Thank you for joining. The presentation will begin shortly.

We want to better understand your influenza vaccination efforts.

While you wait for the webinar to start, please answer the poll.
Rise to Immunize™ Monthly Webinar

Operationalizing CDC’s Adult Immunization Schedule

L.J Tan, MS, PhD, Immunize.org
Today’s Webinar

Campaign Updates
- Resource of the Month: Pfizer microsite
- Spotlight: Unity Consortium
- Annual Conference 2023

Operationalizing CDC’s Adult Immunization Schedule
- L.J Tan, MS, PhD

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of 01/23
- 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
Resource of the Month

Pfizer Inc. (Founding Sponsor)

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety, and value in the discovery, development, and manufacture of healthcare products, including innovative medicines and vaccines. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments, and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with healthcare providers, governments, and local communities to support and expand access to reliable, affordable healthcare around the world. For more than 170 years, we have worked to make a difference for all who rely on us.

View our unbranded tools and resources for supporting pneumococcal recommendations.
Campaign Spotlight

UNITY™
United for adolescent vaccination
Litjen (L.j) Tan, PhD
Chief Policy and Partnership Officer, Immunize.org; Co-Founder and Co-Chair, National Adult and Influenza Immunization Summit (NAIIS)
Operationalizing the ACIP’s Adult Immunization Recommendations - A Call To Action!

Litjen (L.J) Tan, MS, PhD

Chief Policy and Partnerships Officer, Immunize.org
Co-Chair, National Adult and Influenza Immunization Summit
Disclosures

• I have no conflicts of interest.
• I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation
Disclaimer

• The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, or the National Adult and Influenza Immunization Summit
Outline

• Review the current adult immunization coverage rates
  • The Impact of COVID-19

• Review the August 2021 Call To Action released by the National Adult and Influenza Immunization Summit (NAIIS)

• Highlight strategies to improve coverage rates

• What’s in the future for immunizations and public health?
Immunization Action Coalition Has Rebranded!!

We are now Immunize.org
Immunize.org’s Three Work Pillars

• **Education and outreach** to all healthcare professionals

• Strong **advocacy** at international, national, and state level to ensure access to vaccinations

• Active support of state, county, and city immunization **coalitions** to improve the blanket of protection that vaccines offer their communities.
Some of Immunize.org’s Resources

• **IZ Express** – weekly update on all IZ issues, with >53,000 opt-in subscribers - [https://www.immunize.org/express/](https://www.immunize.org/express/)

• **Ask The Experts** - Experts Answer Questions About Vaccines - [https://www.immunize.org/askexperts/](https://www.immunize.org/askexperts/)

• Comprehensive databank of **Clinical resources and Handouts for Providers, Patients & Staff** - [https://www.immunize.org/handouts/](https://www.immunize.org/handouts/)

• **Vaccine Information Statements** – translated in more than 20 different languages - [https://www.immunize.org/vis/](https://www.immunize.org/vis/)

• **Standing Orders** Templates for Administering Vaccines for all routinely ACIP-recommended vaccines - [https://www.immunize.org/standing-orders/](https://www.immunize.org/standing-orders/)
The COVID-19 pandemic demonstrates the enormous impact of vaccines.
As of 01/11/2023, the U.S. has administered more than 666.5 million doses of COVID-19 vaccine

Percent of the Population 5 Years of Age and Older with an Updated (Bivalent) Booster Dose Reported to CDC by Jurisdictions and Select Federal Entities

Among 18+, 78.8% received primary series
Among 65+ year old, 94.1% received primary series
Bivalent booster rates are much worse (need to be better!)

We CAN get adults vaccinated!

Source: CDC Website: https://covid.cdc.gov/covid-data-tracker
Estimates of COVID-19 Attributable Deaths, Hospitalizations, and Infections Averted by the U.S. Vaccination Program Between December 12, 2020, and November 30, 2022

<table>
<thead>
<tr>
<th></th>
<th>Averted number</th>
<th>95% Credible Interval*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deaths</strong></td>
<td>3,255,656</td>
<td>3,088,126 to 3,410,112</td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td>18,585,131</td>
<td>17,780,337 to 19,355,830</td>
</tr>
<tr>
<td><strong>Infections</strong></td>
<td>119,851,779</td>
<td>112,698,238 to 127,129,565</td>
</tr>
</tbody>
</table>

* Credible Intervals reflect the range of uncertainty associated with estimates.

Why Adult Vaccinations?
Burden of Adult Vaccine-preventable Disease Among U.S. Adults

• **Streptococcus pneumoniae**¹
  - Pneumococcal Pneumonia ~ 400,000 hospitalizations per year
  - Up to 36% of adult community-acquired pneumonias
  - Pneumococcal Bacteremia ~ 12,000 cases per year
  - Pneumococcal Meningitis ~ 3,000–6,000 cases per year

• **Pertussis**²
  - 19,000 total reported cases 2019
  - 4,400 among adults 20 years of age & older

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

- **Hepatitis B**
  - 20,700 estimated new infections in 2019
  - 80% among adults 30-59 years of age

- **Zoster**
  - 1 million cases per year - lifetime risk 32%

- **Measles**
  - California/multi-state 2015 outbreak, 55% of infections were in adults 20 years of age and older

---

3. Morbidity and Mortality Weekly Report. April 17, 2015 / 64(14);373-376
Burden of Influenza, 2010-2020*

• From 2010-2020, adults 65 years and older accounted for:
  • 45-67% of influenza-related hospitalizations
  • 62-87% of influenza-related deaths

*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.
Cost Burden of Adult Vaccine-Preventable Diseases, 50 years and older, 2015*

Unvaccinated individuals are responsible for almost 80 percent of the financial burden!

Routinely recommended vaccines for adults have historically low uptake, leaving adults vulnerable to vaccine-preventable illness, disability and death.

2018 NHIS Estimates
Flu 65+ = 70%
Flu 18-64 = 42%
Pneumococcal 65+ = 69%
Pneumococcal high risk = 23%
Zoster 60+ = 34.5%
Td/Tdap past 10 yrs = 59%
HPV 19-26 yo = 53%
Hep A 19+ = 12%
Hep A liver dis. = 16%
Hep B 19+ = 30%
Hep B liver dis. = 33%
Adult Immunization Coverage Rates, National Health Interview Surveys, 2016–2019

1. AdultVaxView Interactive. Available at: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/index.html
Disparities in routinely recommended vaccines for adults

<table>
<thead>
<tr>
<th>Vaccination, age group, increased-risk status</th>
<th>% Vaccinated whites</th>
<th>Vaccination difference*, blacks</th>
<th>Vaccination differences, Hispanics</th>
<th>Vaccination differences, Asians</th>
<th>Vaccination differences, other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccination, 2017-18 season¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥19 yrs</td>
<td>49.3</td>
<td>-10.3**</td>
<td>-11.8**</td>
<td>1.4</td>
<td>-7.5**</td>
</tr>
<tr>
<td>19-49 yrs</td>
<td>36.5</td>
<td>-6.3**</td>
<td>-6.0**</td>
<td>5.1</td>
<td>-1.4</td>
</tr>
<tr>
<td>50-64 yrs</td>
<td>49.4</td>
<td>-3.1</td>
<td>-7.4**</td>
<td>2.8</td>
<td>-3.5</td>
</tr>
<tr>
<td>265 yrs</td>
<td>73.5</td>
<td>-13.0**</td>
<td>-4.6</td>
<td>5.7</td>
<td>-6.7</td>
</tr>
<tr>
<td>HCP, ≥19 yrs</td>
<td>71.9</td>
<td>-1.0</td>
<td>-0.2</td>
<td>0.7</td>
<td>-6.4</td>
</tr>
<tr>
<td>Pneumococcal vaccination, ever²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-64 yrs, increased risk</td>
<td>23.6</td>
<td>2.1</td>
<td>-5.1**</td>
<td>1.6</td>
<td>2.2</td>
</tr>
<tr>
<td>265 yrs</td>
<td>72.6</td>
<td>-12.8**</td>
<td>-18.4**</td>
<td>-17.6**</td>
<td>-6.5</td>
</tr>
<tr>
<td>Tetanus vaccination (received in past 10 years)³</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥19 yrs</td>
<td>68.3</td>
<td>-18.1**</td>
<td>-14.3**</td>
<td>-13.6**</td>
<td>-6.4**</td>
</tr>
<tr>
<td>19-49 yrs</td>
<td>71.2</td>
<td>-19.3**</td>
<td>-15.5**</td>
<td>-12.9**</td>
<td>-7.7**</td>
</tr>
<tr>
<td>50-64 yrs</td>
<td>69.1</td>
<td>-22.5**</td>
<td>-18.1**</td>
<td>-20.3**</td>
<td>-10.6**</td>
</tr>
<tr>
<td>265 yrs</td>
<td>61.9</td>
<td>-15.1**</td>
<td>-13.0**</td>
<td>-12.6**</td>
<td>-3.0</td>
</tr>
<tr>
<td>Tetanus vaccination including pertussis vaccine (received in past 10 years)⁴</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>≥19 yrs</td>
<td>36.7</td>
<td>-16.6**</td>
<td>-16.2**</td>
<td>-11.1**</td>
<td>-4.7</td>
</tr>
<tr>
<td>19-49 yrs</td>
<td>40.6</td>
<td>-19.6**</td>
<td>-18.9**</td>
<td>-13.1**</td>
<td>-7.5**</td>
</tr>
<tr>
<td>50-64 yrs</td>
<td>24.6</td>
<td>-8.9**</td>
<td>-13.0**</td>
<td>-8.9**</td>
<td>0.2</td>
</tr>
<tr>
<td>HCP, ≥19 yrs</td>
<td>60.9</td>
<td>-22.9**</td>
<td>-14.1**</td>
<td>2.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Hepatitis A vaccination (at least 2 doses)⁵</td>
<td></td>
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</tr>
<tr>
<td>19-49 yrs</td>
<td>10.2</td>
<td>-5.4**</td>
<td>-2.5</td>
<td>5.8**</td>
<td>3.7</td>
</tr>
<tr>
<td>Hepatitis B vaccination (at least 3 doses)⁶</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19-49 yrs</td>
<td>43.6</td>
<td>-8.2**</td>
<td>-10.5**</td>
<td>1.8</td>
<td>-5.8</td>
</tr>
<tr>
<td>HCP, ≥19 yrs</td>
<td>70.9</td>
<td>-13.5**</td>
<td>-13.6**</td>
<td>1.8</td>
<td>-9.6</td>
</tr>
<tr>
<td>Herpes zoster (shingles) vaccination, ever⁷</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥19 yrs</td>
<td>38.6</td>
<td>-19.9**</td>
<td>-19.1**</td>
<td>-9.5**</td>
<td>-7.7</td>
</tr>
<tr>
<td>19-64 yrs</td>
<td>25.4</td>
<td>-14.6**</td>
<td>-10.3**</td>
<td>-5.7</td>
<td>-7.8</td>
</tr>
<tr>
<td>265 yrs</td>
<td>44.0</td>
<td>-21.4**</td>
<td>-22.2**</td>
<td>-11.4**</td>
<td>-8.4</td>
</tr>
<tr>
<td>HPV vaccination among females (at least 1 dose), ever⁸</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥19-26 yrs</td>
<td>56.5</td>
<td>-11.3</td>
<td>-6.9</td>
<td>-17.2**</td>
<td>1.4</td>
</tr>
</tbody>
</table>

** Abbreviations: HCP = Health care personnel; HPV = Human papillomavirus; Td = Tetanus and diphtheria toxoids; Tdap = Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.**

Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018: https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm.
So even before the pandemic, adult immunization rates needed to be improved!

**AND...**

- Routinely recommended vaccinations have fallen further during the COVID-19 pandemic.
Total Adult Vaccinations (excluding influenza) 2019 – Jun 2022*

*A Need to Get Ahead of Disease: Monitoring Adult Vaccine Claims Post Pandemic

*Available at: https://www.vaccinetrack.com/
Gaps in coverage in individual vaccines (Jan – Jun 2022 compared to 2019)*

*Available at: https://www.vaccinetrack.com/
Gaps in coverage in individual vaccines (Jan – Jun 2022 compared to 2019) *

*Available at: https://www.vaccinetrack.com/
2021-2022 Adult Influenza Vaccination Coverage*

• 45.5% of all adults over 18 years of age vaccinated (-4.7% from previous season)
• 65.8% of those over 65 years of age vaccinated (-9.4% from previous season)
• 50.6% of adults between 50 -64 years of age vaccinated (-4.2% from previous season)
• Only 35.7% of adults 18-49 years of age vaccinated (-2.0% from previous season)

*https://www.cdc.gov/flu/fluvoxview/dashboard/vaccination-adult-coverage.html
Historical Medical/Retail Claims by Week
Retail Week Ending December 23, 2022
Medical Week Ending December 24, 2022

Change from prior season:
- 2020-21: +9%
- 2021-22: -13%
- YTD 2022-23: -4%

- Flu seasons run for 35 weeks Aug to Mar
- Week 1 represents: Aug 09, 2019; Aug 08, 2020; Aug 07, 2021; Aug 06, 2022

1 Data only reflects active Flu season, Season to Date (August – March); Medical claims are a week behind Retail claims therefore Retail claim week ending dates are adjusted to be consistent with Medical claims

Immunize.org
Flu Immunization Rates Across All Age Groups – 2022-2023

**Total Influenza Claims by Age Group [MDs]**

Data only reflects active Flu season, Season to Date (August – March); Medical claims are a week behind Retail claims therefore Retail claim week ending dates are adjusted to be consistent with Medical claims.

**Data Sources:** IQVIA Claims Medical (as of 12/24/22); IQVIA Claims Retail (as of 12/23/22)

**IQVIA national claims at CPT code level. IQVIA doesn’t capture claims from Public, Kaiser, VA, LTC, FQHCs, Hospital and Non-AMA affiliated Physicians.**
Adolescents and Adults Missed An Estimated 26M+ Doses of Recommended Vaccines in 2020 vs. 2019

Adolescents
-6,729,354
-2,079,931
-8.8 M

Adults
-11,795,478
-1,839,131
-708,767
-2,889,928
-17.2 M

FFS: Fee-for-service
Note: Avalere used national enrollment data to extrapolate the difference between observed 2019 and 2020 vaccine claims to estimate the potential number of “missed doses” in 2020 on a national level. Here, “missed doses” refers to the decrease in doses of recommended adolescent and adult vaccines from 2019 to 2020.
Source: Avalere analysis of 2019-2020 Commercial, Managed Medicaid, and Medicare Advantage claims using the Inovalon MORE® Registry® and Medicare Fee-for-Service claims from a provider clearinghouse dataset maintained by Inovalon.
Operationalizing adult vaccination uptake!

Everyday readiness IS pandemic preparedness
ACIP recommended vaccinations for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

• **COVID-19**
  - 2-dose primary series followed by bi-valent booster

• **Hepatitis B**
  - For adults less than 60 years of age, one primary series of vaccination

• **HPV**
  - 15 through 26 years of age, 3-dose series

• **Influenza**
  - 1 dose annually
ACIP recommended vaccinations for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

- Mumps, measles, and rubella
  - 1 dose

- Pneumococcal Disease
  - 1 dose PCV15 followed by PPSV23; OR 1 dose PCV20, for those over 65 years

- Tdap/Td
  - 1 dose Tdap, then Td or Tdap booster every 10 years

- Zoster
  - For those 50 years of age and older, 2-dose series of recombinant zoster vaccine, 2–6 months apart
Standards for Adult Immunization Practice*

- In response to low adult vaccination rates, multi-sector partners from NAIIS developed and National Vaccine Advisory Committee updated and published standards in 2014
- Acknowledges that:
  - Not all medical providers choose to stock all recommended vaccines;
  - The providers’ recommendation is critical; and
  - The need to accurately track patients’ vaccinations, including in immunization information systems (i.e. vaccine registries)
- Further reductions in already low adult vaccination prompted the Summit, CDC and partner organizations to develop Call to Action on Adult Immunizations released on Aug. 23, 2021

*Public Health Reports 2014;129:115–123
National Adult and Influenza Immunization Summit (NAIIIS) Call to Action is STILL NEEDED*

https://www.izsummitpartners.org/call-to-action-adult-immunizations/
Majority of U.S. Adults Are Missing Routine Vaccinations

A Call to Action to Protect All Adults from Vaccine-Preventable Disease and Disability

Dear Colleagues,

Vaccines remain critical components of routine health care for adults. They provide protection against serious illness, disability, and death from 12 different vaccine-preventable diseases such as influenza, pneumococcal disease, herpes zoster (shingles), hepatitis B, hepatitis A, HPV-related cancers, tetanus, and pertussis (whooping cough). The overwhelming body of scientific evidence supports the safety and effectiveness of vaccines.

Despite the tremendous benefit of vaccines, at least 70% of adults are missing one or more recommended vaccines. Given the recognized health benefits of adult vaccination and the proven efficacy of vaccines, recent studies by the Centers for Disease Control and Prevention (CDC) have suggested that routine adult vaccination is essential to reducing the burden of vaccine-preventable diseases and improving health outcomes.

Standards for Adult Immunization Practice

- **Assess** the vaccination status of patients at all clinical encounters.
- **Identify** vaccines patients need, then clearly **recommend** needed vaccines.
- **Offer** needed vaccines or refer patients to another provider for vaccination.
- **Document** vaccinations given.
- **Measure** vaccination rates of providers’ patient panels.


*https://www.izsummitpartners.org/call-to-action-adult-immunizations/
Sec 11401 (Protecting Seniors Through Immunization Act). No copays/out of pocket expenses of ACIP recommended vaccines under Medicare Part D

Sec 11405 (Helping Adults Protect Immunity Act). Expanded access for ACIP-recommended adult vaccines in traditional Medicaid and enhanced federal reimbursement.
Implementation Sec. 11401
Medicare Part D No Cost Vaccines

• Adult vaccines recommended by the ACIP will be available to people with Medicare Prescription Drug Coverage (Part D) at no cost to them.

• Begins January 1, 2023

• Part D Vaccines include Shingles, Tetanus-Diphtheria-Whooping Cough

• CMS Recently Released:
  • Guidance to Part D Sponsors (9/26)
  • Communications Fact Sheets/FAQ (10/5)

Medicaid covers 1 in 5 Americans, including many with complex and costly needs for care.

Coverage and co-pays differ by state, especially in non-expansion states (12) where vaccine coverage is optional benefit.

Starting **October 1, 2023** adults in Medicaid will be guaranteed coverage of ACIP-recommended vaccines at no cost.

1% FMAP to states to assist with implementation.

CMS guidance to come!
COVID-19 Vaccination Efforts That Can Benefit Routine Adult Vaccination

- **Infrastructure improvements**
  - Including expanded use of immunization information systems
- **New or expanding partnerships**
  - CDC funded partnerships focusing on equity, Area Agencies on Aging and Disability-focused organizations, HUD-HRSA collaboration for persons in HUD-supported housing, rural health association, others
- **Greater awareness of barriers for adults**
  - E.g., among persons with disabilities, in rural areas, homebound, other disproportionately impacted populations
- **Leveraging experience with increasing access to COVID-19 vaccination to all adult vaccinations**
Harnessing the adult provider network established from COVID-19

• 38,000 participating providers in jurisdictions
• 138,000 locations administering COVID vaccine
• 41,000 pharmacy locations administering COVID vaccine
  • 43% of COVID doses have been administered at a retail pharmacy
  • 54% received their flu vaccine at a pharmacy in 2021-2022 flu season

Data from AIM presentation, HHS Region 6 Meeting, April 2022
Additional Strategies to Promote Adult Vaccination

Three categories of strategies:

- Enhancing Access to Vaccination Services
- Increasing Community Demand for Vaccinations
- Provider- or System-Based Interventions

https://www.thecommunityguide.org/topic/vaccination
From the Community Guide

- Enhance Access to Vaccines
  - Innovative access points
  - Eliminate out-of-pocket costs
- Increase Community Demand for Vaccines
  - Patient reminder recalls
  - Family incentives
- Leverage your Healthcare Provider
  - Concise consistent confident recommendation
  - Presumptive
- Healthcare system/practices are crucial
  - Systems-based change: provider reminders, assessment and feedback, standing orders, health IT

Effective Strategies to Increase Adult Vaccination Coverage

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing client out-of-pocket costs for vaccinations</td>
<td>Adults</td>
</tr>
<tr>
<td>Client reminder/recall systems</td>
<td>Adults</td>
</tr>
<tr>
<td>Community-based interventions when implemented in combination</td>
<td>Adults</td>
</tr>
<tr>
<td>Provider reminder systems when used alone</td>
<td>Adults</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>Adults</td>
</tr>
<tr>
<td>Standing orders</td>
<td>Adults</td>
</tr>
<tr>
<td>Health care-based interventions when implemented in combination</td>
<td>Adults</td>
</tr>
<tr>
<td>Worksite interventions with on-site, reduced-cost, actively promoted influenza vaccinations</td>
<td>Adults, healthcare personnel</td>
</tr>
</tbody>
</table>
Share Resources For Vaccine Needs Assessment


• Patient on-line quiz – direct patients to complete the quiz before coming to their appointment – gives them and you a starting point for talking about which vaccines they might need. http://www2.cdc.gov/nip/adultimmsched/.

• CDC adult vaccine schedule app at: http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.
Summit Tip Sheet for implementing new ACIP recommendations

Get Adults' Vaccinations Back on Track
Tip sheet for providers on new CDC adult vaccine recommendations and tools to help adults catch up on needed vaccinations

At least 3 out of every 4 adults are behind on routine vaccines like influenza (flu), tetanus (Td/Tdap), hepatitis A, and HPV. In addition, COVID-19 vaccine recommendations continue to evolve, and new changes were made to hepatitis B, shingles, pneumococcal, and flu vaccine recommendations since 2021.

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>NEW RECOMMENDATION</th>
<th>BRAND NAME(S)</th>
<th>DOSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Everyone 19-59 years. ≥60 years who want vaccination or have high-risk indication.</td>
<td>Engerix-B, Twinrix, PreHevBrio, Heplisav-B</td>
<td>2- or 3-dose series depending on brand</td>
</tr>
<tr>
<td>Zoster (shingles)</td>
<td>Everyone ≥50 years. ≥19 years immunocompromised.</td>
<td>Shingrix</td>
<td>2-dose series</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Everyone ≥65 years. ≥19 years immunocompromised or high-risk medical condition.</td>
<td>Vaxneuvance(PCV15), Prevnar20 (PCV20), Pneumovax 23 (PPSV23)</td>
<td>Either PCV15 then PPSV23 one year later or one dose PCV20</td>
</tr>
<tr>
<td>Preferred flu vaccines for adults ≥65 years</td>
<td>≥65 years: give flu vaccines preferred by CDC for this age group. If not available, give any age-appropriate flu vaccine.</td>
<td>Fluid (adjuvanted), Fluzone High-Dose (inactivated), or Flublok (recombinant)</td>
<td>Annual vaccination</td>
</tr>
</tbody>
</table>

Tip: Utilize available resources for determining patients' vaccination needs
- CDC Adult on-line vaccination quiz
  [www2.cdc.gov/nip/adultimmsched](http://www2.cdc.gov/nip/adultimmsched)
- CDC vaccine schedule app for all adult vaccines
  [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download)
- CDC adult patient vaccine needs screening questionnaire handout

Co-administration of Influenza Vaccines with COVID-19 Vaccines

- COVID-19 vaccines and other vaccines, including influenza, may be co-administered without regard to timing\(^1\)
- No significant safety concerns with co-administering influenza and COVID-19 vaccines together\(^2\)
  - 8-11% increase in systemic reactions including fatigue, headache, and muscle ache
  - Fewer than 1% of respondents who got a COVID-19 mRNA booster and a flu vaccine at the same visit required medical care in the week after vaccination, which was the same as people who only got an mRNA COVID-19 vaccine
- Adults should be offered COVID-19, flu, and other appropriate vaccinations at the same time!

2. [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794318](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794318)
Co-administration of influenza vaccines with COVID-19 vaccines

How to Administer Multiple Intramuscular Vaccines to Adults During One Visit

It is not unusual for adults to need more than one vaccination at an office visit. When that occurs, CDC recommends giving all needed vaccines at the same visit to reduce missed opportunities.

These vaccines commonly administered to adults are administered via the intramuscular route:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Influenza</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>Tdap and Td</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Zoster</td>
</tr>
</tbody>
</table>

Determine vaccines to be administered.

- Review each patient’s vaccine history and determine needed vaccines (see CDC’s recommended schedule of immunizations for adults at www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf).

Determine which vaccines to give in separate limbs.

- Administer vaccines more likely to cause a local reaction in separate limbs, if possible. Vaccines that cause injection site pain in at least half of recipients include COVID-19, zoster, HepA, HPV, pneumococcal (PCV, PPSV), and tetanus-containing vaccines (Tdap, Td).

- If administration in separate limbs is not feasible or desired, administration in the same limb, separated by at least 1” (inch), is appropriate.

Select the injection site(s) for intramuscular injections.

- Determine which vaccine(s) will be administered in each limb (see options in diagrams at right). You can administer 1, 2, or 3 injections per deltoid, spaced at least 1” apart.

- Deltoid muscle: Locate the central and thickest portion of the deltoid

Big Picture: Operationalizing adult vaccinations*

• Maintain year-round approach to assessing and offering vaccinations for your adult patients.

• Operational aspects of adult vaccinations must be brought into alignment as much as possible
  • COVID-19, influenza, and pneumococcal

• Facilitation of co-administration through advance planning should be encouraged to ensure that vaccines are available in clinics attended by people eligible for both vaccines

• Facilitating co-administration by improving compatibility of IT systems, will help ensure availability of critical patient data across sites.

*Tan LJ, et al. Lessons learned from 2 years of influenza vaccinations in the UK and USA during the COVID-19 pandemic as respiratory viruses return. Hum Vaccin Immunother 2022:2125754.
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Upcoming Webinar

Topic: Setting up Your Clinic for Success: A Patient Safety Program

Date/ Time: Thursday, February 16 at 2pm ET

Presenters: Jeanette Holtmeyer, RN, MSN, CIC, and Cynthia Hernandez, RHIA, from Mercy Clinic East Communities
Questions?

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