

Thank you for joining

The presentation will
begin shortly

Rise to Immunize™ Monthly Webinar

Vaccine Equity: Putting Strategies into Practice

Laura Lee Hall, PhD, Iyabode Beysolow, MD, MPH, FAAP, and Sandra Quinn, PhD

Today's Webinar

Campaign Updates

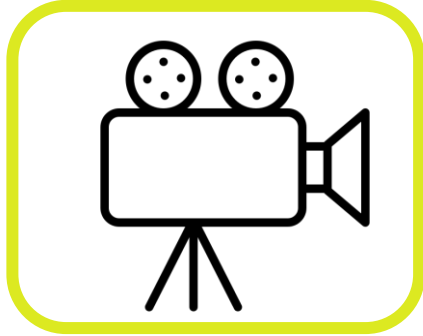
- Data updates
- Adolescent Immunization Action Week
- Annual Conference and RIZE Meet & Greet Breakfast
- Bonus Webinar

Setting Up Your Clinic for Success: A Patient Safety Program

- Laura Lee Hall, PhD
- Iyabode Beysolow, MD, MPH, FAAP
- Sandra Quinn, PhD

Q&A Session

Webinar Reminders



Today's webinar recording
will be available the week of
03/20

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")



Ask questions during the
webinar using the **Q&A**
feature

- Questions will be answered
at the end of the presentation

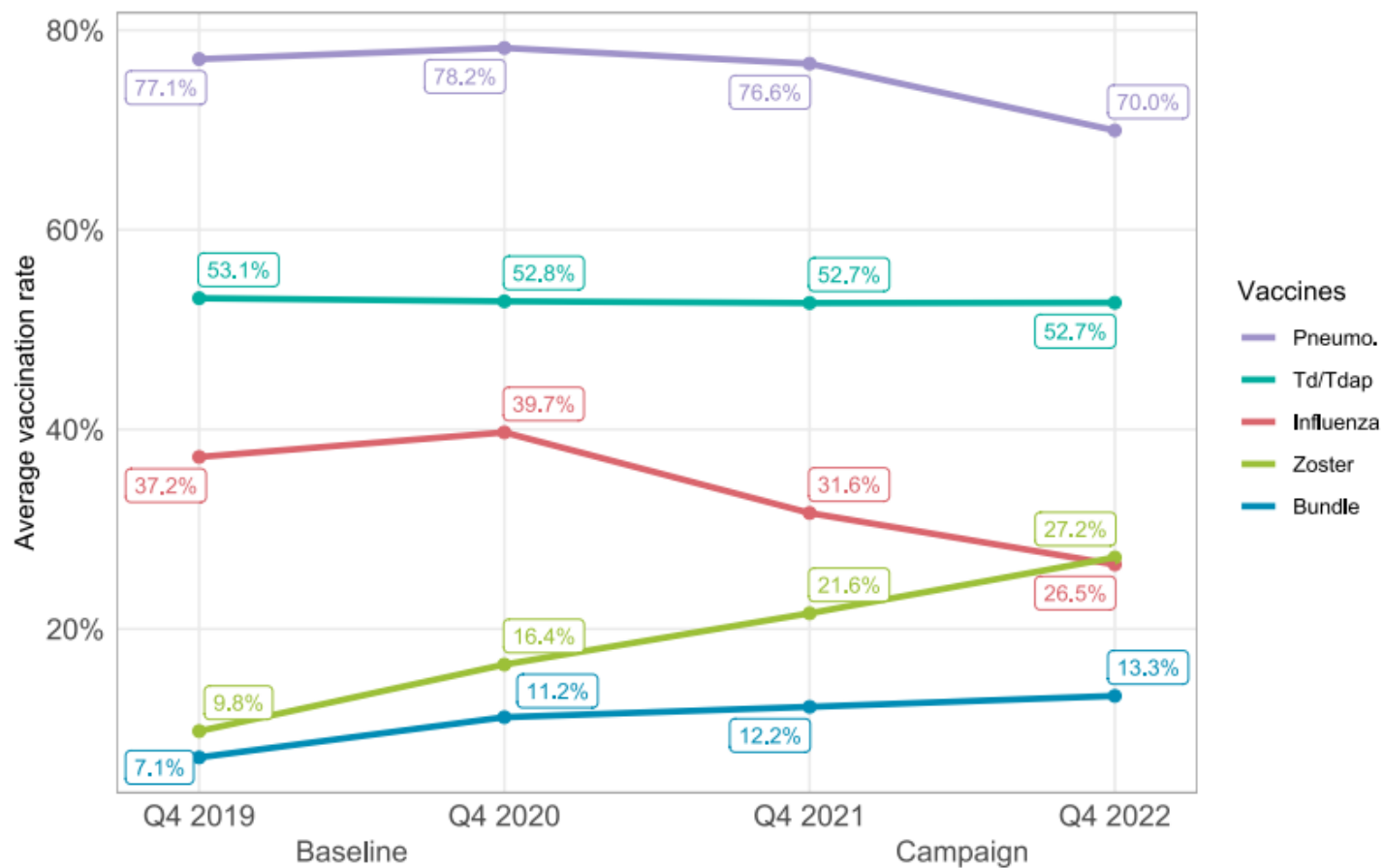
Rise to Immunize™

Blinded Comparative Report

February 28th, 2023

Group-weighted average of vaccination rates across all organizations, year-over-year

Cumulative Measurement Year (MY) rates as of Q4 in each year



Data
submission
deadline:
April 14

TUESDAY, APRIL 4 2023 | NOON-1:00 PM EDT

A CONVERSATION ABOUT VACCINATIONS WITH YOUNG ADVOCATES

A webinar panel discussion



DR. CHELSEA CLINTON
Vice Chair of the Clinton Foundation



DR. PAUL OFFIT
Children's Hospital of Philadelphia

APRIL 3-7
**ADOLESCENT
IMMUNIZATION**
#AIAW23
ACTION WEEK



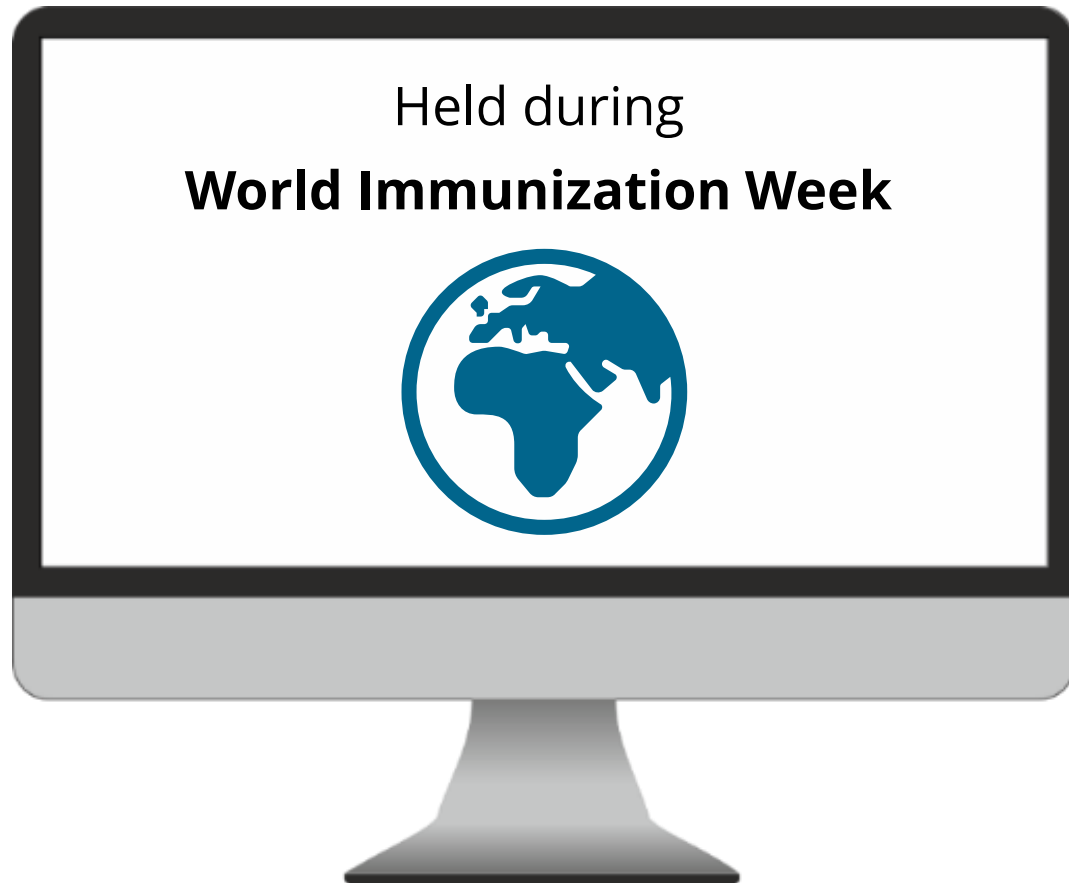
RIZE Meet & Greet Breakfast

Thurs., March 30 at
6:45am CT

Located in
Randolph 1AB



Bonus Webinar: Save the Date!



**“Prioritizing
Respiratory Health in
Your Adult Patients”**

**Thurs., April 27
2-3pm ET**

Today's Speakers



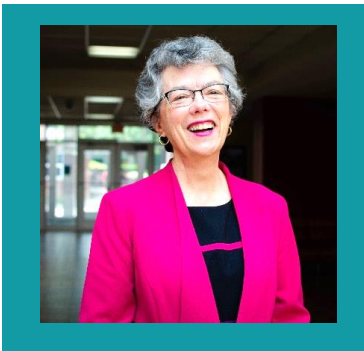
Laura Lee Hall, PhD

Founder and President, Center for Sustainable Health Care and Equity, *National Minority Quality Forum*



Iyabode Beysolow, MD, MPH, FAAP

Pediatrician and immunization subject matter expert



Sandra Quinn, PhD

Professor and Chair, Department of Family Science, Senior Associate Director, Maryland Center for Health Equity, *School of Public Health at University of Maryland*

Vaccine Equity: Putting Strategies into Practice

Laura Lee Hall, PhD

President, Center for Sustainable Health Care Quality and Equity

AMGA Webinar

March 16, 2023



Agenda

- Who?
- Why?
- How?
- Questions

A 3D rendering of a field of dark grey dollar signs (\$). In the center, a single, larger yellow question mark (?) is prominently displayed. The word "Who?" is written in white, bold, sans-serif font across the middle of the yellow question mark.

Who?

Welcome to the National Minority Quality Forum

Controlling Health Outcomes through Scientific Collaboration

Our Mission

“

“The National Minority Quality Forum was founded in 1998 to address the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.”

Center for Sustainable Health Care Quality and Equity

- Vision: Sustainable healthy communities in every ZIP code
- Mission: Promote sustainable healthy communities, especially those with diverse and underserved populations, through the provision of actionable data, and engagement/training of clinicians and community leaders.



Sandra Quinn, PhD

Professor and Chair of the Department of Family Science and Senior Associate Director of the Maryland Center for Health Equity at the School of Public Health at the University of Maryland.

Dr. Quinn's research focuses on COVID-19 and flu vaccine acceptance among African Americans and other communities of color



Iyabode (Yabo) Beysolow, MD, MPH, FAAP

Immunization subject matter expert with over 20 years of experience as a practicing pediatrician

Former Medical Officer in the Immunization Services Division of the CDC.

Health educator, and as the founder and owner of YB Consultants, LLC, which provides technical expertise to international, national and local organizations including the American Academy of Pediatrics, the Association of Immunization Managers, and Immunize.org





Why Focus on Equity?

Adult Flu Vaccine Coverage: Pregnant Persons

- Pregnant persons:
 - 47.9% for all pregnant persons; lowest among Black, Non-Hispanic pregnant persons = 29.7%
 - Overall coverage is 7.7 percentage points lower compared with the end of January 2022 and 14.9 percentage points lower than pre-pandemic, at the end of January 2020

National Immunization Survey Adult COVID Module (NIS-ACM) conducted January 2023;
<https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>

Adult (18 years of age +) Flu Vaccine Coverage

18 years +

- White, NH = 53.3%
- Black, NH is 38.5%
- Hispanic is 35.3%

National Immunization Survey Adult COVID Module (NIS-ACM) conducted January 2023;
<https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>

**Figure 5. Weekly Cumulative Influenza Vaccination Coverage*,
by Flu Season and Race/Ethnicity,
Medicare Fee-For-Service Beneficiaries aged ≥65 Years, United States
Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse**

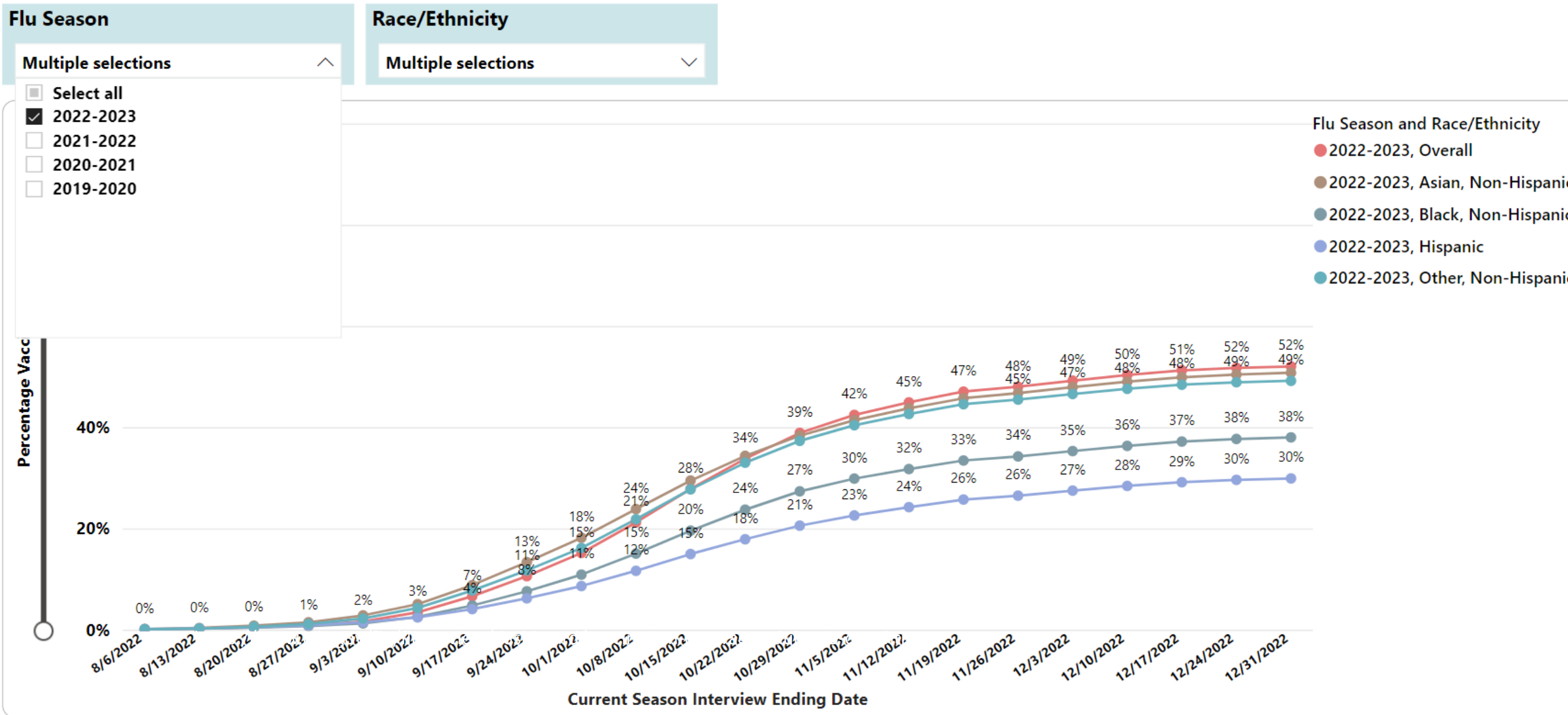
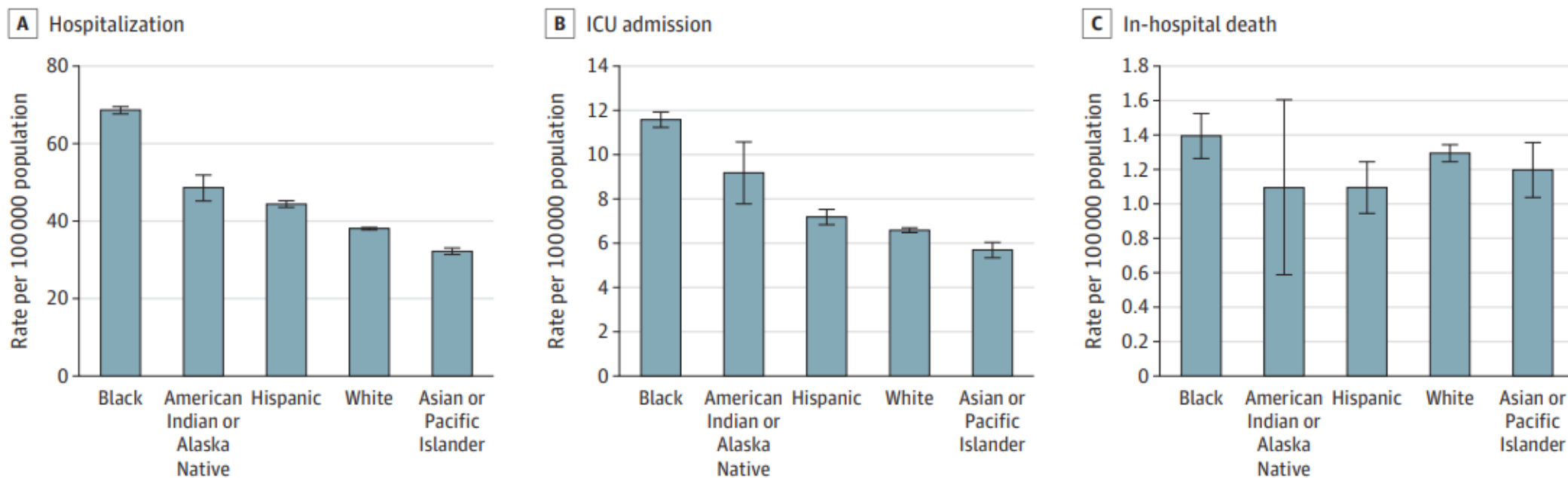


Figure 2. Overall Age-Adjusted Rates of Hospitalization, Intensive Care Unit (ICU) Admission, and In-Hospital Death by Race and Ethnicity



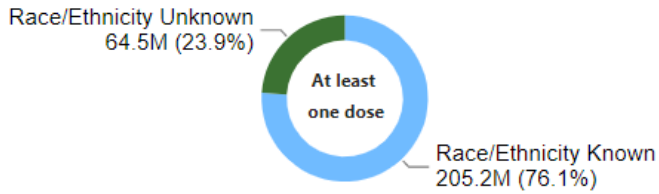
Percent of People Receiving COVID-19 Vaccine by Race/Ethnicity and Date Administered, United States



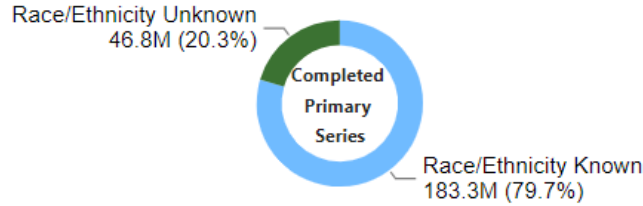
December 14, 2020 – March 08, 2023

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
At Least One Dose	78.2%	73.4%	51.2%	66.9%	61.7%	71.4%	56.9%
Completed Primary Series	65.0%	66.2%	44.9%	57.1%	61.7%	64.2%	51.9%
Updated (Bivalent) Booster Dose	14.4%	21.1%	8.9%	8.5%	23.1%	11.4%	16.1%

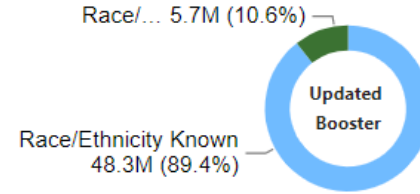
Vaccine Survey Data | Vaccine Administered Data



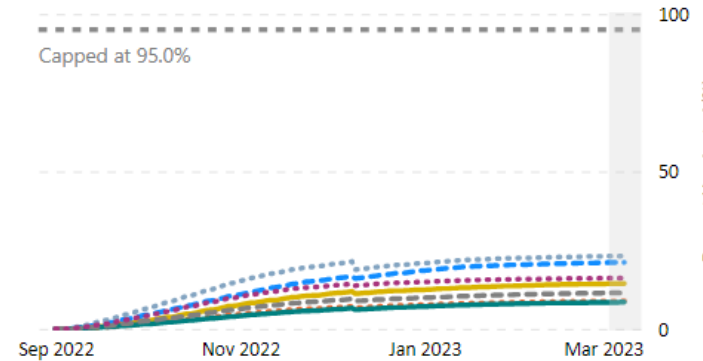
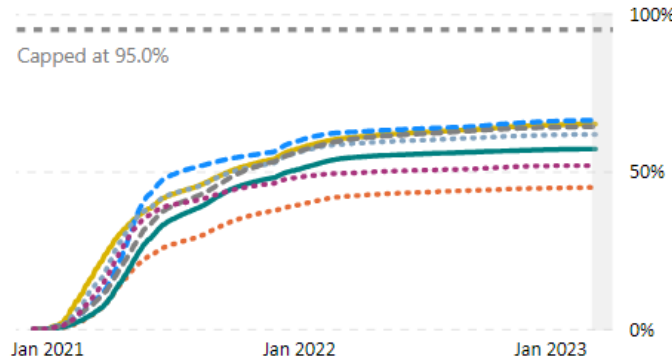
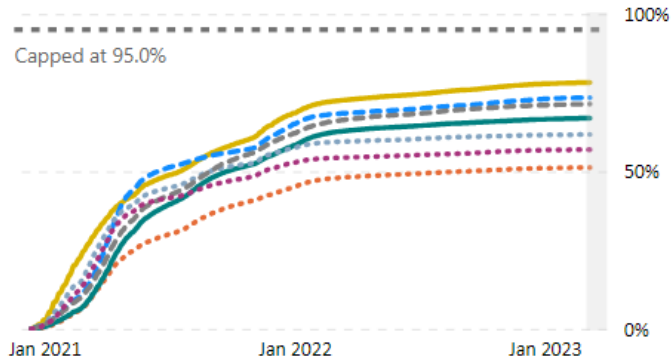
At Least One Dose



Completed Primary Series



Updated (Bivalent) Booster Dose



Date Administered

AI/AN = American Indian/Alaska Native; NH = Non-Hispanic/Latino; NHOPI = Native Hawaiian or Other Pacific Islander; People receiving at least one dose: total count represents the total number of people who received a vaccine; People with a completed primary series: total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine, or the second dose in a 2-dose COVID-19 vaccine series. People with an updated booster dose: total count represents the number of people who received an updated (bivalent) booster dose; CDC uses US Census estimates for the total populations within each specified demographic group regardless of prior vaccination status between vaccine administration and when records are reported to CDC, vaccinations administered during the last week may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Mar 08, 2023

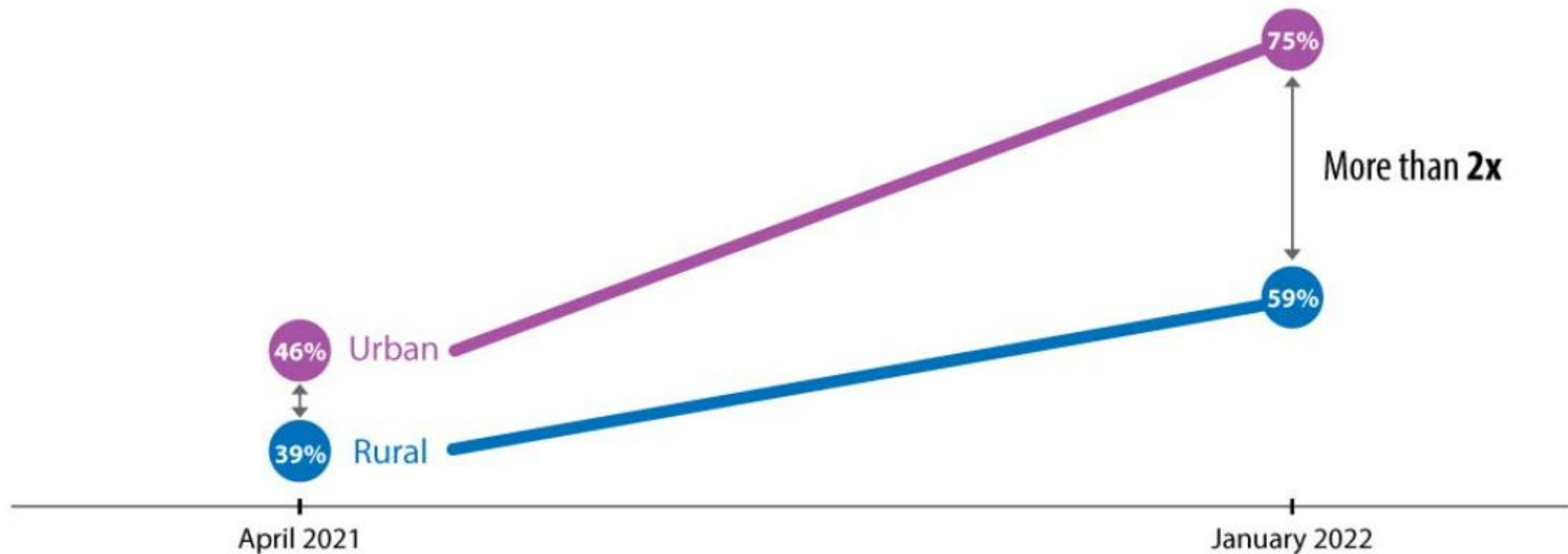
Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situation

Date	Race/Ethnicity	Updated (Bivalent) Booster
2023-03-08	AI/AN, NH	14.4% (350,441)
2023-03-08	Asian, NH	21.1% (4,006,667)
2023-03-08	Black, NH	8.9% (3,651,784)
2023-03-08	Hispanic/Latino	8.5% (5,388,018)
2023-03-08	Multiracial, NH	23.1% (1,697,463)
2023-03-08	NHOPI, NH	11.4% (105,963)
2023-03-08	White, NH	16.1% (31,762,402)

The gap in COVID-19 vaccination coverage between urban and rural areas* has **more than doubled** since April 2021



03/04/2022



Addressing barriers to vaccination in rural areas can help achieve vaccine equity and decrease COVID-19 illness and death

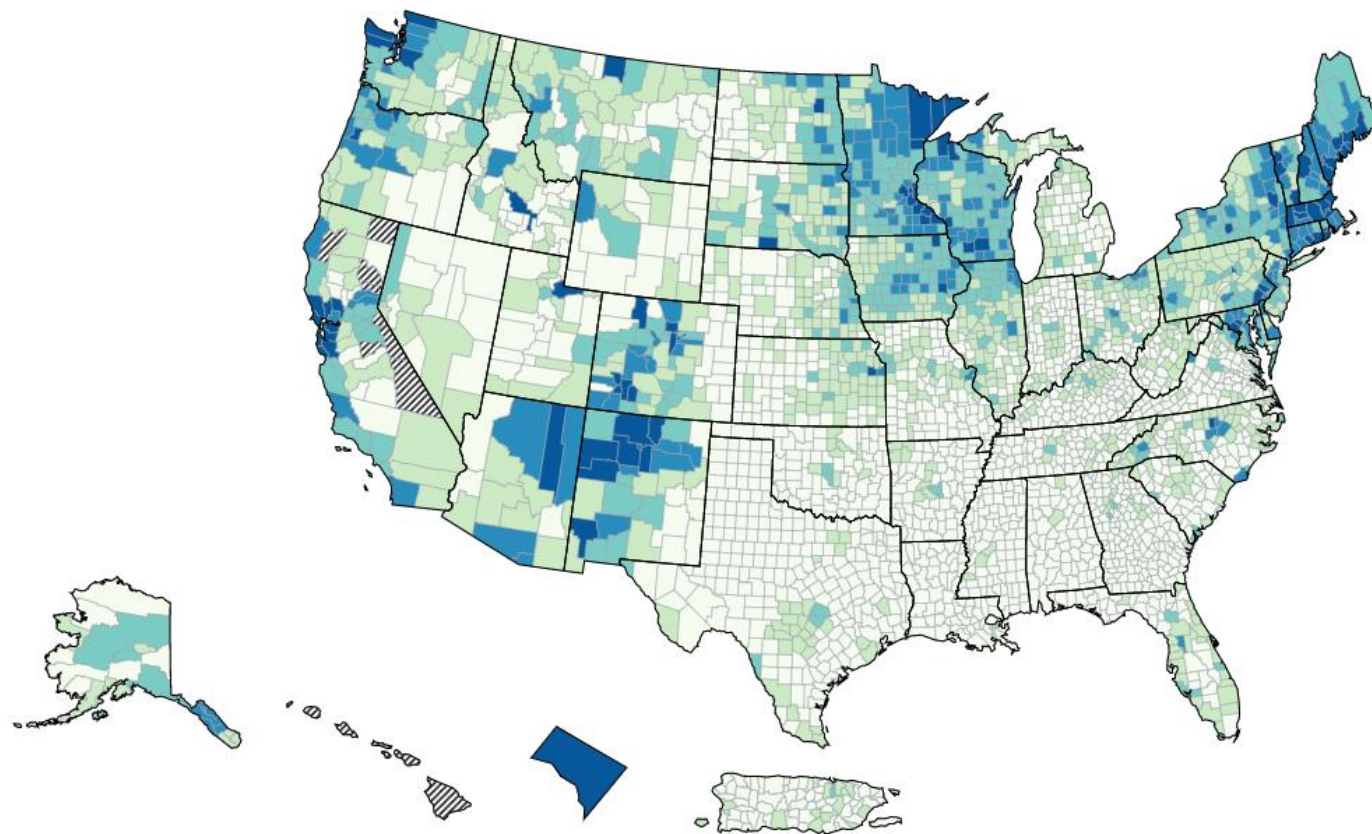
* Among people aged 5 years and older who received a dose of a COVID-19 vaccine during December 14, 2020–January 31, 2022

bit.ly/MMWR7109a2

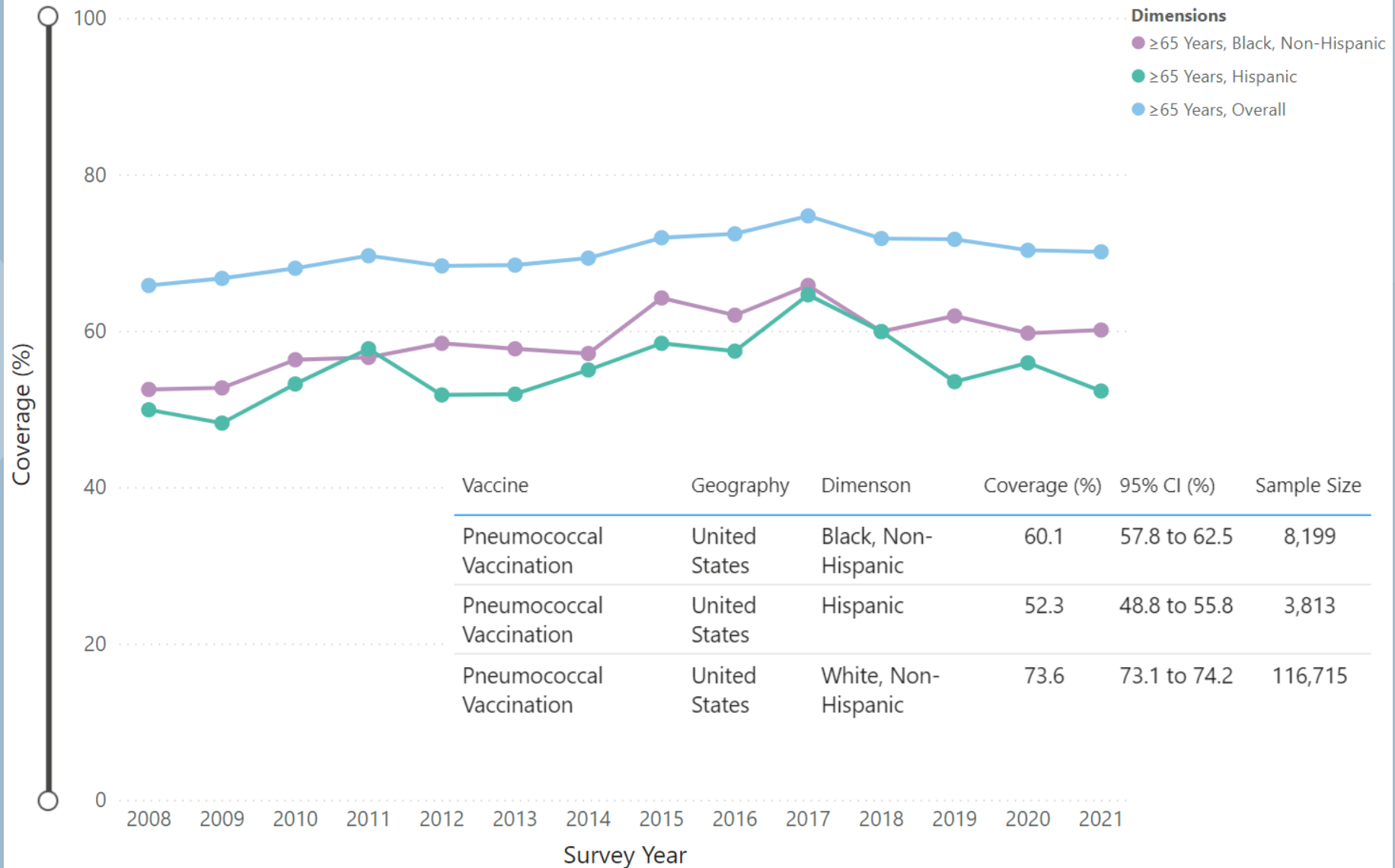


MMWR

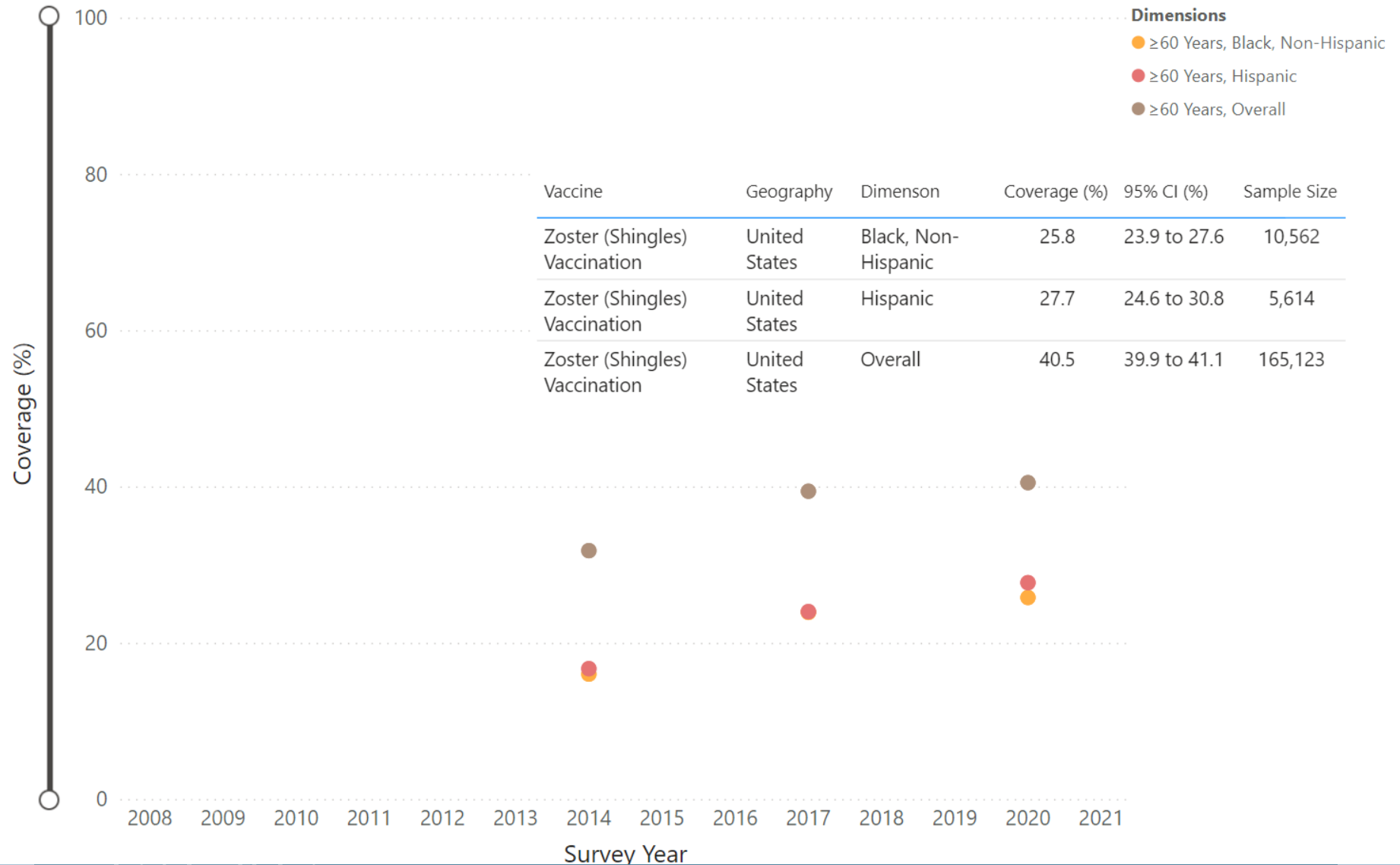
% of total population with an updated (bivalent) booster dose of AI Counties in US



Pneumococcal Vaccination Coverage among Adults, United States, BRFSS



Zoster (Shingles) Vaccination Coverage among Adults, United States, BRFSS



How?



The DRIVE Toolkit: Promoting Health in Underserved Populations

DRIVE: Demonstrating Real Improvement in Value and Equity
*A free online toolkit to support quality improvement, education, and
community engagement in your location.*



DRIVE DEMONSTRATING REAL IMPROVEMENT IN VALUE AND EQUITY

STEPS TO PROMOTE QUALITY CARE AND EQUITY IN YOUR PRACTICE

- Program can include:
 - Educational/coaching webinar
 - Implement activities to improve quality and equity using a PDSA model
 - QI library
 - Opportunity for community partnership
 - Focus to date on flu vaccination, diabetes, lupus, diversity in clinical research; coming soon – all adult vaccines

ID YOUR TEAM: THE CHAMPIONS

Champions include a system and clinic leader, physician or advanced practice clinician and another member of the clinic staff who understands practice workflows. Champions develop and implement the QI activity.



COMPLETE YOUR PRACTICE ASSESSMENT



A brief online survey will help you think about your practice and patients, your current approaches to providing care in a given area, as well as the barriers you and your patients face and what you would like to work on. This information, completed by a champion, will guide your project design.

LEARN MORE ABOUT YOUR COMMUNITY

Multiple strategies can help you better understand the needs of the community you serve, including accessing local community assessments, online geomaps, and talking with community leaders. This information can be invaluable in helping you design a relevant and impactful project.



DESIGN YOUR ACTIVITY



Using SHC's QI Library and the project design template, put together a detailed plan, including information about who will work on the project, in what time frame, using what data, and your desired goal for improvement. Be sure to make your plan efficient...your team is already super busy. And be sure to share your plans with health system leadership and all of the staff, to get their feedback...and buy-in!

PUT THE PLAN INTO ACTION

It's time to begin, taking small, measurable steps: gathering baseline data by race; assessing patient or staff views on a given subject; improving EHR data entry; educating patients; training medical assistants or patient navigators to implement a specific protocol; adjusting a particular workflow. Track your progress, change things up if you must, and keep your staff in the know.



COMMUNICATE, CELEBRATE, CONTINUE



Completion of the project is only half the job. It is vital to inform (and thank) your leadership, colleagues, and even patients about what you have achieved. Celebrate the effort of the team and individuals who really worked hard to help the project succeed. Publish or present your results in professional forums. But don't stop there. You now have the tools and experience to promote health care quality and equity.

Our DRIVE Flu QI Library

https://issuu.com/nmqf-shc/docs/flu_pdsa_library



A blue stethoscope is shown against a light blue background with bokeh effects. The stethoscope is positioned diagonally, with the chest piece in the foreground and the earpieces extending towards the top right. The text is overlaid on the stethoscope's tubing.

**DRIVE has been implemented in more than
23 health systems and Federally Qualified
Health Centers, including 104 clinics**

Adult Vaccines, A Recap

AMGA Webinar
March 16, 2023

Iyabode (Yabo) Akinsanya-Beysolow, MD, MPH, FAAP
Public Health Consultant
YB Consultants, LLC



Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)				
Tetanus, diphtheria, pertussis (Tdap or Td)				
Measles, mumps, rubella (MMR)				
Varicella (VAR)				
Zoster recombinant (RZV)	2 doses			
Human papillomavirus (HPV)	2 or 3 doses depending on age and sex			
Pneumococcal (PCV15, PCV20, PPSV23)				
Hepatitis A (HepA)				
Hepatitis B (HepB)				
Meningococcal A, C, W, Y (MenACWY)				
Meningococcal B (MenB)	19 through 26			
Haemophilus influenzae type b (Hib)				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2023

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism ^a	Chronic liver disease	Diabetes	Health care personnel ^b	Men who have sex with men
			<15% or <200 mm ³	≥15% and ≥200 mm ³							
COVID-19			See Notes								
IIV4 or RIV4 or LAIV4			1 dose annually								
Tdap or Td	1 dose Tdap each pregnancy										
MMR	Contraindicated ^a	Contraindicated ^a									
VAR	Contraindicated ^a	Contraindicated ^a									
RZV				2 doses							
HPV	Not Recommended ^a			3 doses							
Pneumococcal (PCV15, PCV20, PPSV23)											
HepA											
HepB				3 doses (see notes)							
MenACWY										1 or 2 doses	
MenB		Precaution									
Hib				3 doses HSC recipients or							

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended for adults with a risk factor or other indication

a. Precaution for LAIV4 does not apply to alcoholism. b. See notes.

Notes Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023

For vaccine recommendations for persons 18 years of age or younger, see the Recommended Child and Adolescent Immunization Schedule.

COVID-19 vaccination

Routine vaccination

- Primary series:** 2-dose series at 0, 4–8 weeks (Moderna) or 2-dose series at 0, 3–8 weeks (Novavax, Pfizer-BioNTech)
- Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Special situations

Persons who are moderately or severely immunocompromised

- Primary series**
 - 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
 - 2-dose series at 0, 3 weeks (Novavax)

Booster dose: see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Pre-exposure prophylaxis (e.g., monoclonal antibodies) may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html.

Note: Current COVID-19 schedule available at www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, please visit www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

Haemophilus influenzae type b vaccination

Special situations

Anatomical or functional asplenia (including sickle cell disease): 1 dose if previously did not receive Hib; if elective splenectomy, 1 dose preferably at least 14 days before splenectomy

Hematopoietic stem cell transplant (HSCT): 3-dose series 4 weeks apart starting 6–12 months after successful transplant Hib vaccination history

Hepatitis

Routine vaccination

Not at risk but want protection: (identification of risk fact 2-dose series HepA (Hav Vaqta 6–18 months apart 1, 6 months [minimum in dose 2: 4 weeks / dose 2])

Special situations

At risk for hepatitis A vi HepA or 3-dose series He
Chronic liver disease (e hepatitis B, hepatitis C, alcoholic liver disease, a alanine aminotransferas aminotransferase [AST] twice the upper limit of

- HIV infection
- Men who have sex with
- Injection or noninjection
- Persons experiencing
- Work with hepatitis A

- Travel in countries with high or intermediate endemic hepatitis A (HepA-HepB [Twinrix] may be administered on an accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months)
- Close, personal contact with international adoptee (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose

Appendix Recommended Adult Immunization Schedule, United States, 2023

Vaccine	Contraindicated or Not Recommended ¹	Precautions ²
Haemophilus influenzae type b (Hib)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • For Hibertx, ActHib, and PedvaxiHib only: History of severe allergic reaction to dry natural latex	• Moderate or severe acute illness with or without fever
Hepatitis A (HepA)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ including neomycin	• Moderate or severe acute illness with or without fever
Hepatitis B (HepB)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ including yeast • Pregnancy: HepBvax-B and PreHevrio are not recommended due to lack of safety data in pregnant persons. Use other hepatitis B vaccines if HepB is indicated ³	• Moderate or severe acute illness with or without fever
Hepatitis A-Hepatitis B vaccine (HepA-HepB, Twinrix [®])	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ including neomycin and yeast	• Moderate or severe acute illness with or without fever
Human papillomavirus (HPV)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • Pregnancy: HPV vaccination not recommended	• Moderate or severe acute illness with or without fever
Measles, mumps, rubella (MMR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy • Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • History of thrombocytopenia or thrombocytopenic purpura • Need for tuberculin skin testing or interferon-gamma release assay (IGRA) testing • Moderate or severe acute illness with or without fever
Meningococcal ACWY (MenACWY) [MenACWY-CRM (Menveo [®]); MenACWY-D (Menactra [®]); MenACWY-TT (MenQuadfi [®])]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • For MenACWY-D and MenACWY-CRM only: severe allergic reaction to any diphtheria toxin ¹ or CRM1197-containing vaccine • For MenACWY-TT only: severe allergic reaction to a tetanus toxoid-containing vaccine	• Moderate or severe acute illness with or without fever
Meningococcal B (MenB) [MenB-4C (Bexsero); MenB-FHbp (Trumenb [®])]	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹	• Pregnancy • For MenB-4C only: Latex sensitivity • Moderate or severe acute illness with or without fever
Pneumococcal conjugate (PCV15, PCV20)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • Severe allergic reaction to any diphtheria-toxoid-containing vaccine or to its vaccine component ¹	• Moderate or severe acute illness with or without fever
Pneumococcal polysaccharide (PPSV23)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹	• Moderate or severe acute illness with or without fever
Tetanus, diphtheria, and acellular pertussis (Tdap) Tetanus, diphtheria (Td)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • For Tdap only: Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTap or Tdap	• Guillain-Barré syndrome (GBS) within 6 weeks after a previous dose of tetanus-toxoid-containing vaccine • History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus-toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine • Moderate or severe acute illness with or without fever • For Tdap only: Progressive or unstable neurological disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized
Varicella (VAR)	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ¹ • Severe immunodeficiency (e.g., hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with HIV infection who are severely immunocompromised) • Pregnancy	• Recent (≤11 months) receipt of antibody-containing blood product (specific interval depends on product) • Receipt of specific antiviral drugs (acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination (avoid use of these antiviral drugs for 14 days after vaccination) • Use of aspirin or aspirin-containing products

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2023

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/ Not applicable



Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2023

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 percentage and count		Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism ^a	Chronic liver disease	Diabetes	Health care personnel ^b	Men who have sex with men
			<15% or <200 mm ³	≥15% and ≥200 mm ³							
COVID-19		See Notes									
IIV4 or RIV4 or LAIV4	1 dose annually					Contraindicated			Precaution		1 dose annually
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Contraindicated ^{c*}	Contraindicated	1 or 2 doses depending on indication								
VAR	Contraindicated ^{c*}	Contraindicated		2 doses							
RZV		2 doses at age ≥19 years			2 doses at age ≥50 years						
HPV	Not Recommended ^{c*}	3 doses through age 26 years			2 or 3 doses through age 26 years depending on age at initial vaccination or condition						
Pneumococcal (PCV15, PCV20, PPSV23)		1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)									
HepA				2, 3, or 4 doses depending on vaccine							
HepB	3 doses (see notes)	2, 3, or 4 doses depending on vaccine or condition									
MenACWY		1 or 2 doses depending on indication, see notes for booster recommendations									
MenB	Precaution	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT ^c recipients only		1 dose							

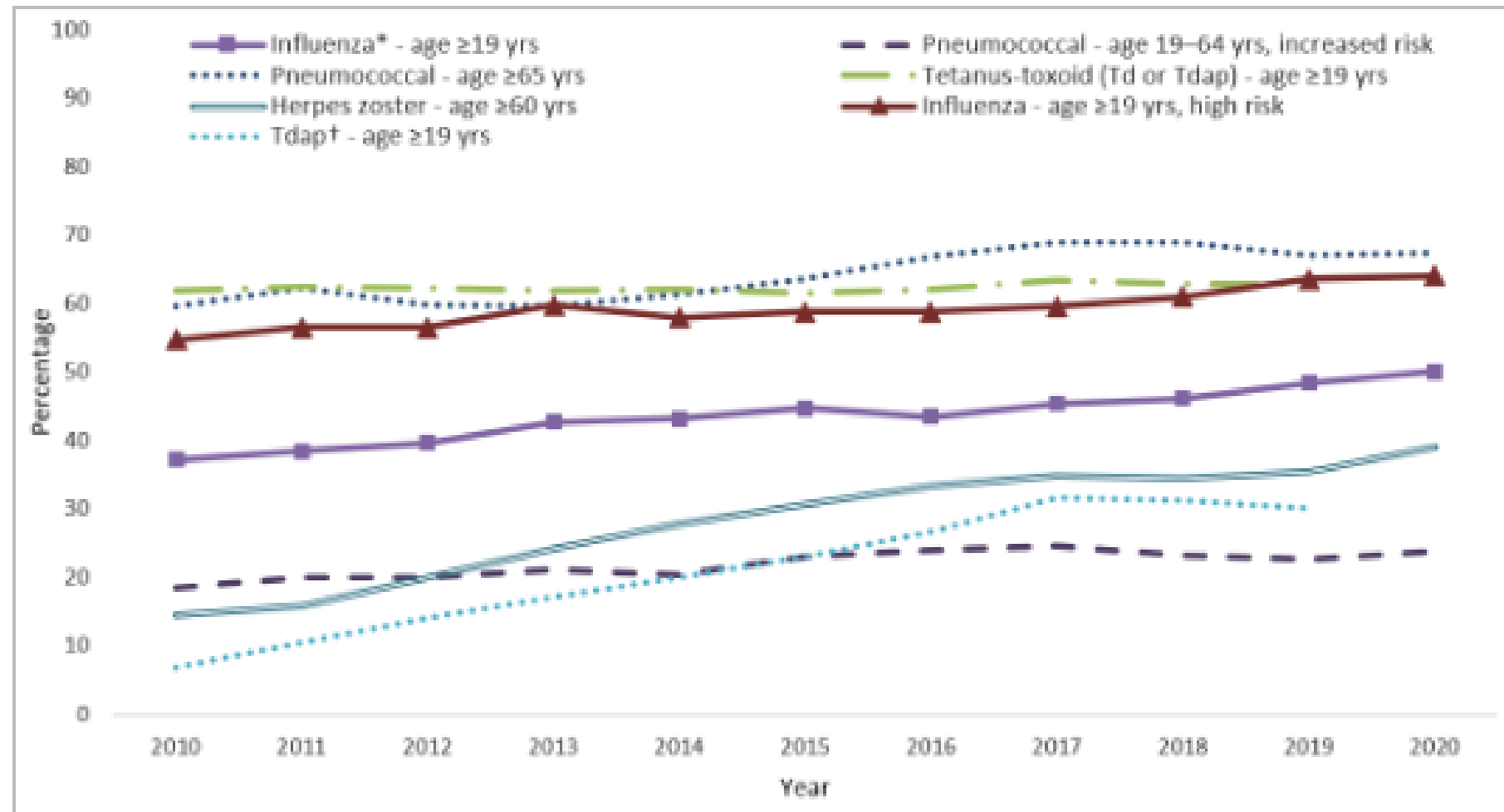
 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 Recommended vaccination based on shared clinical decision-making
 Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
 Contraindicated or not recommended—vaccine should not be administered.
 No recommendation/Not applicable

*Vaccinate after pregnancy.

a. Precaution for LAIV4 does not apply to alcoholism. b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. c. Hematopoietic stem cell transplant.

Adult Vaccination Rates. Where are we?

FIGURE. Estimated proportion of adults aged ≥ 19 years who received selected vaccines, by age group and risk status — National Health Interview Survey, United States, 2010–2020



Abbreviations: Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

Daily Update for the United States

Cases

New Cases (Weekly Total)

170,576

Case Trends



Deaths

New Deaths (Weekly Total)

1,862

Death Trends



Hospitalizations

New Admissions (Daily Avg)

2,855

Admission Trends

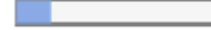


Vaccinations

% with Updated Booster Dose

16.3%

Total Population



Total Cases

103,672,529

Total Deaths

1,119,762

Current Hospitalizations

16,728

Total Updated Booster Doses

53,980,763

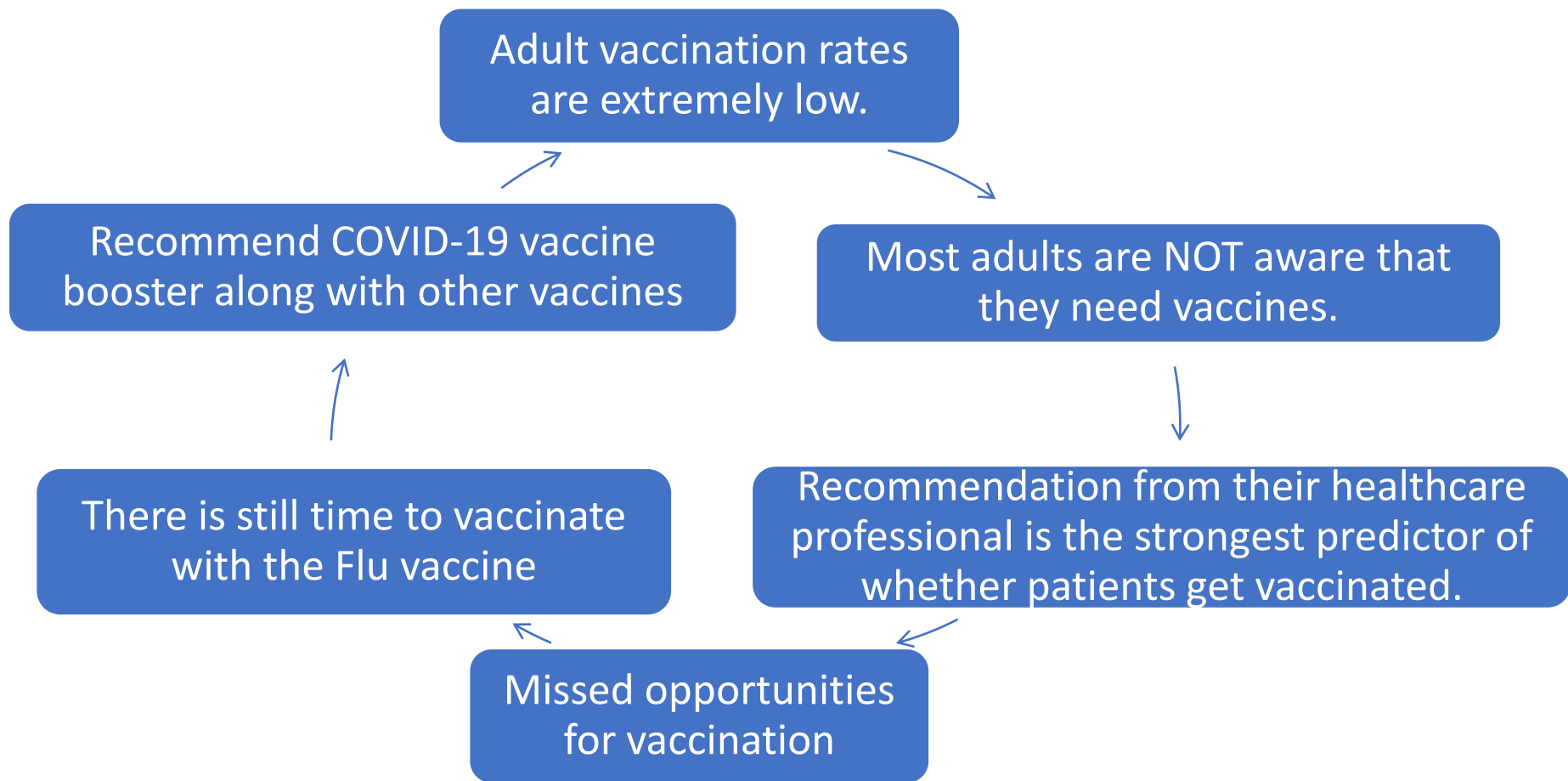
CDC | Data as of: March 10, 2023 2:07 PM ET. Posted: March 10, 2023 3:07 PM ET

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Flu and COVID-19 vaccination rates

	Pregnant People	All Adults	Adults > 65 years
All	47.9	47.4 (38.2-63.7 across states)	71.2 52 (Medicare FFS as of 12/31/2022)
Black, NH	29.7	38.5	38 (Med FFS)
Hispanic/Latino	47.6	35.3	29.9 (Med FFS)
Other(AI/AN, NH/PI, Multiple)	47	40.5 (Other, Multiple) 42.2 (AI/AN) (?) PI/NH	49.2 (Med FFS)
White, NH	47.7	53.3	53.6 (Med FFS)
Asian, NH	65.9	49.7	50.8 (Med FFS)

<https://www.cdc.gov/flu/fluview/dashboard/vaccination-dashboard.html>



1. **ASSESS** immunization status of all patients in every clinical encounter.
2. **SHARE** a strong recommendation for vaccines that patients need.
3. **ADMINISTER** needed vaccines or **REFER** to a provider who can immunize.
4. **DOCUMENT** vaccines administered or received by your patients.

Factors affecting implementation of the Adult Recommended Schedule

System Level

- ACIP Recommendations – routine, age-based, risk-based, shared clinical decision making
- Is the vaccine on the Adult Schedule? Coverage by Medicare, Medicaid, Insurance Carriers. Post Inflation Reduction Act
- Lack of Adult Immunization Information systems (Registries)
- Do standing orders exist for stable, hospitalized patients at time of discharge?
- Public /private partnerships

Provider Level

- Logistics of Vaccinating
 - Financial: Upfront costs to secure, reimbursement
 - Storage, Product variety and availability,
- Provider Recommendation
- Communication
 - Provider Knowledge
 - Addressing Patient vaccine questions/concerns
- Lack of Community engagement

Patient Level

- Access
 - Is it easy/convenient to get vaccinated
 - Is it affordable? Copays, Deductibles
- Benefit vs. Harm Debate
- Communication
 - Awareness of vaccine recommendation

What can we learn from Pediatrics?

Immunization Information Systems (Registries)

Provider Recommendations

Parental awareness

School requirements

Factors affecting implementation of the Adult Recommended Schedule

System Level

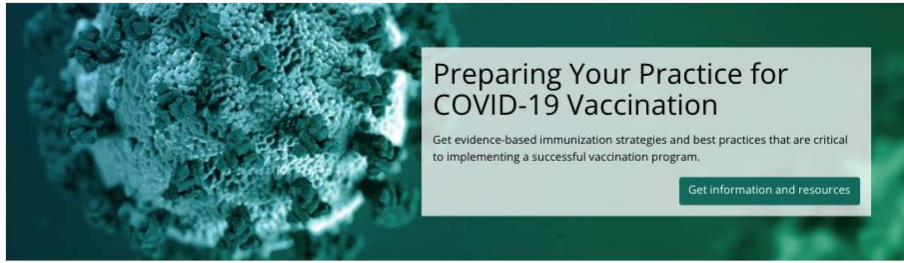
- ACIP Recommendations – routine, age-based, risk-based, shared clinical decision making
- Is the vaccine on the Adult Schedule? Coverage by Medicare, Medicaid, Insurance Carriers. Post Inflation Reduction Act
- Lack of Adult Immunization Information Registries
- Do standing orders exist for stable, hospitalized patients at time of discharge?
- **What 1 factor can I address in my organization this quarter?**

Provider Level

- Logistics of Vaccinating
 - Financial: Upfront costs to secure, reimbursement
 - Storage, Product variety and availability,
- Provider Recommendation
- Communication
 - Provider Knowledge
 - Addressing Patient vaccine questions/concerns
- Lack of Community engagement
- **What can I institute at the practice level – access, recommendation by everyone in the office setting? What questions can I anticipate from my patient?**

Patient Level

- Access
 - Is it easy/convenient to get vaccinated
 - Is it affordable? Copays, Deductibles
- Benefit vs. Harm Debate
- Communication
 - Awareness of vaccine recommendation
- **Vaccine of the month**
- **What questions can I ask my provider?**



Preparing Your Practice for COVID-19 Vaccination

Get evidence-based immunization strategies and best practices that are critical to implementing a successful vaccination program.

[Get information and resources](#)



ACIP Recommendations



Vaccination Schedules



Storage and Handling



Vaccine Administration

Clinical Resources



Education and Training



Childhood Vaccination Toolkit

General Best Practice Guidelines for Immunization

Vaccine Shortages

Standards for Adult Practices

Tip Sheet on New Adult Vaccine Recommendations and Implementation

Tips to help providers get adult patients back on track with their immunizations.

Get Adults' Vaccinations Back on Track
Tip sheet for providers on new CDC adult vaccine recommendations and tools to help adults catch up on needed vaccinations

At least 3 out of every 4 adults are behind on routine vaccines like influenza (flu), tetanus (Td/Tdap), hepatitis A, and HPV. In addition, COVID-19 vaccine recommendations continue to evolve, and new changes were made to hepatitis B, shingles, pneumococcal, and flu vaccine recommendations since 2021.


VACCINE	NEW RECOMMENDATION	BRAND NAME(S)	DOSING
Hepatitis B	Everyone 19-59 years. 60-64 years who want vaccination or have high-risk indication.	Engerix-B, Twinrix, PreHevribio, Hepisav-B	2- or 3-dose series depending on brand
Zoster (shingles)	Everyone ≥50 years. ≥19 years immunocompromised.	Shingrix	2-dose series
Pneumococcal	Everyone ≥65 years. ≥19 years immunocompromised or high-risk medical condition.	Vaxneuvance (PCV15), Prevnar20 (PCV20), Pneumovax 23 (PPSV23)	Either PCV15 then PPSV23 one year later or one dose PCV20
Preferred flu vaccines for adults ≥65 years	≥65 years: give flu vaccines preferred by CDC for this age group. If not available, give any available vaccine.	Fluzone (adjuvanted), Fluzone High-Dose (inactivated), or Flublok (recombinant)	Annual vaccination

Adult Vaccination


Resources for Adult Vaccination

IAC Educational Materials


[Handouts](#)
Educational pieces for healthcare professionals and their patients




Summary of Recommendations for Adult Immunization




Administering Vaccines to Adults: Dose, Route, Site, and Needle Size




How to Administer Intramuscular and Subcutaneous Vaccine Injections to Adults



Screening Checklist for Contraindications to Vaccines for Adults



Which Vaccines Do I Need Today?



Vaccinations for Adults - You're never too old to get vaccinated!

CLINIC TOOLS

- Administering Vaccines
- Adolescent Vaccination
- Adult Vaccination
- Documenting Vaccinations
- Scheduling Vaccines
- Screening for Contraindications
- Storage and Handling
- Vaccine Recommendations

Featured Resources

Vaccinating Adults: A Step-by-Step Guide
FREE! A comprehensive, easy-to-use, 142-page "how-to" guide for vaccinating adults www.immunize.org/guide

Immunizing Adult Patients
Standards for Practice: Emphasizes the role of all HCPs in ensuring all adults are fully immunized

Partner Resources

- Centers for Disease Control and Prevention (CDC)**
- [Adult Vaccination Information for Healthcare and Public Health Professionals](#)
Information for both provider practices and patients
 - [Recommended Immunization Schedules for Adults, U.S.](#)
HTML | PDF
 - [ACIP Vaccine Recommendations](#)
CDC's home page for ACIP recommendations
 - [General Best Practice Guidelines for Immunization: Best Practices Guidance of ACIP](#)
HTML | PDF
 - [Standards for Adult Immunization Practice](#)
Practice standards for all healthcare professionals

www.cdc.gov/vaccines/hcp

www.immunize.org

www.izsummitpartners.org/

The Summit Weekly Update

February 16, 2023

- Vaccines Federal Implementation Plan Update – CDR Valeria Marshall (OASH)
- Announcements

[read more](#)

For NAICP Members



Intent to
receive Flu
vaccine.

Survey Feb 10-
20, 2023 –
Adults (Ipsos
and NORC
Omnibus)

44.3% of adults
report they
have already
received a
vaccine this
year.

14.7% report
they probably
or definitely will
receive a
vaccine this
year.

9.4% report
they are unsure
if they will get a
vaccine this
year.

31.6% report
they probably
or definitely will
not receive a
vaccine this
year.

Fig. 4A: Adult Coverage Map

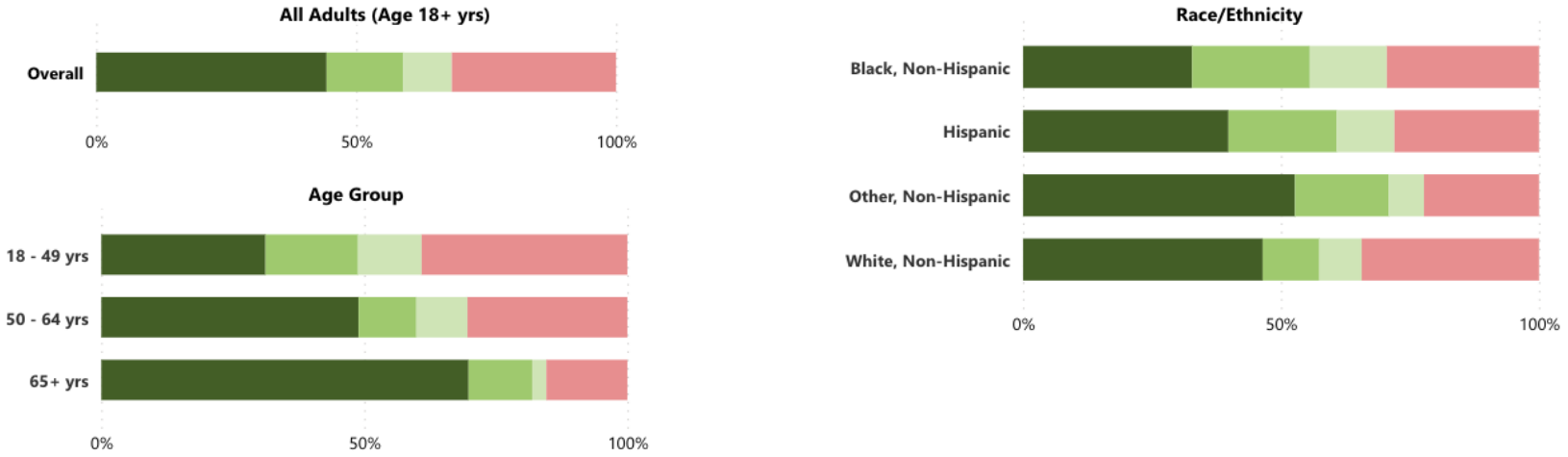
Fig. 4B: Adult Coverage Comparison Map

Fig. 4C: Adult Comparison Table

Fig. 4D: Adult Coverage and Vaccination Intent

Figure 4D. Influenza Vaccination Coverage and Intent for Vaccination, by Age Group and Race/Ethnicity, Adults 18 Years and Older, United States, 2022-2023[‡]
Data Source: IPSOS Knowledge Panel and NORC AmeriSpeak Omnibus Surveys
IPSOS KP data collected: 2/10/2023 - 2/12/2023
AmeriSpeak data collected: 2/16/2023 - 2/20/2023

Legend: ■ Vaccinated for Flu ■ Intend to Get Vaccinated for Flu ■ Not Sure About Getting Vaccinated for Flu ■ Do Not Intend to Get Vaccinated for Flu



Bars display weighted percent. Each entire group of stacked bars sums to 100%.

**Department of Family Science
School of Public Health**

How Can Health Systems Advance Vaccine Equity?

Sandra Crouse Quinn, PhD
Vaccine Equity: Putting Strategies into Practice
RIZE to Immunize
American Medical Group Association
March 16, 2023
scquinn@umd.edu



**UNIVERSITY OF
MARYLAND**

Key Questions for Today

1. What are some key issues?
2. What are some system strategies?
3. What are some provider level strategies?



Racial Factors in Health Care Context

- Racial fairness: Is treatment in health care or by government fair to one's race?
- Racial consciousness: How conscious are you of your race in a health care setting?
- Experience of discrimination: How often have you experienced discrimination in health care?
- Impact of discrimination on access: Has discrimination impacted your ability to get good health care?

Quinn et al, 2017.

How do experiences of racism and discrimination in health care influence vaccine decisions? (N=1643)

- Higher perceived racial fairness associated with more trust and higher vaccine uptake
- Higher racial consciousness associated with lower trust in vaccine and process, higher perceived risk of side effects, less knowledge, greater use of naturalism, belief in conspiracies, greater vaccine hesitancy
- For AA, higher perception of discrimination, associated with higher perceived side effect risk and lower uptake

Quinn et al, 2017

System challenges to system level fixes

1. Do you have expertise in health literacy and clear communication in your team?
2. Do you have community health workers that can represent your system in local communities where they are trusted?
3. How do community members and patients access your services and who gets left behind?

Scheduling Process for Vaccine Appointments in Prince George's County

Anyone who lives or works in Prince George's County that wishes to receive the COVID-19 vaccine must fill out the County Health Department's pre-registration form: <https://bit.ly/PGCVaccineForm>

When you are eligible to receive a vaccine based on the County's phased distribution plan AND appointments are available based on vaccine supply, the Health Department will send a link via email with instructions on how to schedule an appointment.

When the County enters future phases of vaccine distribution, individuals that have pre-registered will receive a notification that they are eligible, and as appointments become available, will begin to receive links to schedule appointments.

PLAN AHEAD!

- Bring a form of photo identification to your appointment.
- If you are eligible for a COVID-19 vaccine because of your job, make sure you bring proof of employment with you to your appointment.
- If you have insurance, please bring your insurance card with you to your appointment.
- Current COVID-19 vaccines require two doses. Make sure you schedule your appointment for a second dose right after your appointment for the first dose, and make sure you keep that appointment.

HEALTH DEPARTMENT Prince George's County **Stay Updated: mypgc.us/COVIDVaccine**

Critical importance of health care providers in vaccine decisions (N=1643)

- 55% reported that the recommendation of their provider was fairly to extremely important.
- Over 50% reported that they trusted their doctor when it came to the flu vaccine.

Role of Health Care Professionals

- Demonstrate empathy
- Acknowledge that it is okay to have questions and concerns.
- Acknowledge what we know and what we don't know.
- Be ready to answer questions about efficacy and safety, particularly for specific populations.
- Offer credible information without repeating misinformation
- Share specific reasons for getting the vaccine based on your knowledge of your client's health and life.
- Make a strong recommendation.
- Be a role model & take the vaccine. Talk about why you took the vaccine.



Why Get Vaccinated?

To Protect Yourself, Your Coworkers, Your Patients, Your Family, and Your Community

- Building defenses against COVID-19 in this facility and in your community is a team effort. And **you** are a key part of that defense.
- Getting the COVID-19 vaccine adds **one more layer of protection** for you, your coworkers, patients, and family.

Here are ways you can **build people's confidence** in the new COVID-19 vaccines in your facility, your community, and at home:

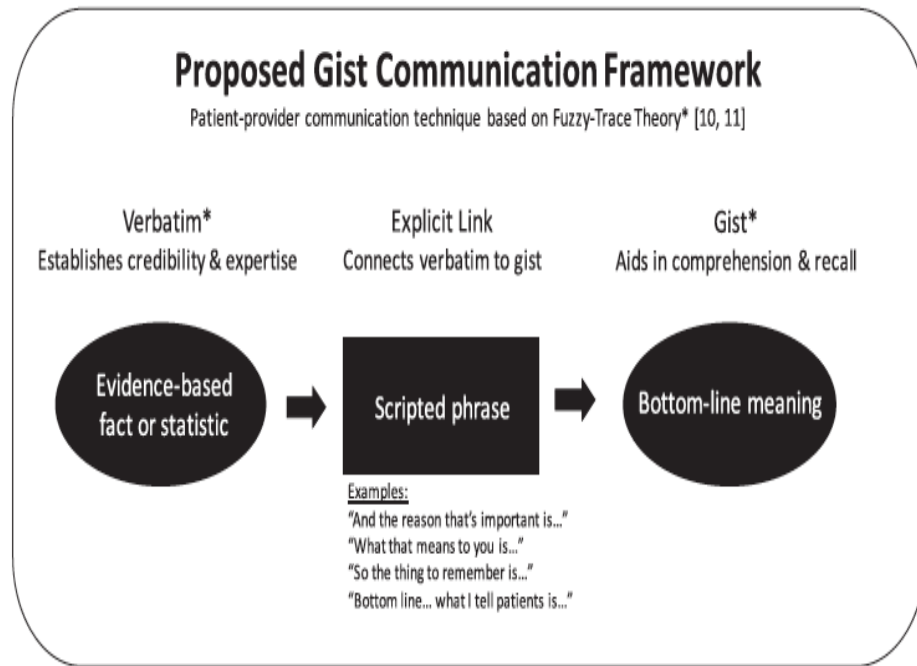
- ✓ **Get vaccinated** and enroll in the **v-safe** text messaging program to help CDC monitor vaccine safety.
- ✓ **Tell others why** you are getting vaccinated and encourage them to get vaccinated.
- ✓ **Learn how to have conversations** about COVID-19 vaccine with coworkers, family, and friends.

It all starts with you.

 www.cdc.gov/coronavirus/vaccines

Source: CDC

A Framework for Communication



"We know that the vaccine had very strong safety data and that side effects are short lived, like sore arms, tiredness and minor side effects.

The reason that is important for you is that with your Type II diabetes, you are more likely to have serious complications if you do get infected. The vaccine is effective in reducing cases of severe illness and hospitalizations.

I took the vaccine myself and I'll get my family vaccinated as soon as they are eligible. I know you want to protect your family too. Take the vaccine today."

Broniatowski et al, 2016

Ongoing Actions for Trust, Vaccine Equity and Health Equity

1. Increase access to vaccines through clinics at trusted, hyper-local sites with other services such as food banks, WIC, etc. Make them available in evenings, weekends, and on public transportation routes
2. Ensure that residents have access to a system to schedule appointments without requiring sophisticated use of computer technology.
3. Hire and train community health workers to serve as vaccine connectors.

*Thank you for all you do
to keep our
communities healthy*



Photo credit: Quinn, 2014

Upcoming Webinar



Topic: Vaccinations and Chronic Conditions



Date/ Time: Thursday, April 20 at 2pm ET



Presenters: Alejandro Granillo, MD, Houston Methodist
Physician Organization

Questions

- How can health systems and practice teams move to improve vaccine equity among their patients of color?
- What can the health systems and clinical teams do from a practical perspective in terms of implementing the ACIP recommendations and promoting vaccine confidence?
- What do you think are the biggest factors --- from a patient and clinician perspective --- contributing to vaccine disparities?
- Where in the country and in what types of communities is vaccine resistance is especially challenging?
- Do you believe there is vaccine fatigue? If so, how would you advise effectively addressing it?
- Given the stresses that many practices and health systems are facing, in terms of staffing and burn-out, how can health leaders and clinicians achieve improved vaccination rates and vaccine equity?

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen