

COMPLEMENTARY VACCINATORS: PARTNERSHIP AND SUPPORT FOR IMMUNIZATION

CALIFORNIA IMMUNIZATION COALITION SUMMIT 2012

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Vaccine Importance and Strategies

- ◎ Children have benefited the most from vaccines in terms of declines in disability and death, primarily because vaccination programs are generally targeted to children
 - In 1994, reported that 50,000-70,000 adults compared to 500 children died each year from vaccine-preventable illnesses
 - (Fedson D, JAMA 1994)*
 - More than 50% of cases of significant vaccine-preventable illnesses reported to the CDC in 2004 occurred in individuals > 15 years old
- ◎ Many of the most vulnerable adults are seen in practices that provide health care to women
 - Immunization services have not historically been part of obgyn care
- ◎ ***Need to address benefit of vaccination both for women and for the long-term health of their children***

Gaps in Vaccine Coverage: Adolescents, U.S. 2009

- National estimates include responses regarding > 20,000 adolescents (45% female)
- Coverage estimates varied widely by state and local area
 - For Tdap: 23% (MS) to 77% (CO)
 - For Mening: 19% (MS) to 78% (DC)
 - For HPV: 23% (MS) to 70% (MA)
- Only 4 states had coverage > 60% for all 3 routinely administered adolescent vaccines (Tdap, Meningococcus, HPV)

Adolescent Vaccine Coverage by Region, 2009

<u>Region</u>	<u>> 2 MMR</u>	<u>Tdap</u>	<u>HPV</u>
U.S. overall	89.1	55.6	44.3
CA	87.2	53.1	49.2
LA County	84.0	55.0	63.5
PA	93.5	67.9	53.2
Phila County	88.4	65.2	58.2
NJ	90.8	61.1	42.2



Influenza

Influenza and Pregnancy

- **Immunization with the trivalent inactivated flu vaccine (TIV) is recommended for all pregnant women**

(ACOG 2004, CDC 2008)

- Increased morbidity/hospitalization rates for pregnant women in every trimester compared to rates in nonpregnant persons

(Dodds L et al, CMAJ 2007)

- When no comorbidities: risk ratio 1.7 (1st tri) – 5.1 (3rd tri)
- With comorbidities: risk ratio 2.9 (1st tri) – 7.9 (3rd tri)

- Increased risks of maternal deaths reported in pan-epidemics

(CDC 2007)

- Demonstrated benefit for mothers **and** newborns

So..why aren't more pregnant women vaccinated against influenza?

- ⦿ Lack of information
- ⦿ Variability in flu severity year-to-year
 - Current flu season ending: mildest in CA in recent years
 - “Short memory” syndrome
- ⦿ Concerns over risk for pregnancy
- ⦿ Provider interest: concerns over reimbursement, litigation
- ⦿ Confusion over recommendations

Seasonal and H1N1 Influenza Vaccination in HCW: United States, January 2010

	Seasonal flu vaccine	H1N1 Flu vaccine
<u>Characteristic</u>	<u>% Vaccinated</u>	<u>% Vaccinated</u>
All health-care personnel	61.9	37.1
Work setting		
Hospital	71.7	50.6
Ambulatory/outpatient	64.2	39.2
Occupation		
Physician, PA, NP	76.5	44.7
Nurse	69.3	44.5
Allied health prof	61.3	35.6
Administration	62.8	38.6

Influenza Vaccine Rates among Pregnant Women, 2009-10 Season

- ⦿ CDC data analysis from 29 states and NYC
- ⦿ Ranges of vaccine receipt rates
 - Seasonal vaccine: 47% median (26 % FL to 68% MN)
 - H1N1 vaccine: 40% median (22% MS to 63% VT)
 - EITHER vaccine: 59%, BOTH vaccines 28%
- ⦿ Vaccination rates were higher in all states when providers routinely offered or recommended
 - 53% and 62% for H1N1/seasonal vs 9% and 14%

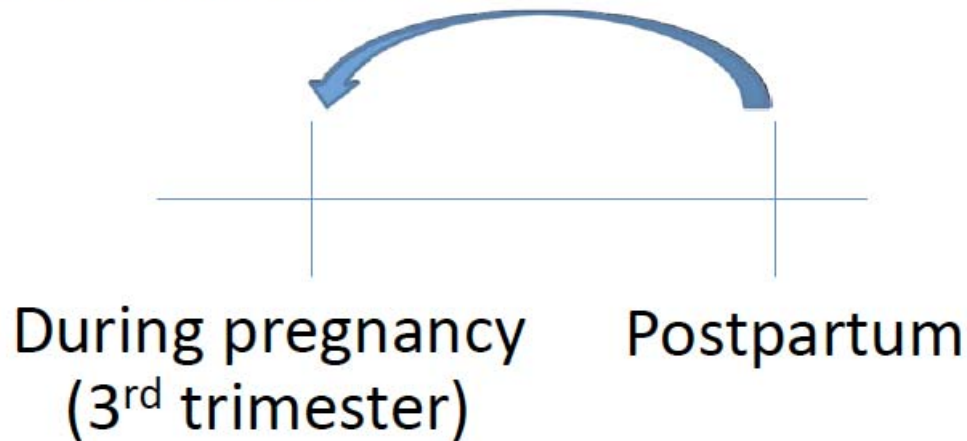
Pertussis and Tdap

New Tdap Urgency: CA Outbreak

- Largest pertussis outbreak in 65 years in CA in 2010
 - 9120 cases statewide; 304 cases through same time in 2009
 - 10 infant deaths
- Studies have shown that household contacts, most often mothers, are the most common source of pertussis in infants *(Wendleboe AM, Ped Infect Dis J, 2009)*
- CA Dept. of Public Health, CDC, and CA-ACOG endorsed vaccinating women **during** pregnancy
 - At least 2 weeks before contact with young infants
 - Household contacts are also to be vaccinated
- Health-care personnel and childcare workers also need to be vaccinated

Tdap during pregnancy?

- Move mother's dose to the 3rd trimester
 - Protect infant against transmission from mother (similar to postpartum)
 - Likely benefit -- direct immunity to infant through maternal antibodies¹



¹ Healy et al 2004; Van Savage et al 1990; Gall et. Al. 2011; Leuridan, et al. 2008; Shakib et al 2010.

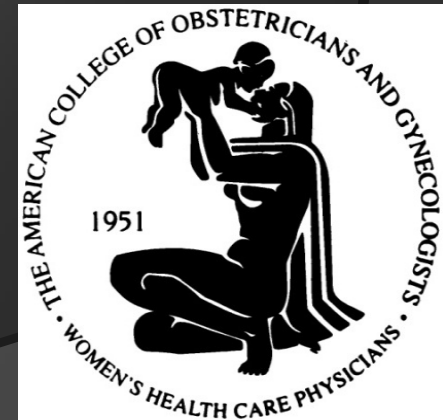
Pertussis Recommendations

Current Landscape

- ⦿ All health care personnel
- ⦿ All adults, adolescents
- ⦿ After wound (instead of Td)
- ⦿ 7-10 yo, if not completely immunized
- ⦿ Cocooning—including GRANDPARENTS
- ⦿ Antepartum—2nd or 3rd trimester
- ⦿ If not antepartum, give postpartum

IMMUNIZATION PROGRAM

www.immunizationforwomen.org



Visit our Website: www.immunizationforwomen.org

The screenshot shows the homepage of the Immunization for Women website. At the top, there is a dark blue header with the organization's logo on the left, the title "Immunization for Women" in white, and the subtitle "Immunization Information for Ob-Gyns and Their Patients" and "The American College of Obstetricians and Gynecologists" below it. On the right side of the header, there are links for "Home" and "Contact Us", and a search bar with the text "Search by keyword" and a "Search" button.

Below the header is a navigation menu with the following items: ABOUT US, IMMUNIZATION FACTS, PRACTICE MANAGEMENT, VACCINE SAFETY, NEWS & MEDIA, RESOURCES, and FAQs.

The main content area features a large banner with the heading "What's New on Immunizing Women" in red. Below the heading is a paragraph: "Check this section for the latest updates and advisories on immunizations for adult and adolescent women, including pregnant and breastfeeding women." To the right of this text is a photograph of a female doctor in a white lab coat examining a pregnant woman in a blue shirt.

Below the banner is a purple box with a white exclamation mark icon and the text: "Happy 1st Birthday to us! To celebrate, we want YOUR thoughts on the website!"

There are three main content boxes, each with a purple header and a light gray body. The first box is titled "Seasonal Influenza (Flu)" and has a purple icon of a caduceus. It contains two tabs: "OB-GYNS" and "PATIENTS". The text below the tabs reads: "The College and ACIP recommend that all women, including those pregnant and breastfeeding, receive an influenza vaccine. [Read a letter from the College](#) to providers on flu vaccine for pregnant women. [Click here](#) for additional information." The second box is titled "Pregnancy" and has a purple icon of a pregnant woman. It also has "OB-GYNS" and "PATIENTS" tabs. The text reads: "Talk to your patients who are pregnant or thinking about becoming pregnant about their immunization history. Recommend that all of your pregnant patients receive the seasonal flu vaccine. [Click here](#) for additional information." The third box is titled "Adults & Adolescents" and has a purple icon of a family. It has "OB-GYNS" and "PATIENTS" tabs. The text reads: "Talk to all of your patients about the importance of immunizations. Many adolescents and adults have not received recommended immunizations and are at risk for contracting vaccine-preventable diseases. [Click here](#) for additional information."

At the bottom of the page, there are two sections. The first is "E-Mail Updates & Alert Sign-up" with the text: "Stay up-to-date with critical immunization for women topics by signing up for our e-mail updates and alert notifications." Below this is a form with a text input field labeled "Please enter your e-mail address", two checkboxes for "E-mail Updates" and "Alert Notifications" (both checked), and a "Sign-Up" button. The second section is "Help Spread the Word" with the text: "Share this important information with friends, family and colleagues with just a few clicks." Below this are social media sharing icons for Facebook, Twitter, LinkedIn, and Email, along with a "+" icon and the word "Share".

Outreach to Ob-Gyns



PRACTICE MANAGEMENT

Practice Management

Office-based vaccine program

Coding

Financing

Supply

Liability

Refusal

Communicating with Patients

Office Immunization Rates

Storage and Handling

Health Care Workers

E-Mail Sign-up

Stay up-to-date with critical immunization for women topics by signing up for our e-mail updates and alert notifications.

Setting up an office-based vaccine program

Women are more likely to receive immunizations following the recommendation from their doctor. Setting up an office-based immunization program allow you to offer your patients, their families and your community protection from diseases. The most important aspect of an immunization program in the office is the designation of a vaccination coordinator. The coordinator will have the responsibility for ordering and maintaining vaccines, syringes, and other supplies. Other duties include the development or procurement of medical protocols for vaccination and assuring the competence of the staff. Proper vaccine/diluent storage and proper vaccination record keeping by all staff should be periodically verified by the vaccination coordinator. The coordinator should have a back-up person trained in all of these duties.

One of the first duties of the coordinator will be to gain support and to ensure that all staff has access to the same information while an immunization program is incorporated into the practice. All staff, especially medical and clerical particularly will be heavily impacted by changes in office procedure, and it is imperative they understand and endorse the importance of new or expanded vaccine services.

As part of initial planning, the clinic should decide where vaccinations will be given. Basic considerations such as adequate lighting, ventilation, a hand washing sink, telephone access, and location of refrigerator that stores vaccines should be addressed. The vaccination area must have adequate space for sharps containers, dry storage, forms for record-keeping, and informational materials. Adequate space for patients to sit or recline should be available.

The refrigerator/freezer designated for vaccine storage must be used exclusively for the storage of pharmaceuticals and biological products. The unit should be large enough to hold the largest month's vaccine inventory, typically the November influenza vaccine order. Dorm style or bar-style refrigerators are never acceptable for vaccine storage, due to their inability to reach or maintain

Outreach to Ob-Gyns, cont.

Website includes practice management information, including:

- Starting an office-based vaccine program
- Coding
- Financing
- Supply
- Liability
- Refusal
- Communicating with Patients
- Storage and Handling
- Healthcare Workers



Ob-Gyn Specific Vaccination Information

Vaccine Preventable Diseases including:

- Seasonal Influenza (Flu)
- Pertussis
- Human Papillomavirus (HPV)
- Pneumococcus
- Varicella
- Meningococcus
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Tetanus/Diphtheria
- Measles, Mumps, and Rubella
- Poliomyelitis (Polio)

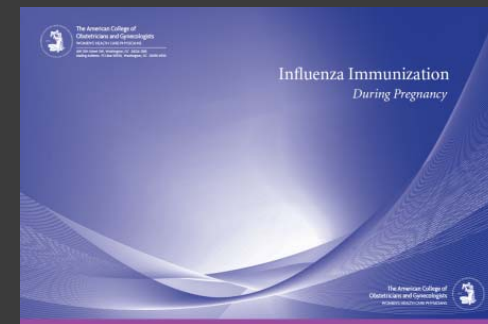
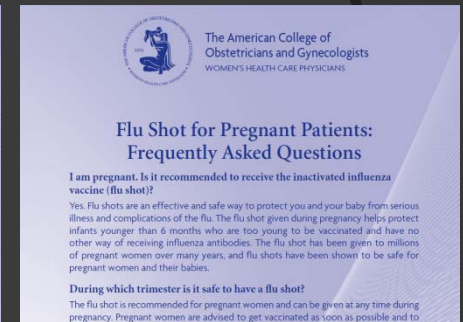
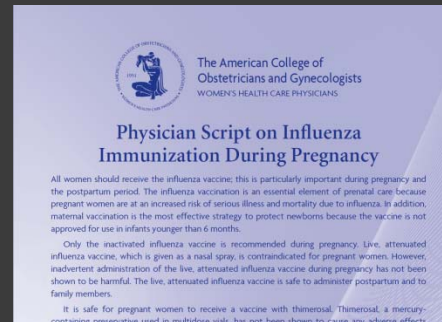
Special Populations:

- Pregnant/Breastfeeding
- Adolescents
- Ethnic and Racial Groups
- Medical Conditions
- Seniors
- Travelers

Mailings to Ob-Gyns

Seasonal Influenza (Flu) 2011-2012 Included:

- Flu Vaccine FAQ tear pad for patients
- Physician Script with Coding information
- ACOG Committee Opinion 468 “Influenza Vaccination During Pregnancy:”
- Vaccine Information Statement



Seasonal Influenza (Flu)
2012-2013 Mailing in
development now!

Mailings to Ob-Gyns, cont.

Tdap, May 2012, Will Include:

- Tdap FAQ tear pad for patients
- Vaccine Safety FAQ tear pad for patients
- Physician Script
- Coding Information
- Vaccine Information Statement
- Committee Opinion No. 521 “Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination”