State-Level Policy Strategies Needed to Improve Adult Immunization Uptake
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Background:
Low immunization rates for Advisory Committee on Immunization Practices (ACIP)-recommended vaccines remain a challenge across the United States, particularly in the older adult population. Given persistent uncertainties surrounding healthcare and immunization policy at the federal level, the state-level may have heightened importance in shaping adult immunization policies.

Setting:
United States

Population:
Immunization eligible-adults

Project Description:
Immunization stakeholders could pursue certain policy changes at the state level to improve adult vaccine access. Expanding pharmacist administration by improving network access and reimbursement, strengthening immunization information system (IIS) operating and reporting requirements for the adult population, implementing vaccination requirements in healthcare facilities such as long-term and acute care settings, and pursuing state-level quality-based policies are all potential policy mechanisms through which to improve access to adult immunization.

Results/Lessons Learned:
The success of policies aimed to improve adult immunization access will vary by state. Some states face political or other barriers to implementing certain policy mechanisms. Therefore, state-level immunization stakeholders must identify and pursue appropriate policies in their states by considering relevant factors in the political and healthcare environments.
Adult Vaccination Practices in New York City Federally-Qualified Health Centers
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Background:
Vaccine-preventable diseases kill thousands of adults each year and vaccine coverage rates among adults in New York City (NYC) remain low. The Standards for Adult Immunization Practice (Standards) are best practices for healthcare professionals to promote Advisory Committee on Immunization Practices (ACIP)-recommended vaccines; however, the extent to which these practices are followed is unknown. Federally Qualified Health Centers (FQHCs) serve more than 10% of NYC’s population and deliver care to underserved neighborhoods and communities.

Objectives:
Describe the implementation of the Standards among NYC FQHCs.

Methods:
In 2016 and 2017, the NYC Department of Health and Mental Hygiene (DOHMH) administered web-based surveys to medical directors at all known NYC FQHC parent entities (n=34) and clinicians at the corresponding clinic sites that offer adult vaccination services (n=135) on vaccine delivery practices for adult patients. Descriptive analyses were conducted using R i386 3.3.2.

Results:
Twenty-five entities (25/34, 74%) and seventy-nine sites (79/135, 59%) completed the survey. Almost all entities (22/25, 88%) and sites (73/79, 92%) were familiar with the Standards. About half of the sites (42/79, 53%) always/almost always assessed adult vaccination history. Fifty-seven sites (72%) used standing orders to administer vaccines and 69 sites (87%) referred patients for vaccines not stocked. Thirty sites (38%) offered all ACIP-recommended vaccines. Zoster vaccine was the least frequently offered vaccine, available at 42 sites (53%), compared with all other ACIP-recommended vaccines which were available in at least 65 sites (82%). Twenty-seven sites (34%) always/almost always reported adult vaccinations to the Citywide Immunization Registry.

Conclusion:
Despite familiarity with the Standards, implementation of these best practices at FQHC sites, including assessment, administration, referral, and documentation varied widely. To address these gaps, DOHMH will promote full adoption of the Standards and implementation of evidence-based interventions to improve vaccine delivery at FQHCs and increase coverage among NYC adults.
Session A1

0094_0174_000229
Using 317 funds for vaccine purchase – an update: The transition from a focus on child vaccination to adult vaccination.
Jeanne Tropper

Background:
317 vaccine funds are appropriated annually by Congress to fund immunization awardee program operations and for vaccine purchases. Over the past few years, 317 funding has decreased with less funds being available for vaccine purchases. With the full implementation of the Affordable Care Act, there should be a decrease in the numbers of children whose insurance does not cover vaccines who would be eligible to be vaccinated with 317-funded vaccines. Most CDC awardees (50 states, 4 metropolitan cities, 5 US territories) have therefore transitioned use of 317 funds from a focus on pediatric vaccine purchases to adult vaccine purchases. This transition to adult vaccine purchase has been accomplished using changes in policy, financing, and programmatic focus. While good progress has been made, there is still work to be done to fully transition. This session will include results and lessons learned from each of the three areas of focus as well as perspectives from an awardee who has been successful in making this transition.

Setting:
Awardee immunization programs

Population:
Recipients of vaccine purchased using 317 funds.

Project Description:
Multi-faceted approach to transitioning 317 vaccine purchases for adults through policy, financing and programmatic focus

Results/Lessons Learned:
In 2013, the proportion of vaccines purchased for adults using 317 funds was 30%. By 2016, the proportion of adult vaccine purchased was over 70%. This session will provide an update of insights and lessons learned from both the federal and state perspectives in transitioning from a largely pediatric focus to an adult focus for this 317-funded vaccine. At the federal level, policy and financing was used to help effect change; at the state level, a variety of programmatic efforts were used. Continuing barriers and challenges will be highlighted as we move toward further increasing the use of 317 funds for adult vaccine purchases.