The Virtual Immunization Communication (VIC) Network is a project of the National Public Health Information Coalition (NPHIC) and the California Immunization Coalition, funded through a cooperative agreement with the Centers for Disease Control and Prevention.
Adults Need Vaccines Too? Strategies to Increase Immunization Awareness and Vaccination Rates

Webinar Objectives

• Describe the current context of adult immunization including the CDC recommended schedule, vaccination rates, and burden of disease.
• Provide information on recently updated Standards for Adult Immunization Practice.
• Provide an overview of CDC research on adult immunization communication.
• Share best practices, evidence-based strategies, and communication resources to support healthcare and public health professionals in educating and encouraging adults to get vaccinated.
A nationwide ‘virtual’ immunization community of health educators, public health communicators and others who promote immunizations.
Welcome to the Webcast!
We Will Be Starting Momentarily.
Adults Need Vaccine Too? Strategies to Increase Immunization Awareness and Vaccination Rates

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PART 1: ADULT IMMUNIZATION CONTEXT
Burden of Disease Among U.S. Adults for Diseases with Vaccines Available

- **Influenza disease burden varies year to year**
  - Millions of cases and average of 226,000 hospitalizations annually with the majority among adults
  - 3,000-49,000 deaths annually, >90% among adults

- **Invasive pneumococcal disease (IPD)**
  - 39,750 total cases and 4,000 total deaths in 2010
    - 86% of IPD cases and nearly all IPD deaths among adults

- **Pertussis**
  - 41,880 total reported cases 2012
    - ~9,000 among adults

- **Hepatitis B**
  - 3,350 acute cases reported 2010
    - 35,000 estimated cases

- **Zoster**
  - about 1 million cases of zoster annually U.S.

Adult Vaccine Recommendations

- Each year, the Advisory Committee on Immunization Practices (ACIP) updates adult immunization schedule to reflect existing ACIP policy.

- **2014 adult schedule also approved by:**
  - American College of Physicians
  - American Academy of Family Physicians
  - American College of Obstetricians and Gynecologists
  - American College of Nurse-Midwives

[www.cdc.gov/vaccines/schedules/hcp/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/adult.html)
Adult Immunization Schedule

- Vaccines included on adult schedule for prevention of 14 different infectious diseases

- Summarizes recommendations for routinely recommended vaccines for adults based on
  - Age group
  - Immunizations received as a child or adolescent
  - Medical conditions
  - Pregnancy
  - Occupation
  - Other factors including lifestyle

- Information for vaccines related to travel: [www.cdc.gov/travel](http://www.cdc.gov/travel)
## Recommended Adult Immunization Schedule—United States - 2014

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

### Figure 1. Recommended adult immunization schedule, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 or more doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> type b (Hib)</td>
<td>1 or 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

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For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication).

No recommendation

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Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinescompensation or by telephone, 800-328-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-505-7800.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at www.cdc.gov/vaccines or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m. - 8:00 p.m. Eastern Time, Monday - Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM).
### Figure 2. Vaccines that might be indicated for adults based on medical and other indications

| VACCINE ▼ | INDICATION ▲ | Pregnancy | Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) | HIV Infection (CD4+ T lymphocyte count) | Men who have sex with men (MSM) | Kidney failure, end-stage renal disease, receipt of hemodialysis | Heart disease, chronic lung disease, chronic alcoholism | Asplenia (including elective splenectomy and persistent complement component deficiencies) | Chronic liver disease | Diabetes | Healthcare personnel |
|-----------|--------------|-----------|--------------------------------------------------------------------------------|----------------------------------------|-----------------------------------|----------------------------------|-----------------------------------------------------|-----------------------------------------------------|----------------------------------|----------------|------------------|------------------|
| Influenza | Pregnancy    | 1 dose IIV annually | 1 dose IIV or LAIV annually | 1 dose IIV annually | 1 dose IIV annually | 1 dose IIV annually | 1 dose IIV or LAIV annually | 1 dose IIV or LAIV annually | 1 dose IIV or LAIV annually |
| Tetanus, diphtheria, pertussis (Td/Tdap) | Pregnancy | 1 dose Tdap each pregnancy | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs | 2 doses | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 21 yrs | 3 doses through age 21 yrs | 3 doses through age 21 yrs | 3 doses through age 21 yrs | 3 doses through age 21 yrs | 3 doses through age 21 yrs |
| Varicella | Pregnancy    | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated | Contraindicated |
| Human papillomavirus (HPV) Female | Contraindicated | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs |
| Human papillomavirus (HPV) Male | Contraindicated | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs | 3 doses through age 26 yrs |
| Meningococcal | Contraindicated | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses | 1 or more doses |
| Pneumococcal 13-valent conjugate (PCV13) | Contraindicated | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose | 1 dose |
| Pneumococcal polysaccharide (PPSV23) | Contraindicated | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses | 1 or 2 doses |
| Hepatitis A | Contraindicated | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses | 2 doses |
| Hepatitis B | Contraindicated | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses |
| Haemophilus influenzae type b (Hib) | Contraindicated | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses | 1 or 3 doses |

*Covered by the Vaccine Injury Compensation Program*

- **Yellow**: For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection; zoster vaccine recommended regardless of prior episode of zoster.
- **Purple**: Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications).
- **Gray**: No recommendation.

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*These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly indicated for adults ages 19 years and older, as of February 1, 2014. For all individuals being recommended on the Adult Immunization Schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine’s other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers’ package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/pubs/acip-list.htm). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.*

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[Image of the CDC logo]

**U.S. Department of Health and Human Services**

**Centers for Disease Control and Prevention**
Vaccination Coverage For Age Based Vaccines, NHIS 2012 – United States

- pneumococcal, ≥65: 59.7% (2010), 62.3% (2011), 59.9% (2012)
- herpes zoster, ≥60: 14.4% (2010), 15.8% (2011), 20.1% (2012)
- HPV (females), 19-26: 20.7% (2010), 29.5% (2011), 34.5% (2012)
- HPV (males), 19-21: 0.3% (2010), 2.8% (2011), 2.4% (2012)

* +4.4% difference from 2011-2012, p<0.05 by T test for comparisons
** +5.0% difference from 2011-2012, p<0.05 by T test for comparisons

CDC, MMWR 2014: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm.
Vaccination Coverage Among High Risk Groups, NHIS 2012 – United States

§ High Risk (HR) – Individuals] ever been told by a health professional they had diabetes, emphysema, chronic obstructive pulmonary disease, coronary heart disease, angina, heart attack, or other heart condition; had a diagnosis of cancer during the previous 12 months (excluding nonmelanoma skin cancer); had ever been told by a doctor or other health professional that they had lymphoma, leukemia, or blood cancer; had been told by a doctor or other health professional that they had chronic bronchitis or weak or failing kidneys during the preceding 12 months; had an asthma episode or attack during the preceding 12 months; or were current smokers.
† Estimate is not reliable due to relative standard error (standard error/estimates) >0.3
From 2014 MMWR at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm.
Tetanus toxoid-containing vaccines coverage, NHIS 2010-2012

* +3.2% difference from 2011-2012, p<0.05 by T test for comparisons
† Tdap vaccination of adults aged ≥65 years was collected in the NHIS for the first time starting in 2012

CDC, MMWR 2014: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm.
# Influenza Vaccination Coverage Among Adults: 2011-12 and 2012-13 Seasons

<table>
<thead>
<tr>
<th>Group</th>
<th>2011-12 (%)</th>
<th>2012-13 (%)</th>
<th>Difference (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons ≥ 18 yrs</td>
<td>38.8</td>
<td>41.5</td>
<td>+2.7*</td>
</tr>
<tr>
<td>Persons 18-49 yrs, all</td>
<td>28.6</td>
<td>31.1</td>
<td>+2.5*</td>
</tr>
<tr>
<td>Persons 18-49 yrs, high risk</td>
<td>36.8</td>
<td>39.8</td>
<td>+3.0*</td>
</tr>
<tr>
<td>Persons 50-64 yrs</td>
<td>42.7</td>
<td>45.1</td>
<td>+2.4*</td>
</tr>
<tr>
<td>Persons ≥ 65 yrs</td>
<td>64.9</td>
<td>66.2</td>
<td>+1.3*</td>
</tr>
</tbody>
</table>

* Statistically significant difference, p<0.05

What is the most significant barrier to adult vaccination?

A. Lack of awareness among adults that they need vaccines
B. Cost of stocking and administering vaccines
C. HCPs have competing priorities
D. Public concerns about vaccine safety
Key Barriers to Adult Vaccination

- Low public awareness and knowledge of vaccines recommended for adults besides influenza
- Most primary care healthcare providers (HCPs) do not routinely assess vaccine needs of patients (missed opportunities and competing priorities)
  - About 30% of family physicians and internists report assessing their patients’ vaccination status at every visit (Hurly, et al, 2014)
- Some HCPs don’t offer any or all vaccines recommended for adults
- Adult patients often see more than one medical provider
- Vaccine record keeping is challenging and usage of vaccine registries is very low
- Cost, coverage, and payment
Evidence-Based Strategies for Improving Rates

- Systemic offering and recommendations from clinicians result in higher uptake
  - Increasing routine provider assessment and recommendation of vaccines a key to improving coverage
  - Can reduce racial and ethnic disparities in vaccine coverage

- Immunization Information Systems (registries)
  - Increase accuracy of vaccine assessment
  - Support reminder and recall interventions
  - Facilitate provider assessment/feedback

Reference:
3. Adult non-influenza vaccine coverage: [www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm)
Vaccination coverage by provider recommendation and/or offer

Influenza vaccination before and during pregnancy overall and by provider recommendation and offer* for influenza vaccination among women pregnant anytime between October 2012 - January 2013, Internet Panel Survey, 2012-13 Influenza Season

*Women who didn't visit a provider since August 2012 (n=27) or women who didn't know whether they received provider recommendation or offer (n=55) were excluded from this analysis.
Opportunities

- Patients willing, for the most part, to get vaccinated when recommended by their physician
- HCPs believe that immunizations are an important part of preventive care
- Most private insurance covers immunizations from in-network providers
- Expanding network of immunization providers which improves vaccine access
- 47 states allow vaccines administered to adult to be included in the vaccine registry
  - Increased use will ensure patients get the right vaccines at the right time
Updating Adult Immunization Practice Standards

- Update needed as adult immunization environment has changed substantially since last updates in 2003 and 2009
  - About 20% of influenza vaccine received in retail/pharmacy setting and about 20% at workplace among adults

- Initial drafts developed by National Adult and Influenza Immunization Summit (NAIIS) then further developed and approved by National Vaccine Advisory Committee (NVAC) in September 2013

- NAIIS writing group included input from: several health departments, APhA, ASTHO, NACCHO, AIM, ACP, IDSA, ACOG and others
NEW Adult Immunization Practice Standards

- Stress that all providers, including those that don’t provide vaccine services, have a role in ensuring patients up to date on vaccines

- Call to action for ALL healthcare professionals
  - Assess immunization status of all patients in every clinical encounter.
  - Strongly recommend vaccines that patients need.
  - Administer needed vaccines or Refer to a provider who can immunize.
  - Document vaccines received by patients, including entering immunizations into immunization registries.
Resources For Implementing New Standards

- CDC
  www.cdc.gov/vaccines/adultstandards

- National Adult and Influenza Immunization Summit and Immunization Action Coalition (IAC)
  www.izsummitpartners.org

- National Foundation for Infectious Diseases -
  www.adultvaccination.org

- American College of Obstetricians and Gynecologists -
  www.immunizationforwomen.org
PART TWO: COMMUNICATING WITH ADULTS ABOUT IMMUNIZATION
Building a Foundation: Research with Adults

- FallStyles Survey (September/October 2012)

- Literature Review (November/December 2012)

- Focus groups (March 2013)
  - 66 focus groups in 3 cities
  - Segmentation
    - Adults 40-59 with chronic conditions (Diabetes, COPD/Asthma, Heart Disease)
    - Adults 40-59 with no chronic conditions
    - Adults 60+
    - African Americans
    - Latinos
    - Whites
Building a Foundation: Research with Healthcare Professionals

- Literature Review (November/December 2012)

- In-depth interviews (July/August 2013)
  - 16 Physicians and 12 Nurse Practitioners/Registered Nurses
  - Primary care and specialties serving patients with chronic conditions
  - South, Midwest, and West regions
WHAT WE LEARNED: Knowledge and Attitudes

- Adults believe that vaccines are important, especially for certain groups of adults.

- Adults believe that VPDs are serious, and in some cases, deadly.

- Awareness and knowledge of vaccines recommended for adults besides influenza is low.

- Adults vary in their attitudes toward different vaccines that they have heard about.
WHAT WE LEARNED: Motivators and Barriers

- HCP recommendation is the number one reported factor in influencing vaccination decisions, but adults perceive receiving few recommendations for vaccines from HCPs.

- Adults are motivated to get vaccines to protect their own health and many would get a vaccine in order to protect loved ones as well.

- However, adults have concerns about the safety and side effects of vaccines as well as questions about vaccine effectiveness and cost.
WHAT WE LEARNED:
Key Factors in Decision Making

- Perceived risk of getting VPD
- Perceived potential severity of VPD
- Perceived effectiveness of vaccine
- Perceived side effects of vaccine
- Cost of getting vaccinated

IS THE VACCINE RIGHT FOR ME?
Adults want TAILORED information to make an informed decision.
WHAT WE LEARNED: Messaging

- Adults favored simple, concise, direct, and to-the-point messages.
- Adults reacted positively to messages that stress prevention or encourage vaccination as a way to be proactive or have control over their health.
- Adults preferred messages that are empowering and provide information that can help them make an informed decision.
- Adults valued references to HCPs and messages that urged them to talk with their HCP to determine which vaccines are right for them.
WHAT WE LEARNED: Recommending Vaccines

- HCPs commonly discussed with their patients:
  - **Consequences** of not being vaccinated (e.g. disease symptoms and potential severity)
  - **Safety and efficacy** of the vaccine
  - Possible **side effects**
  - **Benefits** of the vaccine

- HCPs believe that vaccination is the **patient’s choice** and are reluctant to be pushy in their recommendation unless the VPD is perceived to be potentially very serious for the patient.
WHAT WE LEARNED: Factors that facilitate acceptance of HCP vaccine recommendation

- Tailoring recommendations
- HCPs sharing that they have been vaccinated
- Ongoing conversation between HCP and patient about vaccines and continued reminders/recommendations
- Timing of recommendation
- Patient awareness and knowledge about vaccines
**Implications for Communication with Adults**

- Stress the relevance and importance of timely vaccination for protection.
  - Highlight susceptibility
  - Explain severity and potential costs of getting VPDs
  - Provide clear benefits

- Use empowering messages and highlight the benefits of vaccination.

- Provide transparent and plain language information on VPDs and vaccines, including safety and efficacy as well as how to get vaccinated.

- Tailor the information as much as possible. Encourage them to talk with their HCPs about vaccines that are right for them.
Make a Strong Recommendation

“I recommend you get this vaccine today because it can help protect you from a disease that could be serious for you.”

“This vaccine is recommended for you because of your [age, risk factor]. I advise you to get it today.”
SHARE More Information (If Needed)

- **S**hare the reasons why the recommended vaccines are right for the patient given age, health status, lifestyle, job, or other risk factors.
- **H**ighlight your own experiences with vaccination to reinforce benefits and strengthen confidence.
- **A**ddress patient questions and any concerns about vaccines, including side effects, safety, and vaccine effectiveness, in plain and understandable language.
- **R**emind patients that many vaccine-preventable diseases are common in the U.S. and can be serious for them.
- **E**xplain the potential costs of getting VPDs, including serious health effects, time lost (such as missing work or family obligations), and financial costs.
For Patients Who Aren’t Ready to Make a Decision

- Emphasize the benefits of getting vaccinated during the current visit.
- Provide education materials or trusted websites to review.
- Send reminders about needed vaccines.
- Document the conversation in the patient file.
- Continue the conversation at the next visit.
COMMUNICATION RESOURCES
Resources

Resources for Healthcare Professionals

- Factsheets
- Series of tip sheets on implementing standards
- 2014 Adult Immunization Schedule http://www.cdc.gov/vaccines/schedules/hcp/adult.html
- Free CE training: http://www.cdc.gov/vaccines/ed/

Patient Education Materials

- Factsheets, posters and flyers
- Easy to read immunization schedule
- Vaccine Quiz: www.cdc.gov/vaccines/adultquiz

Media and Outreach Products

- Web buttons and banners
- Matte articles
- Sample tweets and social media posts

www.cdc.gov/vaccines/hcp/adults
What We’re Asking HCPs To Do: Implement the Standards

• **ASSESS** immunization status of all your patients at every clinical encounter.

• Strongly **RECOMMEND** vaccines that patients need.

• **ADMINISTER** needed vaccines OR **REFER** patients to a vaccinating provider.

• **DOCUMENT** vaccines received by your patients, including entering immunizations into registries.
HCP Series: Implementing Standards

1. Vaccine Needs Assessment
   A Series on Standards for Adult Immunization Practice
   Overview
   A Series on Standards for Adult Immunization Practice
   In 2013, the National Vaccine Advisory Committee updated the Standards for Adult Immunization Practice to reflect the critical need for all healthcare professionals—whether they provide immunization services or not—to take steps to ensure that adult patients are vaccinated.

   Why should adult immunization be a priority for your practice?
   1. Your patients are probably not getting the vaccines they need.
   2. Many adults do not receive immunizations.
   3. Immunization failures occur during adult life.
   4. Some patients are more likely to die from vaccine-preventable diseases.

   U.S. Adult Vaccination Rates
   Only 5.6% of adults (18 or older) had received 6 recommended vaccinations. Only 66.7% of adults (18 or older) had received 3 recommended vaccinations. Only 66.7% of adults (18 or older) had received 1 recommended vaccination.

   SHARE a Strong Vaccine Recommendation
   A Series on Standards for Adult Immunization Practice
   U.S. vaccination rates for adults are extremely low. For example, rates for whooping cough vaccine and diphtheria toxoid vaccine are 29% or lower for adults who are recommended to get them. Even high-risk groups are not getting the vaccines they need—only 20% of adults 65 years or older who are at high risk for complications from pneumonia or other diseases are vaccinated.

   Recommending vaccines is one of the first steps to ensure that adult patients are fully immunized and have measures in place to protect them from serious diseases.

   New Standards for Adult Immunization Practice
   All healthcare professionals should take the following steps to ensure that adult patients are fully immunized and have measures in place to protect them from serious diseases.
   1. Administer immunization status of all patients.
   2. Incorporate recommendations into practice.
   3. Administer immunization status of all patients.
   4. Document all vaccine doses administered.
   5. Provide written information to patients.

   www.cdc.gov/vaccines/AdultStandards
Patient Education Materials - Posters

- "I have too much to do to risk getting sick, so I'm getting vaccinated."
- "I do a lot of things to stay healthy, including getting vaccinated."
- "I want to protect my health, so I'm getting the vaccines recommended for me."
- "My dad got shingles, my wife got whooping cough, that's why I'm getting the vaccines I need."

www.cdc.gov/vaccines/hcp/patient-ed/adults/for-patients/adults-all.html
**3 Important Reasons for Adults to Get Vaccinated**

**What vaccines do you need?**

- Annual flu vaccine to protect against seasonal flu.
- Tetanus, diphtheria, and pertussis (whooping cough) (Td or Tdap) for all adults 19 and older.

**Vaccines reduce your chance of getting sick.**

Vaccines work with your body’s natural defenses to reduce the chance of getting certain diseases and suffering from their complications.

**Vaccines reduce your chance of spreading disease.**

There are many things you want to pass on to your loved ones: health is not one of them. Infants, older adults, and people with weakened immune systems (like those undergoing cancer treatment) are especially vulnerable to infectious disease.

**You can’t afford to risk getting sick.**

Even healthy people can get sick enough to miss work or school, and most importantly time away from their loved ones. Being vaccinated is your best protection against many serious diseases. You can make many days stay healthy — getting vaccinated is an important one.

Getting vaccinated as an adult is easier than you think:

- Adults can get vaccines at doctors’ offices, pharmacies, workplaces, community health clinics, and health departments. To find a vaccine provider near you, go to [vaccine.healthmap.org](http://vaccine.healthmap.org).
- Most health insurance plans cover the cost of recommended vaccines. Check with your insurance provider for details and to find an in-network provider.
- If you do not have health insurance, visit [www.healthcare.gov](http://www.healthcare.gov) to learn more about health coverage options.

**INFORMATION SERIES FOR ADULTS**

**Vaccines: Know What You Need**

All adults should get vaccines to protect their health and the health of those they care about. Talk to your healthcare professional about the vaccines that are right for you.

To get the conversation started, here’s a list of some of the vaccines you might need.

**Every adult needs:**

- **Influenza (flu)**
  - What all adults 19 and older
  - How often? Every year. Especially important for people with chronic health conditions, pregnant women, older adults.
- **Tetanus, diphtheria, and pertussis (whooping cough)** (Td or Tdap)
  - What all adults 19 and older
  - How often? Everyone needs Td once every 10 years, or Tdap once every 10 years.
- **Meningococcal**
- **Pneumococcal**
- **Varicella (chickenpox)**
  - What adults born in the United States in 1957 or later
  - How often? One time, unless you already had two doses of varicella vaccine.
- **Zoster (shingles)**
  - What adults 60 years and older
  - How often? One time.

**Your health conditions, job, lifestyle, and travel may mean there are other vaccines you need.**

See the chart on the back.

*Please review current state and local health department guidance before making decisions about the flu and other vaccines. Some states may recommend additional flu vaccine doses (e.g., 3 vs. 2 doses) for some age groups. Some states may also recommend additional doses for people with high-risk conditions. The CDC recommends that all adults receive a single-dose flu vaccine each year.*

**DON'T WAIT. VACCINATE!**

**INFORMATION SERIES FOR ADULTS**

**Coming Soon!**
What We’re Asking Partners To Do

- **SYNDICATE** CDC content on adult immunization to websites that reach healthcare professionals and adults.
- **SHARE** CDC resources on adult immunization.
- **LINK** to CDC information and resources on adult immunization from your websites using web buttons and banners.
- **PLACE** articles on adult immunization in publications that reach healthcare professionals and adults.
- **LET US KNOW** what you are doing to promote and implement the new standards.
NEXT STEPS

- Continue to share key research findings with partners and health communication professionals
- Continue to develop patient education materials and other HCP resources
- Expand Disseminate messages, products, and resources through engagement of partners and media
**Conclusions**

- There is substantial burden of disease among adults that may be prevented through vaccination.

- Coverage rates among adults are very low, leaving many adults vulnerable to illnesses, hospitalizations and deaths.

- All healthcare professionals – whether they provide immunization services or not – can take steps to help ensure that adults get recommended vaccines.

- There are many tools and resources to assist in implementing the new standards for adult immunization practice and educating adult patients about the importance of getting vaccinated.
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Q & A Session
Please Complete Online Evaluation!
Connect with the VICNetwork…

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Website

www.VICNetwork.org
Resources

Centers for Disease Control and Prevention
www.cdc.gov/vaccines

National Public Health Information Coalition
www.nphic.org
Resources

www.immunize.org
Immunization Action Coalition
Resources

www.preventinfluenza.org
National Influenza Vaccine Summit

www.familiesfightingflu.org
Families Fighting Flu
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