

Summary of the National Adult and
Influenza Vaccine Summit (NAIIS)
May 14 - 16, 2013

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The United States National Influenza Vaccine Summit is...

- A partnership of more than 140 organizational stakeholders, both private and public, in influenza vaccine research, production, distribution, administration, and advocacy
- All committed to achieving the Healthy People 2020 goals for influenza vaccination
- Started in 2000 in response to problems with influenza vaccine supply

The Summit is also...

- An annual meeting
- A concept
- An informal, action-oriented organization
- A tool for improving communications between stakeholders
- A resource
 - Web site
- An Educator

Members of the Summit include...

- Vaccine Manufacturers
- Vaccine Distributors
- Federal Agencies
- Professional Medical Organizations
 - Specialty
 - State
- Nursing Organizations
- Public Health
- Hospitals

Members of the Summit include...

- Pharmacists
- Community Immunization Providers
- Occupational Health Providers
- Business/Employers
- Private Health Insurance and Managed Care
- Long-term Care
- Quality Improvement Organizations
- Consumers
- Advocacy Groups

Summit Creates United Influenza Vaccination Goals

- The remarkable breadth of participants in the Summit provides a 360-degree view of all the moving parts associated with influenza immunization
- Summit provides continual opportunity for all partners to “get on the same page” with respect to influenza immunization in the United States.

The Summit Trust Relationship...

- Through the development of understanding, trust and transparency in the influenza enterprise, the Summit
 - Provides partners with a safe environment to raise issues/problems and discuss potential solutions honestly.
 - Provides opportunities to share, learn and understand each others' perspectives and ideas
 - Provides opportunities to leverage all partners to respond to national questions about influenza vaccination
 - Last year's supply survey
 - IVATS

The National Adult Immunization Summit

- Was formed last year to build upon the strategies and successes of the National Influenza Vaccine Summit
- Built upon the work and effort from many others, including ideas from the 2007 and 2010 National Immunization Congresses, to focus on action to lead to change that will increase adult immunization rates
- Co-led by the AMA, CDC, and the NVPO

The National Adult and Influenza Immunization Summit

- A natural course for both of these Summits is to evolve into one single entity dealing with all adult vaccines, including influenza
- A complete merger would best be held off until some of the pressing issues remaining in influenza are dealt with. Eg, quadrivalent.
- Influenza will likely remain unique for the Summit in order to maintain Summit effort in the pediatric population for influenza
- Opportunity for the Summit to evolve to reflect ALL providers of adult immunizations

The National Adult and Influenza Immunization Summit

- The upcoming face-to-face meeting in May 2013 is currently called the National Adult and Influenza Immunization Summit (NAIIS)
- The Summit is organized by the IAC, CDC, and NVPO, with strong support from the Summit Organizing Committee and the Summit Advisory Group
- The Summit's work is done primarily through its five working groups
- Continuing evolution as summit moves forward

The Summit Organizing Committee

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Pharmacists Association
- Centers for Disease Control and Prevention
- Immunization Action Coalition
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- National Vaccine Program Office

The Summit Advisory Group

- America's Health Insurance Plans
- American Hospital Association
- Association of Immunization Managers
- Association of State and Territorial Health Officials
- Biotechnology Industry Organization
- Community Immunizers
- Health Industry Distributors Association
- National Association of County and City Health Officials

Patient Outreach WG 2012 – 2013 Results

- Supported IAC development of Adult Vaccination Resources (searchable) Library
- Developed Outreach Tools:
 - Calendar
 - Stories Publicity
 - Reviewed non-proprietary information re: effective communications

Patient Education Group: Activities for Coming Year

- Build out calendar opportunities to:
 - Incorporate expanded bank of real-life stories
 - Provide tools (matte articles, tweets, etc.) based on key messages
- Update & enlarge Adult Vaccination Resources Library
- Develop proposal for consolidated website for easier access to information
- Other item suggested by the Summit
 - Identifying effective adult immunization messages

Provider Outreach WG 2012 – 2013 Results

- Adult Vaccination Resources Library
- Met monthly.
 - Created a forum for communication on issues of concern to healthcare providers.
- Sought out examples of “What Works” : Displayed today and posted on this website:
 - http://www.preventinfluenza.org/profs_whatworks.asp

The Adult Vaccination Resources Library

Home | About IAC | Contact | A-Z Index | Donate | Shop | [SUBSCRIBE](#)

For Health Professionals | For the Public | For Coalitions

Immunization Action Coalition

Handouts for Patients & Staff | Clinic Resources | Vaccine Information Statements | Diseases & Vaccines | Talking about Vaccines | Topics

IAC Home | [Adult Vaccination Resources Library \(AVRL\)](#)

Adult Vaccination Resources Library

Search the Library

Search Library

Advanced Search *(recommend that you use only 1-2 criteria at a time)*

Audience:

Disease:

Vaccine:

Condition:

Age Group:

Special Population:

Keyword/Topic:

Language:

Media Type:

Owner/Publisher:

Publication Date:

About the Library

The Adult Vaccination Resources Library (AVRL) gathers adult immunization resources into one location, allowing healthcare providers and the general public to pinpoint adult immunization resources that can be used in a clinic setting or for individual education. Using simple keywords and other selected criteria, you can search the library to find the resources that meet your needs.

[>> tips on how to search the library](#)



Submit a Resource or Comment

To offer comments, report broken links, or submit suggestions for resources that should be included, please send an email to laurel@immunize.org. Please put "AVRL Suggestion" in the subject line.

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>> [tips on how to search the library](#)

Step 1: Select Search Criteria

Step 2: Click on either of the "Go" buttons

How to Search the Adult Vaccination Resources Library (AVRL)

Follow these two steps to locate desired resources contained within the AVRL.

Step 1: Select Search Criteria

Several options are available to help locate appropriate resources. These may be used singly or in combination, but we recommend that you begin your search using no more than 1-2 criteria at a time. Using multiple criteria will restrict the search and reduce your chances of obtaining resources.

Search Terms

Type a keyword or phrase that represents the information you are seeking in the Search Library box.

- To search using a phrase, simply place a plus sign (+) between the individual words that make up the exact phrase, e.g., "hepatitis+b".
- To exclude a certain term, place a minus sign (-) before it, e.g., "-measles".
- Individual terms are matched to any part of words in the title or description. A search for "flu" will result in a listing of resources with "flu" or "influenza" in the title or description.
- The search is not sensitive to the case of the search terms. So a search for "INDICATIONS" is the same as a search for "indications".

Select a Pre-Defined Category

Select a specific term from the drop-down menu (visible when clicking on the button on the right hand side of each box) in one or more the following categories:

- **Audience:** To differentiate between resources best suited for either a general audience or healthcare professionals
- **Disease:** To select resources discussing specific vaccine-preventable diseases
- **Vaccine:** To find resources providing information about selected vaccines
- **Condition:** To view information related to specific health conditions that might impact the use of vaccines
- **Age Group:** To find resources related to several broad age ranges (≥19 years of age) that affect the use of certain vaccines
- **Special Population:** To locate resources associated with certain population groups that influence vaccine recommendations
- **Keyword/Topic:** To obtain resources in which a pre-determined keyword or topic is covered (Note: This may result in a different set of resources than typing the same word in the Search resources titles and descriptions box, which is limited to words specifically found in the resource's title or description.)
- **Language:** To find resources that have been translated into a variety of different languages
- **Media Type:** To locate resources that are available in a diverse types of media, such as printable PDFs or videos
- **Owner/Publisher:** To select resources that have been published by a specific agency, organization, or company
- **Publication Date:** To view resources according to how recently they were published, within a two-year range. Because general websites are updated frequently, they are classified as "ongoing", rather than being listed by a specific publication date.

Combination

Any combination of search terms and pre-defined categories may be selected at one time. For example, "shingles" may be typed into the search terms box and "general population" may be selected for the audience type. Note: Selecting multiple options restricts the overall number of resources returned.

Step 2: Click on either of the "Go" buttons

After selecting desired terms/categories, click on either of the "Go" buttons to obtain results. When the selected resources are returned, you may choose whether you would like the results to be listed by Title (in alphabetical order) or by the date the resource was posted in the AVRL. Using the Date posted option provides an easy way to find new resources as they are added to the library.

Search Library

- Searches for keyword or phrase found in resource title or description
- Exact phrase: use “+” sign (hepatitis + b)
- Exclude term: use “-” sign before word (- measles)
- Searches using any part of words (e.g. “flu” results would include “influenza”)
- Not case sensitive

Advanced Search

Audience	General public or HCP
Disease	Specific VPD
Vaccine	Specific vaccine
Condition	Health condition (e.g., diabetes, pregnancy) that might impact vaccine use
Age Group	Broad age categories related to vaccine use
Special Population	Group (e.g., HCP, childcare personnel) that influences vaccine use
Keyword/Topic	Pre-determined words or topics (caveat with <i>Search Terms</i>)
Language	Translations in a variety of languages
Media Type	Diverse media types (e.g., video, PDF)
Owner/Publisher	Agency, organization, or company
Publication Date	2 year date range (website “ongoing”)

Provider Outreach WG: Next Steps

- Complete the Adult Vaccine Resources Library
 - Look for an announcement soon from IAC!
- Develop a program to help provider understand the ACA and improve their payment for vaccination services. Eg.
 - Best practices for operational efficiency
 - Implement what works
- Work to develop and implement strategies to increase the provider recommendation

Policy and Decision Makers WG 2012 – 2013

Results

- Defined educational scope of WG and role of member organizations in WG
- Established connection with Measures and Access WGs related to shared goals and role of policy / decision-makers
- Educated WG members on employer issues related to adult immunizations to complete gap analysis
- Identified target employer groups to invite to join DM WG

Policy and Decision Makers WG: Next Steps

- Incorporate key relevant recommendations and suggestions obtained from discussions at the Summit into the WG plan
- Meet with remaining NAHIS WGs to align on key goals and objectives that require policy/decision-maker action
- Recruit 1-2 employer advocacy groups to join DM WG and the Summit
- Prioritize data needs and key messages for decision-maker categories
- Some action items suggested by the Summit
 - Recognizing community immunizers as in-network providers
 - Including all vaccines in Medicare Part B
 - Expanding in-state Medicaid programs to new enrollees

Quality and Measures WG 2012 – 2013 Results

- Make vaccination status requirement of provider licensure renewal/Assess the status of organizations in making vaccination status of health care personnel a requirement of credentialing
 - Presentation and discussion on NQF-endorsed measure of influenza vaccination of health care personnel (HCP). Began discussion on possible changes to suggest for next round of revision.
 - Panel discussion with accrediting bodies and provider organizations to understand their policies and work on promoting HCP vaccination
- Assist the Pharmacy Quality Alliance with development of pharmacy immunization measures that align with other immunization measures
 - Presentation and discussion on previous PQA efforts to develop immunization quality measures
 - PQA will be forming an advisory committee by mid-2013. They have requested WG input to identify experts to participate in these discussions
- Examine opportunities to promote existing composite measures or develop new composite measures for adult immunizations
 - Presentation in late January of a composite measure of adults up-to-date on vaccines developed by the Institute for Clinical Systems Improvement. Discussion on current use of measure and opportunities to promote/expand use of measure.
 - Exploration of a pilot of a composite measure for adult immunization coverage

Quality and Measures WG: Next Steps

- Advocate for adult immunization measurements being added to chronic disease measurements
- Work with NQF to standardize adult immunization measures and build on their previous work standardizing influenza and pneumococcal immunizations
- Combine preventive services, including adult vaccinations into either a set of measures or a composite performance measure

Access and Collaboration WG 2012 – 2013 Results

- Submitted application for CPT code for the situation when vaccine counseling is provided but vaccine is not given
- Updated the NVAC 's existing adult immunization standards to be more inclusive of ALL adult vaccination providers
 - Submitted for NVAC review with vote in September meeting
- Worked with HealthMap to develop the new adult vaccine locator

Access and Collaboration WG 2012 – 2013 Results

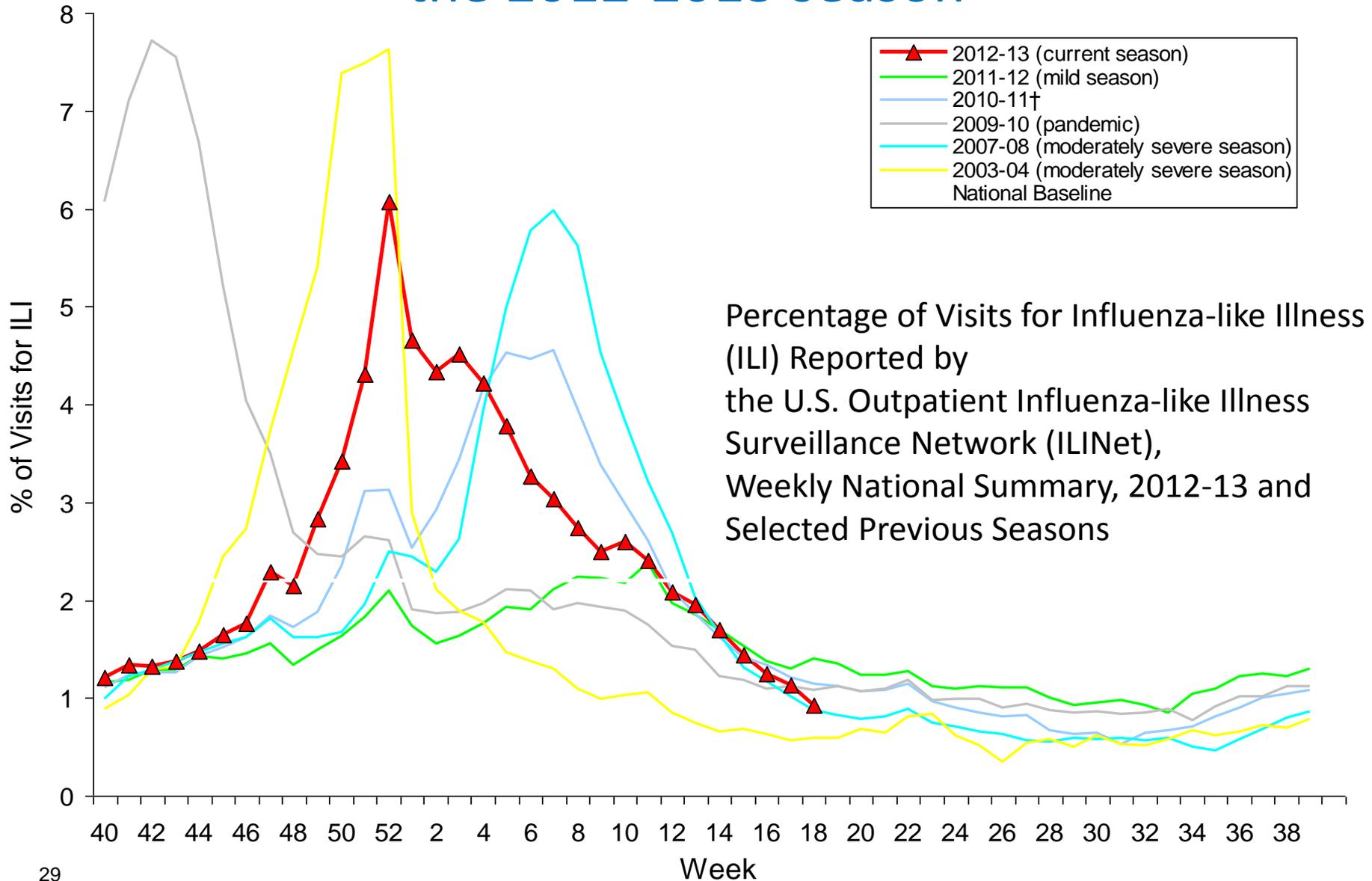
- The HealthMap Adult vaccine locator
 - Evolved from original ALA then Google Flu Vaccine Locator
 - Automatically detect user's location by IP address, can also enter address, city + state, or zip code
 - Results listed in order of distance from search criteria.
 - New feature: show different types of flu vaccines (shot, nasal spray, high dose, intradermal)
- Expanded in early 2013 to include 10 vaccines recommended for adults by ACIP (hep A, B, HPV, MMR, Zoster, Td/Tdap, Meningococcal, Pneumococcal, Varicella)
- On the Provider side:
 - 1446 provider accounts (more than tripled from GFVF)
 - Over 62,000 locations
 - Nearly 90% pharmacies, largely bc of chains like CVS, Walgreens that are in system and each have thousands of locations.
 - Continue to reach out to more clinics, health departments, physicians, and other providers. They truly want to represent all types of vaccine providers.
- User side:
 - Over half a million visitors in first 6 months, with a huge spike in January due to high seasonal flu activity and attention from media. (chart)
 - Record 75,000+ visitors in one day

Access and Collaboration WG: Next Steps

- Connectivity/documentation of adult vaccinations (support measurement goals) and increase adult vaccine integration into IISs (registries)
- Tools for providers (business and practice models; ie: billing)
- Remove "in-network provider" barriers
- Implement the Updated Adult Immunization Standards

Influenza Sessions

Highlights from the Influenza Sessions: Impact of the 2012-2013 season



Highlights from the Influenza Sessions: Impact of the 2012-2013 season

- 138 influenza-associated pediatric deaths in the 2012-13 season as of week 16, 2013
 - 73 (54%) of children had influenza B infections
 - 68% of children were 5 years of age or older
 - 56% had a high risk condition
 - Typically ~20% of children with known vaccination status are fully vaccinated

Highlights from the Influenza Sessions: Impact of the 2012-2013 season

- Update on H7N9 influenza in China
 - First 3 cases were reported by China on March 31
 - Virus is different from other H7 viruses that have infected humans
 - Better adapted for infecting mammals than H5N1 but not fully adapted
 - Poultry believed to be the source of human infections
 - Low pathogenicity in poultry

Highlights from the Influenza Sessions: Impact of the 2012-2013 season

Influenza A (H7N9) Summary — China

Cumulative counts since 19 Feb 2013	N
Number of provinces/municipalities/areas with confirmed cases	8 / 2 / 1
Number of confirmed cases*	131
Number of fatal confirmed cases	35

Number of cases being reported is now declining significantly

Perhaps it is now under control?

Highlights from the Influenza Sessions: Report on the ACIP recommendations for 2013-2014

- Will be presented at June 20 ACIP meeting
- Recommendations not final until adopted by CDC Director
- No major changes or expansion of recommendations
- New items:
 - New abbreviations (IIV [3 or 4]; RIV; cclIV)
 - Four new vaccine products available for 2013-14
 - RIV3; cclIV3; LAIV4; IIV4
 - No preferential recommendations

Highlights from the Influenza Sessions: Latest Estimates of Vaccine Coverage

- 54.9% of children vaccinated
- 35.1% of adults vaccinated
- Health-Care Personnel
 - 70.5 % vaccinated
 - Long-term care facilities had lower coverage than other facility types
 - Non-pharmacist/non-physician/non-nurse had lower coverage than other occupations
- Pregnant Women
 - 53% vaccinated
 - Majority vaccinated during pregnancy
- Results are preliminary
 - Final 2012-13 season results available in fall 2013

Highlights from the Influenza Sessions: Latest Estimates of Vaccine Coverage

• Some Recommendations

– Increase influenza vaccination coverage rates among all individuals \geq 6 months.

- Among adults in certain racial and ethnic groups.
- Among health-care personnel, especially those working in long-term care facilities and non-pharmacist/physician/nurses.
- Among pregnant women by recommending and offering vaccine

– Implement strategies to increase vaccination coverage in upcoming influenza seasons.

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

Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

- Challenges for the upcoming season

- Entire presentation on the issues for the upcoming season by Kris Sheedy (see website)

- New vaccine formulations
 - New technologies
 - Vaccine effectiveness concerns

- Misperceptions regarding vaccine

- Audiences: similarities/differences

- Vaccination coverage disparities:

- Adult vaccination disparity
 - Underserved populations

Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

- Key Messages

- Influenza (the flu) is a contagious respiratory illness caused by influenza viruses.
- Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.
- Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.
- Everyone aged 6 months and older should get a flu vaccination each year to protect themselves and their loved ones against the flu.
- It takes about two weeks after vaccination for the body's immune response to fully respond and for you to be protected.
- Vaccination is the first and most important step to protect against flu.

Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

- Key Messages

- As long as flu viruses are circulating it's not too late to get vaccinated. [National Influenza Vaccination Week (NIVW)].
- Children 6 months to 8 years of age who are getting vaccinated for the first time will need two doses of vaccine, spaced at least 28 days apart
- People have several options in terms of where they can get vaccinated and the type of influenza vaccine to choose.
<http://flushot.healthmap.org/>.
- The best way to protect against the flu is by getting vaccinated each year.
- CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions, and use of antiviral drugs if your doctor prescribes them.

Highlights from the Influenza Sessions: Latest Vaccine Efficacy data from CDC

- Adjusted VE against influenza A and B was 53% (47-58%)
 - Similar to early unadjusted VE of 62% (51-71%) and mid-season adjusted VE of was 56% (47-63%) against A and B
 - Similar to international interim VE estimates
- Vaccination reduced the risk of outpatient medical visits:
 - Due to influenza A(H3N2) by half (45%); exceptions for aged 9-17 and 65+ years
 - Due to influenza B by two-thirds (63%); consistent for all ages
- Similar VE against vaccine lineage B (Yamagata) and excluded B (Victoria)
 - Need further research to confirm and understand age differences
 - Need better understanding of cross-protection

Highlights from the Influenza Sessions: New and improved influenza vaccines

- The landscape of new influenza vaccine development is active and rapidly evolving
- Significant technical challenges for innovative technologies
- Continued scientific discoveries provide greater opportunities for innovation
- Post-pandemic fatigue and economic challenges affect all partners
- Leveraging government, nonprofit and industry collaborations will be essential to continued public health success
- Please visit Dr. Bright's presentation on Summit website!

Highlights from the Influenza Sessions: Manufacturer Production Estimates

- Sanofipasteur
 - Anticipates delivering same number of doses of IIV3 (in multiple formulations) as previous season (50M doses)
- Protein Sciences
 - Anticipate delivering 250,000 doses of RIV3
- Novartis Vaccines
 - Anticipate delivering 30M doses of IIV3 and cIIV3
- Merck Vaccines
 - Anticipates delivering 10M doses of IIV3
 - CSL Biotherapies will resume distribution of Afluria® in the United States for the 2014–2015 season by initiating the prebooking of the vaccine late 2013
- MedImmune
 - Anticipates delivering 12 - 15M doses of LAIV4 (no LAIV3 in market)
- GSK Vaccines
 - Anticipates delivering 22 - 24M doses, with up to 10M doses of IIV4

Summit National Award Winners

“Overall Influenza Season Activities” Award

- Recipient:
National Council on Aging

“Healthcare Personnel Campaign” Award

- Recipient:
Rhode Island Flu Task Force

“Immunization Coalitions / Public Health / Community Campaign” Award

- Recipient:
Chicago Department of Public Health

“Corporate Campaign” Award

- Recipient:
Walgreens

“Overall Adult Immunization Activities – Beyond Flu” Award

- Recipient:
Minnesota Department of Health



Honorable Mention Award

“Healthcare Personnel Campaign” Award

- Recipient: **University of Oklahoma College of Pharmacy**

“Immunization Coalitions / Public Health / Community Campaign” Award

- Recipient: **Assembly of Petworth**
- Recipient: **IAC of Washington – “Within Reach”**
- Recipient: **Alachua County’s SLI Vaccination Program**

“Overall Influenza Season” Award

- Recipient: **Greene Area Medical Extenders**

“Overall Adult Immunization Activities – Beyond Flu: Award

- Recipient: **Arkansas Pharmacists Association**



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