Adult Immunization in Michigan: Using the Standards to Increase Coverage

Hugh G. Deery II, MD, FACP, FIDS, FSHEA
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Disclosure Statements

• Presenter has no conflicts to disclose.
• No commercial support was obtained for this activity.
• The presenter will not discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration (FDA)
  • Presenter may discuss off-label use of a product that is in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations
Outline

• Disease Burden and Impact of Vaccination
• Adult Coverage Levels - U.S. and MI
• Immunization Disparities
• Adult Immunization Standards
• Call to Action for Adult Providers
Tool Icon ➔ Identify Resources Available
(Look for this in the presentation)
Disease Burden & Impact of Vaccination

Vaccine-preventable diseases (VPDs) still exist
Vaccine-Preventable Diseases in the United States

Preventable Deaths
In the United States, approximately 42,000 adults die each year of vaccine-preventable diseases.¹

Large Coverage Gaps
Adult coverage is alarmingly low. For the majority of vaccines, coverage is well below 50 percent.²

Little Improvement
From year to year, modest improvements in rates are made and vaccine disparities persist.²

Sources:
2. https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6611.pdf
3. Icons created through the Noun Project
Burden of Disease Among U.S. Adults

• Hepatitis A\(^1\)
  • Since 2016, hepatitis A outbreaks have been reported in at least 13 states: **including Michigan**
  • From August 2016 through August 1, 2017, there have been 223 reported adult cases in the city of Detroit, Macomb, Oakland, St. Clair, and Wayne counties, with 9 out of 10 adults hospitalized\(^2\)

• Hepatitis B\(^3\)
  • 2,791 acute cases reported in 2014

• Human Papillomavirus (HPV)\(^4\)
  • Estimated 79 million Americans currently infected
  • 14 million new infections each year in the US

• Zoster (also known as shingles)\(^5\)
  • About 1 million cases of zoster annually U.S.

Sources:
1. CDC. Hepatitis A Outbreaks. [https://www.cdc.gov/hepatitis/outbreaks/hepatitisaooutbreaks.htm](https://www.cdc.gov/hepatitis/outbreaks/hepatitisaooutbreaks.htm)
Burden of Disease Among U.S. Adults

• Pertussis (also known as whooping cough)\(^1\)
  • 20,762 total reported cases in 2015
  • 4,650 among adults 20 years of age and older

• Influenza disease burden varies year to year\(^2\)
  • 140,000-710,000 hospitalizations annually
  • 12,000-56,000 deaths annually

• Invasive pneumococcal disease (IPD)\(^3\)
  • 29,500 total cases and 3,350 total deaths in 2015
  • 91% of cases and nearly all deaths among adults 65 years of age and older

Sources:
Economic Burden of Disease Among U.S. Adults

IN A SINGLE YEAR...

Economic burden at $8.95 billion from vaccine-preventable diseases

- Related to ten vaccines recommended for adults ages nineteen and older

- $7.1 billion, or 80 percent, of the financial burden attributed to unvaccinated individuals.

Whole-Person Care: High Risk Case Study

Adults with diabetes (both type 1 & type 2) are at higher risk for serious problems:

✓ Influenza can raise blood glucose to dangerously high levels
✓ Higher rates of hepatitis B than the rest of the population
  ✓ Outbreaks of hepatitis B associated with blood glucose monitoring procedures
✓ Increased risk for death from pneumonia, bacteremia & meningitis

Vaccine Effectiveness → Negative Outcomes Averted

**the benefits of flu vaccination 2015-2016**

- **5 million** flu illnesses prevented by flu vaccination during the 2015-2016 season: as many people use Denver International Airport in one month.
- **2.5 million** medical visits prevented by vaccination during the 2015-2016 season: equal to the population of Portland, Oregon.
- **71,000** hospitalizations prevented by vaccination during the 2015-2016 season: enough to fill every registered hospital bed in the state of Texas.


get vaccinated
www.cdc.gov/flu

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

• **Adults are not aware of the vaccines they need**...
  • Yet most patients will accept vaccines if recommended by a **trusted healthcare provider**

• **Healthcare providers for adults are busy and have competing priorities**...
  • Yet healthcare providers think immunizations are **important** for their patients

• **Racial/ethnic disparities persist for recommended adult vaccines**...
  • Yet routine and systematic **offering** of vaccines has been shown to decrease gaps in vaccine disparities.

• **Not all providers stock all vaccines for adults**...
  • Yet **access** to vaccines is increasing

• **Adults frequently see multiple providers and recordkeeping is difficult**...
  • Yet state vaccine registries (MCIR) include adult immunizations – more on this later in the presentation!
Vaccination Coverage Rates Among Adults
United States and Michigan
Surveillance of Vaccination Coverage Among Adult Populations — United States, 2015

Select Healthy People 2020 Objectives

1. Influenza vaccination coverage estimates for persons 6 months and older by State, HHS Region, and the United States, National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS), 2015-16 influenza season. https://www.cdc.gov/flu/fluvaxview/index.htm


= Healthy People 2020 target

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Influenza, ≥18 yrs

- 38.5% coverage¹

Pneumo, ≥65 yrs

- 67.3% coverage²
Pneumococcal vaccination coverage among adults 18–64 years at increased risk – BRFSS Coverage for 2015

Healthy People 2020 target is 60% for adults at increased risk

Michigan is ranked 41st lowest in the nation for coverage (50 states + District of Columbia)

https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/trend/index.html
Zoster Coverage in the Michigan Care Improvement Registry (MCIR)

As of June 30, 2017

- 24.3 percent of Michigan adults aged 60 years and older had received the zoster vaccine*

The most recent national estimate is 30.6 percent

*Make sure adult vaccines are reported to MCIR

1. MDHHS County Immunization Report Card. [http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_68361-321114--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_68361-321114--,00.html)
2. Estimated proportion of adults ≥60 years who received Herpes zoster vaccination, National Health Interview Survey, United States, 2015 [https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/coverage-estimates/2015.html](https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/coverage-estimates/2015.html)
Immunization Disparities

Decrease barriers and missed opportunities
Racial/Ethnic Vaccination Disparities (influenza coverage)

When compared with non-Hispanic, white adults

- The table outlines statistically significant disparities in 60% of the flu coverage comparisons

<table>
<thead>
<tr>
<th>Vaccination Group</th>
<th>% Vaccinated Whites</th>
<th>Differences, Blacks</th>
<th>Differences, Hispanics</th>
<th>Differences, Asians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza, ≥19 yrs.</td>
<td>48.5</td>
<td>-10.8</td>
<td>-15.5</td>
<td>+0.5</td>
</tr>
<tr>
<td>Influenza, 19-49 yrs.</td>
<td>34.6</td>
<td>-5.5</td>
<td>-9.5</td>
<td>+8.5</td>
</tr>
<tr>
<td>Influenza, 50-64 yrs.</td>
<td>50.2</td>
<td>-8.3</td>
<td>-5.3</td>
<td>-4.3</td>
</tr>
<tr>
<td>Influenza, 65 yrs.</td>
<td>75.1</td>
<td>-10.8</td>
<td>-11.0</td>
<td>+8.4</td>
</tr>
<tr>
<td>Influenza, HCP ≥19 yrs.</td>
<td>71.2</td>
<td>-11.4</td>
<td>-11.2</td>
<td>+3.1</td>
</tr>
</tbody>
</table>

Source:
Racial/Ethnic Vaccination Disparities (non-influenza coverage)

When compared with non-Hispanic, white adults

- The table outlines statistically significant disparities in 79% of the comparisons

<table>
<thead>
<tr>
<th>Vaccination Group</th>
<th>2015 NHIS</th>
<th>% Vaccinated Whites</th>
<th>Disparity, Blacks</th>
<th>Disparity, Hispanics</th>
<th>Disparity, Asians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumo., HR 19-64 yrs.</td>
<td>24.0</td>
<td>-2.0</td>
<td>-4.6</td>
<td>-2.5</td>
<td></td>
</tr>
<tr>
<td>Pneumo., ≥65 yrs.</td>
<td>68.1</td>
<td>-17.9</td>
<td>-26.4</td>
<td>-19.1</td>
<td></td>
</tr>
<tr>
<td>Tetanus, 19-49 yrs.</td>
<td>68.5</td>
<td>-15.1</td>
<td>-17.2</td>
<td>-14.4</td>
<td></td>
</tr>
<tr>
<td>Tetanus, 50-64 yrs.</td>
<td>68.7</td>
<td>-15.7</td>
<td>-14.3</td>
<td>-23.5</td>
<td></td>
</tr>
<tr>
<td>Tetanus, ≥65 yrs.</td>
<td>59.4</td>
<td>-15.6</td>
<td>-8.8</td>
<td>-12.6</td>
<td></td>
</tr>
<tr>
<td>Tdap, ≥19 yrs.</td>
<td>27.0</td>
<td>-11.9</td>
<td>-12.8</td>
<td>-7.2</td>
<td></td>
</tr>
<tr>
<td>Tdap, 19-64 yrs.</td>
<td>29.7</td>
<td>-13.7</td>
<td>-14.9</td>
<td>-8.9</td>
<td></td>
</tr>
<tr>
<td>Tdap, ≥65 yrs.</td>
<td>18.2</td>
<td>-8.5</td>
<td>-9.1</td>
<td>-4.4</td>
<td></td>
</tr>
<tr>
<td>Hep A, 19-49 yrs.</td>
<td>12.8</td>
<td>-2.0</td>
<td>-2.4</td>
<td>+5.1</td>
<td></td>
</tr>
<tr>
<td>Hep B, 19-49 yrs.</td>
<td>34.9</td>
<td>-5.5</td>
<td>-12.4</td>
<td>+3.4</td>
<td></td>
</tr>
<tr>
<td>Herpes Zoster, ≥60 yrs.</td>
<td>34.6</td>
<td>-21.0</td>
<td>-18.6</td>
<td>-8.6</td>
<td></td>
</tr>
<tr>
<td>HPV, Females 19-26 yrs.</td>
<td>44.7</td>
<td>-6.7</td>
<td>-9.0</td>
<td>-8.4</td>
<td></td>
</tr>
<tr>
<td>Tdap, HCP ≥19 yrs.</td>
<td>49.2</td>
<td>-20.9</td>
<td>-10.5</td>
<td>+0.2</td>
<td></td>
</tr>
<tr>
<td>Hep B, HCP ≥19 yrs.</td>
<td>67.8</td>
<td>-11.0</td>
<td>-10.7</td>
<td>-3.6</td>
<td></td>
</tr>
</tbody>
</table>

Adults Aged ≥65 Years Who Reported Ever Receiving a Pneumococcal Vaccination, by Race/Ethnicity and Chronic Conditions
— NHIS, United States, 2014–2015

https://www.cdc.gov/mmwr/volumes/65/wr/mm6544a11.htm
Disparities In U.S. Adult Immunization Rates

• Lower vaccine coverage among:
  • Hispanics and African Americans compared to non-Hispanic Caucasians
  • Uninsured
  • Lower incomes

• Improved frequency of provider vaccine assessment and recommendations may help reduce disparities
  • Address patient concerns and mistrust
  • Open non-judgmental dialogue
  • Reduce structural barriers to preventive care

Sources:
Why we need the Standards

✓ Most adults are not aware of the vaccines they need to protect their health
✓ Adult vaccination rates are remarkably low
  ✓ AND significant immunization disparities exist
✓ Health Care Provider (HCP) recommendation is the strongest predictor of whether patients get vaccinated

NVAC. Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice. Public Health Reports 2014;129:115-123.

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

Make immunizations a standard of adult patient care in your practice. Make sure ALL of your patients are fully protected!
Immunizing Adult Patients: New Standards for Practice

Your patients trust you to give them the best advice on how to protect their health. Vaccine-preventable diseases can result in serious illness, hospitalization, and even death. Make adult vaccination a standard of care in your practice.

Your patients have probably not received all the vaccines they need.
Even though most insurance plans cover the cost of recommended vaccines, adult vaccination rates in the U.S. are unacceptably low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.

Your patients may not even realize that they need vaccines.
A recent national survey showed that most adults are not aware that they need vaccines throughout their lives to protect against diseases like shingles, pertussis, and hepatitis. Many also report not receiving vaccine recommendations from their healthcare providers.

You can make a difference.
Healthcare professionals are the most valued and trusted source of health information for adults. Research shows that most adults believe vaccines are important and that a recommendation from their healthcare professional is a key predictor of patients getting needed vaccines.

Make Immunization a Standard of Patient Care In Your Practice:
1. **ASSess** the immunization status of all your patients at every clinical encounter:
   - Stay informed about the latest CDC recommendations for immunization of adults.
   - Implement protocols in your office to ensure that patients’ vaccine needs are routinely reviewed and patients get reminders about vaccines they need.
2. **SHARE** a strong recommendation with your patients for vaccines they need:
   - Address patient questions and concerns in clear and understandable language.
   - Highlight your positive experiences with vaccination (personal or in your practice).
3. **ADMINISTER** needed vaccines or **REFER** your patients to a vaccination provider:
   - For vaccines that you stock, make vaccination services as convenient as possible for your patients.
   - For vaccines that you don’t stock, refer patients to providers in your area that offer vaccination services.
4. **DOCUMENT** vaccines received by your patients:
   - Participate in your state’s Immunization registry to help your office, your patients, and your patients’ other providers know which vaccines you have had.
   - Follow up to confirm that patients received recommended vaccines that you referred them to get from other immunization providers.

New Standards for Adult Immunization Practice emphasizes the role of all healthcare professionals—whether they provide immunization services or not—in ensuring that adult patients are fully immunized. These standards are published by the National Vaccine Advisory Committee and supported by the Centers for Disease Control and Prevention as well as a number of national medical associations.

www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/
Step 1: Vaccine Needs Assessment

- Assess immunization status of all patients at every clinical encounter
- Implement protocols and policies
- Ensure patients’ vaccine needs are routinely reviewed
- Ensure patients get reminders about vaccines they need
Implementing Routine Vaccine Assessment

- Use vaccine questionnaires
  - Helps identify vaccine need
  - Grabs patient’s attention regarding immunization history

- Screen for vaccines
  - Contraindications & precautions
  - Screening forms can be found at [www.immunize.org](http://www.immunize.org)

[Do I Need Any Vaccinations Today?](http://www.immunize.org/handouts/screening-vaccines.asp)
Implementing Routine Vaccine Assessment

- Implement standing orders and protocols
  - Incorporate assessment and administration of vaccines as you would routine vitals

The Community Preventive Services Task Force recommends standing orders for vaccinations based on strong evidence of effectiveness in improving vaccination rates.

Source: [www.thecommunityguide.org/vaccines/standingorders.html](http://www.thecommunityguide.org/vaccines/standingorders.html)

Suggested steps to help you work through this process from the Immunization Action Coalition (IAC)

- Having standing orders in place streamlines practice workflow by eliminating the need to obtain an individual physician’s order to vaccinate each patient.
The Task Force recommends client reminder (due) and recall (overdue) interventions based on strong evidence of effectiveness in improving vaccination rates.

- Send patient reminders
  - Utilize Electronic Health Records (EHRs) to distribute patient reminders via postcards, letters, text message or automated phone calls
  - MCIR can be used to send letters to overdue patients
- Use health care provider prompts
  - Next dose reminders may be generated by an EHR
    - E.g., next dose of HPV, HepA, or HepB

Source: www.thecommunityguide.org/vaccines/standingorders.html
Step 2: Give a Strong Recommendation

Use the SHARE Tool:

- **Share** tailored reasons why vaccination is right for the patient
- **Highlight** positive experiences
- **Address** questions & concerns
- **Remind** patients that vaccines protect them and their loved ones
- **Explain** the costs of getting sick

Your recommendation is a critical factor in whether your patients get the vaccines they need.
Provider Side of Messaging

• HCP commonly discuss with their patients:
  • Consequences of not being vaccinated
  • Safety and efficacy
  • Possible side effects
  • Benefits

• HCP believe that vaccination is the adult’s choice and are reluctant to be “pushy”

Remember that many adults are not aware of their vaccination needs and cannot make an informed choice about their health if the vaccine recommendations have not been explored.

Source: Adult Immunization: The Consumer Perspective and CDC Communication Efforts, Presentation at the 2014 National Adult and Influenza Immunization Summit
http://www.izsummitpartners.org/wp-content/uploads/2014/05/1e-3_Ramakrishnan_Adult-Immunization-CDC-Communications.pdf
Patient Side of Messaging

Adults:

- Favor simple and to-the-point messages
- React positively to messages that stress prevention or encourage vaccination as a way have control over their health (proactive)
- Prefer empowering messages - ones that provide information that can help them make an informed decision
- Value references to health care providers (HCP) - messages that urge them to talk to their HCP to determine which vaccines are right for them

Source: Adult Immunization: The Consumer Perspective and CDC Communication Efforts, Presentation at the 2014 National Adult and Influenza Immunization Summit
http://www.izsummitpartners.org/wp-content/uploads/2014/05/1e-3_Ramakrishnan_Adult-Immunization-CDC-Communications.pdf
Step 3: Vaccine Administration

• Have all vaccines available at clinic site
• Preferred practice
• Stock and offer all vaccines recommended by the ACIP
Figures 1 and 2 should be read with the footnotes that contain important general information and considerations for special populations.

**Figure 1. Recommended immunization schedule for adults aged 19 years or older by age group, United States, 2017**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19–21 years</th>
<th>22–26 years</th>
<th>27–59 years</th>
<th>60–64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza&lt;sup&gt;1&lt;/sup&gt;</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td/Tdap&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>Substitute Tdap for Td once, then Td booster every 10 yrs</td>
<td></td>
</tr>
<tr>
<td>MMR&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>VAR&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 doses</td>
</tr>
<tr>
<td>HZV&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV–Female&lt;sup&gt;6&lt;/sup&gt;</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV–Male&lt;sup&gt;6&lt;/sup&gt;</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13&lt;sup&gt;7&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>PPSV23&lt;sup&gt;7&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>1 or 2 doses depending on indication</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>HepA&lt;sup&gt;8&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB&lt;sup&gt;9&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenACWY or MPSV4&lt;sup&gt;10&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>1 or more doses depending on indication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MenB&lt;sup&gt;10&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib&lt;sup&gt;11&lt;/sup&gt;</td>
<td></td>
<td></td>
<td>1 or 3 doses depending on indication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection**
- **Recommended for adults with additional medical conditions or other indications**
- **No recommendation**

Recommendations should be read with the footnotes & additional considerations that follow.

[www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)
# Adult Immunization Schedules – 2017

![Image of the schedule]

**Figure 2. Recommended immunization schedule for adults aged 19 years or older by medical condition and other indications, United States, 2017**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Pregnancy</th>
<th>Immunocompromised (excluding HIV infection)</th>
<th>HIV Infection</th>
<th>Asplenia, persistent complement deficiencies</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart or lung disease, chronic alcoholism</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Healthcare personnel</th>
<th>Men who have sex with men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza†‡</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td/Tdap§</td>
<td>1 dose</td>
<td>Tdap each pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR²</td>
<td>contraindicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>VAR³</td>
<td>contraindicated</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HZV²</td>
<td>contraindicated</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV–Female⁴</td>
<td>3 doses through age 26 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV–Male⁴</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 21 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV13³</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSV23⁷</td>
<td>1, 2, or 3 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA⁴</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepB⁷</td>
<td>3 doses</td>
<td></td>
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<tr>
<td>MenACW13 or MPSV4⁸</td>
<td>1 or more doses depending on indication</td>
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<tr>
<td>MenB⁹⁹</td>
<td>2 or 3 doses depending on vaccine</td>
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<tr>
<td>Hib³¹</td>
<td>1 dose</td>
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**Recommendations should be read with the footnotes & additional considerations that follow.**

[www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)
Resources for Vaccine Administration

- Quick Looks HCP offer:
  - Vaccine types/brands available
  - Indications for use
  - Recommended schedule and minimum intervals
  - Recommendations for persons at high risk
  - Revaccination guidelines
  - Vaccine administration, including needle length
  - Storage and handling
  - Special situations
  - Contraindications and Precautions
  - Documentation

- Vaccine Information Statement (VIS)

www.michigan.gov/immunize → health care professionals → quick looks and other resources
Michigan Vaccine Replacement Program (MI-VRP)
A safety net program for uninsured adults

• Public vaccines (purchased by MDHHS) administered through:
  • Federally Qualified Health Centers (FQHCs)
  • Tribal Health Centers
  • Migrant Health Centers
  • Local Health Department (LHD) clinics

• Available to 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

• Specific eligibility criteria

• Vaccines offered:
  • Tdap, Td, MMR, HepA, HepB, and Zoster
  • Added July 2016: HPV9, PCV13, and PPSV23
Step 4: Vaccine Referral

• Refer patients to providers in the area that offer vaccines not stocked at your clinical site

• Be prepared to give an informed referral for vaccines not stocked

• Follow up

• Confirm vaccines were received
The Immunization Neighborhood: Partners in Health

**Goal:** To Promote and Increase Adult Immunization Rates
Tdap Vaccines Administered to Persons 20 and Older and Reported to MCIR by Facility Type, 02/24/2016 to 02/24/2017

- **Family Practice**: 42%
- **Hospital**: 21%
- **Internal Medicine**: 8%
- **Local Health Department**: 4%
- **OB/GYN**: 8%
- **Other Private Provider**: 2%
- **Pediatrics**: 2%
- **Pharmacy**: 7%
- **Urgent Care**: 3%
- **Employee/Occ Health**: 1%
- **College/University Clinic**: 1%
- **Other***: 1%

*N = 358,070

* Other includes adolescent only clinics, adult only clinics, correctional clinics, geriatric clinics, LHD satellite clinics, LTC facilities, mass vaccination clinics, migrant health centers, STD centers, school based health clinics, specialty clinics, teen health centers, travel clinics, tribal health centers.
Zoster Vaccines Administered to Persons 20 and Older and Reported to MCIR by Facility Type, 02/24/2016 to 02/24/2017

- Pharmacy: 54%
- Family Practice: 27%
- Internal Medicine: 9%
- LHD: 6%
- Other Private Provider: 1%
- Pediatrics: 1%
- Other*: 2%

*N = 69,650

*Other includes adult only clinics, college/university clinics, employee/occ health clinics, geriatric clinics, private hospitals, LHD satellite clinics, LTC facilities, migrant health centers, OB/GYN, specialty clinics, travel clinics, tribal health centers, urgent cares
Step 5: Vaccine Documentation

Document all administered & historical vaccine doses into the MCIR

- Help your office, patients, and patients’ other providers know which vaccines your patients have received.
MCIR is for adults, too!

- Expanded to include adults in 2006
  - Strongly recommend reporting for adult vaccinations
- Some private health plans and Medicaid require documentation of adult vaccines in MCIR
- Over 7.1 million adults have a MCIR record*
  - Over 60 million individual vaccines have been recorded in MCIR for adult patients*
  - Over 1,400 large chain, small chain and independent pharmacies reported over 725,000 vaccinations to MCIR from July 1, 2015 through June 30, 2016

*Data current as of May, 2017
County Coverage Levels in Michigan

- Child, adolescent, and **adult** immunization data from the MCIR
- Comparison of county, state, and national coverage
- Updated quarterly
- [www.michigan.gov/immunize](http://www.michigan.gov/immunize)
  - Click on “local health departments” and “county immunization report card”
  - Click on map for desired county data
Working Toward a Better MCIR for Adults

**Provider Side**
- Enter adult immunization data in a timely manner
  - Direct, transfer, HL7 (2-way messaging)
- Review every adult’s MCIR record at each encounter
- Update system to comply to HL7 specifications

**MDHHS Side**
- Enhance vaccine forecasting for adult vaccines
  - **February 2017**: MCIR has an assessment release for Pneumococcal for adults 65 years of age and older
- Provide staff training on use of MCIR
- Move toward 2-way HL7 interface
Call to Action

All adult providers
The Standards (Booster Shot)

Make immunizations a standard of adult care at your institution to ensure ALL of your adults, staff, and communities are fully protected!

Build those critical relationships with your adults and ensure their preventive needs are discussed!
CALL TO ACTION: Implement the Standards for Adult Immunization Practice Today!

• Turn missed opportunities for vaccination into vaccination successes:
  • Routinely assess adult immunization status at every visit for every client
  • Implement office protocols and policies to enhance vaccination, like standing orders and vaccine assessment questionnaires

• Be a good neighbor in the immunization community:
  • Document all vaccines administered in MCIR
  • Know your referral partners and neighbors
For questions related to this session, contact:

**Jackie Chandler, MS**  
Outreach Coordinator  
Michigan Department of Health & Human Services  
ChandlerJ3@michigan.gov

Thank you for your participation in today’s event!