Thank you for joining

The presentation will begin shortly
Today’s Webinar

Campaign Updates
• Campaign Expansion/ Extension
• Resource of the Month: Hepatitis B Resources
• Spotlight: Pfizer
• Annual Survey
• Healthier Tomorrow Challenge

Making Respiratory Health a Priority: Insights for Healthcare Professionals
• Carrie Regnier, BS, BSN, MPH, RN, Rise to Immunize National Advisor

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 05/20
- Will be sent via email
- Will be available on website

(RiseToImmunize.org → “Resources” → “Webinars”)

Ask questions during the webinar using the Q&A feature
- Questions will be answered at the end of the presentation
More Vaccines!
More Time!
Together we can administer 30 million vaccines by 2027 through comprehensive & equitable vaccine initiatives.
How to add new measures:

Use the QR code to access the Measure Upgrade Form

Or email RiseToImmunize@amga.org and we can assist you!
Hepatitis B Resources

Call to Action
Eliminating Hepatitis B Virus Through Universal Screening and Vaccination for Adults Ages 19-59

SEPTEMBER 2023

Guidance on the Clinical Implementation of Adult Universal Hepatitis B Vaccination and Screening Recommendations

Who should be vaccinated?
- Adults > 60
- Adults 50-60 years old with risk factors for HBV
- Anyone who wants the vaccine

See risk factors at the bottom of the page.

Hepatitis B (HBV) Vaccination Information for Adults

Which Vaccine?
- The HBV vaccine should be given with no cost share for all enrollees with commercial insurance, Medicare, and states with expander Medicaid.

Recommended for:
- Children
- Adolescents
- Adults
- Pregnant women

Note: Vaccines are given based on the highest risk for hepatitis B. Please review the current vaccine policy for the most up-to-date information, as vaccine requirements change.

Additional Resources
- Infants born to mothers with HBV
- People born in certain countries where HBV is common
- People born in the U.S. not vaccinated as infants whose parents were born in countries with high rates for HBV
- People living with hepatitis C
- People who have any other sexually transmitted infections
- People with HIV infection
- Men who have sex with men
- People who have had sex with someone who has HBV
- Healthcare and other safety workers exposed to blood
- People who are on dialysis
- People who have elevated levels of certain liver enzymes

Frequently Asked Questions

1. What should be done if hepatitis B is detected?
   - Hepatitis B should be treated as early as possible to prevent serious illness or death. The treatment plan is individualized based on the patient’s health status and the extent of the infection.

2. How is hepatitis B treated?
   - Hepatitis B can be treated with antiviral medications. The treatment regimen is individualized based on the patient’s specific needs.

3. What can be done to prevent the spread of hepatitis B?
   - Preventing the spread of hepatitis B involves practical steps such as avoiding the sharing of needles, using barrier methods during sex, and proper handwashing.

4. Can hepatitis B be transmitted through casual contact?
   - No, hepatitis B is not spread through casual contact. It is primarily transmitted through blood or infected body fluids.

5. Is there a vaccine for hepatitis B?
   - Yes, a vaccine is available to prevent hepatitis B. The vaccine is given as a series of three doses over six months.

6. How is the vaccine given?
   - The hepatitis B vaccine is given by injection. It is usually given in the arm muscles or in the thigh. The vaccine is effective in preventing hepatitis B.

7. What are the side effects of the hepatitis B vaccine?
   - The most common side effects of the hepatitis B vaccine include pain, redness, and swelling at the injection site, as well as fever and headache.

8. What should a person do if they have a reaction to the hepatitis B vaccine?
   - If someone reacts to the hepatitis B vaccine, they should contact their healthcare provider for further evaluation and treatment.

9. Is there a test to check for hepatitis B?
   - Yes, there are several tests available to check for hepatitis B. These include a hepatitis B surface antigen (HBsAg) test, a hepatitis B core antibody (anti-HBc) test, and a hepatitis B e antigen (HBeAg) test.

10. How long does the vaccine last?
   - The hepatitis B vaccine typically provides long-term protection. However, some people may need booster doses to maintain protection.
Spotlight: Pfizer

Andrew Martin, MBA, US Vaccines Lead, Pfizer, speaking at the AMGA Foundation Celebration
Annual Survey

Deadline to submit: May 17
Today’s Speaker

Carrie Regnier, BS, BSN, MPH, RN, *Rise to Immunize National Advisor*
Making Respiratory Health a Priority: Insights for Healthcare Professionals

WEBINAR: American Medical Group Association (AMGA) Peer-to-Peer Shared Learning Opportunity
This non-CME promotional speaker program is being sponsored by Pfizer Inc.
The speakers are not employees of Pfizer but have been retained to present on Pfizer’s behalf
Learning Objectives

The Rise to Immunize™ campaign includes monthly webinars that provide participating groups an opportunity to learn from peer AMGA members about best practices and resources to improve adult vaccination rates.

At the end of this webinar, participants should understand:

- The impact of respiratory disease on the health of adult patients
- The role of health systems and vaccinating providers in identifying vaccine-eligible adult patients
- Key considerations for improving adult vaccination rates via strong healthcare professional recommendations and addressing vaccine confidence
Burden of Respiratory Illness
**The Burden of Pneumococcal Pneumonia**

**Epidemiology of Pneumococcal Pneumonia**

*Based on a retrospective, claims-based cohort study that analyzed data from 2 large US databases of 56.6 million adults with commercial or Medicare coverage between 2005 and 2015.*

- Adults aged ≥65 years: 3,058.1
- Adults aged 50–64 years: 1,038.1
- Adults aged 18–49 years: 455.2
- About 10%–30% of CAP in adults is pneumococcal

**Incidence of CAP in 2020 (per 100,000 population)**

**Hospitalization**

- An estimated 180,000 hospitalizations occur each year

**Mortality**

- Case fatality rate is 5%–7% and may be higher among older adults and those with underlying medical conditions

*Adults with certain underlying medical conditions are at higher risk of developing pneumococcal pneumonia or invasive pneumococcal disease vs healthy adults aged 18–64 years.*

- **Chronic heart disease**: 7x
- **Diabetes**: 5x
- **Chronic lung disease**: 22x

Greater risk of developing pneumococcal pneumonia amongst adults aged 18–64 years vs healthy adults in the same age range

- **Chronic heart disease**: 11x
- **Diabetes**: 9x
- **Chronic lung disease**: 27x

Greater risk of developing invasive pneumococcal disease amongst adults aged 18–64 years vs healthy adults in the same age range

*Based on a retrospective, claims-based cohort study that analyzed data from 2 large US databases of 56.6 million adults with commercial or Medicare coverage between 2005 and 2015.*

The Burden of COVID-19

- Between April 6, 2024, and April 27, 2024, weekly hospitalizations and deaths were estimated at 24,893 and 1,589, respectively\(^1,2\)

- The risk of severe COVID-19 outcomes is higher in people who are aged ≥50 years, with risk increasing substantially at ages >65 years\(^3,4\)

Patients With Multiple Underlying Conditions Are at Higher Risk of Severe COVID-19\(^3\)

**Risk ratio of comorbidities vs healthy adults**

<table>
<thead>
<tr>
<th>Condition</th>
<th>1 condition</th>
<th>2-5 conditions</th>
<th>6-10 conditions</th>
<th>≥10 conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>1.3x</td>
<td>1.3x</td>
<td>1.2x</td>
<td>1.2x</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.3x</td>
<td>1.2x</td>
<td>1.2x</td>
<td>1.2x</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>1.2x</td>
<td>1.2x</td>
<td>1.2x</td>
<td>1.2x</td>
</tr>
<tr>
<td>COPD</td>
<td>1.2x</td>
<td>1.2x</td>
<td>1.2x</td>
<td>1.2x</td>
</tr>
</tbody>
</table>

Greater risk of developing severe COVID-19 compared to healthy adults

**Death risk ratio based on number of comorbid conditions**

<table>
<thead>
<tr>
<th>Conditions</th>
<th>1 condition</th>
<th>2-5 conditions</th>
<th>6-10 conditions</th>
<th>≥10 conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>1.5x</td>
<td>2.6x</td>
<td>3.3x</td>
<td>3.8x</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.5x</td>
<td>2.6x</td>
<td>3.3x</td>
<td>3.8x</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>1.5x</td>
<td>2.6x</td>
<td>3.3x</td>
<td>3.8x</td>
</tr>
<tr>
<td>COPD</td>
<td>1.5x</td>
<td>2.6x</td>
<td>3.3x</td>
<td>3.8x</td>
</tr>
</tbody>
</table>

Greater risk of death from COVID-19 compared to healthy adults

COPD=chronic obstructive pulmonary disease.

\(^{1}\) COVID-19 Data Tracker: Estimated hospitalizations and deaths data from April 6 through April 27, 2024, in patients of all ages. COVID-19 vaccination started at age 6 months.


The Burden of RSV

Estimated annual incidence of RSV in adults, 2017–2020

<table>
<thead>
<tr>
<th>Study (2017–2020)1–2</th>
<th>Age</th>
<th>Population per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged 18–49</td>
<td></td>
<td>7.7–11.9</td>
</tr>
<tr>
<td>Adults aged 50–64</td>
<td></td>
<td>33.5–57.5</td>
</tr>
<tr>
<td>Adults aged ≥65</td>
<td></td>
<td>136.9–255.6</td>
</tr>
</tbody>
</table>

**Study 2 (2006–2009)3–4**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalizations per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–49</td>
<td>0</td>
</tr>
<tr>
<td>50–64</td>
<td>82</td>
</tr>
<tr>
<td>65+</td>
<td>254</td>
</tr>
</tbody>
</table>

**Study 3 (1997–2009)3,4**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hospitalizations per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–49</td>
<td>9</td>
</tr>
<tr>
<td>50–64</td>
<td>28</td>
</tr>
<tr>
<td>65–74</td>
<td>84</td>
</tr>
<tr>
<td>75+</td>
<td>258</td>
</tr>
</tbody>
</table>

COPD=chronic obstructive pulmonary disease; RSV=respiratory syncytial virus.

1Prospective, population-based surveillance study in 3 hospitals in Rochester, NY and New York City, NY during 3 seasons.1

2Prospective study of adults aged ≥50 hospitalized with respiratory symptoms over 3 seasons at 4 hospitals in Tennessee.2

3Multiple linear regression modeling was used to attribute hospitalizations to influenza or RSV using virological surveillance and hospitalization data. Hospitalization data were obtained from the US Nationwide Inpatient Sample; virology data from FluView (Centers for Disease Control and Prevention).3

4Underlying medical conditions include cardiovascular disease, chronic lung disease, diabetes, renal disease, immunocompromised conditions, neurologic disorders, chronic metabolic disease (except diabetes), liver disease, blood disorders/hemoglobinopathy, and other diseases.4


Older adults with certain underlying medical conditions are at higher risk of developing RSV vs healthy adults1

- 94% of adults hospitalized from 2014 to 2018 for RSV had underlying medical conditions4,5
- In a separate study, hospital readmission rates within 30 days for adults ≥65 years, or those with chronic heart disease, chronic renal disease, COPD, or asthma, were 19.3% compared to 16.7% with none of these factors5
Role of Vaccination in Helping to Prevent Respiratory Disease
CDC and Clinical Practice Guidelines Recommend Respiratory Vaccines for Adults With Certain Underlying Medical Conditions

### CDC and Clinical Practice Guidelines Recommendations for Vaccinations in Adult Patients with Selected Underlying Medical Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pneumococcal†</th>
<th>Influenza 18+</th>
<th>COVID-19 18+</th>
<th>RSV8,‡ 60+ based on SCDM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes2</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>CHD3</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Heart Failure4</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Asthma5,6</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>COPD7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

- CHD=coronary heart disease; SCDM=shared clinical decision making.
- *Not a comprehensive list of underlying medical conditions. Refer to the CDC 2024 Adult Immunization schedule for the complete list. Consult the CDC 2024 Pediatric Immunization Schedule for anyone aged 18.
- †Adults aged 18 with diabetes, CHD, chronic kidney disease, chronic liver disease, chronic lung disease (including moderate persistent or severe persistent asthma), or cochlear implant are also at increased risk for pneumonia.
- ‡Older adults ≥60 years recommended using shared clinical decision-making.

Despite CDC Recommendations, Many Eligible Adults Remain Unvaccinated

Estimated Unvaccinated Rates for Select Adult Immunizations in the US

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Unvaccinated Rates</th>
<th>vaccinated Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 Adults ≥18 Years as of 2023</td>
<td>~210m (81%)1,2*†</td>
<td>~65m (82%)1,2*†‡</td>
</tr>
<tr>
<td>RSV Adults ≥60 Years as of 2023</td>
<td>~65m (82%)1,2*†‡</td>
<td>~39m (70%)3,4§</td>
</tr>
<tr>
<td>Pneumococcal Adults 18-64 with certain chronic conditions as defined by the CDC as of 2021</td>
<td>~39m (70%)3,4§</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Adults ≥65 Years as of 2021</td>
<td>~17m (30%)2,3*§§</td>
<td>~17m (30%)2,3*§§</td>
</tr>
</tbody>
</table>

CDC=Centers for Disease Control and Prevention; COVID-19=coronavirus disease 2019; RSV=respiratory syncytial virus.

3. Cumulative receipt of RSV vaccination based on National Immunization Survey, showing percentage of vaccinated Americans as of December 30, 2023.
4. Cumulative receipt of any pneumococcal pneumonia vaccine based on Behavioral Risk Factor Surveillance System, 2021. Some of these patients may be eligible for a catch-up dose.
5. Based on weighted data from Optum electronic health record data derived from >50 US healthcare provider organizations treating >104M patients between January 2016 and June 2021.

Key Considerations for Health Systems in Improving Adult Vaccination Rates
Vaccine Hesitancy Models

**Vaccine confidence**
The belief that vaccines work, are safe, and are a part of a trustworthy medical system

**Vaccine hesitancy**
The reluctance or refusal to vaccinate despite the availability of vaccines

**The 3Cs Model**
- **Confidence**: Patient’s trust in the safety and efficacy of vaccines, the healthcare systems that deliver them, and the motivations of policy-makers
- **Complacency**: Patient’s perceived disease-related risk is low, and patient does not consider vaccination an essential preventative action
- **Convenience**: When physical availability, affordability, accessibility, and other contributing factors affect vaccine acceptance

**The 5As Model**
- **Access**: Patient’s ability to obtain or be reached by recommended vaccines
- **Affordability**: Patient’s ability to financially afford vaccination or have the time to receive vaccines
- **Awareness**: Patient’s understanding of the need for and availability of vaccines and their benefits and risks
- **Acceptance**: Degree to which patients accept, question, or decline vaccination
- **Activation**: Degree to which patients are encouraged and directed toward vaccination

Vaccine Misinformation Is a Driving Force for Vaccine Hesitancy

• Exposure to vaccine-negative content negatively impacts the intention to vaccinate
• The most common misinformation surrounding vaccines involves side effects
• It’s important for HCPs to share and review Vaccine Information Statements (VISs) to help patients understand the benefits and risks of a vaccine

Of videos on YouTube in 2017 that contained “vaccine safety” in the title or tags:
• Only 5.6% were produced by government agencies
• 65% were anti-vaccine, with 36.8% having no scientific evidence

In a study where students were exposed to vaccine-related websites:
• 59% were unable to identify misinformation
• Over 50% of students reported inaccurate statements regarding vaccinations after such exposure

Vaccine Barriers Vary Across Certain Adult Vaccine-Preventable Diseases

**PNEUMOCOCCAL**: In a 2022 survey, among adults aged ≥65 years or those at higher risk for pneumococcal disease, 45% were unfamiliar with pneumococcal disease, and 71% were not advised by an HCP to receive a vaccine.*

**COVID-19**: In a recent 2023 survey, ~21% of adults had not heard about the 2023-2024 COVID-19 vaccine, and 79% only heard “a little”

**COVID-19**: In a recent 2023 survey, of those previously vaccinated and who had not received the updated 2023-2024 vaccine, 52% cited a lack of concern about COVID-19 as their reason for not getting vaccinated again.

**RSV**: Patients may not be aware of the potential severity of illness—burden of RSV in the elderly is second only to seasonal influenza for hospitalization for viral infections³,⁴

**PNEUMOCOCCAL**: In a retrospective study at a VA health system, 63% of eligible patients failed to receive a pneumococcal vaccine, 92% of which were never offered the vaccine⁵

**PNEUMOCOCCAL**: Vaccination rates were lower in areas with higher levels of poverty⁶

**COVID-19**: Gender, race/ethnicity, social media, and access to healthcare may influence COVID-19 vaccine hesitancy⁷

**RSV**: Adding another vaccine may add complexity to vaccination schedule and financial barriers³

---

SDOH=social determinants of health; VA=US Department of Veterans Affairs.

*Due to the presence of certain underlying medical conditions.

HCPs and Support Staff Should Engage and Build Trust with Patients to Help Overcome Vaccine Hesitancy

**Improve patient understanding and adherence to medical advice**¹
- Use plain language that is simple and appropriate for each patient¹
- Use the teach-back method to have patients repeat what you explained to them¹
- Give a strong vaccine recommendation tailoring to their concerns²

**Mitigate vaccine misinformation**³
- Put own views aside and listen to the patient’s view³
- Offer information catered to patient’s needs³

**Apply patient engagement/activation models such as motivational interviewing during a patient visit**⁴
- Ask to share concerns; offer open communication to allow patients to talk through their thoughts out loud⁴
- Ask permission to share information about vaccines⁴

**References:**
Applying Motivational Interviewing During a Patient Visit

1. **Embrace an attitude of empathy and collaboration**
   - Be compassionate, empathetic, and curious
   - Show sensitivity to culture, family dynamics, and circumstances
   - Remember that arguing and debating are **not effective**

2. **Ask permission to discuss vaccines**
   - Start by asking permission to discuss COVID-19 vaccination; if the patient says no, respect that—you can then either suggest discussing vaccination at a future time or explore why the patient is reticent
   - These conversations may continue over multiple visits

3. **Motivational interviewing**
   - Ask the patient a scaled question, then explore both sides of whatever number is given; the goal is to help the patient move toward higher numbers—and thus get vaccinated
   - For people hesitant about vaccination, ask them to express potential benefits of vaccination out loud

4. **Respond to questions about vaccines, health, or mental health**
   - Respond within the boundaries of your competence, ethics, and scope of practice; provide scientific information as needed (refer patients to resources on the CDC website); and recommend they speak with their other healthcare providers as needed

---

Motivational interviewing is an evidence-based method of discussing vaccination with unvaccinated patients, with the goal of helping patients navigate mixed feelings to move toward healthy decisions consistent with their cultures, values, and needs

---

A Provider Recommendation to Vaccinate Is a Key Driver of Vaccine Uptake¹

The CDC provides some helpful techniques to help make an effective recommendation²

**Share** the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors

**Highlight** positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination

**Address** patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness, in plain and understandable language

**Remind** patients that vaccines protect them and their loved ones from many common and serious diseases

**Explain** the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs

Identification of a strong physician champion and continuous education of providers and staff can help to reinforce the use of strong recommendations.³

---

Pragmatic Steps to Help Improve Immunization Rates Among Eligible Adults¹,²

What are some approaches that you have used successfully in your organization to improve adult immunization rates?
Summary

• Pneumococcal pneumonia, COVID-19, and RSV can carry a significant illness burden that may be prevented by vaccination1-3

• Despite CDC recommendations, many eligible adults remain unvaccinated4-7

• Pragmatic interventions by providers and health systems can help to reduce vaccine hesitancy and increase immunization rates8

• Sharing approaches that have been successful in improving vaccination rates at local systems can become best practices more broadly applied

Questions?

Submit your questions using the Q&A feature at the bottom of the screen.
Upcoming Webinar

**Topic:** Hepatitis B 101

**Date/ Time:** Thursday, June 20 at 2pm ET

**Presenters:** Avish Nagpal, MD, and Andrea Polkinghorn, BSN, RN-BC, Sanford Health