Session C1

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Format II — Descriptive Summary
Oral Presentation
Standing orders for adult vaccination: The results of a multi-site study
Litjen (L.J) Tan, Cori Ofstead, Robin VanOss

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Background:
Adult immunization rates are low in the United States. Standing orders protocols (SOPs) are known to improve immunization coverage rates, but are underutilized by providers who work with adult patients. The Take A Stand™ study evaluated adult immunization rates after implementation of SOPs and identified challenges experienced by five sites. Immunization Action Coalition designed the program and supported implementation. Each site determined for how many and for which vaccine(s) they would implement SOPs.

Setting:
Five medical clinics of various sizes and geographic locations who implemented SOPs to immunize adults for 12 months

Population:
Adults with office visits during the study period and who were eligible for vaccination, representing 23,721 unique patient visits

Project Description:
We examined the impact of implementation of SOPs on adult immunization coverage rates by comparing baseline rates for up to six vaccines (HPV, Hepatitis B, Influenza, Pneumococcal, Tdap, Zoster), against 12 months’ coverage data following implementation. Qualitative information about the challenges and barriers was obtained from the sites.

Results/Lessons Learned:
SOP implementation generated modest increases in adult vaccination rates. For example, all sites implemented SOPs for Tdap for adults ages 19-64. Baseline rates were 0.2%, 20%, 24%, 53%, and 71%. Quarter one rates respectively were 0.2%, 24%, 27%, 60%, and 75%. The final rates for Tdap over 12 months were 0.7%, 39%, 30%, 59%, and 80%.

Each site had different internal and external challenges. Lack of easy access to adult vaccination history is a major obstacle. It is advantageous if the clinic’s EMR/EHR flags vaccine-eligible patients and has capacity to provide user-friendly reporting on immunization rates. For adults over 65, Medicare Part D reimbursement significantly restricts zoster and Tdap vaccination efforts. Finally, while SOPs are a critical foundation to facilitate adult immunization, to maximize their impact, broad efforts to increase vaccination rates may be required in order to sustain change.
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Utilizing Adult Data in Michigan’s Immunization Registry to Monitor a Hepatitis A Outbreak
Lynsey Kimmins, Cristi Bramer, Robert Swanson

Background:
The hepatitis A outbreak began in four southeastern Michigan jurisdictions in August 2016. As of December 2017, the outbreak now includes 13 southeastern and central Michigan jurisdictions. Transmission appears to be through direct person-to-person spread; no common source has been identified. As of December 13, 2017, there have been 610 cases and 20 deaths, with 65% of cases being male, a median age of 41, and an 82% hospitalization rate.

The Michigan Care improvement Registry (MCIR) became a lifespan registry in 2006; vaccination record submission for adults 20 years and older is strongly encouraged but is not required. Adult vaccination data reporting has been increasing in quality and quantity, most notably since the implementation of HL7 messaging in 2012.

Objectives:
Utilize adult vaccination data from the MCIR data to inform public health outreach efforts.

Methods:
Beginning in April 2017, a monthly report of adult hepatitis A doses was created to inform local and state public health on vaccine administration in outbreak jurisdictions.

Results:
The report quickly evolved in content and frequency. MCIR data are also used in response to ad hoc queries from stakeholders involved in the outbreak. Additional information used from the MCIR include facility type of sites reporting hepatitis A doses, dose eligibility (i.e. public or private insurance), and reported immune globulin doses. A MCIR epidemiologist fielded the queries and generated the reports.

Conclusion:
Utilization of adult data in the MCIR has been a critical resource for local public health and the Michigan Department of Health and Human Services to monitor the ongoing hepatitis A outbreak.