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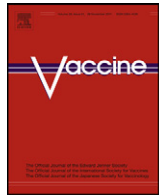

Conference report

The first national adult immunization summit 2012: Implementing change through action

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ABSTRACT

To address lagging vaccine coverage among adults in the United States, over 150 organizations representing a wide range of immunization partners convened in Atlanta, GA from May 15–16, 2012 for the inaugural National Adult Immunization Summit. The meeting called for solution-oriented discussion toward improving current immunization levels, implementing the 2011 National Vaccine Advisory Committee adult immunization recommendations, and capitalizing on new opportunities to improve coverage. Provisions in the federal health reform law that increase access to preventive services, including immunizations, and the increasing numbers of complementary vaccine providers such as pharmacists, create new opportunities to increase access for immunization services and improve coverage for adults. The Summit organized around five focal areas: empowering providers, quality and performance measures, increasing access and collaboration, educating patients, and informing decision-makers. These focal areas formed the basis of working groups, charged to coordinate efforts by the participating organizations to address gaps in the current immunization system. Summit participants identified priority themes to address as tasks during the coming year, including better communicating the value of immunizations to increase demand for immunizations, creating a central repository of resources for providers, patients, and others interested in improving adult immunization levels, examining performance and quality measures and evaluating means to use such measures to motivate vaccine providers, increasing engagement with employer and employee groups to increase awareness and demand for vaccinations, improving the use of immunization information systems and electronic health reports, decreasing barriers to all vaccine providers including pharmacists and community vaccinators, decreasing the complexity of the adult vaccine schedule where possible, engaging adult immunization champions and leaders in key sectors, including adult healthcare provider groups, and encouraging more integration of immunization services with other preventive services.

1. Background

Routinely recommended vaccines for adults include those against respiratory illness, shingles, hepatitis B, and cervical cancer [1]. These vaccines can prevent diseases with substantial health burdens and economic impacts, but vaccination rates are low in the diverse target populations for whom adult vaccines are recommended (Table 1). To improve adult immunization coverage levels, build on recently released 2011 National Vaccine Advisory Committee adult immunization recommendations [2], and capitalize on opportunities in the 2010 Patient Protection and Affordable Care Act (ACA), which improves access for immunizations [3,4], over 300 participants representing a broad range of sectors gathered in Atlanta, GA from May 15–16, 2012 for the inaugural National Adult Immunization Summit (NAIS). Sponsored by the American Medical Association (AMA), Centers for Disease Control and Prevention (CDC), and National Vaccine Program Office (NVPO), this meeting provided a venue to discuss and identify steps to improving vaccine coverage in adults.

Patterned after the successful National Influenza Vaccine Summit which began in 2000, the NAIS is a collaboration including immunization coalitions, aging and advocacy groups, healthcare provider organizations (physician, nursing, pharmacy, physician assistant, mid-wife, community vaccinator), vaccine manufacturers and distributors, government, insurance providers and billing organizations, academia, and others interested in improving adult immunization rates. The NAIS organized around five focal areas: empowering providers, educating patients, quality and performance measures, increasing access and collaboration, and informing decision-makers. Working groups formed on these topics prior to the Summit to acknowledge the known barriers to adult immunization identified in multiple reports and recommendations from many groups [2,5–16], and identify new challenges, opportunities, and potential strategies for improving adult immunization levels. At the NAIS, working groups led by federal and non-federal partners presented preliminary tasks and strategies that could address barriers, solicited additional suggestions, and invited

Abbreviations: ACA, 2010 Patient Protection and Affordable Care Act; ACIP, Advisory Committee on Immunization Practices; ACOG, American College of Obstetricians and Gynecologists; AMA, American Medical Association; AHIP, America's Health Insurance Plans; CDC, Centers for Disease Control and Prevention; IAC, Immunization Action Coalition; IIS, immunization information systems; NAIS, National Adult Immunization Summit; NQF, National Quality Forum; NVPO, National Vaccine Program Office; VA, Veterans Affairs; VPD, vaccine preventable disease.

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Table 1
Vaccination coverage rates for routinely recommended adult vaccines, National Health Interview Survey (NHIS), 2010.[a,b]

Vaccine	Population	% Reporting vaccination	(95% CI)
Influenza vaccine[a,b]	≥18years	38.0	34.54–36.38
Pneumococcal vaccine[c]	High risk 19–64 years	18.5	17.4–19.6
	≥65 years	59.7	58.0–61.4
Any tetanus vaccine[d]	19–49 years	64.0	63.0–65.0
	50–64 years	63.4	62.0–64.8
	≥65 years	53.5	51.5–55.2
Tetanus vaccine including pertussis[e]	19–64 years	8.2	7.6–8.8
Herpes zoster (shingles) vaccine	≥60 years	14.4	13.4–15.4
Hepatitis A vaccine[f]	High risk 19–49 years	14.6	12.1–17.6
Hepatitis B vaccine[g]	High risk 19–49 years	42.0	38.3–45.8
	19–59 years with diabetes	22.8	19.9–25.9
Human Papillomavirus vaccine[h]	Females 19–26 years	20.7	18.2–23.5
	Males 19–21 years	0.3	0.1–1.0

[a] Modified from CDC [17] for non-influenza vaccines. Influenza vaccine estimate is from NHIS early release data for 2011, published in June 2012 at http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206_04.pdf.
[b] Vaccination reported in the past 12 months; crude estimate.
[c] Proportion reporting they had ever received pneumococcal vaccine.
[d] Proportion asking if they received any tetanus-containing vaccine in the past 10 years.
[e] Estimated among those who reported tetanus vaccination since 2005 and could recall if the vaccine they received also protected them from pertussis.
[f] Report of 2 or more doses of hepatitis A vaccine.
[g] Report of 3 or more doses of hepatitis B vaccine. Recommendation to vaccinated persons with diabetes was made in 2011, prior to this survey.
[h] Receipt of 1 or more doses of HPV vaccine. Recommendation to vaccinate all males up through age 21 years was made in 2011, prior to this survey.

participants to join them in executing these strategies. Working groups will continue meet regularly throughout the year, and another Summit meeting each Spring will feature their progress reports, disseminate their findings, and highlight their accomplishments.

2. Session 1: introduction

Howard Koh, Assistant Secretary for Health for the U.S. Department of Health and Human Services, described the current landscape of adult immunization in a keynote address emphasizing the importance of maintaining coverage levels to protect children and adults from re-emergent diseases, such as recent outbreaks of measles and pertussis. Koh also reminded participants of the continued economic and disease burden of influenza and pneumococcal disease that vaccination can mitigate. Immunization levels among adults lag far behind childhood vaccination rates in the United States. Koh also cited budget cuts and a trend toward "opting out" of vaccination as major factors in recent outbreaks, with contracting budgets nationwide compromising the ability to respond to outbreaks of vaccine preventable diseases (VPDs). However, Koh noted that full engagement and collaboration between the private and public sectors could improve vaccine coverage significantly.

Other speakers in the conference's first introductory session provided overviews on vaccine coverage levels (Table 1) [17]; disease burden estimates of VPDs in adults; the 2011 National Vaccine Advisory Committee adult immunization recommendations for establishing a comprehensive, sustainable national adult immunization program [2]; and the impact of the ACA on immunizations [3,4]. The introductory session concluded with an overview of evidence-based strategies to increase adult vaccination rates, from the Task Force on Community Preventive Services [18]. For example, one key driver of adult vaccination is physician recommendation for vaccination. Implementing standing orders for vaccination has also been shown to lead to substantially higher vaccination rates among adult patients.

One contributor to low adult immunization rates is the organization and complexity of the adult immunization enterprise. Childhood immunization involves a universal schedule encompassing a limited age range, and narrow network of healthcare provider types, primarily pediatricians and family physicians, for whom childhood vaccinations play a central role in their practice. In contrast, the adult population is more diverse, with a wide network of healthcare providers focused on addressing acute disease and managing chronic conditions rather than preventive care. Primary care physicians vaccinate adults, but so do specialists, mid-level healthcare providers, and pharmacists in a broad range of settings such as outpatient clinics, hospitals, public health clinics, travel medicine clinics, and rapid-access health-care clinics. Further, the adult enterprise lacks infrastructure programs analogous to the Vaccines for Children Program, to coordinate vaccine provision and provide access for vulnerable populations such as the uninsured.

3. Session 2: educating healthcare providers

The Summit working group on educating healthcare providers began its session with a presentation from Richard Zimmerman, Professor of Family Medicine at the University of Pittsburgh. Zimmerman described a provider toolkit for implementing standing orders for immunization needs assessment and vaccination when indicated [19]. The kit emphasizes making vaccination convenient, providing systems for patient notification, setting up standing orders and standard operating procedures for immunizations, establishing an immunization champion within the practice, and motivating healthcare providers to become vaccination advocates.

Bernard Gonik, Professor of Obstetrics and Gynecology at Wayne State University, described the American College of Obstetricians and Gynecologists' (ACOG) efforts to improve vaccination rates of women through education and outreach to the ACOG membership. Through an up-to-date web site, ACOG provides immunization recommendations and patient education materials for healthcare providers and information for adult and adolescent women, including pregnant and breastfeeding women to make informed decisions [20]. Gonik identified several barriers to vaccination by obstetricians and gynecologists, including the lack of pregnancy-specific vaccine research, inadequate payment for vaccination services, and a lack of reliable vaccination registries for adults. He also discussed physician liability, both for vaccine-related adverse events in mothers and their children and for vaccine-preventable diseases when healthcare providers fail to vaccinate.

The CDC, American College of Physicians, and Immunization Action Coalition (IAC) co-led the Provider Education working group,

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