

Summit National Award Winners

“Adult Immunization Champion” Award

Recipient: American College of Obstetricians & Gynecologists (ACOG)



Presentation by:

Debra Hawks

Senior Director, Practice Activities



The American College of Obstetricians and Gynecologists (ACOG)

Immunization Program

2014 Summit Awards Luncheon

Debra Hawks, MPH

Wednesday, May 14th, 2014

www.ImmunizationForWomen.org



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

ACOG

- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- ACOG is a medical specialty society
- 95 % of board-certified ob-gyns are members of ACOG (a total of over 58,000 members)
- Ob-gyns are a major source of ambulatory care for women in the U.S.
- 85% of deliveries attended by ob-gyns

Operational Mission Statement

The American College of Obstetricians and Gynecologists, the pre eminent authority on women's health, is a professional membership organization **dedicated to advancing women's health by building and sustaining the obstetric and gynecologic community and actively supporting its members. ACOG pursues this mission through education, practice, research, and advocacy.** ACOG will emphasize life-long learning, incorporate new knowledge and information technology, and evolve its governance structure. To achieve its strategic goals, ACOG will develop an operational plan that includes appropriate metrics.

Immunization Expert Work Group

- In 2005, ACOG called together a Task Force on Immunization to strengthen the role of obstetrician-gynecologist in providing immunizations for adolescent and adult women. The members of this ACOG Task Force met from 2005 until 2008.
- In 2010, ACOG convened an Immunization Expert Work Group to further enhance the role of ob-gyns as vaccinators of adolescent and adult women. This Immunization Expert Work Group provides valuable contributions to all resources, activities, and programs.

One Immunization Expert on Standing Committees:

- Committee on Obstetric Practice
- Committee on Gynecologic Practice
- Only committees with designated immunization expert member
- Provide ongoing immunization input

H1N1 Activities

- Pregnant Women and the Flu patient tear pad (endorsed by AMA and SMFM)
- Email blasts
- Flu Assessment and Treatment Algorithm
- H1N1 webpage
- CDC and DHHS reported ob-gyns were most active HCP

2009-2010 Influenza Season Assessment and Treatment for Pregnant Women with Influenza-Like Illness

Guidelines for Pregnant Women with Influenza-Like Illness

1. Assess a pregnant woman with influenza-like illness (ILI) for influenza A (H1N1) virus infection.

2. If you suspect a pregnant woman has influenza A (H1N1) virus infection, test her for influenza A (H1N1) virus infection.

3. If you confirm a pregnant woman has influenza A (H1N1) virus infection, treat her with influenza A (H1N1) virus infection.

4. If you confirm a pregnant woman has influenza A (H1N1) virus infection, monitor her for complications.

5. If you confirm a pregnant woman has influenza A (H1N1) virus infection, refer her to a specialist.

Checklist for Pregnant Women with Influenza-Like Illness

1. Do you have influenza testing in your office or hospital? Yes No

2. Do you have a flu shot? Yes No

3. Do you have a flu shot? Yes No

4. Do you have a flu shot? Yes No

5. Do you have a flu shot? Yes No

6. Do you have a flu shot? Yes No

7. Do you have a flu shot? Yes No

8. Do you have a flu shot? Yes No

9. Do you have a flu shot? Yes No

10. Do you have a flu shot? Yes No

Pregnant Women and the Flu

This year 2009 influenza season, there was an additional type of the flu virus - 2009 H1N1 ("swine flu") and seasonal flu. If you are pregnant, the flu can be very serious for you, your fetus and your baby. Some pregnant women who were 1991 to 1996 had died from the flu and some pregnancies have been complicated and some have died.

Signs and symptoms of the flu. Symptoms include fever (100°F or higher), cough, sore throat. Other symptoms include muscle aches, body aches, chills, headache, fatigue, and occasionally diarrhea and vomiting.

The best way to prevent the flu. Get vaccinated for both H1N1 and seasonal flu. The flu virus can be spread by person-to-person contact, coughing, sneezing, or touching surfaces that someone who is sick has touched. The flu virus can also be spread by animals.

If you think you have the flu. If you have the symptoms, call your doctor. Contact your pregnancy care provider immediately. Do not wait. Contact your doctor right away and follow instructions from your pregnancy care provider.

Go immediately to the emergency room if you have any of these:

- You have difficulty breathing.
- You have persistent or severe chest pain, other pain, or other symptoms.
- You are unable to keep liquids down.
- You are vomiting more than 3 times in one day.
- You have a fever that is not going away.
- You are very tired or weak.

If you come in close contact with someone who has the flu. Call your pregnancy care provider right away. This may mean staying home to reduce your chances of getting the flu.

How to prevent getting sick. Wash your hands often with soap and water. If soap and water are not available, use alcohol-based hand sanitizer. Avoid touching your eyes, nose, and mouth. Cover your mouth and nose with a tissue when you cough or sneeze. Stay home when you are sick. Have a plan for someone who has the flu in the family member.

Additional information and updates regarding pregnant women and the flu available at:

AMA: www.ama-assn.org

ACOG: www.acog.org

SMFM: www.smfm.org

Source: Dr. David A. Asch, The American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine

ACOG's Immunization Program

- ACOG created an Immunization Program in 2010 following H1N1 pandemic
- Capitalize on momentum and increased maternal immunization rates following H1N1 pandemic
- Currently 2.75 FTEs
- Supported by ACOG leadership and Immunization Expert Work Group
- Address the gap in care

Program Evaluation

- PRAMS data in 29 states in 2009-10 found influenza/H1N1 immunization rates for pregnant women increased from 15% to 47%/40%.*
- 50% rate maintained in 2010-11, 2011-12 flu seasons**†
- 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 flu season‡
- 51% of pregnant women were immunized for influenza during the 2012-2013 flu season§

*CDC. Influenza Vaccination Coverage Among Pregnant Women—29 States and New York City, 2009-10 Season. MMWR 2012;61:113-118

**CDC. Influenza vaccine Coverage Among Pregnant Women—US—2010-2011 Influenza Season. MMWR 2011; 60: 1078-1082

†<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6138a2.htm>

‡MMWR September 28, 2012;61(8):758-763

§http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm?s_cid=mm6238a3_e

Adult Immunization Promotion

- Review and Endorsement of ACIP Adult Immunization Schedule
- Promotion of NVAC Adult Immunization Standards
- Participation in NAIS working groups and annual meeting
- Partnerships with key organizations (see next slide)
- Adult Immunization Pocket Card



Immunization	Type	Age group	Health care professional or other source	Date next given	Last 2	Notes
Influenza (Inactivated, Split, or Adjuvanted)	Annual	65 years and older	Health care professional or other source	Annually	1, 2	
Shingles (Zoster)	One-time	60 years and older	Health care professional or other source	Once	1	
Polio (Poliovirus)	One-time	18 years and older	Health care professional or other source	Once	1	
Tetanus, Diphtheria, and Pertussis (Tdap)	One-time	11 years and older	Health care professional or other source	Once	1	
Tetanus (Td)	One-time	11 years and older	Health care professional or other source	Once	1	
MMR (Measles, Mumps, Rubella)	One-time	18 years and older	Health care professional or other source	Once	1	
MMRV (Measles, Mumps, Rubella, Varicella)	One-time	18 years and older	Health care professional or other source	Once	1	
MMR2 (Measles, Mumps, Rubella, Varicella)	One-time	18 years and older	Health care professional or other source	Once	1	
MMR3 (Measles, Mumps, Rubella, Varicella)	One-time	18 years and older	Health care professional or other source	Once	1	
MMR4 (Measles, Mumps, Rubella, Varicella)	One-time	18 years and older	Health care professional or other source	Once	1	
MMR5 (Measles, Mumps, Rubella, Varicella)	One-time	18 years and older	Health care professional or other source	Once	1	

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Dedicated ACOG immunization website for Ob-Gyns & Patients

Immunization for Women
Immunization Information for Ob-Gyns and Their Patients
The American College of Obstetricians and Gynecologists

Home | Contact Us
Search by keyword Search

ABOUT US IMMUNIZATION FACTS **PRACTICE MANAGEMENT** VACCINE SAFETY NEWS & MEDIA RESOURCES FAQs

PRACTICE MANAGEMENT
Practice Management
Office-based vaccine program
Coding
Financing
Supply
Liability
Refusal
Communicating with Patients
Office Immunization Rates
Storage and Handling
Health Care Workers

Setting up an office-based vaccine program

Women are more likely to receive immunizations following the recommendation from their doctor. Setting up an office-based immunization program allow you to offer your patients, their families and your community protection from diseases. The most important aspect of an immunization program in the office is the designation of a vaccination coordinator. The coordinator will have the responsibility for ordering and maintaining vaccines, syringes, and other supplies. Other duties include the development or procurement of medical protocols for vaccination and assuring the competence of the staff. Proper vaccine/solvent storage and proper vaccination record keeping by all staff should be periodically verified by the vaccination coordinator. The coordinator should have a back-up person trained in all of these duties.

One of the first duties of the coordinator will be to gain support and to ensure that all staff has access to the same information while an immunization program is incorporated into the practice. All staff, especially medical and clerical particularly will be heavily impacted by changes in office procedure, and it is imperative they understand and endorse the importance of new or expanded vaccine services.

As part of initial planning, the clinic should decide where vaccinations will be given. Basic considerations such as adequate lighting, ventilation, a hand washing sink, telephone access, and location of refrigerator that stores vaccines should be addressed. The vaccination area must have adequate space for sharps containers, dry storage, forms for record-keeping, and informational materials. Adequate space for patients to sit or recline should be available.

The refrigerator/freezer designated for vaccine storage must be used exclusively for the storage of pharmaceuticals and biological products. The unit should be large enough to hold the largest month's vaccine inventory, typically the November influenza vaccine order. Door style or bar-style refrigerators are never acceptable for vaccine storage, due to their inability to reach or maintain

E-Mail Sign-up
Stay up-to-date with critical immunization for women topics by signing up for our newsletter.

www.immunizationforwomen.org

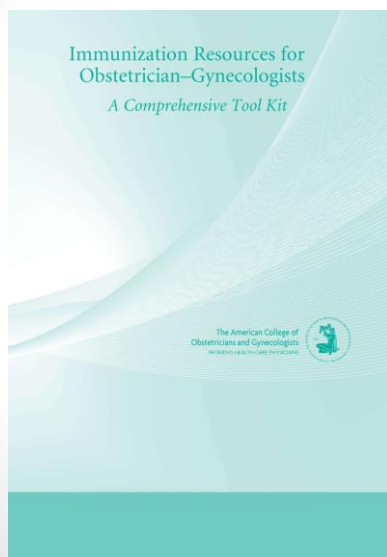
Recent Google analytics:

- **#1 on Google for women and immunization**
- Launched March 2011. Over 15,000 visits
- 3,700 page views last month
- Most frequently visited pages: Home > Resources (Toolkits)>Pregnancy/Breastfeeding > Pertussis>Flu >
- 23% return visitors
- 23% "direct" traffic vs 35 % "searched" traffic
- Referred to the site from ACOG, IAC, AAP, and CDC
- (40% referral traffic)

Collaborative Projects include:

- AAP Cocooning
- AAP Business Practices Webinar
- ASTHO Nurse Triage
- ASTHO Maternal Influenza
- DHHS Smallpox
- NFID Annual Influenza Media Event
- Text4Baby
- ASTHO/AIM/ACOG Collaborations
- Every Child By Two
- NFID Adult Vaccine Campaign
- NFID Family Vaccines Initiative
- National Adult Vaccine Summit Provider Education Workgroup
- CDC/ASTHO Tdap
- CDC Smallpox
- CDC Communities of Best Practices website

Immunization Resources for Obstetrician-Gynecologists: A Comprehensive Tool Kit*



Distribution:

- Approximately 35,000 Fellows and Junior Fellows in practice
- Approximately 2,000 residents
- Approximately 270 Ob-Gyn Residency Directors
- ACOG District Leadership
- State Maternal and Child Health Directors
- Key CDC Staff
- Partner Organizations (ACIP, AAP, AMA, IAC, AAP, GSA, ACNM, Families Fighting Flu, Text4Baby, Every Child By Two, AIM, ASTHO, APHA, AWHONN)

*Funding for distribution of this tool kit was provided by CDC, ASTHO, and Merck. ACOG does not allow companies to influence ACOG's programs, publications, or advocacy positions.

Committee Opinion: Integrating Immunizations into Practice



The American College of Obstetricians and Gynecologists
www.acog.org

COMMITTEE OPINION

Number 508 • April 2013

Immunization Expert Work Group, Committee on Obstetric Practice, and Committee on Gynecologic Practice

This document addresses strengths, barriers, and strategies to enhance an office-based approach to immunization. The information should not be construed as a statement of endorsement or disapproval by the committee.

Integrating Immunizations Into Practice

ABSTRACT: Given demonstrated vaccine efficacy, safety, and the large potential for prevention of many infectious diseases among adults, adolescents, and pregnant women, obstetrician-gynecologists should encourage immunization for those patients who have not received recommended immunizations by providing information, immunizations are discussed. 1) Current adult immunization vaccine, 2) Influenza vaccine, and 3) Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine.

Immunization against vaccine-preventable diseases is an essential component of women's primary and preventive health care. Obstetrician-gynecologists are an important source of information and advice on immunization for adults, adolescents, and pregnant women and can greatly improve their patients' well-being by continued efforts to ensure immunization services in their offices (1).

Obstetrician-gynecologists have a number of providing preventive care to women. An annual risk profile or checklist opportunity to remind patients about their status, taking a health history and maintaining health risks. The annual health assessment should include screening, education and counseling, and immunization based on age and risk factors.

Tips for Office Vaccination Program Success

Most immunizations have addressed successful implementation strategies that are essential to immunization. Incentives for both obstetric and gynecologic patients throughout their life cycle (2,3). Various incentives and the incentive to immunize pregnant women, used to address successful strategies for immunization of pregnant women. Additionally, evidence-based strategies for ensuring immunization among women who are not pregnant in office settings, such as targeted and diverse program in office settings, such as targeted and diverse use of electronic medical records (EMR), also are existing strategies. The following techniques have been

successful in promoting immunization in office settings that are relevant to both obstetric and gynecologic practice. For more information on specific immunization tips, see the American College of Obstetricians and Gynecologists' "Our College" immunization web site at www.internationalobstetrics.org, the College's Annual Women's Health Care web page at www.acog.org/womens-health, and the online for women, children and teens' (WETA) (4) vaccine web site at www.acog.org/women-children-and-teens.

Advocate

- Talk with the patient directly and recommend individual immunizations. Many studies have shown that, in both case-control and cohort studies, the most effective way to increase immunization rates is to have a personal conversation (2). Patients who are most immunized are available on the College's immunization web site (see Resources).

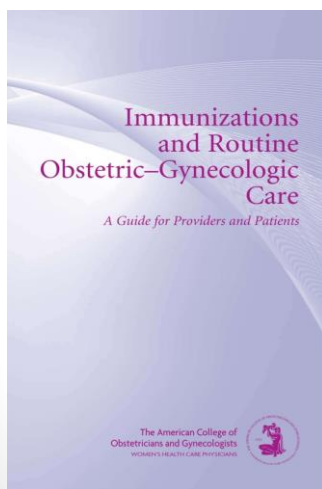
Identify

- Use prompts, paper or electronic, to remind staff and health care providers which patients need to be immunized. Many EMR systems have these prompts available. Alternatively, a sticker or other type of marker can be placed on a paper chart. Electronic medical records have proved useful with reminder systems. Identifying the opportunity to immunize when patients are in the office for regularly scheduled appointments.

This Committee Opinion focuses on encouraging obstetrician-gynecologists to become routine immunizers of both pregnant and non-pregnant women.

- Provides recommendations for integrating immunizations into practice
- Discusses immunization recommendations including Influenza, Tdap and HPV
- Encourages providers who are not offering immunizations to at least have conversations with patients about immunizations, recommend them, and document the discussions in the medical chart

Immunizations and Routine Obstetric-Gynecologic Care: A Guide for Providers and Patients



- A guide to help Ob-Gyns integrate immunizations into routine clinical practice
- Includes:
 - Coding Q&A
 - Storage and Handling
 - VAERS
 - Documentation and Record Keeping
 - Vaccine Conversations with Patients
 - Screening Questionnaires
 - Standing Orders
 - Office Readiness Tools & Checklists
 - Information about ACOG's new App, which includes an interactive immunization applet

Immunization Tool Kits



Influenza Immunization During Pregnancy

- August 2012
- Distributed to 35,000 active Fellows and Jr. Fellows in practice



Immunization Resources for Obstetrician-Gynecologists

- May 2013
- Distributed to 35,000 active Fellows and Jr. Fellows in practice



Tdap Immunization

- September 2013
- Distributed to 35,000 active Fellows and Jr. Fellows in practice

ACOG Immunization App

Smartphone App

- Apple and Android
- Launched 2013
- Free for public
- Interactive Applet in ACOG's App
- Patient profile
- FAQs, resources, alerts
- 14,500 downloads as of March 2014



ACOG App & Immunization Applet



FAQs for Physicians

- Tdap & HPV MD FAQs on website
- Based on CDC/ACOG guidance to assist ob-gyns in implementing and interpreting new guidance and increase Tdap vaccine rates

FAQs for Ob-Gyns: Tdap (Tetanus, Diphtheria and Acellular Pertussis)

New!

What is the Tdap vaccine?

Tdap is a combination vaccine that protects against 3 separate pathogens in a single injection. The **td** components provide protection against tetanus and diphtheria infections and the **ap** component provides protection against pertussis infection. There is no live vaccine component so it is safe to give during pregnancy. This vaccine has been recommended since 2005 for adolescents and adults. The College's Committee Opinion on Tdap Vaccination During Pregnancy was released March 2012.

Has Tdap vaccine been given to pregnant and postpartum women before and why?

Since 2005 a dose of Tdap vaccine has been recommended for any previously unvaccinated postpartum woman and all household members who come into contact with newborns to protect newborns from neonatal pertussis ("whooping cough"), a serious and potentially fatal disease that continues to affect infants in the US. This approach, which also protects the mother herself, has been referred to as "cocooning," since it provides a protective "cocoon" around the newborn by preventing pertussis in mothers and other household members, who, it has been shown, are the individuals most likely to transmit this infection to the baby.

Pregnancy was never considered a contraindication for Tdap. In special situations, such as maternal exposure to pertussis during pregnancy and outbreak situations, many pregnant women received Tdap under these circumstances.

Why is it now necessary to vaccinate pregnant women?

Cocooning programs have proven difficult to implement, and infant pertussis continues to cause morbidity and mortality. Even with previous maternal vaccination, the most significant challenge of cocooning is the obstacle represented by unimmunized family members, which leaves the neonate vulnerable to infection.

In June 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention reviewed the available data regarding the impact of infant pertussis, the barriers to implementation and effectiveness of cocooning programs, the safety of Tdap vaccine given to pregnant women, the potential benefits of transplacental antibody from mother to fetus to provide direct passive protection to the neonate, and the cost-effectiveness of maternal immunization (immunizing pregnant women for the benefit of themselves and their fetus/newborn) and updated the recommendation. **The revised and current recommendation is that all pregnant women who have not yet received a dose of Tdap should be given Tdap, regardless of the interval since the last tetanus toxoid-containing booster. Tdap should be administered during pregnancy, preferably in the late 2nd trimester (after 20 weeks) of gestation, or during the 3rd trimester.**

Social Media and Resource Promotion

- Facebook Posts on ACOG account
- Twitter posts with links
- E mail blasts
- Government Relations Newsletters
- President's Blog
- Immunization for Women Website

ACOG Research Department

- Conducts surveys on immunizations by ob-gyns.
- Knowledge, practice, attitude
- Several published articles
- CDC and HRSA funding

CDC Cooperative Agreement:

Increasing Adult Immunization Rates through Partnerships

Utilize Ob-Gyns as a vehicle to increase adult immunization rates through provider and patient education and on-site evidence based programs

- Focus on Influenza, Tdap, HPV and Hepatitis B
- Survey to 1500 fellows to evaluate immunization resources and practice
 - Follow up to be sent in YR3 to evaluate effectiveness of resources
- District XI (Texas) project partnering with the Texas Department of State Health Services
- Immunization Tool kits: General and HPV including patient and provider resources (physician scripts w/coding information, FAQs for patients and physicians, committee opinions, etc)
- Collaborations with partner groups: AAP, ASTHO, CDC, Every Child By Two, IAC, Text4Baby
- Focus groups with members to evaluate activities and examine physicians' needs
- Joint seminar with CDC at ACOG's Annual Clinical Meeting discussing Maternal Immunizations and HPV
- Enhancement of the Immunization applet on ACOG's apple & android application

First Ob-Gyn Appointed as Voting Member of ACIP

- ACOG has had a liaison member represented on ACIP for many years
- ACOG felt it was important to have an ob-gyn as a voting member of ACIP as there has never been a voting member.
- ACOG successfully nominated Dr. Laura E. Riley as a voting member of ACIP, their first ob-gyn.
- Dr. Riley served as ACOG's liaison member to ACIP since 2009

First Ob-Gyn Appointed as Voting Member of ACIP (con't)

- Dr. Riley joins ACIP effective July 1, 2014.
- Dr. Riley is a maternal-fetal medicine specialist with expertise in infectious disease. She is the Director of Labor and Delivery at Massachusetts General Hospital and Chair of ACOG's Immunization Expert Work Group.
- Dr. Kevin Ault, member of ACOG's Immunization Expert Work Group, is ACOG's new liaison member of ACIP

ACOG's Immunization Business Practices Webinar

ACOG has developed a webinar focused on addressing the business practice needs of ob-gyn immunization programs.

The webinar is free and open to the public and will take place on
Wednesday, July 30th, 2014 from 12-1pm EDT.

Building on the successful implementation of immunizations in pediatric care, ACOG is collaborating with AAP on this webinar focusing on the application of strategies used successfully for years by pediatricians as a model for immunization programs in ob-gyn practices. The goal of the program is to provide concrete business strategies for creating sustainable immunization programs in ob-gyn practices.

Attendance from all professions is encouraged. The target audience is ob-gyns and also nursing and office staff who may also be involved in immunization programs.

Stayed tuned for more information regarding registration!

www.immunizationforwomen.org

www.acog.org

NVAC Adult Immunization Standards

Through the advice and support of ACOG's Immunization Expert Work Group and Committee on Gynecologic Practice, ACOG is promoting the NVAC Adult Immunization Standards.

- Incorporate the standards into the Well Woman Task Force and well woman care messaging, i.e. incorporating immunization as part of routine preventative well woman care
- Promote ACOG Committee Opinion: [Integrating Immunizations into Practice](#) and [Immunization Manual](#)
- Promote the standards on various websites and other ACOG channels including Well Woman website, Immunization for Women website, ACOG Immunization page, Government Relations Newsletter, and e-mail blasts.
- Promote the standards through giving examples of practices successful in implementing the standards
- Work with ACOG's education staff to incorporate a question into the MOC
- Continue to push to include and standardize immunization pop-ups and questions in EHR systems

ACOG's Immunization Dept Contact Information

Immunization Program:
immunization@acog.org

Debra Hawks, MPH, Senior Director Practice Activities, Obstetrics, &
Immunization
dhawks@acog.org

Sarah Patterson, MPH, Immunization Program Manager
spatterson@acog.org

Ariste Sallas-Brookwell, Immunization Program Specialist
asallsbrookwell@acog.org