



## National Adult Immunization Coordinators' Partnership Quarterly Call Minutes

**July 7, 2015 from 2:00-3:00 p.m. (EST)**

Call-In Information: 1-866-893-6258; Code: 6258038#

Website: <http://www.izsummitpartners.org/naicp/>

<b>2:00-2:05</b>	<p><b>Welcome and Housekeeping</b></p> <ul style="list-style-type: none"> <li>• Kindly mute your phones</li> <li>• Carlie from Utah wanted to take a moment to say a few words about Jim Harrison. He was instrumental in getting this group going and actively participated in meetings until he retired. He will be missed dearly.</li> </ul>	<p><b>Courtney Londo, MA</b> Michigan Department of Health &amp; Human Services</p>
<b>2:05-2:25</b>	<p><b>Challenges and Solutions to Improving Tdap Vaccination of Pregnant Women: A New Campaign to Promote Tdap Vaccine during Pregnancy</b></p> <p><u>Findings and guiding principles</u></p> <ul style="list-style-type: none"> <li>• A lot of partnership and formative research went into this campaign. Did a lot of work with OB-Gyns and pregnant women.</li> <li>• Pertussis is a contagious respiratory disease characterized by a severe cough that can last for weeks or months. Babies don't necessarily exhibit this cough.</li> <li>• Young infants are at greater risk from life-threatening complications from this disease. DTaP vaccine is recommended at 2, 4, 6, 15-18 months, and 4-6 years to prevent pertussis.</li> <li>• Despite having great coverage, we still have rates of pertussis. Our current efforts focused on:             <ul style="list-style-type: none"> <li>○ Vaccinating pregnant women</li> <li>○ Routine childhood and adolescent pertussis vaccine recommendations.</li> </ul> </li> <li>• Tdap vaccine during pregnancy – in 2012, Tdap administration was recommended during pregnancy to help protect babies until they start the DTaP series (gap of protection). The ideal administration is between 27 and 36 weeks gestation for best maternal antibody response and transfer of immunity to baby. Recommended during each pregnancy regardless of Tdap vaccination history or pregnancy spacing.</li> <li>• The uptake of Tdap during pregnancy is still low, lots of work to be done.</li> <li>• Formative research with pregnant women– both qualitative and quantitative research was done. Focus groups were informative and we learned a lot from them. A total of 487 respondents were eligible and completed the online survey. Data were collected in June/July 2014. There were a total of 28 focus groups, segmented by parity and language (English and Spanish). Mix of trimester,</li> </ul>	<p><b>Leslie Rodriguez, PhD</b> Health Communications specialist Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases</p>

	<p>race/ethnicity, and socioeconomic background. Conducted in two rounds (Jun and Sep/Oct 2014)</p> <ul style="list-style-type: none"> <li>• Guiding principles – based on the work, the level of awareness of pertussis and perceived susceptibility to the disease are low among pregnant women. Pregnant women are primarily concerned with the health and safety of their baby when making decisions about vaccines during pregnancy. Protecting the baby was one of the stronger motivators for mothers to get the vaccine. They want to protect the baby and pass the immunity. They understood that whatever went into them passes to the baby. And they were glad to know that they can protect baby ahead of time. Pregnant women view their ob-gyn or midwife as the ultimate authority on pregnancy-related topics.</li> <li>• Key messages that resonated with mothers:             <ul style="list-style-type: none"> <li>○ <i>“Whooping cough is a serious disease that can cause babies to stop breathing.”</i></li> <li>○ <i>“Most whooping cough deaths are among babies younger than 3 months of age.”</i></li> <li>○ <i>People can spread whooping cough to babies without even knowing they are sick because the illness can be mild for adults.”</i></li> </ul> </li> <li>• Survey respondents most often reported seeking Tdap information online (75%), from a healthcare professional (64%), or from friends (45%). A healthcare professional’s recommendation was the most common reason for accepting Tdap (69%) among survey participants. Focus groups preferred “Talk to your doctor about the whooping cough vaccine” over “get the vaccine” as a call to action for Tdap vaccination.</li> <li>• Formative research with OB-Gyns:             <ul style="list-style-type: none"> <li>○ Online survey - surveyed 32,056 members of ACOG. All respondents mentioned they offer prenatal care. Data were collected in Feb and Mar of 2014. 2,365 respondents completed the survey.</li> <li>○ In-depth interviews (60 min telephone interviews conducted nationally). All respondents offer prenatal care.</li> </ul> </li> <li>• Guiding Principles for OB-Gyns:             <ul style="list-style-type: none"> <li>• Knowledge of the Tdap recommendation during pregnancy is high, but perception of individual risk for their patients (and their babies) is often low. They didn’t think it was an issue. Stocking Tdap is a barrier for some OB-Gyns, often due to issues with reimbursement. The most common channels for sharing vaccine information with patients are face-to-face during the office visit and in handouts at their first prenatal appointment. They didn’t have a way to share info online.</li> </ul> </li> <li>• Knowledge and awareness – nearly all survey respondents</li> </ul>	
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reported recommending Tdap to pregnant patients, with 77% administering the vaccine in their office.

- Barriers to stocking Tdap – concern over reimbursement were a barrier to stocking vaccine for some interviewees. Most physicians interviewed who recommended but didn't stock Tdap did not follow-up with patients later. Despite barriers, most interviewees felt that the obstetric provider was responsible for vaccinating pregnant women.

Campaign materials

- Info channels – most respondents (88%) use brochures or handouts to communicate with pregnant patients. Posters, patient websites, and training materials for staff were also listed as useful tools. Respondents turned to ACOG and CDD most often for vaccine info for themselves and their patients.
- Born with Protections Against Whooping Cough Campaign – developed in collaboration with co-branding partners (AAFP, AAP, ACNM, and ACOG). Targets pregnant women and prenatal healthcare professionals. English and Spanish language materials for women. Based on mixed method formative research and input from subject matter experts and partners.
- Spanish group – they want to make sure everyone is protected in their families. They like the before and after pictures (pregnant mom and mom with the new born). They also like the picture of the pregnant mom with the older sibling. Color plays an important role.
- English group – likes the before and after pictures, but the emphasis is in the mom and protection of the baby.
- Fact sheet – a couple of factsheets available for healthcare professionals and one for pregnant women. The fact sheet for patients focused on the benefit of the vaccine to the baby, safety is address early, and information to raise awareness that whooping cough is a concern today is highlighted. The Spanish fact sheet has a true story. The English fact sheet doesn't. It didn't work for this group.
- Website – created a site about pregnancy and whooping cough: [www.cdc.gov/pertussis/pregnant](http://www.cdc.gov/pertussis/pregnant)
- Digital buy – baby center, face book, and Pandora. Running this summer. Because many parents use baby apps during pregnancy.
- Evaluating campaigns and buys (tracking metrics) to see how they are doing. See if there are any changes in behavior or use.

Ways to disseminate materials

- Outreach to prenatal patients
- Continue to promote information and ways to get involve.

	<ul style="list-style-type: none"> <li>Materials are available for free download at: <a href="http://www.cdc.gov/pertussis/pregnant">www.cdc.gov/pertussis/pregnant</a></li> <li>Limited quantities available for free from CDC warehouse: <a href="http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx">http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx</a></li> <li>Annual observations such as the National Infant Immunization Week (April 16-25) and then National Immunization Awareness Month (Aug 2015 – the pregnancy week is Aug 9-15 [#TeamVax])</li> <li>Digital buy targeting pregnant women (English and Spanish)</li> </ul> <p><b>Questions from the audience</b></p> <ul style="list-style-type: none"> <li>Question from Missouri – Do you know if providers that didn't stock Tdap, did they stock flu? Answer: Some did and some didn't. A lot of hesitation since the recommendation is pretty new.</li> <li>Question from Hawaii – Have you had any requests to translate info into other languages? Answer: Not yet. In the past we have share design files with programs to adapt for their own group.</li> </ul>	
2:25-2:45	<p><b>Findings from Focus Groups with Providers and Pregnant Women in New York City Regarding Tdap Vaccine during Pregnancy: A Local Perspective</b></p> <ul style="list-style-type: none"> <li>Four research objectives: <ul style="list-style-type: none"> <li>Understand pregnant women's and providers' perceptions of and attitudes toward vaccines.</li> <li>Assess pregnant women's knowledge and understanding of the Tdap vaccine.</li> <li>Gauge reactions to the new Tdap recommendation; understand motivations and concerns about vaccines.</li> <li>Test facts, statistics, and language about Tdap in order to aid the development of a communications strategy to both pregnant women and their providers.</li> </ul> </li> <li>Whitman Insight Strategies conducted seven focus groups total (five focus groups among pregnant women and two focus groups among medical providers in New York City). Pregnant women group had eight participants per group – each group was from a different ethnicities background (white women, Asian women, Spanish-speaking Latina women, African American women, and Caribbean women). The groups contained a mix of age, education, income, marital status, parental status, and NYC boroughs. The provider group had six participants per group (OBGYNs and family providers who practice obstetrics and obstetric nurses, physician assistants, and midwives. The provider groups included a mix of gender, NYC boroughs, age, education, and race/ethnicity.</li> </ul>	<p><b>Brittany Stalsburg</b> Whitman Insight Strategies</p>

- Pregnant women simultaneously feel excited and worried about having a baby. There is a strong desire to protect one's baby spans across the races and ethnicities.
- Awareness of pertussis and Tdap is low – many pregnant women have heard the term “whooping cough,” but do not know much about it. Very few women recognized pertussis as whooping cough; the latter is a much more familiar term. Those who are familiar with whooping cough tend to have received Tdap at the recommendation of their doctor.
- The top information source among pregnant women is their doctor. Many pregnant women also report heavy reliance on internet sources, such as websites and mobile apps about pregnancy. Ethnic women reported getting info from older women, family, and friends (most common among Asian, black, and Latina).
- Most women are comfortable with vaccines if their doctor recommends them. Women are generally not proactively seeking vaccines, but when recommended by their doctor, they are mostly comfortable. Some women express wariness about putting anything unnecessary into their bodies.
- Providers, however, sometimes do not actively recommend vaccines to their patients. OBs/MDs do not prioritize vaccinations for pregnant women and often have other concerns that seem more important. Few MDs said they administered the Tdap vaccines. Some mentioned they suffer a financial loss on vaccinations. Midwives are more reluctant to actively recommend vaccines, mostly because their clients tend to be skeptical of vaccines in general. When providers were informed of how influential their recommendations are to pregnant women, many said they would be more likely to actively recommend Tdap.
- Materials were tested among pregnant women. Several different facts about Tdap are convincing to pregnant women, though the explanation of how antibodies are created that will help protect newborns stands out as the most persuasive. Pregnant women need an explanation for why the Tdap vaccine is necessary. The top fact is that antibodies Tdap creates protect newborns. Protecting the baby resonates with pregnant women. Side effects of Tdap are minimal – they are more likely to get vaccine if they know this fact.
- Statistics help convey urgency – some women are unfamiliar with whooping cough and do not know about the disease's resurgence. These facts help drive the point that whooping cough is a serious threat. Including the statistic about infant deaths is especially helpful in conveying urgency and motivating women to get the vaccine or ask their doctor about it. Some

	<p>women had questions about the statistics, including why we have seen such resurgence in recent years.</p> <ul style="list-style-type: none"> <li>• Recommendations: Pregnant women <ul style="list-style-type: none"> <li>○ Inform women about whooping cough</li> <li>○ Explain the rationale behind Tdap</li> <li>○ Do not assume moms already know about Tdap</li> <li>○ Tap into the value of responsibility</li> <li>○ Emphasize the vaccine's safety</li> </ul> </li> <li>• Message triangle: <ul style="list-style-type: none"> <li>○ Talk to your provider about the Tdap vaccine: <ul style="list-style-type: none"> <li>- Whooping cough is a disease that has recently become a serious threat to infants. Since 2010, about 10-20 babies die from whooping cough each year in the U.S.</li> <li>- There is safe vaccine available called Tdap that you can get while pregnant. Tdap helps your body create antibodies that will be passed on to your baby before birth.</li> <li>- These antibodies will help protect your newborn right after birth, when she/he is most vulnerable, and until your baby gets her/his own whooping cough vaccine at 2 months of age.</li> </ul> </li> </ul> </li> <li>• Recommendations: Providers <ul style="list-style-type: none"> <li>○ Encourage providers to ACTIVELY recommend Tdap</li> <li>○ Provide talking points and emphasize education</li> <li>○ Target non-physician providers for education</li> <li>○ Bridge the information gap</li> </ul> </li> <li>• Questions about this project? Feel free to contact Brittany Stalsburg at <a href="mailto:bstalsburg@whitmanstrategies.com">bstalsburg@whitmanstrategies.com</a> or Scott Kotchko at <a href="mailto:skotchko@whitmanstrategies.com">skotchko@whitmanstrategies.com</a></li> </ul>	
<p>2:45-2:50</p>	<p><b>CDC Update</b></p> <ul style="list-style-type: none"> <li>• ACIP met on June 24-25, 2015</li> <li>• Intervals Between PCV13 and PPSV23 Vaccines: Evidence Supporting Currently Recommended Intervals and Proposed Changes. The recommended intervals between the two vaccines are not consistent across groups. ACIP vote to harmonize PCV13→PPSV23 intervals for adults aged ≥65 years from 6-12 months (minimum 8 weeks) to ≥ 1 year. Pros: the change is consistent with current CMS policy and the immune response may be improved (immunogenicity studies).</li> <li>• For adults ≥65 years of age with no previous pneumococcal vaccine (PCV13 or PPSV23). Proposed guidance on intervals for sequential use of PCV13 followed by PPSV23: A dose of PPSV23 should be given <b>at least 1 year</b> following a dose of PCV13. The two vaccines should not be co-administered. <b>If a dose of PPSV23</b></li> </ul>	<p><b>LaDora O. Woods</b> Carter Consulting, Inc. Immunization Service Division Centers for Disease Control and Prevention</p>



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	<p><b>is inadvertently given earlier than the recommended interval, the dose need not be repeated. Contracts have been finalized and sent to immunization managers.</b></p> <ul style="list-style-type: none"> <li>• An update will be given in our next quarterly call.</li> <li>• More ACIP meeting information is available at: <a href="http://www.cdc.gov/vaccines/acip/meetings/meetings-info.html">www.cdc.gov/vaccines/acip/meetings/meetings-info.html</a></li> </ul>	
<p><b>2:50-2:55</b></p>	<p><b>AIM Update</b></p> <ul style="list-style-type: none"> <li>• AIM is continuing work on the Adult Immunization Resource Guide. Interviews with select awardees to gain a better understanding of their adult projects will begin in August. AIM is also aiming to have a workgroup meeting in late July. If you are interested in participating you can email Anu Bhatt at <a href="mailto:abh@immunizationmanagers.org">abh@immunizationmanagers.org</a>.</li> <li>• AIM is holding its first Virtual Exhibit Hall Webinar on July 22<sup>nd</sup> at 2 PM ET. The webinars allow for vendors to share their products with immunization program managers and staff. Each vendor has to answer specific questions about their product like cost, warranty information, technical support as well as specialized questions based on the type of product being presented. The first webinar will focus on continuous data loggers. We will share a flyer for the event soon. Please feel free to share this information with other people in your immunization program.</li> <li>• AIM will be holding a Business Meeting during lunch on Wednesday, July 15 at the Immunization Awardee Meeting. AIM will hold elections for the positions of AIM Chair, Chair-Elect, Secretary Treasurer and Executive Committee.</li> </ul>	<p><b>Anuradha Bhatt, MPH</b> Association of Immunization Managers</p>
<p><b>2:55-3:00</b></p>	<p><b>Other Business/Adjourn</b></p> <ul style="list-style-type: none"> <li>• 2015 Summit Information – during the National Adult and Influenza Immunization Summit (NAISS), which was held May 12-14 in Atlanta, GA, the NAICP held a face-to-face meeting and hosted an adult immunization poster session. Meeting minutes and poster presentations are available at: <a href="http://www.izsummitpartners.org/naicp/">www.izsummitpartners.org/naicp/</a> Be sure to check out the website!</li> <li>• Slides from past meetings as well as today's meeting are also available at this web site.</li> <li>• Lisa Randall is stepping down from the co-chair position. Lisa thanks for co-chairing for the past 6 months. You'll be missed!</li> </ul>	<p><b>Courtney Londo, MA</b> <b>(Michigan)</b></p>

**2015 Quarterly Call Schedule:**  
Tuesday, October 6, 2015, 2 p.m. (EST)