

# Learning Forum

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September 2024



Name and  
Agency/Hospital in the  
CHAT



# KPQC Fall Virtual Conference:

Birth & Beyond: What Keeps You Up at Night?



October 22, 2024 • 9:00 a.m. to 12:00 p.m.

Join the Kansas Perinatal Quality Collaborative for this virtual, complimentary conference featuring clinical and health policy leaders. Engage in conversations and learnings to improve maternal outcomes and health equity.

## Agenda

- 9:00 a.m. **Rapid Response: Hot Topics in Kansas Birth & Newborn Care**  
KPQC Leadership Team
- 9:30 a.m. **Sepsis: Before, During, & After Birth**  
**Angela Martin, MD, FACOG**  
Medical Director of Labor and Delivery, Obstetrics and Gynecology  
University of Kansas Health System
- 10:15 a.m. **Session Q&A**
- 10:30 a.m. **Reimagining Health Equity: Leveraging Data, Partnerships, and Innovation to Drive Excellent Care**  
**Emersen Frazier, MPH**  
Director of Health Equity and Policy  
Stormont Vail Health
- 11:15 a.m. **Session Q&A**
- 11:30 a.m. **Unveiling of next KPQC Safety Bundle**
- 12:00 p.m. **Closing**

<https://kansaspqc.org/oct-2024-fall-conference/>

## Keynote Speakers



**Angela Martin, MD, FACOG**

Medical Director of Labor and Delivery, Obstetrics and Gynecology,  
University of Kansas Health System

Dr. Angela Martin attended medical school at the University of Missouri-Columbia. She completed her residency in OBGYN at Emory University where she completed a fellowship in Maternal-Fetal Medicine. Dr. Martin joined the faculty at the University of Kansas in 2016. She is currently a Clinical Associate Professor of Maternal-Fetal Medicine. Since joining the faculty, she has won several teaching awards at KU, including the American College of Obstetrics and Gynecology National Faculty Award and an Excellence in Teaching Award from the Association of Professors of Gynecology and Obstetrics. She has enjoyed performing retrospective cohort projects on topics such as preterm birth, fetal growth restriction, and trial of labor after cesarean section. She is currently the vice chair of the hospital pharmacy and therapeutics committee and has been involved in the OB quality and patient safety committee. Most recently, she has enjoyed her role as the medical director of labor and delivery.



**Emersen Frazier, MPH**

Director of Health Equity and Policy, Stormont Vail Health

Emersen Frazier, MPH, has a strong commitment to community advocacy and policy development. Currently serving as the Director of Health Equity and Policy at Stormont Vail Health in Topeka, KS, Emerson has taken the lead in implementing data-driven initiatives to ensure equitable health outcomes for patient populations and fostering collaboration with state and federal policymakers. Emerson has contributed to various critical aspects of healthcare, including patient safety, population health, accreditation standards, and policy development. Emerson holds a Masters in Public Health from the University of South Carolina (Columbia, SC), concentrating on Health Services, Policy, and Management. There, she achieved summa cum laude honors and crafted a thesis on a Community Health Worker Health Equity Impact Program. Her BA in Political Science is from Claflin University (Orangeburg, SC), where she also earned her summa cum laude honors and valedictorian status.

## Conference Information

Registration is free, and a Zoom link will be provided in advance of the conference. Attendees will receive slides and conference materials after the live session.

[Register](#) today for this virtual, complimentary conference!



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<https://kansaspqc.org/oct-2024-fall-conference/>

# Rapid Response: OB

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Quick hitters from across the country!



# Pregnancy & PP Immunization List

Pregnancy Highlight Card from the Immunize Kansas Coalition (IKC), which provides information on the four recommended vaccines for pregnant women

Find IKC vaccine highlight cards, brochures, and featured campaigns on their key resources page

**Pregnancy Highlight Card** - English-

<https://immunizekansascoalition.org/documents/Pregnancy%20Vaccine%20Insert%20-%20web.pdf>

Spanish- -

<https://www.immunizekansascoalition.org/documents/Spanish%20Pregnancy%20Vaccine%20Insert.pdf>

**Key Resources Page-**

<https://www.immunizekansascoalition.org/key-resources.asp>



**Protect Your BABY**  
With Vaccines During Pregnancy

Vaccines protect mom and baby. Getting vaccinated during pregnancy passes protection to your little one.

- Flu (Influenza)
- Tdap
- RSV
- COVID-19

**How do vaccines protect baby?**

Receiving recommended vaccines while you're pregnant helps your body create protective antibodies (proteins produced by the body to fight off diseases), and you can pass on those antibodies to your baby. This protection keeps your baby safe from diseases during their first few months of life, before they can receive their own vaccines!

Learn more about vaccines during pregnancy

**Why Pregnant Women Need Vaccines and When to Vaccinate**

**Flu (Influenza)**

Pregnant women are more likely to get severely ill from flu, possibly due to changes in immune, heart, and lung functions during pregnancy.

For best immunity, vaccinate during **September or October**. Those in their third trimester of pregnancy can be vaccinated earlier, during July or August.

**Tdap**

Protects against whooping cough (pertussis). It can be serious for anyone, but for a newborn, it can be life-threatening.

Vaccination between **27 through 36 weeks of pregnancy** lowers the risk of whooping cough in babies younger than 2 months old by 78%.

**RSV**

Protects against RSV, a respiratory virus that can be especially serious for newborns. RSV is the most common cause of hospitalization in children under age 1 year.

Vaccinate **during weeks 32 through 36 of your pregnancy**, between the months of September to January.

**COVID-19**

Pregnant women are high-risk for COVID-19 complications.

Those who are pregnant should **stay up to date** on recommended COVID-19 vaccines.

Talk to your healthcare provider about vaccines you need during pregnancy!

# Rapid Response: Peds

## MAJOR CHANGE coming to Hepatitis B vaccine in all KS hospitals

The Vaccines For Children (VFC) Program is a federal entitlement program for infants who meet one of the following eligibility criteria:

American Indian / Alaskan Native

Medicaid Title 19

Medicaid Title 21 (through State CHIP funds)

Uninsured

Underinsured (insured but cap on dollar amount, specific vaccines, or specific ages) Only available through a Local Health Department, Federally Qualified Health Center, or Rural Health Clinic.

\*\*Infants covered by private insurance are not VFC eligible.

The Centers for Disease Control and Prevention (CDC) is sunsetting the Hepatitis B Birth Dose Program due to the available funds through the VFC Program. 317 funds will no longer be available for use for pediatric intent. All pediatric vaccine will either have to be covered by private insurance or the patient will need to be VFC eligible (see the above eligibility criteria).

What immunizations would a birthing hospital need to carry through the VFC Program The VFC Program requires enrolled providers to carry all age-appropriate Advisory Committee on Immunization Practices (ACIP) recommended immunizations. For hospitals this would mean, Nirsevimab and Hep B would both be required to be carried.

### **If you have any additional questions:**

Contact:

Rachel Sample, RN Vaccine Operations Manager [Rachel.sample@ks.gov](mailto:Rachel.sample@ks.gov)



# FTI Project: Updates on Completion steps

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# How do I submit “completion” documentation for FTI Projects

**NOT Qhi!**

***Yes to Kari or Terrah!***



# Our Speakers

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# Neonatal Immunizations

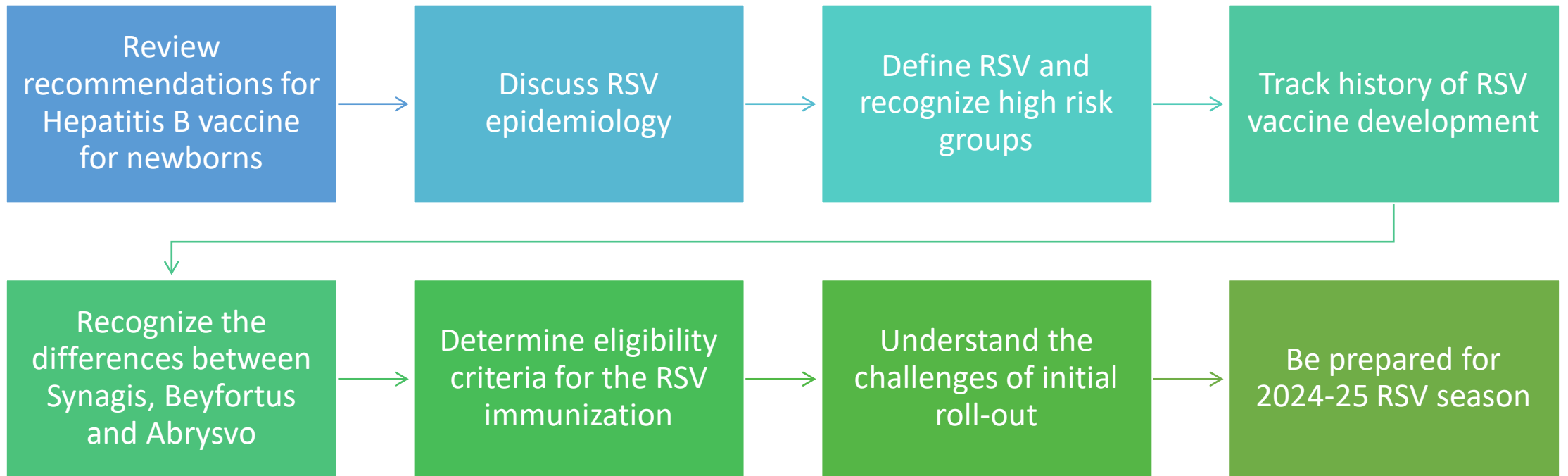
Kayla Maalouf, MD

KU Pediatrics

September 24<sup>th</sup>, 2024

# Objectives

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## Hepatitis B Vaccine

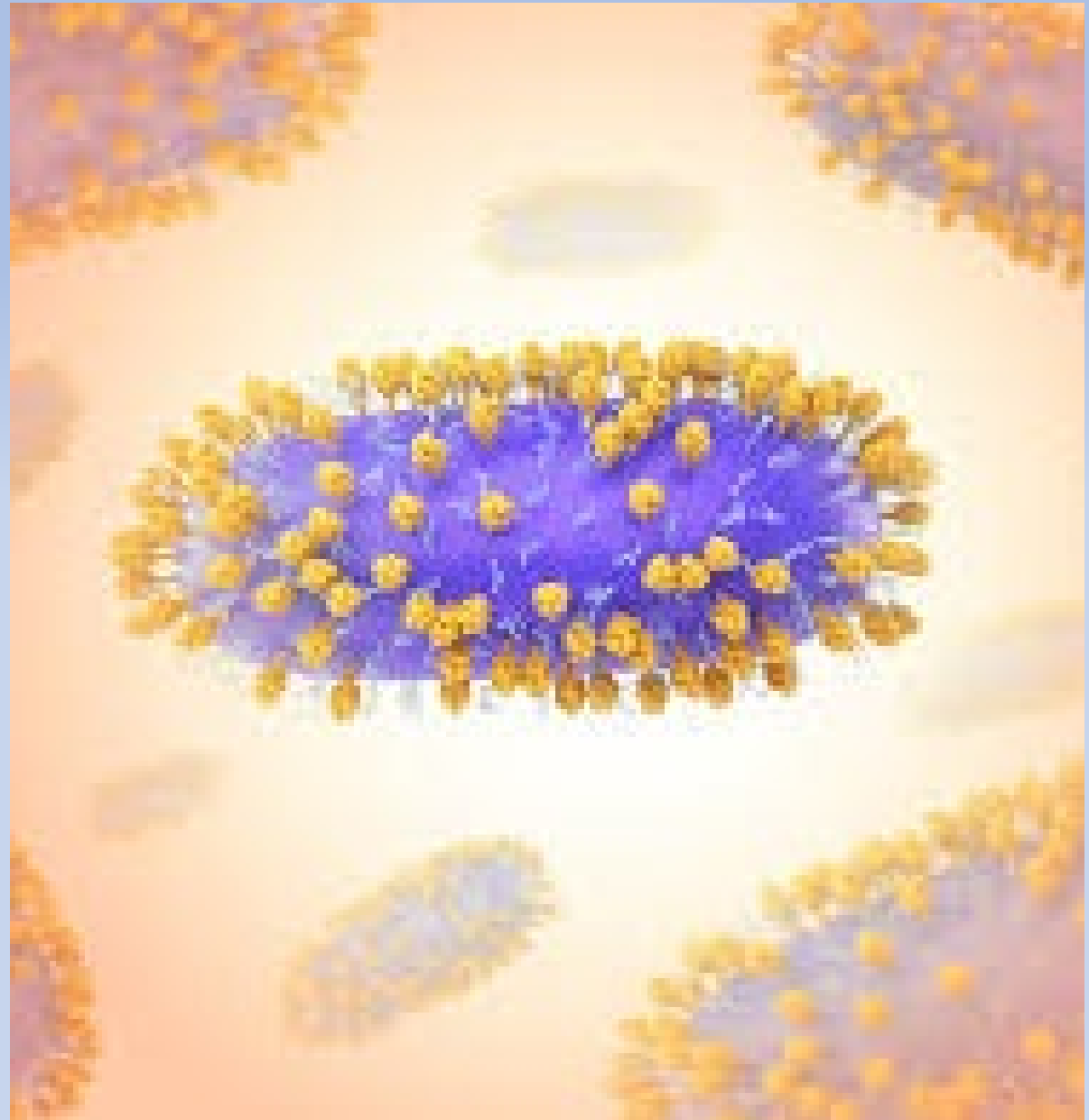
- Hepatitis B is an infectious disease
- Can cause liver damage and liver cancer
- No cure for hepatitis B
- Maternal to newborn transfer is possible
- First dose given within 24 hours of birth
- Hep B+ moms give vaccine and Hep B immunoglobulin- given within 12 hours of birth

(CDC, 2023)

# RSV by the Numbers

- Children < 5 yrs old hospitalizations/year
  - **USA:** 58,000-80,000
  - **Worldwide:** 3.6 million
- Children < 5 yrs old deaths/year
  - **USA:** 100-500
  - **Worldwide:** 100,000+
- 20–30% of infants develop LRTI such as bronchiolitis and pneumonia

(Young and Smitherman, 2021)



# What is RSV?

- Respiratory Syncytial Virus
- Respiratory virus that often causes mild URI symptoms
- Higher risk groups may get severe illness
  - Older adults
  - Infants
    - Former Premature Babies
    - Chronic Lung Disease
    - Chronic Congenital Heart Disease
    - Neuromuscular Diseases



# RSV Vaccine Development

- Early vaccine trials failed
  - Children primed for more severe disease
  - 2 deaths, 80% hospitalization rate
- 1998 Palivizumab (Synagis)- MAB
  - High risk groups: premies/at-risk infants
  - Monthly injections
  - Limited severe disease

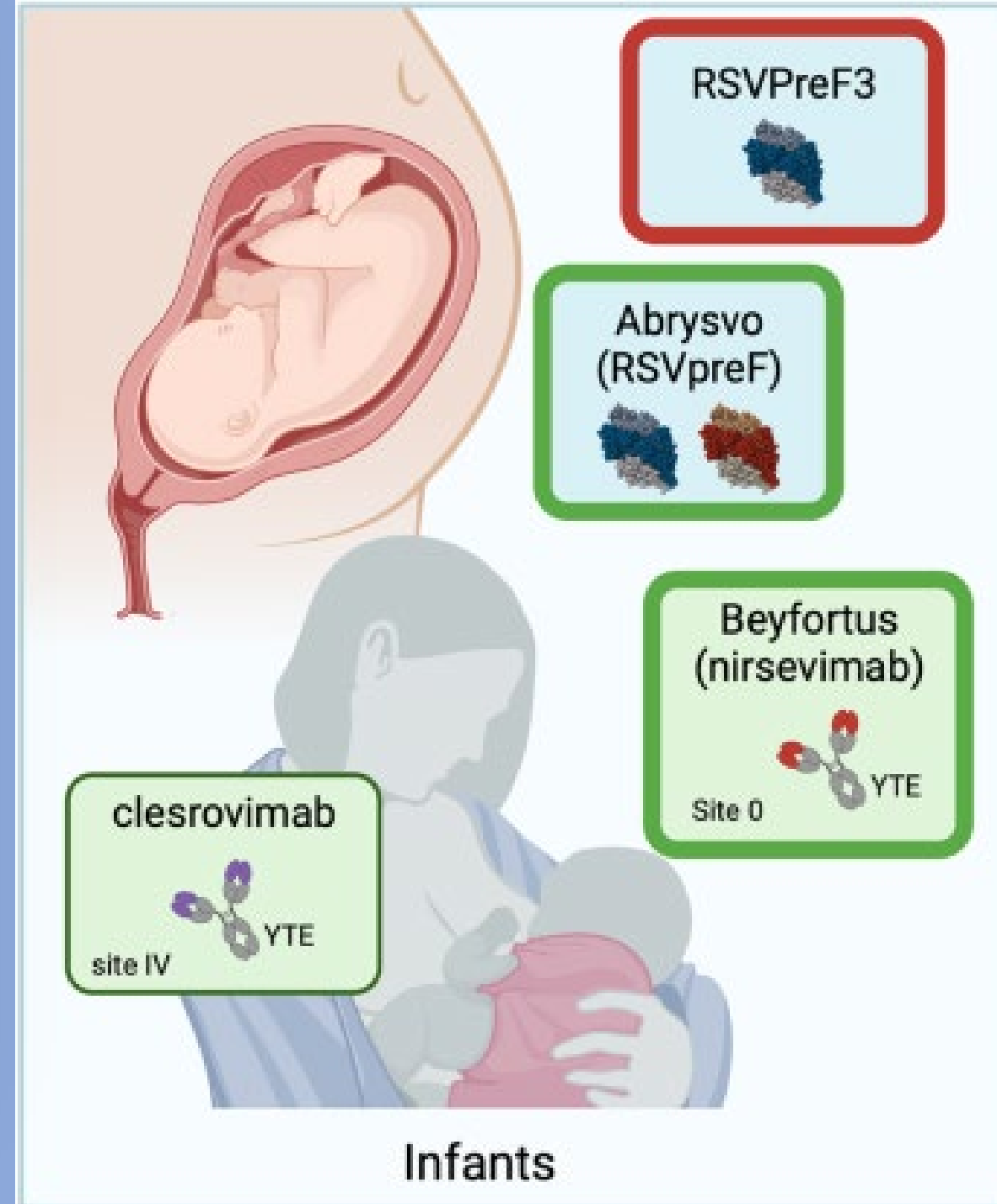
(Ruckwardt, 2023)



# RSV Vaccine Development

- 2023 Nirsevimab (Beyfortus)- MAB
  - Blocks antibodies 50-fold > Synagis
  - Clinical trials 77% reduction in hospitalization RSV
  - 80% effective against RSV disease for 150 days+
- 2023 RSVpreF (Abrysvo)- vaccine
  - Transplacental passage of antibodies
  - 85% reduction in RSV visits
  - 92% reduction in severe RSV illness

(Ruckwardt, 2023)





# RSV Immunization Eligibility



- **Abrysvo**
  - Pregnant women 32-36 WGA
  - September - January
- **Beyfortus**
  - Infants 8 months or younger (October – March)
  - Did not or unknown if mom received Abrysvo during pregnancy
  - Infant born < 14 days after mom received Abrysvo
- **High risk groups- 2<sup>nd</sup> dose Beyfortus aged 8-19 months**
  - American Indian/Alaskan Native
  - Chronic Lung Disease of Prematurity\*\*\*
  - Severe immunocompromise
  - Severe cystic fibrosis

(CDC, 2023)



# Chaos

## RSV Roll-Out 2023-2024

- May 2023:  
Abrysvo FDA approval
- July 2023:  
Beyfortus FDA approval
- Oct 2023:  
CDC urged prioritizing highest risk infants for higher dose
- Insurers- VFC covered immediately,  
private insurance had up to one year

(Branswell, 2023)

# Administration: Hospital v. Clinic

Newborns can receive Beyfortus at birth in hospital

Two doses available

Last year major shortages with 100 mg dose

< 5 kg, 50 mg dose

> 5 kg, 100 mg dose



# 2024-2025 RSV Season

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- March 2024: CDC in MMWR reported 90% effective at presenting hospitalization
- July 2024 CDC reported no changes to RSV schedule for infants and pregnant women

(Branswell, 2024)



Questions?



**\*Sanofi slides available upon request**

# NEXT Learning Forum (Virtual Fall Conference)

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October 22, 2024

