Council on Health of the Public

Thursday, November 7, 2024
2:30 – 5 p.m.
Location: Waterway 7, Upper Level, The Woodlands Waterway Marriott Hotel
Zoom connection information: Meeting ID: 891 8416 4288 | Passcode: 690345
https://us02web.zoom.us/j/89184164288?pwd=8oMyICcx1etWi2HDnKvVQ1WNf0qJgB.1

AGENDA

1. Call to order by Vice Chair Li-Yu Mitchell, MD (Chair Peter Catinella, MD)
2. Introductions
3. Approval of report from April 12, 2024
4. Presentation from Pfizer on vaccine confidence
5. Current business
    a. Member Assembly with Council Forums this evening at 7 p.m.
    b. TAFP Business Meeting and Member Assembly tomorrow morning at 8 a.m.
    c. Update on newly created Task Force on Obesity from Dr. Richel Avery
    d. Review AstraZeneca resources recently published by TAFP. Did you read them? Are they helpful/a valuable resource?
        i. https://www.tafp.org/news/new-asthma-resource-available
        ii. https://www.tafp.org/news/new-COPD-resource-available
    e. New Texas research journal from Dr. Larry Kravitz and Dr. Jennifer Nordhauser
    f. Discussion continued on ideas from Interim Session
        i. Vaccine toolkit
            1. Resources from AAFP's recent respiratory illness campaign – which ones are the most helpful and should be included in the TAFP vaccine toolkit?
        ii. Team of members to help staff keep toolkits up to date
        iii. Community outreach projects to share with wider membership
6. Other business
7. Adjourn

Samantha White and Jessica Miley are the staff liaisons for this council.

COUNCIL ON HEALTH OF THE PUBLIC REPORT

Author: Samantha White
Meeting date: April 12, 2024

The following members attended the meeting in person: Peter Catinella, Li-Yu Mitchell, Sarah Ashitey, Richel Avery, Lesca Hadley, Judy Kim, Alex King, Shae Kruase-Castaneda, Priti Mody-Bailey, Deepalakshmi Rajakrishnan, Nicolette Mojica, Rebecca Hart, and Karen Smith.

The following members attended the meeting on Zoom: George Yang and Joaquin Villegas.

The following staff and guests attended the meeting in person: Samantha White (staff), Jessica Miley (staff), Tom Banning (staff) Lane Aiena, Emily Briggs, and Kasiemobi Okonkwa.

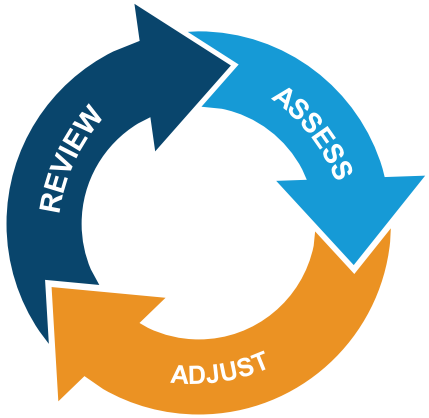
MINUTES

1. The meeting was called to order by Peter Catinella, MD, chair.
2. The council report from November 9, 2023 was approved.
3. Vice Chair Li-Yu Mitchell, MD, shared an update on the high school graduate honor cord pilot. The Whitehouse school district is participating in the program for the second year. Seniors will be awarded with their cords in early May. Other districts are invited to try out the pilot. The council will report on the pilot to the board in hopes of turning it into a permanent TAFP program.
4. Council members discussed possible ways for members and TAFP as a whole to collaborate with local school districts and SHACs across the state.
5. Sarah Ashitey, MD, shared about a vaccine speaker. Other member shared vaccine resources. The council discussed TAFP creating a vaccine resource toolkit.
6. Council members brainstormed ways for the council to work in obesity, deciding to ask the board to create a Task Force on Obesity. Richel Avery, MD, will lead the task force.
7. Council members shared various community outreach projects and the importance of family physicians being active in their communities. The council discussed TAFP creating a community outreach toolkit. As well as a way for members of the council to assist staff in keeping toolkit resources (for all toolkits) up to date.
8. The meeting was adjourned.

ASSESSMENT OF ASTHMA CONTROL

PRECISION

GINA 2023[1]



It is important to assess a patient's risk factors for exacerbations which may be independent of symptom control

NAEPP and GINA both classify asthma control in terms of symptom impairment and future risk.[1,2]

GINA assessment of asthma control in adults, adolescents and children 6-11 years

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A. Asthma symptom control

In the past 4 weeks, has the patient had:		Well controlled	Partly controlled	Uncontrolled
• Daytime asthma symptoms more than twice/week?	Yes☐ No☐	None of these	1–2 of these	3–4 of these
• Any night waking due to asthma?	Yes☐ No☐			
• SABA* reliever for symptoms more than twice/week?	Yes☐ No☐			
• Any activity limitation due to asthma?	Yes☐ No☐			

B. Risk factors for poor asthma outcomes

Assess risk factors at diagnosis and periodically, particularly for patients experiencing exacerbations.

Measure FEV_1 at start of treatment, after 3–6 months of ICS-containing treatment to record the patient's personal best lung function, then periodically for ongoing risk assessment.

a. Risk factors for exacerbations

Uncontrolled asthma symptoms		Having uncontrolled asthma symptoms is an important risk factor for exacerbations.[98]
Factors that increase the risk of exacerbations *even if the patient has few asthma symptoms*†	*Medications*	High SABA use (≥3 x 200-dose canisters/year associated with increased risk of exacerbations, increased mortality particularly if ≥1 canister per month)[74,75,99,100]
		Inadequate ICS: not prescribed ICS, poor adherence,[101] or incorrect inhaler technique[102]
	Other medical conditions	Obesity,[103,104] chronic rhinosinusitis,[104] GERD,[104] confirmed food allergy,[105] pregnancy[106]
	Exposures	Smoking,[107] e-cigarettes,[108] allergen exposure if sensitized,[107] air pollution[109-112]
	Psychosocial	Major psychological or socioeconomic problems[113,114]
	Lung function	Low FEV_1 (especially <60% predicted),[107,115] high bronchodilator responsiveness[104,116,117]
	Type 2 inflammatory markers	Higher blood eosinophils,[104,118,119] elevated FeNO (in adults with allergic asthma taking ICS)[120]
	Exacerbation history	Ever intubated or in intensive care unit for asthma,[121] ≥1 severe exacerbation in last 12 months[122,123]

b. Risk factors for developing persistent airflow limitation

History	Preterm birth, low birth weight and greater infant weight gain,[124] chronic mucus hypersecretion[125,126]
Medications	Lack of ICS treatment in patient with history of severe exacerbation[127]
Exposures	Tobacco smoke,[125] noxious chemicals; occupational or domestic exposures[49]
Investigation findings	Low initial FEV_1,[126] sputum or blood eosinophilia[126]

c. Risk factors for medication side-effects

Systemic	Frequent OCS, long-term, high-dose and/or potent ICS, P450 inhibitors[128]
Local	High-dose or potent ICS,[128,129] poor inhaler technique[130]

See list of abbreviations (p.21). *Based on SABA (as-needed ICS-formoterol reliever not included); see page 36; excludes reliever taken before exercise. †'Independent' risk factors are those that are significant after adjustment for the level of symptom control. Cytochrome P450 inhibitors such as ritonavir, ketoconazole, itraconazole may increase systemic exposure to some types of ICS and some LABAs; see drug interaction websites and p.111 for details. For children 6–11 years, also refer to Box 2-3, p.39. See Box 3-17, p.85 for specific risk reduction strategies.

ASSESSMENT OF ASTHMA CONTROL (cont'd)

PRECISION

NAEPP 2007[2]

Level of control is determined by assessing both impairment and risk, and is based on the most severe category.

Assess impairment domain by patient's recall of previous 2–4 weeks and by spirometry/ or peak flow measures.

For treatment purposes, patients having had ≥2 prior-year exacerbations requiring oral steroids in the last year may be considered as having not well-controlled asthma, even if the patient has well-controlled symptoms.

COMPONENTS OF CONTROL		CLASSIFICATION OF ASTHMA CONTROL (≥12 years of age)		
		Well-Controlled	Not Well-Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2x/month	1-3x/week	≥4x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV_1 or peak flow	>80% predicted/personal best	60-80% predicted/personal best	<60% predicted/personal best
	Validated questionnaires ATAQ ACQ ACT	 0 ≤0.75* ≥20	 1-2 ≥1.5 16-19	 3-4 N/A ≤15
Risk	Exacerbations requiring oral systemic corticosteroids	0-1/year	≥2/year (see note)	
		Consider severity and interval since last exacerbation		
	Progressive loss of lung function	Evaluation requires long-term followup care.		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		

*ACQ values of 0.76-1.4 are indeterminate regarding well-controlled asthma.
EIB, exercise-induced bronchospasm; FEV_1, forced expiratory volume in 1 second.
Source: National Heart, Lung, and Blood Institute; National Institutes of Health; US Department of Health and Human Services.

Note: At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater disease severity.

The Asthma Impairment and Risk Questionnaire (AIRQ®) is the only control tool that assesses both symptom impairment and exacerbation risk in a single test.[3]

SCAN here to visit airqscore.com

TREATMENT APPROACHES FOR AGES ≥12 YEARS

PRECISION

GINA 2023[1]

Strategy for Asthma Management from GINA:

- SABA alone as rescue therapy is no longer recommended as risk of severe exacerbations and mortality increases incrementally with higher SABA use, independent of treatment step
- While the assessment of symptom control includes a criterion for SABA reliever use on ≤2 versus >2 days/week, it does not include a similar criterion for an anti-inflammatory reliever. Assess the average frequency of reliever use over the past 4 weeks when the ICS maintenance dose is reviewed.

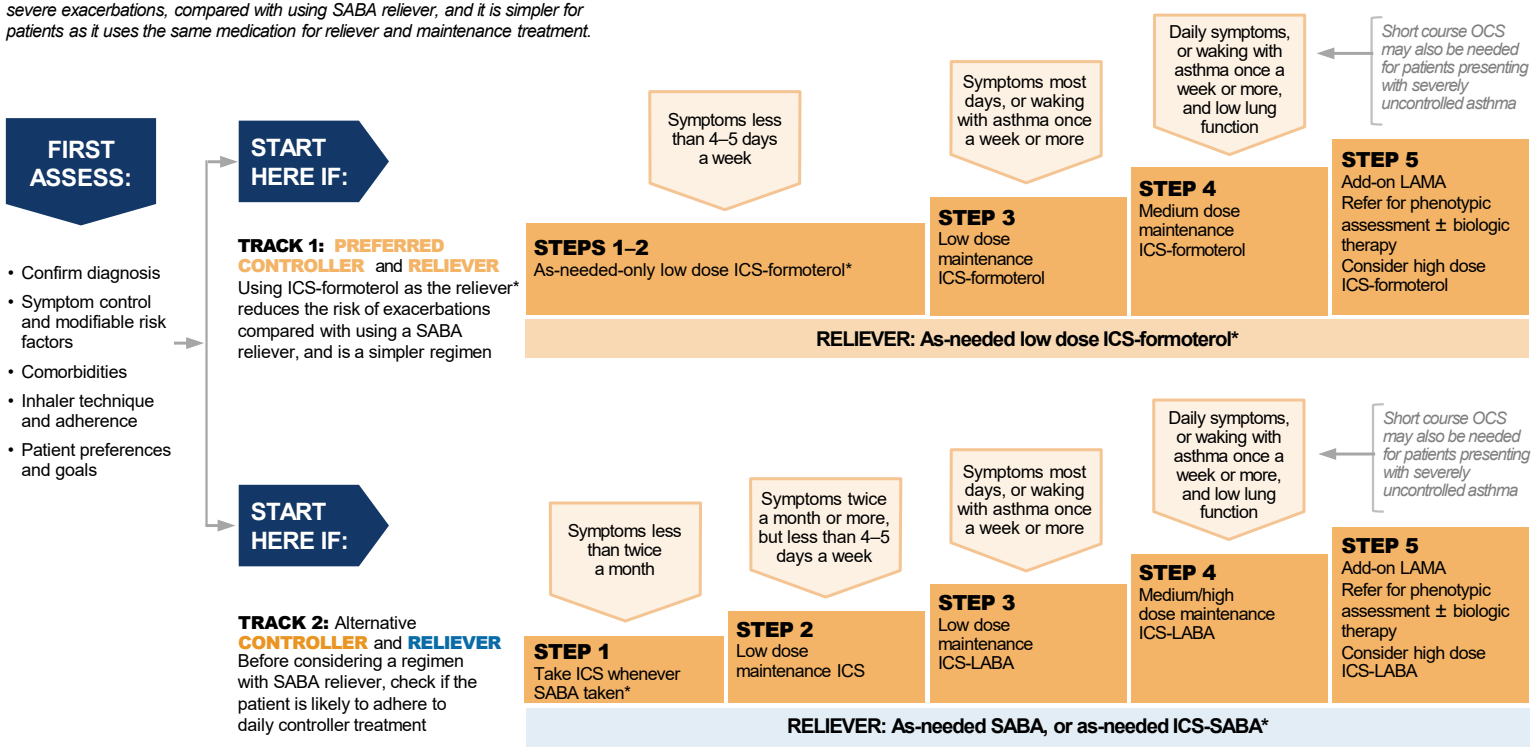
Selecting initial treatment in adults and adolescents with a diagnosis of asthma

NOTE: The use of ICS-formoterol is not approved for maintenance plus rescue therapy or for as-needed rescue only in the US. The recommendations for ICS-formoterol are based on clinical data evaluating the use of ICS-formoterol formulations and strengths not approved and not available in the US.

GINA 2023 – STARTING TREATMENT

In adults and adolescents with a diagnosis of asthma

Track 1 using ICS-formoterol reliever is preferred because it reduces the risk of severe exacerbations, compared with using SABA reliever, and it is simpler for patients as it uses the same medication for reliever and maintenance treatment.



*Anti-inflammatory relievers (AIR)

See list of abbreviations (p.21). See Box 3-14, p.67 for low, medium and high ICS doses for adults and adolescents. See Box 3-15, p.80, for Track 1 medications and doses.

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TREATMENT APPROACHES FOR AGES ≥12 YEARS (cont'd)

PRECISION

NAEPP Focused Update 2020[4]

- Supports the use of concomitant ICS with a fast-acting bronchodilator as part of rescue therapy
- Concomitant SABA and ICS is one of the preferred options at step 2 treatment
- Single maintenance and reliever therapy (SMART) is suggested for step 3 and 4 treatment
- Individuals whose asthma is uncontrolled on maintenance ICS-LABA with SABA as quick relief therapy, should receive the preferred SMART if possible before moving to a higher step in therapy

AGES 12+ YEARS: STEPWISE APPROACH FOR MANAGEMENT OF ASTHMA

	Intermittent Asthma	Management of Persistent Asthma in Individuals Ages 12+ Years				
Treatment	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6■
Preferred	PRN SABA	Daily low-dose ICS and PRN SABA or PRN concomitant ICS and SABA▲	Daily and PRN combination low-dose ICS-formoterol▲	Daily and PRN combination medium-dose ICS-formoterol▲	Daily medium-high dose ICS-LABA + LAMA and PRN SABA▲	Daily high-dose ICS-LABA + oral systemic corticosteroids + PRN SABA
Alternative		Daily LTRA* and PRN SABA or Cromolyn,* or Nedocromil,* or Zileuton,* or Theophylline,* and PRN SABA	Daily medium-dose ICS and PRN SABA or Daily low-dose ICS-LABA, or daily low-dose ICS + LAMA,▲ or daily low-dose ICS + LTRA,* and PRN SABA or Daily low-dose ICS + Theophylline* or Zileuton,* and PRN SABA	Daily medium-dose ICS-LABA or daily medium-dose ICS + LAMA, and PRN SABA▲ or Daily medium-dose ICS + LTRA,* or daily medium-dose ICS + Theophylline,* or daily medium-dose ICS + Zileuton,* and PRN SABA	Daily medium-high dose ICS-LABA or daily high-dose ICS + LTRA,* and PRN SABA	
		Steps 2–4: Conditionally recommend the use of subcutaneous immunotherapy as an adjunct treatment to standard pharmacotherapy in individuals ≥ 5 years of age whose asthma is controlled at the initiation, build up, and maintenance phases of immunotherapy▲			Consider adding Asthma Biologics (e.g., anti-IgE, anti-IL5, anti-IL5R, anti-IL4/IL13)**	

NOTE: The use of ICS-formoterol is not approved for maintenance plus rescue therapy or for as-needed rescue only in the US. The recommendations for ICS-formoterol are based on clinical data evaluating the use of ICS-formoterol formulations and strengths not approved and not available in the US.

The NAEPP 2020 Focused Updates did not include new research or the US FDA approval of multiple drugs classified as asthma biologics occurring after October 2018.

The tables and figures are selections from the National Asthma Education and Prevention Program's (NAEPP) Expert Panel Report EPR-3 (2007) and 2020 Focused Updates to the Asthma Management Guidelines, and the Global Initiative for Asthma (GINA) 2023 Report. Please refer to the complete reports for additional information and full context. This is not a comprehensive compilation of all content from these sources. The intent of this document is to provide a quick summary tool.

1. Global Initiative for Asthma, 2023. Available at: www.ginasthma.org. Accessed July 3, 2023. **2.** National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the diagnosis and management of asthma, 2007. Available at: https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. Accessed July 3, 2023. **3.** Murphy KR, Chipps B, Beuther DA, et al. Development of the asthma impairment and risk questionnaire (AIRQ): a composite control measure. *J Allergy Clin Immunol Pract*. 2020;8(7):2263-2274.e5. **4.** NAEPPCC Expert Panel Working Group. 2020 Focused updates to the asthma management guidelines: a report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. *J Allergy Clin Immunol*. 2020;146:1217-1270.

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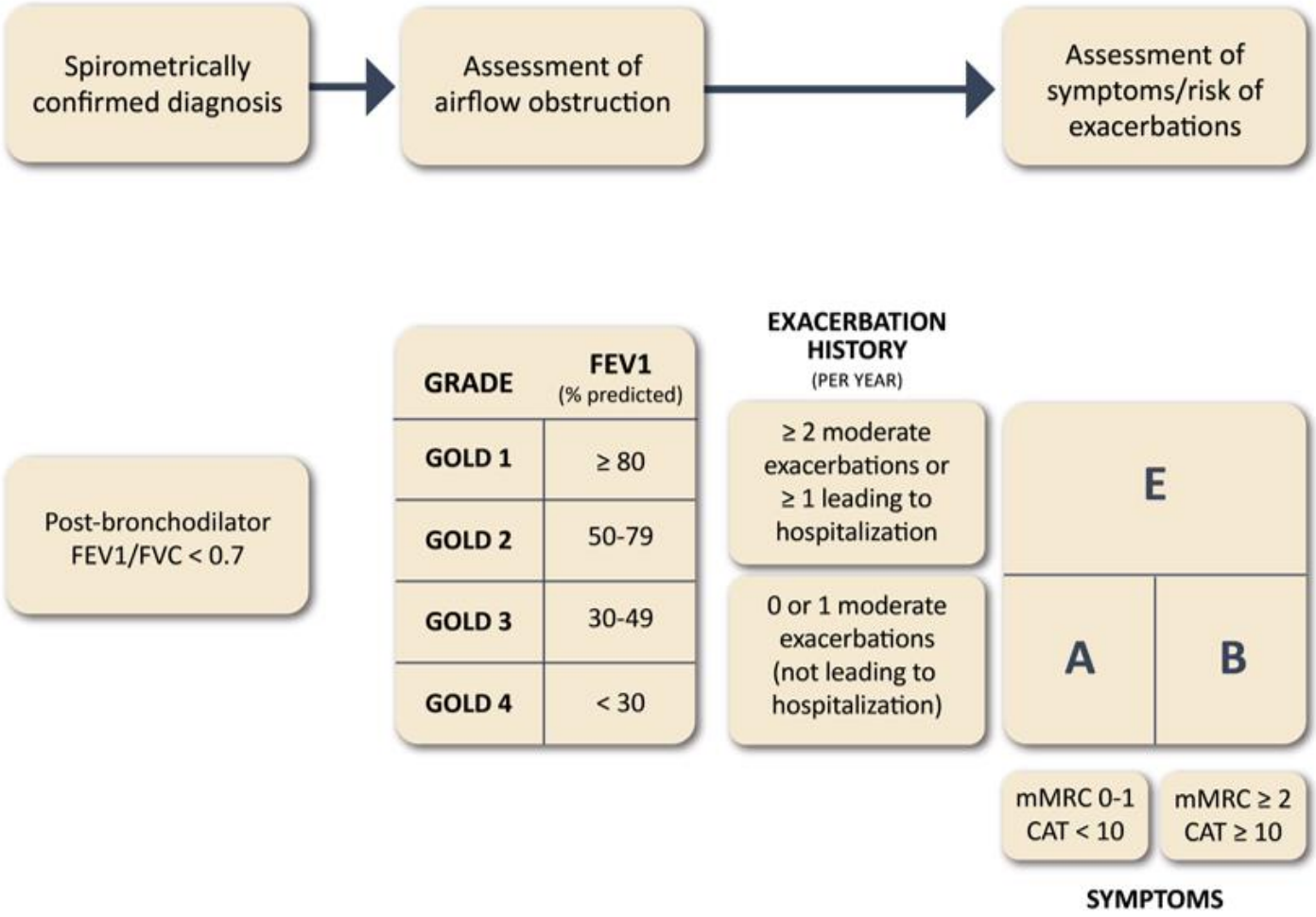
GOLD Combined Initial COPD Assessment & Management

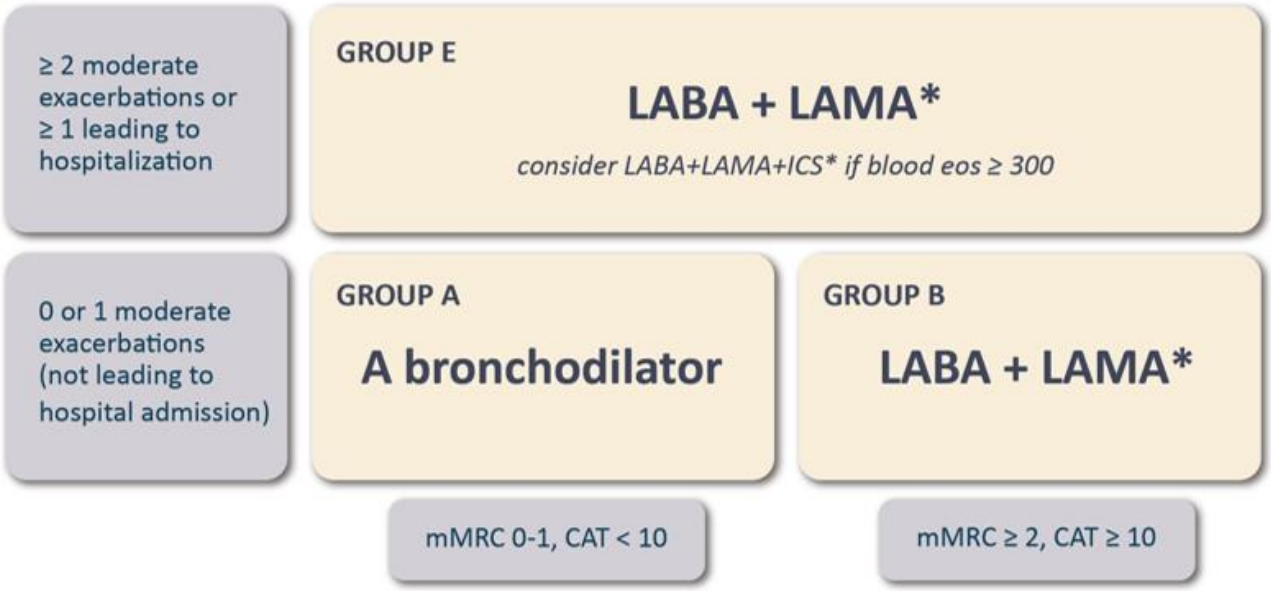
GOLD ABE Assessment Tool

Figure 2.10



Initial Pharmacologic Treatment

Figure 3.7



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment
Exacerbations refer to the number of exacerbations per year

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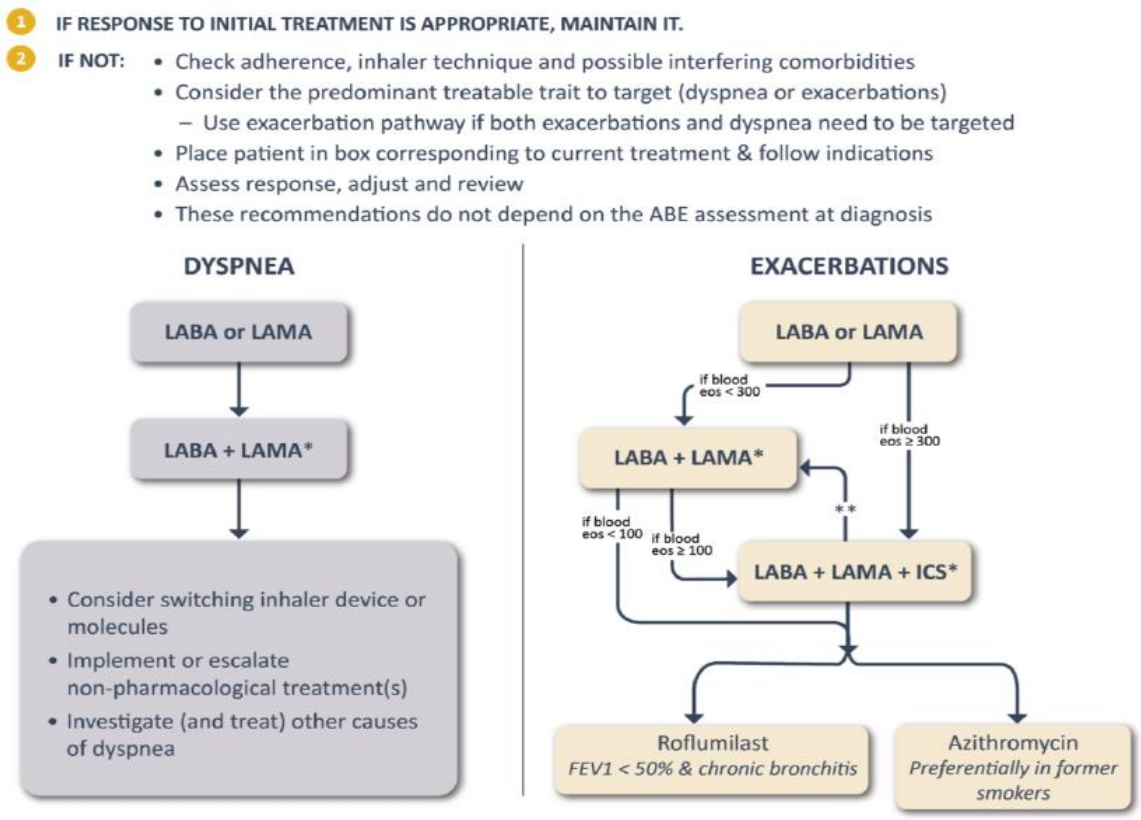
Follow-up Pharmacologic Treatment

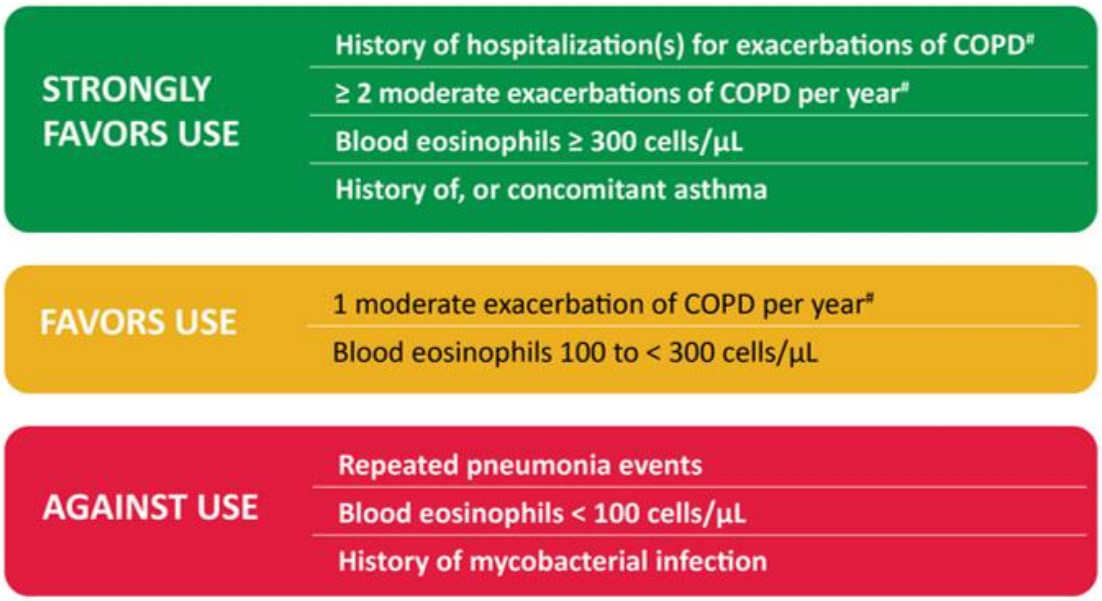
Figure 3.9



*Single inhaler therapy may be more convenient and effective than multiple inhalers; single inhalers improve adherence to treatment; **Consider de-escalation of ICS if pneumonia or other considerable side-effects. In case of blood eos ≥ 300 cells/µl de-escalation is more likely to be associated with the development of exacerbations
Exacerbations refer to the number of exacerbations per year

Factors to Consider When Adding ICS to Long-Acting Bronchodilators: (note the scenario is different when considering ICS withdrawal)

Figure 3.21



#despite appropriate long-acting bronchodilator maintenance therapy (see Figures 3.7 & 3.18 for recommendations); *note that blood eosinophils should be seen as a continuum; quoted values represent approximate cut-points; eosinophil counts are likely to fluctuate. Adapted from & reproduced with permission of the © ERS 2019: *European Respiratory Journal 52 (6) 1801219; DOI: 10.1183/13993003.01219-2018 Published 13 December 2018*
Refer to the GOLD 2024 Report to view Figure 3.18.

Abbreviations

CAT™ = COPD Assessment Test™; COPD = chronic obstructive pulmonary disease; eos = blood eosinophil count in cells per microliter; FEV_1 = forced expiratory volume in 1 second; FVC = forced vital capacity; ICS = inhaled corticosteroid; LABA = long-acting $beta_2$-agonist; LAMA = long-acting muscarinic antagonist; mMRC = modified Medical Research Council dyspnea questionnaire.

Reference

Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global strategy for the diagnosis, management, and prevention of COPD (2024 report). GOLD website. Accessed November 14, 2023. https://goldcopd.org/2024-gold-report/

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New Texas Research Journal

October 2024

In May, TAFP published a Member Voices piece from frequent contributor, Dr. Larry Kravitz about the need for another peer-reviewed journal to publish research.
https://www.tafp.org/news/member-voices-we-need-a-texas-family-medicine-peer-reviewed-journal

He contacted staff about how to initiate a discussion of TAFP taking on this project. We intended to have him pitch the idea to the Council on Health of the Public at Annual Session, but in the meantime, Dr. Kravitz' local chapter, the TAFP Heart of Texas Chapter decided to take on the project with TAFP offering to help with publicity. A team has been assembled and a representative will be at the council meeting at Annual Session, but we asked Dr. Kravitz for an update that we could share in the agenda packets.

Update from Dr. Larry Kravitz

Our team/working group is tasked with starting a new family medicine research journal, the Texas Family Medicine Research Journal.

It will be a first-of-its-kind state journal devoted to encouraging and publishing family medicine research. Its format will be an online, quarterly, open-access, peer-reviewed journal. The cost of publishing will be free to medical students, and residents; $100 for faculty (no charge for submission; only if accepted for publication).

For this project, we currently have 14 members in our working group/editorial board including medical students, residents, and family practice faculty from multiple medical schools & residencies from around the state of Texas. We eventually hope to have members from each Texas medical school.

We intend to open the journal for submissions by February 2025 and release our first issue of the journal in April of 2025. The first issue will be the publishing of the winners of the TAFP Research Poster Competition in November 2024.

We think the creation of this journal has considerable potential for promoting family medicine education and faculty development in the state of Texas. We further intend to develop a framework to bring to STFM to show other state academies how to develop their own nascent academic journals.

We also hope to have an ongoing 1-year scholarship experience for medical students and residents to serve on the editorial board.

The cost of publishing the journal itself, without submission fees, is estimated at $2100/year.

A significant impediment to the development of family medicine research is the lack of publishing space, especially for medical students, residents, young faculty, and private practicing physicians. Our journal intends to encourage new researchers and help expand access to research publication for family medicine specialty development.

AAFP Resources

Please feel free to share these resources with your chapter membership and on social media platforms.

Immunization Media Resource Hub

This can be shared with local media outlets. The resource hub includes interviews with AAFP leadership, research, resources and more to help journalists cover immunizations.

Immunizations & Vaccines | AAFP

Information on immunizations including clinical recommendations, vaccine schedules, patient education, conversations guides and other resources.

COVID-19 Vaccine updates

The AAFP's latest information on COVID-19 vaccines, including clinical guidance and news updates.

Immunization Schedules | AAFP

2024 recommended immunization schedules for children, adolescents and adults.

Robert Graham Center: Uniting Public Health and Primary Care for Healthy Communities in the COVID-19 Era and Beyond

A report from AAFP's Robert Graham Center explores how the COVID-19 pandemic offers an opportunity to reunite and align the shared goals of public health and primary care.

Robert Graham Center: Family Physicians play a crucial role in youth COVID-vaccination

A report from the AAFP's Robert Graham Center explores how family physicians are essential in making sure children receive the vaccines they need, especially in areas where they are the only clinicians.

Patient Resources

Vaccines - How You Can Help

FamilyDoctor.org's vaccine hub offers a wide range of patient education on all things vaccinations, from respiratory to routine.

Familydoctor.org Influenza Hub

Patient-facing information on flu symptoms, diagnosis, treatment and prevention.

Familydoctor.org COVID-19 Hub

Patient-facing information on COVID-19 symptoms, diagnosis, treatment and prevention.

Familydoctor.org RSV Hub

Patient-facing information on RSV symptoms, diagnosis, treatment and prevention.

Stay Updated - Champions for Vaccine Education, Equity + Progress (English)
Stay Up to Date - Champions for Vaccine Education, Equity + Progress (Spanish)

Patient-facing resources about the importance of getting updated COVID-19 and flu vaccines, available in English and Spanish.

HHS Resources

Resources from the HHS's *Risk Less. Do More.* campaign to help physicians encourage patients to get recommended vaccines to protect them against respiratory illnesses. Some resources are also available in Spanish.

"What you should know" handout (PDF)
A handout for physicians to give to patients that explains who is at highest risk for severe flu, COVID-19, and RSV, and why vaccination is important.

"Common concerns" fact sheet (PDF)
A fact sheet for physicians to give to patients that addresses common concerns about flu, COVID-19, and RSV vaccines.

"Three reasons" poster (PDF)
A poster to display in physicians' offices to inform patients why they should be vaccinated against COVID-19, flu and RSV.

Talking to Your Patients About Flu, COVID-19, and RSV Vaccines
A conversation guide to help answer patients' questions and to feel comfortable explaining why vaccines provide the best protection against flu, COVID-19, and RSV, especially for those most at risk of severe illness.

AAFP Advocacy Efforts

Advocacy Focus: Vaccines and Immunizations
The AAFP advocates at the federal and state levels to improve vaccination access, administration and uptake.

AAFP News Stories

Vaccine Fellows Share Updated Recommendations, Insights 8/24
Graduates of the AAFP's Vaccine Science Fellowship recently joined the AAFP's Inside Family Medicine Podcast to discuss vaccine recommendations and how to boost vaccine confidence.

ACIP Updates Can Spark Vaccine Conversations with Patients 8/24
ACIP and the CDC approved updated recommendations in June 2024 for administration of vaccines to protect against COVID-19, seasonal influenza and RSV.

New Tools Support Flu Vaccine Recommendations 3/24
Family physicians have a set of new and updated tools from the AAFP to assist them in educating patients about the importance of receiving an influenza vaccine.

RSV Season Debrief: What Should Family Physicians Know? 3/24
Even with advances in vaccines, there are still challenges. Here's what we saw during the most recent RSV season, along with some lessons we've learned.

Academy Affirms CDC COVID Booster Recommendation 3/24
After an expedited evidence review, the AAFP approved a CDC recommendation that older adults receive a COVID-19 booster vaccine in the spring.

Peer-Reviewed Journal Publications

FPM: Preparing Your Family Medicine Practice for the 2024-2025 Flu Season

Family physicians are well positioned to help protect your patients from severe illness and complications by strongly recommending influenza vaccination each year.

FPM: Understanding Maternal Respiratory Syncytial Virus Vaccination: Recommendations and Guidance

The maternal RSV vaccine is a preventive tool to help protect pregnant patients and their babies.

AFP Topic Collection: Immunizations

This collection features the best content from AFP on child and adult immunizations (excluding influenza) and related issues.

AFP Topic Collection: Influenza

This collection features the best content from AFP on influenza and related issues, including influenza vaccination and avian influenza.

AFP Topic Collection: COVID-19

This collection includes research briefs, commentary, and other resources to help family physicians address COVID-19.

AAFP Topic Collection: Respiratory Tract Infections

This collection features the best content from AFP on respiratory tract infections and related issues.