Thank you for joining. The presentation will begin shortly.

We want to better understand any barriers you are facing in providing adult immunizations.

While you wait for the webinar to start, please answer the poll.
Routine Adult Immunizations in the Age of Covid-19: Implementation Strategies for Success in an Evolving World
Craig W Robbins, MD, MPH, FAAFP, Kaiser Permanente
Today’s Webinar

Campaign Updates
• Reimbursement Form Deadline
• New Campaign Resources
• Resource: ImmYounity
• Updated Measurement Specs Reminder
• Data Sneak Peek
• Membership Poll

Routine Adult Immunizations in the Age of Covid-19: Implementation Strategies for Success in an Evolving World
• Craig Robbins, MD, MPH, FAAFP

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 9/19

▪ 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
RIZE Action Month

Submit your Reimbursement Form and group photo by September 30th
Campaign Resources

Join Us
Join your peers and enroll in the Rise to Immunize campaign to improve adult vaccination rates. Together, we can administer 25 million vaccines by 2025.
Resource Spotlight

Visit ImmYounity.Vaccines.com
The new pneumococcal measure is LIVE

- The updated Measure Specifications document with changes to the pneumococcal measure is available on the Rise to Immunize™ website.
- Please use this version (v1.3) for all future reports, beginning with the Q3 2022 report due Oct. 14th
Upcoming November webinar – data dive!

We’ll discuss trends, opportunities, and main takeaways from our first full Measurement Year, and hear from our 3 award winners.

In the meantime...

In the first year of the campaign, we have collectively administered or documented 5,078,982 vaccines.
We are looking to better understand your barriers to implementation!

Please answer the 5 questions in the poll now.
Craig Robbins, M.D., MPH, FAAFP
Medical Director, Care Management Institute Center for Clinical Information Services; Kaiser Permanente
COVID-19/Influenza and Adult Immunizations: Fall 2022 Update

Presenter:
Craig W. Robbins, MD, MPH, FAAFP
TPF/CMI—Medical Director, Center for Clinical Information Services & Education
KPSOM—Associate Professor, Health Systems Science

Rise to Immunize™ Webinar
September 15, 2022
Agenda

• Rise to Immunize/KP National Vaccination Program
• COVID & influenza: status & expectations
• New CDC vaccination recommendations:
  — COVID-19
  — Influenza
• Past Population Performance
• Improvement Strategies
Agenda

• Rise to Immunize/KP National Vaccination Program

• COVID & influenza: status & expectations

• New CDC vaccination recommendations:
  — COVID-19
  — Influenza

• Past Population Performance

• Improvement Strategies
Rise to Immunize: Routine adult immunizations

- Influenza
- Pneumococcal
- Tdap
- Zoster
Kaiser Permanente (KP) National Vaccination Program

- Enterprise-wide coordination of planning and resources for the administration of endemic and pandemic vaccinations.
- Ensures consistent internal and external messaging.
- Combined oversight and coordination of annual flu vaccine and primary and booster COVID-19 vaccinations.
- KP markets own and drive care delivery operations for COVID-19 and flu vaccinations.

### Executive Sponsors

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Medical Groups</th>
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</thead>
</table>

### Core Team

<table>
<thead>
<tr>
<th>Health Plan Care Delivery Operations</th>
<th>Medical Groups Vaccine Subject Matter Expert</th>
<th>Pharmacy Operations</th>
</tr>
</thead>
</table>

### National Tactical Team

- Medical Groups Quality
- Health Plan Quality and Safety
- Infectious Diseases
- Clinical Pharmacy
- Strategic Customer Engagement
- Communications
- Marketing
- Medication/Vaccination Safety
- Logistical Analytics
- Government Relations
- Legal
- Supply Chain
- IT
- Data and Analytics
- HR/Labor Relations

### Market Leads

<table>
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<tr>
<th>NCAL</th>
<th>SCAL</th>
<th>CO</th>
<th>GA</th>
<th>HI</th>
<th>MAS</th>
<th>NW</th>
<th>WA</th>
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</tbody>
</table>
Agenda

• Rise to Immunize/KP National Vaccination Program
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  — COVID-19
  — Influenza
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• Improvement Strategies
U.S. COVID-19 Experience: Cases

Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC

U.S. COVID-19 Experience: Deaths

Daily Trends in Number of COVID-19 Deaths in The United States Reported to CDC

U.S. COVID-19 Experience: Current Circulating Variants

United States: 6/5/2022 – 9/10/2022

United States: 9/4/2022 – 9/10/2022 NOWCAST

Southern Hemisphere 2022 Influenza Experience

INFLUENZA LABORATORY SURVEILLANCE INFORMATION
Virus detections by subtype reported to FluNet

Country, area or territory: All
WHO region: All
Influenza transmission zone: All
Hemisphere: Southern hemisphere
*Surveillance site type: All

Week end date: 7/10/2021 - 9/11/2022

Influenza subtype:
- Select all
- Influenza B (lineage not determined)
- Influenza B (Victoria)
- Influenza B (Yamagata)
- Influenza A not subtyped
- Influenza A(h3)
- Influenza A(H1N1)pdm09
- Influenza A(H1)
- Influenza A(H5)

Number of specimens count:
- September 2021 to September 2022

Data source: Flunet (https://www.who.int/tools/flunet)

Retrieved 9/13/2022 from: https://www.who.int/tools/flunet
Agenda

• Rise to Immunize/KP National Vaccination Program
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• New CDC vaccination recommendations:
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  — Influenza
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• Improvement Strategies
COVID-19 vaccination is recommended for everyone ages 6 months and older in the United States for the prevention of COVID-19. People can stay up to date with COVID-19 vaccination by completing a primary series and receiving the most recent booster dose recommended for them by CDC.

People ages 12 years and older are recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or previously received monovalent booster dose(s). This new booster recommendation replaces all prior booster recommendations for this age group.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines
CDC Guidance: Current COVID-19 Vaccination Schedules

COVID-19 Vaccination Schedule for People who are NOT Moderately or Severely Immunocompromised

People ages 6 months through 4 years
- Moderna Primary in 4-8 weeks
- Pfizer-BioNTech Primary in 4-8 weeks

People ages 5 through 11 years
- Moderna Primary in 4-8 weeks
- Pfizer-BioNTech Primary in 3-8 weeks

People ages 12 years and older
- Moderna, Novavax, or Pfizer-BioNTech
  - Primary in 3-8 weeks (Novavax, Pfizer) or 4-8 weeks (Moderna)
  - Bivalent booster* in at least 2 months

People ages 18 years and older who previously received Janssen primary series dose*
- Primary in 4-8 weeks
  - Bivalent booster*

*The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

*Janssen COVID-19 Vaccine should only be used in certain limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a

COVID-19 Vaccination Schedule for People who are Moderately or Severely Immunocompromised

People ages 6 months through 4 years
- Moderna Primary in 4 weeks
- Pfizer-BioNTech Primary in at least 8 weeks

People ages 5 through 11 years
- Moderna Primary in 4 weeks
- Pfizer-BioNTech Primary in at least 4 weeks

People ages 12 years and older
- Moderna or Pfizer-BioNTech
  - Primary in 3 weeks (Pfizer) or 4 weeks (Moderna)
  - Bivalent booster* in at least 4 weeks

People ages 18 years and older who previously received Janssen primary series dose*
- Primary in 4-8 weeks
  - Bivalent booster*

Monoclonal antibodies (EVUSHELD™) for COVID-19 pre-exposure prophylaxis
People ages 12 years and older (must weigh at least 40kg)
- Primary dose in at least 2 weeks
  - EVUSHELD™ dose in at least 2 weeks from COVID-19 vaccine to EVUSHELD™

*The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

Janssen COVID-19 Vaccine should only be used in certain limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#covid-vaccines

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#covid-vaccines
Adults aged ≥65 years are recommended to preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:

- quadrivalent high-dose inactivated influenza vaccine (HD-IIV4) *,
- quadrivalent recombinant influenza vaccine (RIV4) *, or
- quadrivalent adjuvanted inactivated influenza vaccine (aIIV4) **.

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

*Higher dose vaccines include HD-IIV4 and RIV4, both of which contain a higher dose of HA antigen per virus than standard-dose vaccines (60 µg for HD-IIV4 and 45 µg for RIV4, compared with 15 µg for standard-dose inactivated vaccines).

**Adjuvanted inactivated influenza vaccine (aIIV4) contains MF59 adjuvant.

https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w
Updated CDC Guidance (9/2/2022): Vaccine Co-Administration

- COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.

- Extensive experience with non-COVID 19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.

- In accordance with general best practices, routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children, adolescents, and adults for whom no specific contraindications exist at the time of the healthcare visit.

[https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines)
Agenda

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U.S. COVID-19 Vaccination Data

Daily Count of Doses by Date of Vaccine Administration, United States

### U.S. COVID-19 Vaccination Data: Primary Series Complete

#### Total Vaccine Doses

<table>
<thead>
<tr>
<th></th>
<th>Distributed</th>
<th>Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.14M</td>
<td>817,498,295</td>
<td>610,686,563</td>
</tr>
</tbody>
</table>

Children < 5 years of age with at least one dose since June 18, 2022. See [Vaccination Demographic Trends](#) for more information.

<table>
<thead>
<tr>
<th></th>
<th>109.0M People with a first booster dose**</th>
<th>23.5M People with a second booster dose***</th>
</tr>
</thead>
<tbody>
<tr>
<td>** Fully Vaccinated**</td>
<td><strong>At Least One Dose</strong></td>
<td><strong>Fully Vaccinated</strong></td>
</tr>
<tr>
<td>Fully Vaccinated People</td>
<td>Count</td>
<td>Percent of US Population</td>
</tr>
<tr>
<td>Total</td>
<td>224,367,691</td>
<td>67.6%</td>
</tr>
<tr>
<td>Population ≥ 5 Years of Age</td>
<td>224,000,330</td>
<td>71.7%</td>
</tr>
<tr>
<td>Population ≥ 12 Years of Age</td>
<td>215,055,356</td>
<td>75.9%</td>
</tr>
<tr>
<td>Population ≥ 18 Years of Age</td>
<td>199,737,504</td>
<td>77.4%</td>
</tr>
<tr>
<td>Population ≥ 65 Years of Age</td>
<td>50,452,612</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

CDC | Data as of: September 7, 2022 6:00am ET. Posted: September 8, 2022

# U.S. COVID-19 Vaccination Data: First (Monovalent) Booster

<table>
<thead>
<tr>
<th>Total Vaccine Doses</th>
<th>At Least One Dose</th>
<th>Fully Vaccinated</th>
<th>First Booster Dose</th>
<th>Second Booster Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed</td>
<td>817,498,295</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered</td>
<td>610,686,563</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**1.14M**
Children < 5 years of age with at least one dose since June 18, 2022
See Vaccination Demographic Trends for more information.

<table>
<thead>
<tr>
<th>People with a first booster dose**</th>
<th>People with a second booster dose***</th>
</tr>
</thead>
<tbody>
<tr>
<td>109.0M</td>
<td>23.5M</td>
</tr>
</tbody>
</table>

# U.S. COVID-19 Vaccination Data: Second (Monovalent) Booster

### Total Vaccine Doses

<table>
<thead>
<tr>
<th>Distributed</th>
<th>817,498,295</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered</td>
<td>610,686,563</td>
</tr>
</tbody>
</table>

**1.14M**  
Children < 5 years of age with at least one dose since June 18, 2022  
See Vaccination Demographic Trends for more information.

**109.0M**  
People with a first booster dose**

**23.5M**  
People with a second booster dose***

### At Least One Dose

<table>
<thead>
<tr>
<th>People with a Second Booster Dose***</th>
<th>Count</th>
<th>Percent of People with a First Booster Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population ≥ 50 Years of Age</td>
<td>22,176,710</td>
<td>34.3%</td>
</tr>
<tr>
<td>Population ≥ 65 Years of Age</td>
<td>14,785,402</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

Certain groups are eligible to receive a second booster dose at this time and may choose to do so based on individual benefits and risk.

Rise to Immunize Influenza Vaccination Data

Influenza vaccination rates over time by organization

Agenda

- Rise to Immunize/KP National Vaccination Program
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  - COVID-19
  - Influenza
- Past Population Performance
- Improvement Strategies
Rise to Immunize: Campaign Planks
KP Vaccination Implementation Strategies

- Vaccine supply & delivery
- Strategic access points for vaccinations
  - Vaccination clinics
    - Drive-through options
  - Primary care appointments
  - Specialty care appointments
  - Inpatient opportunities
  - Urgent/Emergent care
  - Mobile health vans
- Member messaging/education
  - Sequential communication waves
  - School partnerships
- Faith partners
- Community health activities
- Prioritization of high-risk and vulnerable members
  - Age 65+ high-dose flu promotion
- Leveraging technology
  - EMR alerts
  - Vaccination dashboards
  - Special risk population reports
  - Mobile app-based geolocation reminders
- KP employee, PMG physician campaigns
KP Vaccination Administration Safety Strategies

- Staff training (vaccine standard operating procedures)
- Quality assurance checks
- Vaccine storage
- Workflow standardization
- Bar code administration
- EMR clinical decision support
  - Order sets (inpatient, ambulatory)
- EMR coding standardization
  - E.g., by manufacturer, strength, age
Key Messages

- Upcoming respiratory illness season presents a great opportunity to promote **ALL** vaccinations
- Co-administer COVID-19 vaccine, seasonal influenza vaccine, and other routine adult vaccines at **EVERY** opportunity
- **ALIGN** your people, processes, and technology to support increased vaccination delivery
Questions?
Upcoming Webinar

Topic: Reducing Flu Vaccine Disparities

Date/ Time: Thursday, October 20 at 2pm ET

Presenter: Leon Jerrells, MHA, MBA, RN, CPQH, Kelsey-Seybold Clinic & Laura Lee Hall, PhD, National Minority Quality Forum
Questions?

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