



Influenza and Tdap Clinic as part of a Maya Community Health Fair



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Background and Purpose

In early 2016, as part of a first Omaha Maya Community Health Fair, Creighton University (CU) School of Pharmacy & Health Professions (SPAHP) pharmacy-based Operation Immunization (OI) volunteers partnered with volunteers from the Immunization Task Force–Metro Omaha (ITF) to address immunization needs of this immigrant group.

This Health Fair was sponsored by OneWorld Community Health Center (CHC), CU School of Medicine, the Maya Community Health Collaborative and Comunidad Maya. Other volunteers included CU medical students, CU College of Nursing (CON) faculty and students, CU-SPAHP OT students, and many other community volunteers.

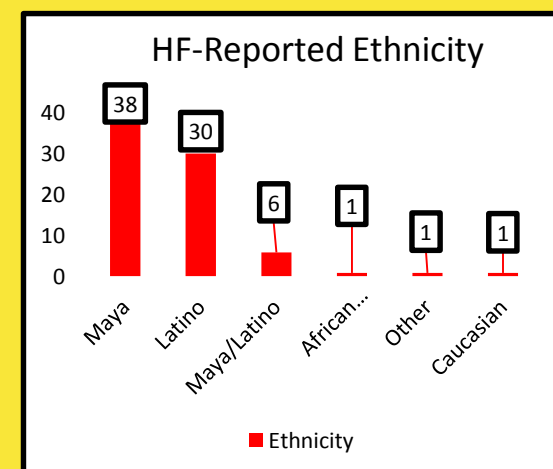
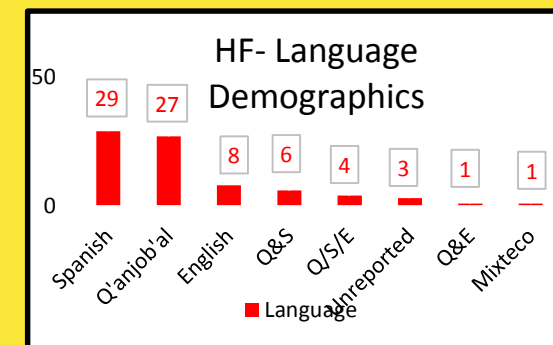
Free immunization services included status screening, education about and promotion of vaccines recommended for adults by the Centers for Disease Control and Prevention (CDC). Influenza and Tdap vaccines were available for administration.

CU-CON faculty & students, and interpreters, provided welcome assistance with immunization status screening during higher than expected levels of patient traffic.

Design

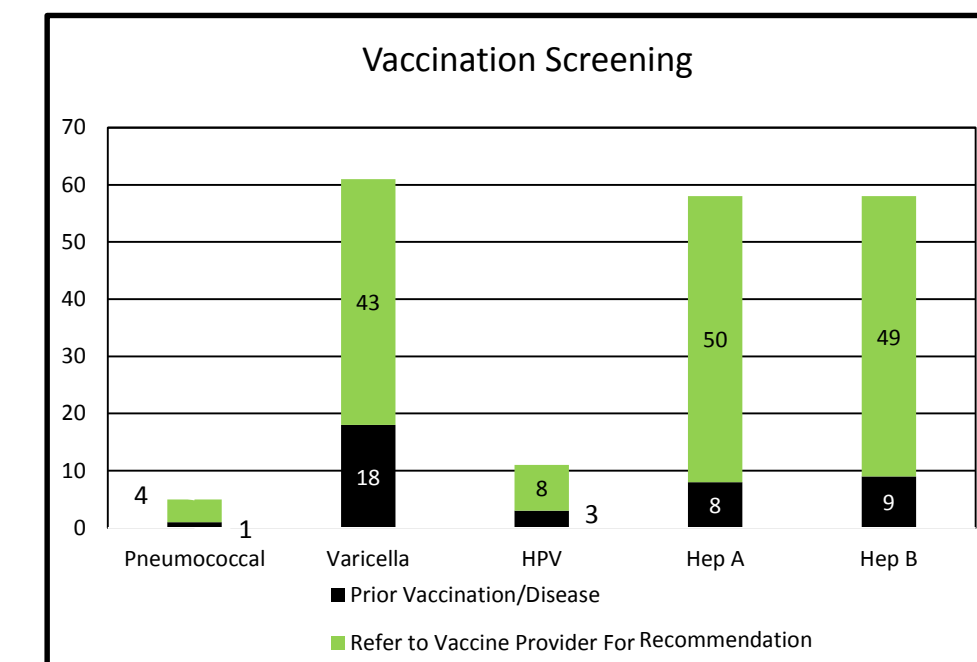
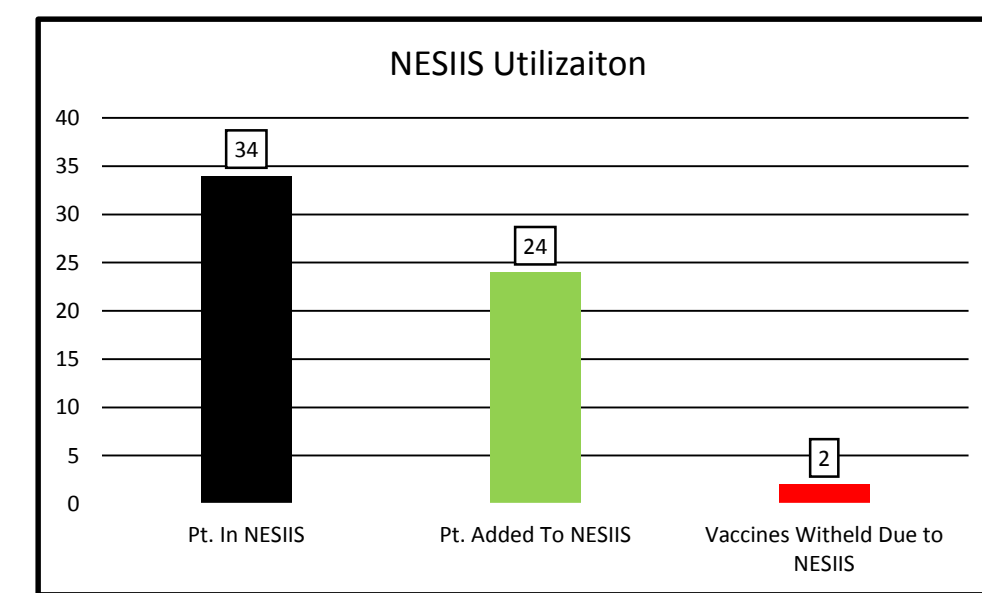
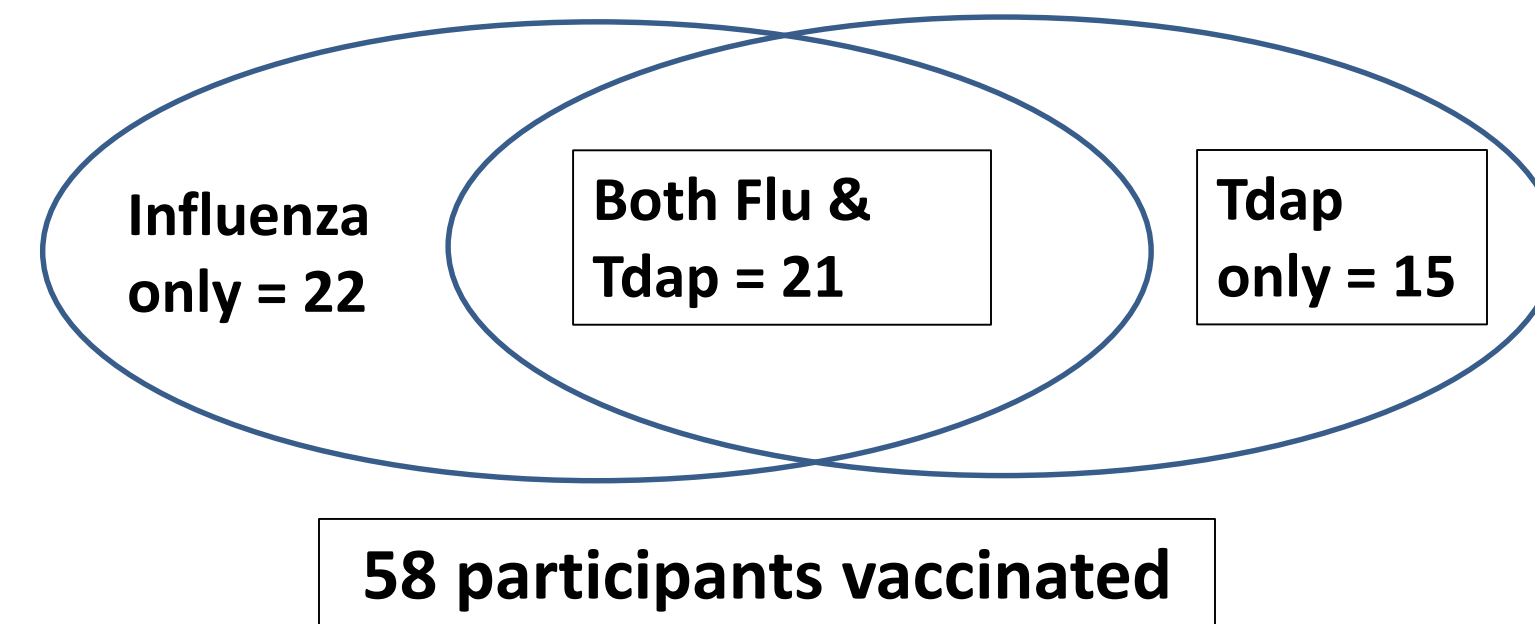
The Health Fair was held at OneWorld CHC. In addition to vaccinations, participants were offered blood sugar, cholesterol blood pressure and BMI, as well as exercise and nutrition consults.

Demographics & Status Screening Form



There were 108 health fair participants, with 79 reporting some demographic information

Results



- A total of 58 HF participants were screened for immunization status and vaccinated.
- Age of those vaccinated ranged from 9 to 63 years.
- 23 (40%) males and 34 (59%) females received vaccinations.
- Few reported high risk conditions, such as Asthma (1; 2%), Diabetes (3; 5%), Smoker (1; 2%), or described themselves as a Healthcare Worker (1; 2%).
- 24 Patients were added to the Nebraska State Immunization Information System (NESIIS) registry; 34 already had a record in NESIIS.
- 2 Immunizations were withheld due to previous record of administration in NESIIS
- Based on this initial immunization status screening, some patients were counseled to obtain further assessment of their vaccination needs.
- One patient, not in the recommended age range, reported having received Shingles vaccination.

Discussion

- Most of those served spoke primarily Spanish or Q'anjob'al, with few speaking English as their primary or even secondary language.
- Interpreters were present to optimize effective communication, and written information was provided in Spanish.
- Services offered included diabetes and cholesterol screenings, blood pressure screenings, nutrition and exercise education, vaccinations, and access to a primary care physician if necessary.
- Patients designated as high-risk were moved along to the physician and thus did not receive vaccination screening, along with those who opted not to receive it.
- After screening, indicated patients were offered Tdap & influenza vaccinations.
- The NESIIS registry was utilized to check if patients were previously vaccinated, where records were available. Of 58 screened, 34 were already in NESIIS, and 24 who were not in the registry were added. In two cases, influenza vaccine was not given due to a record of prior administration.
- Immunization registries offer a means to avoid dose duplication, save costs, and such documentation shows clear benefit to public health.

Limitations

- Self-reported immunizations during global status screening raise the potential for Acquiescence and Recall Bias.
- Communication was a critical factor in handling bottlenecks and surges in patient traffic. Interpreters communicated the wait to participants. CON volunteers assisted with screening, and a new care room was opened.
- After the event, data analysis was complicated by the need to combine data sets coming from the School of Medicine with that from the immunization group.

Implications

- This clinic made two routinely indicated vaccines available to this under-served population. Patients also received guidance on obtaining other indicated vaccines.
- The service protected vaccinees directly, and decreased risk for disease spread among Maya and larger Omaha populations. This is important since 25/79 (32%) participants reported no healthcare provider, or did not identify their access.
- 41% of the vaccinated individuals, and all 79 administered vaccinations, were added to the NESIIS system, addressing one common criticism of such venues.
- Vaccine status screening & administration, clinical, and intercultural experiences also benefited these interprofessional healthcare volunteers.