

## National Adult and Influenza Immunization Summit (NAIS)

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## Background: National Adult and Influenza Immunization Summit

- Multi-sector coalition of organizations working toward increasing uptake of ACIP-recommended adult vaccines and influenza vaccine for all ages
- Started in 2000 in response to influenza vaccine supply issues
- Leadership: CDC, U.S. Department of Health and Human Services' National Vaccine Program, and Immunize.org
- Governed by Memorandum of Understanding
- Summit Organizing Committee provides input on priorities and in-person meeting agendas
- Over 130 public and private organizations

## Summit Organizing Committee

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American Association of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Medical Association
- American Nurses Association
- American Pharmacists Association
- AMGA
- Centers for Disease Control and Prevention
- Gerontological Society of America
- Immunize.org
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- The Joint Commission
- U.S. Department of Health and Human Services' National Vaccine Program

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## Challenges For Adult Immunization Compared to Pediatrics

- **Adults see many different providers and some have no primary care provider**
  - Challenges with knowing which vaccines someone has had and who is “responsible” for ensuring adults are up-to-date
- **Vaccinations less integrated into routine adult care**
  - Acute issues take precedence over preventive care
- **Complex payment landscape**
  - Private insurance covers vaccines on adult schedule
  - Variable coverage and provider payment by vaccine and for vaccine administration by state for Medicaid
  - Some vaccines covered by Medicare Part B vs Part D
    - Part D vaccines more challenging for non-pharmacist providers to bill
  - No “Vaccines for Adults” program to vaccinate uninsured adults
- **Few vaccine requirements for adults**
  - E.g., school vaccine requirements a facilitator for children
- **Complex adult vaccination schedule with many risk-based (vs age-based) recommendations**

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**Table 1** COVID-19 vaccination recommendations have changed. Find the latest recommendations at [www.cdc.gov/covid/schedule](http://www.cdc.gov/covid/schedule). Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2023

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
COVID-19	2- or 3- dose primary series and booster (See Notes)			
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
Meningitis, mumps, rubella (MMR)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)			
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)			
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition			
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Hemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

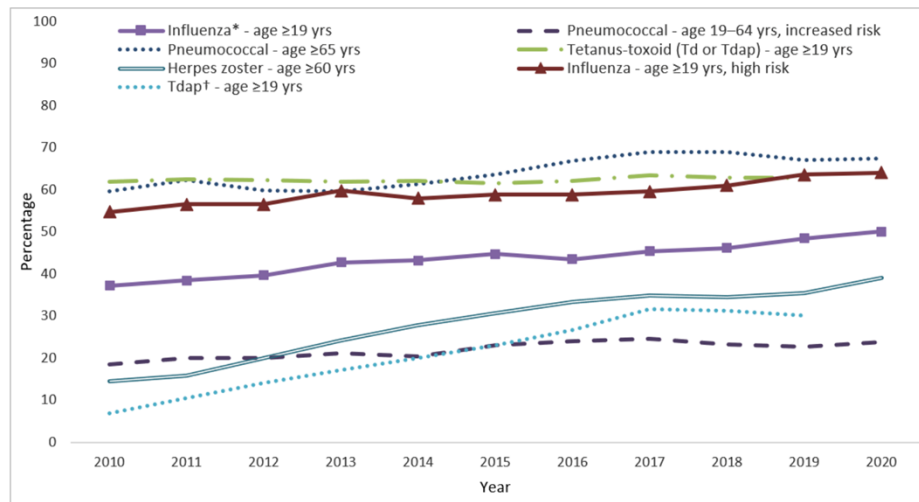
**Table 2** Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2023

Vaccine	Pregnancy	Immuno-compromised (including HIV Infection)	HIV Infection CD4 percentage and count <11% or <200 mm <sup>3</sup>   ≥11% and ≥200 mm <sup>3</sup>	Asplenia, complement deficiencies	End-stage renal disease, or on hemodialysis	Heart or lung disease; rheumatoid arthritis	Chronic liver disease	Diabetes	Health care personnel <sup>a</sup>	Men who have sex with men
COVID-19	See Notes									
IIV4 or RIV4 or LAIV4	Contraindicated									
Tdap or Td	1 dose Tdap each pregnancy; 1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Contraindicated <sup>b</sup>									
VAR	Contraindicated <sup>b</sup>									
RZV	2 doses at age ≥19 years									
HPV	Not recommended <sup>c</sup>									
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)									
HepA	2, 3, or 4 doses depending on vaccine									
HepB	3 doses (see notes)									
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations									
MenB	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib	3 doses (see notes)									

Legend: Yellow = Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Purple = Recommended vaccination for adults with an additional risk factor or another indication. Light blue = Recommended vaccination based on shared clinical decision-making. Grey = No recommendation/Not applicable. Orange = Contraindicated or not recommended. Red = Precavation-vaccination might be indicated if benefit of protection outweighs risk of adverse reaction. \*Vaccinate after pregnancy. <sup>a</sup>Precavation for LAIV4 does not apply to alcoholism. <sup>b</sup>See notes for influenza, hepatitis B, measles, mumps, and rubella and varicella vaccinations. <sup>c</sup>Hematopoietic stem cell transplant.



**FIGURE.** Estimated proportion of adults aged ≥19 years who received selected vaccines, by age group and risk status — National Health Interview Survey, United States, 2010–2020



Abbreviations: Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid,

## Recent Progress to Improving Adult Vaccination Implementation

- **I.R.A. – Inflation Reduction Act**
  - Requires no out-of-pocket costs for patients getting ACIP recommended vaccines for Medicare Part D vaccines and for persons on Medicaid
  - Prior to I.R.A., Affordable Care Act required private insurance to include coverage for all ACIP recommended vaccines on the adult schedule without cost sharing
- **Improvements in reporting adult vaccination to immunization information systems due to COVID-19**
- **Two quality measures**
  - Maternal immunization measure
  - Adult composite measure

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## Strategies for Improving Adult Immunizations Through NAIS Partner Engagement

- **COMMUNICATE** (identify issues of concern and possible solutions)
- **COORDINATE** (identify shared key principles and goals)
  - Opportunities to leverage all partners to respond to national questions about flu and adult vaccination
- **MOTIVATE** (through showcasing/recognizing successful and innovative practices and programs)
  - NAIS Immunization Excellence award winners' information: [www.izsummitpartners.org/2022-immunization-excellence-awards/](http://www.izsummitpartners.org/2022-immunization-excellence-awards/).
- **SHARE** developed tools and modification and use by others



## Activities of NAIIS

- Convene adult and influenza immunization stakeholders
  - Typically one in-person meeting annually
  - Working groups meet remotely as needed
  - Weekly webinars
- Facilitate identification of issues facing stakeholders and actions that may lead to improvements in uptake of ACIP recommended vaccines
- Develop tools to help address identified needs to improve vaccine implementation




## Standards for Adult Immunization Practice

- Need to update recognized by NAIIS members given low adult vaccine coverage
- Working group formed including state and local public health, professional societies and others
- NAIIS working group draft shared with NVAC which revised and published as NVAC Standards for Adult Immunization Practices in 2014
- NAIIS member organizations promoted to their memberships and signed on as supporting organizations

### REPORTS AND RECOMMENDATIONS

#### **Recommendations from the National Vaccine Advisory Committee: Standards for Adult Immunization Practice**

## National Adult and Influenza Immunization Summit (NAIIS) Call to Action – 2021



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention (CDC)  
Atlanta, GA 30329-4027

### Standards for Adult Immunization Practice

August 23, 2021

### Majority of U.S. Adults Are Missing Routine Vaccinations

A Call to Action to Protect All Adults from Vaccine-Preventable Disease and Disability

Dear Colleagues,

Vaccinations are critical components of routine healthcare for adults. They provide protection against severe illness, disability, and death from 15 different infectious diseases such as influenza, pneumococcal diseases, herpes zoster (shingles), hepatitis A, hepatitis B, HPV-related cancers, tetanus, and pertussis (whooping cough). The enormous impact of COVID-19 vaccines on reducing illnesses, hospitalizations, and deaths further demonstrates the immense value of vaccines.

Despite the tremendous benefits of vaccines, at least 3 out of every 4 adults are missing one or more routinely recommended vaccines. Given the recognized health benefits of all vaccinations and low rates of adult vaccination, made worse by the COVID-19 pandemic, the National Adult and Influenza Immunization Summit (NAIIS) members call on providers across the healthcare spectrum to take actions to improve vaccination of adults.

Specifically, NAIIS calls on all clinicians and other healthcare providers, such as pharmacists, occupational health, and clinical subspecialties, to follow the National Vaccine Advisory Committee's (NVAC) Standards for Adult Immunization Practice including:

- Assess the vaccination status of patients at all clinical encounters, even among clinicians and other providers who do not stock vaccines.
  - Utilize a jurisdiction's immunization information system (IIS) to view patients' prior vaccinations to support vaccine needs assessment.
- Identify vaccines patients need, then clearly recommend needed vaccines.
- Offer needed vaccines or refer patients to another provider for vaccination.
- Document vaccinations given, including in the jurisdiction's IIS.
  - Many electronic health record (EHR) systems already link to jurisdictions' IISs - providers should check with their EHR administrators.
  - Providers not already utilizing an IIS should contact their local or state immunization program to inquire about enrolling in their jurisdiction's IIS.
- Measure vaccination rates of providers' patient panels, making changes to clinic patient flow and taking other steps to address barriers to patient vaccination.

Taking these actions will help protect adults across the U.S. against preventable illness, disability, and death. Resources for implementation of the Standards for Adult Immunization Practices can be found at <https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards-for-adult-immunization-practices.html>

For a list of NAIIS members supporting the Standards, visit <https://www.summitpartners.org/adult-immunization-standards/>


<https://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html>

<https://www.isummitpartners.org/call-to-action-adult-immunizations/>

- **Assess** the vaccination status of patients at all clinical encounters
- **Identify** vaccines patients need, then clearly **recommend** needed vaccines.
- **Offer** needed vaccines or refer patients to another provider for vaccination.
- **Document** vaccinations given.
- **Measure** vaccination rates of providers' patient panels.

## Practices for safety conducting off-site vaccination clinics

- Concern raised by some NAIIS members regarding temporary non-clinic workplace vaccination clinics and need for detailed guidance
- Resulted in checklist for such clinics, cleared by CDC in ~2016, with input from NAIIS Influenza Working Group
- This guidance became key tool for planning off-site, safe COVID-19 vaccination clinics



This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage,

### Ten Principles for Holding Safe Vaccination Clinics at Satellite, Temporary, or Off-Site Locations

During All Stages (Pre-Clinic, During the Clinic, and Post-Clinic)

1. **Keep vaccines at the correct temperature at all times** using proper procedures for vaccine transport, handling and storage. Document temperature monitoring at appropriate intervals during all stages. For further guidance: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)

Frequently Asked Questions about the National Adult and Influenza Immunization Summit "Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations" and Pledge for Implementing the Checklist

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# Addressing potential financial and other barriers for patients and providers

**Strategies to Address Policy Barriers to Adult Immunizations in Federally Qualified Health Centers**



SEPTEMBER 2019



National Adult and Influenza Immunization Summit

## Reasons to Invest in Adult Vaccination Implementation

The National Adult and Influenza Immunization Summit ([www.izsummitpartners.org](http://www.izsummitpartners.org)), a national coalition representing over 130 organizations, compiled the information below to inform healthcare organizations and providers about the importance of adult immunization for population health, the financial feasibility of adult vaccination implementation, and implementation strategies.

## Top Questions on Coding and Billing for Vaccines: Avoiding Common Errors

The Summit Provider and Access Workgroup surveyed partners and compiled the following Top Questions associated with coding and billing for adult vaccines. Click on each question to view the helpful guidance that has been developed for each of these questions.

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# Keeping NAIS organizations informed and developing tools

## Using Immunization Information Systems (IMMUNIZATION REGISTRIES)



The Benefits for Pharmacists and their Adult Patients

## Using Immunization Information Systems (IMMUNIZATION REGISTRIES)



The Benefits for Clinicians and their Adult Patients

## QUICK GUIDE TO ADULT VACCINE MESSAGING



### Get Adults' Vaccinations Back on Track

**Tip sheet** for providers on new CDC adult vaccine recommendations and tools to help adults catch up on needed vaccinations



National Adult and Influenza Immunization Summit

At least 3 out of every 4 adults are behind on routine vaccines like influenza (flu), tetanus (Td/Tdap), hepatitis A, and HPV. In addition, COVID-19 vaccine recommendations continue to evolve, and new changes were made to hepatitis B, shingles, pneumococcal, and flu vaccine recommendations since 2021.

VACCINE	NEW RECOMMENDATION	BRAND NAME(S)	DOSING
Hepatitis B	Everyone 19-59 years. ≥60 years who want vaccination or have high-risk indication.	Engerix-B, Twinrix, PreHevbrio, Heplisav-B	2- or 3-dose series depending on brand
Zoster (shingles)	Everyone ≥50 years. ≥19 years immunocompromised.	Shingrix	2-dose series
Pneumococcal	Everyone ≥65 years. ≥19 years immunocompromised or high-risk medical condition.	Vaxneuvance (PCV15), Pevnarzo (PCV20), Pneumovax 23 (PPSV23)	Either PCV15 then PPSV23 one year later or one dose PCV20
Preferred flu vaccines for adults ≥65 years	≥65 years: give flu vaccines preferred by CDC for this age group. If not available, give any age-appropriate flu vaccine.	Fluad (adjuvanted), Fluzone High-Dose (inactivated), or Flublok (recombinant)	Annual vaccination

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## Examples of priority issues identified during November 2022 NAIIS in-person meeting

- Continue to support work of community organizations beyond the pandemic and to improve confidence and interest in adult vaccinations
- Encouraging use of maternal and adult composite quality measures
- Continue reporting of adult vaccinations to immunization information systems as a key information needed for vaccine needs assessment and adult vaccination catch-up
- Supporting providers in incorporating new vaccines as the adult vaccine schedule expands

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## Getting the Most Out Of NAIIS May 2023 Meeting

- Get inspired!
- Please ask questions
- Participate actively in the breakout groups
- Meet other groups that may support your efforts or collaborate
- Provide post-meeting feedback
- Get involved in a priority activity to be determined based on discussions at this meeting
- Join the NAIIS and get notifications about NAIIS Thursday 3 PM meetings and special webinars. <https://www.izsummitpartners.org>.

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Thank you

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