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Adult Immunization Standards and Opportunities for Improvement

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At a Glance

- Four key components of the Adult Immunization Standards (aka “Standards”)
- Statewide adult immunization rates
- Missed opportunities
- Strategies for increasing adult immunization rates
- Immunization Program activities to overcome barriers

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Abbreviations

- WIR: Wisconsin Immunization Registry
- ACIP: Advisory Committee on Immunization Practices
- NVAC: National Vaccine Advisory Committee
- IDSA: Infectious Diseases Society of America
- HPV: human papillomavirus vaccine
- Td: tetanus-diphtheria vaccine
- Tdap: tetanus-diphtheria-acellular pertussis vaccine
- PPSV23: pneumococcal polysaccharide vaccine
- LTCF: long-term care facility
- LHD: local health department
- CHC: community health center
- QIO: quality improvement organization

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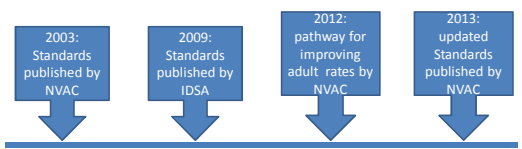
Identified Barriers to Immunizing Adults

- Limited patient and health care provider awareness of need for vaccines.
- Medical management of acute and chronic illness takes priority.
- Some providers offer only a subset of vaccines recommended.
- Reimbursement process is complicated.



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History of Adult Immunization Standards



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Why Update the Standards?

- Recent changes in practice climate for adult immunization necessitate an update, including:
 - Expansion of vaccination services offered by pharmacists and other community immunizers
 - Vaccination at the workplace
 - Increased vaccination by obstetrics providers
 - Changes in the health care system, including the Affordable Care Act

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Why Do We Need New Standards?

- Adult vaccination rates are extremely low.
- Most adults are not aware that they need vaccines.
- Recommendation from their health care provider is the strongest predictor of whether patients get vaccinated.
- Many missed opportunities because health care providers are not routinely assessing vaccination status.

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Vaccination Coverage Rates*

| Vaccine | Age Group | Statewide | Western Region |
|----------------------|-------------|-----------|----------------|
| Influenza, 2014–2015 | ≥19 years | 30.3% | 30.6% |
| Zoster | ≥60 years | 26.4% | 28.5% |
| HPV, series complete | 19–26 years | 19.8% | 20.4% |
| Tdap | 19–64 years | 58.1% | 61.6% |
| PPSV23 | ≥65 years | 57.4% | 59.6% |

*Estimated using doses recorded in the WIR and population estimates from the WIR

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Adult Immunization Standards

Providers should take the following steps to encourage their adult patients to get vaccinated:

1. **Assess** patients for vaccination status.
2. **Recommend** the needed vaccines to their patients.
3. **Administer** the needed vaccines, or **refer** the patient to a provider who is able to vaccinate.
4. **Document** the vaccination in the patient’s medical record, and submit this information to the WIR.

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Adult Vaccines: Never Miss a Chance

Centers for Disease Control and Prevention
(CDC) Expert Commentary
Dr. Carolyn Bridges
<http://www.medscape.com/viewarticle/822617>


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Assess

- Stay informed. Get the most current CDC recommendations for immunizing adults at <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>.
- Implement standing orders and reminder recall. Ensure that patients' needs are routinely reviewed and patients get reminders about vaccines they need.




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Recommend

- Share tailored reasons why vaccination is right for the patient.
- Highlight positive experiences with vaccination.
- Address patient questions and concerns.
- Remind patients that vaccines protect them and their loved ones against a number of common and serious diseases.
- Explain the potential costs of getting sick.




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Administer or Refer

- Offer the vaccines you stock.
- Refer patients to providers in the area that offer vaccines that you don't stock.



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Document

- Participate in the WIR. Help your office, your patients, and your patients' other providers know which vaccines your patients have had.
- Follow up. Confirm that patients have received recommended vaccines that you referred them to get from other immunization providers.

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Recommended Adult Immunization Schedule

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

| WVDR ^b | AGE GROUP ^c | 19-21 years | 22-29 years | 30-39 years | 40-49 years | 50-59 years | 60-69 years | ≥ 70 years |
|---|------------------------|--|-------------|-------------|-----------------|-------------|-------------|------------|
| Influenza ^d | | | | | 1 dose annually | | | |
| Tetanus, diphtheria, pertussis (Td/Tdap) ^e | | Substitution: 1 dose diphtheria/dTdap for 30 consecutive years followed with Td every 10 years | | | | | | |
| Varicella ^f | | | | | 2 doses | | | |
| Human papillomavirus (HPV) female ^g | | 3 doses | | | | | | |
| Human papillomavirus (HPV) male ^g | | 3 doses | | | | | | |
| Zoster ^h | | | | | 1 or 2 doses | | 1 dose | |
| Measles, mumps, rubella (MMR) ⁱ | | 1 or 2 doses | | | 1 dose | | | |
| Pneumococcal 13-valent conjugate (PCV13) ^j | | | | | 1 dose | | 1 dose | |
| Pneumococcal polysaccharide (PPSV23) ^k | | 1 or 2 doses | | | 1 dose | | 1 dose | |
| Meningococcal ^l | | 1 or more doses | | | | | | |
| Hepatitis A ^m | | 2 doses | | | | | | |
| Hepatitis B ⁿ | | 3 doses | | | | | | |
| Hepatitis B surface antigen (HBsAg) ^o | | 1 or 3 doses | | | | | | |

^aAdapted from the Advisory Committee on Immunization Practices (ACIP) and the American College of Obstetrics and Gynecology (ACOG) (2013).

^bWVDR = Wisconsin Vaccine Decision Reporting System. Report all clinically significant pertussis reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing VAERS report are available at www.cdc.gov/vaers or by telephone, 800-833-2345.


^cInformation on how to file a Vaccine Injury Compensation Program claim is available at www.hhs.gov/vaccine-injury/ or by telephone, 800-338-2383. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 11 Franklin Street, NW, Washington, DC 20005, weekdays, 09:00-15:00.

^dAdditional information about the vaccine, its risks, benefits, other available options, and contraindications is available at www.cdc.gov/vaccines/imz/immunization/.

^eUse of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services. The responsibilities for this schedule were assigned 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 Physicians (ACP), the American College of Obstetrics and Gynecology (ACOG), and the American College of Sports Medicine (ACSM).


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Missed Opportunity 1

- Dr. NoFluForYou has a vibrant and diverse clinical practice in which he conducts acute care visits, manages patients with chronic disease, and administers influenza vaccine. However, Dr. NoFluForYou administers influenza vaccine only during October because it is the month with the best perceived effectiveness. Vaccine received at his clinic during September, and any that remains in November, is not administered.
- Dr. NoFluForYou refers patients for Tdap vaccination but does not assess whether it is needed.

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Missed Opportunity 1

- What part of the Standards is Dr. NoFluForYou applying?
- What part of the Standards is Dr. NoFluForYou not applying?

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Missed Opportunity 2

- Easy Street Memorial has a policy and procedure in place to administer Td, when needed, to patients seen in the emergency department. They choose to continue to administer Td despite the recommendation to give Tdap if not received previously.
- Easy Street Memorial states that they prefer to give Td and not assess a patient's immunization status rather than change their policy to give Tdap and have to do the assessment piece prior to administration.

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Missed Opportunity 2

- What part of the Standards is East Street Memorial applying?
- What part of the Standards is Easy Street Memorial not applying?


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Strategies for Increasing Adult Immunization Rates

- Apply the Standards within your practice
- Implement health care system changes (for example, use of standing orders and reminder recall)
- Collaborate



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Applying the Standards Locally

- Assess, recommend or refer, administer, and document.
- Which step is missing from your practice?
- Which step could use improvement?

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Health Care System Changes

- Standing orders are effective at increasing vaccination rates when implemented in a range of clinical settings, among various providers and client populations.
- Reminder (due for an immunization) and recall (past due for an immunization) interventions are effective at increasing vaccination rates among children and adults.

Reference: The Guide to Community Preventive Services

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Collaboration

- With specialty care providers and pharmacists
- With other members of state or local chapters of professional health care organizations (e.g., Wisconsin Chapter of the American College of Physicians, Wisconsin Primary Health Care Association, Wisconsin Academy of Family Physicians, Pharmacy Society of Wisconsin)

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Case Study

- A moderate-size Wisconsin-based general surgery practice group is found to be unaware of the Adult Immunization Standards.
- Standards were shared with the nominated "Immunization Champion" of the practice group and a quality improvement project was born.

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Implementing the Standards

Administer Tdap vaccination to trauma patients and encourage partners to do the same.

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Immunization Program Activities to Overcome Barriers



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Increase Influenza and Pneumococcal Immunization Rates


- Population: nursing home and long-term care facility residents.
- Collaboration: Division of Quality Assurance, nursing homes, and long-term care facilities.
- Goal: Exceed Healthy People 2020 (HP2020) goals for influenza and pneumococcal vaccination and increase use of WIR.

| Vaccine | Current Rate | HP2020 Goal |
|-----------|--------------|-------------|
| Influenza | 85% | 90% |
| PPSV23 | 89% | 90% |

Source: Minimum Data Set, which includes data collected by Centers for Medicare and Medicaid Services (CMS)

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Review of Section 317 Fund Use

- Population: uninsured people seeking immunization services at a local health department (LHD).
- Collaboration: LHDs, Department of Corrections (DOC).
- Goal: Expand the number of vaccines offered at LHDs and DOC following deputization of LHDs.

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Adult Immunization Stakeholders Meeting

- Population: health care providers, pharmacists.
- Collaboration: state or local chapter of professional health care organizations.
- Goal: Raise awareness of the low vaccination rates among adults in Wisconsin, and share strategies for increasing adult immunization rates.

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Engage Pharmacists

- Population: pharmacists.
- Collaboration: Pharmacy Society of Wisconsin.
- Goal: Increase the number of pharmacists trained to use the WIR, and increase the number of pharmacists using the WIR to assess adult patient vaccination needs.

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Engage Community Health Centers

- Population: health care providers at CHCs.
- Collaboration: Wisconsin Primary Health Care Association.
- Goal: Increase entry of vaccine doses administered into the WIR, and increase use of standing orders and reminder recall.

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Assessment, Feedback, Incentives, eXchange (AFIX)

- Population: health care providers.
- Collaboration: Regional Immunization Program Advisors and Vaccines for Children Site Monitors.
- Goal: Increase application of the Adult Immunization Standards, thereby increasing adult immunization rates.

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LHD and Tribal Health Clinic Consolidated Contracts

- Population: adults living in Wisconsin.
- Collaboration: LHDs and tribal health clinics.
- Goal: Increase adult immunization rates.

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Immunization Coalitions

- Population: adults living in Wisconsin.
- Collaboration: 17 regional immunization coalitions.
- Goal: Increase awareness of adult immunization and adult immunization rates.

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Community-Based Organizations

- Population: adults living in Wisconsin.
- Collaboration: community-based organizations.
- Goal: Increase awareness of adult immunization and adult immunization rates.

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Adult Quality Improvement Organization

- Population: state and local public health agencies.
- Collaboration: MetaStar, Minnesota, and Michigan immunization programs and adult QIOs.
- Goal: Increase entry of vaccine doses administered into immunization registries.

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Summary

- Adult Immunization Standards include strategies to improve adult vaccination rates while overcoming reported barriers.
- Four key components are assess, recommend, administer or refer, and document.
- Other strategies for implementation include collaborations with health care providers, pharmacists, CHCs, LTCFs and nursing homes, LHDs, tribal health clinics, immunization coalitions, QIOs, and community-based organizations.


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Next Steps

- Determine which Immunization Program activities can be accomplished with existing resources.
- Pick a strategy and implement it locally.



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Resources

- Adult immunization schedule:
<http://www.cdc.gov/vaccines/schedules/hcp/adult.html>
- Adult Immunization Standards:
<http://www.publichealthreports.org/issueopen.cfm?articleID=3145>
- The Guide to Community Preventive Services: Increasing Appropriate Vaccination:
<http://www.thecommunityguide.org/vaccines/index.html>
- WIR Help Desk, 608.266.9691


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Questions?

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<http://dhs.wisconsin.gov/immunization>

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