

# Rise to Immunize™ Monthly Webinar

Coadministration of COVID-19 and Routine  
Vaccinations

Featuring Dr. Jon McCullers

# Today's Agenda



## **Campaign Updates**

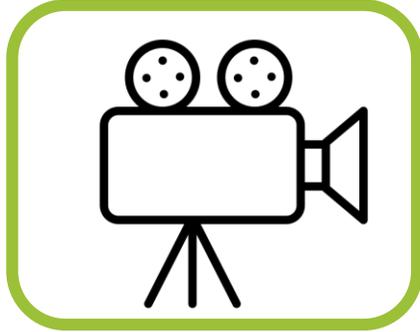
- Zoom Events platform
- Data Submission
- Enrollment Update
- Resource of the Month
- Annual Conference 2022

## **Coadministration of COVID-19 and Routine Immunizations**

- Featuring Dr. Jon McCullers

## **Q&A Session**

# Webinar Reminders



Today's webinar recording  
will be available the week of  
**Jan. 24**

- 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

# Zoom Events



Registration is required for each webinar you want to attend

Only email addresses on our approved users list may register, so make sure to use your email address associated with your organization

To invite colleagues, send their names and email addresses to [RiseToImmunize@amga.org](mailto:RiseToImmunize@amga.org)

# Data Submission



Reminder:  
First Data Report  
**due Feb. 15**

RiseToImmunize.org → “Measurements” → “Data Submission”

# Data Reporting Excel Template



## Data reporting Excel template grayed out?

Follow these steps:

1. Enter your organization name in cell E4 of the Data Entry tab
2. Enter your Track (Basic or Core) in cell E5 of the Data Entry tab

AutoSave Off RIZE Reporting Template\_2021-10-08 Search

File Home Insert Page Layout Formulas Data Review View Developer Help

E5

Enter requested data in all the light blue shaded cells. Data in white cells will be auto populated.

To preserve data validation, please do not copy/paste data across cells.

Enter data from left to right

Organization Name:

Track:

Detailed measure specification: Basic  
Community Library page: Core

Phase	Reporting Quarter <sup>2</sup>	Active Patient 18-month Lookback <sup>3</sup>	Measurement Period (Cumulative Quarters)	Data submission window <sup>4</sup>		
				Open	Close	
Baseline	2019 (Pre-COVID)	Q3 2019	4/1/2018-9/30/2019	7/1/2019-9/30/2019	2/1/2022	2/15/2022
		Q4 2019	4/1/2018-12/31/2019	7/1/2019-12/31/2019		
		Q1 2020	4/1/2018-3/31/2020	7/1/2019-3/31/2020		
		Q2 2020	4/1/2018-6/30/2020	7/1/2019-6/30/2020		
	2020 (Intra-COVID)	Q3 2020	4/1/2019-9/30/2020	7/1/2020-9/30/2020		
		Q4 2020	4/1/2019-12/31/2020	7/1/2020-12/31/2020		
		Q1 2021	4/1/2019-3/31/2021	7/1/2020-3/31/2021		
		Q2 2021	4/1/2019-6/30/2021	7/1/2020-6/30/2021		
Intervention Measurement Year <sup>1</sup>	2021	Q3 2021	4/1/2020-9/30/2021	7/1/2021-9/30/2021	2/1/2022	2/15/2022
		Q4 2021	4/1/2020-12/31/2021	7/1/2021-12/31/2021	4/1/2022	4/15/2022
		Q1 2022	4/1/2020-3/31/2022	7/1/2021-3/31/2022		
		Q2 2022	4/1/2020-6/30/2022	7/1/2021-6/30/2022		
	2022	Q3 2022	4/1/2021-9/30/2022	7/1/2022-9/30/2022		
		Q4 2022	4/1/2021-12/31/2022	7/1/2022-12/31/2022	1/2/2023	1/17/2023
		Q1 2023	4/1/2021-3/31/2023	7/1/2022-3/31/2023	4/1/2023	4/14/2023
		Q2 2023	4/1/2021-6/30/2023	7/1/2022-6/30/2023	7/1/2023	7/14/2023
	2023	Q3 2023	4/1/2022-9/30/2023	7/1/2023-9/30/2023	10/1/2023	10/16/2023
		Q4 2023	4/1/2022-12/31/2023	7/1/2023-12/31/2023	1/2/2024	1/16/2024
		Q1 2024	4/1/2022-3/31/2024	7/1/2023-3/31/2024	4/1/2024	4/15/2024
		Q2 2024	4/1/2022-6/30/2024	7/1/2023-6/30/2024	7/1/2024	7/15/2024
	2024	Q3 2024	4/1/2023-9/30/2024	7/1/2024-9/30/2024	10/1/2024	10/15/2024
		Q4 2024	4/1/2023-12/31/2024	7/1/2024-12/31/2024	1/2/2025	1/15/2025
		Q1 2025	4/1/2023-3/31/2025	7/1/2024-3/31/2025	4/1/2025	4/15/2025
		Q2 2025	4/1/2023-6/30/2025	7/1/2024-6/30/2025	7/1/2025	7/15/2025

# Campaign Participants



# Resource of the Month



## Social Media Toolkit

Located in Library of RIZE  
Community Page

(log in at [community.amga.org](https://community.amga.org))



### Social Media Toolkit

#### Rise to Immunize™ Participating Groups

*The following social media toolkit provides Rise to Immunize AMGA member group participants with content to promote their involvement in the campaign. Participants are welcome to customize content as they see fit. The Rise to Immunize promotional video (link below) may be uploaded to accompany any LinkedIn post, Facebook post, or tweet.*



# 2022 AMGA ANNUAL CONFERENCE

Hear from featured keynotes, including:

**LAS VEGAS**

March 9-12, 2022

**REGISTER**

[AMGA.ORG/AC22](https://AMGA.ORG/AC22)



**Guy Kawasaki**

Chief Evangelist at Canva;  
Former Brand  
Ambassador for  
Mercedes-Benz; and  
Former Chief Evangelist  
at Apple



**Robyn Benincasa**

World Champion Eco-  
Challenge Adventure Racer,  
and *New York Times*  
Bestselling Author



**Gen. Stanley McChrystal**

Bestselling Author of *Team  
of Teams* and *Risk: A User's  
Guide*; Co-founder of  
the McChrystal Group;  
Former Commander of  
U.S. and International  
Forces in Afghanistan



**Craig E. Samitt, M.D., M.B.A.**

Founder and CEO, ITO  
Advisors, LLC; Former  
President & CEO of Blue  
Cross Blue Shield of  
Minnesota

*The Dr. Scott Hayworth and the  
Honorable Dr. Nan Hayworth  
Lecture*

# Today's Speaker



## **Jon McCullers, M.D.**

Le Bonheur Children's Hospital and College  
of Medicine for the University of Tennessee  
Health Science Center

# Countering Vaccine Hesitancy: Co-administration of Routine Adult Immunizations with the COVID-19 Vaccine

Jon McCullers, MD

Senior Executive Associate Dean of Clinical Affairs  
University of Tennessee Health Science Center College of Medicine  
Pediatrician-in-Chief  
Le Bonheur Children's Hospital

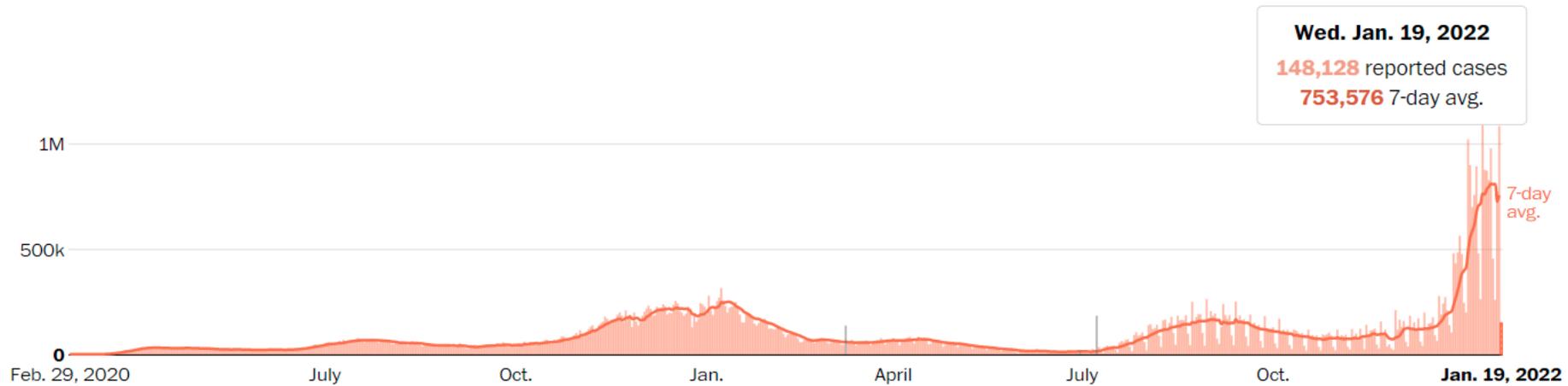
On behalf of the AMGA Rise to Immunize<sup>TM</sup> Program

# Current COVID-19 Status - US



## New reported cases per day

At least 67,844,928 have been reported since Feb. 29, 2020.

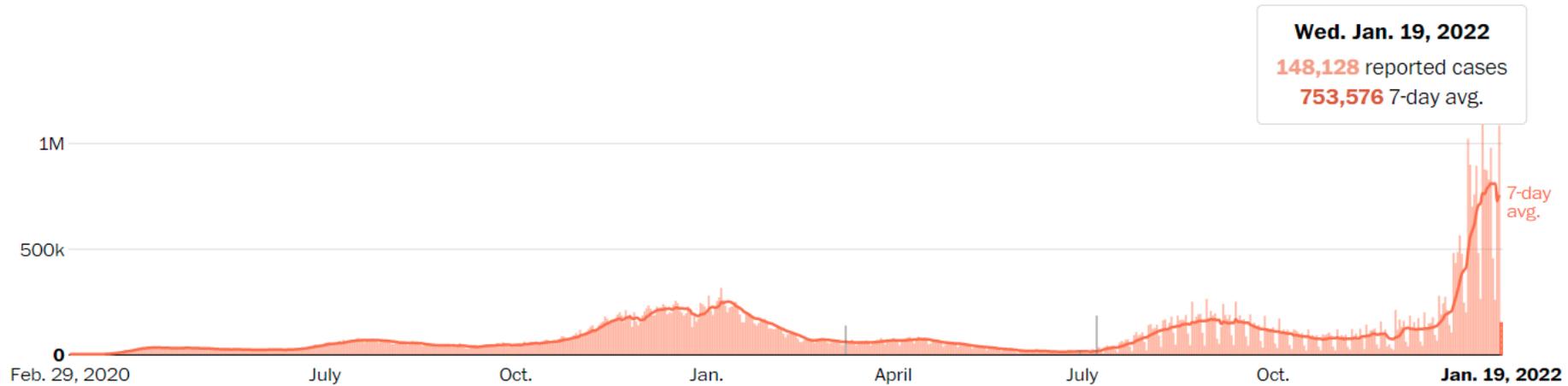


# Current COVID-19 Status - US



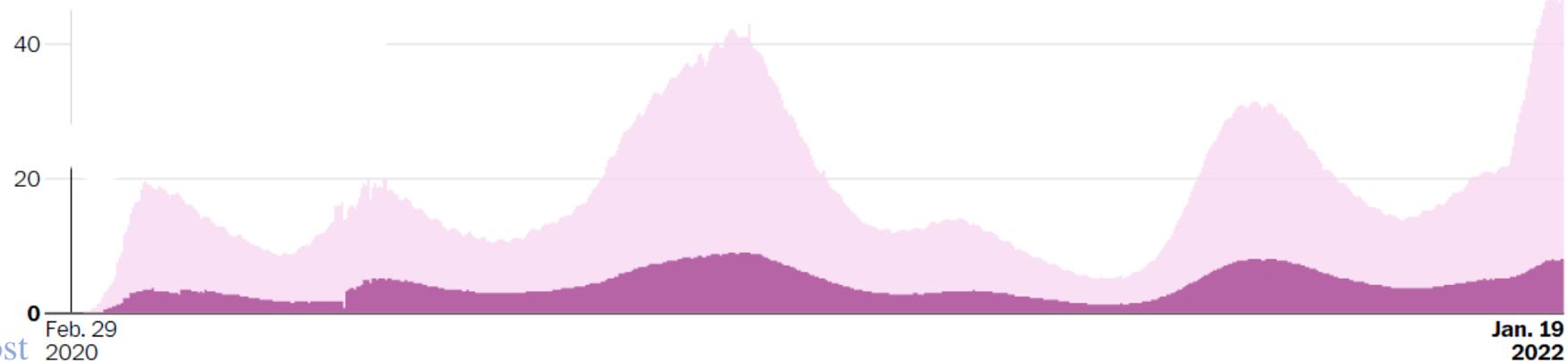
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## Reported covid-19 hospitalizations per 100,000 residents

Currently hospitalized Filled ICU beds

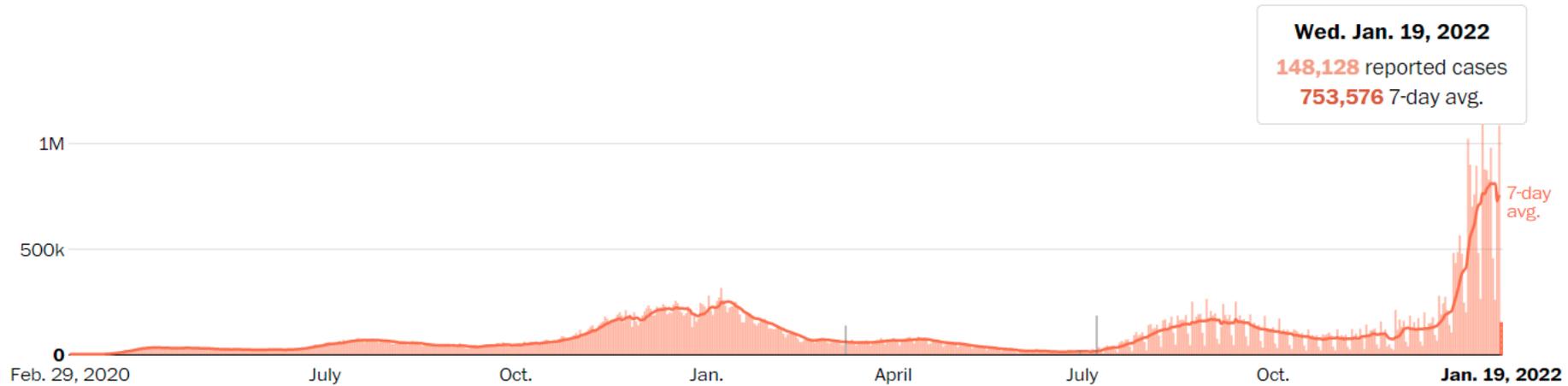


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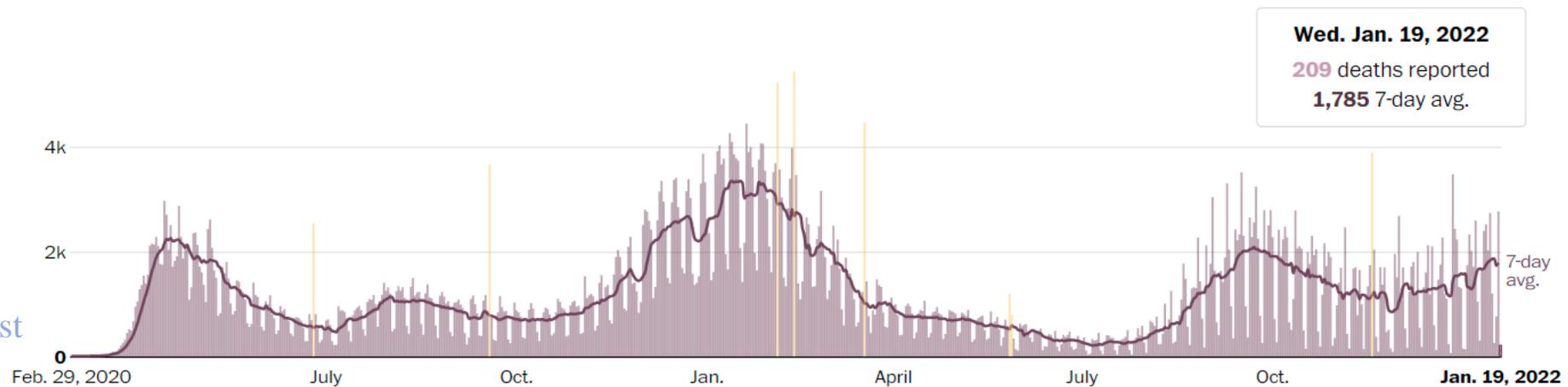
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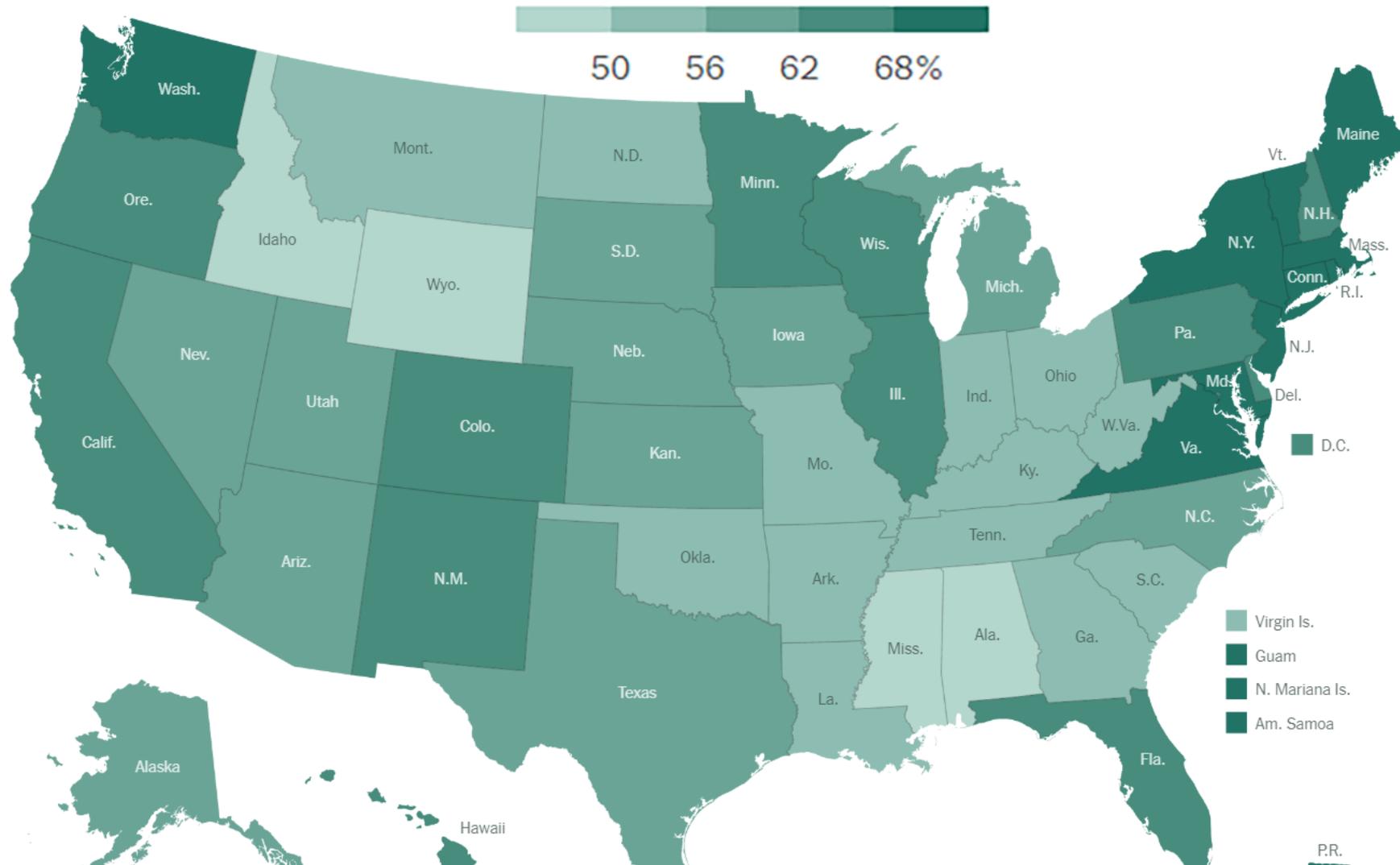


## New deaths reported per day

At least 851,267 have been reported since Feb. 29, 2020.



# Fully Vaccinated by State



US data:

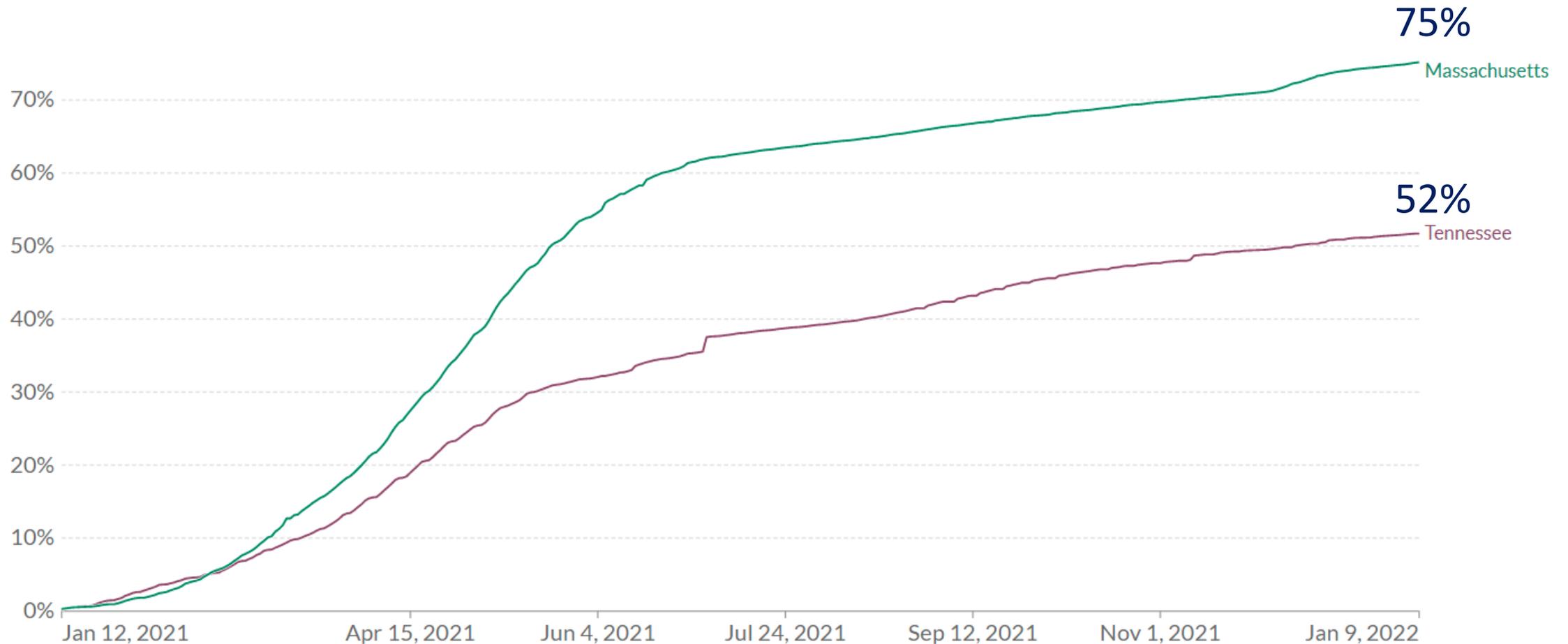
Fully vaccinated  
62% of eligible

Boosted  
24% of eligible

# Fully vaccinated - disparities

## US: Share of the population fully vaccinated against COVID-19

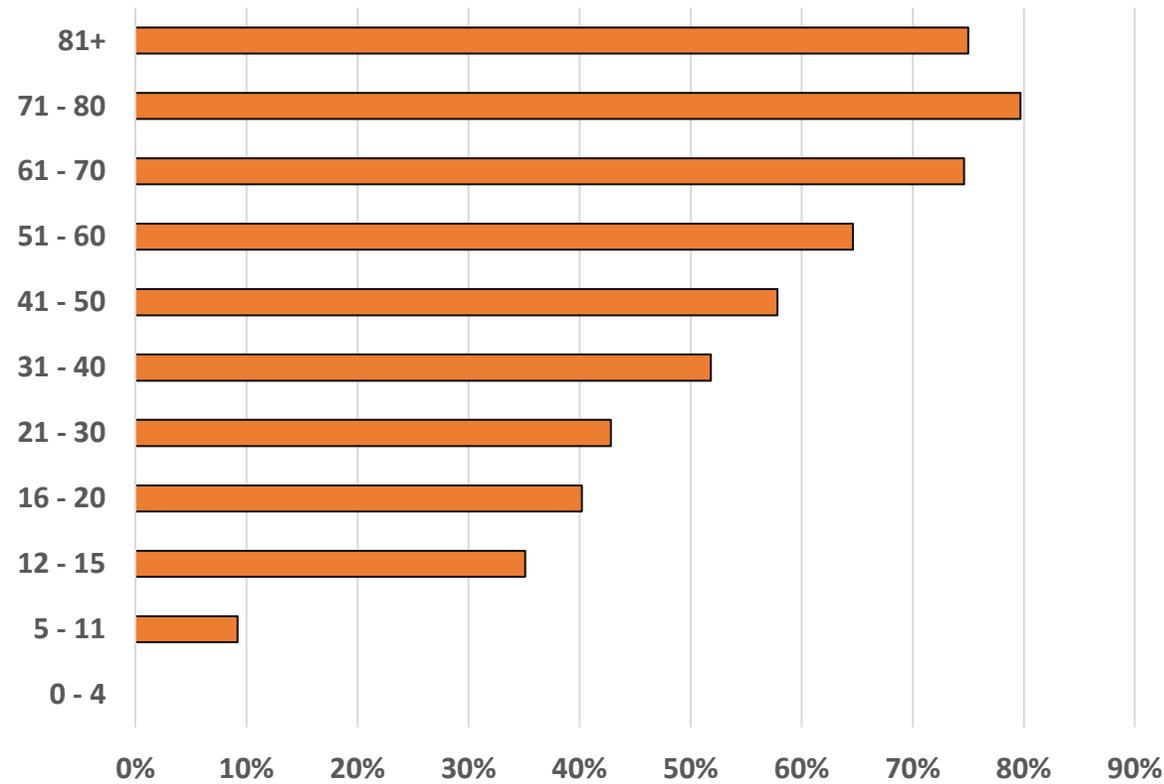
Share of the total population that have received all doses prescribed by the vaccination protocol.



# Vaccine uptake by age

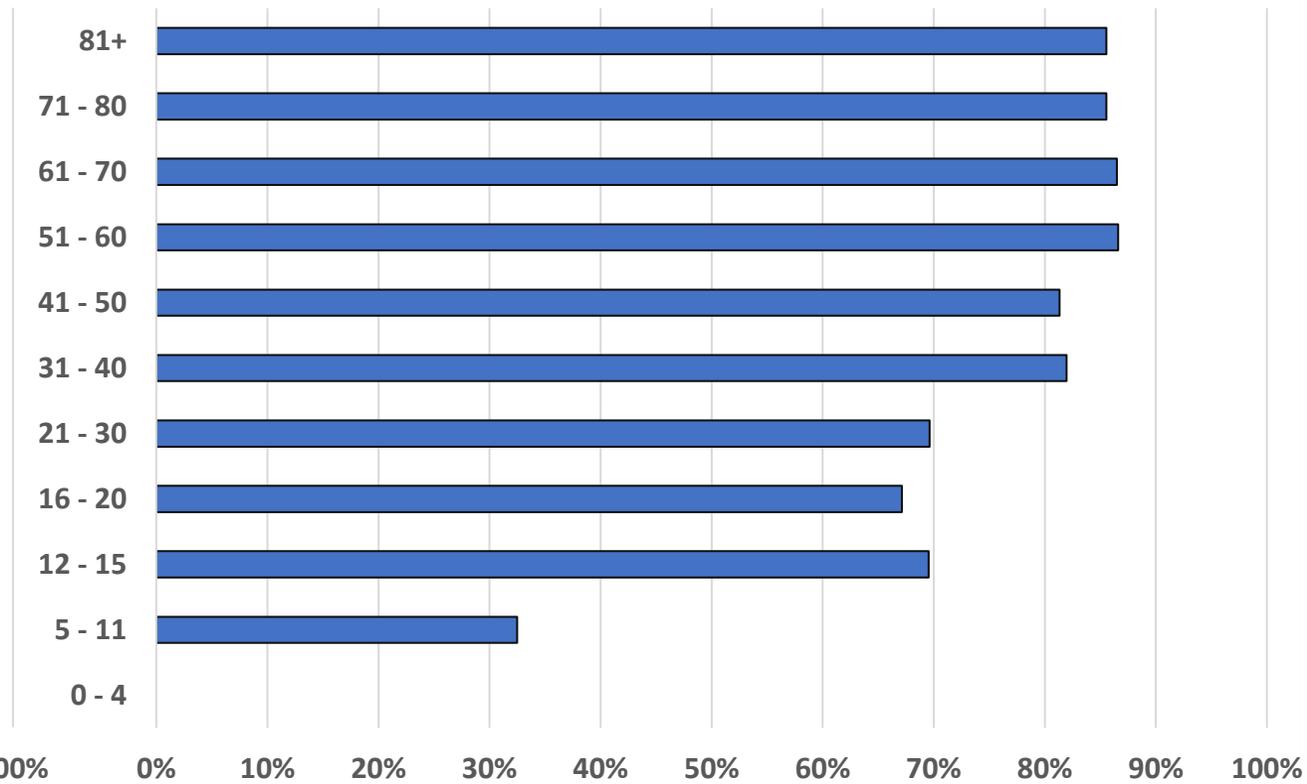


### Fully Vaccinated by Age Group - Tennessee



37% Boosted

### Fully Vaccinated by Age Group - Massachusetts



43% Boosted

## mRNA Vaccines



Pfizer  
Moderna

## Adenovirus- vectored Vaccine



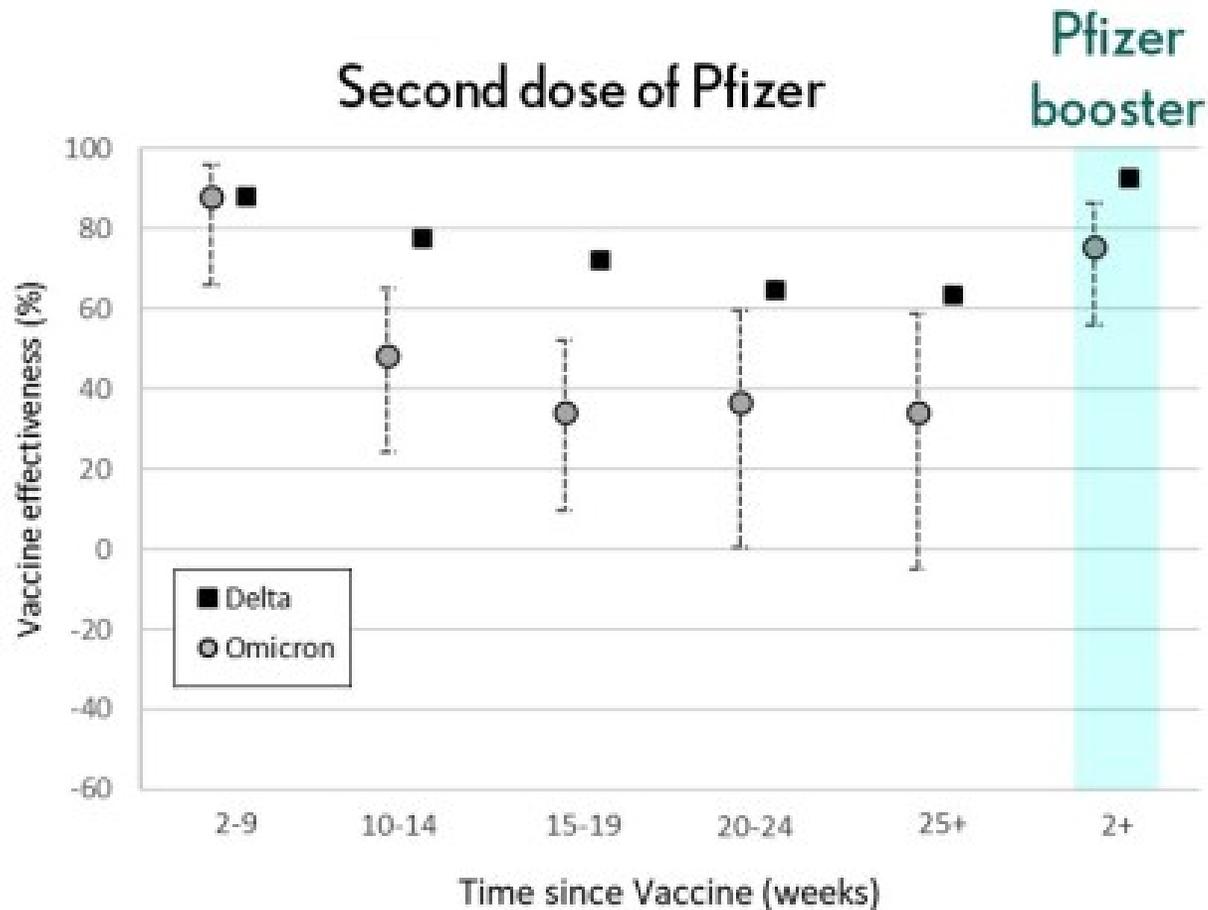
Janssen  
(Johnson & Johnson)

## Protein Vaccine



Novavax

# Effectiveness vs. Omicron



Vaccine effectiveness against hospitalization with Omicron at 4 weeks (all vaccine brands)

1 Dose	52%
2 Doses	72%
3 Doses	88%

Effectiveness vs. symptomatic infection

Early 19<sup>th</sup> century – anti-vaccine societies form in opposition to Jenner's cowpox vaccine



Early 19<sup>th</sup> century – anti-vaccine societies form in opposition to Jenner's cowpox vaccine

1850s – anti-vaccine societies form in the US resulting in numerous lawsuits against States mandating smallpox vaccine

# Vaccine Resistance

In 1885 rioters in Montreal protested mandatory smallpox vaccination by storming the health department and City Hall and burning them to the ground



Early 19<sup>th</sup> century – anti-vaccine societies form in opposition to Jenner's cowpox vaccine

1850s – anti-vaccine societies form in the US resulting in numerous lawsuits against States mandating smallpox vaccine

1905 – Supreme Court decision upheld State's right to mandate vaccination as a public health tool

1998 – Wakefield Hoax crystallizes vaccine opposition under a single narrative – that vaccines cause unsuspected, long-term damage that has been missed by scientists

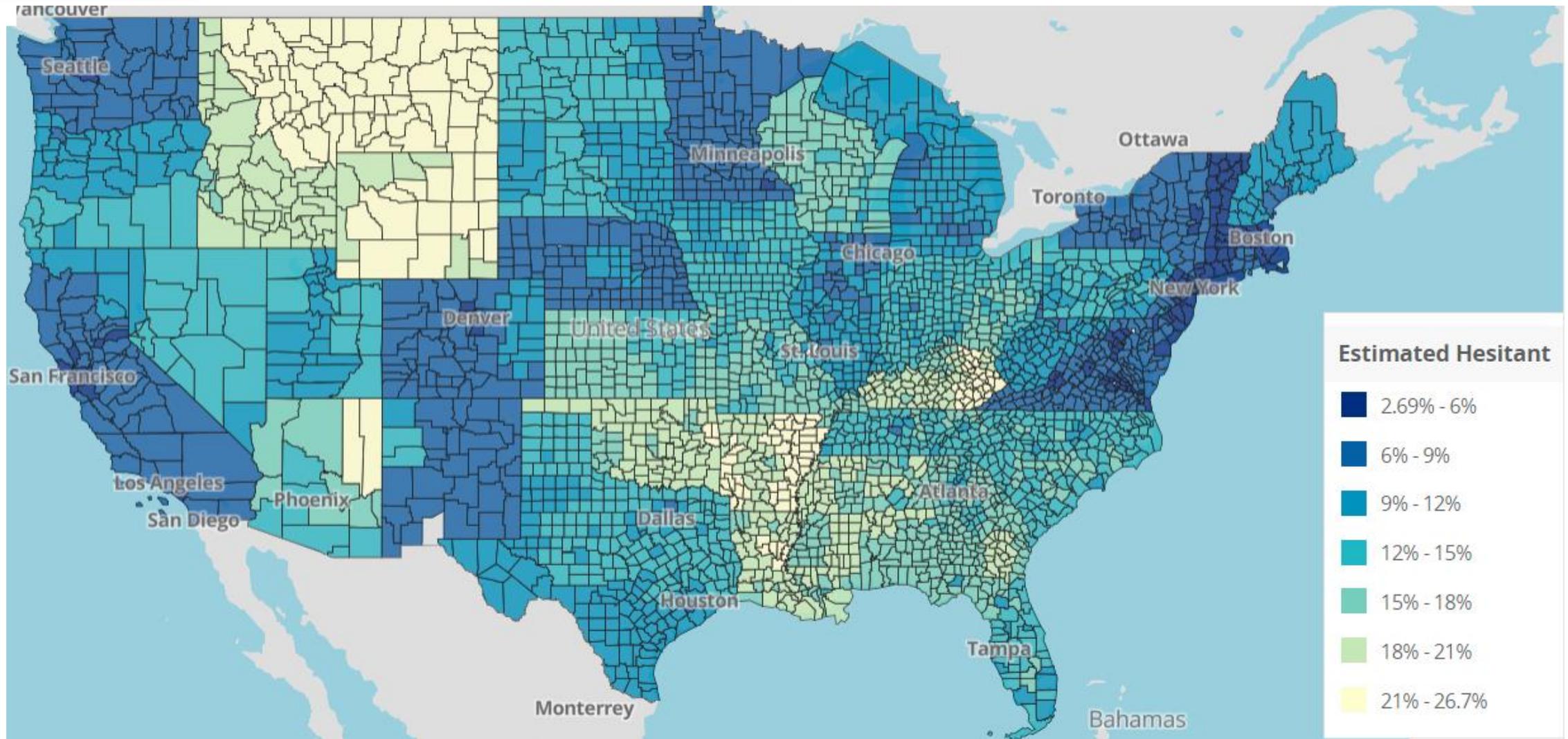
2004 – Institute of Medicine issues a report debunking Wakefield Hoax and declares vaccines safe

Last 15 years – groups aimed at serious vaccine opposition splinter without a central platform, leading to plethora of new conspiracy theories

Last 10 years – social media amplifies minor theories in small subsets of people; patients are regularly exposed to fringe theories

New term is coined – Vaccine Hesitancy – to describe groups of people who need education and reassurance to counter concern and confusion

# COVID Vaccine Hesitancy by County



CDC

Hesitant = “probably not” or “definitely not” getting a vaccine

## Reasons to refuse the vaccine:

Concerned about side effects	79%
Other reasons*	49%
Think vaccines are not effective	47%
Not concerned about becoming ill	39%
Believes in a conspiracy theory	6%

## Reasons to accept the vaccine:

Personal protection	94%
Protect family	92%
Protect community	89%

## Reasons to refuse the vaccine:

Concerned about side effects	49%
Don't trust the government	42%
Not concerned about becoming ill	38%
Worried about allergic reaction	24%
Think vaccines are not effective	22%
Worried it will impact my health condition	12%
Doctor has not recommended	9%
Against religious beliefs	8%
Plan to be pregnant or breast-feeding	6%
Other (cost, access)	19%

# New Forms of Vaccine Resistance

Vaccine protests in the US, England, the Netherlands, Austria, and France



# Adult Vaccination Rates



## Influenza:

> 18 years	50.2%
> 65 years	75.2%

## HPV

19-26 years (F)	58.3%
19-26 years (M)	26.3%

## Shingles

> 60 years	34.5%
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## Pneumococcal

> 65 years	69.0%
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## Tdap

19-64 years	33.5%
> 65 years	22.2%

CDC

Terlizzi EP, Black LI. NCHS Data Brief, no 370. Nat'l Center for Health Statistics. 2020.

Lu P-J, Hung M-CH, Srivastav A, et al. MMWR Surv Summ 2021, 70(3):1-26.

# Adult Vaccination Rates



## Influenza:

> 18 years 50.2%  
> 65 years 75.2%

## HPV

19-26 years (F) 58.3%  
19-26 years (M) 26.3%

## Shingles

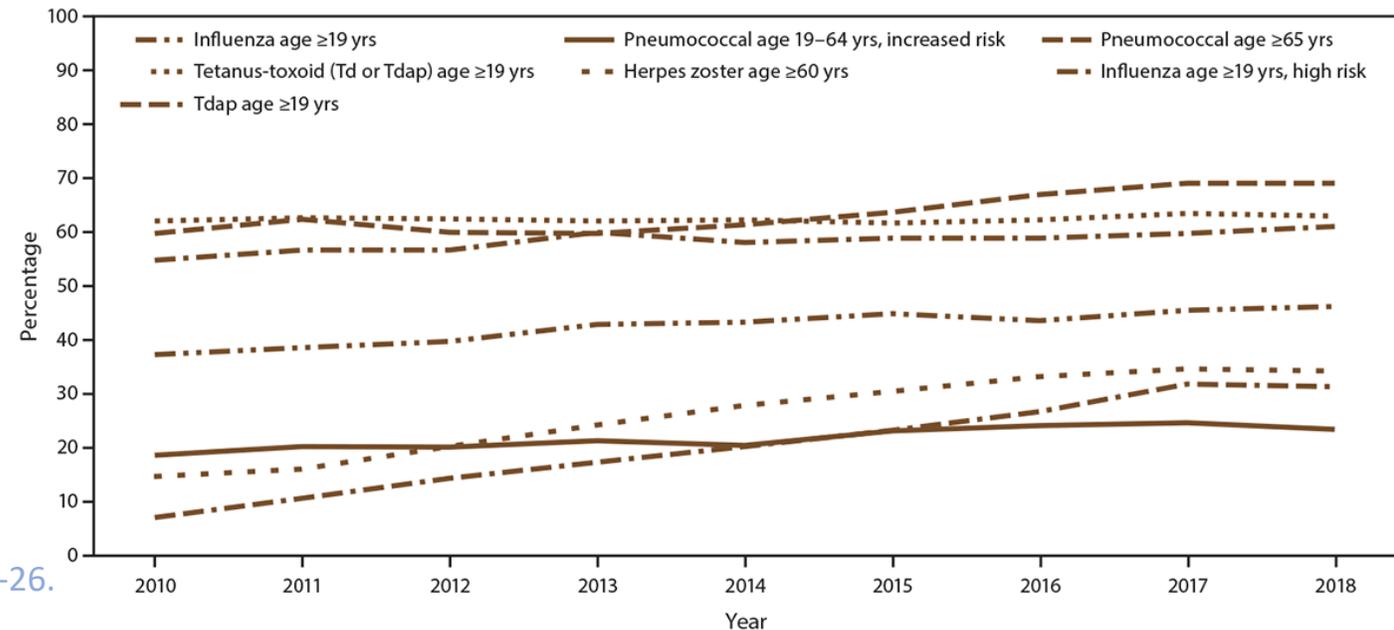
> 60 years 34.5%

## Pneumococcal

> 65 years 69.0%

## Tdap

19-64 years 33.5%  
> 65 years 22.2%



CDC

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Ask for and listen to the patient's individual concerns, respecting the heterogeneity of opinions on this topic

Educate on their specific concerns

- Clearly state vaccines are safe and effective and thoroughly tested
- Address specific myths and misconceptions; tailor your message

Address their personal protection, and protection of family and other loved ones

Tell patients they need to receive the vaccine – physicians are the most trusted information source

Prepare your staff to answer questions

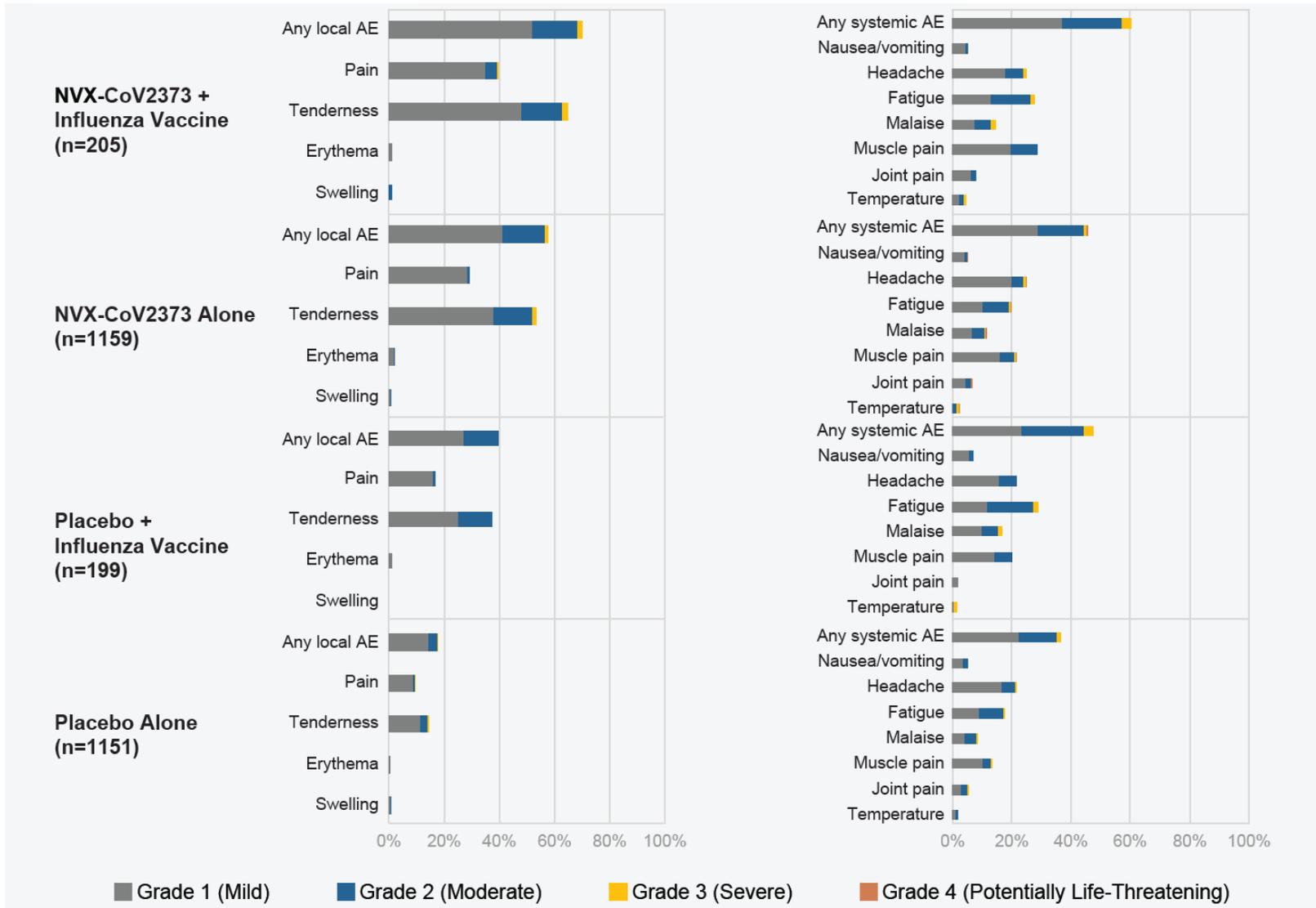
- **S**hare the tailored reasons why the recommended vaccine is right for the patient based on his or her age, health status, lifestyle, occupation, or other risk factors.
- **H**ighlight positive experiences with vaccines (personal or in the practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.
- **A**ddress patient questions and concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
- **R**emind patients that vaccines protect them and their loved ones from many common and serious diseases.
- **E**xplain the potential costs of getting the disease, including serious health effects, time lost (missing work or family obligations), and financial costs

One method to improve uptake of adult vaccines is through co-administration with annual vaccines such as influenza or COVID

Great opportunity at present to “catch-up” many adults on important vaccines while they are getting the COVID vaccine

Most data on safety and efficacy of vaccine combinations and on effectiveness of this strategy comes from pediatric studies

# COVID and Flu Vaccines study



## CDC Statement:

“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.”

## AMA Statement:

“COVID-19 vaccines may be administered without regard to timing of other vaccines. This means COVID-19 vaccines can be co-administered with the influenza vaccine during the same visit.

Giving all vaccines for which a person is eligible at the same visit is a best practice as it increases the probability people will be up to date on recommended vaccines.”

[https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration)

<https://www.ama-assn.org/delivering-care/public-health/what-know-about-coadministration-flu-and-covid-19-vaccines>

Some mis-conceptions about co-administration:

- Vaccines will interfere with each other
- Live virus vaccines must be given a month apart from each other and from other vaccines
- Side effects will be worse
- My immune system can't handle 2 or more vaccines at once

## Best practices for multiple injections:

- Label each syringe before preparing the vaccines
- Do not pull vaccines up together into the same syringe
- Separate injection sites by 1 inch or more if at same anatomic site (e.g., deltoid)
- Administer vaccines in different limbs if both are highly reactogenic (e.g., COVID and Tdap)
- If giving multiple vaccines, give them in ascending order of pain of injection (e.g., HPV last)

Vaccine hesitancy and refusal are deep-rooted issues in society at present

The underlying reasons are heterogeneous and complex

- Often rooted in exposure to fringe theories on social media
- Tend to cluster geographically in like-minded groups

Tailored messaging from medical personnel can make an impact on vaccine uptake

Co-administration of routine adult immunizations with COVID-19 vaccines is a great opportunity to improve uptake

- Expert opinion suggests this is safe and effective
- Strongly recommended by public health officials

# Questions?



# Upcoming Webinar



“Influenza 101”



Thursday, Feb. 17 at 2pm ET



Featuring Carrie Regnier, BSN, RN, M.P.H.  
of Norton Medical Group



# Q&A

