

# HepTalk Listserv Archive

## May/June 2006

### Announcements from HepTalk

The HepTalk Project team would like to thank all of you for your continued participation as we move into the exciting training phase of the project. A reminder: some sites have used participation in the HepTalk Project as documentation of involvement in national research\* projects and clinical initiatives for other grant applications and in accreditation processes. Please feel free to contact us for letters of support for these purposes--we appreciate your help in helping MCN and the CDC research better clinical hepatitis prevention practices, and would be happy to attest to your crucial role in this endeavor. (\*Note- this is a research project, but we are evaluating the effectiveness of OUR training methods, not your sites or staffs).

- MCN's Migrant Immunization Initiative: *Partners for a Life Cycle Approach* is pleased to announce the availability of new comic books from the Pepin Series, materials developed in a joint effort with Texas Tech University Health Science Center at El Paso.
- Pepin is presenting three new topics: *What to do after the shot, Tetanus vaccine and Hepatitis A vaccine*. (Please note that providers are still required to distribute the statements.)

These resources are free of charge, and postage is free as well in the US! Recipients of these resources are asked to complete a form online (or submit it by fax, mail or email) and a simple evaluation of the materials. Supplies are limited and will be distributed on a first-come, first-serve basis through June 16, 2006. Order now! Order here: ([www.migrantclinican.org](http://www.migrantclinican.org))

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We're pleased to devote the May 2006 HepTalk Listserv to information about two successful adult immunization programs, one in Pennsylvania and one in New York. Each involves cooperation between state and local health departments and community clinics in order to provide immunizations, including Hepatitis A and B, to migrant seasonal farmworkers. We hope these projects will provide you with useful models for immunization programs for migrants, and information on how to get a project started.

We encourage you to find out more about these programs by contacting the coordinators. Their contact information is listed at the end of each article. And we hope that you will contact your own state health department and talk with them about working together to provide immunizations to mobile adults.

The HepTalk project is committed to sharing "best practice" examples among the partners in this project—so many of you are so adept at finding creative solutions to serving poor and mobile clients. Thanks to Kennett Square, a HepTalk clinic, and the New York and Pennsylvania State Health Department for sharing their success stories!

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### 1. Project Salud and the Chester County Health Department, Pennsylvania

Several outbreaks of Hepatitis A, combined with an understanding of increased exposure due to cross-border travel of many migrant workers in Chester County, led to a recognition by the Chester County Health Department of the need for better preventive care in the form of immunizations. Migrant workers are very good about getting their children immunized, but adults tend to come in for health care only when they are too sick to work, says Immunization Coordinator Sandy Schwartz. "We saw immunizations as a small preventative health care service that we could provide."

Ms. Schwartz obtained grant funding from the Pennsylvania State Health Department. She also contacted mushroom growers, the major employers of migrants in the county, to gain their buy-in. The growers in the area then contracted with Project Salud to do an education component for the immunization program. Funding for the immunizations is provided to the Pennsylvania Health Department by the CDC.

Project Salud is one of the 27 HepTalk clinics, located in Kennett Square, Pennsylvania. The clinic has been in Chester County for 20 years and is perceived as a trusted source of information and health care by both growers and workers. The education component is very important to the success of the

immunization program. Workers are given release time by their employers. Peggy Harris, Project Director spends about 20 minutes on-site, discussing hepatitis transmission and prevention with groups of workers, and details of immunization. Ms. Harris talks to them about the importance of getting all the immunizations, even if there's a delay between doses.

Initially stymied by a lack of adequate printed materials in Spanish, especially ones using pictures or photographs, Ms. Harris finds direct engagement with the workers is most effective. Some material is available for parents interested in immunizing their children, but very little is specifically targeted for adults.

Following the discussion, the group fills out consent forms with help from Ms. Harris. Immunizations are then administered by County Health Department nurses at the mushroom-growing facilities. Twinrix (for Hep A and B) is given to adults, unless they provide documentation that they have already been immunized or exposed to one or the other. In addition to Hepatitis, diphtheria and tetanus are also offered. Both the immunizations and the education session are free of charge for the farmworkers.

The program began last fall, and will continue as long as grant funding is available. To date, county coordinator Sandy Schwartz reports 968 workers have been immunized. The success of the program is due in large part to cooperative efforts of the three participants. Key, says Ms. Schwartz, is that the growers have given release time for their workers.

Kudos to Project Salud and the Chester County Health Department for organizing a highly effective client-focused immunization program. For more information, contact:

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## 2. NYS Department of Health Migrant and Seasonal Farmworker Immunization Project Project Initiative Summary 5/15/06

Since 2000 the New York State Department of Health's (NYSDOH) Immunization Program has targeted high-risk adult populations in various settings to receive vaccines. In 2003, the Immunization Program incorporated the adult Migrant and Seasonal Farmworkers (MSFWs) into their adult immunization initiatives. Assessments of immunization coverage levels among the NYS MSFW population indicated that adults were not adequately immunized, and that influenza vaccine was the primary immunization administered. Due to the high-risk nature of their living and working conditions, MSFWs should have access to comprehensive immunizations and be educated about the benefits of vaccines.

To address the immunization needs of this high-risk population the MSFW Immunization Project was initiated in 2003 as a pilot project. Six local health departments in western NY were supplied with state-funded vaccines to administer to adult MSFWs. In 2004 the Project was expanded to include the three federally qualified/migrant health centers (FQHC/MHC) in Upstate NY, which provide services to approximately half of NY's MSFW population. Now in its third year, the MSFW Immunization Project continues to expand statewide and has more than tripled its number of participating providers.

Currently, MSFW Immunization Project participants consist of nine county health departments, three FQHC's/MHC's, two community health centers, 2 diagnostic and treatment centers and a hospital, providing immunizations to MSFWs in 27 counties. Available vaccines include Hepatitis B, Hepatitis A, Twinrix (Hepatitis A & B), Pneumococcal, adult Tetanus and Diphtheria (Td), Influenza, Varicella, and Measles, Mumps and Rubella (MMR). As of April 2006, 6,422 vaccines have been administered to MSFWs in NYS.

The success of MSFW Immunization Project was achieved through partnerships with the NYSDOH MSFW Health Program, community/migrant health centers, and other local and state agencies that provide services to MSFWs. These collaborations encouraged the exchange of expertise and the sharing of resources among MSFW programs throughout the state.

The NYSDOH MSFW Immunization Project staff offers the following advice for clinics seeking to start an immunization program:

*We would recommend that community health centers collaborate with their local health department. Rather than introducing MSFW initiatives as an autonomous program, community health centers should investigate what immunization initiatives already exist within the local health department and see how MSFW immunization initiatives can be incorporated. For instance, if the health department has programs in place for children and adolescents, establishing an adult MSFW immunization program could be the first step towards implementing adult immunization initiatives. Or, if the department already has a strong adult immunization program, it should be determined if any existing outreach materials can be transferred to MSFWs. Working within the infrastructure of the health department will enhance the introduction of MSFW immunization initiatives.*

*In order for the health department to understand the necessity of MSFW immunization initiatives, it is essential that community health centers present data addressing the number of MSFWs serviced in their counties. Since MSFWs have not been on the forefront of healthcare issues, some local health departments may not realize the magnitude of this population and the need for preventive services like immunizations. Data and figures will assist the health department to better understand the MSFW population and generate support for MSFW immunization initiatives.*

For more information, contact:

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HepTalk is a project of the Migrant Clinicians Network and Community Health Education Concepts. HepTalk is funded by the Centers for Disease Control and Prevention. The goal of HepTalk is to help clinicians serving migrants and recent immigrants engage in productive discussions about hepatitis risks with their clients and help them make prevention plans. The HepTalk listserv is a support service for clinics participating in the project. This is a post-only listserv and postings will come from HepTalk staff about once a month. If others at your clinic would like to be on the listserv, or if you have questions about the listserv or resources listed here, or if you would like to add something to the posts, please contact Kathryn Anderson, HepTalk training and education coordinator and listserv administrator, at [dempander@earthlink.net](mailto:dempander@earthlink.net). You can also contact the listserv administrator if you would like to unsubscribe from the list.