State of the States: Adult Immunization Programs

2012 Program Annual Progress Assessment

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Carter Consulting, Inc.

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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 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

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

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

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

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

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

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

Preliminary Unpublished Data
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

<table>
<thead>
<tr>
<th>% of time spent on adult immunization activities in 2012</th>
<th># of programs (%) N=56</th>
</tr>
</thead>
<tbody>
<tr>
<td>No adult immunization coordinator</td>
<td>10 (18%)</td>
</tr>
<tr>
<td>&gt;0-≤25%</td>
<td>24 (43%)</td>
</tr>
<tr>
<td>26-50%</td>
<td>8 (14%)</td>
</tr>
<tr>
<td>51-75%</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>76-100%</td>
<td>10 (18%)</td>
</tr>
</tbody>
</table>
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 *

<table>
<thead>
<tr>
<th># of Vaccine Types Purchased</th>
<th># of Programs (%)† N=56</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response provided§</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>1-2 types</td>
<td>7 (13%)</td>
</tr>
<tr>
<td>3-4 types</td>
<td>8 (14%)</td>
</tr>
<tr>
<td>5-6 types</td>
<td>11 (20%)</td>
</tr>
<tr>
<td>7 or more types</td>
<td>29 (52%)</td>
</tr>
</tbody>
</table>

* 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

Preliminary Unpublished Data
## Types of Vaccines for Adults Purchased by the Immunization Program, 2012*

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

* Includes section 317 funds and state/local funds

Preliminary Unpublished Data
## Types of Provider Groups Receiving Immunization Program-Purchased Vaccines for Adults, 2012*

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

*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.

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

<table>
<thead>
<tr>
<th>Evidence-based strategy</th>
<th># of programs (%)</th>
<th>N=56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing orders</td>
<td>35 (63%)</td>
<td></td>
</tr>
<tr>
<td>Patient reminders</td>
<td>25 (45%)</td>
<td></td>
</tr>
<tr>
<td>Provider reminders</td>
<td>15 (27%)</td>
<td></td>
</tr>
</tbody>
</table>

*Preliminary Unpublished Data

• Community Preventive Services Task Force. Increasing Appropriate Vaccination:  
  [http://www.thecommunityguide.org/vaccines/standingorders.html](http://www.thecommunityguide.org/vaccines/standingorders.html);  
  [http://www.thecommunityguide.org/vaccines/RRclientreminder.html](http://www.thecommunityguide.org/vaccines/RRclientreminder.html);  
  [http://www.thecommunityguide.org/vaccines/providerreminder.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
Acknowledgements

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