The American College of Obstetricians and Gynecologists

Immunization Program

www.ImmunizationForWomen.org
The College

- The College is a non-profit corporation 501C3, tax-exempt charitable, educational organization

- 95% of board-certified ob-gyns are members of ACOG (a total of 56,000 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. The College 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.
THE GEOGRAPHIC DISTRICTS OF
The American Congress of Obstetricians and Gynecologists

DISTRICT VIII
Also includes designated Pacific Islands, Yukon and Northwest Territories, Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama

DISTRICT VI

DISTRICT V

DISTRICT I
Also includes Chile

DISTRICT II
Also includes Bermuda

DISTRICT III
Also includes the Dominican Republic

DISTRICT IX

DISTRICT XI

DISTRICT X

DISTRICT VII

DISTRICT XII

Other nondistricted section: Argentina

*Note: The Armed Forces District exists only in the American College of Obstetricians and Gynecologists, and not in the American Congress of Obstetricians and Gynecologists.
Immunization Program: Background

• Current data demonstrate that a strong HCP vaccine recommendation is a major contributor to a successful adult vaccine program
• Numerous surveys indicate that ob-gyns depend on the College for practice guidance, education and resource support
• Information to follow reviews recent College adult/adolescent vaccine activities
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 College Task Force met from 2005 until 2008.

• In 2010, the College 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.
Immunization Program Activities

- Immunization Expert Working Group/Committees
- Immunization Department/Practice Activities Division
- Immunization for Women website
- Direct Mailings to Fellows including tool kits
- Coding Monograph
- Immunization Smartphone App
- District V Demonstration Project
- District XI Demonstration Project
- CDC funded projects
- Collaboration with Immunization Partners
One Immunization Expert on Standing Committees:

- Committee on Obstetric Practice
- Committee on Gynecologic Practice
- Only work group with designated expert member on these committees
College Immunization Guidance

Dedicated ACOG immunization website for Ob-Gyns & Patients

www.immunizationforwomen.org
Immunization Website

- Ob-Gyn and Patient pages for each section
- Vaccine-Preventable Diseases
- Pregnant/Breastfeeding
- Adults and Adolescents
- Seasonal Influenza
Immunization Website: Business Practices

Website includes practice management information, including:

• Starting an office-based vaccine program
• Coding
• Financing
• Supply
• Liability
• Refusal
• Communicating with Patients
• Storage and Handling
• Healthcare Workers
# Immunization Schedules

## Immunization Facts
- Immunization Facts
- Seasonal Influenza (Flu)
- Personal Stories
- Vaccine-Preventable Disease
- Immunization Schedules
- Special Populations

## Immunization Schedules for Ob-Gyns

**Recommended Adult Immunization Schedule, by Vaccine and Age Group:**

**United States, 2014**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Group</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-59 years</th>
<th>60-64 years</th>
<th>≥ 65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td>Annual 1 dose</td>
<td>Substitutes 1-dose dose of Td to Td booster; then boost with Td every 10 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, diphtheria, pertussis (Tdap)</strong></td>
<td>3 doses (Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human papillomavirus (HPV)</strong> Female</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Human papillomavirus (HPV)</strong> Male</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella</strong> (MMR)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal 13-valent conjugate</strong> (PCV13)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.
Linking to Local Contacts

The Immunization for Women web site links to the Association of Immunization Managers contact information page where members can easily find their state immunization manager.
Recent Google analytics:

• #1 on Google
• Launched March 2011. Over 15,000 visits
• 4,651 page views last month
• Most frequently visited pages: Home > Pregnancy/Breastfeeding > Tdap > Pertussis
• 15% return visitors
• Referred to the site from ACOG, IAC, AAP, and CDC
District V Activities

Improving Ob-Gyn Immunization Services for Comprehensive Women’s Health Care

- The Centers for Disease Control and Prevention funded the College to select 60 ob-gyn practices in ACOG District V to pilot and evaluate an innovative, office-based training program to motivate and educate ob-gyns to improve immunization services within their practices.
- Previously, state health department officials in these states (Indiana, Kentucky, Michigan, and Ohio) cited challenges in accessing ob-gyn practices around immunizations.
- In addition, many women see their ob-gyn as their primary care provider, thus, reinforcing the need to be able to receive immunizations from their ob-gyn.
- Ob-gyns indicated that their practices could benefit from having additional education and local resources they could contact on immunization.
District V: Building Partnerships Between Ob-Gyns & State Immunization Programs

Project Goals:

• To create and expand ob-gyn office-based immunization programs in ACOG District V (MI, OH, IN, KY)
• To increase the types and doses of immunizations given in ob-gyn practices
• To build relationships between ob-gyns and the state health department
• To create lasting connections between state health departments and project sites beyond the timeframe of the project
Building Partnerships, continued

Project Methodology:

• Recruit total of 60 ob-gyn practices (15 per state: MI, OH, IN, KY)
• One hour on-site training, given by SHD and ACOG immunization program staff
• Provide a set of core immunization materials jointly developed by SHD and ACOG
• Contact information of SHD Immunization Program staff provided to practices as an expert resource for future immunization questions and concerns
• Pre-test given to 60 practices: 3 months post-test after intervention, 58 practices completed survey
Project Results

- 97% of participants responded to the post-test survey
- 29% of practices report they have increased vaccine doses from their pre-test rate.
- 1/3 of sites added at least one vaccine
- 48% of practices from IN, MI and OH are now participating in the state immunization registry; an additional 12% are interested in enrolling.
- 83% report they now have the name of a SHD contact person they can reach with questions about immunizations, an increase from 48% at the time of the pre-test.
- 41% actively working on office vaccine program
- 48% participate in state registry
- Over three quarters of participating practices have an immunization coordinator
- The largest increases in types of immunization in practices were Tdap, Hepatitis B and MMR
- 86% identified “vaccine coordinator”
Project Results, continued

- Ob-Gyn practices stated that they were more likely to promote immunizations within the office if they knew leadership at both the College national and district levels endorse it.
- In addition, having an immunization coordinator was very important to sustainability of the practice's immunization efforts as it established a point of contact.
- On-site training was useful as it provided needed educational information and also required minimal disruption of the practice to have staff attend a one hour on-site training.
- A key benefit of the training was having a local immunization expert (from the state) that practices could contact for immunization information and resources.
- All of these factors helped motivate ob-gyn providers to increase their level of immunization activities in the three months following the pre-test.
- Immunization programs can be sustained within ob-gyn practices, creating opportunities for ob-gyns to provide more comprehensive care to their patients.
District XI (Texas)

District XI on-site training program
• Models the District V Pilot Project
• Five practices selected each year, over 3 years in District XI for:
  • State health department collaboration
  • Registration in state immunization registry
  • Toolkit to help integrate immunizations into practice
  • On-site training for practice staff to facilitate the implementation of immunization into practice
  • Comparison of results with District V Pilot
In 2013 ACOG launched its first smartphone application. This FREE app available on both Apple and Android devices includes an immunization specific “applet” which includes the following:

- Information on Immunization specific to pregnant women
- Immunization information by age & type of vaccine
- Immunization information by patient profile
- Immunization FAQs
- Immunization Resources
- Immunization-related Alerts (recalls, outbreaks, etc)
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, AAFP, 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.
Support from ACOG Leadership

COMMITTEE OPINION

Number 558 • April 2013

Immunoization Expert Work Group, Committee on Obstetric Practice,
and Committee on Gynecologic Practice
This document reflects emerging clinical and scientific evidence at the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

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 encourage immunizations as an integral part of their women’s health care practice. To provide direct examples, evidence-based recommendations for three commonly administered immunizations by practicing obstetrician-gynecologists are discussed: 1) human papillomavirus 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 patient’s well-being by continued efforts to augment 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, evaluation and counseling, and immunizations based on age and risk factors.

Tips for Office Vaccination Program Success

Many investigations have addressed successful implementation strategies that are relevant to immunizations indicate for both obstetric and gynecologic patients. Increasingly, since the 2009 H1N1 influenza pandemic and the imperative to immunize pregnant women, studies address successful strategies for immunization of pregnant women. Additionally, evidence-based strategies for increasing immunization among women who are not pregnant to off-site settings, such as targeted and strategic use of electronic medical records (EMRs), also are receiving attention. The following techniques have been successful in promoting immunization in office settings that 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.immunizationforwomen.org, the College’s Annual Women’s Health Care web page at www.acog.org/well_woman, and the Centers for Disease Control and Prevention’s (CDC) vaccines web site at www.cdc.gov/vaccines/. Immunization survey (see Resources).

Advocate

• Talk with the patient directly and recommend indicated immunizations. Many studies have shown that a health care provider recommendation for a vaccine is one of the strongest influences on patient acceptance (2). Physician scripts for several immunizations 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 chart. Electronic medical records have proved useful with reminder systems highlighting the opportunity to immunize when patients are in the office for regularly scheduled appointments.

The American College of Obstetricians and Gynecologists (the College) is dedicated to increasing immunization rates of obstetrician–gynecologists and their patients. The most effective way to increase immunization rates among patients is for the physician to directly recommend the vaccines. The second most effective way is to implement standing orders within your practice, ensuring that every patient is offered the recommended vaccines. If your patient does not accept your recommendation initially, continue to offer immunizations to her on subsequent office visits. Live, attenuated vaccines are contraindicated for pregnant patients. However, inadvertent vaccination of a pregnant woman with a live, attenuated vaccine has not been shown to be harmful, and, thus, is not an indication for pregnancy termination.

This toolkit includes materials to help you and your staff communicate with patients about the importance of receiving recommended immunizations. The College’s Committee Opinion Number 558, Integrating Immunizations Into Practice, provides guidance on how to successfully incorporate immunizations into routine care. The supplemental guide, Immunizations and Routine Obstetric–Gynecologic Care: A Guide for Providers and Patients, provides additional in-depth resources and guidance on implementing an immunization program in your practice. If you are interested in implementing standing orders into your practice, see samples in this guide. The recently updated Immunization Coding for Obstetrician–Gynecologists 2013 provides information on how to successfully bill for immunizations given to patients and provides specific case examples. The updated laminated card, Immunization Coding for Obstetrician–Gynecologists 2013, is a handy coding reference to post in your office. If your pregnant patient has questions about receiving the flu shot, please give her a sheet of the Flu Vaccines for Pregnant Patients: Frequently Asked Questions tear pad. If your patient has questions about vaccine safety, please give her a sheet from the Patient Concerning Vaccine Safety tear pad. In addition, federal law requires that each patient receive a vaccine information statement (VIS) before receiving a vaccine. To find a VIS in more than 35 languages, please visit www.immunize.org/vist.

Set an example for your patients by getting yourself and all of your office staff vaccinated. Educate your practice team about the importance of immunizations. For up-to-date information, please encourage your staff and patients to visit the College’s Immunization web site, Immunization for Women, www.immunizationforwomen.org. We hope the enclosed materials are helpful to you, your practice team, and your patients. If you have additional questions, please e-mail us at immunization@acog.org or call 202-881-2533. If you would like additional materials, please visit us at sales.acog.org.

Sincerely,

Gerald F. Joseph Jr, MD, FACOG
Vice President, Practice Activities

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

Vice President, Practice Activities
Gerald F. Joseph Jr, MD, FACOG
Telephone: 202-863-2577 Fax: 202-863-4090 Email: gjo@acog.org

May 2013

Dear Colleague:

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Sincerely,

Gerald F. Joseph Jr, MD, FACOG
Vice President, Practice Activities

409 12th Street SW, Washington, DC 20024-2188 Mailing Address: PO Box 76920, Washington, DC 20090-6920 Telephone: 202-863-5077 www.acog.org
Immunization Coding for Obstetrician–Gynecologists 2013

Table 1. CPT Codes for Vaccine Administration [Single or Combination Vaccine/Toxoid]

<table>
<thead>
<tr>
<th>Code</th>
<th>Method</th>
<th>Route of Administration</th>
<th>Type of Service</th>
<th>Reporting Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>90450</td>
<td>Any route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Primary</td>
<td>Report only one primary vaccine administration per visit. Report administration of first vaccine if not administered previously. Physician also provides vaccination. Patient is age 10 years or younger.</td>
</tr>
<tr>
<td>90461</td>
<td>Any route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Each additional</td>
<td>Report for secondary or subsequent vaccine administration per day. Physician also provides vaccination. Patient is age 10 years or younger.</td>
</tr>
<tr>
<td>90477</td>
<td>Intradermal</td>
<td>Intradermal or oral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90477</td>
<td>Intradermal</td>
<td>Intradermal or oral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Medicare’s HCPCS Codes for Vaccine Administration

<table>
<thead>
<tr>
<th>Code</th>
<th>Vaccine</th>
<th>Specific Method</th>
<th>Type of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0609</td>
<td>Trivalent</td>
<td>Injection</td>
<td>Primary</td>
</tr>
<tr>
<td>G0610</td>
<td>Quadrivalent</td>
<td>Injection</td>
<td>Primary</td>
</tr>
</tbody>
</table>

Table 3. Vaccines Commonly Administered to Adolescents and Adults

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Code for Vaccine/Toxoid</th>
<th>Administration Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV virus, type A16, A18, A33, 31 (vaginal), Tdap vaccine, B1</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Influenza virus, strains a, b, c, each</td>
<td>40000</td>
<td>0477-04000</td>
</tr>
<tr>
<td>Influenza virus, strains a, b, c, each 2 doses of age 10-24 years, B1</td>
<td>40000</td>
<td>0477-04000</td>
</tr>
<tr>
<td>Influenza virus, strains a, b, c, each 2 doses of age 25-49 years, B1</td>
<td>40000</td>
<td>0477-04000</td>
</tr>
<tr>
<td>Influenza virus, strains a, b, c, each 2 doses of age 50 years or older, B1</td>
<td>40000</td>
<td>0477-04000</td>
</tr>
<tr>
<td>Measles, mumps, rubella, inactivated virus, B1</td>
<td>20704</td>
<td>0468-02004</td>
</tr>
<tr>
<td>Measles-mumps-rubella (MMR) vaccine, B1</td>
<td>20704</td>
<td>0468-02004</td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine, type A, C, Y, W-135</td>
<td>20704</td>
<td>0468-02004</td>
</tr>
<tr>
<td>Rheumatic fever vaccination, for children 2 years of age or older, B1</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Tetanus vaccine, inactivated</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Tetanus vaccine, adsorbed</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids, adsorbed, inactivated, tetanus toxoid, for children, B1</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Tetanus, diphtheria toxoids and acellular pertussis (Tdap, perten)</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
<tr>
<td>Zoster (shingles), live, oral vaccine</td>
<td>02004</td>
<td>0471-02004</td>
</tr>
</tbody>
</table>
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
# Adult & Pregnancy Immunization Record Card

## Adult Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type given</th>
<th>Date given</th>
<th>Health care professional or clinic name</th>
<th>Date next dose due</th>
<th>Lot #</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and pertussis (DTaP, Td, or Tdap)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All people aged ≥6 months and older should receive an annual influenza vaccination. Distributed by the American College of Obstetricians and Gynecologists. www.immunizationforwomen.org.

## Adult Immunization Record

Keep this record with you at all times and present it to your health care provider prior to receiving any vaccination.

## Adult Vaccines (continued)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type given</th>
<th>Date given</th>
<th>Health care professional or clinic name</th>
<th>Date next dose due</th>
<th>Lot #</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meningococcal</td>
<td></td>
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<td></td>
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<tr>
<td>Pneumococcal</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Vaccines Indicated in Pregnancy

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type given</th>
<th>Date given</th>
<th>Health care professional or clinic name</th>
<th>Date next dose due</th>
<th>Lot #</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, and pertussis (Tdap preferred)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (given annually, safe in any trimester)</td>
<td></td>
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</tr>
</tbody>
</table>

*Can be administered in pregnancy when certain risk factors are present.
**Patients FAQ Tear Pads**

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**Frequently Asked Questions for Patients Concerning Vaccine Safety**

**How does getting vaccinated during pregnancy protect my unborn baby?**

Newborns cannot receive many vaccines until 2-6 months of age. Some of the protection from the vaccine that you get is transferred to your baby during pregnancy. This helps protect your baby from illness during the first months of life.

**How do I know what vaccines I need?**

Discuss the vaccines that you will have had with your health care provider. Your health care provider will recommend the vaccines you need based on your medical history and lifestyle. If you do not receive recommended vaccines during pregnancy, you should get them immediately after your baby is born.

**Are vaccines safe for me? Are vaccines safe for my baby?**

Vaccines are one of the most important things you can do to protect your baby. Vaccines help protect you and your baby from serious illnesses and complications of the flu. The flu shot given during pregnancy helps protect infants younger than 6 months who are too young to be vaccinated and have no other way of receiving influenza antibodies. The flu shot has been given to millions of pregnant women over many years, and flu shots have been known to be safe for pregnant women and their babies.

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**Flu Shot for Pregnant Patients: Frequently Asked Questions**

I am pregnant. Is is recommended to receive the inactivated influenza vaccine (Flu shot)?

Yes. Flu shots are safe and effective and are designed to protect you and your baby from serious illnesses and complications of the flu. The flu shot given during pregnancy helps protect infants younger than 6 months who are too young to be vaccinated and have no other way of receiving influenza antibodies. The flu shot has been given to millions of pregnant women over many years, and flu shots have been known to be safe for pregnant women and their babies.

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**La vacuna contra la gripe para pacientes embarazadas: preguntas frecuentes**

**¿Estás embarazada? ¿Te recomienda que reciba la vacuna inactivada contra la gripe?**

Sí. La vacuna contra la gripe es una manera efectiva y segura de protegerse y proteger a su bebé contra una enfermedad grave como la gripe y contra sus complicaciones. La vacuna contra la gripe inactivada se administra durante el embarazo. Se ha demostrado que es segura para las mujeres embarazadas y sus bebes. La vacuna se administra a mujeres de todas las edades durante el embarazo.

**¿Qué se recomienda que haga si se enferma de la gripe?**

Si se enferma de la gripe, debe buscar atención médica de inmediato. La gripe puede ser muy grave para las mujeres embarazadas y sus recién nacidos. Se recomienda que consulte con su médico sobre su situación y que siga sus recomendaciones.

**¿Cuándo se recomienda recibir la vacuna contra la gripe?**

La vacuna contra la gripe se recomienda a mujeres embarazadas antes de la cosecha de la temporada de la gripe. La vacuna contra la gripe se recomienda a mujeres embarazadas durante el embarazo para proteger a su bebé de la gripe. La vacuna contra la gripe se recomienda a mujeres embarazadas durante el embarazo para proteger a su bebé de la gripe. La vacuna contra la gripe se recomienda a mujeres embarazadas durante el embarazo para proteger a su bebé de la gripe.
Physician Script on Influenza Immunization During Pregnancy

All women should receive the influenza vaccine; this is particularly important during pregnancy and the postpartum period. The influenza vaccination is an essential element of prenatal care because pregnant women are at an increased risk of serious illness and mortality due to influenza. In addition, maternal vaccination is the most effective strategy to protect newborns because the vaccine is not approved for use in infants younger than 6 months.

- Only the inactivated influenza vaccine is recommended during pregnancy. Live, attenuated influenza vaccine, which is given as a nasal spray, is contraindicated for pregnant women.
- Indirect administration of the live, attenuated influenza vaccine during pregnancy has not been shown to be harmful. The live, attenuated influenza vaccine is safe to administer postpartum and to family members.
- It is safe for pregnant women to receive a vaccine with thimerosal. Thimerosal, a mercury-containing preservative used in multidose vials, has not been shown to cause any adverse effects except for occasional local skin reactions.
- There is no scientific evidence that thimerosal-containing vaccines cause adverse effects in children born to women who received vaccines with thimerosal.
- Some women may still be concerned preservative-free single-dose influenza vaccines are available from certain manufacturers.
- It is required by law for you to give your patients a Vaccine Information Statement upon receiving an immunization. Vaccine Information Statement forms can be found in multiple languages at www.immunize.org/en/.
- Multiple studies show that the most effective way to increase your patients’ vaccination acceptance rate is for you to directly recommend and provide the vaccine. Talk to your patients about the flu shot today. Here is a script for your consideration:

  “I strongly recommend you get the flu shot today. I offer the influenza vaccine to all of my pregnant patients and non-women who are considering becoming pregnant. The vaccine is safe and effective for pregnant women. The risks of getting sick with the flu are far greater for a pregnant woman and her baby than the possibility of having a complication from the vaccine. The flu shot will protect you as well as your baby in the first 6 months of life from getting the flu. Your family members who have contact with your newborn also should be vaccinated.”

RESOURCES


Coding Information on Influenza Immunization for Pregnant Patients

<table>
<thead>
<tr>
<th>CPT Codes for Vaccine Administration</th>
<th>Route of Administration</th>
<th>Type of Service</th>
<th>Reporting Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>90471</td>
<td>Injection</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Primary</td>
</tr>
<tr>
<td>90460</td>
<td>Any route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Primary</td>
</tr>
<tr>
<td>90461</td>
<td>Any route</td>
<td>Percutaneous, intradermal, subcutaneous, or intramuscular</td>
<td>Additional</td>
</tr>
</tbody>
</table>

Influenza Vaccines Administered to Adolescents and Adults

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Code for Vaccine Product</th>
<th>CPT Administration Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza virus, split, preservative free, patients 3 years of age and older, intramuscular</td>
<td>90658</td>
<td>90471-90472</td>
</tr>
</tbody>
</table>

For more information, please visit the Coding action on the Immunization for Women web page, http://www.immunizationfoundation.org/immunization_facts/seasonal_influenza. No recommendation is intended to replace the only, or necessary, the best, coding former or method for the situations discussed, but rather is an approach, view statement, or approach that may be helpful to persons interested for guidance and principle coding. The information and publication should not be construed as the College policy or procedures, nor as standards of care. The American College of Obstetricians and Gynecologists reserves the right to reproduce or adapt materials, expressed or implied, regarding the accuracy of the editorial content contained herein. The College assumes any liability or responsibility for any consequences resulting from influence related to any use of or reliance on this material.
Updated Tdap Tool Kit: September 2013

• Distributed to over 35,000 practicing ob-gyns in the US
• Joint letter from ACOG and Every Child By Two (ECBT)
• Frequently Asked Questions tear pad for patients
• Physician Script
• Laminated coding guide
• Revised Tdap Committee Opinion
• ECBT Fact Sheet
• ECBT Poster

Tool kit is available electronically on the Immunization for Women website!
Human Papillomavirus Vaccination

ABSTRACT: The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention recommends that human papillomavirus (HPV) vaccination routinely be targeted to females and males aged 11 years or 12 years as part of the adolescent immunization platform to help reduce the incidence of anogenital cancers and genital warts associated with HPV infection. The quadrivalent HPV vaccine is approved for use in males and females, whereas the bivalent HPV vaccine is approved for use only in females. For those not vaccinated at the target age, catch-up vaccination is recommended up to age 26 years. The American College of Obstetricians and Gynecologists endorses these recommendations. Although obstetrician–gynecologists are not likely to care for many patients in the initial HPV vaccination target group, they have the opportunity to educate mothers about the importance of vaccinating their children at the recommended age and to vaccinate adolescent girls and young women during the catch-up period. Obstetrician–gynecologists should advise parents and parents that HPV vaccines are most effective in preventing genital cancers when administered before the onset of sexual activity. However, sexually active individuals can receive some benefit from the vaccination because exposure to all HPV types prevented by the vaccines is unlikely in persons aged 13 years through 26 years. Although HPV infection in pregnancy is not recommended, neither is routine pregnancy testing before vaccination. Lactating women can receive either HPV vaccine. The need for ongoing cervical cytology screening should be emphasized for women aged 21 years and older, even those who received HPV vaccination before the onset of sexual activity.

Human papillomavirus (HPV) is a group of more than 120 different viruses. Infections with HPV are associated with the development of anogenital cancers (including cervical, vaginal, vulvar, and anal), as well as genital warts. Approximately 40 HPV genotypes are primarily sexually transmitted from person to person (e.g., genital–genital contact, oral–genital contact, and sexual intercourse) and infect the oral, anogenital, or genital areas of men and women. However, only 13 genotypes have been shown to cause cervical cancer (1). Approximately 70% of all cases of cervical cancer are caused by HPV genotypes 16 and 18, and 40% of cases of genital warts are caused by HPV genotypes 6 and 11 (2).

Each year in the United States, cervical cancer is diagnosed in more than 12,000 women, and nearly 4,000 die from the disease (3). In addition, there are more than 1 million cases of abnormal cytology screening results that require evaluation (4, 5). Although the implementation of cervical cytology screening programs and treatment of precancerous lesions has led to a decrease in deaths from cervical cancer in the United States, such deaths still occur. Approximately one half of all cases of cervical cancer are found in women who have never had a Pap test, and another 10% occur in patients who have not had one within the past 5 years (6). Both ongoing cervical cytology screening and HPV vaccination are needed to help reduce these deaths.

Human papillomavirus vaccination can also help reduce the incidence of other anogenital cancers and genital warts and may decrease the incidence of oropharyngeal cancer. Each year in the United States, HPV is believed to cause approximately 2,400 cases of vulvar and vaginal cancer, 1,400 cases of anal cancer, 360,000 cases of genital warts, and more than 8,400 cases of oropharyngeal cancer.

HPV Resources
Evaluation

• PRAMS data in 29 states in 2009-10 found influenza/H1N1 immunization rates for pregnant women increased from 15% to 47%/40%.*
• Rate maintained in 2010-11, 2011-12**†
• Preliminary rates in 2012 showed sustained rates.§
• 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 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
‡http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm
§MMWR September 28, 2012;61(8):758-763
Immunization Activity Evaluation

- **Pre-Survey to Fellows**
  - All-inclusive survey
  - January 2013 to help determine:
    - If practices are receiving and reviewing ACOG immunization materials
    - How many practices offer flu/Tdap
    - Usefulness of ACOG materials
    - What are the barriers to immunization?

- **Post-Survey to Fellows**
  - After mailing
    - Did you receive the mailing?
    - Did it meet your expectations?
    - Did it provide useful materials to increase vaccination at your practice?
    - What can we do moving forward?
Focus Group: ACM May 2012

Received feedback on print mailings from focus group of ACOG members

• How many provide patient education around immunization? 100%
• How many provide printed material to your patients on immunization? 100%
• How many remember receiving either of the two immunization educational materials' mailings? 86%
• Would you use these materials in your practice? Yes 100%
Focus Groups ACM May 2013

Through these focus groups we explored the type of materials our members wanted, and the usefulness of our recent initiatives

**Immunizers**

- 25% of respondents want printed materials for themselves.
- 75% of respondents want printed materials for their patients.
- 75% of respondents are familiar with the College's immunization toolkits.
- 50% of respondents have read the materials in the toolkits.
- General Consensus: printed materials are useful for patients but not for providers. Providers want access online and the option to print off-line if they want.

**Non-Immunizers**

- 100% of participants remember getting the immunization toolkits;
- 2/3 of participants read the tool kits
- Participants have found that the toolkits are simple to follow, and easy for their patient population to read.
- Participants do not like that they have to pay for additional materials (tear pads etc).
- 100% of respondents would like to have staff training around immunization, and have it tied into scope certification. The suggestion was made that this training could be offered as a webinar.
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
How can we help?

• Connecting Adult Immunization Coordinators with ACOG District and Section staff
• Work with ACOG National (for Nationally targeted projects)
• Share ACOG immunization resources when developed
Contact Information

Immunization Program General:
immunization@acog.org

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

Sarah Patterson, Immunization Program Manager
spatterson@acog.org

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