Disclosure: Session D1

In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.

CDC, our planners, content experts, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters.

Planning committee discussed conflict of interest with each presenter to ensure there is no bias.

Content will not include any discussion of the unlabeled use of a product or a product under investigational use.

CDC did not accept commercial support for this continuing education activity.
Optimizing Vaccination Coverage in Long-Term Care Settings
What is the Maryland Partnership for Prevention (MPP)?

- Non-profit, 501c3 established in 1999
- Provides educational programming, technical assistance, information-sharing, and direct services to increase rates in Maryland and beyond
- Administer flu and adolescent vaccinations (Tdap, meningitis, HPV) in schools
- Administer flu and other adult and senior vaccinations in long-term care facilities and community settings
MPP’s Direct Services Activities

- **School-Located Influenza Clinics**
  - Vaccinate an average of 2,500 students per day
  - Partnered with five Maryland jurisdictions

- **Community-Based Influenza Clinics**

- **“Preemptive” Back-to-School Clinics**
  - Up to eight schools daily
  - Partnered with two Maryland jurisdictions
People are Living Longer…

Life Expectancy

- Early 20\textsuperscript{th} Century: 47 years old
- Early 21\textsuperscript{st} Century: 76 to 80 years old

Disease Burden of Aging Population

- Increased chronic illnesses and multiple chronic illnesses
- Increased functional decline
- Need for extended living situations outside of home
Long Term Care Options

**Nursing Home** – long-term maintenance and restorative care; assists with daily living activities

**Skilled Nursing Facility** – more intensive medical and nursing services (eg. subacute care, rehabilitation)

**Assisted Living** – incremental support with daily living activities
Common VPDs in LTC Settings

**Flu**
- 8th leading cause of death in the US
- 90% of flu-associated deaths occur in >65 years old

**Pneumonia**
- Most common disease reported in LTC residents
- Up to 33 out of 1,000 LTC residents were hospitalized for pneumonia—a rate **30 times higher** than elderly living in the community

**Shingles**
- Affects 1 in 3 people >50 years old and 50% if people 85 and older
- Spreads easily
Recommended Vaccinations for LTC Staff

- Flu
- Tdap
- Hepatitis B
- Varicella
- Measles, Mumps, Rubella
- Meningococcal
Risks for Disease in LTC Settings

Declining immunity of aging population
- Flu morbidity significantly higher among elderly
- 90% of flu-associated deaths occur in >65 years old

Coexisting chronic conditions

Close quarters (residents and staff)
- Flu and RSV are easily spread in LTC
- Flu outbreaks in LTC largely caused by low vaccination rates among health care personnel
Challenges to Optimizing LTC IZ Coverage

- Compliance with federal regulations for licensing and certifications
- Limited Infection Control Personnel
- Lack of special or continuing education on immunization for Infection Control staff
- High staff turnover
- Funding or financing mechanism for immunization programs
- Limited and/or outdated IT infrastructure
Challenges to Optimizing LTC IZ Coverage (cont.)

- Confirming vaccine history for residents and staff
- Vaccine purchase and reimbursement
- Securing consent
- Vaccine hesitancy due to:
  - Myths
  - Concerns about efficacy
MPP’s Circle of Protection Initiative

Goal: To reduce vaccine-preventable disease in long term care settings by...

- Providing ideal flu protection (ie. Fluzone High Dose) for long term care residents
- Providing pneumonia vaccination coverage for long term care residents
- Increasing health care personnel vaccination rates
MPP’s Circle of Protection Strategies

- Target residents in long term care, assisted living, and other settings for influenza and pneumonia vaccinations

- Target health care personnel for influenza vaccinations; educate and/or administer other vaccines recommended for HCP

- Target administrators with resources to educate themselves, staff, and families
How It Works: Planning LTC Clinics

MPP (at no cost to facility)

- Secures influenza, pneumonia, and zoster vaccine for residents
- Secures influenza (Intradermal), Tdap (pertussis), and other recommended vaccine for staff
- Administers vaccine to staff and residents
- Provides educational and promotional materials for staff campaign
How It Works: Planning LTC Clinics

Facility Administrators

- Promote campaign among staff
- Coordinate resident and staff vaccination day(s)
- Secure consent for residents
- Disseminate consent forms to staff
Circle of Protection CORPORATE Data Worksheet

### Campaign Contact Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Main Contact Person's Name and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact's Phone Number</th>
<th>Contact's #2 Phone Number</th>
<th>Contact's Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City, State ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Back-Up/Resident's Contact Name</th>
<th>Phone Number</th>
<th>Email Address</th>
<th>Copy this person on correspondence?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

Please provide the information below for all facilities in which you would like vaccinations administered. Note that these numbers can be close approximations. Final counts will be obtained prior to the start of the campaign.

### Organizational Vaccination Needs

<table>
<thead>
<tr>
<th>Facility/Service Type</th>
<th>No. of Facilities</th>
<th># Residents &lt; 65 yrs</th>
<th># Residents 65 yrs and older</th>
<th>Total # Staff</th>
<th>Vaccinations Desired for Residents and Staff</th>
<th>Flu</th>
<th>Pneumonia</th>
<th>Zoster</th>
<th>Tetap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Service Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Center/Company</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide any additional information that is relevant or might be helpful in implementing this campaign.

---

---
Circle of Protection
Promotional Materials
How It Works: Implementing Clinics

1. Vaccinating team (of two to three vaccinators) arrives at 6 a.m. to capture 7P to 7A shift
2. Team begins vaccinating residents at ~7:30 a.m.
3. One team member stays to vaccinate staff on daytime shift
4. Team returns on at least one more day to capture evening shifts
   - MPP collects consents for each resident and staff member
   - MPP bills insurance companies (Medicare, Medicaid, private)
How It Works: Implementing Clinics

- MPP collects consents for each resident and staff member
- MPP bills insurance companies (Medicare, Medicaid, private)
- MPP reports vaccinations to IIS
Circle of Protection Outcomes

- 25 centers served with education and/or flu vaccinations
- 27 clinics held from October through December
- 1,516 residents vaccinated
- 1,153 staff vaccinated
- 100% replacement of “low dose” with High Dose
Circle of Protection Lessons Learned

- LTCs welcome vaccination partnerships
- Most LTCs do not bill for flu vaccine
- Ensure Medical Director is approved for Medicare roster billing
- Many LTCs staff are not current/knowledgeable on latest vaccines
- Many LTCs do not require/offer other recommended vaccines for residents or staff
Circle of Protection Lessons Learned

- Some staff are hesitant to provide insurance information after years of “free” vaccine
- Incentives work
- Consent form allowing “annual flu shot” is efficient
- Tremendous opportunity for immunization and other partnerships
Acknowledgements

Thank you to the staff and resident at:

- Lorien Health Systems
- Mid-Atlantic Health System
Questions?

Tiffany Tate
Office: 410-902-4677
tiffany.tate@immunizemaryland.org
Healthcare Personnel Vaccination in Michigan Long-Term Care Facilities: Policies and Procedures Survey

Lynsey Kimmins, MPH, Cristi Bramer, MPH, Jacklyn Chandler, MS, Adam Hart, MPH

Presented By: Andrea Becker BSN, RN

Michigan Department of Health and Human Services
Division of Immunization

48th National Immunization Conference, May 15, 2018
Presentation Overview

• Why the survey was administered.
• Who was surveyed and how.
• Who responded to the survey.
• Survey responses.
• What we learned.
• Key takeaways.
Why the survey was administered.
ACIP Recommend Healthcare Personnel (HCP) Vaccines

- Annual influenza
- Hepatitis B
- Tetanus, diphtheria and pertussis (Tdap)
- Measles, mumps and rubella (MMR)
- Varicella
- Meningococcal vaccines (specific job settings)

Source: Immunization of Health-Care Personnel Recommendations of the Advisory Committee on Immunization Practices (ACIP)
MMWR/ November 25, 2011 / 60(RR07);1-45
Who was surveyed and how.
Survey Methods

• 461 licensed LTCF (obtained from Michigan Department of Licensing and Regulatory Affairs).
• Surveys sent and collected in January 2017 with SurveyMonkey.
• Survey was 17 questions:
  • Facility characteristics and demographics (number of HCP employees and residents).
  • Policies and practices for HCP immunization specific to influenza, hepatitis B, Tdap, MMR, and varicella vaccination.
  • HCP vaccination barriers.
Healthcare Personnel Definition

• “All paid and unpaid persons working in healthcare settings who have the potential for exposure to patients or to infectious materials, including bodily substances or contaminated medical supplies and equipment, environmental surfaces, and/or air.”

Source: Immunization of Health-Care Personnel Recommendations of the Advisory Committee on Immunization Practices (ACIP)
MMWR/ November 25, 2011 / 60(RR07);1-45
Who responded to the survey.
Survey Respondents

• 129 (28%) responses were included in analysis.
• Administrative or infection prevention role filled out the survey.
• Over half reported a corporate affiliation, representing 33 different corporations.
Survey responses.
Responding Facility Demographics

• **Number of HCP employees** (n=125): median of 142 (IQR 96-215).
• **Number of residents** (n=127): median of 89 (IQR 65-125).
Table 1. Healthcare Personnel (HCP) Vaccination Policies and Practices by Antigen, 129 Michigan Licensed Long-term Care Facilities HCP Immunization Survey Respondents

<table>
<thead>
<tr>
<th>Survey Questiona</th>
<th>Annual Influenza</th>
<th>Hepatitis B</th>
<th>MMR</th>
<th>Tdap</th>
<th>Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>All HCP are REQUIRED to receive or have documentation of receipt of vaccine as a condition of employment, n (%)</td>
<td>33 (26)</td>
<td>15 (12)</td>
<td>12 (9)</td>
<td>15 (12)</td>
<td>8 (6)</td>
</tr>
<tr>
<td>Only HCP with direct patient care are REQUIRED to receive or have documentation of receipt of vaccine as a condition of employment, n (%)</td>
<td>13 (10)</td>
<td>11 (8.5)</td>
<td>5 (4)</td>
<td>7 (5)</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Vaccination strongly encouraged, but not required, n (%)</td>
<td>98 (76)</td>
<td>104 (80.6)</td>
<td>24 (19)</td>
<td>28 (22)</td>
<td>25 (19)</td>
</tr>
<tr>
<td>Vaccine is offered on site for HCP, n (%)</td>
<td>124 (96.1)</td>
<td>82 (64)</td>
<td>9 (7)</td>
<td>16 (12)</td>
<td>7 (5)</td>
</tr>
<tr>
<td>HCP vaccination rates are tracked, n (%)</td>
<td>106 (82.2)</td>
<td>55 (43)</td>
<td>6 (5)</td>
<td>11 (8.5)</td>
<td>7 (5)</td>
</tr>
</tbody>
</table>

a Survey responses are not mutually exclusive, respondents could select all that applied for multiple choice questions.
Table 2. Primary Healthcare Personnel (HCP) Vaccination Barriers as reported by 129 Michigan Licensed Long-term Care Facilities HCP Immunization Survey Respondents

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Influenza</th>
<th>Non-Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misconceptions/Lack of Knowledge,(^a) n (%)</td>
<td>48 (37)</td>
<td>22 (17)</td>
</tr>
<tr>
<td>No Response/Unknown, n (%)</td>
<td>24 (19)</td>
<td>44 (34)</td>
</tr>
<tr>
<td>Fear,(^b) n (%)</td>
<td>21 (16)</td>
<td>17 (13)</td>
</tr>
<tr>
<td>Religious/Personal Beliefs/Rights, n (%)</td>
<td>16 (12)</td>
<td>7 (5)</td>
</tr>
<tr>
<td>No Barriers/Required, n (%)</td>
<td>11 (8.5)</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Other,(^c) n (%)</td>
<td>9 (7)</td>
<td>13 (10)</td>
</tr>
<tr>
<td>Vaccine Specific,(^d) n (%)</td>
<td>-</td>
<td>16 (12)</td>
</tr>
<tr>
<td>Not Required, n (%)</td>
<td>-</td>
<td>7 (5)</td>
</tr>
</tbody>
</table>

\(^a\) Includes HCP thinking they will get influenza/preventable disease (VPD) from the vaccine, influenza/VPD vaccine is not effective, HCP does not think they are at risk for influenza/VPD, influenza/VPD is not serious.
\(^b\) Includes fear of needles, vaccinations, and side effects.
\(^c\) Examples of “other” include: cost, inconvenience, allergies.
\(^d\) Examples of “vaccine specific” include: multiple series vaccine (HepB), specific vaccine is too expensive.
\(^e\) Respondent reported “not required” as the primary barrier for non-influenza vaccines.
What we learned.
Limited Policies

• 26% of respondents reported a policy requiring all HCP to receive an annual influenza vaccine.
  • Even fewer required HepB (12%), Tdap (12%), MMR (9%), and varicella (6%).
• Previous studies demonstrate that HCP who are required by their employer to be vaccinated are more likely to be vaccinated than HCP without an employer requirement.
• Highlights the need for increased awareness of HCP recommendations for non-influenza vaccines.
Low Immunization Coverage: Influenza

Survey Response: 76 reported influenza coverage (median 86%)

National Estimates:
- HCP influenza vaccination estimates (78.6%)
  - LTCF (68%)
  - Hospital (92.3%)
  - Ambulatory care/Physician office (76.1%)
  - Other clinical settings (75%)
- Healthy People 2020 goal of 90% coverage for all HCP

Source: 2016–17 influenza season, CDC conducted an opt-in Internet panel survey of 2,438 HCP
MMWR/ September 29, 2017 / 66(38);1009–1015
Low Immunization Coverage: Hepatitis B

Survey Response: 26 reported hepatitis B (median 75%)

National Estimate:
• Hepatitis B (64.7%, 95% CI 62.2-67.2)

Source: 2015 National Health Interview Survey (NHIS)
         MMWR/ May 5, 2017 / 66(11);1–28
Low Immunization Coverage: Tdap

Survey Response: Even lower responses for Tdap, MMR, and varicella.

National Estimates:

• HCP Tdap vaccination estimates (47.2%, 95% CI 45.2-49.3)
  • LTCF (33.3%, 95% CI 28.7-38.2)
  • Hospital (53.3%, 95% CI 50.2-56.4))
  • Outpatient (49.6%, 95% CI 45.8-53.4)
  • Other clinical settings (39.3%, 95% CI 32.8-46.3)

• Tdap (45.6%, 95% CI 42.6-48.7)

Source: Behavioral Risk Factor Surveillance Survey of HCP (21 states)  
American Journal of Preventive Medicine, Volume 54, Issue 1, 119 – 123  
2015 National Health Interview Survey (NHIS)  
MMWR/ September 29, 2017 / 66(38);1009–1015
Limited Tracking and Reporting

• 75% of respondents reported using paper methods for tracking HCP immunity status.

• Only 23% of respondents indicated they use the Michigan Care Improvement Registry, Michigan’s IIS.
  • Increased use of Health Level Seven (HL7) messaging for vaccine dose reporting (starting in 2012) and the availability of HL7 query by parameter messaging has increased the timeliness, quality, and quantity of vaccine histories that would be available to LTCF.
HCP Immunization Barriers

• Among responses to this survey, the primary barrier to HCP vaccination was *HCP misconceptions* and *lack of knowledge*.
  • Education paired with on-site, low-cost, and promoted vaccination have been cited as methods to overcome low HCP vaccination.
  • Strengthened and multicomponent educational programs among Michigan LTCF could result in more immunized HCP.
Future Directions

• Widespread mandatory influenza vaccination policy implementation for HCP in hospital settings in Michigan has proven to be a successful method to increase coverage and could be applied to improve LTCF HCP vaccination coverage.

• Corporations may be better equipped to implement immunization policies, facilitate employee education, and offset vaccination costs.

• Incorporating LTCF HCP vaccination into performance metrics.
Study Limitations

• Distributed to licensed LTCF in Michigan and results cannot be generalized to all Michigan LTCF or other states.
• LTCF with HCP vaccination policies may have been more likely to respond to the survey.
• Number of HCP, residents, and immunization coverage are likely inflated.
• Free-text limitations.
Key takeaways.
Key Takeaways

• First survey of HCP immunization policies and procedures in Michigan’s licensed LTCF.

• A majority of LTCF do not require HCP to receive any of the ACIP HCP influenza or non-influenza vaccinations.

• Opportunities to protect HCP and LTCF residents through improved:
  • LTCF HCP policy implementation.
  • Electronic tracking of HCP immunity status.
  • Education paired with barrier removal.
Any Questions?
Driving Immunization Through the Medicare Annual Wellness Visit: A Growing Opportunity

National Immunization Conference
May 15, 2018

Angela K. Shen, ScD, MPH
Senior Science Policy Advisor
National Vaccine Program Office | US Department of Health and Human Services
angela.shen@hhs.gov
202.503.6325
Disclosure

- I am a federal government employee with no financial interest or conflicts

- The information presented here represents the views of myself and does not necessarily represent the views of the U.S. government or the U.S. Department of Health and Human Services
Why Promote Adult Vaccination?

• Several barriers are related to low adult vaccination rates including:
  – Low awareness and knowledge among the public of adult vaccines aside from influenza
  – Most primary health care providers (HCPs) do not routinely assess adult vaccine needs
    • Yet, a health care provider recommendation is the #1 factor influencing vaccination decisions

• Despite these barriers, adult immunization can have a major impact on overall health for adults themselves—as well as their families and communities
Why Should We Care?

Immunizations Save Lives & Reduce Costs!!!

At-risk population
Waning immunity
Increase prevalence chronic disease

Immunizations are important for a variety of reasons. By receiving immunizations, people are protected against diseases that can be life-threatening. Immunizations have helped to eliminate many diseases, such as polio, smallpox, and measles. For example, in the United States, the incidence of measles has decreased significantly since the widespread use of the measles vaccine.

In addition to health benefits, immunizations also save money. According to the World Health Organization, immunizations save the country $10.4 billion annually. Vaccine-preventable diseases (influenza, pneumonia, and influenza-like illnesses) cost the country $26.5 billion a year. By protecting against these diseases, immunizations save money by reducing the need for hospitalizations and medications.

Study: Maternal vaccination during pregnancy safe for infants

Melissa Jenco, News Content Editor

New research supports recommendations that pregnant women receive influenza and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines.

The study found the vaccines are not associated with increased risk of infant hospitalization or death.

Both influenza and pertussis can cause serious illness in infants, but mothers can pass antibodies to their babies to protect them before they can receive their own vaccinations. The Centers for Disease Control and Prevention (CDC) recommends pregnant women receive influenza vaccine during pregnancy. They also should receive Tdap vaccine, ideally between weeks 27-36.

A recent study to look at infants' risk of hospitalization and death in response to either influenza or pertussis infections found no increased risk of hospitalization or death with either vaccine.
Impact of Influenza Vaccination Illnesses and Hospitalizations Prevented, 2011–2016

Cases and Hospitalizations Averted by Vaccination

Source: www.cdc.gov/flu/about/disease/2015-16.htm
Why Promote Adult Vaccination?

• The NAIP outlines 3 objectives for Goal 3: Increase Community Demand for Adult Immunizations

<table>
<thead>
<tr>
<th>Objective 3.1</th>
<th>Objective 3.2</th>
<th>Objective 3.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate and encourage <em>individuals</em> to be aware of and receive recommended adult immunizations.</td>
<td>Educate and encourage <em>health care providers</em> to recommend and/or deliver adult vaccinations.</td>
<td>Educate and encourage <em>other groups</em> (e.g., community and faith-based groups, tribal organizations) to promote the importance of adult immunization.</td>
</tr>
</tbody>
</table>
How to Promote Adult Vaccination?

• Annual Wellness Visit (AWV)
  – Est. 2011
  – No cost to all Medicare beneficiaries
  – At the AWV providers review each beneficiary’s medical history, risk factors, and functional abilities and work to develop a personalized prevention plan that identifies preventive screenings and interventions
  – Providers can offer advice, counseling, and recommendations for ways to improve health and support health aging

• AWV = An opportunity to educate beneficiaries on vaccine recommendations and to administer vaccines at the point of care

Methods

• Medicare Part B fee-for-service claims
• 2011 - 2016
• Healthcare Common Procedure Coding System codes G0438 and G0439
• Influenza and pneumococcal conjugate (PCV13) vaccinations - Current Procedure Terminology codes as instructed in Medicare’s Part B Immunization Billing guidelines

Results-1

• AWV utilization has increased over time, from 8% in 2011 to 20% in 2015
  – Beneficiaries who utilize the AWV have higher PCV13 and influenza vaccination rates
• 2015, 33% of patients who had an AWV received a dose of PCV13, compared to only 14% of beneficiaries who did not have an AWV
• 2015–2016 influenza season 64% of patients who had an AWV received the influenza vaccine, compared to only 44% of patients who did not have an AWV
Results-2

• 2011–2015 influenza seasons
  – Among patients who have an AWV and receive the seasonal vaccine, between 14% and 17% of vaccinations are administered on the same day as the AWV.

• Same-day vaccination rate is higher among PCV13 recipients.
  – In the two years since the ACIP recommended PCV13 for all patients ages 65 and older (i.e., 2014–2015), 46% and 55% received the vaccine on the same day as the AWV.
Discussion

• Promising opportunity for patients to receive recommended vaccines at their AWV

• Increase in PCV rates from 2014 to 2015 may be driven in part by the fact the ACIP recommendation occurred September 19, 2014 giving only about three months to implement the recommendation versus 12 months during 2015
National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice

1. **ASSESS**
immunization status of all your patients at every clinical encounter.

2. **Strongly RECOMMEND**
vaccines that patients need.

3. **ADMINISTER**
needed vaccines or **REFER** your patients to a vaccination provider.

4. **DOCUMENT**
vaccines received by your patients.

---

Conclusion

• Utility of the AWV still demonstrates promise as an efficient, timely and important platform for implementing the NVAC Standards and improving adult vaccination uptake
Insights on Message Design

According to CDC (2015):

• Adults favor:
  – Simple and direct messages
  – Tailored messages that are clearly relevant and highlight the importance of vaccination
  – Empowering messages can help them make an informed decision (e.g., vaccines as a way to be proactive about their health or to provide a sense of control over their health)
  – Transparent information about vaccine preventable diseases and vaccines, including safety and efficacy

• Adults are motivated to get vaccinated to protect themselves and their loved ones.

• Encourage adults to make an appointment today and ask which vaccines they may need at each visit.

Source:
Insights on Message Design

According to Nowak, Shen, and Schwartz (2017)

- Focusing on the lack of knowledge is not enough.
- Efforts to communicate or promote “the value of adult vaccines” need to encompass non-rational and emotional factors.
- Examples and stories that resonate with the life experiences of the target audience can influence beliefs and the desirability of vaccination.
- Communication strategies should be targeted and:
  - Focus on outcomes important to the group.
  - Convey how getting vaccinated is related to the group’s desires and aspirations.
  - Use words, examples, and creativity that resonates with the group’s perceived values.
  - Use people, spokespeople or sources highly trusted by the group.

Source:
Helpful Resources: Message Design

Up-to-date, evidence-based vaccine Information
• www.vaccines.gov
• www.cdc.gov/vaccines
• National Adult Immunization Awareness Month Toolkit
  www.nphic.org/niam

Select Webinars and Research Articles
• NAIIS Quick Guide to Adult Vaccine Messaging
  https://www.izsummitpartners.org/content/uploads/2014/05/AdultVaccineMessaging2.pdf
<table>
<thead>
<tr>
<th>AWV status</th>
<th>CY 2011</th>
<th>%</th>
<th>CY 2012</th>
<th>%</th>
<th>CY 2013</th>
<th>%</th>
<th>CY 2014</th>
<th>%</th>
<th>CY 2015</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients continuously enrolled in AB during calendar year</td>
<td>31,351,632</td>
<td>100%</td>
<td>31,568,253</td>
<td>100%</td>
<td>31,811,897</td>
<td>100%</td>
<td>31,683,587</td>
<td>100%</td>
<td>31,810,701</td>
<td>100%</td>
</tr>
<tr>
<td>Patients without AWV during calendar year</td>
<td>28,988,722</td>
<td>92%</td>
<td>28,317,411</td>
<td>90%</td>
<td>27,688,488</td>
<td>87%</td>
<td>26,720,606</td>
<td>84%</td>
<td>25,821,640</td>
<td>81%</td>
</tr>
<tr>
<td>Patients vaccinated</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>478,880</td>
<td>2%</td>
<td>3,542,042</td>
<td>14%</td>
</tr>
<tr>
<td>Patients with AWV during calendar year</td>
<td>2,362,910</td>
<td>8%</td>
<td>3,250,842</td>
<td>10%</td>
<td>4,123,409</td>
<td>13%</td>
<td>4,962,981</td>
<td>16%</td>
<td>5,989,061</td>
<td>19%</td>
</tr>
<tr>
<td>Patients vaccinated</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>208,812</td>
<td>4%</td>
<td>1,983,810</td>
<td>33%</td>
</tr>
<tr>
<td>Patients vaccinated on same day as AWV</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>96,649</td>
<td>46%</td>
<td>1,085,145</td>
<td>55%</td>
</tr>
</tbody>
</table>
Table 1: Annual Wellness Visit (AWV) and PCV13 Vaccinations by Calendar Year (CY), 2011–2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients continuously enrolled in AB during calendar year</td>
<td>31,351,632</td>
<td>100%</td>
<td>31,568,253</td>
<td>100%</td>
<td>31,811,897</td>
</tr>
<tr>
<td>Patients without AWV during calendar year</td>
<td>28,988,722</td>
<td>92%</td>
<td>28,317,411</td>
<td>90%</td>
<td>27,688,488</td>
</tr>
<tr>
<td>Patients vaccinated</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Patients with AWV during calendar year</td>
<td>2,362,910</td>
<td>8%</td>
<td>3,250,842</td>
<td>10%</td>
<td>4,123,409</td>
</tr>
<tr>
<td>Patients vaccinated</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Patients vaccinated on same day as AWV</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Questions?
Email: angela.shen@hhs.gov
Phone: 202.503.6325