



Thank you for joining

**The presentation will
begin shortly**



Rise to Immunize® Monthly Webinar

Making Respiratory Health a Priority: Insights for Healthcare Professionals

Carrie Regnier, BS, BSN, MPH, RN, *Rise to Immunize National Advisor*

May 16, 2024

Today's Webinar

Campaign Updates

- Campaign Expansion/ Extension
- Resource of the Month: Hepatitis B Resources
- Spotlight: Pfizer
- Annual Survey
- Healthier Tomorrow Challenge

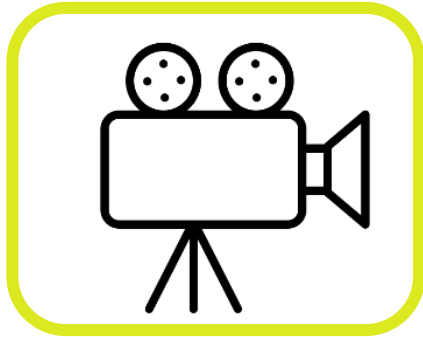
Making Respiratory Health a Priority: Insights for Healthcare Professionals

- Carrie Regnier, BS, BSN, MPH, RN, *Rise to Immunize National Advisor*

Q&A Session



Webinar Reminders



Today's webinar recording will be available the **week of 05/20**

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



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

- Questions will be answered at the end of the presentation

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



**More Vaccines!
More Time!**



Together we can administer
30 million vaccines
by **2027** through
comprehensive & equitable
vaccine initiatives.



How to add new measures:

Use the QR code
to access the **Measure
Upgrade Form**



➔ Or email RiseToImmunize@amga.org and we can assist you!

Hepatitis B Resources



MARCH 2023

HEPATITIS B FOUNDATION

Call to Action

Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for Adults Ages 19-59

SEPTEMBER 2023

Guidance on the Clinical Implementation of Adult Universal Hepatitis B Vaccination and Screening Recommendations

HEPATITIS B FOUNDATION

Hepatitis B (HBV) Vaccination Information for Adults

HEPATITIS B FOUNDATION

Who should be vaccinated?

- Adults < 60
- Adults 60 years and older with risk factors* for HBV
- Anyone who wants the vaccine

Which Vaccine?

- All HBV vaccines are approved for use in the general adult population. There is no official preference for one vaccine over another.
 - Hepilisav-B and PreHevrio are NOT recommended in pregnancy due to a lack of safety data
 - Hepilisav-B and PreHevrio have quicker and higher rates of protection including higher rates of protection associated with obesity, smoking, diabetes, and well-managed chronic illnesses over older 3 dose HBV vaccines

Screening Information

- All adults 18 years and older should be screened once in their life for HBV using the triple panel test (HBsAg, HBsAb, HBcAb).
- Recommend patients talk to their doctor about screening if you cannot screen during the visit.

Scan to learn more about the updated HBV screening guidelines

FAQ

Billing and Insurance

The HBV vaccine should be covered with no cost-shares for all insured adults with commercial insurance, Medicare, and states with expanded Medicaid.

ICD-10: Z23 - Encounter for immunization
CPT Administrative Code: 90471

CPT Product Codes (adult schedule):

- PreHevrio (3-dose) - 90759
- Engerix-B (3-dose) - 90746
- Twintrix (Hepatitis A&B - 3 dose) - 90636
- Recombivax HB (3-dose) - 90746
- Hepilisav-B (2-dose) - 90739

NOTE: The above codes are for a standard adult patient, and the CPT code may differ based on the dosage/schedule needed for your patient. Please refer to current payer publications for the most up-to-date coding information, as codes may have changed.

Q: What should be done if the HBV vaccine series was not completed?
A: If the HBV vaccine series is interrupted, the next dose should be given as soon as possible. The first dose(s) does not need to be repeated.

Q: Is it harmful to have an extra dose of the HBV vaccine or to repeat the entire HBV vaccine series?
A: No, getting extra doses of the HBV vaccine is not harmful.

Q: Who should NOT receive the HBV vaccine?
A: Anyone who has had a serious allergic reaction to a prior dose of the HBV vaccine, any part of the vaccine, or yeast should NOT get the vaccine. However, PreHevrio is the only HBV vaccine that does not contain yeast, and is safe for yeast allergic individuals.

Q: Can the HBV vaccine be given at the same time as other vaccines?
A: Yes. Getting two different vaccines at the same time is not harmful.

Q: Are there symptoms associated with HBV vaccines?
A: Yes. Mild symptoms such as soreness, redness, or swelling in the arm where the shot was given, headache, and/or fever may occur and last 1-2 days.

Q: What if someone is a non-responder?
A: For "susceptible" persons considered at high risk for HBV who previously received a complete vaccine series without follow-up testing, you can 1) give a booster vaccine dose followed by serologic testing 1 to 2 months later, with completion of a full vaccine series if the post-booster HBsAb test remains negative OR 2) give full vaccine series followed by post-vaccination serologic testing 1 to 2 months after the last vaccine dose.

HBV Risk Factors Only use to assess when a patient is 60+ years old AND does not request the vaccine.

- Infants born to mothers with HBV
- People born in certain countries where HBV is common
- People born in the U.S. not vaccinated as infants whose parents were born in countries with high rates for HBV
- People living with hepatitis C
- People who have been incarcerated
- People who inject drugs or share needles, syringes, and other types of drug equipment
- Sex partners of people with HBV
- People who have sexually transmitted infections
- People with HIV infection
- Men who have sex with men
- People who live with someone who has HBV
- Health care and public safety workers exposed to blood on the job
- People on dialysis
- People who have elevated levels of certain liver enzymes

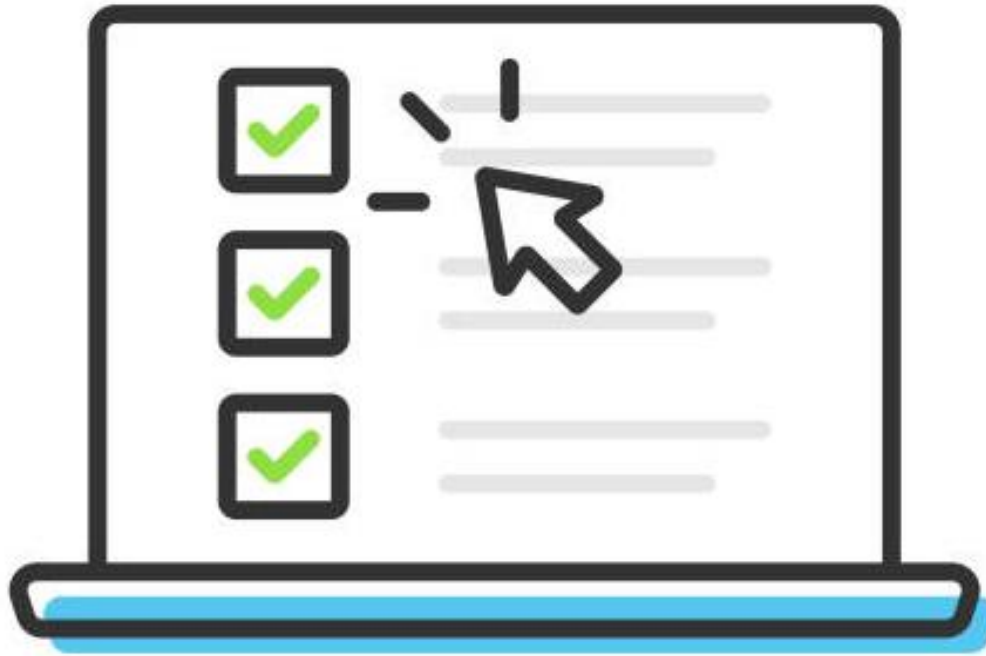
Scan to view worldwide prevalence of HBV infection

Spotlight: Pfizer



Andrew Martin, MBA, US Vaccines Lead, Pfizer,
speaking at the AMGA Foundation Celebration

Annual Survey



**Deadline to
submit:**

May 17

HEALTHIER TOMORROW CHALLENGE

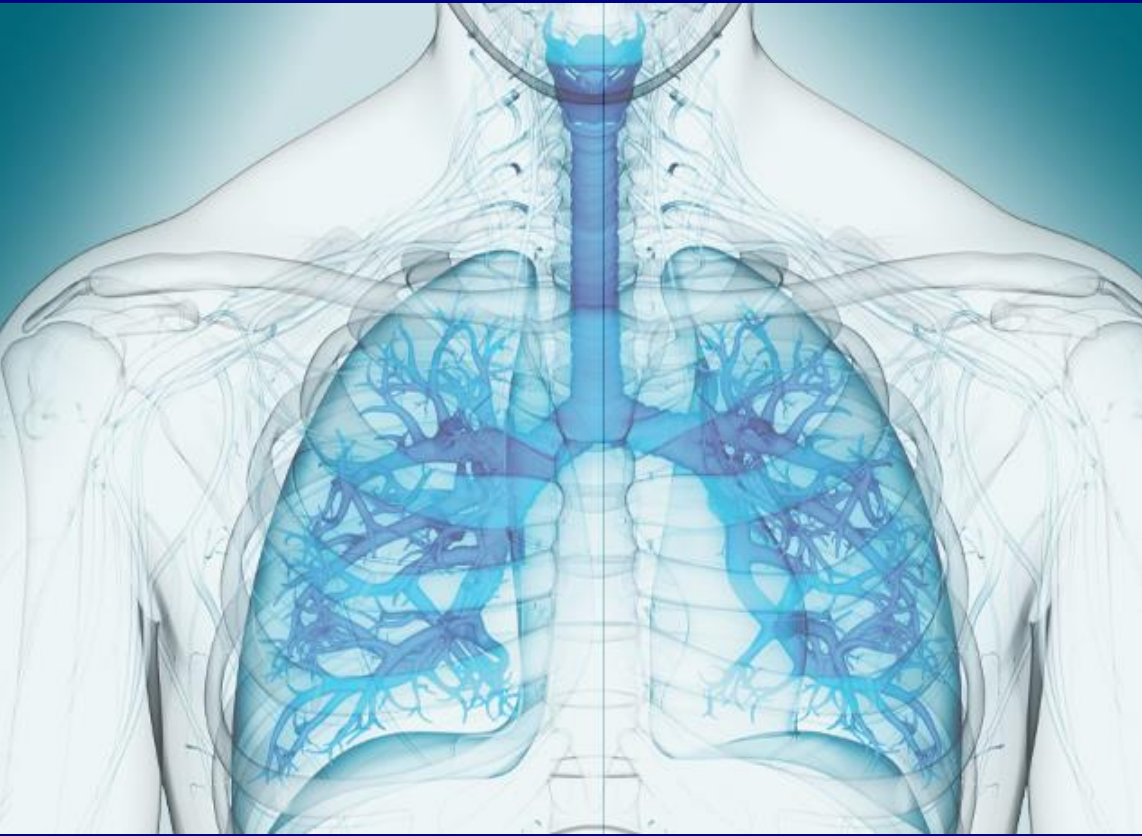


Today's Speaker



**Carrie Regnier, BS, BSN, MPH,
RN, *Rise to Immunize National
Advisor***





Making Respiratory Health a Priority: Insights for Healthcare Professionals

WEBINAR: American Medical Group Association
(AMGA) Peer-to-Peer Shared Learning Opportunity

Speaker Introduction and Disclosures



Carrie Regnier, BS, BSN, MPH, RN
AMGA National Advisor

**This non-CME promotional speaker program is being sponsored by Pfizer Inc.
The speakers are not employees of Pfizer but have been retained to present on Pfizer's behalf**



Learning Objectives

The Rise to Immunize™ campaign includes monthly webinars that provide participating groups an opportunity to learn from peer AMGA members about best practices and resources to improve adult vaccination rates

At the end of this webinar, participants should understand:

- The impact of respiratory disease on the health of adult patients
- The role of health systems and vaccinating providers in identifying vaccine-eligible adult patients
- Key considerations for improving adult vaccination rates via strong healthcare professional recommendations and addressing vaccine confidence

Burden of Respiratory Illness



The Burden of Pneumococcal Pneumonia

Epidemiology of Pneumococcal Pneumonia



Incidence of CAP in 2020 (per 100,000 population)^{1,2}

- Adults aged ≥65 years: **3,058.1**
- Adults aged 50–64 years: **1,038.1**
- Adults aged 18–49 years: **455.2**
- About **10%–30% of CAP in adults** is pneumococcal



Hospitalization³

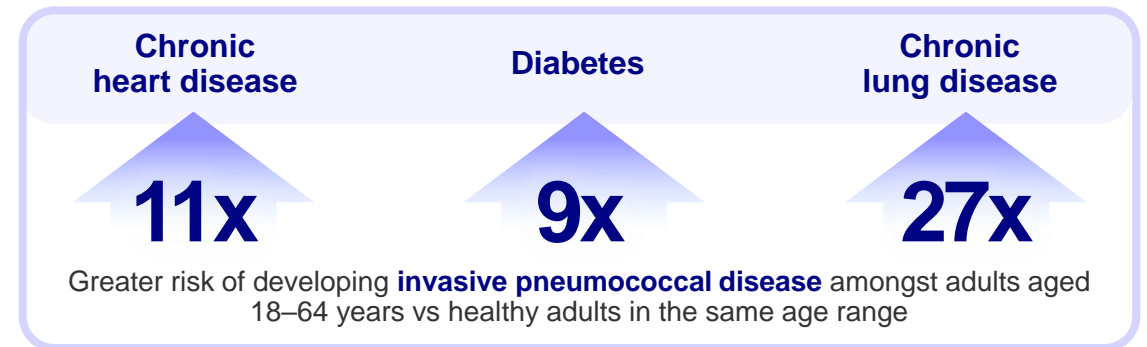
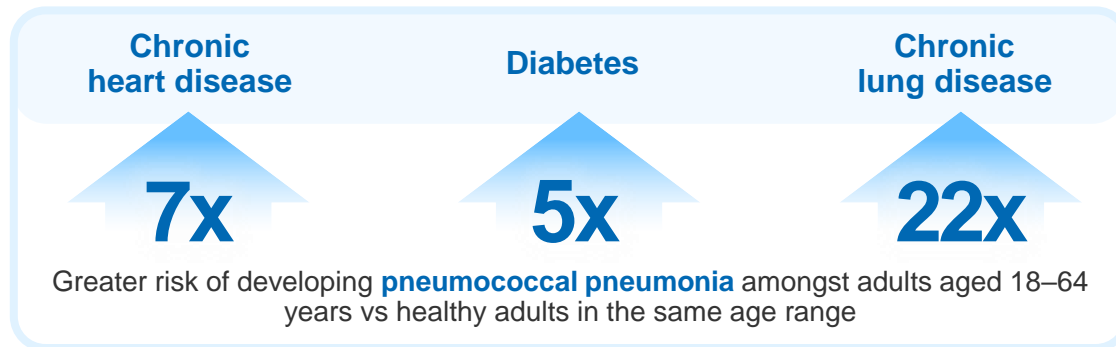
- An estimated 180,000 hospitalizations occur each year



Mortality⁴

- Case fatality rate is **5%–7%** and may be higher among older adults and those with underlying medical conditions

Adults with certain underlying medical conditions are at higher risk of developing pneumococcal pneumonia or invasive pneumococcal disease vs healthy adults aged 18–64 years^{3,5,6*}

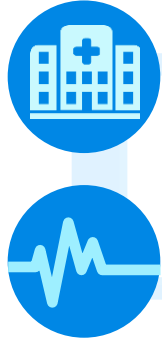


*Based on a retrospective, claims-based cohort study that analyzed data from 2 large US databases of 56.6 million adults with commercial or Medicare coverage between 2005 and 2015.⁵

CAP=community-acquired pneumonia.

1. Huang L, et al. *Vaccine*. 2022;40(33):4700-4708. 2. CDC. Chapter 17: pneumococcal disease. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 14th ed. Public Health Foundation; 2021:255-274. 3. Data on file, Pfizer, Inc. 4. CDC. Pneumococcal disease: clinical features. Updated January 27, 2022. Accessed April 10, 2024. <https://www.cdc.gov/pneumococcal/clinicians/clinical-features.html> 5. Pelton SI, et al. *Clin Infect Dis*. 2019;68(11):1831-1838. 6. Weycker D et al. *BMC Health Serv Res*. 2016;16:182.

The Burden of COVID-19



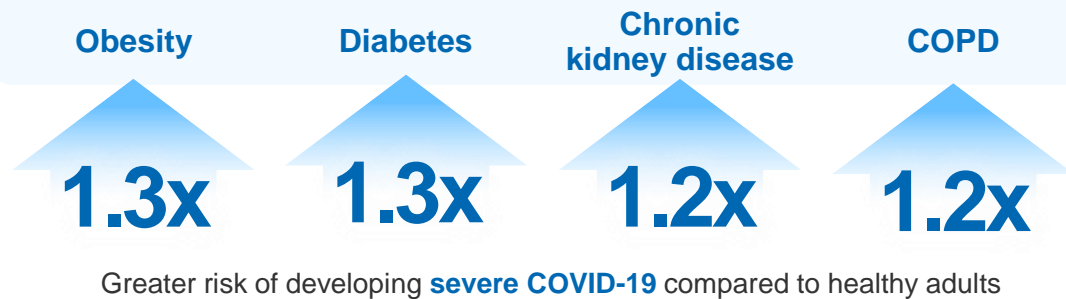
- Between April 6, 2024, and April 27, 2024, weekly **hospitalizations** and **deaths** were estimated at **24,893** and **1,589**, respectively^{1,2*}



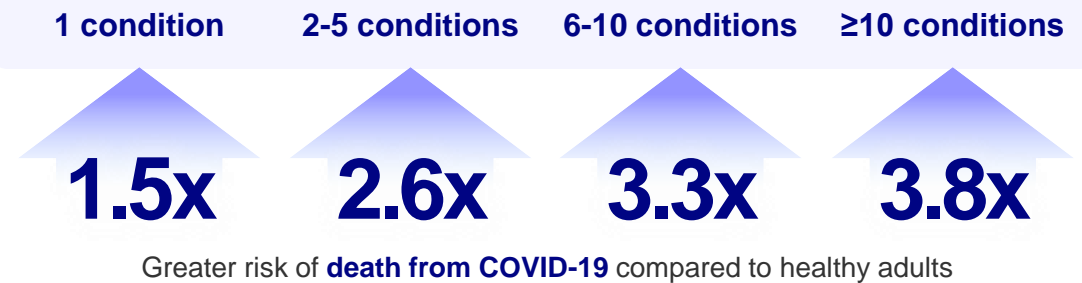
- The risk of severe COVID-19 outcomes is higher in people who are aged ≥ 50 years, with risk increasing substantially at ages >65 years^{3,4}

Patients With Multiple Underlying Conditions Are at Higher Risk of Severe COVID-19³

Risk ratio of comorbidities vs healthy adults



Death risk ratio based on number of comorbid conditions



COPD=chronic obstructive pulmonary disease.

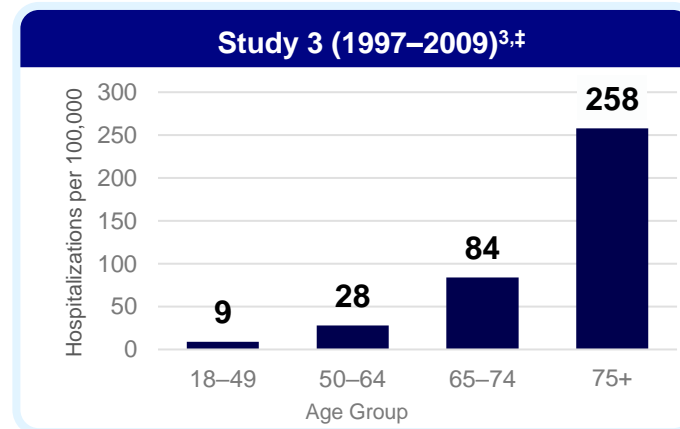
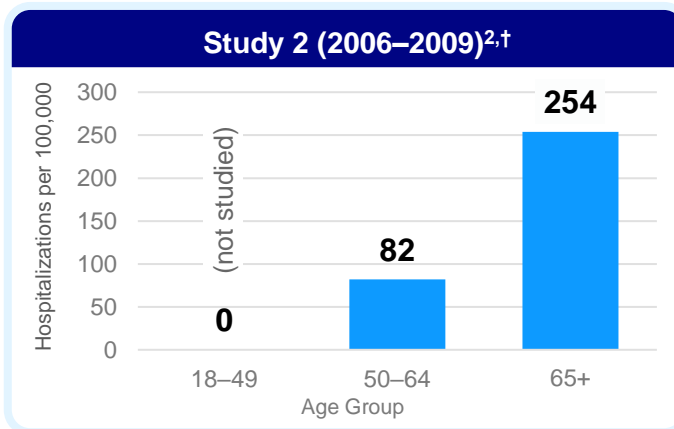
*COVID-19 Data Tracker: estimated hospitalizations and deaths data from April 6 through April 27, 2024, in patients of all ages. COVID-19 vaccination started at age 6 months.¹

1. CDC. COVID Data Tracker. Weekly hospitalizations. Updated May 6, 2024. Accessed May 8, 2024. https://covid.cdc.gov/covid-data-tracker/#trends_weeklyhospitaladmissions_select_00 2. CDC. COVID Data Tracker. Weekly Deaths. Updated May 6, 2024. Accessed May 8, 2024. https://covid.cdc.gov/covid-data-tracker/#trends_weeklydeaths_select_00 3. CDC. Underlying medical conditions associated with higher risk for severe COVID-19: information for healthcare professionals. Updated February 9, 2023. Accessed April 10, 2024. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html> 4. Ahmad FB et al. *MMWR Morb Mortal Wkly Rep*. 2022;71(17):597-600.

The Burden of RSV

Estimated annual incidence of RSV in adults, 2017–2020

Study 1 (2017–2020) ^{1,*}	
Age	Population per 100,000
Adults aged 18–49 years	7.7–11.9
Adults aged 50–64 years	33.5–57.5
Adults aged ≥65 years	136.9–255.6



Older adults with certain underlying medical conditions are at higher risk of developing RSV vs healthy adults¹

- **94%** of adults hospitalized from 2014 to 2018 for RSV had underlying medical conditions^{4,§}
- In a separate study, hospital readmission rates within 30 days for adults ≥65 years, or those with chronic heart disease, chronic renal disease, COPD, or asthma, were **19.3%** compared to 16.7% with none of these factors⁵

COPD=chronic obstructive pulmonary disease; RSV=respiratory syncytial virus.

*Prospective, population-based surveillance study in 3 hospitals in Rochester, NY and New York City, NY during 3 seasons.¹

†Prospective study of adults aged ≥50 hospitalized with respiratory symptoms over 3 seasons at 4 hospitals in Tennessee.²

‡Multiple linear regression modeling was used to attribute hospitalizations to influenza or RSV using virological surveillance and hospitalization data. Hospitalization data were obtained from the US Nationwide Inpatient Sample; virology data from FluView (Centers for Disease Control and Prevention).³

§Underlying medical conditions include cardiovascular disease, chronic lung disease, diabetes, renal disease, immunocompromised conditions, neurologic disorders, chronic metabolic disease (except diabetes), liver disease, blood disorders/hemoglobinopathy, and other diseases.⁴

1. Branche AR et al. *Clin Infect Dis.* 2022;74(6):1004-1011. 2. Widmer K et al. *J Infect Dis.* 2012;206(1):56-62. 3. Matias G et al. *BMC Public Health.* 2017;17(1):271. 4. Havers F. Epidemiology and burden of RSV in older adults in the US. National Center for Immunization and Respiratory Diseases. June 23, 2022. Accessed April 10, 2024. <https://stacks.cdc.gov/view/cdc/118594> 5. Hartnett J et al. *Influenza Other Respir Viruses.* 2022;16(5):906-915.

Role of Vaccination in Helping to Prevent Respiratory Disease



CDC and Clinical Practice Guidelines Recommend Respiratory Vaccines for Adults With Certain Underlying Medical Conditions

CDC and Clinical Practice Guidelines Recommendations for Vaccinations in Adult Patients with Selected Underlying Medical Conditions^{1,*}

	Pneumococcal [†] 19+	Influenza 18+	COVID-19 18+	RSV ^{8,‡} 60+ based on SCDM
Diabetes ²	✓	✓	✓	✓
CHD ³	✓	✓	✓	✓
Heart Failure ⁴	✓	✓	✓	✓
Asthma ^{5,6}	✓	✓	✓	✓
COPD ⁷	✓	✓	✓	✓

CHD=coronary heart disease; SCDM=shared clinical decision making.

*Not a comprehensive list of underlying medical conditions. Refer to the CDC 2024 Adult Immunization schedule for the complete list. Consult the CDC 2024 Pediatric Immunization Schedule for anyone aged 18.

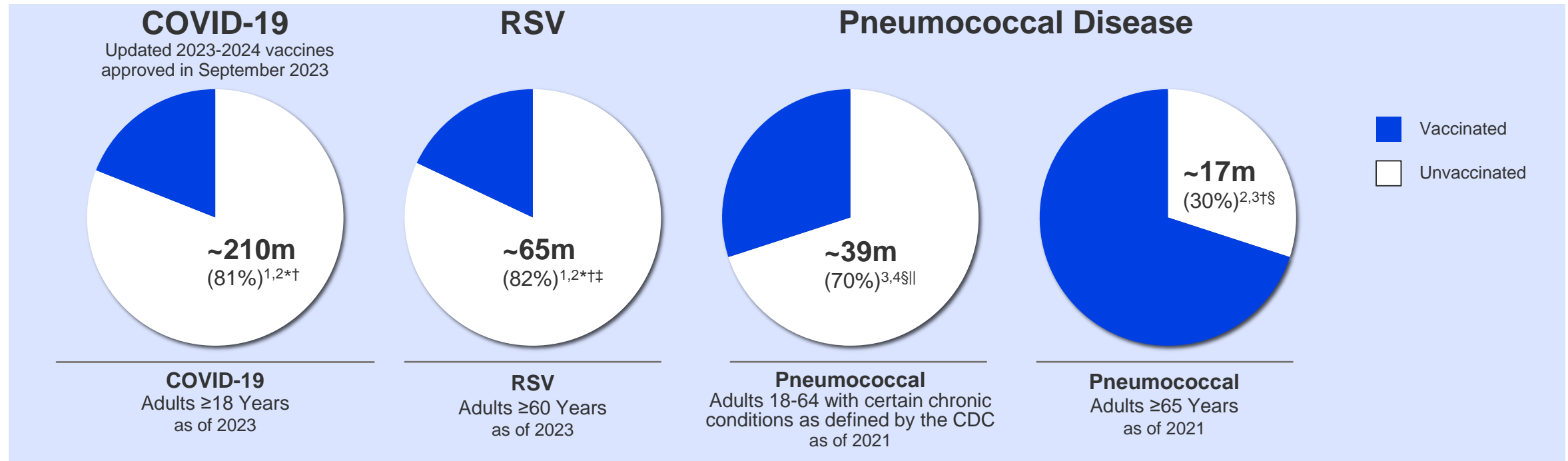
[†]Adults aged 18 with diabetes, CHD, chronic kidney disease, chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), or cochlear implant are also at increased risk for pneumonia.⁹

[‡]Older adults ≥60 years recommended using shared clinical decision-making.

1. CDC. Adult immunization schedule by age. Updated February 29, 2024. Accessed April 10, 2024. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html> 2. Comprehensive medical evaluation and assessment of comorbidities: standards of care in diabetes: 2023. *Diabetes Care*. 2023;46(Suppl 1):S49-S67. 3. Amsterdam EA et al. *J Am Coll Cardiol*. 2014 Dec 23;64(24):2713-2714. Dosage error in article text]. *J Am Coll Cardiol*. 2014;64(24):e139-e228. 4. Writing Committee Members; ACC/AHA Joint Committee Members. 2022 AHA/ACC/HFSA guideline for the management of heart failure. *J Card Fail*. 2022;28(5):e1-e167. 5. CDC. Lung disease including asthma and adult vaccination. Updated September 8, 2023. Accessed April 10, 2024. https://www.cdc.gov/vaccines/adults/rec-vac/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fadults%2Frec-vac%2Fhealth-conditions%2F%2Flung-disease.html#conditions 6. Global Initiative for Asthma. Global strategy for asthma management and prevention: 2022 update. Accessed April 10, 2024. <https://ginasthma.org/wp-content/uploads/2022/07/GINA-Main-Report-2022-FINAL-22-07-01-WMS.pdf> 7. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: 2023 report. Accessed April 10, 2024. https://goldcopd.org/wp-content/uploads/2023/03/GOLD-2023-ver-1.3-17Feb2023_WMV.pdf 8. Melgar M et al. *MMWR Morb Mortal Wkly Rep* 2023;72:793-801. 9. CDC. Pediatric immunization schedule by age. Updated November 16, 2023. Accessed April 10, 2024. <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Despite CDC Recommendations, Many Eligible Adults Remain Unvaccinated

Estimated Unvaccinated Rates for Select Adult Immunizations in the US



CDC=Centers for Disease Control and Prevention; COVID-19=coronavirus disease 2019; RSV=respiratory syncytial virus.

*Receipt of 2023-2024 COVID-19 vaccine based on National Immunization Survey as of December 30, 2023.¹

†Based on US census data, 2022.²

‡Cumulative receipt of RSV vaccination based on National Immunization Survey, showing percentage of vaccinated Americans as of December 30, 2023.¹

§Cumulative receipt of any pneumococcal pneumonia vaccine based on Behavioral Risk Factor Surveillance System, 2021. Some of these patients may be eligible for a catch-up dose.⁵

|| Based on weighted data from Optum electronic health record data derived from >50 US healthcare provider organizations treating >104M patients between January 2016 and June 2021.⁴

1. CDC. Vaccination Trends—Adults. Accessed January 8, 2024. <https://www.cdc.gov/respiratory-viruses/data-research/dashboard/vaccination-trends-adults.html> 2. Census.gov. 2023 National Population Projections Tables: Main Series.

Accessed November 18, 2023. https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html_3 3. CDC. Vaccination coverage among adults. May 14, 2021. Accessed November 16, 2023. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html> 4. Chilson E et al. *Am J Prev Med*. 2023;S0749-3797(23)00347-1. 5. CDC. AdultVaxView data sources. January 29, 2016. Accessed November 1, 2023.

<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-sources.html>

Key Considerations for Health Systems in Improving Adult Vaccination Rates



Vaccine Hesitancy Models

Vaccine confidence¹

The belief that vaccines work, are safe, and are a part of a trustworthy medical system

Vaccine hesitancy²

The reluctance or refusal to vaccinate despite the availability of vaccines

The 3Cs Model³

Confidence

Patient's trust in the safety and efficacy of vaccines, the healthcare systems that deliver them, and the motivations of policy-makers

Complacency

Patient's perceived disease-related risk is low, and patient does not consider vaccination an essential preventative action

Convenience

When physical availability, affordability, accessibility, and other contributing factors affect vaccine acceptance

The 5As Model⁴

Access

Patient's ability to obtain or be reached by recommended vaccines

Affordability

Patient's ability to financially afford vaccination or have the time to receive vaccines

Awareness

Patient's understanding of the need for and availability of vaccines and their benefits and risks

Acceptance

Degree to which patients accept, question, or decline vaccination

Activation

Degree to which patients are encouraged and directed toward vaccination

References: 1. Centers for Disease Control and Prevention. What is vaccine confidence? Accessed May 1, 2023. <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/building-trust.html> 2. United Nations Children's Fund. Vaccine misinformation management field guide. New York, 2020. Accessed May 1, 2023. <https://vaccinemisinformation.guide> 3. MacDonald NE; SAGE Working Group on Vaccine Hesitancy. *Vaccine*. 2015;33(34):4161-4164. 4. Thomson A et al. *Vaccine*. 2016;34(8):1018-1024.

Vaccine Misinformation Is a Driving Force for Vaccine Hesitancy¹

- Exposure to vaccine-negative content negatively impacts the intention to vaccinate¹
- The most common misinformation surrounding vaccines involves side effects²
- It's important for HCPs to share and review Vaccine Information Statements (VISs) to help patients understand the benefits and risks of a vaccine³



Of videos on YouTube in 2017 that contained “vaccine safety” in the title or tags:

- Only **5.6%** were produced by government agencies¹
- **65%** were anti-vaccine, with **36.8%** having no scientific evidence¹



In a study where students were exposed to vaccine-related websites:

- **59%** were unable to identify misinformation
- **Over 50%** of students reported inaccurate statements regarding vaccinations after such exposure¹

References: 1. Puri N et al. Social media and vaccine hesitancy: new updates for the era of COVID-19 and globalized infectious diseases. *Hum Vaccin Immunother.* 2020;16(11):2586-2593. 2. Suarez-Lledo V et al. Prevalence of health misinformation on social media: systematic review. *J Med Internet Res.* 2021;23(1):e17187. 3. CDC. Vaccine information statement: facts about VISs. December 17, 2021. Accessed March 18, 2022. <https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html>

Vaccine Barriers Vary Across Certain Adult Vaccine-Preventable Diseases

1

LACK OF AWARENESS

PNEUMOCOCCAL: In a 2022 survey, among adults aged ≥ 65 years or those at higher risk for pneumococcal disease, **45% were unfamiliar** with pneumococcal disease, and **71% were not advised by an HCP to receive a vaccine**^{1*}

COVID-19: In a recent 2023 survey, ~21% of adults had not heard about the 2023-2024 COVID-19 vaccine, and 79% only heard “a little”

COVID-19: In a recent 2023 survey, of those previously vaccinated and who had not received the updated 2023-2024 vaccine, 52% cited a lack of concern about COVID-19 as their reason for not getting vaccinated again.

RSV: Patients may not be aware of the potential severity of illness—burden of RSV in the elderly is second only to seasonal influenza for hospitalization for viral infections^{3,4}

2

LACK OF IMMUNIZATION PROTOCOLS

PNEUMOCOCCAL: In a retrospective study at a VA health system, 63% of eligible patients failed to receive a pneumococcal vaccine, 92% of which were never offered the vaccine⁵

3

SDOH & VACCINE HESITANCY

PNEUMOCOCCAL: Vaccination rates were lower in areas with higher levels of poverty⁶

COVID-19: Gender, race/ethnicity, social media, and access to healthcare may influence COVID-19 vaccine hesitancy⁷

RSV: Adding another vaccine may add complexity to vaccination schedule and financial barriers³

SDOH=social determinants of health; VA=US Department of Veterans Affairs.

*Due to the presence of certain underlying medical conditions.

References: 1. National Foundation for Infectious Diseases. 2022 national survey: attitudes about influenza and pneumococcal disease, and the impacts of COVID-19. Accessed April 18, 2024. <https://www.nfid.org/resource/2022-national-survey-attitudes-about-influenza-and-pneumococcal-disease-and-the-impacts-of-covid-19/> 2. KFF. KFF COVID-19 vaccine monitor November 2023: with COVID concerns lagging, most people have not gotten latest vaccine and half say they are not taking precautions this holiday season. April 18, 2024. Accessed November 29, 2023. <https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-monitor-november-2023-with-covid-concerns-lagging-most-people-have-not-gotten-latest-vaccine/> 3. Melgar M. Evidence to recommendations framework: respiratory syncytial virus (RSV) in adults GSK adjuvanted RSVpreF3 vaccine in older adults, Pfizer bivalent RSVpreF vaccine in older adults. Oral presentation presented at: ACIP Meeting; February 23, 2023; Atlanta, GA. 4. Htar MTT et al. *Epidemiol Infect.* 2020;148:e48. 5. Jindracek L et al. *J Pharm Technol.* 2018;34(1):24-27. 6. Gatwood J et al. *Vaccine.* 2021;39(14):1951-1962. 7. Moon I et al. *Prev Med Rep.* 2023;33:102200.

HCPs and Support Staff Should Engage and Build Trust with Patients to Help Overcome Vaccine Hesitancy



Improve patient understanding and adherence to medical advice¹

- Use plain language that is simple and appropriate for each patient¹
- Use the teach-back method to have patients repeat what you explained to them¹
- Give a strong vaccine recommendation tailoring to their concerns²



Mitigate vaccine misinformation³

- Put own views aside and listen to the patient's view³
- Offer information catered to patient's needs³



Apply patient engagement/activation models such as motivational interviewing during a patient visit⁴

- Ask to share concerns; offer open communication to allow patients to talk through their thoughts out loud⁴
- Ask permission to share information about vaccines⁴

References: 1. AHRQ. Use the teach-back method: Tool #5. Reviewed February 2024. Accessed April 18, 2024. <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html> 2. CDC. Standards for adult immunization practice. Updated May 2, 2016. Accessed April 18, 2024. <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html> 3. Boness CL et al. *J Am Board Fam Med.* 2022;35(2):420-426. 4. CDC. Talking with patients about COVID-19 vaccination. Updated November 3, 2021. Accessed April 18, 2024. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

Applying Motivational Interviewing During a Patient Visit¹

“On a scale of 1 to 10,
how likely are you to get a
COVID-19 vaccine?”

1

Embrace an attitude of empathy and collaboration

- Be compassionate, empathetic, and curious
- Show sensitivity to culture, family dynamics, and circumstances
- Remember that arguing and debating are not effective

2

Ask permission to discuss vaccines

- Start by asking permission to discuss COVID-19 vaccination; if the **patient says no, respect that**—you can then either suggest discussing vaccination at a future time or explore why the patient is reticent
- These conversations may continue over multiple visits

3

Motivational interviewing

- **Ask the patient a scaled question**, then explore both sides of whatever number is given; the goal is to help the patient move toward higher numbers—and thus get vaccinated
- For people hesitant about vaccination, ask them to **express potential benefits of vaccination out loud**

4

Respond to questions about vaccines, health, or mental health

- Respond within the boundaries of your competence, ethics, and scope of practice; **provide scientific information** as needed (refer patients to resources on the CDC website); and **recommend** they speak with their other healthcare providers as needed

Motivational interviewing is an evidence-based method of discussing vaccination with unvaccinated patients, with the goal of helping patients navigate mixed feelings to move toward healthy decisions consistent with their cultures, values, and needs

1. CDC. Talking with patients about COVID-19 vaccination. Accessed May 8, 2023. <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

A Provider Recommendation to Vaccinate Is a Key Driver of Vaccine Uptake¹

The CDC provides some helpful techniques to help make an effective recommendation²

S **Share** the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors

H **Highlight** positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination

A **Address** patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness, in plain and understandable language

R **Remind** patients that vaccines protect them and their loved ones from many common and serious diseases

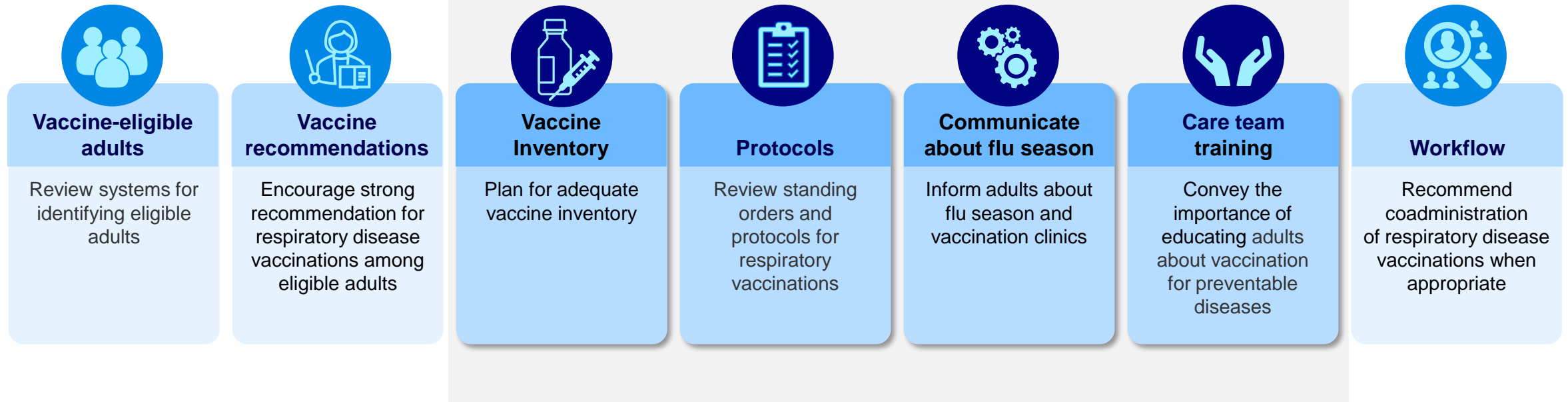
E **Explain** the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs



Identification of a strong physician champion and continuous education of providers and staff can help to reinforce the use of strong recommendations.³

1. CDC. Standards for practice: vaccine recommendation. Accessed April 23, 2024. <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/recommend.html>. 2. CDC. Standards for adult immunization practice. Accessed April 23, 2024. <https://www.cdc.gov/vaccines/hcp/adults/forpractice/standards/index.html> 3. AMGA. 2023 Rise to Immunize Meeting Summary. Accessed April 17, 2024. https://www.amga.org/getmedia/8bf5bdea-8a82-41a2-892c-72a781b6c242/AMGA_RIZE-Symposium_Meeting-Summary_FINAL.pdf.

Pragmatic Steps to Help Improve Immunization Rates Among Eligible Adults^{1,2}



Several steps can be taken now to be ready for the upcoming fall season.²

1. CDC. Immunization strategies for healthcare practices and providers. Accessed April 18, 2024. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/strat.pdf>. 2. Independent Pharmacy Cooperative. Stay ahead of the curve: be prepared for flu season. Accessed April 22, 2024. <https://www.ipcrx.com/pharmacy-blog/pharmacy-services/stay-ahead-of-the-curve-preorder-flu-vaccine/>

Best Practice Sharing



What are some approaches that you have used successfully in your organization to improve adult immunization rates?





Summary

- **Pneumococcal pneumonia, COVID-19, and RSV can carry a significant illness burden that may be prevented by vaccination¹⁻³**
- **Despite CDC recommendations, many eligible adults remain unvaccinated⁴⁻⁷**
- **Pragmatic interventions by providers and health systems can help to reduce vaccine hesitancy and increase immunization rates⁸**
- **Sharing approaches that have been successful in improving vaccination rates at local systems can become best practices more broadly applied**

1. Garg I et al. *Vaccines (Basel)*. 2022;10(12):2159. 2. Kalil AC et al. *Crit Care*. 2019;23(1):258. 3. Gurtman A. Safety and efficacy of bivalent RSV prefusion F vaccine in adults \geq 60 years of age. Oral presentation presented at: ACIP meeting; October 19, 2022; Virtual. 4. CDC. Vaccination trends—adults. Accessed April 10, 2024. <https://www.cdc.gov/respiratory-viruses/data-research/dashboard/vaccination-trends-adults.html> 5. Census.gov. 2023 National population projections tables: main series. Updated October 31, 2023. Accessed April 10, 2024. <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html> 6. CDC. Vaccination coverage among adults. May 14, 2021. Accessed April 10, 2024. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html> 7. Chilson E et al. *Am J Prev Med*. 2023:S0749-3797(23)00347-1. 8. CDC. Immunization strategies for healthcare practices and providers. Accessed April 18, 2024. <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/strat.pdf>

Questions?



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



Upcoming Webinar



Topic: Hepatitis B 101



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



Presenters: Avish Nagpal, MD, and Andrea Polkinghorn, BSN, RN-BC, Sanford Health