Thank you for joining

The presentation will begin shortly

Rise to Immunize® Monthly Webinar

Improving Preventive Care: Strengthening Hepatitis B Vaccine Delivery in Clinical Practice

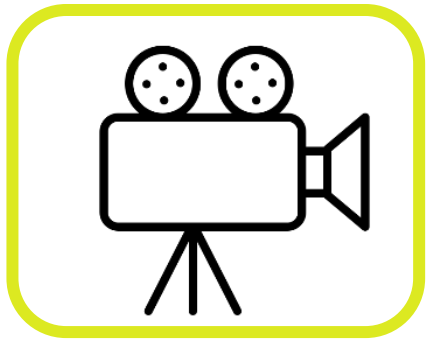
Nkem Akinsoto, MSc, and Jerrome Sicat, RN (UW Medicine Primary Care and Population Health)

September 18th, 2025

Today's Webinar

- **Campaign Updates**
  - Year 4 Data Announcement
  - Campaign Spotlight: flu360.com from CSL Seqirus
  - Liver Cancer Awareness Month Reminder
  - Annual Survey Results
- **Improving Preventive Care: Strengthening Hepatitis B Vaccine Delivery in Clinical Practice**
  - Nkem Akinsoto, MSc (UW Medicine Primary Care and Population Health)
  - Jerrome Sicat, RN (UW Medicine Primary Care and Population Health)
- **Q&A Session**

Webinar Reminders



Today's webinar recording will be available the **week of 9/22**

- 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

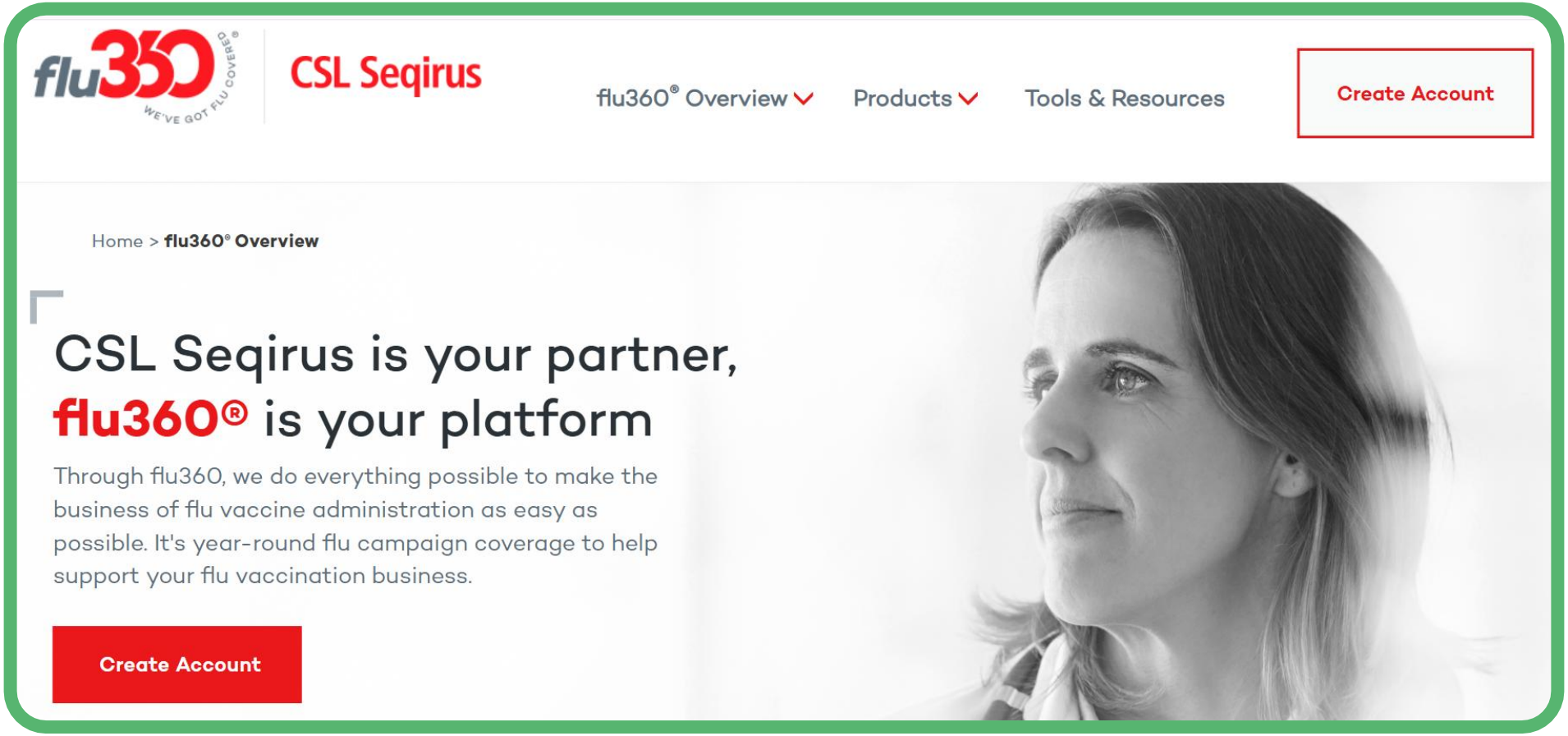
Please take a moment to answer a one question pulse survey.

We appreciate your feedback!

28.2 million

vaccines documented/administered in years 1-4

Campaign Spotlight: flu360.com



CSL Seqirus

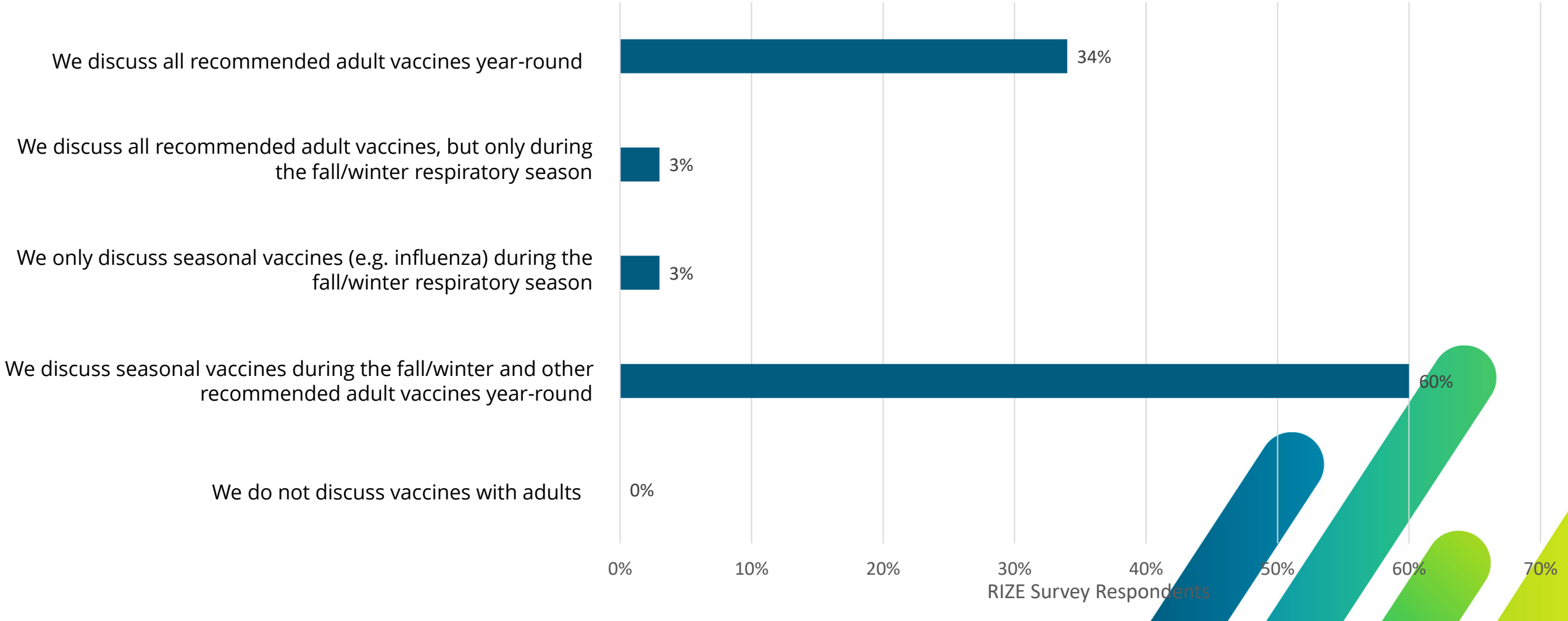
October is Liver Cancer Awareness Month

2025 RIZE Annual Survey Results

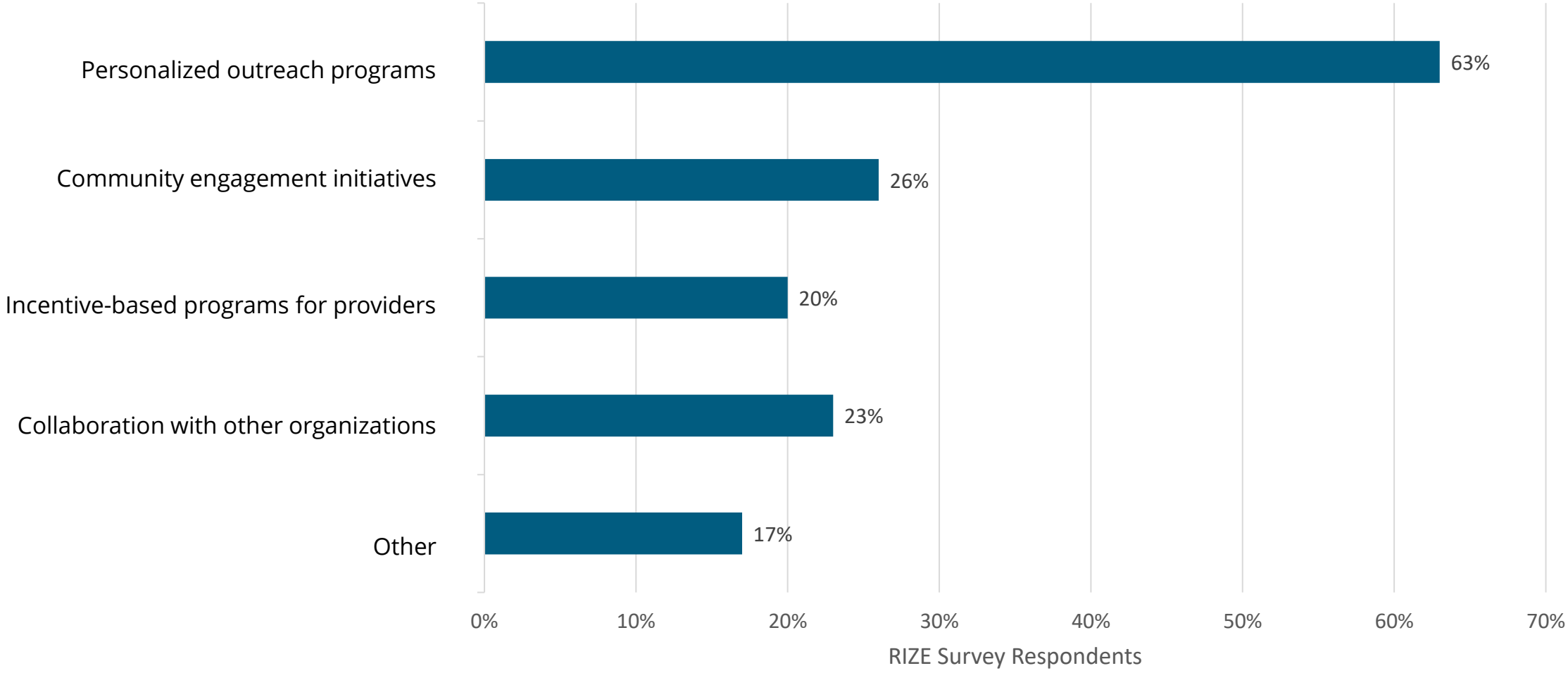
Fielded in May 2025

We heard from **37** RIZE member groups, representing **44% of participating groups**

Q2: When does your organization approach discussions with patients about the following list of recommended adult vaccines: influenza, pneumococcal, Tdap, shingles, RSV, COVID-19, and Hepatitis B?



Q: With vaccine hesitancy on the rise, what best practices has your organization deployed to ensure your patient population is identified, engaged, educated, and motivated to receive the immunizations in the RIZE campaign? Select all that apply.



Q: Federal public health policies have been changing rapidly in the new administration. How, if at all, can the RIZE team, our partners, and our sponsors support your immunization-related activities in light of these changes?

Emphasize importance of immunizations

Provide updates on CDC recommendation changes

Education and resources to combat vaccine hesitancy

Continue data benchmarking

Advocacy on a federal/policy level

Q6: What immunizations topics would you like to see incorporated into future RIZE programming?

- **Addressing patient vaccine hesitancy & misconceptions**
- **Power of co-administration**
- **Cost analysis/ impact of immunizations**
- **Navigating payer challenges**
- **EHR functionality** (EPIC)
- **Updates on CDC recommendation changes**
- **COVID-19 immunizations** (frequency, boosters, etc.)
- **Vaccine care for high-risk patients**

Today's Speakers

Nkem Akinsoto, MSc, Assistant Director, Population Health, UW Medicine Primary Care and Population Health

Jerrome Sicat, RN, Assistant Director of Nursing, UW Medicine Primary Care and Population Health

Improving Preventive Care: Hepatitis B Vaccination Strategies for Healthcare Providers

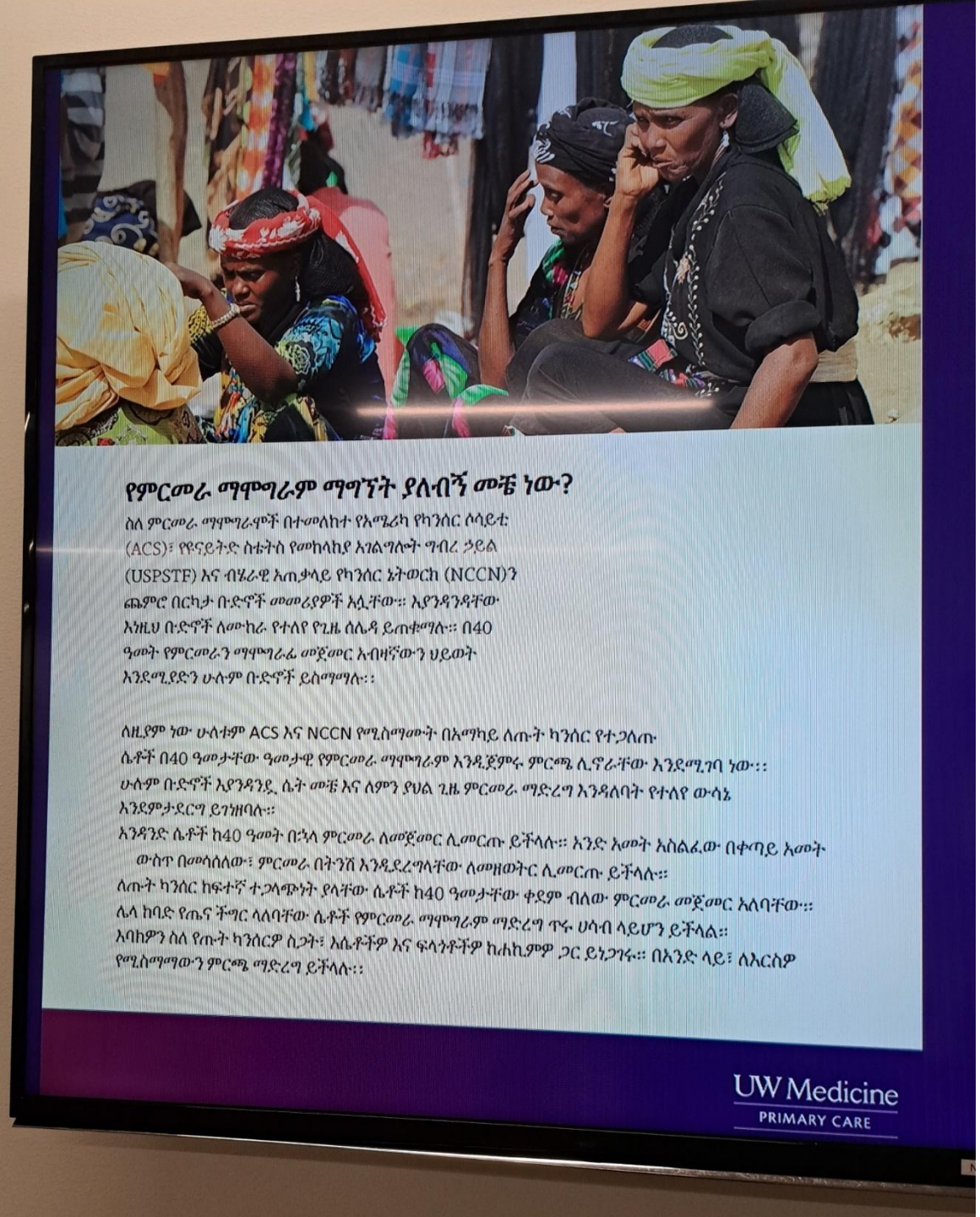
NKEM AKINSOTO, MSC, ASSISTANT DIRECTOR OF POPULATION HEALTH

JERROME SICAT, RN, BSN, AMB-BC ASSISTANT DIRECTOR OF AMBULATORY NURSING

UW MEDICINE PRIMARY CARE AND POPULATION HEALTH

SEPTEMBER 2025

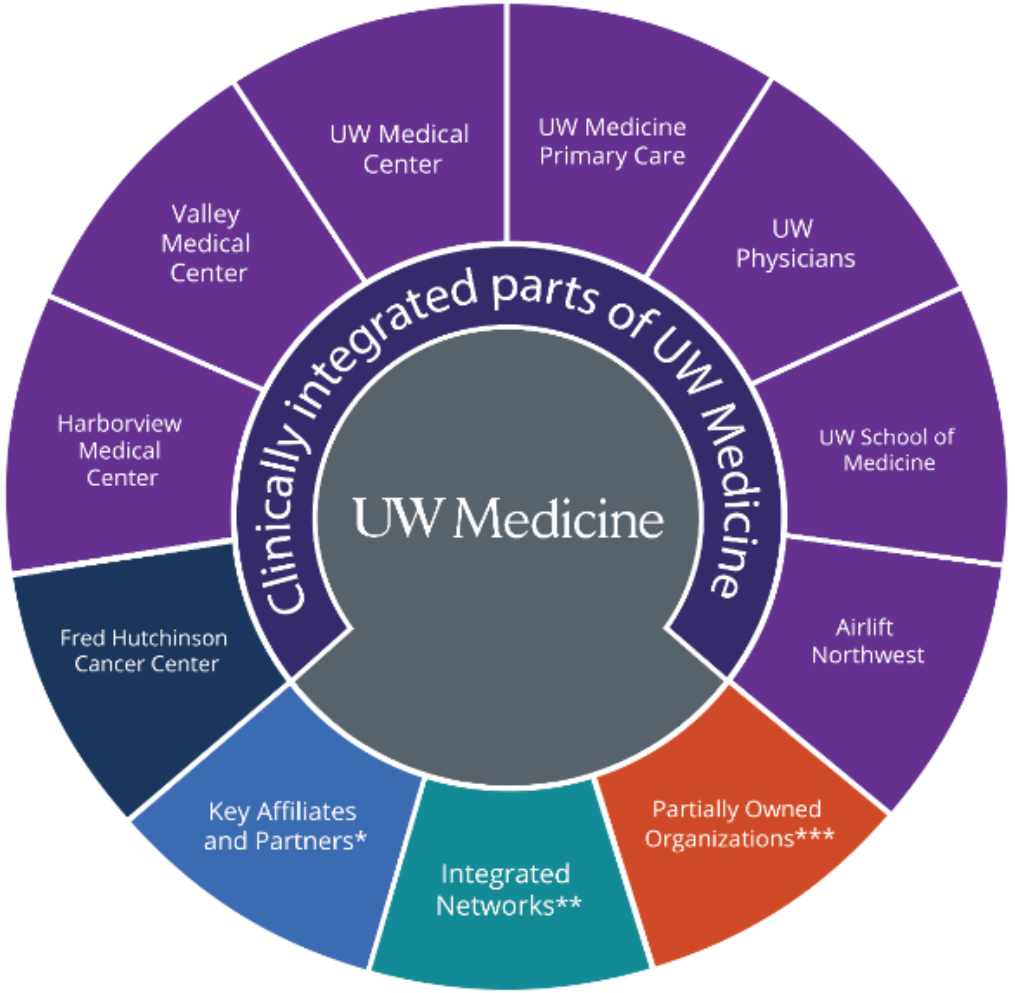
UW Medicine



Discussion Highlights

- About UW Medicine
- UW Medicine Primary Care and Population Health
- Hep B Changes in CY2024
- EMR Process Updates
- 2025 QI Plans to switch to 2-dose series
- Studies – Moving from 3-dose to 2-dose vaccine
- Implementation 2025: Staff action
- Population Focus
- Vaccine change outcomes
- AMGA RIZE Hep B Measures

UW Medicine is a family of organizations (some public and some private nonprofit) that are operated or managed as part of an integrated health system. Nearly 29,000 healthcare professionals, researchers, and educators work together at UW Medicine with a single mission: to improve the health of the public.



UW Medicine at University of Washington

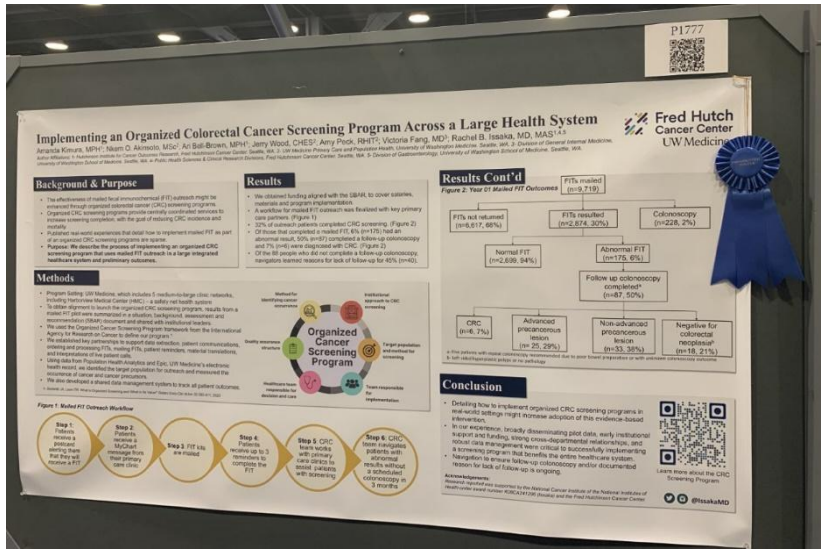
Based in Seattle, Washington, UW Medicine is affiliated with the University of Washington and serves as a vital resource for both the local community and the broader region.

UW Medicine is a comprehensive healthcare organization that includes multiple hospitals, clinics, and research facilities dedicated to providing high-quality patient care, advancing medical education, and conducting cutting-edge research.

Hospitals
- UW Medical Center (2 campuses)
- Harborview Medical Center
- Valley Medical Center

Community Services
- UW Medicine Primary Care Clinics
- Population Health

Research and Education
- UW School of Medicine
- Research Institutes



The Role of UW Medicine Primary Care and Population Health

Leadership and Strategy: Overseeing population health initiatives designed to improve patient care quality, equity and accountability across the ambulatory clinics.

Program Development: Developing and implementing programs that address population health outcomes, such as cancer screening, immunizations, chronic disease management.

Community Engagement: Leading community outreach efforts to enhance access to healthcare services and reduce health disparities, particularly among underserved populations.

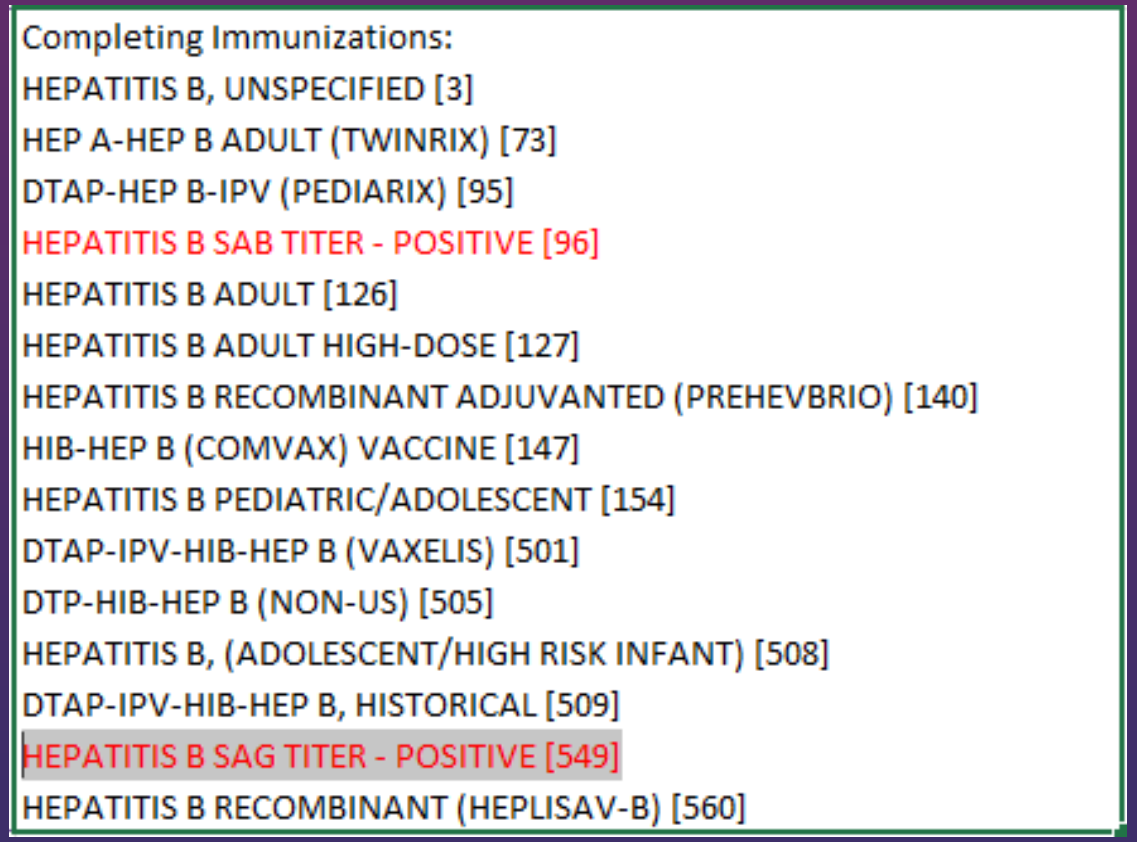
Research Collaboration: Collaborating with research teams to translate scientific discoveries into practical applications that improve patient outcomes.

Changes in 2024 – New Hep B Metric

- **Increase Adult Hepatitis B vaccine rates per HEDIS MY2025**
  - HEDIS MY2025: Adult Immunization Status. NCQA added an indicator assessing hepatitis B immunization for adults 19–59 years of age.
  - The ACIP recommendation was also significantly expanded.[1]*
    > As of April 2022, the ACIP recommends hepatitis B vaccination for all adults aged 19–59 and for adults aged ≥60 years with risk factors. Adults aged ≥60 years without risk factors may receive hepatitis B vaccination. Please refer to the hepatitis B vaccination guidelines noted in the *MMWR* publication for the specific risk factors for hepatitis B. This recommendation applies to adults who have not received a complete hepatitis B vaccine series in their lifetime.1*

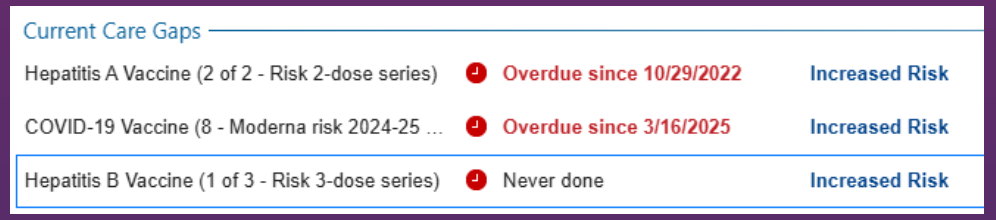
EMR Process Updates

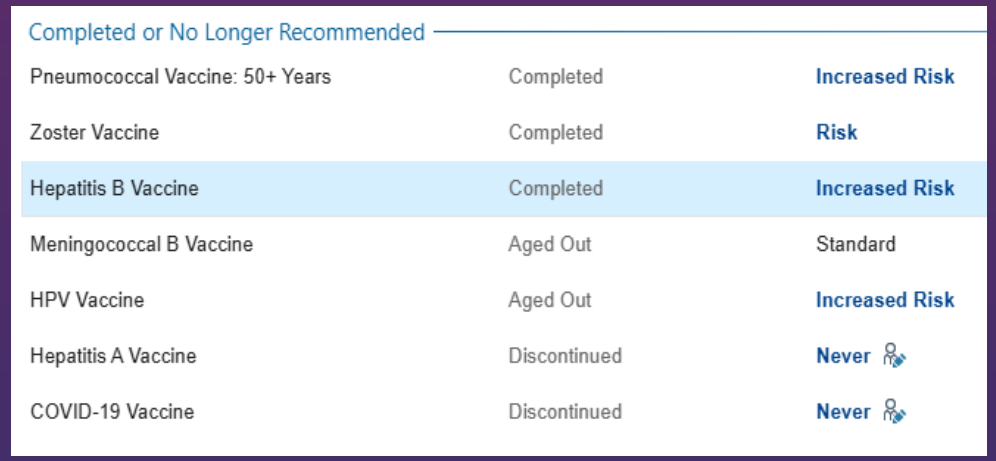
- Hep B vaccine as Health maintenance (HM) care gap – with patient facing prompt
- HM Completing actions include immunity or exposure - positive Hep B SAG or SAB titers.

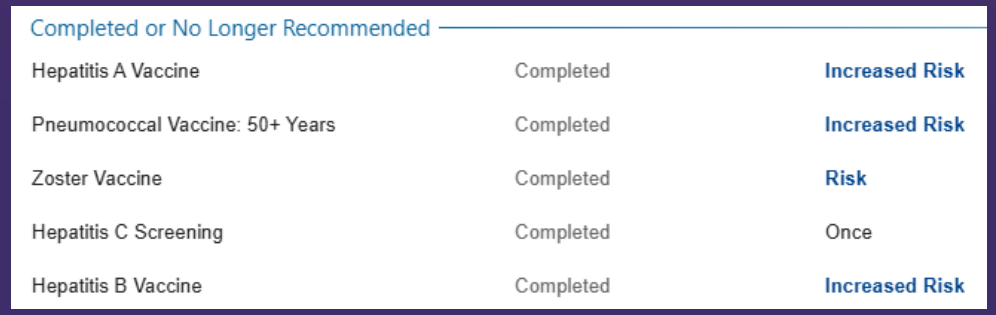


EMR Process Updates - 60+

- Ensure that patients are marked as increased risk on their health maintenance.
- Updated increased risk definitions – inclusions and exclusions
- Maintained 3-dose series for appropriate populations.







EMR Process Updates

- ***[In Process]*** Align multiple series for specific populations, recognize timing for 2-dose series after switch from a previous 3-dose series.
- ***[In Process]*** Ability to complete the EMR via bidirectional or manual updates from the state immunization registry (WAIIS) if immunity documented elsewhere.

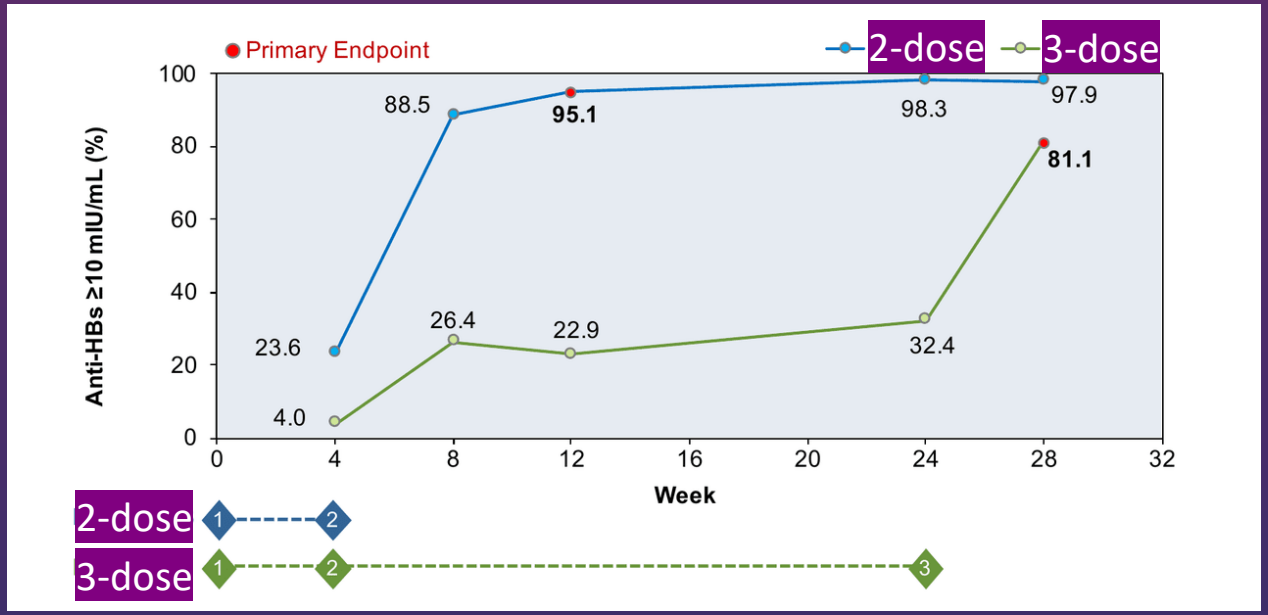
Q1 2025 - Switch to 2-Dose Series

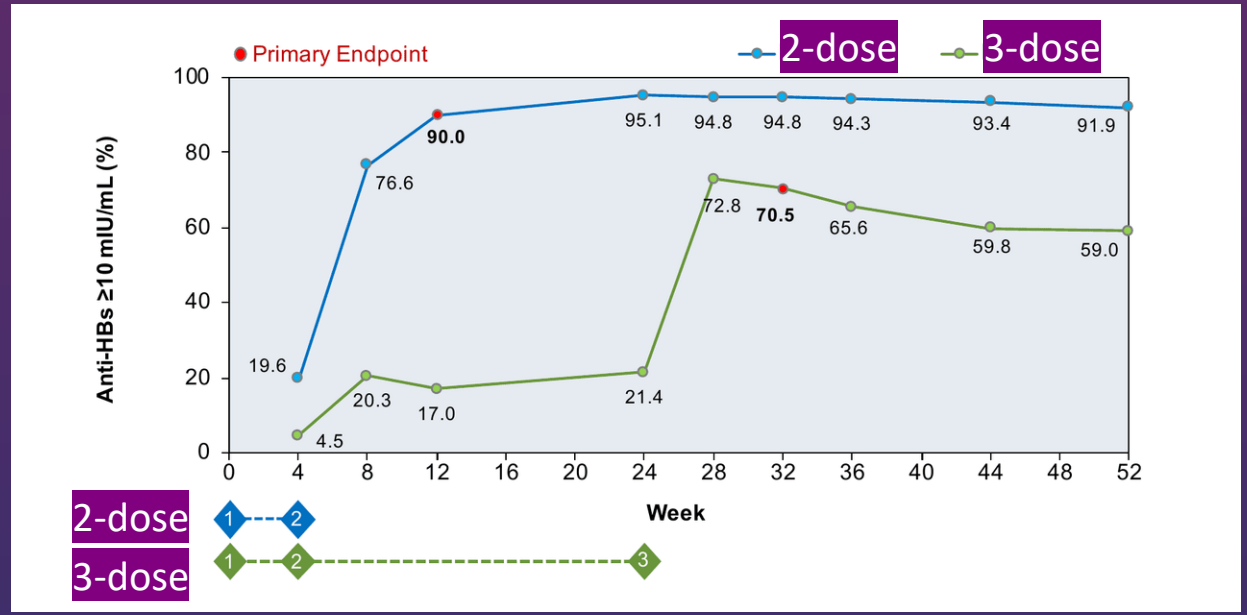
- **Consider 2-dose Hep B vaccine as the preferred Hepatitis B vaccine across 15 UWMPC Clinics.**
  - 2-dose vaccine series already being used by all UW Medicine Employee Health as the preferred Hep B vaccine.
  - 2-dose vaccine utilized by some primary care Clinics and Hepatology Clinic.
  - Dr. Nina Kim and team of UW physicians completed a Hep B Vaccine study:
    > Hepatitis B Management: Guidance for the Primary Care Provider - HBV Primary Care Workgroup - Hepatitis B Online
    > Hepatitis B Online

Moving from 3-dose to 2-dose series

- 2-dose vs 3-dose series.
- In a real-world study, a large healthcare system assessed whether recipients of a 2-dose hepatitis B vaccine are more likely to complete their series compared with recipients of a 3-dose vaccine and found that 2x more adults completed the 2-dose series than those starting with the 3-dose series .
    - Real-world study design: This was a prospective nested cohort study conducted among 10,888 adult Kaiser Permanente Southern California (KPSC) members not receiving dialysis who received a first dose of the hepatitis B vaccine series in family medicine and internal medicine departments. Patient data were captured from default electronic health record (EHR) order sets. Individuals were followed up through the EHRs for up to 1 year after the first dose to assess their receipt of subsequent doses of the HepB-CpG or HepB-alum vaccines.
- Study Results: 2-Dose Hep B Vaccine (Recombinant), Adjuvanted
- Association of Number of Doses With Hepatitis B Vaccine Series Completion in US Adults - PubMed

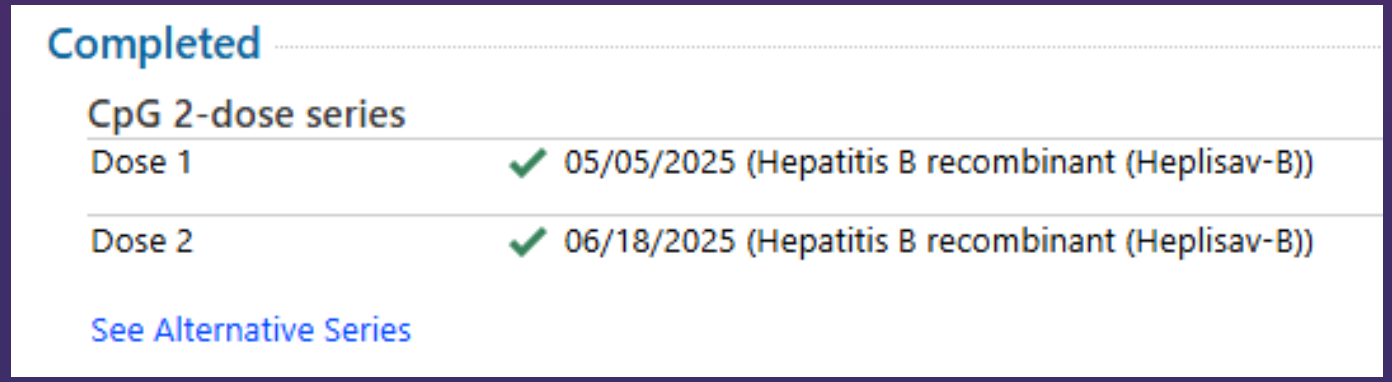
2-dose vs 3-dose – study results





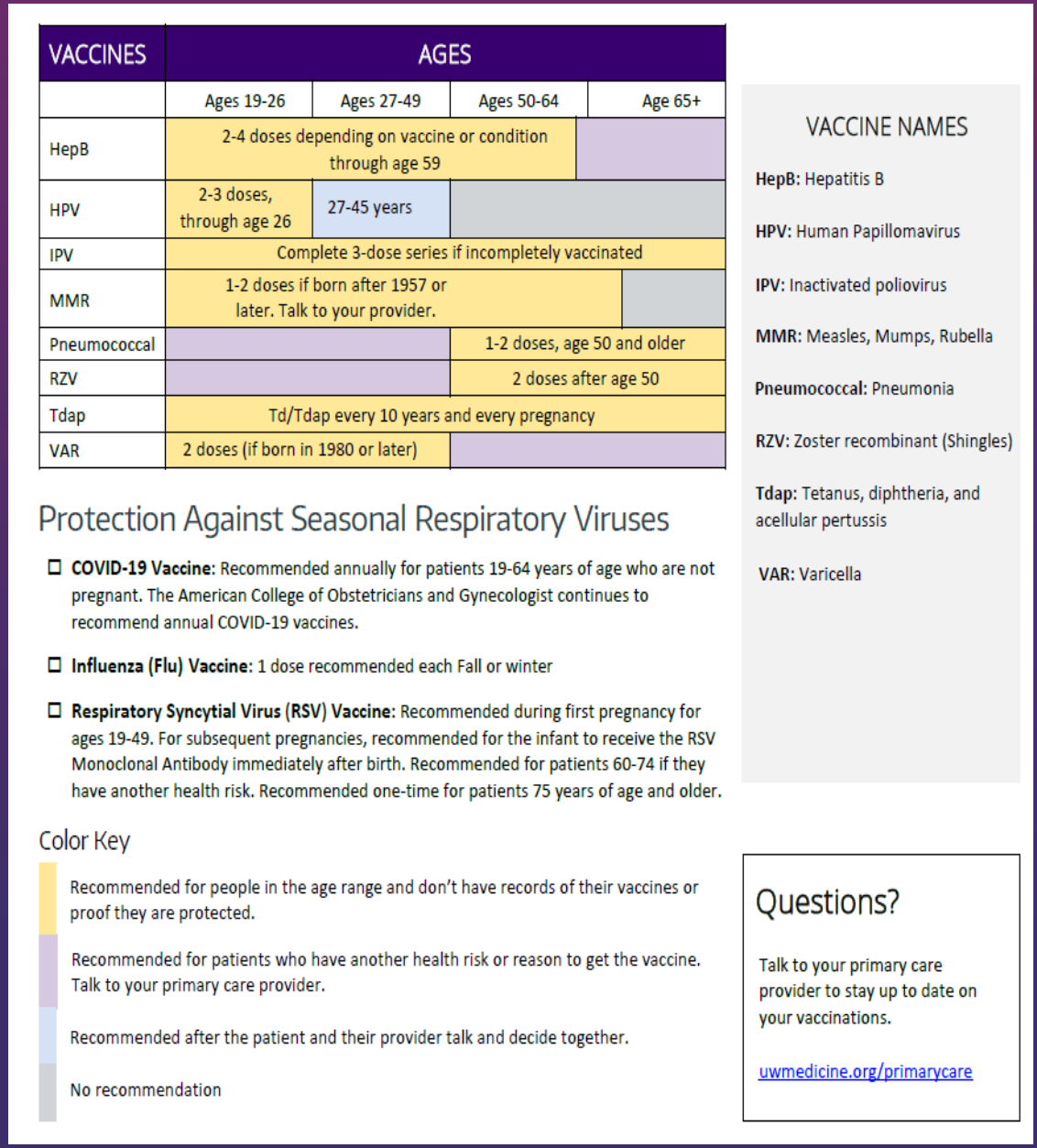
Implementation: Staff action

- **Who is ordering the vaccine, and are there any reported barriers or opportunities?**
  - Hep B is included in updated Standing orders for MA/LPN/RN staff
  - Health Maintenance was updated to match appropriate vaccine schedule and dosing for eligible patients
  - MAs to schedule upcoming vaccine appointments for outstanding dosage at the first injection/immunization visit.



Population Focus

- **Focus initiatives on 19-59 years old**
  - MAs engage patients 19–59-years-old during scheduled visits based on Health Maintenance flags.
- **Develop Adult Immunization patient communication**
  - Includes other priority vaccines by age populations.
  - Brochure handouts and wall poster sizes for exam rooms



VACCINES	AGES			
	Ages 19-26	Ages 27-49	Ages 50-64	Age 65+
HepB	2-4 doses depending on vaccine or condition through age 59			
HPV	2-3 doses, through age 26	27-45 years		
IPV	Complete 3-dose series if incompletely vaccinated			
MMR	1-2 doses if born after 1957 or later. Talk to your provider.			
Pneumococcal			1-2 doses, age 50 and older	
RZV			2 doses after age 50	
Tdap	Td/Tdap every 10 years and every pregnancy			
VAR	2 doses (if born in 1980 or later)			

VACCINE NAMES

HepB: Hepatitis B

HPV: Human Papillomavirus

IPV: Inactivated poliovirus

MMR: Measles, Mumps, Rubella

Pneumococcal: Pneumonia

RZV: Zoster recombinant (Shingles)

Tdap: Tetanus, diphtheria, and acellular pertussis

VAR: Varicella

Protection Against Seasonal Respiratory Viruses

- **COVID-19 Vaccine:** Recommended annually for patients 19-64 years of age who are not pregnant. The American College of Obstetricians and Gynecologist continues to recommend annual COVID-19 vaccines.
- **Influenza (Flu) Vaccine:** 1 dose recommended each Fall or winter
- **Respiratory Syncytial Virus (RSV) Vaccine:** Recommended during first pregnancy for ages 19-49. For subsequent pregnancies, recommended for the infant to receive the RSV Monoclonal Antibody immediately after birth. Recommended for patients 60-74 if they have another health risk. Recommended one-time for patients 75 years of age and older.

Color Key

Recommended for people in the age range and don't have records of their vaccines or proof they are protected.

Recommended for patients who have another health risk or reason to get the vaccine. Talk to your primary care provider.

Recommended after the patient and their provider talk and decide together.

No recommendation

Questions?

Talk to your primary care provider to stay up to date on your vaccinations.

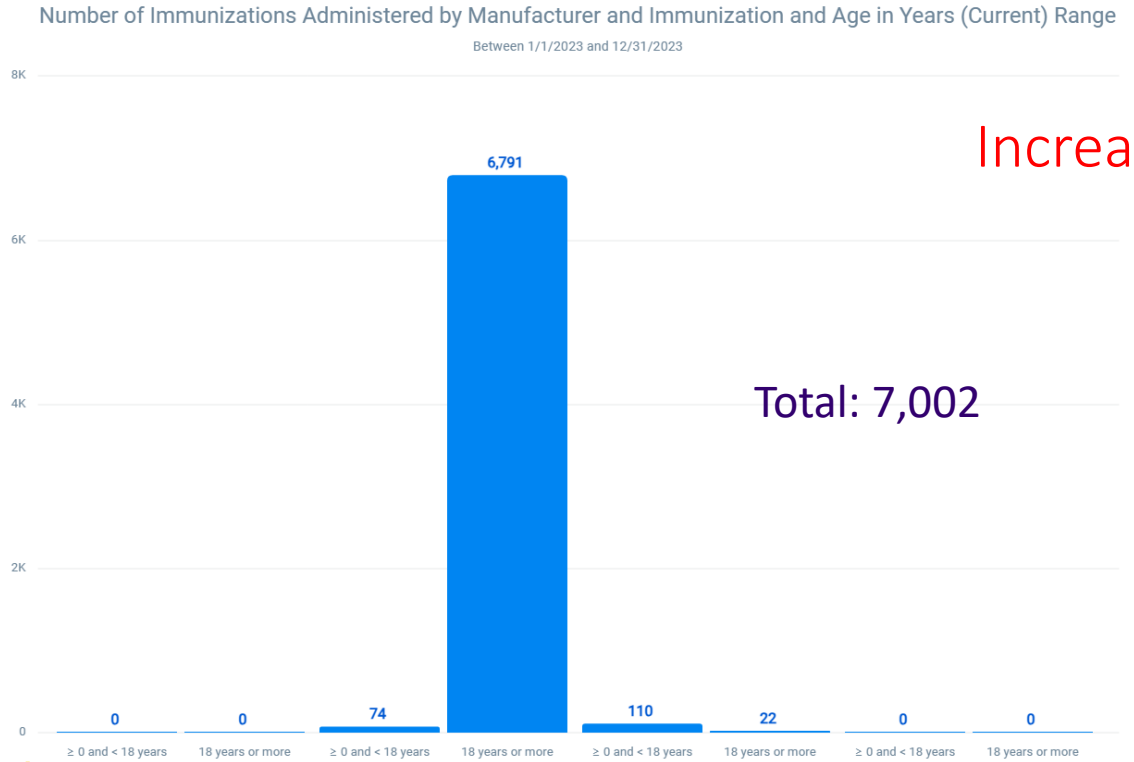
uwmedicine.org/primarycare

UWMPC Hep B Clinic Admin Rates by month (January 2025)

Assigned Location	Patients 19-59yo	Hep B Vaccines	%
UWPC	9,341	372	4.0%
UWPC	10,984	724	6.6%
UWPC	9,958	923	9.3%
UWPC	3,477	238	6.8%
UWPC	5,702	642	11.3%
UWPC	9,704	478	4.9%
UWPC	5,503	161	2.9%
UWPC	2,197	283	12.9%
UWPC	751	6	0.8%
UWPC	3,173	127	4.0%
UWPC	13,382	971	7.3%
UWPC	2,635	184	7.0%
UWPC	13,106	929	7.1%
UWPC	9,218	352	3.8%
UWPC	13,427	652	4.9%
UWPC	2,881	0	0.0%
UWPC	7,640	915	12.0%

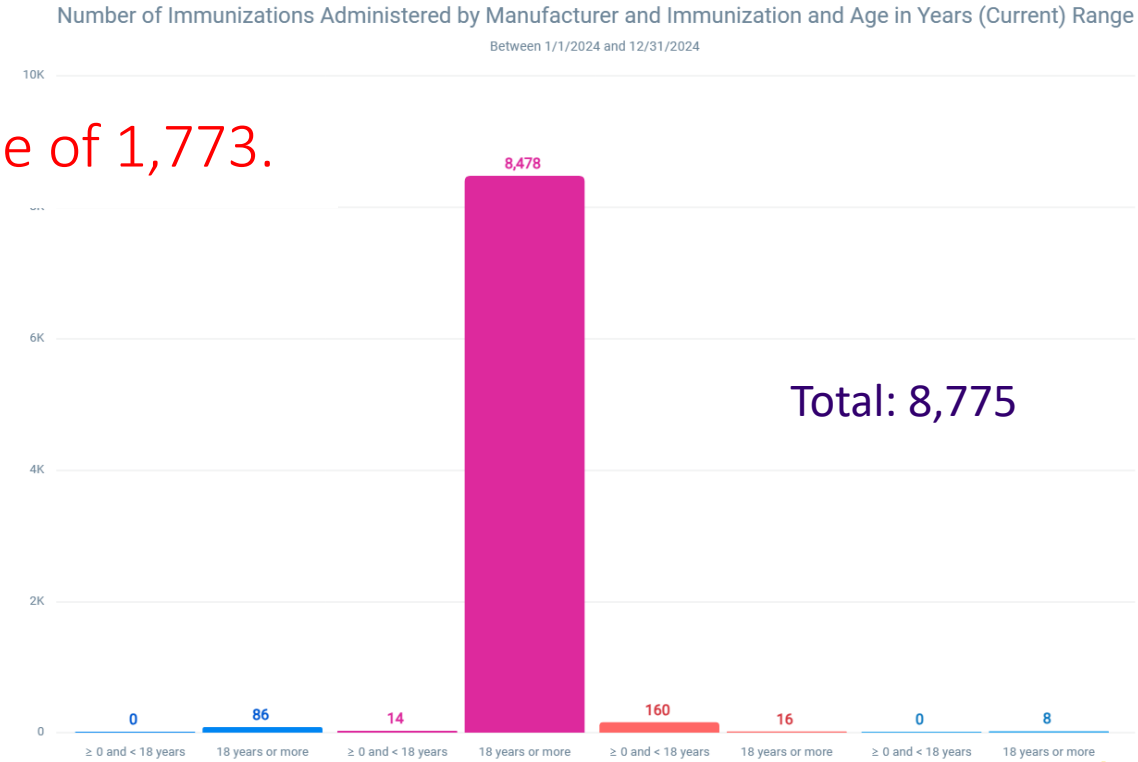
UWMPC Hep B Vaccines Change Outcomes

Hepatitis B Vaccines Administered in 2023 vs 2024. Increase was result of UWMPC Population Health initiatives and EHR Health Care maintenance changes.



Total: 7,002

Increase of 1,773.

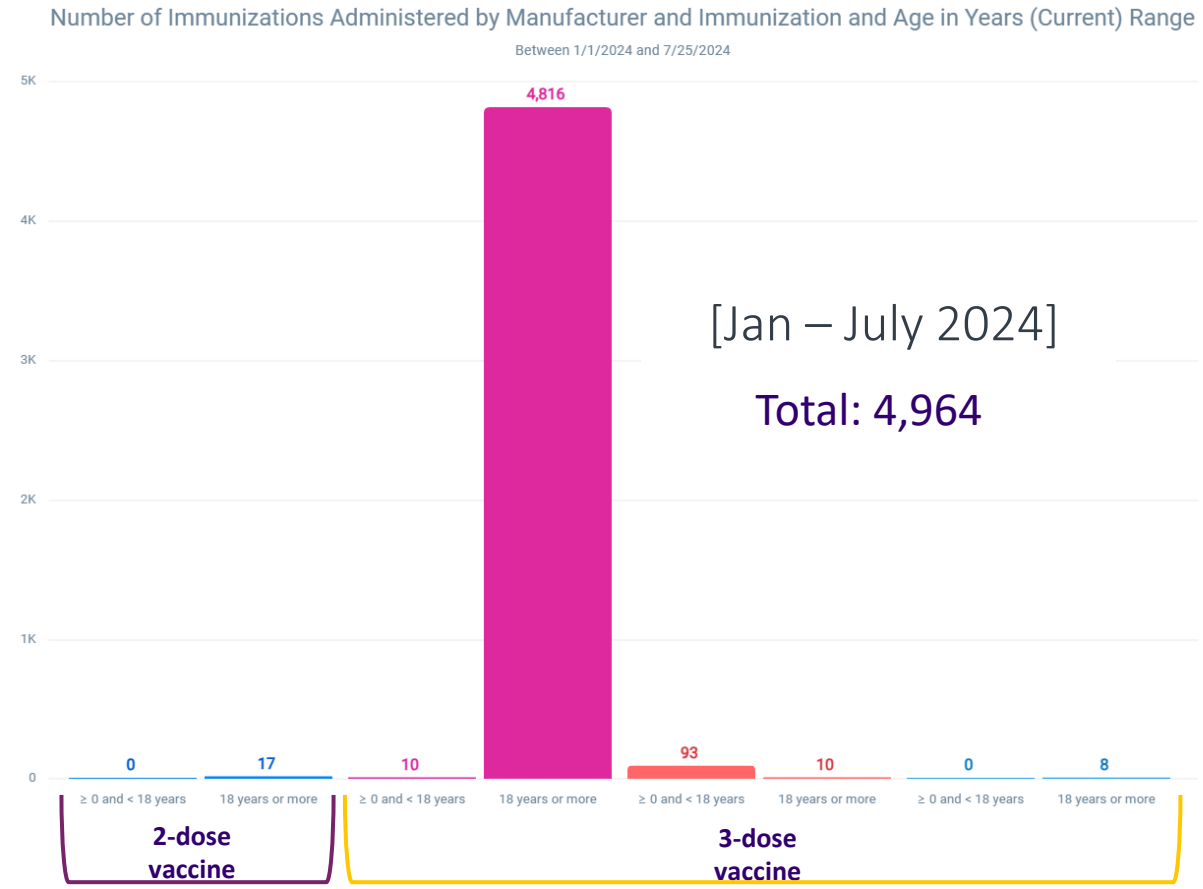


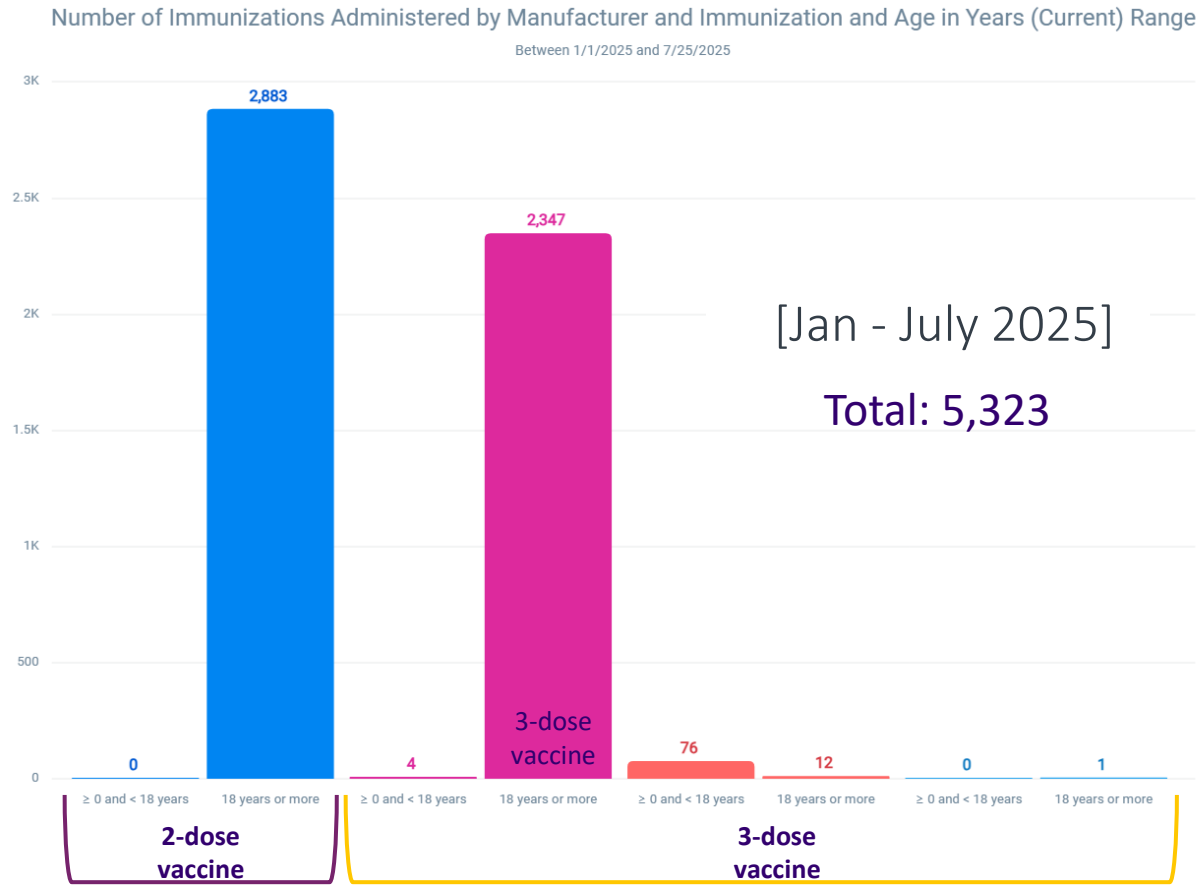
Total: 8,775

Only 3-dose vaccine used in this data set

UWMPC Hep B Vaccine Change Outcomes

- **Hepatitis B Vaccines Administered** → Increase of 359 in 2025 vs 2024 → Projected increase of 615 for 2025.





2-Dose Vaccine Outcomes Comparison

The intervention entity had a Hep B vaccine (19+) completion increase of 11% vs 7% non-intervention.

Intervention entity (yellow)
non-intervention (green).

Both entities received the EMR changes and communication updates. Only the intervention entity (70% of eligible population) received the 2-dose series vaccine stock and the required staff training and support for a switch.

AMGA RIZE Hep B Measure

Measure 8: Hepatitis B

Denominator: Active Patient, Age 19-59 start of MY
Numerator Part A: Hep B vax during MP
Numerator Part B: Hep B vax prior to MP

		Hep B Denom	Hep B Num A	Hep B Num B	HepB %
2023	Q3	140,066	3,083	60,272	45.2%
	Q4	147,064	5,638	61,602	45.7%
2024	Q1	155,034	7,829	63,790	46.2%
	Q2	162,756	10,073	65,986	46.7%
	Q3	141,274	3,641	66,365	49.6%
	Q4	150,336	6,602	68,726	50.1%
2025	Q1	158,192	8,924	70,960	50.5%
	Q2	165,262	11,270	72,952	51.0%

Active patients (AP)

Measurement Year (MY): span from the beginning of Q3 to the end of Q2 (e.g., July 1, 2021—June 30, 2022)

Measurement Period (MP): All cumulative quarters reported to date within a given MY

Reporting Quarter (RQ): the last quarter of data in the MP

Active Patient Lookback (APL): begins 15 months prior to the beginning of MY and runs through the end of the current RQ

Inclusion criteria

1. Age 19–99 on the first day of MY
AND
2. 1+ ambulatory visit* in APL period with any specialty
AND
3. Have an Assigned PCP (empaneled) OR 1+ ambulatory visit* to Primary Care Clinic in the APL

* office/telemedicine/phone visit encounter types with NP, Physician, PA, Fellow, Osteopath, Resident

Exclusion Criteria

1. there is evidence of hospice or palliative care in the APL OR
2. the patient died prior to the end of the RQ.

References

1. Weng MK, Doshani M, Khan MA, et al. Universal hepatitis B vaccination in adults aged 19–59 years: updated recommendations of the advisory committee on immunization practices — United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(13):477-483. doi:10.15585/mmwr.mm7113a1

2. Centers for Disease Control and Prevention. Clinical overview of hepatitis B. Last reviewed February 9, 2024. Accessed June 4, 2024. https://www.cdc.gov/hepatitis-b/hcp/clinical-overview/

3. Centers for Disease Control and Prevention. Number of reported cases of acute hepatitis B virus infection and estimated infections — United States, 2014–2021. Last reviewed August 7, 2023. Accessed May 29, 2024. https://www.cdc.gov/hepatitis/statistics/2021surveillance/hepatitis-b/figure-2.1.htm

4. Centers for Disease Control and Prevention. Hepatitis B surveillance 2022. Last reviewed April 3, 2024. Accessed May 29, 2024. https://www.cdc.gov/hepatitis/statistics/2022surveillance/hepatitis-b.htm

5. HEPLISAV-B [package insert]. Emeryville, CA: Dynavax Technologies Corporation; 2023.

6. Data on file. Dynavax Technologies Corporation. Flow model for universal hepatitis B vaccination (version 4.5) assumptions. May 24, 2021.

7. World Health Organization. Global health sector strategy on viral hepatitis 2016–2021 towards ending viral hepatitis. June 2016.

8. U.S. Department of Health and Human Services. *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)*. 2020. Washington, DC.

9. Data on file. Dynavax Technologies Corporation. FDA advisor committee briefing document: HEPLISAV-B (Hepatitis B Vaccine [recombinant], adjuvanted). Presented at: Meeting of the Vaccines and Related Biological Products Advisory Committee; July 28, 2017; Silver Spring, MD.

10. National Cancer Institute. Liver cancer causes, risk factors, and prevention. Last updated May 15, 2024. Accessed July 15, 2024. https://www.cancer.gov/types/liver/what-is-liver-cancer/causes-risk-factors

Upcoming Webinar

Topic: Optimizing EHR Tools for Adult Immunizations

Date/ Time: Thursday, October 16th at 2pm ET

Presenter: John Clark, MD, PhD (Sharp Rees-Stealy Medical Group)

Questions?

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