

State of the States: Adult Immunization Programs

2012 Program Annual Progress Assessment

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Disclaimer

- ❑ **The findings and conclusions in this presentation have not been formally disseminated by CDC and should not be construed to represent any agency determination or policy**

Burden of Vaccine Preventable Disease Among U.S. Adults

- ❑ **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 adults¹
- ❑ **Invasive pneumococcal disease (IPD)²**
 - 39,750 total cases and 4,000 total deaths in 2010
 - 86% of IPD cases and nearly all IPD deaths among adults
- ❑ **Pertussis³**
 - 41,880 total reported cases 2012
- ❑ **Hepatitis B⁴**
 - 35,000 estimated cases; 3,350 acute cases reported 2010
- ❑ **Zoster⁵**
 - about 1 million cases of zoster annually U.S.

1. CDC. Estimates of deaths associated with seasonal influenza – United States, 1976-2007. MMWR. 2010;59(33):1057-1062.

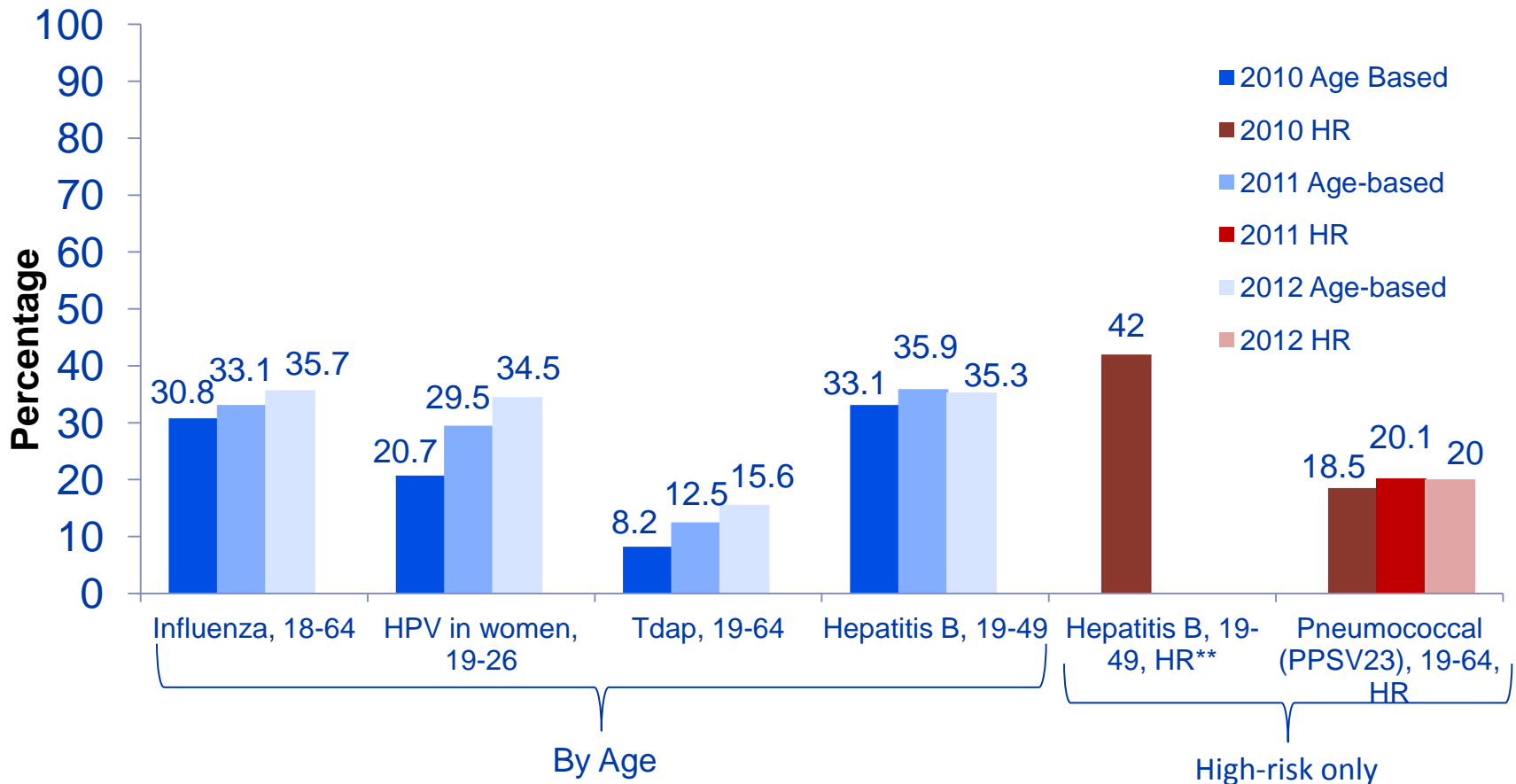
2. CDC. Active Bacterial Core Surveillance. <http://www.cdc.gov/abcs/reports-findings/survreports/spneu10.pdf>.

3. CDC. Notifiable Diseases and Mortality Tables. MMWR 2013. 61(51&52): ND-719 – ND 732.

4. CDC. Viral Hepatitis Surveillance United States, 2010. National Center for HIV/AIDS, Viral Hepatitis, STD& TB Prevention/Division of Viral Hepatitis.

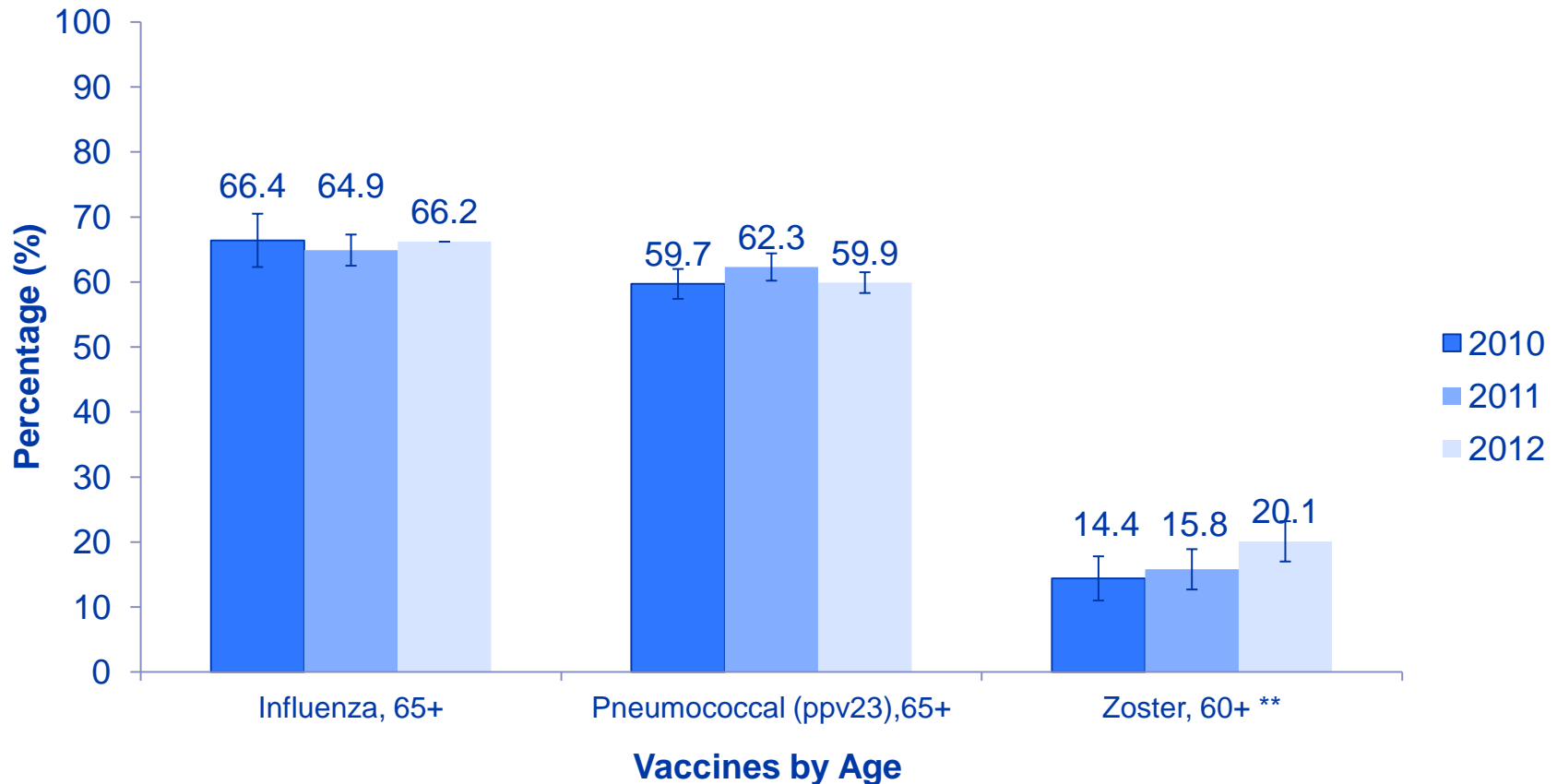
5. CDC. Prevention of Herpes Zoster. MMWR 2008. 57(RR-5): 1-30.

Vaccination coverage for target groups by vaccine, age, and high-risk status, NHIS 2010-2012*



*Data source: 2010 National Health Interview Survey. CDC. Adults Vaccination Coverage — United States, 2010. MMWR 2012; 61(04);66-72. NHIS 2011 – Non-influenza vaccine coverage among adults – United States, 2011. MMWR 2013;62:66-72. and NHIS 2012 – Non-influenza vaccine coverage among adults – United States, 2012. MMWR 2014; **Hepatitis B, 19-49 HR data not collected in 2011 or 2012

Vaccination coverage for target groups by vaccine and age, NHIS 2010-2012*



*Data source: 2010 National Health Interview Survey. CDC. Adults Vaccination Coverage — United States, 2010. MMWR 2012; 61(04);66-72.
NHIS 2011 – Non-influenza vaccine coverage among adults – United States, 2011. MMWR 2013;62:66-72.
NHIS 2012 – Non-influenza vaccine coverage among adults – United States, 2012. MMWR 2014.

Background

- ❑ **Immunization programs are funded through the Vaccines for Children (VFC) program and Section 317 discretionary funds***
 - 64 immunization programs are supported by CDC through these mechanisms (including all 50 states, District of Columbia, 5 cities, 8 U.S. territories)

- ❑ **Section 317 discretionary funding:**
 - 50 year history of supporting the purchase of vaccines
 - In recent years the funds could be used to purchase vaccines for priority populations
 - Funds also support immunization program operations at the local, state, and national levels

* Source: <http://www.cdc.gov/vaccines/imz-managers/guides-pubs/qa-317-funds.html>

Program Annual Progress Assessment Background

- ❑ **Program Annual Progress Assessment is an annual survey of immunization program activities**
 - Current Assessment includes 9 major sections
- ❑ **2012 adult immunization section includes:**
 - Questions on adult immunization coordinator and time spent on adult immunization issues
 - Program coalitions and collaborations in support of adult immunization issues
 - Use of Section 317 funds and other funds for purchase of vaccines for adults
 - Activities supporting providers' implementation of evidence-based strategies to increase adult immunization rates

Analysis of 2012 Adult Immunization Section

- ❑ **Responses from the 2012 adult immunization section of the assessment were collected and analyzed**
 - Collection period occurred March – May of 2013

- ❑ **61 of 64 programs responded to the 2012 adult immunization section**

- ❑ **Results from the 56 state and city immunization programs reported here**
 - Responses from the 5 immunization programs of US islands are not reported (Guam, Micronesia, Palau, Puerto Rico, and Virgin Islands)

Adult Immunization Coordinator Activities

- 46 (82%) of 56 programs reported they had an adult immunization coordinator in 2012

% of time spent on adult immunization activities in 2012	# of programs (%) N=56
No adult immunization coordinator	10 (18%)
>0-≤25%	24 (43%)
26-50%	8 (14%)
51-75%	4 (7%)
76-100%	10 (18%)

Adult Immunization Coalitions and Quality Improvement Organization (QIO) Involvement

- **51 (91%) of 56 programs included adult activities in immunization coalitions**
 - 13 (23%) of 56 programs reported they had an immunization coalition solely for adults
 - 38 (68%) of 56 programs reported adult immunization issues were included as part of their jurisdiction's overall immunization coalition

- **30 (54%) of 56 programs included Centers for Medicare and Medicaid Services QIOs in coalition**

- **28 (50%) of 56 programs reported that they actively collaborated with their QIOs on adult immunization issues**

Use of Section 317 Funds to Purchase Vaccines for Adults, 2012

- ❑ Overall, immunization programs spent a mean of 27% of their Section 317 vaccine purchase funds on adult vaccine purchases (range 0–100%)

- ❑ 45 (82%) of 55 programs reported that they used at least some Section 317 funds to purchase vaccines for adults*
 - 10 (18%) used 0% of Section 317 funds to purchase vaccines for adults
 - 34 (62%) programs used >0 to 50%
 - 11 (20%) used > 50%
 - 2 programs used 100% of funds on vaccines for adults

* One program did not respond to this question

Vaccines for Adults Purchased by the Immunization Programs, 2012 *

# of Vaccine Types Purchased	# of Programs (%)† N=56
No response provided§	1 (2%)
1-2 types	7 (13%)
3-4 types	8 (14%)
5-6 types	11 (20%)
7 or more types	29 (52%)

* Includes section 317 funds and state/local funds

† Percentages may not total 100% due to rounding

§ One program did not report that funds were used to purchase vaccines for adults

Types of Vaccines for Adults Purchased by the Immunization Program, 2012*

Vaccine Type	Number of programs (%)	Vaccine Type	Number of programs (%)
Hepatitis B	49 (88%)	Td	29 (52%)
Tdap	47 (84%)	HPV	29 (52%)
Hepatitis A	41 (73%)	Varicella	28 (50%)
PPSV23	36 (64%)	Meningococcal	25 (45%)
MMR	35 (63%)	Zoster	15 (27%)
Influenza	32 (57%)	PCV13	2 (4%)

* Includes section 317 funds and state/local funds

Types of Provider Groups Receiving Immunization Program-Purchased Vaccines for Adults, 2012*

Provider Type	Number of Programs (%)	Provider Type	Number of Programs (%)
Local Health Departments	45 (80%)	OBGYNs	12 (21%)
STD Clinics	27 (48%)	Family Physicians	11 (20%)
Long-Term Care Facilities	21 (38%)	Department of Corrections	11 (20%)
“Other Providers”†	22 (39%)	Internal Medicine	7 (13%)
School Located Vaccine Clinics	21 (38%)	Community Vaccinators	6 (11%)
HIV Clinics	19 (34%)	Pharmacies	3 (5%)
Hospitals	17 (30%)		

*Includes section 317 funds and/or state/local funds

†Many programs listed tribal medical facilities under “other providers”

Preliminary Unpublished Data

Collaborations on Adult Immunizations, 2012

□ Collaboration with pharmacies or community vaccinators:

- 45 (80%) of 56 programs reported that they collaborated with pharmacies and/or community vaccinators
- 15 (27%) of 56 programs reported that pharmacists were included as Vaccine For Children (VFC) providers in their jurisdiction in 2012

□ Collaboration with other partners to promote or assess adult immunization related issues:

- 27 (48%) of 56 collaborated with Behavioral Risk Factor Surveillance Systems (BRFSS)
- 22 (39%) worked with their jurisdiction's diabetes control program
- 14 (25%) with their asthma control program
- 10 (18%) with their heart disease and stroke prevention program

Proportion of Programs Working With Providers to Implement Evidence-Based Strategies to Increase Adult Vaccination Coverage, 2012*

Evidence-based strategy	# of programs (%) N=56
Standing orders	35 (63%)
Patient reminders	25 (45%)
Provider reminders	15 (27%)

- Community Preventive Services Task Force. Increasing Appropriate Vaccination:
<http://www.thecommunityguide.org/vaccines/standingorders.html>;
<http://www.thecommunityguide.org/vaccines/RRclientreminder.html>;
<http://www.thecommunityguide.org/vaccines/providerreminder.html>

Limitations

- ❑ **Additional program activities outside the scope of this assessment may not be fully captured in this report**
- ❑ **Report includes only those activities performed in 2012**
 - More recent activities in support of adult immunization will be assessed in 2013 and future assessments

Summary

- ❑ **Immunization Program Annual Progress Assessment provides an important overview of public health adult immunization program activities in the U.S. in 2012**

- ❑ **Substantial variability was found in the scope of support for adult immunization activities, including:**
 - Amount of time spent on adult immunization activities
 - Percent of funds allocated to purchase vaccines for adults
 - Types of vaccines purchased for adults
 - Work with coalitions to address adult immunization issues
 - Collaborations with partners, QIOs, or other programs

Discussion

- ❑ **Collaboration between immunization programs and healthcare partners is an important part of increasing adult immunization rates in states**
 - Increasing collaborations within health departments and with external parties can help extend the efforts of public health (e.g. In STD clinics, with chronic disease programs, in correctional facilities, and among QIOs)

- ❑ **Immunization program efforts to support use of evidence-based strategies to increase adult immunization rates may have the most lasting impact, including:**
 - Support for provider efforts to implement standing orders, reminders, and report to their jurisdiction's Immunization Information Systems or vaccine registry

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