

**Thank you for joining.
The presentation will begin shortly.**

We want to better understand your influenza
vaccination efforts.

While you wait for the webinar to start, please
answer the poll.

Rise to Immunize™ Monthly Webinar

Operationalizing CDC's Adult Immunization Schedule

L.J Tan, MS, PhD, *Immunize.org*



Today's Webinar

Campaign Updates

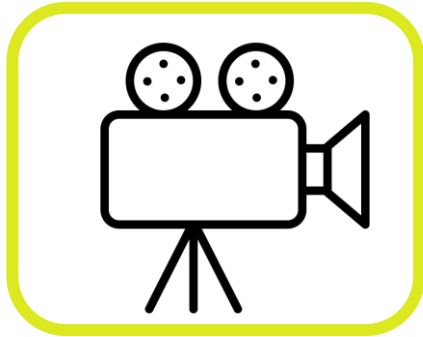
- Resource of the Month: Pfizer microsite
- Spotlight: Unity Consortium
- Annual Conference 2023

Operationalizing CDC's Adult Immunization Schedule

- L.J Tan, MS, PhD

Q&A Session

Webinar Reminders



Today's webinar recording
will be available the week of
01/23

- 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

Resource of the Month



About

Our Story

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Pfizer Inc. (Founding Sponsor)

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety, and value in the discovery, development, and manufacture of healthcare products, including innovative medicines and vaccines. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments, and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with healthcare providers, governments, and local communities to support and expand access to reliable, affordable healthcare around the world. For more than 170 years, we have worked to make a difference for all who rely on us.

View our [unbranded tools and resources](#) for supporting pneumococcal recommendations.

Campaign Spotlight



UNITYTM
United for adolescent
vaccination

2023 AMGA

ANNUAL CONFERENCE



Chef José Andrés
Chef, Restaurateur, Humanitarian



Judy Faulkner
Founder & CEO, Epic



Scott Gottlieb, M.D.
23rd Commissioner of U.S. FDA



Joan Higginbotham
Retired NASA Astronaut

March 28-31, 2023

Hyatt Regency Chicago

Chicago, Illinois

amga.org/AC23

Today's Speakers



Litjen (L.j) Tan, PhD

Chief Policy and Partnership Officer, *Immunize.org*;
Co-Founder and Co-Chair, *National Adult and
Influenza Immunization Summit (NAIIS)*

Operationalizing the ACIP's Adult Immunization Recommendations- A Call To Action!

Litjen (L.J) Tan, MS, PhD

Chief Policy and Partnerships Officer, Immunize.org
Co-Chair, National Adult and Influenza Immunization Summit



Disclosures

- I have no conflicts of interest.
- I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation

Disclaimer

- The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, or the National Adult and Influenza Immunization Summit

Outline

- Review the current adult immunization coverage rates
 - The Impact of COVID-19
- Review the August 2021 Call To Action released by the National Adult and Influenza Immunization Summit (NAIIS)
- Highlight strategies to improve coverage rates
- What's in the future for immunizations and public health?

Immunization Action
Coalition Has
Rebranded!!

We are now
Immunize.org



Immunize.org's Three Work Pillars

- **Education and outreach** to all healthcare professionals
- Strong **advocacy** at international, national, and state level to ensure access to vaccinations
- Active support of state, county, and city immunization **coalitions** to improve the blanket of protection that vaccines offer their communities.

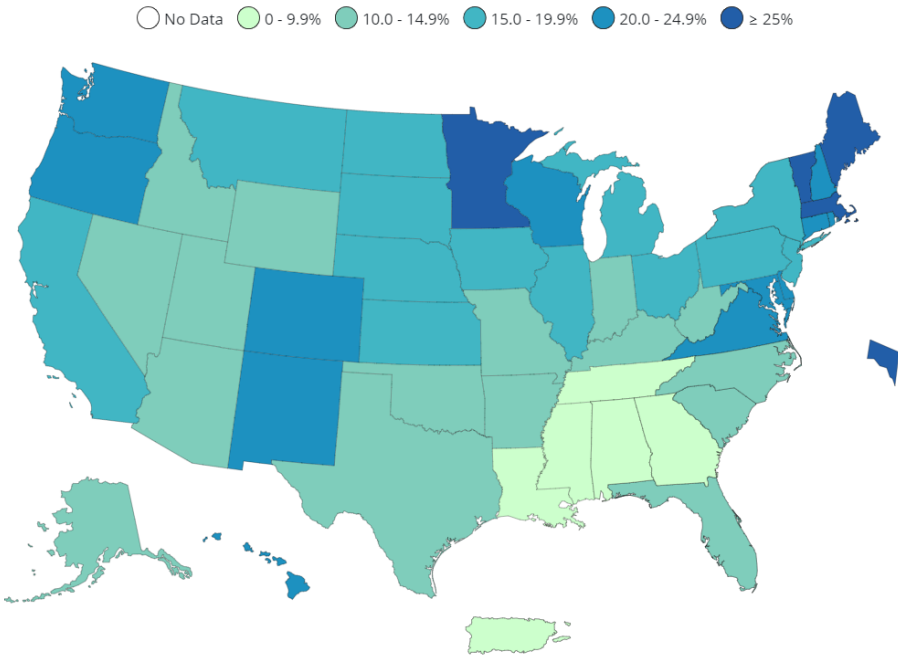
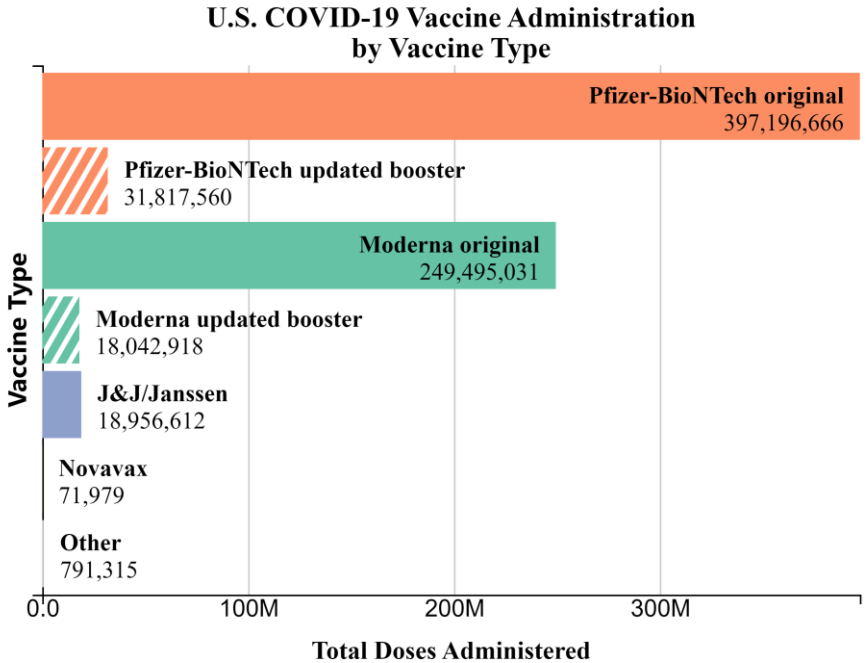
Some of Immunize.org's Resources

- **IZ Express** – weekly update on all IZ issues, with >53,000 opt-in subscribers - <https://www.immunize.org/express/>
- **Ask The Experts** - Experts Answer Questions About Vaccines - <https://www.immunize.org/askexperts/>
- Comprehensive databank of **Clinical resources and Handouts for Providers, Patients & Staff** - <https://www.immunize.org/handouts/>
- **Vaccine Information Statements** – translated in more than 20 different languages - <https://www.immunize.org/vis/>
- **Standing Orders** Templates for Administering Vaccines for all routinely ACIP-recommended vaccines - <https://www.immunize.org/standing-orders/>

The COVID-19 pandemic demonstrates the enormous impact of vaccines.

As of 01/11/2023, the U.S. has administered more than 666.5 million doses of COVID-19 vaccine

Percent of the Population 5 Years of Age and Older with an Updated (Bivalent) Booster Dose Reported to CDC by Jurisdictions and Select Federal Entities



- Territories
- GU AS PW FM MP MH VI
- Federal Entities
- BoP DoD IHS VHA

Data for Federal Entities are presented here and are also incorporated into the respective jurisdictional totals

Among 18+, 78.8% received primary series
 Among 65+ year old, 94.1% received primary series
 Bivalent booster rates are much worse (need to be better!)

We CAN get adults vaccinated!

Source: CDC Website:
<https://covid.cdc.gov/covid-data-tracker>

Estimates of COVID-19 Attributable Deaths, Hospitalizations, and Infections Averted by the U.S. Vaccination Program Between December 12, 2020, and November 30, 2022

	Averted number	95% Credible Interval*
Deaths	3,255,656	3,088,126 to 3,410,112
Hospitalizations	18,585,131	17,780,337 to 19,355,830
Infections	119,851,779	112,698,238 to 127,129,565

 Download data

* Credible Intervals reflect the range of uncertainty associated with estimates.

Source: Meagan C. Fitzpatrick et al., "Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths," *To the Point* (blog), Commonwealth Fund, Dec. 13, 2022. <https://doi.org/10.26099/whsf-fp90>

Why Adult Vaccinations?

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

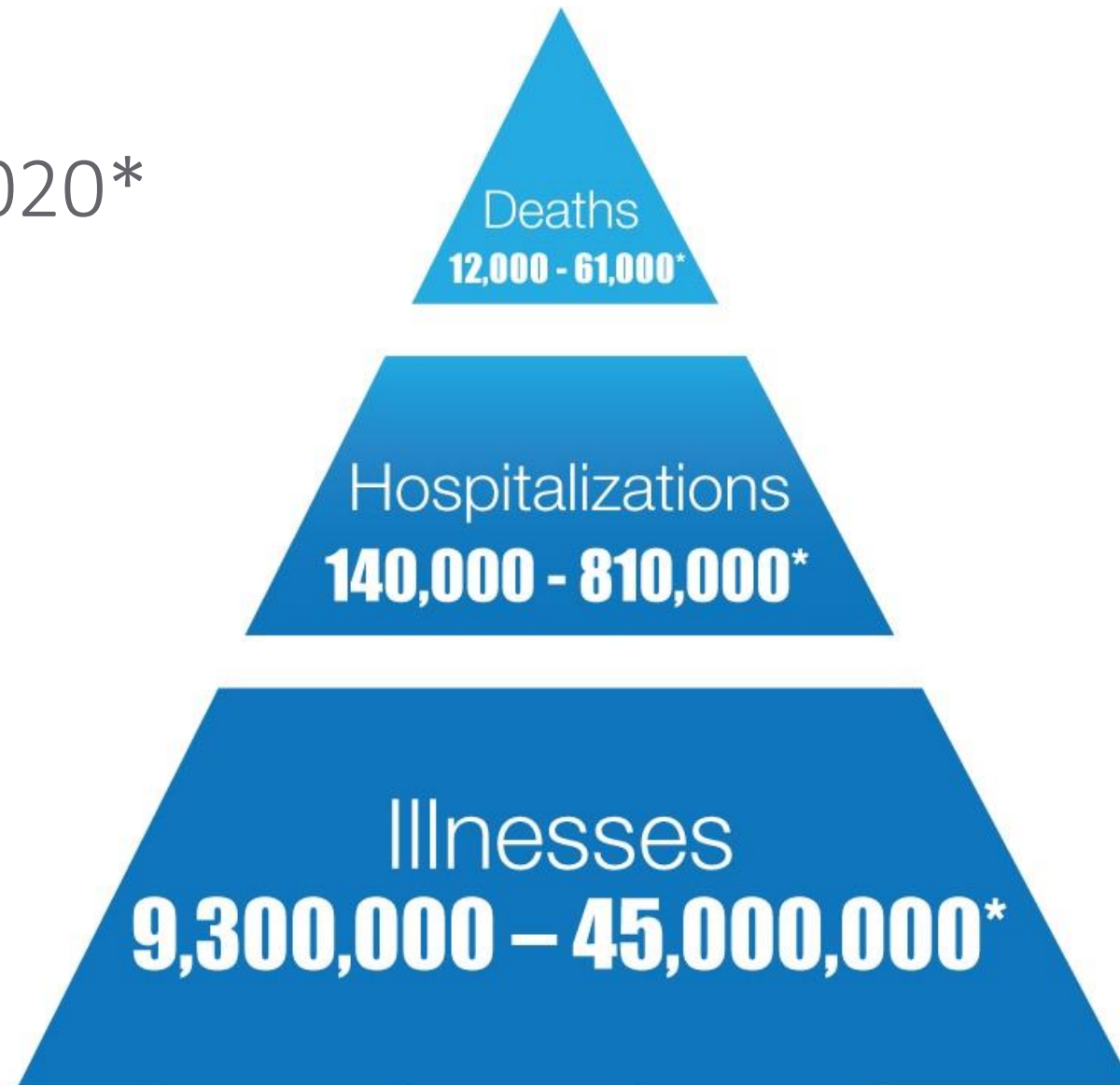
- **Streptococcus pneumoniae¹**
 - Pneumococcal Pneumonia ~ 400,000 hospitalizations per year
 - Up to 36% of adult community-acquired pneumonias
 - Pneumococcal Bacteremia ~ 12,000 cases per year
 - Pneumococcal Meningitis ~ 3,000–6,000 cases per year
- **Pertussis²**
 - 19,000 total reported cases 2019
 - 4,400 among adults 20 years of age & older

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

- Hepatitis B¹
 - 20,700 estimated new infections in 2019
 - 80% among adults 30-59 years of age
- Zoster²
 - 1 million cases per year - lifetime risk 32%
- Measles³
 - California/multi-state 2015 outbreak, 55% of infections were in adults 20 years of age and older

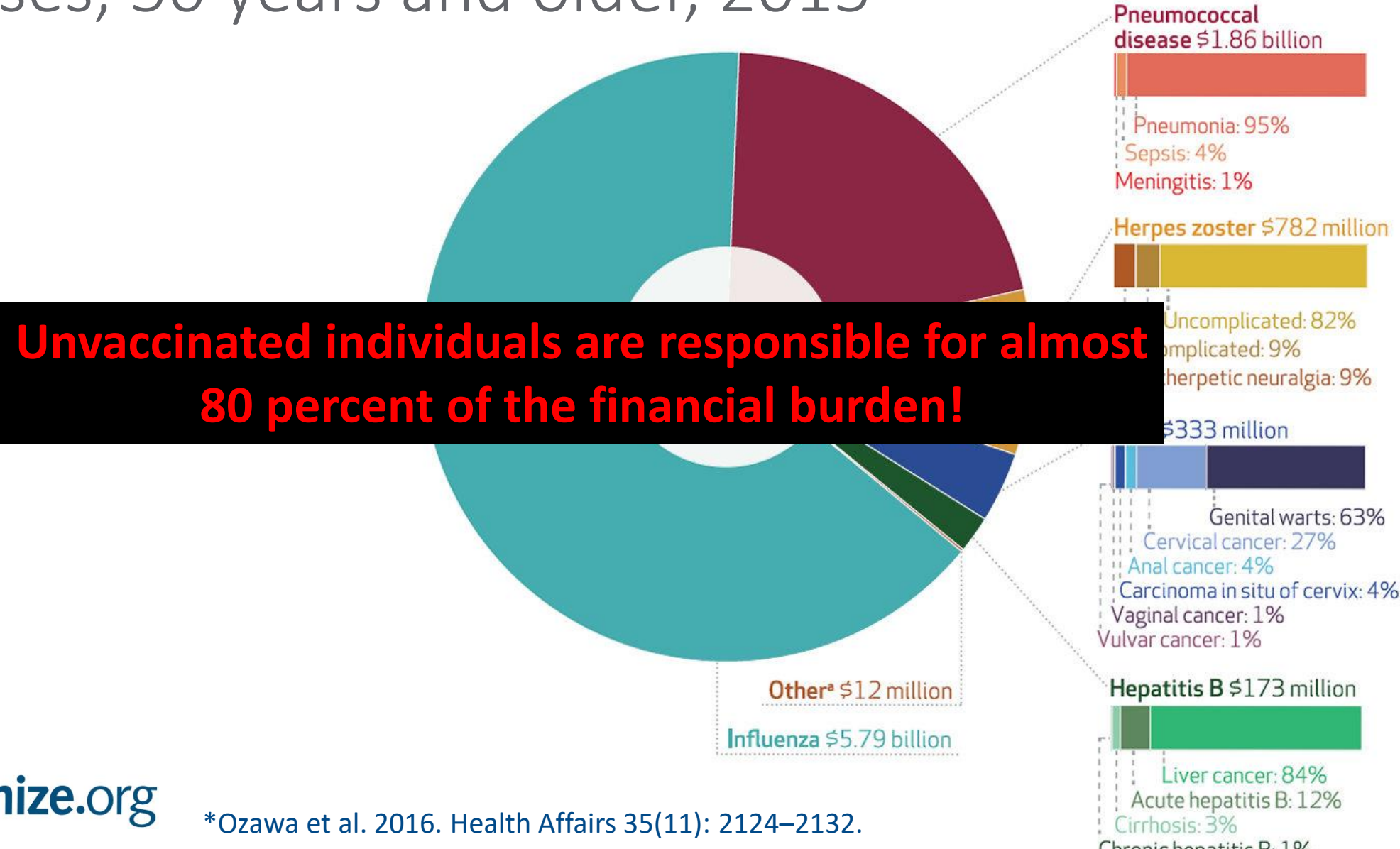
Burden of Influenza, 2010-2020*

- From 2010-2020, adults 65 years and older accounted for:
 - 45-67% of influenza-related hospitalizations
 - 62-87% of influenza-related deaths



*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.

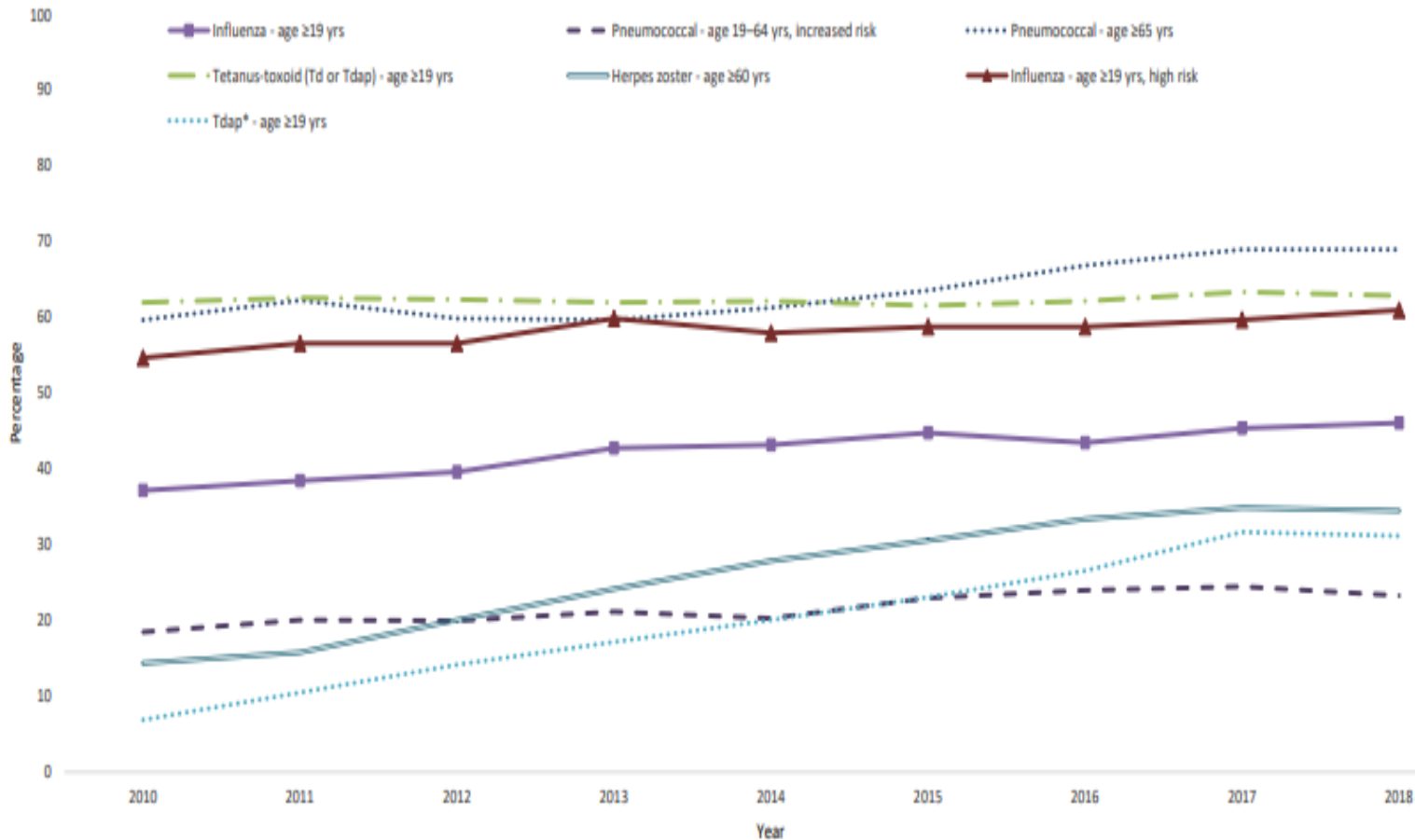
Cost Burden of Adult Vaccine-Preventable Diseases, 50 years and older, 2015*



*Ozawa et al. 2016. Health Affairs 35(11): 2124–2132.

Routinely recommended vaccines for adults

Routinely recommended vaccines for adults have historically low uptake, leaving adults vulnerable to vaccine-preventable illness, disability and death.



2018 NHIS Estimates

Flu 65+ = 70%

Flu 18-64 = 42%

Pneumococcal 65+ = 69%

Pneumococcal high risk = 23%

Zoster 60+ = 34.5%

Td/Tdap past 10 yrs = 59%

HPV 19-26 yo = 53%

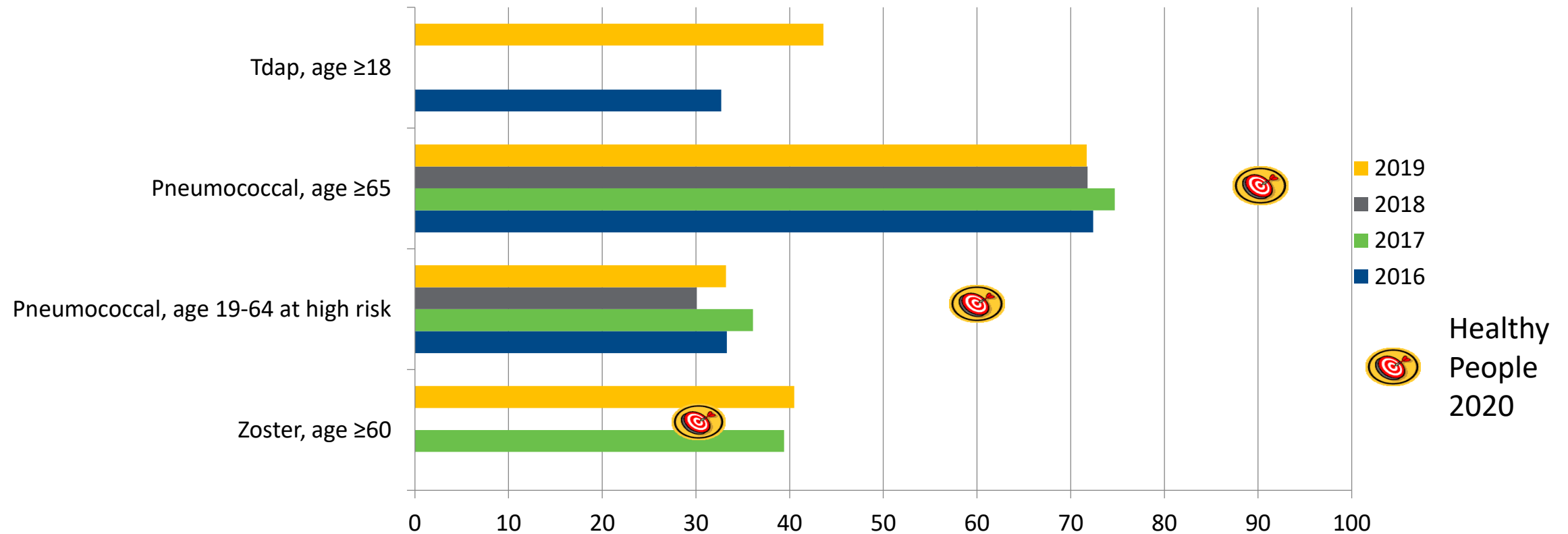
Hep A 19+ = 12%

Hep A liver dis. = 16%

Hep B 19+ = 30%

Hep B liver dis. = 33%

Adult Immunization Coverage Rates, National Health Interview Surveys, 2016–2019¹



Disparities in routinely recommended vaccines for adults

Vaccination, age group, increased-risk status	% Vaccinated whites	Vaccination difference [§] , blacks	Vaccination differences, Hispanics	Vaccination differences, Asians	Vaccination differences, other
Influenza vaccination, 2017-18 season[†]					
≥19 yrs	49.3	-10.3**	-11.8**	1.4	-7.9**
19-49 yrs	36.5	-6.3**	-6.0**	5.1	-1.4
50-64 yrs	49.4	-3.1	-7.4**	2.8	-3.5
≥65 yrs	73.5	-13.8**	-4.6	5.7	-6.7
HCP ^{††} , ≥19 yrs	71.9	0.3	-0.2	0.7	-6.4
Pneumococcal vaccination, ever^{§§}					
19-64 yrs, increased risk	23.6	2.1	-5.1**	1.4	2.2
≥65 yrs	72.6	-12.8**	-18.4**	-17.6**	-6.5
Tetanus vaccination (received in past 10 years)^{§§}					
≥19 yrs	68.3	-18.1**	-14.3**	-13.6**	-6.4**
19-49 yrs	71.2	-18.3**	-15.5**	-12.9**	-7.7**
50-64 yrs	69.1	-22.9**	-18.1**	-20.3**	-10.6**
≥65 yrs	61.9	-15.1**	-13.0**	-12.6**	-3.0
Tetanus vaccination including pertussis vaccine (received in past 10 years)^{***}					
≥19 yrs	36.7	-16.6**	-16.2**	-11.1**	-4.7
19-64 yrs	40.6	-19.6**	-18.9**	-13.1**	-7.5**
≥65 yrs	24.6	-8.8**	-13.0**	-8.9**	0.2
HCP, ≥19 yrs	60.9	-22.9**	-14.1**	2.6	2.1
Hepatitis A vaccination (at least 2 doses)^{†††}					
19-49 yrs	18.2	-5.4**	-2.5	5.8**	3.7
Hepatitis B vaccination (at least 3 doses)^{§§§}					
19-49 yrs	43.6	-8.2**	-10.5**	1.6	-5.8
HCP, ≥19 yrs	70.9	-14.5**	-13.6**	5.8	-9.6
Herpes zoster (shingles) vaccination, ever^{§§§}					
≥60 yrs	38.6	-19.9**	-19.1**	-9.5**	-7.7
60-64 yrs	25.4	-14.6**	-10.2**	-5.7	-7.8
≥65 yrs	44.0	-21.4**	-22.2**	-11.4**	-8.4
HPV vaccination among females (at least 1 dose), ever^{****}					
19-26 yrs	56.5	-11.3	-6.9	-17.2**	1.4

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018:
<https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm>.

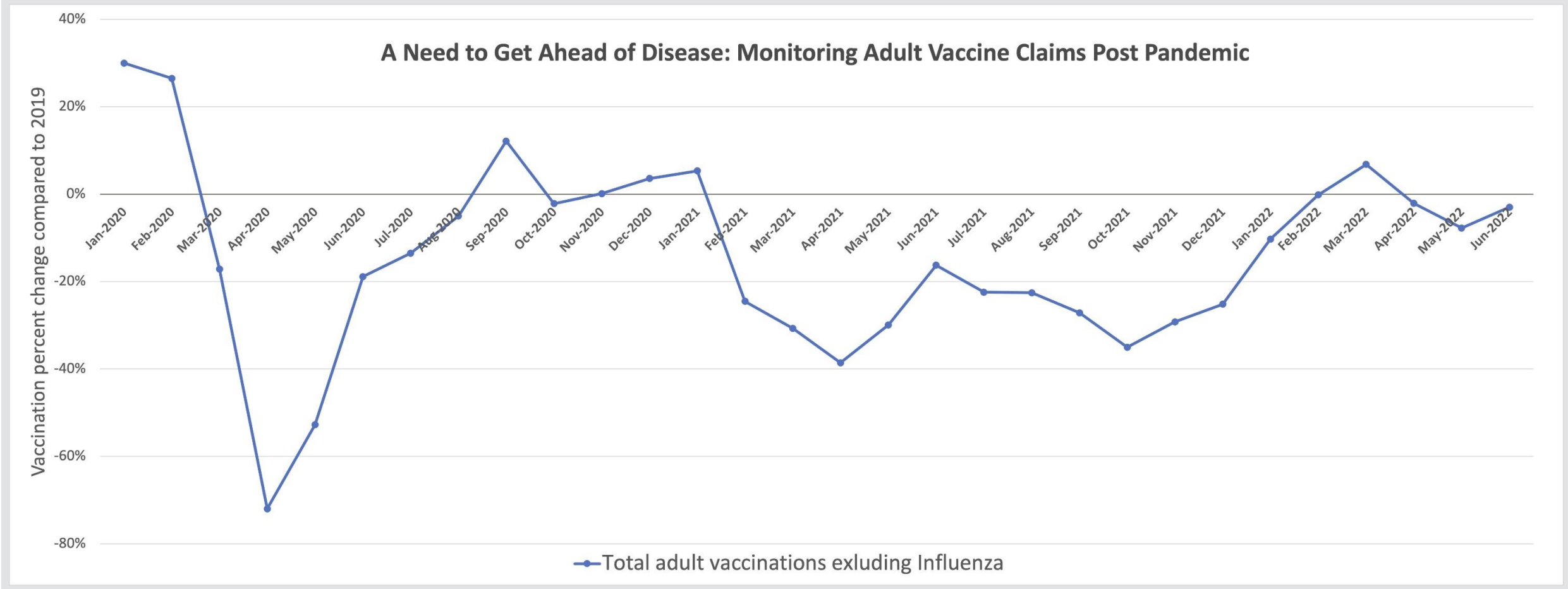
Abbreviations: HCP = Health care personnel; HPV = Human papillomavirus; Td = Tetanus and diphtheria toxoids; Tdap = Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

So even before the pandemic, adult immunization rates needed to be improved!

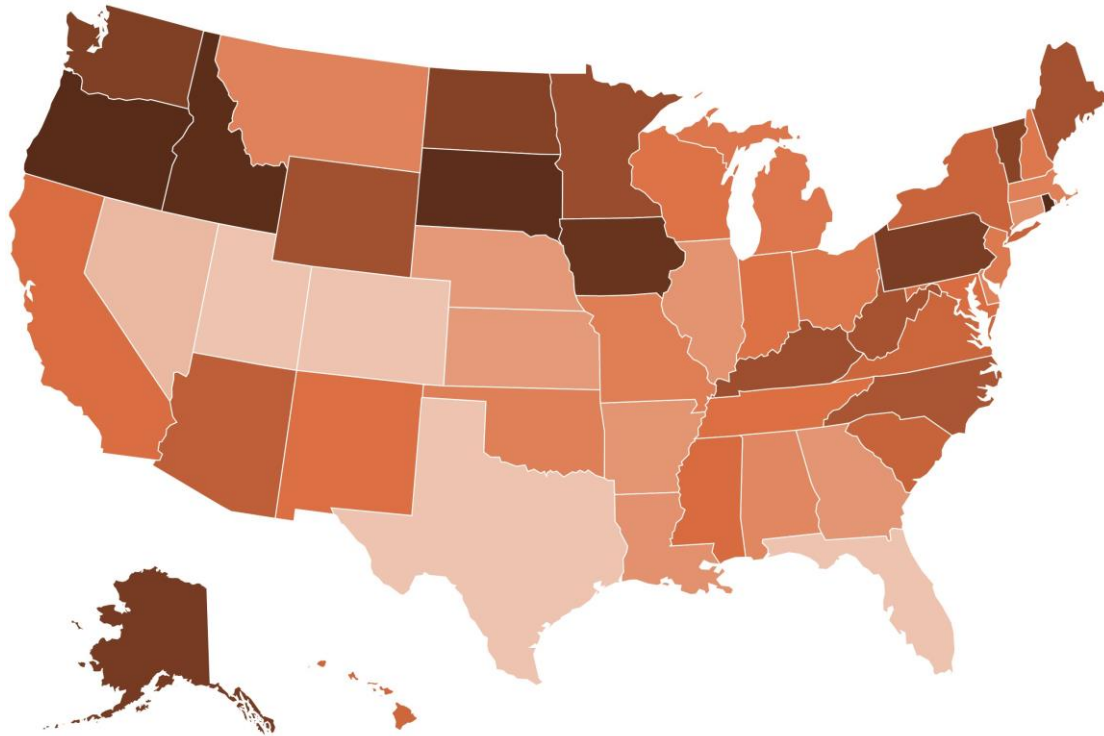
AND...

- Routinely recommended vaccinations have fallen further during the COVID-19 pandemic.

Total Adult Vaccinations (excluding influenza) 2019 – Jun 2022*

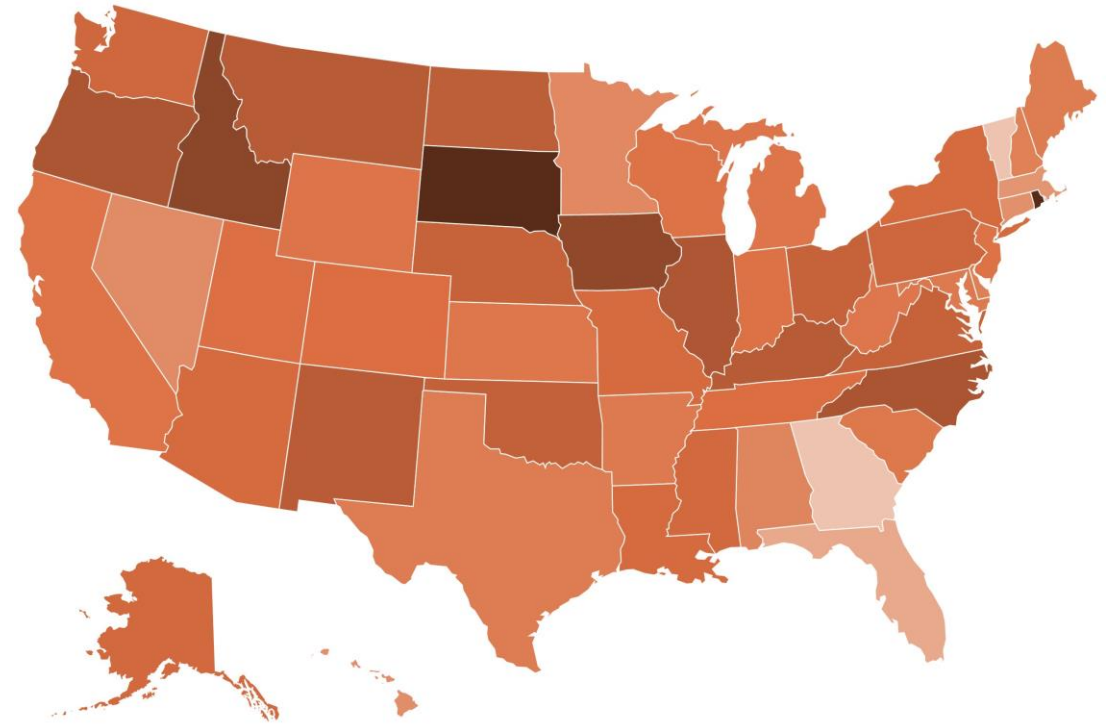


Gaps in coverage in individual vaccines (Jan – Jun 2022 compared to 2019)*



-40% -30% -20% -10% 0%

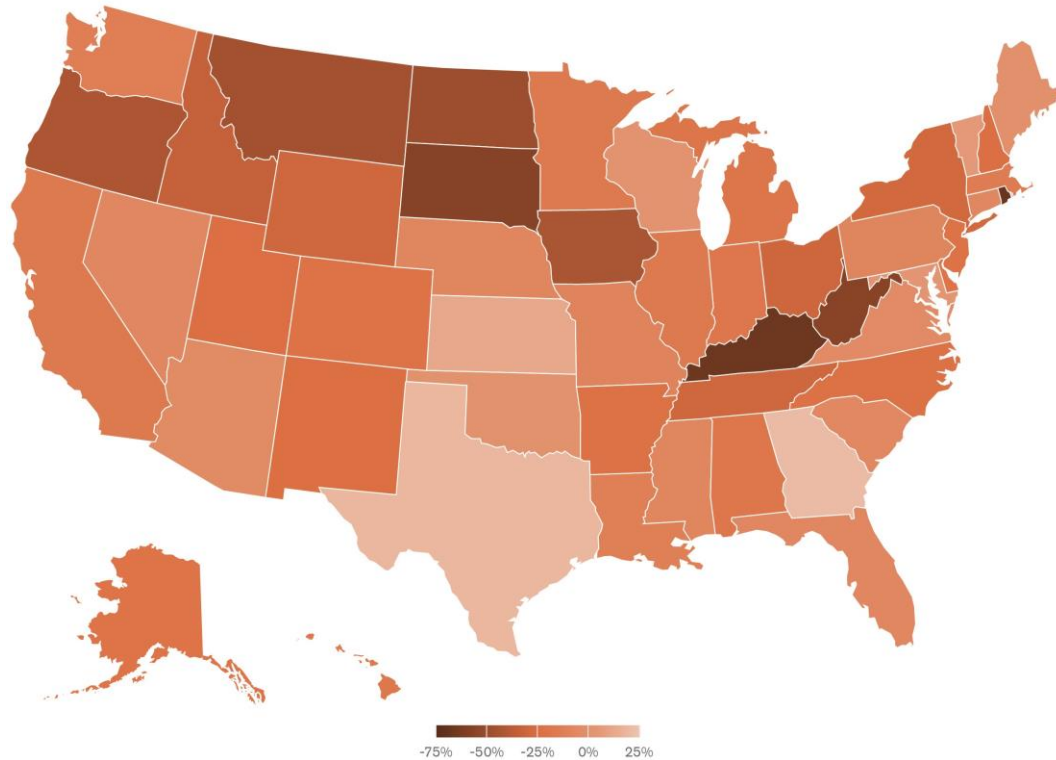
Pneumococcal



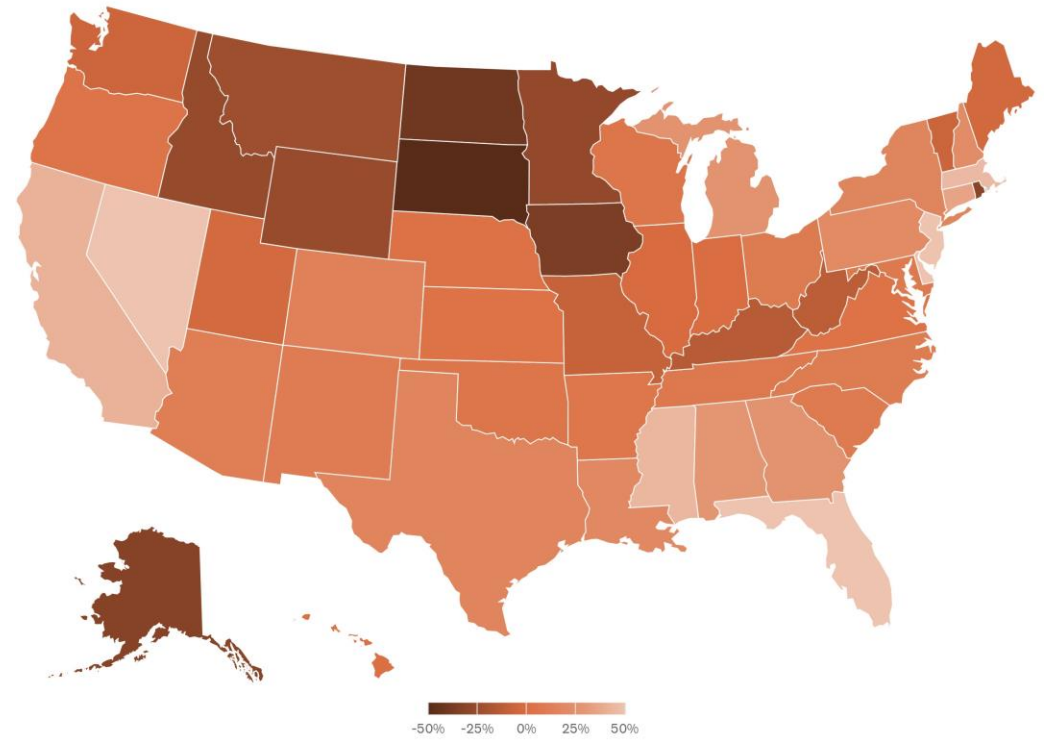
-50% -25% 0% 25% 50%

Tdap

Gaps in coverage in individual vaccines (Jan – Jun 2022 compared to 2019)*



Hepatitis B



Zoster

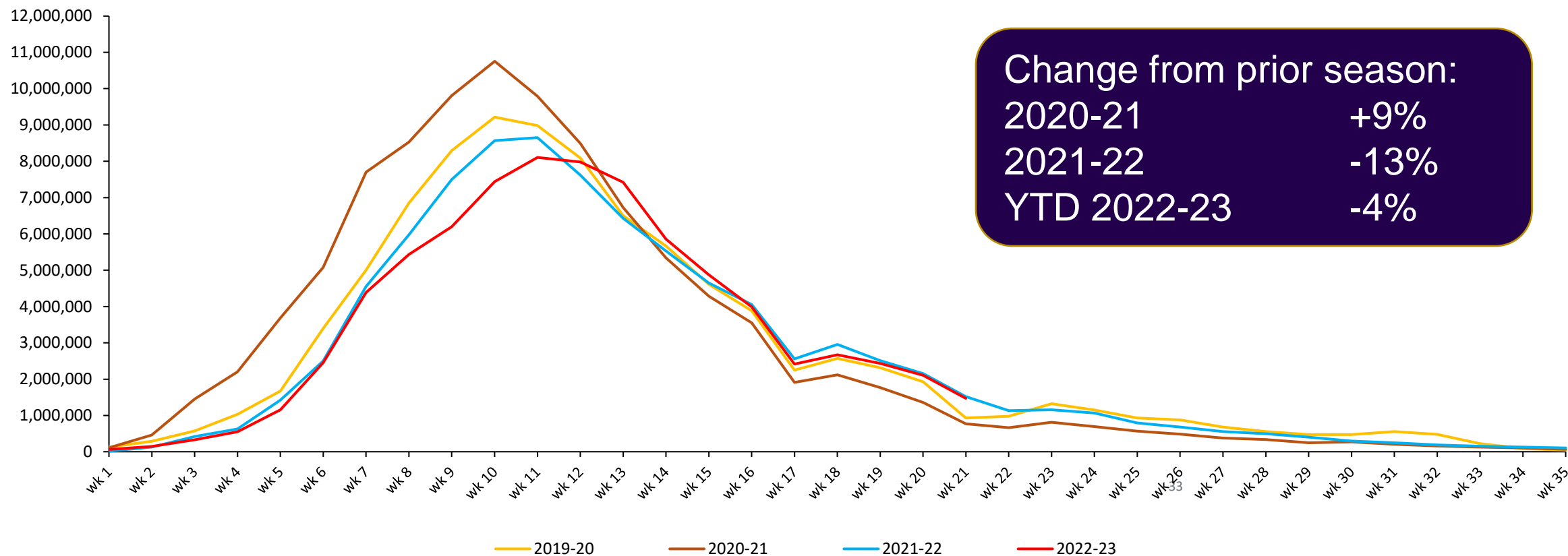
2021-2022 Adult Influenza Vaccination Coverage*

- 45.5% of all adults over 18 years of age vaccinated (-4.7% from previous season)
- 65.8% of those over 65 years of age vaccinated (-9.4% from previous season)
- 50.6% of adults between 50 -64 years of age vaccinated (-4.2% from previous season)
- Only 35.7% of adults 18-49 years of age vaccinated (-2.0% from previous season)

Historical Medical/Retail Claims by Week

Retail Week Ending December 23, 2022¹

Medical Week Ending December 24, 2022¹

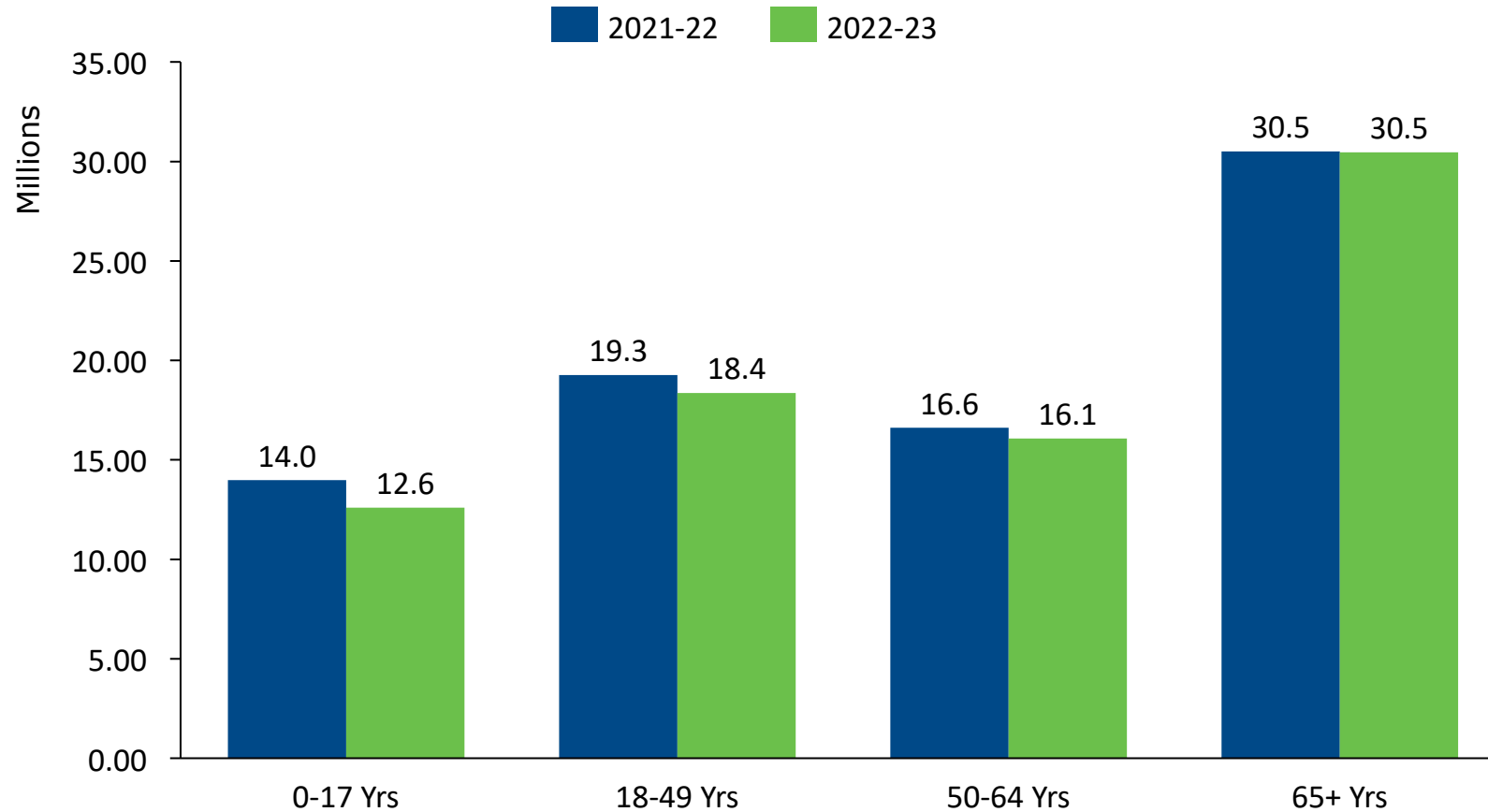


- Flu seasons run for 35 weeks Aug to Mar
- Week 1 represents: Aug 09, 2019; Aug 08, 2020; Aug 07, 2021; Aug 06, 2022

¹Data only reflects active Flu season, Season to Date (August – March); Medical claims are a week behind Retail claims therefore Retail claim week ending dates are adjusted to be consistent with Medical claims

Flu Immunization Rates Across All Age Groups – 2022-2023

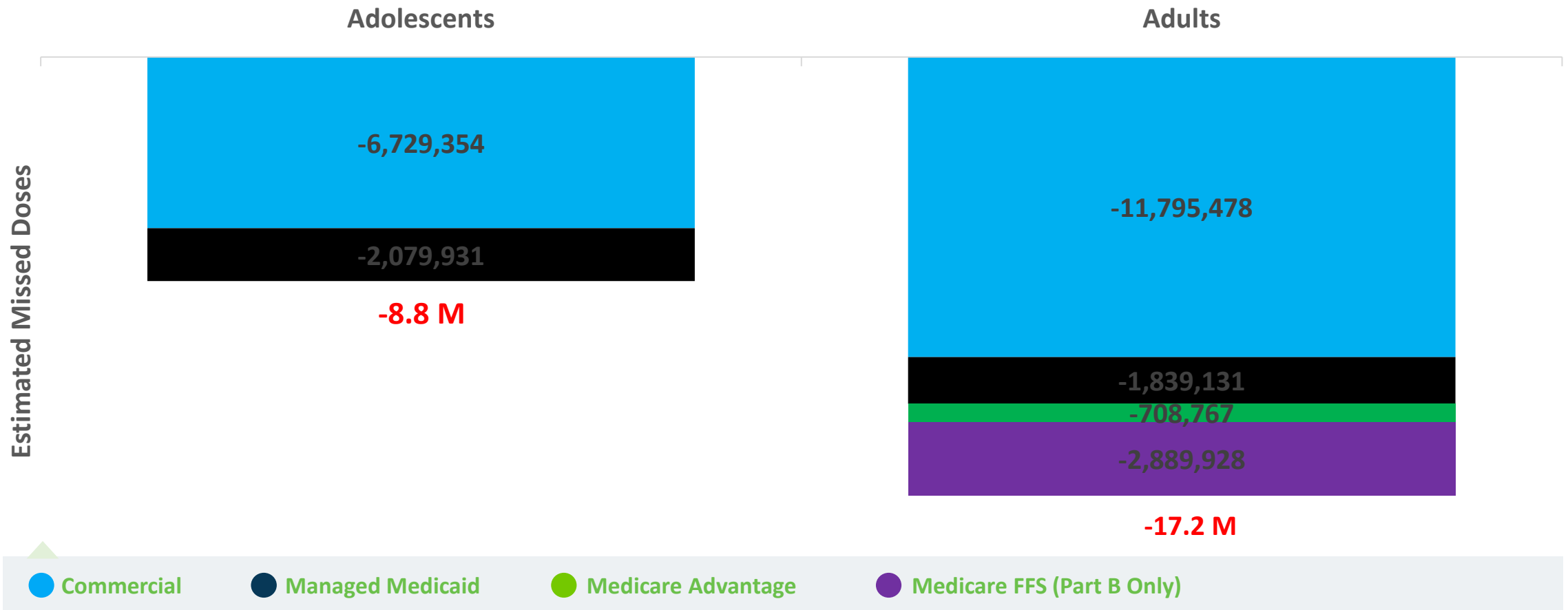
Total Influenza Claims by Age Group [MDs]



¹ Data only reflects active Flu season, Season to Date (August – March); Medical claims are a week behind Retail claims therefore Retail claim week ending dates are adjusted to be consistent with Medical claims

Data Sources: IQVIA Claims Medical (as of 12/24/22); IQVIA Claims Retail (as of 12/23/22)
**IQVIA national claims at CPT code level. IQVIA doesn't capture claims from Public, Kaiser, VA, LTC, FQHCs, Hospital and Non-AMA affiliated Physicians.

Adolescents and Adults Missed An Estimated 26M+ Doses of Recommended Vaccines in 2020 vs. 2019



Operationalizing adult
vaccination uptake!

Everyday readiness IS
pandemic preparedness

ACIP recommended vaccinations for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

- **COVID-19**
 - 2-dose primary series followed by bi-valent booster
- **Hepatitis B**
 - For adults less than 60 years of age, one primary series of vaccination
- **HPV**
 - 15 through 26 years of age, 3-dose series
- **Influenza**
 - 1 dose annually

ACIP recommended vaccinations for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

- **Mumps, measles, and rubella**
 - 1 dose
- **Pneumococcal Disease**
 - 1 dose PCV15 followed by PPSV23; OR 1 dose PCV20, for those over 65 years
- **Tdap/Td**
 - 1 dose Tdap, then Td or Tdap booster every 10 years
- **Zoster**
 - For those 50 years of age and older, 2-dose series of recombinant zoster vaccine, 2–6 months apart

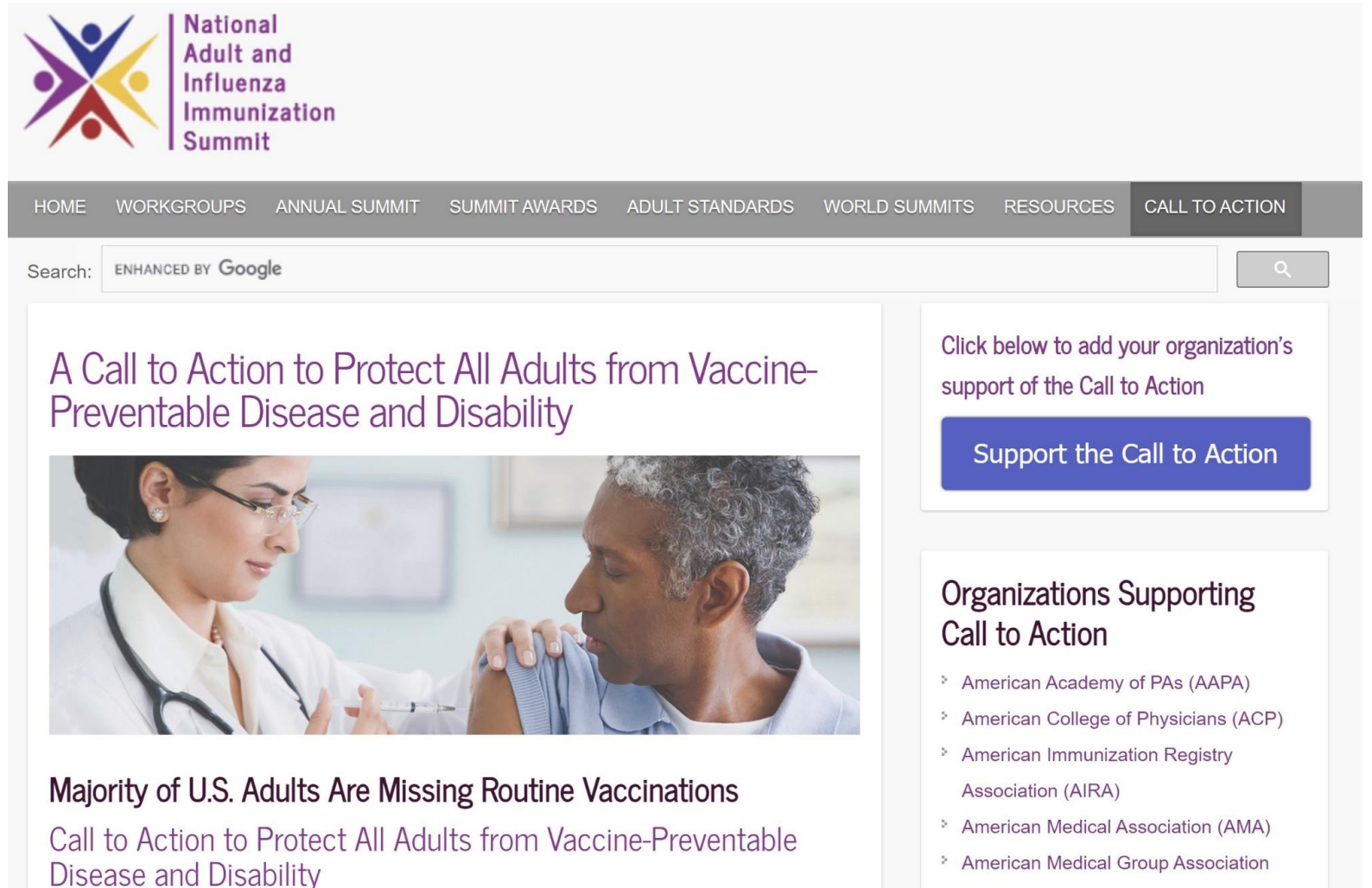
Standards for Adult Immunization Practice*

- In response to low adult vaccination rates, multi-sector partners from NAIIS developed and National Vaccine Advisory Committee updated and published standards in 2014
 - <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>
- Acknowledges that:
 - Not all medical providers choose to stock all recommended vaccines;
 - The providers' recommendation is critical; and
 - The need to accurately track patients' vaccinations, including in immunization information systems (i.e. vaccine registries)
- Further reductions in already low adult vaccination prompted the Summit, CDC and partner organizations to develop Call to Action on Adult Immunizations released on Aug. 23, 2021



National Adult and Influenza Immunization Summit (NAIIS) Call to Action is STILL NEEDED*

<https://www.izsummitpartners.org/call-to-action-adult-immunizations/>



The screenshot shows the website for the National Adult and Influenza Immunization Summit. At the top left is the logo, which consists of a colorful starburst shape made of human figures in purple, blue, yellow, and red, next to the text 'National Adult and Influenza Immunization Summit'. Below the logo is a navigation menu with links for HOME, WORKGROUPS, ANNUAL SUMMIT, SUMMIT AWARDS, ADULT STANDARDS, WORLD SUMMITS, RESOURCES, and CALL TO ACTION. A search bar with the text 'Search: ENHANCED BY Google' is located below the menu. The main content area features a headline: 'A Call to Action to Protect All Adults from Vaccine-Preventable Disease and Disability'. Below the headline is a photograph of a female healthcare professional in a white lab coat and glasses, wearing a stethoscope, examining the arm of an elderly male patient. To the right of the headline and photo is a blue button that says 'Support the Call to Action'. Below the photo is the text 'Majority of U.S. Adults Are Missing Routine Vaccinations' and 'Call to Action to Protect All Adults from Vaccine-Preventable Disease and Disability'. On the far right, there is a section titled 'Organizations Supporting Call to Action' with a list of organizations: American Academy of PAs (AAPA), American College of Physicians (ACP), American Immunization Registry Association (AIRA), American Medical Association (AMA), and American Medical Group Association.

National Adult and Influenza Immunization Summit (NAIIS) Call to Action*



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

August 23, 2021

Majority of U.S. Adults Are Missing Routine Vaccinations

A Call to Action to Protect All Adults from Vaccine-Preventable Disease and Disability

Dear Colleague,

Vaccinations are critical components of routine healthcare for adults. They provide protection against severe illness, disability, and death from 15 different infectious diseases such as influenza, pneumococcal disease, herpes zoster (shingles), hepatitis A, hepatitis B, HPV-related cancers, tetanus, and pertussis (whooping cough). The enormous impact of COVID-19 vaccines on reducing illnesses, hospitalizations, and deaths further demonstrates the immense value of vaccines.

Despite the tremendous benefit of vaccines, at least 3 out of every 4 adults are missing one or more routinely recommended vaccines. Given the recognized health benefits of adult vaccinations and low rates of adult vaccination, made worse by the COVID-19 pandemic, the National Adult and Influenza Immunization Summit (NAIIS) members call on providers across the healthcare spectrum to take actions to improve vaccination of adults.

Specifically, NAIIS calls on all clinicians and other healthcare providers, such as pharmacists, occupational health, and clinical subspecialists, to follow the National Vaccine Advisory Committee's (NVAC) Standards for Adult Immunization Practice including:

- Assess the vaccination status of patients at all clinical encounters, even among clinicians and other providers who do not stock vaccines.
 - Utilize a jurisdiction's immunization information system (IIS) to view patients' prior vaccinations to support vaccine needs assessment.
- Identify vaccines patients need, then clearly recommend needed vaccines.
- Offer needed vaccines or refer patients to another provider for vaccination.
- Document vaccinations given, including in the jurisdiction's IIS.
 - Many electronic health record (EHR) systems already link to jurisdictions' IISs – providers should check with their EHR administrators.
 - Providers not already utilizing an IIS should contact their local or state immunization program to inquire about enrolling in their jurisdiction's IIS.
- Measure vaccination rates of providers' patient panels; making changes to clinic patient flow and taking other steps to address barriers to patient vaccination.

Taking these actions will help protect adults across the U.S. against preventable illness, disability, and death.

Resources for implementation of the Standards for Adult Immunization Practices can be found at <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html>.

For a list of NAIIS members supporting the Standards, visit <https://www.izsummitpartners.org/adult-immunization-standards/>.

Standards for Adult Immunization Practice

- **Assess** the vaccination status of patients at all clinical encounters
- **Identify** vaccines patients need, then clearly **recommend** needed vaccines.
- **Offer** needed vaccines or refer patients to another provider for vaccination.
- **Document** vaccinations given.
- **Measure** vaccination rates of providers' patient panels.

<https://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html>



*<https://www.izsummitpartners.org/call-to-action-adult-immunizations/>.


Inflation Reduction Act - Key Vaccine provisions

Sec 11401 (Protecting Seniors Through Immunization Act). No copays/ out of pocket expenses of ACIP recommended vaccines under Medicare Part D

Sec 11405 (Helping Adults Protect Immunity Act). Expanded access for ACIP-recommended adult vaccines in traditional Medicaid and enhanced federal reimbursement.

Cost Sharing and Vaccines

AVAC
ADULT VACCINE ACCESS COALITION

With the new Inflation Reduction Law, now Medicare Part D beneficiaries won't face high out-of-pocket costs for their vaccines. 

MARKET	VACCINES	OUT-OF-POCKET
Commercial	All CDC-Recommended	\$0
Medicaid Expansion	All CDC-Recommended	\$0
Traditional Medicaid	Determined by state	\$50 - \$340
Medicare Part B	Pneumococcal, influenza, hepatitis B	\$0
Medicare Part D	All other CDC recommended vaccines, shingles, Tdap, future vaccines	\$0 - \$160

Source: Alexandre Stewart, <https://doi.org/10.1016/j.vaccine.2013.11.050>
Mannatt, <https://www.manatt.com/Insights/White-Papers/2018/Medicare-Part-D-Cost-Sharing-Trends-for-Adult-Vacc>

Implementation Sec. 11401

Medicare Part D No Cost Vaccines

- Adult vaccines recommended by the ACIP will be available to people with Medicare Prescription Drug Coverage (Part D) at no cost to them.
- Begins January 1, 2023
- Part D Vaccines include Shingles, Tetanus-Diphtheria-Whooping Cough
- CMS Recently Released:
 - Guidance to Part D Sponsors (9/26)
 - Communications Fact Sheets/FAQ (10/5)

COVID-19 Vaccination Efforts That Can Benefit Routine Adult Vaccination

- **Infrastructure improvements**
 - Including expanded use of immunization information systems
- **New or expanding partnerships**
 - CDC funded partnerships focusing on equity, Area Agencies on Aging and Disability-focused organizations, HUD-HRSA collaboration for persons in HUD-supported housing, rural health association, others
- **Greater awareness of barriers for adults**
 - E.g., among persons with disabilities, in rural areas, homebound, other disproportionately impacted populations
- **Leveraging experience with increasing access to COVID-19 vaccination to all adult vaccinations**

Harnessing the adult provider network established from COVID-19

- 38,000 participating providers in jurisdictions
- 138,000 locations administering COVID vaccine
- 41,000 pharmacy locations administering COVID vaccine
 - 43% of COVID doses have been administered at a retail pharmacy
 - 54% received their flu vaccine at a pharmacy in 2021-2022 flu season

Additional Strategies to Promote Adult Vaccination




WHAT WORKS Increasing Appropriate Vaccination

Evidence-Based Interventions for Your Community

CPSTF FINDINGS ON VACCINATIONS

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to improve vaccination rates. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings:  Recommended  Insufficient Evidence  Recommended Against (See reverse for detailed descriptions.)



Is Your Community Up to Date on Vaccinations?

Check out the CPSTF recommendations to increase vaccination coverage using different intervention approaches.

[View the Findings >](#)

Three categories of strategies:

- Enhancing Access to Vaccination Services
- Increasing Community Demand for Vaccinations
- Provider- or System-Based Interventions

From the Community Guide¹

- Enhance Access to Vaccines
 - Innovative access points
 - Eliminate out-of-pocket costs
- Increase Community Demand for Vaccines
 - Patient reminder recalls
 - Family incentives
- Leverage your Healthcare Provider
 - Concise consistent confident recommendation
 - Presumptive
- Healthcare system/practices are crucial
 - Systems-based change: provider reminders, assessment and feedback, standing orders, health IT

Effective Strategies to Increase Adult Vaccination Coverage

Intervention	Population
Reducing client out-of-pocket costs for vaccinations	Adults
Client reminder/recall systems	Adults
Community-based interventions when implemented in combination	Adults
Provider reminder systems when used alone	Adults
Provider assessment and feedback	Adults
Standing orders	Adults
Health care-based interventions when implemented in combination	Adults
Worksite interventions with on-site, reduced-cost, actively promoted influenza vaccinations	Adults, healthcare personnel

Share Resources For Vaccine Needs Assessment

- Patient check-in vaccine questionnaire to be used at clinics: <http://www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/patient-intake-form.pdf>.
- Patient on-line quiz – direct patients to complete the quiz before coming to their appointment – gives them and you a starting point for talking about which vaccines they might need. <http://www2.cdc.gov/nip/adultimmsched/>.
- CDC adult vaccine schedule app at: <http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html>.



Adolescent and Adult Vaccine Quiz

What Vaccines do **YOU** need?

Did you know that certain vaccines are recommended for adults and adolescents for people age 11 years and older.

Instructions:

1. Complete the quiz.
2. Get a list of vaccines you may need (this list may include vaccines you
3. Discuss the vaccines with your doctor or healthcare professional.

Part One, About You

1. Are you
 Female Male
2. For women only (Some vaccines can affect pregnancy.)
 I could become pregnant I am pregnant now

Please take a moment to fill out the questionnaire below to help us determine which vaccines may be recommended for you based on your specific health status, age, and lifestyle. Keep in mind that this list may not include every vaccine you need.

Check all that apply to you	Let's discuss these recommended vaccines
<input type="checkbox"/> I am 19 years or older	<ul style="list-style-type: none">• Seasonal flu (influenza) vaccine every year• Tetanus (Td) vaccine every 10 years• One-time dose of shingles (zoster) vaccine for all adults who have never received this vaccine RECOMMENDED FOR ALL ADULTS WHO ARE PREGNANT
<input type="checkbox"/> I am 60 years or older	<ul style="list-style-type: none">• Shingles (zoster) vaccine*
<input type="checkbox"/> I am 65 years or older	<ul style="list-style-type: none">• First (type of pneumococcal) vaccine (one shot of conjugate) first, then one dose of polysaccharide 6-12 months later
<input type="checkbox"/> I didn't receive the human papillomavirus (HPV) vaccine series as a child	<ul style="list-style-type: none">• HPV vaccine series (3 dose series)• Female age 26 or younger• Male age 21 or younger• Male age 27-29 who has sex with men, who has a weakened immune system, or who has HIV
<input type="checkbox"/> I was born in the US in 1910 or after and don't have immunity against measles, mumps, and rubella	<ul style="list-style-type: none">• Measles, mumps, rubella (MMR) vaccine* (one dose)
<input type="checkbox"/> I was born in the US in 1980 or after and don't have immunity against chickenpox	<ul style="list-style-type: none">• Varicella (chickenpox) vaccine*
<input type="checkbox"/> I am a health care worker	<ul style="list-style-type: none">• Hepatitis B vaccine series• Measles, mumps, rubella (MMR) vaccine*• Varicella (chickenpox) vaccine*
<input type="checkbox"/> I have heart disease, asthma or chronic lung disease	<ul style="list-style-type: none">• Pneumococcal polysaccharide vaccine

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Summit Tip Sheet for implementing new ACIP recommendations

<https://www.izsummitpartners.org/content/uploads/Tip-Sheet-on-New-Adult-Vaccine-Recommendations-and-Implementation-Resources.pdf>



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 years who want vaccination or have high-risk indication.	Engerix-B, Twinrix, PreHevbrio, Heplisav-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 age-appropriate flu vaccine.	Fluad (adjuvanted), Fluzone High-Dose (inactivated), or Flublok (recombinant)	Annual vaccination

Tip: Utilize available resources for determining patients' vaccination needs

- CDC Adult on-line vaccination quiz www2.cdc.gov/nip/adultimmsched
- CDC vaccine schedule app for all adult vaccines www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download
- CDC adult patient vaccine needs screening questionnaire handout

Recently passed legislation (Inflation Reduction Act, 2022) has key provisions that will

Co-administration of Influenza Vaccines with COVID-19 Vaccines

- COVID-19 vaccines and other vaccines, including influenza, may be co-administered without regard to timing¹
- No significant safety concerns with co-administering influenza and COVID-19 vaccines together²
 - 8-11% increase in systemic reactions including fatigue, headache, and muscle ache
 - Fewer than 1% of respondents who got a COVID-19 mRNA booster and a flu vaccine at the same visit required medical care in the week after vaccination, which was the same as people who only got an mRNA COVID-19 vaccine
- Adults should be offered COVID-19, flu, and other appropriate vaccinations at the same time!

Co-administration of influenza vaccines with COVID-19 vaccines

How to Administer Multiple Intramuscular Vaccines to Adults During One Visit

It is not unusual for adults to need more than one vaccination at an office visit. When that occurs, CDC recommends giving all needed vaccines at the same visit to reduce missed opportunities.

These vaccines commonly administered to adults* are administered via the intramuscular route:

COVID-19	Influenza
Hepatitis A (HepA)	Pneumococcal
Hepatitis B (HepB)	Tdap and Td
Human papillomavirus (HPV)	Zoster

Determine vaccines to be administered.

- ▶ Review each patient's vaccine history and determine needed vaccines (see CDC's recommended schedule of immunizations for adults at www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf).

Determine which vaccines to give in separate limbs.

- ▶ Administer vaccines more likely to cause a local reaction in separate limbs, if possible. Vaccines that cause injection site pain in at least half of recipients include COVID-19, zoster, HepA, HPV, pneumococcal (PCV, PPSV), and tetanus-containing vaccines (Tdap, Td).[†]
- ▶ If administration in separate limbs is not feasible or desired, administration in the same limb, separated by at least 1" (inch), is appropriate.

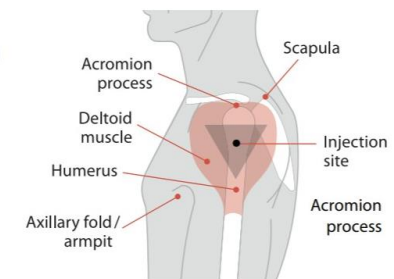
Select the injection site(s) for intramuscular injections.

- ▶ Determine which vaccine(s) will be administered in each limb (see options in diagrams at right). You can administer 1, 2, or 3 injections per deltoid, spaced at least 1" apart.
- ▶ *Deltoid muscle*: Locate the central and thickest portion of the deltoid

The diagrams below illustrate options for administering one, two, or three vaccinations in a single arm, spaced at least 1" apart. Additional injections can also be administered in the opposite arm.

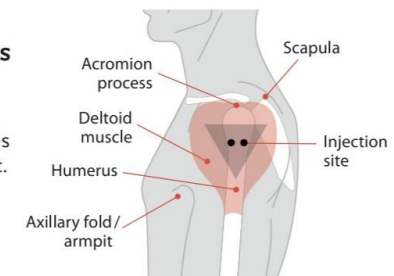
Use anatomical landmarks to determine the injection site in the deltoid muscle (a large, rounded, triangular shape). Find the acromion process, which is the bony point at the end of the shoulder. Then, locate the injection site which will be approximately 2" below the bone and above the axillary fold/ armpit.

Single IM injection in deltoid



Two IM injections in deltoid

Space injections at least 1" apart.



Three

<https://www.immunize.org/catg.d/p2030.pdf>

Big Picture: Operationalizing adult vaccinations*

- Maintain year-round approach to assessing and offering vaccinations for your adult patients.
- Operational aspects of adult vaccinations must be brought into alignment as much as possible
 - COVID-19, influenza, and pneumococcal
- Facilitation of co-administration through advance planning should be encouraged to ensure that vaccines are available in clinics attended by people eligible for both vaccines
- Facilitating co-administration by improving compatibility of IT systems, will help ensure availability of critical patient data across sites.

Visit Immunize.org/Summit Resources!

- Immunize.org's Influenza Educational Materials
 - <https://immunize.org/influenza/>
- Read our publications!
 - <http://www.immunize.org/publications/>
- Visit our websites!
 - www.immunize.org
 - www.vaccineinformation.org
 - www.immunizationcoalitions.org
 - www.izsummitpartners.org
- Stay ahead of the game! Subscribe to our updates!
 - <http://www.immunize.org/subscribe/>

**Thank You
for your
attention!**



Upcoming Webinar



Topic: Setting up Your Clinic for Success: A Patient Safety Program



Date/ Time: Thursday, February 16 at 2pm ET



Presenters: Jeanette Holtmeyer, RN, MSN, CIC, and Cynthia Hernandez, RHIA, from Mercy Clinic East Communities

Questions?



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