

# Adult Coordinators Luncheon Meeting

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# Outline

- ❑ **Opportunities and Challenges**
- ❑ **HP2020 adult vaccination measures**
- ❑ **317 grant to cooperative agreement**
- ❑ **Impact of HC Reform on adult vaccination**
- ❑ **Pharmacy activities**
- ❑ **Evidence-based strategies**

# Adult Immunization Program

## □ Many opportunities and challenges

- 2020 Healthy People Target Goals
- Opportunities to expand communications/outreach to adults and adult providers
  - Existing mechanisms and new ones such as social media
- Uncertainty regarding federal budget for fiscal year 2011
- Limited state budgets for adult vaccination through 317 funds
  - Target funding no longer available for Hepatitis B vaccine
    - Savings from centralized vaccine distribution system exhausted
- 317 grant program renewal in 2013
- Potential for grantees to apply for funds to address adult immunization projects through recently posted funding opportunity

# Adult Immunization Program

## ❑ Many opportunities and challenges

- Increasing use of alternative vaccination sites and non-traditional providers
  - All states now allow for pharmacists to vaccinate against influenza
  - Opportunity to expand access to other vaccines besides influenza

## ❑ Other ways to promote importance of adult immunization

- Consider addition of adult vaccine coverage awards at NIC
- Improve and disseminate more evidence-based information on burden of adult vaccine preventable diseases and the cost effectiveness of adult vaccination programs

# Adult Immunization Schedules

- Published at least annually since 2002
- Adult Schedule published by :
  - American College of Physicians (ACP)
  - American Academy of Family Physicians (AAFP)
  - CDC
- Suggestions for 2012 schedule
  - Include contraindications and adverse events
  - Other suggestions welcome

## Recommended Adult Immunization Schedule UNITED STATES - 2011

Note: These recommendations *must* be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

**Figure 1. Recommended adult immunization schedule, by vaccine and age group**

VACCINE ▼	AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Influenza <sup>1,*</sup>		1 dose annually				
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>2,*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs				Td booster every 10 yrs
Varicella <sup>3,*</sup>		2 doses				
Human papillomavirus (HPV) <sup>4,*</sup>		3 doses (females)				
Zoster <sup>5</sup>					1 dose	
Measles, mumps, rubella (MMR) <sup>6,*</sup>		1 or 2 doses		1 dose		
Pneumococcal (polysaccharide) <sup>7,8</sup>		1 or 2 doses				1 dose
Meningococcal <sup>9,*</sup>		1 or more doses				
Hepatitis A <sup>10,*</sup>		2 doses				
Hepatitis B <sup>11,*</sup>		3 doses				

\*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at <http://www.hrsa.gov/vaccinecompensation> or by telephone, 800-338-2382. Information about filing a claim for vaccine injury is available through the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination also is available at <http://www.cdc.gov/vaccines> or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

**Figure 2. Vaccines that might be indicated for adults based on medical and other indications**

VACCINE ▼	INDICATION ▶	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus (HIV)) <sup>3,5,6,13</sup>	HIV Infection <sup>3,5,12,13</sup>		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia <sup>12</sup> (Including elective splenectomy) and persistent complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Healthcare personnel	
				CD4+ T lymphocyte count							
				<200 cells/µL	≥200 cells/µL						
Influenza <sup>1,*</sup>				1 dose TIV annually						1 dose TIV or LAIV annually	
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>2,*</sup>	Td		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs								
Varicella <sup>3,*</sup>		Contraindicated		2 doses							
Human papillomavirus (HPV) <sup>4,*</sup>			3 doses through age 26 yrs								
Zoster <sup>5</sup>		Contraindicated		1 dose							
Measles, mumps, rubella (MMR) <sup>6,*</sup>		Contraindicated		1 or 2 doses							
Pneumococcal (polysaccharide) <sup>7,8</sup>			1 or 2 doses								
Meningococcal <sup>9,*</sup>			1 or more doses								
Hepatitis A <sup>10,*</sup>			2 doses								
Hepatitis B <sup>11,*</sup>				3 doses							

\*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of previous infection)



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)



No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of February 4, 2011. For all vaccines being recommended on the adult immunization schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/pubs/acip-1st.htm>).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



## HP2020: Influenza Vaccination Coverage

<b>Objective Short Title</b>	<b>2008 (Baseline)</b>	<b>2009</b>	<b>HP 2020 Target</b>
Children 6-23 months	23%	25%	80%
Children 2-4	40%	43%	80%
Children 5-12	26%	30%	80%
Children 13-17	10%	13%	80%
<b><i>Noninstitutionalized adults 18-64</i></b>	<b><i>25%</i></b>	<b><i>27%</i></b>	<b><i>80%</i></b>
<b><i>Noninstitutionalized HR adults 18-64</i></b>	<b><i>39%</i></b>	<b><i>42%</i></b>	<b><i>90%</i></b>
<b><i>Noninstitutionalized adults 65+</i></b>	<b><i>67%</i></b>	<b><i>66%</i></b>	<b><i>90%</i></b>
<b><i>Institutionalized adults 18+</i></b>	<b><i>62%</i></b>	<b><i>70%</i></b>	<b><i>90%</i></b>
<b><i>Pregnant women</i></b>	<b><i>28%</i></b>	<b><i>11%</i></b>	<b><i>80%</i></b>

# HP2020: Vaccination Coverage Among Adults (Non-Flu)

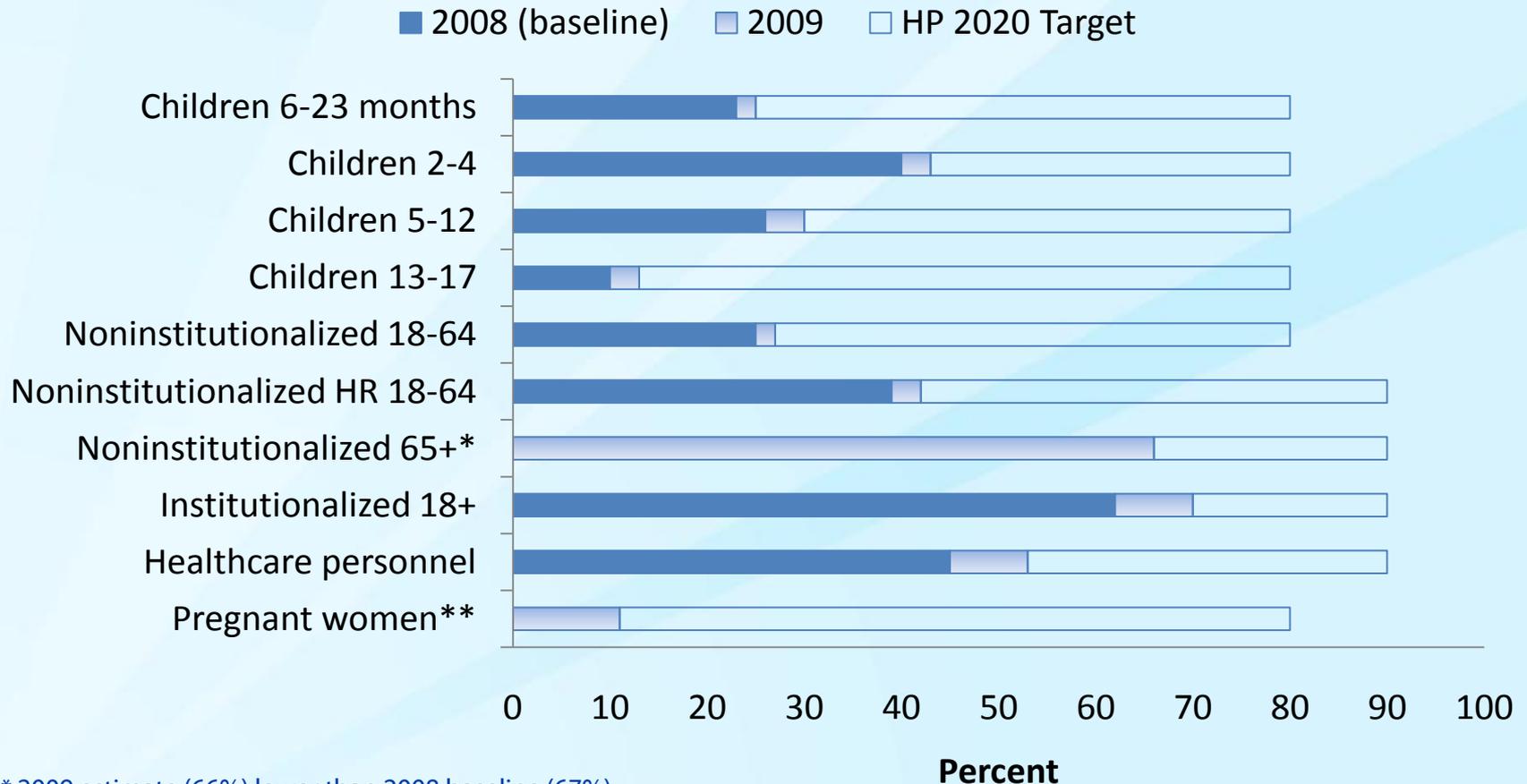
<b>Objective Short Title</b>	<b>2008 (Baseline)</b>	<b>2009</b>	<b>HP 2020 Target</b>
<i>Pneumococcal, noninstitutionalized adults 65+</i>	<b>60%</b>	<b>61%</b>	<b>90%</b>
<i>Pneumococcal, noninstitutionalized HR adults 18-64</i>	<b>17%</b>	<b>17%</b>	<b>90%</b>
<i>Pneumococcal, institutionalized adults 18+</i>	<b>66%</b>	<b>72%</b>	<b>90%</b>
<i>Shingles (zoster), adults 60+</i>	<b>7%</b>	<b>10%</b>	<b>30%</b>

Note: Hepatitis B coverage among high-risk groups (injecting drug, MSM, dialysis) are currently developmental measures

# HP2020: Vaccination Coverage Among Healthcare Personnel

<b>Objective Short Title</b>	<b>2008 (Baseline)</b>	<b>2009</b>	<b>HP 2020 Target</b>
<i>Influenza</i>	<i>45%</i>	<i>53%</i>	<i>90%</i>
<i>Hepatitis B (at least 3 doses)</i>	<i>64%</i>	<i>67%</i>	<i>90%</i>

# Estimated Influenza Vaccination Coverage Among Select Populations



\* 2009 estimate (66%) lower than 2008 baseline (67%).

\*\* 2009 estimate (11%) lower than 2008 baseline (28%); 2009 sample size small (n=118) with 95% confidence interval 6-19%.

Source: CDC, NIS, NHIS.

# Seasonal and H1N1 Influenza Vaccination Coverage, Pregnant Women, 2009-2010



# Barriers for Adult Vaccination

- Patient factors
  - Concerns, misconceptions
  - Lack of awareness
  - Mistrust
  - Cultural / ethnic issues
- Provider factors
  - Competing demands
  - Missed opportunities
- Systems factors
  - Practices may have limited resources available
  - Availability of vaccine in physician practices
- Environmental factors
  - Inconvenient access
  - No regular health care provider
  - Lack of health insurance

## **Evidence-Based Strategies**

- ❑ **Guide to Community Preventive Services:  
[www.thecommunityguide.org](http://www.thecommunityguide.org)**
- ❑ **Original systematic review in 2000**
- ❑ **Ten-year updated review recently completed by the Guide Task Force in collaboration with CDC subject matter experts**

# List of Interventions Reviewed by the Community Guide

<b>Enhancing Access to Vaccination Services</b>	
Expanded access in healthcare settings when used alone	Insufficient Evidence
Home visits to increase vaccination rates	Recommended
Reducing client out-of-pocket costs	Recommended
Vaccination programs in schools and organized child care centers	Recommended
Vaccination programs in WIC settings	Recommended

## List of Interventions Reviewed by the Community Guide (continued)

Increasing Community Demand for Vaccinations	
Client or family incentives	Insufficient Evidence
<b>Client reminder and recall systems</b>	<b>Recommended</b>
Client-held paper immunization records	Insufficient Evidence
Clinic-based education when used alone	Insufficient Evidence
Community-wide education when used alone	Insufficient Evidence
<b>Vaccination requirements for child care, school, and college attendance</b>	<b>Recommended</b>

# List of Interventions Reviewed by the Community Guide (continued)

Provider- or Systems-Based Interventions	
Health care system-based interventions implemented in combination	Recommended
Immunization information systems	Recommended
Provider assessment and feedback	Recommended
Provider education when used alone	Insufficient Evidence
Provider reminders	Recommended
Standing orders when used alone	Recommended
Community-based interventions implemented in combination	Recommended

# Strategies to Achieve Healthy People 2020 Targets

- ❑ **Implementation of new vaccines or policies:**
  - PCV13 → direct and indirect effects, antibiotic use impacts
  
- ❑ **Communication efforts:**
  - New campaign: Immunization across the lifespan
  - Provider toolkit (<http://www.cdc.gov/VACCINES/spec-grps/hcp/conversations.htm>)
  
- ❑ **Information technology initiatives:**
  - IIS/EMR interoperability; Decision-support
  
- ❑ **Increased VFC/AFIX visits → increased coverage**
  
- ❑ **Reduced financial barriers for patients and public health**
  - Expanded insurance, no co-pays for ACIP recommended vaccines
  - Enhance ability of public health to bill insured persons for vaccination

## **Strategies to Achieve Healthy People 2020 Goals (cont)**

- ❑ **Enhanced partnerships:**
  - Obstetric-gynecology providers building off H1N1 experience
  - Non-traditional venues (e.g., pharmacies, schools, workplaces)
- ❑ **Targeted, multiyear efforts to reduce disparities**
- ❑ **Incentives for reporting of HCP influenza vaccination from institutions**

# 317 Grant to Cooperative Agreement

- ❑ **Current 317 grant ends in 2012**
- ❑ **2013-2017 317 funds to be administered through a cooperative agreement**
- ❑ **2008-2012 317 requirements for adults:**
  - 1. Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as
    - the use of immunization information systems (IIS) for client and provider reminder/recall;
    - standing orders; and
    - assessment/feedback in settings including hospitals, long term care facilities, and outpatient clinical settings.
  - 2. Increase access to vaccines for high-risk adults as 317 funds permit.

## **317 Grant to Cooperative Agreement**

- ❑ **Opportunity to explore ways to**
  - Increased guidance from CDC regarding adult immunization priorities
  - Include additional or other requirements/deliverables for adult immunization programs
- ❑ **Elected leadership of AIM working with CDC to help transition to cooperative agreement**

## **Conclusions**

- ❑ Although many challenges remain, increasing opportunities ahead to reduce impact of adult VPDs**
- ❑ We look forward to working with you and welcome your input and suggestions**