto:Tgreen@cms.hhs.gov">Tgreen@cms.hhs.gov</a>
<b>Philadelphia</b> (Region III)	Monique Scott	215-861-4508	<a href="mailto:MScott3@cms.hhs.gov">MScott3@cms.hhs.gov</a>
<b>Atlanta</b> (Region IV)	Brenda Cousar Sabrina Davis	404-562-7223 404-562-7299	<a href="mailto:Bcousar@cms.hhs.gov">Bcousar@cms.hhs.gov</a> <a href="mailto:Sdavis5@cms.hhs.gov">Sdavis5@cms.hhs.gov</a>
<b>Chicago</b> (Region V)	Natosha Thompson-Lee	312-353-1448	<a href="mailto:Nthompson@cms.hhs.gov">Nthompson@cms.hhs.gov</a>
<b>Dallas</b> (Region VI)	Julia Lothrop	214-767-6386	<a href="mailto:JLothrop@cms.hhs.gov">JLothrop@cms.hhs.gov</a>
<b>Kansas City</b> (Region VII)	Natalie Myers Joni Jones	816-426-6384 816-426-6378	<a href="mailto:NMyers.@cms.hhs.gov">NMyers.@cms.hhs.gov</a> <a href="mailto:Jjones@cms.hhs.gov">Jjones@cms.hhs.gov</a>
<b>Denver</b> (Region VIII)	Lisa Dubois Mary Munoz	303-844-3521 303-844-5737	<a href="mailto:Ldubois@cms.hhs.gov">Ldubois@cms.hhs.gov</a> <a href="mailto:Mmunoz@cms.hhs.gov">Mmunoz@cms.hhs.gov</a>
<b>San Francisco</b> (Region IX)	Shirley Bordelon	415-744-3613	<a href="mailto:SBordelon.@cms.hhs.gov">SBordelon.@cms.hhs.gov</a>
<b>Seattle</b> (Region X)	Margaret Medley Michelle Dillon	206-615-2355 206-615-2368	<a href="mailto:Mmedley@cms.hhs.gov">Mmedley@cms.hhs.gov</a> <a href="mailto:Mdillon@cms.hhs.gov">Mdillon@cms.hhs.gov</a>

For more information, Please call Joe Hutchison at 405-840-2891  
[jhutchison@okqio.sdps.org](mailto:jhutchison@okqio.sdps.org)