Immunization in 2013: Navigating the New Terrain

Melinda Wharton, MD, MPH
Acting Director,
National Center for Immunization & Respiratory Diseases

Association of Immunization Managers Annual Meeting
28 November 2012
Immunization in 2013: Navigating the New Terrain

LOOKING AT THE LANDSCAPE
NO FISHING FROM BOAT DOCK
GA. FISHING LICENSE REQUIRED
The Affordable Care Act (ACA)

- New health insurance plans must provide coverage for ACIP recommended vaccines without deductibles or co-pays, when delivered by an in-network provider.
- Increase in Medicaid reimbursement rates for primary care providers to 100% of the Medicare rate in 2013-2014.
- Although some uncertainties around the ACA remain, with full implementation over the next several years we expect that the problem of the underinsured should largely be solved and financial barriers to immunization should be substantially reduced.
Immunization in 2013: Navigating the New Terrain

WHERE WE ARE

† Target is 80 percent for Rotavirus
§ Full series Hib (≥3 or ≥4 doses, depending on product type received). Brand of Hib vaccine received was not collected on the NIS prior to 2009.
Rates of PCV13-serotype IPD in children <2 years, 2006-2008 vs. 2010, 2011, and 2012- by quarter

Source: Active Bacterial Core surveillance (ABCs), unpublished
Reported Pertussis Cases – 1922-2012*

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949,
*For 2012, through week 46
## Overall VE & Duration of Protection Estimates

<table>
<thead>
<tr>
<th>Model *</th>
<th>Case (n)</th>
<th>Control (n)</th>
<th>VE, %</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall VE, All Ages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 dose</td>
<td>53</td>
<td>19</td>
<td>Ref</td>
<td>--</td>
</tr>
<tr>
<td>5 doses</td>
<td>629</td>
<td>1,997</td>
<td>88.7</td>
<td>79.4 – 93.8</td>
</tr>
<tr>
<td>Time since 5th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 doses</td>
<td>53</td>
<td>19</td>
<td>Ref</td>
<td>--</td>
</tr>
<tr>
<td>&lt; 12 months</td>
<td>19</td>
<td>354</td>
<td>98.1</td>
<td>96.1 – 99.1</td>
</tr>
<tr>
<td>12 – 23 months</td>
<td>51</td>
<td>391</td>
<td>95.3</td>
<td>91.2 – 97.5</td>
</tr>
<tr>
<td>24 – 35 months</td>
<td>79</td>
<td>366</td>
<td>92.3</td>
<td>86.6 – 95.5</td>
</tr>
<tr>
<td>36 – 47 months</td>
<td>108</td>
<td>304</td>
<td>87.3</td>
<td>76.2 – 93.2</td>
</tr>
<tr>
<td>48 – 59 months</td>
<td>141</td>
<td>294</td>
<td>82.8</td>
<td>68.7 – 90.6</td>
</tr>
<tr>
<td>60+ months</td>
<td>231</td>
<td>288</td>
<td>71.2</td>
<td>45.8 – 84.8</td>
</tr>
</tbody>
</table>

* Accounting for clustering by county and provider
Estimated Vaccination Coverage among Adolescents Aged 13-17 Years – NIS-Teen 2006-2011

*2006: HPV-1 was not reported; 2007: HPV-3 was not reported*
Estimated Vaccine Coverage Among Adults, 2010

- Pneumococcal vaccine ≥65 years – 59.7%
- Tdap, past 5 years, 19-64 years – 8.2%
- Hepatitis B vaccine, 19-49 years, high risk – 42.0%
- Herpes zoster vaccine, ever, ≥60 years – 14.4%
- HPV vaccine, ≥1 dose females 19-26 years – 20.7%
- Influenza vaccine, ≥65 years, 2010-2011 season – 66.6%

Healthcare personnel
- Tdap (<65 years, last 5 years) – 20.3%
- Hepatitis B vaccine (≥19 years, ≥3 doses) – 63.2%
- Influenza (2010-11 season) – 63.5%

National Health Interview Survey, 2010, MMWR 2012;61:66-72
http://www.cdc.gov/flu/professionals/vaccination/coverage_1011estimates.htm
Epi-Curve for Confirmed Cases of H3N2v, July 12 - October 18, 2012 (N=306)

Illness Onset Date

ACIP October 2012   Dr. Lyn Finelli
Immunization in 2013: Navigating the New Terrain

WHAT’S AHEAD
Vaccine Storage and Handling

- Urgent need for improvement in provider storage and handling practices
- Employing new science to improve storage and handling practices
- Updating guidance and training so programs can better support providers

Vaccines for Children Program: Vulnerabilities in Vaccine Management
The Information Technology Landscape

Immunization Information Systems
The Information Technology Landscape

Immunization Information Systems

Electronic Health Records
The Information Technology Landscape

Immunization Information Systems

Meaningful Use

Electronic Health Records
The Information Technology Landscape

Immunization Information Systems

Meaningful Use

Electronic Health Records

VTrcks
The Information Technology Landscape

Immunization Information Systems

Meaningful Use

Electronic Health Records

Barcodes

VTrcks
Mainstreaming HPV Vaccine

- **When in provider offices:**
  - Focus AFIX efforts on adolescent coverage
  - Emphasize importance of a strong provider recommendation, not delaying vaccination, eliminating missed opportunities
  - Promote reminder/recall for adolescents

- **Incorporate HPV vaccine in educational material for parents and in any interaction with providers**

- **Reach out to state professional organizations and immunization coalitions to help promote HPV vaccination**
An In-Network Provider for Every Person with Insurance: A Shared Responsibility

- In-network providers need to be accessible in every community
- In-network providers need to provide all recommended vaccines
- Medical organizations need to help providers learn to become immunizers
- Industry needs to help providers obtain initial vaccine stocks
- Public health departments that serve insured people need to do so as in-network providers
- Policymakers need to establish policies that facilitate these steps
Adult Immunization in the Era of Health Reform

- Partnerships to help make ACIP-recommended vaccines available to more adults
  - Retail pharmacies
  - Workplaces
  - Medicaid
  - Hospitals
  - Federally Qualified Health Centers

- Provide vaccines to uninsured adults through public health venues
  - STD clinics
  - Substance abuse programs
Section 317 Operations Funding

- These funds provide critical support for the people and systems that make immunization programs work
  - Recruiting immunization providers
  - Quality assurance and provider education
  - Surveillance of vaccine-preventable diseases
  - Response to outbreaks of vaccine-preventable diseases
  - Immunization information systems
  - Assessment of immunization coverage
  - Vaccine safety monitoring

- 317 operations funding is critical for the implementation of the Vaccines for Children Program.
Immunization in 2013: Navigating the New Terrain

THE WAY FORWARD
What It’s Going to Take

- Leadership
What It’s Going to Take

- Leadership
- Focusing on what’s critical to success
What It’s Going to Take

- Leadership
- Focusing on what’s critical to success
- Adapting to new challenges
What It’s Going to Take

- Leadership
- Focusing on what’s critical to success
- Adapting to new challenges
- Developing and supporting our workforce
What It’s Going to Take

- Leadership
- Focusing on what’s critical to success
- Adapting to new challenges
- Developing and supporting our workforce
- Developing new partnerships
Where We Want to End Up

- Protecting our communities from vaccine-preventable diseases
- Maintaining or improving our capacity to respond to public health threats
- Protecting the most vulnerable in our communities
For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov      Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Modernizing Immunization Programs

- **Information technology initiatives**
  - “Meaningful use” and interoperability of immunization information systems with electronic health records
  - Barcoding to more accurately capture vaccine type, manufacturer, lot number, and expiration date
  - Modernizing vaccine ordering and inventory management at the provider and program level

- **Using immunization information systems, electronic health records, and other technology to improve coverage**

- **Billing for vaccines administered to fully insured persons in public health clinics**