Adult Immunization Program and Initiatives
Greater Detroit Area Health Council, Inc.
September 18, 2012

Michigan Department of Community Health
Pat Vranesich, RN, BSN
What to expect this morning

- General information on adult vaccines
- Coverage levels
- Adult platforms
- Role of health departments
- Role of partners
- Updates from meetings
- Future directions
Vaccinate Adolescents to Protect Adults

**Protected Adolescent**
- Annual flu
- DTaP/Tdap
- MCV4
- HPV
- Hep B
- Hep A
- Varicella
- Pneumococcal
- MMR
- Hib
- Polio
- Rotavirus

**Average Healthy Adult**
- Annual flu
- Tdap, Td every 10 years
- Pneumococcal
- Zoster
Studies consistently show that **provider recommendation** is the strongest predictor of influenza vaccination.

Adults who are initially reluctant, are likely to receive an influenza vaccination when the **health care provider’s opinion of the vaccine** is positive.

Atkinson, William, et al. Epidemiology and Prevention of Vaccine Preventable Diseases, 12th Ed. MMWR 2010;Vol 59(08);1-62
Pneumococcal Disease

• Causes pneumonia, meningitis, bacteremia

• Pneumococcal pneumonia accounts for:
  – Estimated 175,000 hospitalizations per year
  – Up to 36% of adult community-acquired pneumonia & 50% of hospital-acquired pneumonia
  – Case-fatality rate: 5-7%
  – Significantly higher mortality (death) in persons 65 years/older & in those with certain health conditions

• Pneumonia is a common complication of Influenza
Conditions Causing Increase Risk for Invasive Pneumococcal Disease

- Risk includes:
  - Decreased immune function
  - Asplenia
    - No spleen or spleen that does not function correctly
  - Chronic heart, pulmonary, liver or renal disease
  - Cigarette smoking
  - Cerebrospinal fluid (CSF) leak
Who Should Receive Pneumococcal Polysaccharide Vaccine?

• Persons age $\geq 65$ years
• Persons age 19-64 years who smoke cigarettes or have asthma
• Persons age 2-64 years with certain medical conditions including:
  – Chronic pulmonary, kidney or heart disease
  – Diabetes mellitus; alcoholism
  – Immunosuppression including: HIV, functional or anatomical asplenia, sickle cell, general malignancy
Diabetes added as Risk for Hep B

- HBV highly contagious & environmentally stable
- Can be transmitted by medical equipment contaminated with blood not visible to unaided eye
- **Lapses in infection control** associated with assisted blood glucose monitoring have led to HBV transmission
  - Multi-patient use of finger stick devices designed for single-patient
  - Inadequate disinfection and cleaning of monitors between patients
- Transmissions have occurred in multiple settings
  - LTC facilities, hospitals, private offices, homes, health fair
Hepatitis B Vaccination

• All persons with diabetes aged 19 through 59 years should complete a 3-dose hep B series
  – Soon after diagnosis and if not previously vaccinated

• Providers may consider vaccination for persons aged 60 years or older
Pertussis Disease Reporting

• Pertussis disease persists across the U.S.
  – 26,000 cases reported so far this year
    • Overall, most cases in last 50 years
    • 13 deaths related (11 infants and 2 toddlers)

• Confirmed cases in MI
  – June 2012 = 284
  – July 2012 = 389 with one documented infant death

• Vaccination against pertussis disease is the best defense available
Tdap Recommendations

• Tdap is recommended to be given to all adults aged 19 years and older now
  – Including persons aged 65 years and older
  – Regardless of the interval since their last Td dose
  – If no documentation of a previous dose

• Persons around with infants less than 12 months should be vaccinated at least 2 weeks before contact

MMWR “Updated Recommendations for Tdap Vaccine in Adults aged 65 Years and Older, ACIP 2012” June 29, 2012 / 61(25) 468-470
Adult Immunization Coverage Levels
National Health Interview Survey: Adult Immunizations

• In 2010 versus 2009:
  – 1.6% increase in coverage for Tdap in persons aged 19-64 years
    • Overall, 8.2%
  – 4.4% increase in coverage for Zoster in persons aged 60 years or older
    • Overall, 14.4%
  – 3.6% increase in one or more doses of HPV for women aged 19-26 years
    • Overall, 20.7%
Vaccination coverage for target groups by vaccine, age, and high-risk status, NHIS 2010*

## Tetanus/Tetanus with Pertussis Vaccine

<table>
<thead>
<tr>
<th>Vaccine/Age Range</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tetanus, past 10 years</strong></td>
<td></td>
</tr>
<tr>
<td>--Adults aged 19-49 years</td>
<td>64.0%</td>
</tr>
<tr>
<td>--Adults aged 50-64 years</td>
<td>63.4%</td>
</tr>
<tr>
<td>--Adults aged 65 years +</td>
<td>53.4%</td>
</tr>
<tr>
<td><strong>Tetanus, including pertussis, past 5 years</strong></td>
<td></td>
</tr>
<tr>
<td>--Adults aged 19-64 years</td>
<td>8.2%</td>
</tr>
<tr>
<td>--HCP aged less 65 years</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
## Hep A and Hep B

<table>
<thead>
<tr>
<th>Vaccine/Age Range</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis A; 2 or more doses ever</strong></td>
<td></td>
</tr>
<tr>
<td>Adults 19-49 overall</td>
<td>10.7%</td>
</tr>
<tr>
<td>--high risk overall</td>
<td>14.6%</td>
</tr>
<tr>
<td>--travel outside of U.S.</td>
<td>16.6%</td>
</tr>
<tr>
<td>--with chronic liver conditions</td>
<td>19.7%</td>
</tr>
<tr>
<td><strong>Hepatitis B; 3 or more doses ever</strong></td>
<td></td>
</tr>
<tr>
<td>--19-49 years, high risk</td>
<td>42.0%</td>
</tr>
<tr>
<td>--19-49 years non-high risk</td>
<td>33.1%</td>
</tr>
<tr>
<td>--19-59 years with diabetes</td>
<td>22.8%</td>
</tr>
<tr>
<td>--60 years/older with diabetes</td>
<td>10.9%</td>
</tr>
<tr>
<td>--19 years/older &amp; HPC</td>
<td>63.2%</td>
</tr>
</tbody>
</table>
## Zoster and HPV

<table>
<thead>
<tr>
<th>Vaccine/Age Range</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zoster—ever</strong></td>
<td></td>
</tr>
<tr>
<td>--Adults aged 60 years/older</td>
<td>14.4%</td>
</tr>
<tr>
<td><strong>HPV; females with 1 or more doses ever</strong></td>
<td></td>
</tr>
<tr>
<td>--19-26 years</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>HPV; males with 1 or more doses ever</strong></td>
<td></td>
</tr>
<tr>
<td>--19-26 years</td>
<td>0.6%</td>
</tr>
<tr>
<td>--19-21 years</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
## Disparities Exist: PPSV23

<table>
<thead>
<tr>
<th>PPSV23: Ever had at least 1 dose</th>
<th>2010</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High risk adults aged 19-64 years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Whites</td>
<td>19.0%</td>
<td></td>
</tr>
<tr>
<td>--Blacks</td>
<td>18.6%</td>
<td></td>
</tr>
<tr>
<td>--Hispanics</td>
<td>14.8%</td>
<td></td>
</tr>
<tr>
<td>--Asians</td>
<td>11.5%</td>
<td></td>
</tr>
<tr>
<td><strong>Adults aged 65 years and older</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Whites</td>
<td>63.5</td>
<td></td>
</tr>
<tr>
<td>--Asians</td>
<td>48.2</td>
<td></td>
</tr>
<tr>
<td>--Blacks</td>
<td>46.2</td>
<td></td>
</tr>
<tr>
<td>--Hispanics</td>
<td>39.0</td>
<td></td>
</tr>
</tbody>
</table>
# How Well are We Protected?

## U.S. Influenza Vaccination Rates by Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccination Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 6 months - 17 years</td>
<td>49.4%¹</td>
</tr>
<tr>
<td>Aged 18-49 years</td>
<td>35.8%¹</td>
</tr>
<tr>
<td>Aged 50-64 years</td>
<td>51.0%¹</td>
</tr>
<tr>
<td>Aged 65 years and older</td>
<td>70.8%¹</td>
</tr>
</tbody>
</table>

## Michigan Influenza Vaccination Rates

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccination Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 65 years and older</td>
<td>67.5%²</td>
</tr>
</tbody>
</table>

¹Preliminary Results: Influenza vaccination coverage by age group, March National Immunization Survey and National Flu Survey, March 2012
²2010 Behavioral Risk Factor State Survey data
Influenza Vaccination Coverage Among Adults 18-64 Years who Reported Selected Chronic Conditions, BRFSS 2007–2011

![Bar chart showing influenza vaccination coverage by season and chronic conditions from 2007 to 2011.](chart.png)

- **Diabetes**
- **Asthma**
- **CVD**

**CDC, Preliminary unpublished data, 2012**
Settings where Vaccines are Administered to Adults

**HPV**
- Family Practice: 44.6%
- Hospital: 3.56%
- LHD: 35.6%
- OB Gyn: 5.52%
- Other: 10.7%
- Pharmacy: 0.0261%

**Tdap**
- Family Practice: 53.1%
- Hospital: 15.6%
- LHD: 15.6%
- OB Gyn: 1.21%
- Other: 12.6%
- Pharmacy: 1.88%

**PPSV**
- Family Practice: 49.8%
- Hospital: 25.1%
- LHD: 11.7%
- OB Gyn: 0.0697%
- Other: 7.99%
- Pharmacy: 5.35%

**Zoster**
- Family Practice: 24.1%
- Hospital: 4.15%
- LHD: 34.5%
- OB Gyn: 0.138%
- Other: 5.42%
Settings Where Flu Doses are Administered, MCIR Data, 2011-12 Flu Season

Data as of February 7, 2012
Coverage Level Conclusions

- Adult immunization rates for routinely recommended vaccines are low
  - Nationwide and in Michigan
- Racial immunization disparities among U.S. adults exist
- Need to get adult doses into MCIR in order to more accurately track coverage levels
National Adult Immunization Platform
Adult Vaccination Opportunities

- Affordable Care Act expected to reduce the number of adults uninsured for vaccines
  - Assuming insurance pays for vaccine for insured, then available 317 funds might be used to purchase vaccine for uninsured adults

- 317 Program
  - Requirement to address lagging coverage among children AND adults
  - Funds no longer allowed used for insured children may free up additional funds for adult vaccine purchase
  - AIM more involved in adult vaccination issues
Adult Vaccination Opportunities

- Increasing coverage data on adults through BRFSS to raise awareness
  - Influenza, pneumococcal, Tdap and zoster coverage by state
- Medicare and Medicaid include coverage of vaccines for adults
  - Copayments can be a significant cost for vaccines covered by Medicare Part D covered vaccines such as Tdap and Zoster vaccines
  - 80% of adults with insurance coverage
Adult Vaccination Opportunities

- Increased access to vaccines at workplaces and retail locations like pharmacies and grocery stores
- Increasing interest in adult immunizations from private and public sectors
Michigan’s Adult Immunization Platform
Adult Program Objectives

- **Federal Recommended Objectives:**
  - Work with partners to promote the adoption of evidence-based approaches to increasing adult vaccination
  - Work with partners to increase influenza vaccination of health care workers
  - As 317 funds permit, increase access to vaccines for high risk adults

- **MI Objective:**
  - Promote the establishment of an adult vaccination platform with immunization partners
Michigan’s 317 Vaccine Funding

- 317 vaccine primarily used to vaccinate underinsured children in private provider offices
- All ACIP recommended vaccines included for children and adolescents
- Less than $1 million of 317 vaccine used for targeted adults
Michigan Vaccine Replacement Program (MI-VRP)

- Public vaccines (purchased by MDCH) administered through Local Health Departments
  - Federally Qualified Health Centers (FQHCs)
  - Tribal Health Centers
  - Community Health Centers
  - Migrant Health Centers
  - Local Health Department (LHD) clinics
- Very specific eligibility criteria (unlike VFC, race/ethnicity is not a criteria)
MI-VRP Criteria

- Patients must qualify in all four areas:
  - Age
    - Must be 19 years of age or older
  - Lack of insurance
    - Uninsured or under-insured
  - Need for specific vaccines
    - Vaccines offered: Tdap, Td, MMR, Hep A, Hep B
  - Specific risk factors
    - Varies by vaccine
Michigan Care Improvement Registry (MCIR)

- Established in 1998 - Michigan Childhood Immunization Registry
- Expanded to adults in 2006 - Michigan Care Improvement Registry
  - 1,248 active family practice providers
  - 498 active pediatric providers
- Repository for doses of vaccine and accessible by health care providers
Michigan Care Improvement Registry (MCIR)

- Over 4.3 million adult immunization records in MCIR
  - 13% increase since 2011
- Over 26 million individual adult shot records in MCIR
  - 19% increase since 2011
- Reporting is highly encouraged; best practice for immunization

www.mcir.org

MCIR Data current as of June 30, 2012
Features of MCIR

- Assessment and forecasting of needed vaccine doses
- Population/clinic-based coverage levels
- Reminder/recall functionality
- Vaccine inventory control/accountability
- Manage public health outbreaks and preparedness responses
**General Information**

Person: Swanson, Hannah  
Birth Date: 11/03/1996  
Provider: Up-to Date  

**Person Information : Edit**

<table>
<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swanson, Hannah</td>
<td>11/03/1996</td>
<td>Female</td>
</tr>
</tbody>
</table>

**High Risk Conditions : Edit**

- Influenza Screening Notification
- Pregnancy: Add

**Immunizations**

<table>
<thead>
<tr>
<th>Series</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Dose 6+</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT/Td/Tdap</td>
<td>01/06/1997</td>
<td>03/13/1997</td>
<td>05/30/1997</td>
<td>01/06/1998</td>
<td>07/09/2001</td>
<td>07/29/2008</td>
<td>Up-to-date Next Due 07/29/2018</td>
</tr>
<tr>
<td>Polio</td>
<td>01/06/1997</td>
<td>03/13/1997</td>
<td>05/30/1997</td>
<td>07/09/2001</td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>MMR</td>
<td>01/06/1998</td>
<td>07/09/2001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>Hepatitis B (ped/adol)</td>
<td>11/03/1995</td>
<td>01/06/1997</td>
<td>05/30/1997</td>
<td></td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>Varicella</td>
<td>01/06/1998</td>
<td>10/01/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>HPV</td>
<td>07/29/2008</td>
<td>10/01/2008</td>
<td>07/31/2009</td>
<td></td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>Hepatitis A (ped)</td>
<td>07/31/2009</td>
<td>06/04/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Series Complete</td>
</tr>
<tr>
<td>Seasonal Influenza</td>
<td>11/07/2007</td>
<td>11/17/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Seasonal Influenza (LAIV/IV) DUE NOW</td>
</tr>
<tr>
<td>Meningococcal Conjugate</td>
<td>07/29/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Up-to-date Next Due 11/03/2012</td>
</tr>
</tbody>
</table>
### Personal Information/Status

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swanson, Hannah</td>
<td>11/03/1996</td>
<td>15 Years 4 Months</td>
</tr>
</tbody>
</table>

**Assessment:**

- Routine vaccinations are up to date. The next vaccination(s) can be administered on or after 08/01/2011.

### Administered Vaccine

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Can be given today</th>
<th>Dose #</th>
<th>Accelerated</th>
<th>Recommended</th>
<th>Overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td</td>
<td></td>
<td>7</td>
<td>07/29/2018</td>
<td>07/29/2018</td>
<td>09/29/2018</td>
</tr>
<tr>
<td>Polio</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Series Complete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Influenza (LAIV/TIV)</td>
<td>YES</td>
<td>1</td>
<td>08/01/2011</td>
<td>08/01/2011</td>
<td>09/01/2011</td>
</tr>
<tr>
<td>Meningococcal Conjug</td>
<td></td>
<td>2</td>
<td>11/03/2012</td>
<td>11/03/2012</td>
<td>11/03/2013</td>
</tr>
</tbody>
</table>

### Waivers/Titers

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Buttons:**
- Take off Roster
- Unlock Person
- Reassess Person
Adult Immunization Coverage
U.S. National Health Interview Survey (NHIS) 2010 and
Michigan Care Improvement Registry (MCIR) March, 2012

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>NHIS</th>
<th>MCIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1+ PPSV, age 65 years and over</td>
<td>59.7%</td>
<td></td>
</tr>
<tr>
<td>2+ Hep A, age 19 - 49 years</td>
<td>14.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>3+ Hep B, age 19 - 49 years</td>
<td>33.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>1+ Zoster, age 60 years and over</td>
<td>14.4%</td>
<td>6.77%</td>
</tr>
<tr>
<td>1+ HPV, females age 19 - 26 years</td>
<td>20.7%</td>
<td>27.6%</td>
</tr>
<tr>
<td>1+ HPV, males age 19 - 26 years</td>
<td>0.6%</td>
<td>1.06%</td>
</tr>
<tr>
<td>1+ Tdap, age 19 - 64 years</td>
<td>8.2%</td>
<td>14.4%</td>
</tr>
</tbody>
</table>
HPV Vaccine Coverage
Females and Males age 19 through 26 years
Michigan Care Improvement Registry (MCIR), March 2012

Percent Coverage

- Females: 27.6% for 1+ HPV, 15% for 3+ HPV
- Males: 1.06% for 1+ HPV, 0.234% for 3+ HPV

Graph showing HPV vaccine coverage for females and males.
1+ Tdap Vaccine Coverage - Adults
Michigan Care Improvement Registry (MCIR), March 2012

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percent Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 19 - 26 years</td>
<td>28.1</td>
</tr>
<tr>
<td>Age 27 - 49 years</td>
<td>11.7</td>
</tr>
<tr>
<td>Age 50 - 59 years</td>
<td>10.9</td>
</tr>
<tr>
<td>Age 60 - 64 years</td>
<td>13.2</td>
</tr>
<tr>
<td>Age 65 years and over</td>
<td>4.55</td>
</tr>
</tbody>
</table>
Role of Local Health Departments in Increasing Adult Immunization Rates
Role of LHDs

- Immunization Coordinators facilitate the MI-VRP program
- LHDs often carry out special, one-time funding programs such as ARRA
- Serve as point of reference for immunization providers on immunization issues pertaining to MCIR, MI-VRP, ARRA
Michigan Local Health Departments
Partners LHDs Collaborate with on Adult Immunizations

IAP Report, Fall 2011

Percent of LHDs

- none
- homeless shelters
- correctional facilities
- adult foster care
- LTC & nursing homes
- OBGYN
- HIV/AIDS clinics
- hospitals
- pharmacies & retail clinics
- colleges
- STD clinics

Immunization Partners
Adult Immunization Partnerships
Alliance for Immunization in Michigan (AIM) Coalition

- Formed in 1994 in response to low childhood immunization coverage levels
- Annual AIM Provider Toolkit printed since 1996
  - Around 4,000 kits printed each year
- Coalition at-large meets quarterly; subcommittees meet on regular basis
  - Adult immunization workgroup in existence
Mission of AIM

- To promote immunizations across the lifespan through a coalition of health care professionals and agencies.
- Representation from state health dept., local health depts., hospitals, health systems, health plans and insurance providers, private provider offices, visiting nurse associations, community vaccinators, and pharmaceutical industry
www.aimtoolkit.org
Michigan Advisory Committee on Immunizations (MACI)

- Advise MDCH on immunization programs and policies, including communicable disease rules
- Representation from hospitals, health systems, nursing associations, OBGYNs, pediatricians, family practitioners, occupational health, infection control, college health, Medicaid, local public health, and more
- Quarterly face-to-face meetings
Michigan Advisory Committee on Immunizations (MACI)

- Added MACI members representing adult immunization issues
  - Adult Infection Control Specialist
  - Women's Health, Obstetric, and Neonatal Nurses
  - Mid-America College Health Association
    - Affiliate of the American College Health Association
  - Michigan Pharmacists Association
  - American College of Physicians
Flu Advisory Board (FAB)

- Comprised of over 160 members representing public and private health
- Formed in 2005 as an Extension of MACI
- Member organizations from nurse associations, health systems, pharmacies, community vaccinators, health plans, private medical practice, health advocacy groups, and local public health
- Quarterly face-to-face meetings
ACOG Project: Increasing Immunization Practices among OBGYNs

- **OBGYN practices added new vaccines**
  - Increase in offering Tdap (40% to 51%)
  - 33% added Hep B, 25% added MMR

- **Immunizations becoming more routine in OBGYN practices**
  - Increase in sites with immunization coordinator (54% to 86%)
  - 39% integrating vaccines into patient conversations
  - Increase in registry use (33% to 48%) with 12% indicating intent to enroll
Doses Administered by OBGYNs  
Michigan Care Improvement Registry

- H1N1-09
- H1N1-09 (P-Free, Inj)
- Hep-B
- HPV
- Flu
- Tdap

Tdap Postpartum Survey

- Joint survey with Wayne State University
- Goal: To determine the policies and practices related to Tdap use in labor and delivery units of MI birthing hospitals
  - Tdap vaccination policies and practices among postpartum women
  - Tdap vaccination policies and practices among household and infant contacts
Settings where Vaccines are Administered to Adults

- **HPV**
  - Family Practice: 44.6%
  - Hospital: 3.56%
  - LHD: 35.6%
  - OB Gyn: 5.52%
  - Other: 10.7%
  - Pharmacy: 0.0261%

- **Tdap**
  - Family Practice: 53.1%
  - Hospital: 15.6%
  - LHD: 15.6%
  - OB Gyn: 1.21%
  - Other: 12.6%
  - Pharmacy: 1.88%

- **PPSV**
  - Family Practice: 49.8%
  - Hospital: 25.1%
  - LHD: 11.7%
  - OB Gyn: 0.0697%
  - Other: 7.99%
  - Pharmacy: 5.35%

- **Zoster**
  - Family Practice: 24.1%
  - Hospital: 4.15%
  - LHD: 34.5%
  - OB Gyn: 0.138%
  - Other: 5.42%
Settings Where Flu Doses are Administered, MCIR Data, 2011-12 Flu Season

6mo-18yrs

- Pediatrics: 44%
- Family Practice: 7%
- Pharmacy: 2%
- Private Hospital: 1%
- LHD: 1%
- Internal Medicine: 0%
- Other Private Provider: 1%

19 and older

- Pediatrics: 48%
- Family Practice: 23%
- Pharmacy: 11%
- Private Hospital: 8%
- LHD: 5%
- Internal Medicine: 4%
- Other Private Provider: 1%

Data as of February 7, 2012
National Adult Immunization Summit
National Adult Immunization Summit (NAIS)

- May 15-16, 2012 in Atlanta, Georgia
- Co-hosted by:
  - American Medical Association (AMA)
  - Centers for Disease Control & Prevention (CDC)
  - National Vaccine Program Office (NVPO)
- Action-oriented meeting
NAIS Goals

- Convene adult immunization stakeholders
  - Representing all facets of immunization process
- Facilitate identification of specific actions to be taken by Summit members
  - Improving vaccine uptake, reducing payment barriers, increasing awareness of vaccine recommendations
- Develop and sustain working groups
  - To implement actions identified
NAIO Workgroup Structure

- Provider education
- Quality and performance measures
- Increasing patient access to immunizations
  - Systems changes, collaborative referral system
- Patient education
- Education and promotion of adult immunizations to decision-makers
Michigan Primary Care Consortium (MPCC)
Second Plenary Session (SPS)
MPCC SPS Recap

- MPCC’s Mission: Supports efforts to promote and sustain a revitalized primary health care system and the transformation of primary care practice to assure effective and efficient person-centered care for everyone in Michigan

- MPCC SPS Goal: Achieve 100% adult immunization in Michigan
MPCC SPS Recap

- Barrier Work Groups
  - Adult Immunization Delivery Platform
  - Provider Awareness & Culture
  - Consumer & Community Awareness & Culture
  - Adult Immunization Guidelines
  - Incentives, Metrics, & Financial Barriers
  - Challenges in Communities to Full Adult Immunization
  - Access Barriers
Healthy return
Employers back worker immunizations; awareness needs a booster

By Jay Greene

Ford Motor Co. Medical Director Walter Talamonti, M.D., saidimmunization programs and coverage for employees yield a good return on investment.

Ford Motor Co. began offering adult immunizations directly to its workforce three years ago when it contracted with an outside vendor to set up clinics at its facilities.

While Ford offers only flu vaccines in the workplace, the company has added nine other recommended vaccines to its
Adult Immunization Initiative

March 29, 2012 MPCC Adult Immunization Second Plenary Session (SPS) Video and PowerPoint Presentations:

Welcome and session’s purpose: Craig Magnatta, D.O., MPCC Chair, and Joseph Fortuna, M.D., Vice-Chair - Presentation and PowerPoint

CDC perspective on adult immunization: Carolyn Bridges, M.D., Centers for Disease Control - Presentation and PowerPoint

Business case for full adult immunization: Annette Mercatante, M.D., St. Clair County Health Department, John McLaughlin, Ph.D., Pfizer Medical Affairs, and Eddy Bresnitz, M.D., Merck Vaccines - Presentation and PowerPoint

AMA perspective on adult immunization: L.J. Tan, Ph.D, American Medical Association - Presentation and PowerPoint
Adult Immunization
Educational Resources, Projects, and Websites
Educational Programs

- Immunization Nurse Education (INE) Modules (9)
- Physician Peer Education (PPEPI) Modules (6)
- Regional Immunization Conferences (8)
  - Attended by nearly 1,800 health care providers annually
- Newsletters
  - Distributed to nearly 8,000 people
- Websites: [www.michigan.gov/immunize](http://www.michigan.gov/immunize)
MDCH Immunization Webpage
www.michigan.gov/immunize
Pertussis (Whooping Cough) is a respiratory illness that is easily spread by coughing and sneezing. The disease starts like the common cold, with runny nose or congestion, sneezing, and mild cough or fever. After 1-2 weeks, severe coughing begins. Infants and children with the disease cough violently and rapidly, over and over, until the air is gone from their lungs and they’re forced to inhale with a loud “whooping” sound. The coughing can last for weeks, even months. Adults and adolescents typically have a milder form of pertussis; however, they can still easily spread the infection to others, including infants and young children.

Pertussis is most severe for babies, more than half of infants less than 1 year of age who get the disease must be hospitalized.

Information for Health Care Personnel

Information for Individuals and Families

Why be Concerned?

Pertussis activity is on the rise in the United States and here in Michigan. The good news is that pertussis is preventable and the public can protect themselves through vaccination.
Michigan Immunization Timely Tips (MITT) Newsletter

Michigan Department of Community Health (MDCH) – May 2011

May is Hepatitis Awareness Month

MDCH is encouraging providers to help families protect themselves from hepatitis by increasing their awareness of the disease. The most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.

The U.S. Department of Health and Human Services (HHS) recently released "Guidelines for the Prevention and Control of Hepatitis A," which states that 335-3,530 million people are currently living with viral hepatitis in the U.S. and millions more are newly infected. Because viral hepatitis can lead to permanent liver damage, providers are urged to screen for hepatitis A, B, and C.

The guidelines recommend screening all individuals born before 1957, pregnant women, and individuals who inject drugs, have sex with multiple partners, or have multiple sex partners. The guidelines also recommend screening for hepatitis B before any invasive procedures, as well as screening for hepatitis C among all patients with blood in their stool.

Recommends include more education for providers regarding indications for screening, interpretation of diagnostic tests, and availability of effective treatments for HBV and HCV.

Additionally, only half of Michigan's hepatitis B vaccine is reported as being delivered according to CDC estimates. The importance of identifying these pregnant women cannot be overstated. They are the ones who should be vaccinated before their birth. The provider should make sure that the patient is aware of the need for hepatitis B vaccine before delivery. The patient should be encouraged to receive the hepatitis B vaccine before delivery.

More infants are being born to mothers in counties


government of Michigan

www.michigan.gov/immunize
### Helping Adult Clients Pay for Vaccines

The economy has taken a toll on many families in Michigan, but this doesn't mean that patients should delay or forego needed and important immunizations. Below are some programs which may assist adult clients in paying for vaccines.

#### MI-VRP (Michigan Vaccine Replacement Program)

- Publicly funded vaccine program that offers a limited number of vaccines
  - For adults ages 19 years and older who have no insurance or who have insurance that doesn't cover any of the cost of the vaccine.
  - Provides MMR, Td, Hep A, Hep B, Varicella, Varicella zoster, and Influenza (Vaccines)
  - Adults may be charged a vaccine administration fee determined by the clinic site.
  - For more information, contact your Local Health Department.

#### High Risk Hepatitis A and Hepatitis B Programs

- Must be in a certain risk group for Hepatitis A infection and whose age depends on risk
- Type of clinic may vary in location.
- Persons may be charged a vaccine administration fee.

#### Adult Medicaid (ages 19 through 64)

- MI Adult Medicaid providers are:
  - HPV, Hep A, Hep B, Var, MMR
  - Providers must use private stock administration fee.

#### Adult Medicare (beginning at age 65)

- Medicare Part B
  - Allows for an annual influenza (IVV) and pneumococcal polysaccharide vaccine (PPV)
  - More than 2 doses in a lifetime
  - Allows for Hepatitis B vaccine in certain high-risk situations.
  - Medicare Part D
  - May cover additional vaccines (Zoster, MMR or Hep A, Hep B, Var) in each of the 3 years with the insurance coverage.

#### Manufacturer’s Vaccine Assistance Programs

- The following is provided for informational purposes only and is not an endorsement of any certain vaccine brand or manufacturer.
- For more details, contact the manufacturer listed below.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Vaccine</th>
<th>Qualifiers</th>
<th>Income</th>
<th>Tax To</th>
<th>Response Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLAXOSMITHKLINE</td>
<td>Hep A, Hep B, Tetanus (DTP), Varicella</td>
<td>U.S. resident, Uninsured</td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uninsured, Insured</td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
<tr>
<td>MERCK</td>
<td>HPV (Gardasil), Varicella</td>
<td>U.S. resident, Uninsured</td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uninsured, Insured</td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family $10,000</td>
<td>0.00</td>
<td>10 business days</td>
</tr>
</tbody>
</table>

#### Other Programs

- There may be additional vaccine financing programs available through other manufacturers.
- Contact the manufacturer directly to inquire about further programs.

#### Note on the VFC Program

Chronic 18 years of age or younger may be eligible to receive vaccines through the Vaccine for Children (VFC) program if they are on Medicaid, do not have health insurance, are American Indian or Alaskan Native, or are un-insured (Health insurance doesn't cover the cost of vaccines). Find out more at www.vaccines.gov/vfc.
Tdap & Flu Pregnancy Materials
www.michigan.gov/immunize
www.michigan.gov/flu

Protect Your Baby From the Flu: Get Vaccinated!

Vaccinated Mothers Pass on Protection to Unborn Infants
- The protection you get from vaccines is passed on to your baby during pregnancy.
- In one study, infants of mothers vaccinated against the flu were all 40% less likely to have flu hospitalization than infants of unvaccinated mothers.

Flu is Serious for Infants and Mothers
- Pregnant women are at increased risk of being hospitalized from the flu.
- Women who get the flu while pregnant often have babies of lower birth weight.
- Flu is a serious threat to infants and children each year an average of 20,000 children under the age of 5 are hospitalized due to flu complications.

Infants are too Young to be Vaccinated
- Infants cannot get the flu vaccine until 6 months old.
- The best way to protect infants is through breastfeeding.
- You can also get a flu shot during any pregnancy.
- Flu shots are safe and effective.

Vaccines During Pregnancy
- The flu vaccine is the single best way to protect you and your baby.
- You can get a flu shot during any pregnancy.
- Flu shots are safe and effective.

Protect Your Baby From Pertussis (Whooping Cough!)

Vaccinated Mothers Pass on Protection to Unborn Infants
- Some protection you get from vaccines is passed on to your baby during pregnancy.
- By getting vaccinated during pregnancy, this will help protect your baby from some diseases during the first two months of life until he or she can get vaccinated.
- Vaccination of pregnant mothers can prevent serious whooping cough disease, hospitalization, and even death.

Whooping Cough is Serious for Infants
- Pertussis is most severe for babies, more than half of infants younger than 3 years of age who get the disease must be hospitalized.
- In rare cases, pertussis can be deadly, especially in infants.

Infants are too Young to be Vaccinated
- Infants cannot start the whooping cough series until they are 2 months old.
- For the best protection, children should receive 3 doses of DTaP vaccine by 6 months.
- A 4th dose can be given around their 1st birthday (12-15 months).
- The best way to protect infant from whooping cough is to vaccinate those around them, including parents, siblings, grandparents, day care and child care workers, and healthcare providers.

Vaccines During Pregnancy are Safe and Effective
- Vaccines targeted for baby’s health need not be withheld from you.
- Women should ideally receive whooping cough vaccine (Tdap) before becoming pregnant or at pre-conception visits.
- Infants previously vaccinated, pregnant women should be given Tdap during the third trimester or late second trimester (after 20 weeks).

Ask Your Health Care Provider
- Talk to your doctor about Tdap and other vaccines you need to stay healthy during pregnancy, like the flu shot.
- Get vaccinated and your family members vaccinated to protect your baby from whooping cough.

Where to go for More Information
- www.michigan.gov/immunize
- www.michigan.gov/flu
- www.michigan.gov/fluupdate

Get Vaccinated Against Flu and Pertussis (Whooping Cough).
Adult Posters

www.michigan.gov/immunize

Protect Your Family By Getting Vaccinated

Vaccines aren’t just for children anymore. Adults need vaccines to protect against tetanus, whooping cough (pertussis), hepatitis, varicella, flu, and more.

Talk to your doctor about the vaccines you may need to stay healthy.

Protect Yourself and Your Family By Getting Vaccinated

Vaccines aren’t just for children anymore. Adults need vaccines to protect against tetanus, whooping cough (pertussis), shingles, pneumococcal, flu, and more.

Talk to your doctor about the vaccines you may need to stay healthy.
Future Directions & Efforts
Doctor-Patient Communication Breakdown

- 90% physicians say they discuss vaccines with patients
  - Half of consumers cannot recall ever discussing vaccines with provider

- 99% physicians say they or their staff initiate vaccine conversations
  - 44% of patients agree

National Health Interview Survey, 2009
Moving Forward

- Providers who care for adults need to be involved with immunizations
  - Recommend to patients
  - Purchase and stock vaccines
  - Be knowledgeable about the current schedule

- The public needs to be knowledgeable about vaccines
  - Lack of awareness about vaccines
  - VPDs are no longer a perceived threat