

# Summit National Award Winners

## Adult Immunization Publication Award

**Recipient: American College of Obstetricians & Gynecologists (ACOG)**



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



Presentation by:  
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# The American College of Obstetricians and Gynecologists (ACOG)

## Immunization Publications

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National Adult and Influenza Immunization Summit  
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The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## Ob-Gyns' Use of ACOG Guidelines

- Numerous surveys indicate that ob-gyns depend on ACOG for practice guidance, education and resource support
- ACOG survey found that 98% were aware of ACOG guidelines and 96% had used those guidelines over previous 5 years\*
- 61% said ACOG guidelines changed their practice within last 2 years\*

## ACOG Immunization Guidance

- Integrating immunizations into practice. Committee Opinion No. 558. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121:897–903.
- Well-woman visit. Committee Opinion No. 534. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:421–4.
- Human papillomavirus vaccination. Committee Opinion No. 588. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:712–8
- Update on immunization and pregnancy: tetanus, diphtheria, and pertussis vaccination. Committee Opinion No. 566. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121:1411–4.
- Influenza vaccination during pregnancy. Committee Opinion No. 608. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;124:648–51.
- Informed Consent. Committee Opinion No. 439. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009; 114:401–8.
- The Importance of Preconception Care in the Continuum of Women's Health Care. Committee Opinion No. 313. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2005;106:665-6.
- The Initial Reproductive Health Visit. Committee Opinion No. 460. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2010;116:240-3.
- Ethical issues in pandemic influenza planning concerning pregnant women. Committee Opinion No. 563. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121;1138–43.
- Ethical issues with vaccination for the obstetrician–gynecologist. Committee Opinion No. 564. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;121;1144–50.

# Integrating Immunizations into Practice

## ACOG Committee Opinion #558



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

### COMMITTEE OPINION

Number 558 • April 2013

Immunization Expert Work Group, Committee on Obstetric Practice

and Committee on Gynecologic Practice

This document reflects emerging clinical practice and research that are currently in progress and are not intended to restrict or limit current practice or procedures to be followed.

- Published in Obstetrics & Gynecology April 2013
- Highlights 4 key parts of Adult Immunization:
  - Advocate
  - Identify
  - Educate & Vaccinate
  - Integrate

#### Integrating Immunizations Into Practice

**ABSTRACT:** Given demonstrated vaccine efficacy, safety, and the large potential for prevention of many infectious diseases among adults, newborns, and pregnant women, obstetrician-gynecologists should embrace immunizations as an integral part of their women's health care practice. To provide direct, evidence-based recommendations for these commonly administered immunizations by practicing obstetrician-gynecologists are discussed: 1) current immunization status; 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 immunizations for adults, adolescents, and pregnant women and can greatly improve their patients' well-being by continued efforts to implement immunization services in their offices (1). Obstetrician-gynecologists have a tradition of providing preventive care to women. An annual visit provides an excellent opportunity to counsel patients about maintaining a healthy lifestyle and minimizing 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**  
Many investigators have addressed successful implementation strategies that are relevant to immunizations indicated for both obstetric and gynecologic patients. Increasingly, since the 2009 H1N1 influenza pandemic and the frequency of immunization program success, studies include successful strategies for immunization in pregnant women. Additionally, evidence-based strategies for increasing immunization rates among women in an office setting, such as targeted and state-of-the-art electronic medical records (EMRs), are also receiving attention. The following techniques have been

successful in promoting immunization in office settings and are relevant to both obstetric and gynecologic patients. For recommendations on specific immunizations, see the American College of Obstetricians and Gynecologists' (the College) Immunization web site at [www.immunization-aweb.org](http://www.immunization-aweb.org), the College Annual Women's Health Care web page at [www.acog.org/well-women](http://www.acog.org/well-women), and the Centers for Disease Control and Prevention's (CDC) vaccines web site at [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).

**Advocate**  
• Talk with the patient directly and recommend (and counsel) immunizations. Many studies have shown that a health care provider recommendation for a vaccine is one of the strongest influences on patient acceptance (2). Practice scripts for several immunizations are available on the College's immunization web site (see box below).

**Identify**  
• Use prompts, paper or electronic, or remind/recall 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. Electronically generated prompts have proved helpful with reminder/recall systems highlighting the opportunity to immunize when a patient is in office for regularly scheduled appointments.

# Influenza Vaccination during Pregnancy

## ACOG Committee Opinion #608



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

### COMMITTEE OPINION

Number 608 • September 2014

(Replaces Committee Opinion Number 460, October 2010)

Committee on Obstetric Practice and Immunization Expert Work Group

This document reflects emerging clinical practice and research that are currently in progress and are not intended to restrict or limit current practice or procedures to be followed.

- First ACOG guidance to recommend routine influenza vaccination during any trimester in pregnancy
- Updated September 2014

#### Influenza Vaccination During Pregnancy

**ABSTRACT:** The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (the American College of Obstetricians and Gynecologists recommended that all adults receive an annual influenza vaccine. Influenza vaccination is an essential element of preconception, prenatal, and postpartum care because pregnant women are at an increased risk of serious illness due to seasonal and pandemic influenza. Since 2010, influenza vaccination rates among pregnant women have increased but still need significant improvement. It is particularly important that women who are or will be pregnant during influenza season receive an indicated influenza vaccine as soon as it is available. It is critically important that all obstetrician-gynecologists and all providers of obstetric care advocate for influenza vaccination, provide the influenza vaccine to their pregnant patients, and receive the influenza vaccine themselves every season. It is imperative that obstetrician-gynecologists, other health care providers, health care organizations, and public health officials continue efforts to improve the rate of influenza vaccination among pregnant women.

new data show the continued critical need for influenza vaccination during pregnancy, and the importance of health care provider recommendation and provision of vaccination in the office. Since the previous version of this Committee Opinion (published in October 2010), influenza vaccination rates among pregnant women have increased but still need significant improvement. Recently published survey data regarding influenza vaccination during pregnancy, combined with the knowledge that effective quadrivalent vaccines are available and are appropriate for use in pregnant women.

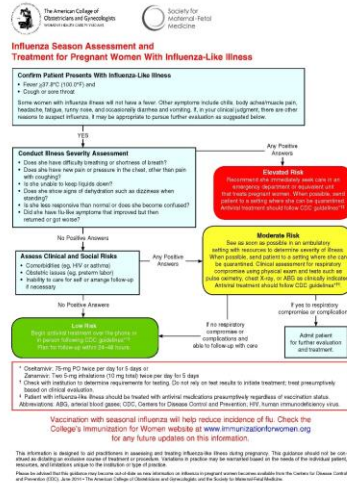
Influenza vaccination is an essential element of preconception, prenatal, and postpartum care because pregnant women are at an increased risk of serious illness due to seasonal and pandemic influenza. Most reports of increased incidence of seasonal influenza-related morbidity have focused on increased hospital admissions for respiratory illness during influenza season. For example, a retrospective cohort study on New-Score compared hospital admissions and respiratory illness among pregnant women during influenza season with hospital admissions during influenza season for the same women in the year before their pregnancies. If hospitalized for respiratory illness during pregnancy (especially during the third

trimester), women were more likely to have an increased number of medical visits or increased lengths of care than when they were not pregnant (1). The association between pregnancy status and hospital admission was particularly striking for women with comorbidities (1). In addition to the risks associated with seasonal influenza, women during the influenza epidemics of H1N1-09 and 1918-1920, and the 2009 H1N1 pandemic (2, 3). The increased incidence of morbidity and mortality among pregnant women in the 2009 H1N1 pandemic was a stark reminder of these increased risks. However, comparative research since 2009 has indicated that pregnant women are more likely affected by H1N1 with numerous preventable deaths noted across all domestic regions. Taken together, these data clearly emphasize the importance of influenza vaccination for disease prevention during pregnancy and the pregnant period, which makes this a vital intervention for all obstetric providers to recommend and administer.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and the American College of Obstetricians and Gynecologists recommended that all adults receive an annual

# Influenza Season Assessment and Treatment for Pregnant Women with Influenza Like Illness

- Originally developed in collaboration with CDC & SMFM during H1N1 to help ob-gyns assess and treat pregnant women presenting with ILI
- Revised for seasonal influenza in 2012 & updated in 2014



## Acknowledgements

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