



# Immunizations Across the Lifespan

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# Objectives

- Summarize progress towards meeting the different GPRA immunization measures
- Identify at least 2 challenges in meeting the GPRA immunization measures
- List at least three strategies to improve immunization coverage

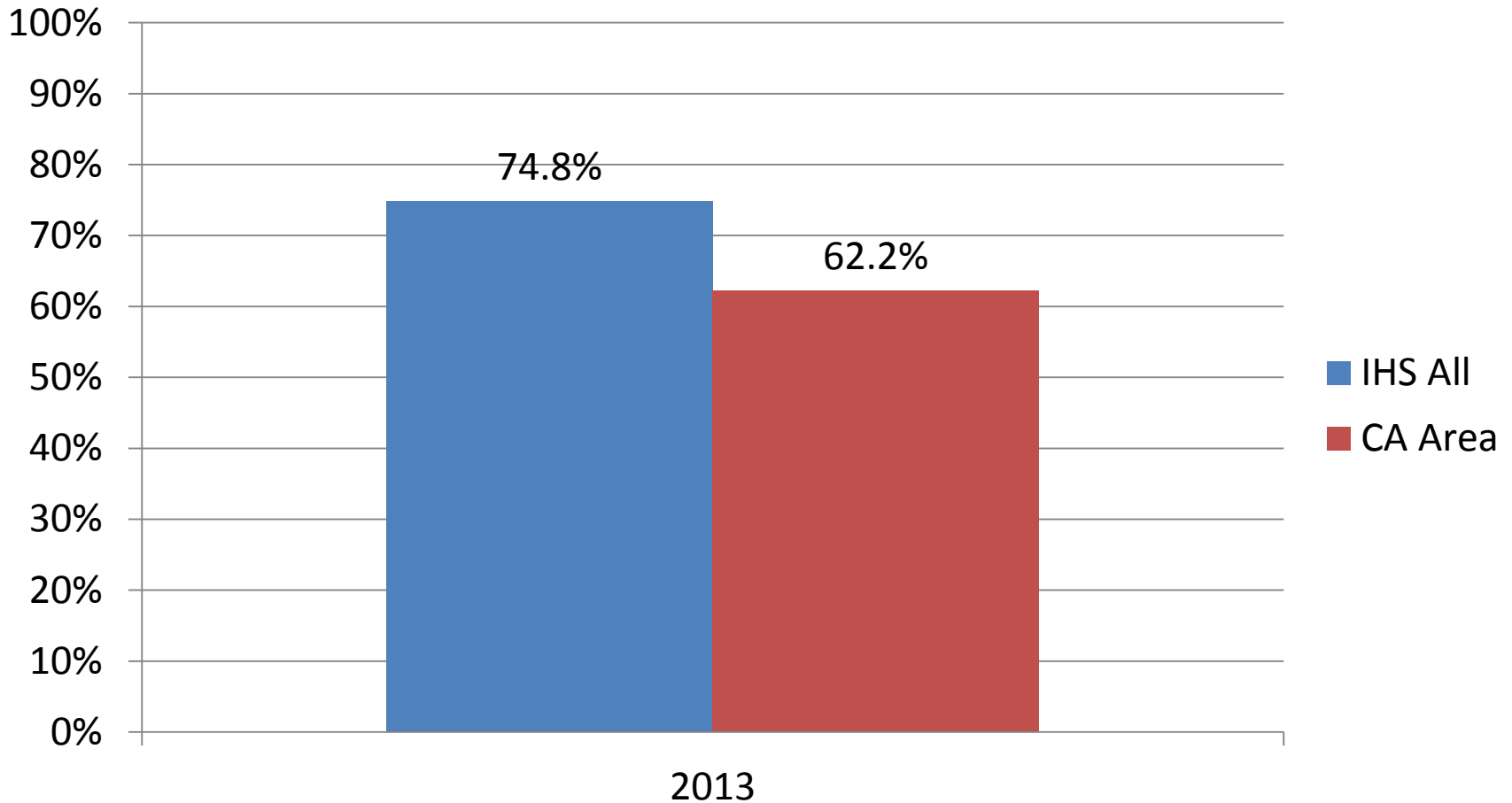
# RPMS Immunization Software

- Patch 8 - anticipated release date: end of May
- Changes:
  - New Immunization forecasting software
    - ImmServe replaced with Texas Children's Hospital (TCH) software
    - ImmServe profile now called Report text
  - Key Forecasting Changes
    - Only 1 childhood schedule supported (Done by one)
      - With or without 4 day grace period; minimum vs. recommended
    - Forecasting for Zoster and HPV for adults no longer optional
    - Flu forecasting for all patients (cannot limit to high risk)
    - High risk factor checked limited to Pneumococcal vaccine

# Recommended Schedule in Patch 8

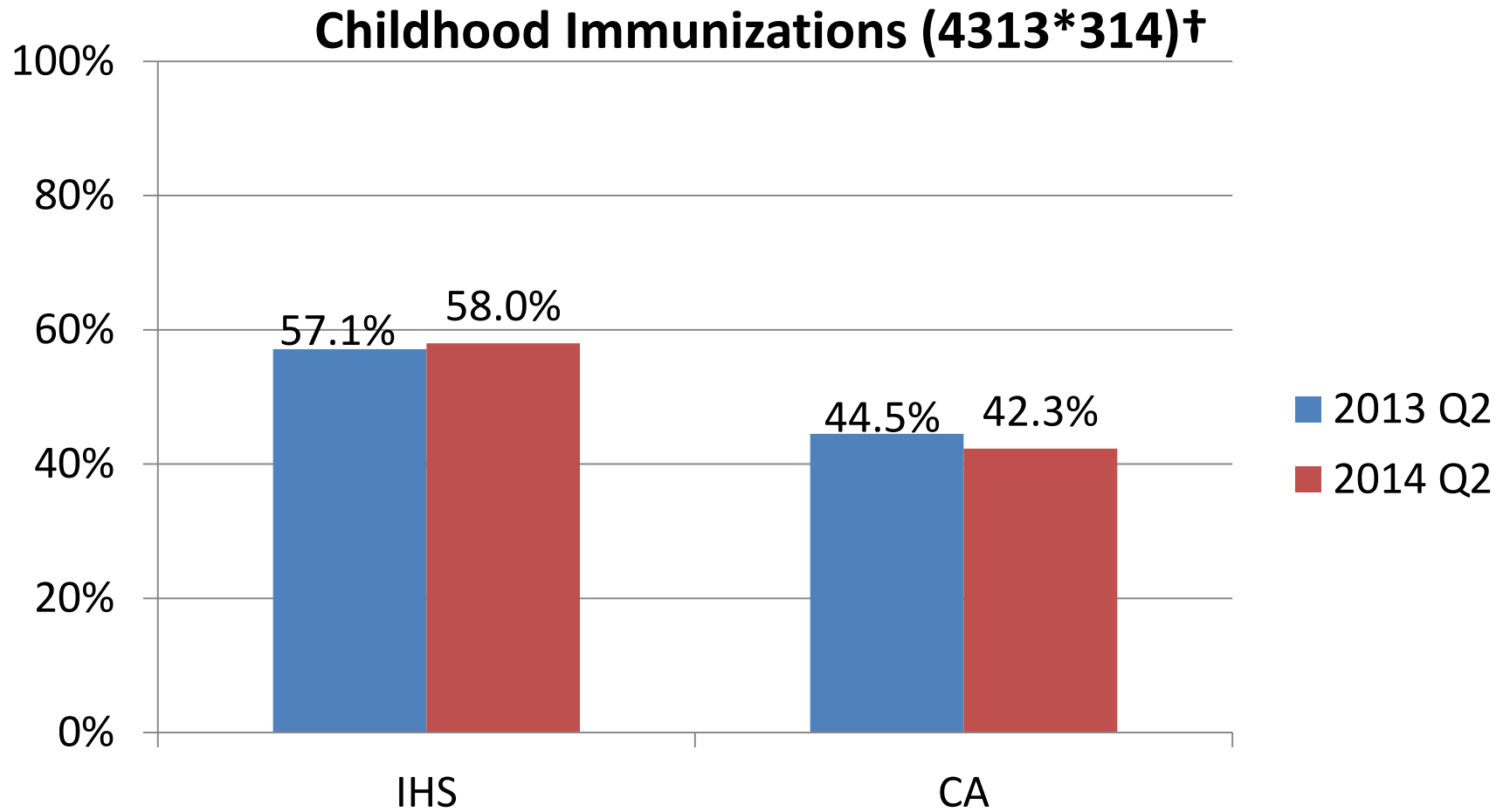
- **Childhood**
  - Primary series at 6 weeks, 4, 6 months (DTaP, Polio, Hib, Hep B, PCV, Rotavirus)
  - Remaining doses at 12 months (4<sup>th</sup> DTaP, 3<sup>rd</sup>/4<sup>th</sup> Hib; 4<sup>th</sup> PCV; MMR, VAR, Hep A)
- **Adolescent**
  - Any remaining childhood vaccines as appropriate
  - Tdap, Meningococcal, HPV for males and females at 11 years
    - Booster Mening at 16 years
- **Adult**
  - Routine
    - Tdap for those not previously vaccinated, regardless of interval with Td
    - Zoster for those 60 years and older
    - PPSV23 for those 65 years (or earlier if set up in MGR menu)
    - HPV for females 19 – 26 years, males 19-21
    - HPV for males 22 - 26 years IF first dose received after 21 years
    - Hep A and B IF previous dose given.
  - Optional
    - PPSV23 for high risk patients
- **Influenza**
  - Forecast for all ages 6 months and older, August 1<sup>st</sup> – March 31<sup>st</sup>
  - 2 doses for children as indicated

# FY 2013 GPRA Childhood Immunization\* - Baseline



\*4313(4)314 – Measure includes 3 OR 4 Hib, depending on brand

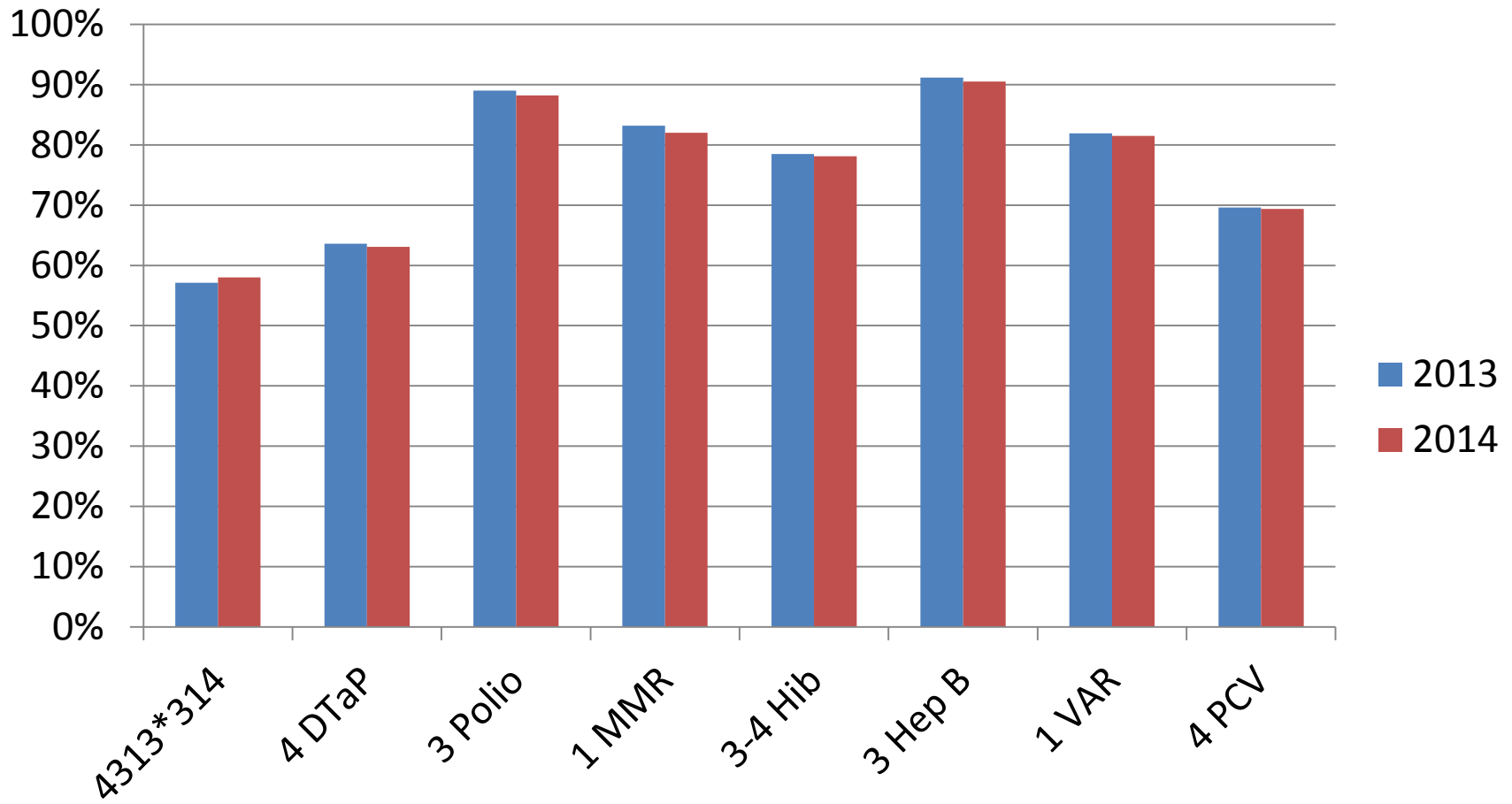
# CRS 2013 vs. 2014 – Quarter 2



†4 DTap, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 Pneumococcal conjugate  
Based on CRS Quarter 2 Data

# IHS CRS 2013 vs. 2014

## Q2 Results



***If the child needs less than 4 doses because they started late, why do they need 4 doses for GPRA?***

- The purpose of GPRA is NOT “Is the child up to date TODAY?”
- GPRA measures how we did at MEETING THE RECOMMENDATIONS
  - E.g. did the child get the vaccines as recommended
- PCV recommendation: 4 doses at 2,4,6 months, booster at 12-15 months



# PCV and GPRA

- If start late, or get off schedule, may need fewer doses,

HOWEVER

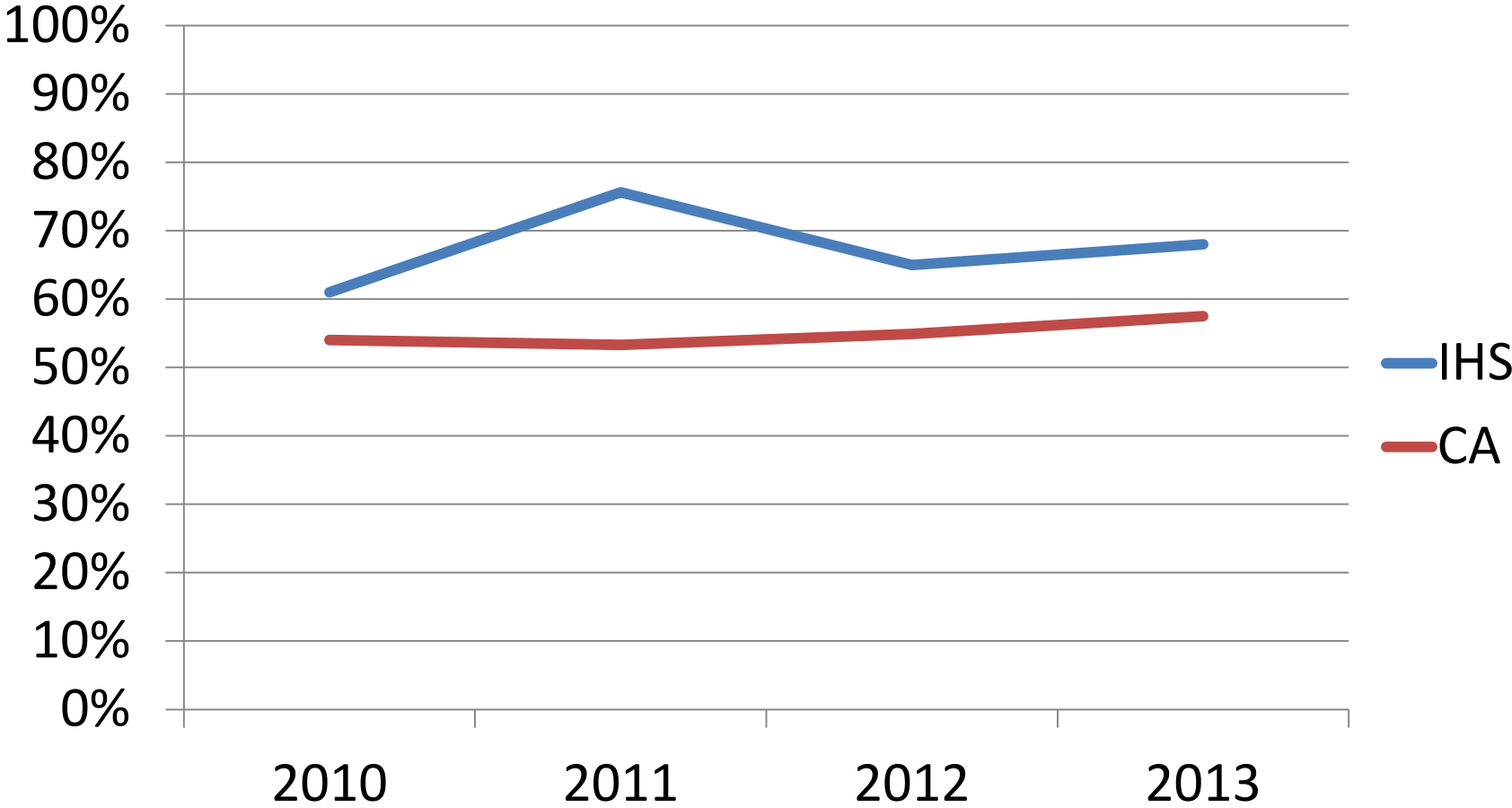
- If doses  $\neq$  4, child will show up as “Not Current” in RPMS 2 year old report

AND

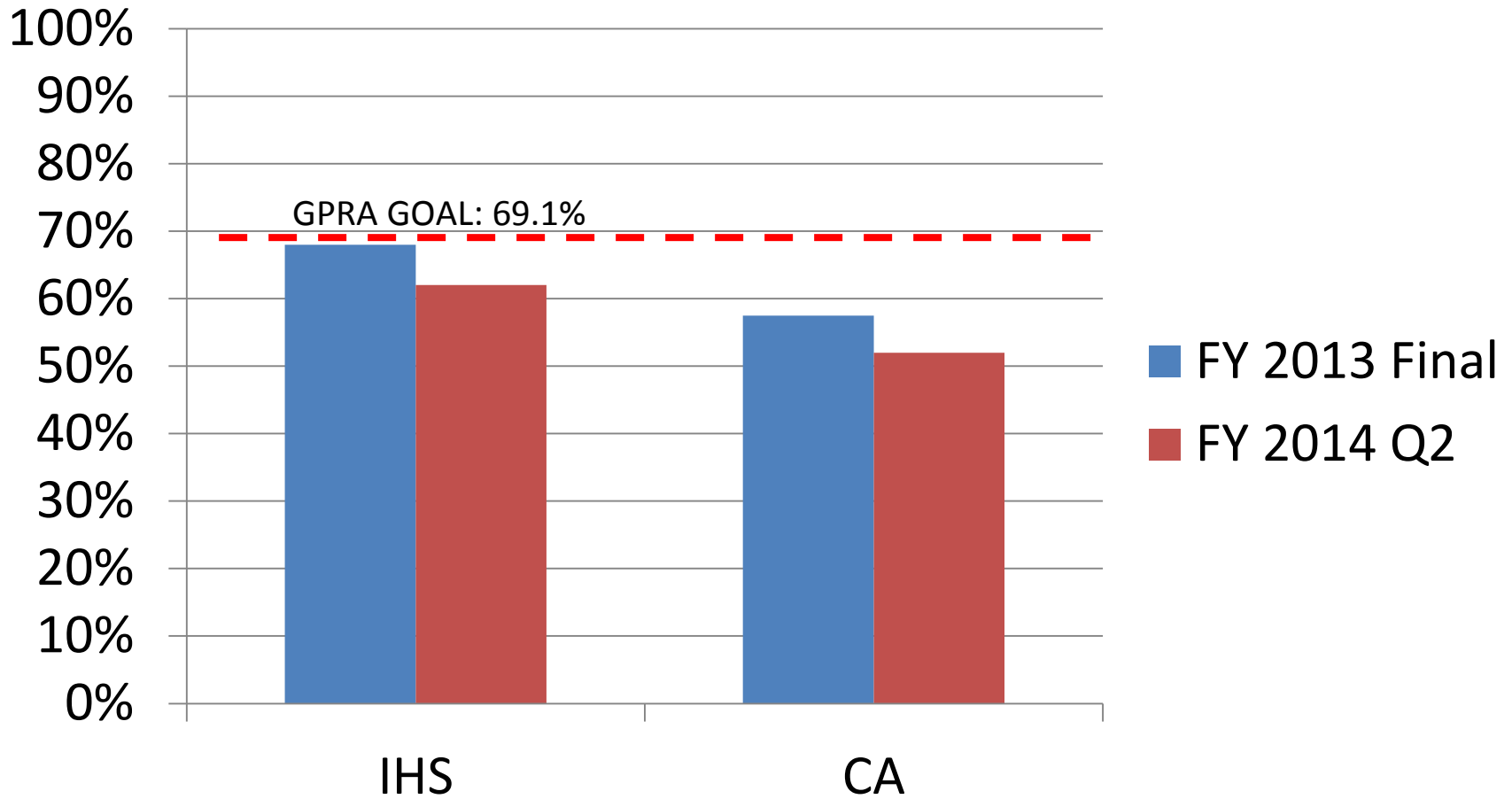
- Child will not meet the GPRA 4313\*314 measure

# **ADULT IMMUNIZATION MEASURES**

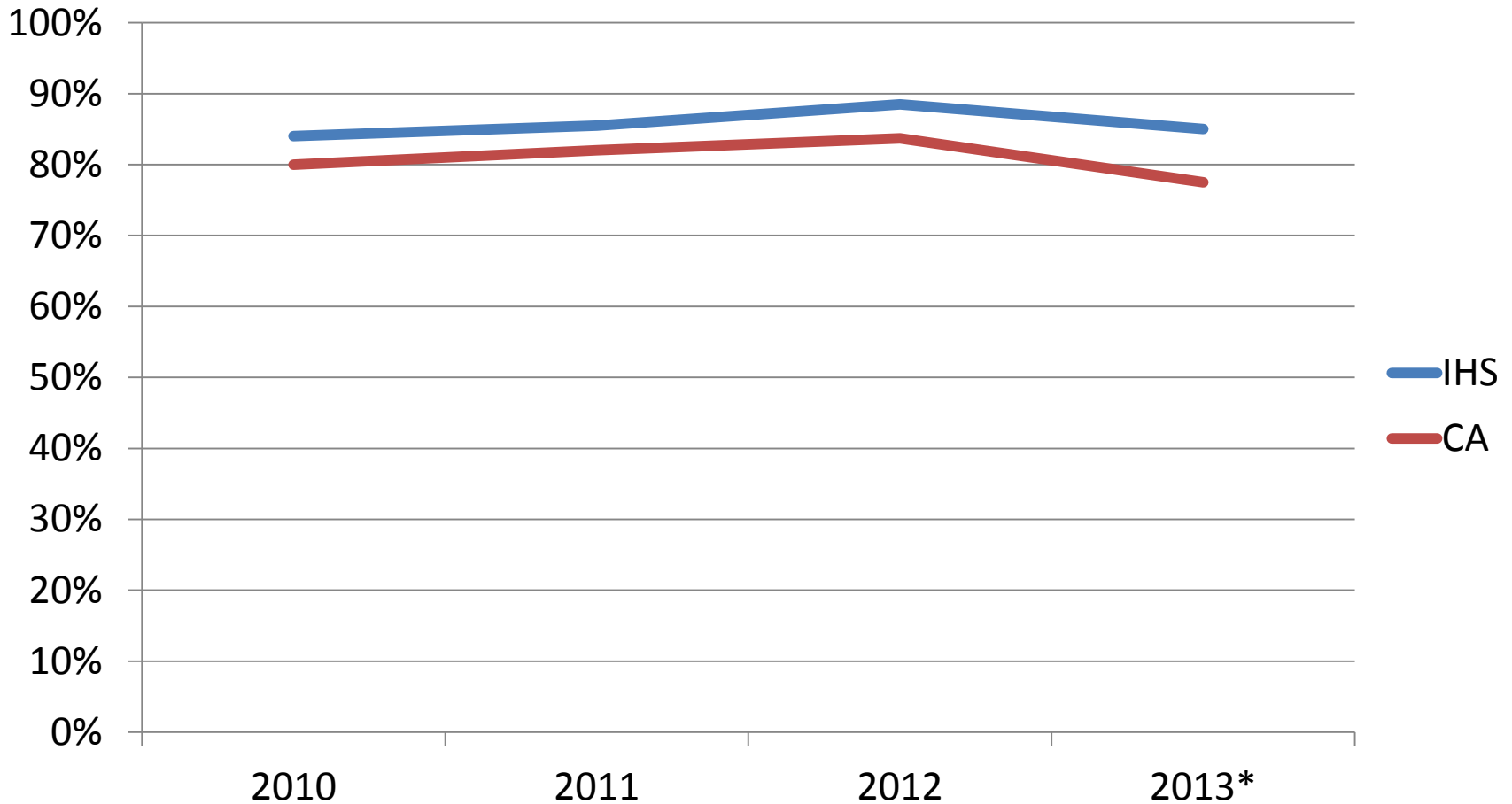
# GPRA Influenza Vaccine 65+ Years



# CRS - Influenza Vaccine 65+ Years

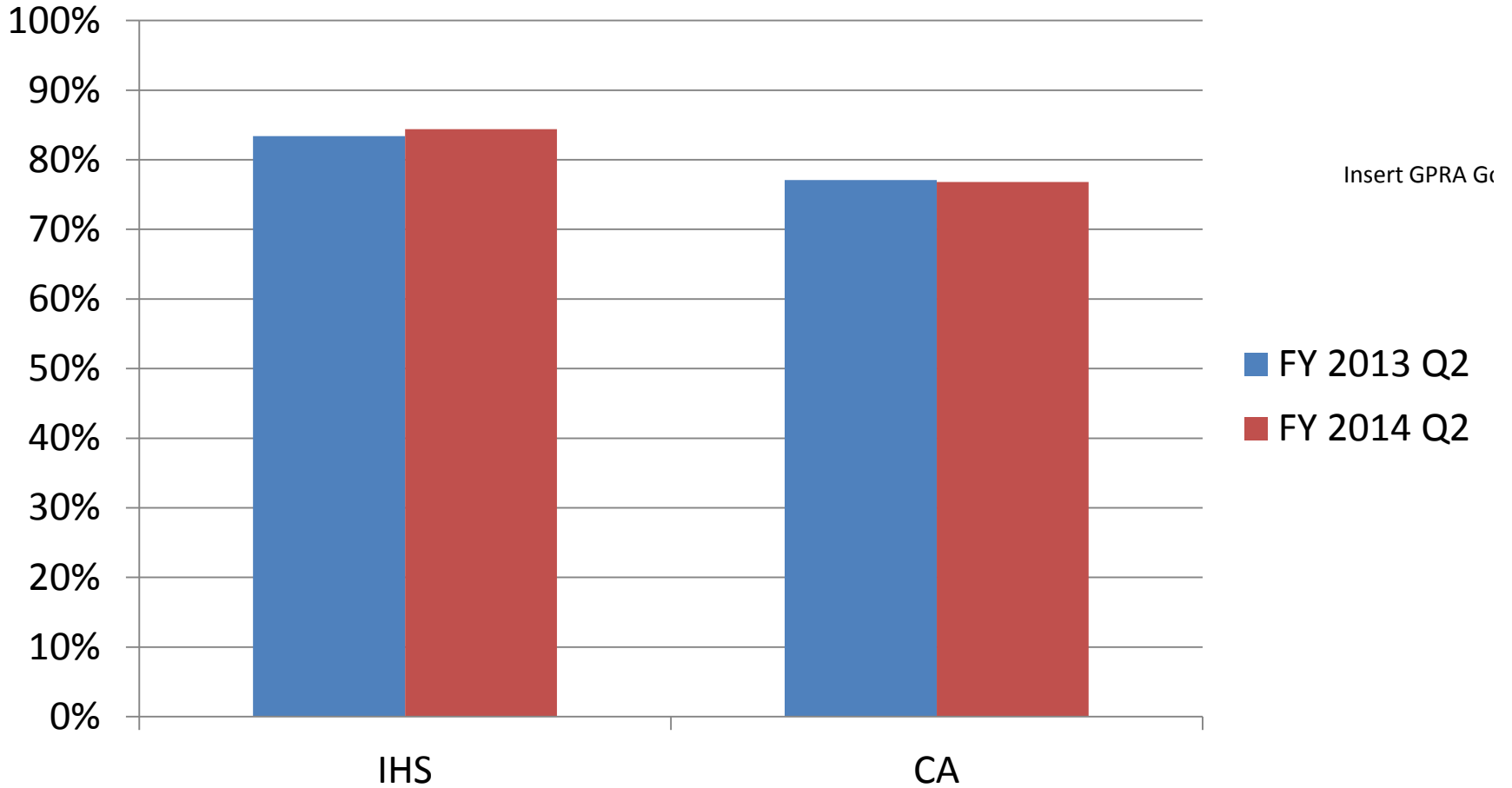


# Pneumococcal Vaccine 65+ Years



Change in measure for 2013 data – pneumo at or after 65 years of age

# CRS - Pneumococcal Vaccine



**WHAT'S NEW FOR 2014?**

# New Adult Immunization Measure?

- The adult immunization landscape has changed significantly with the introduction of several new vaccines targeting adults
- CRS Version 14.1 - new **developmental** adult immunization measure.
- Composite Adult Immunization Measure looks at age appropriate vaccination for adults 19 years and older
  - Td/Tdap in the last 10 years (19+ years)
  - AND
  - Tdap ever (19+ years)
  - AND
  - Zoster (60 years)
  - AND
  - PPSV23 (65+ years)



# Why a Composite Measure?

- Provides a broad perspective on the system of vaccination at a facility
  - Rather than a campaign to increase coverage with one vaccine, encourages a systematic approach for all vaccines
- Multiple measures make it challenging to implement broad-based immunization quality improvement activities
- “Composite measures can enhance measurement to extend beyond tracking performance on separate measures and can provide a potentially deeper view of the reliability of the care system” - *Institute of Medicine, Performance Measurement: Accelerating Improvement, Washington, DC: National Academies Press; 2006*

# Reasons for Children Not Up to Date

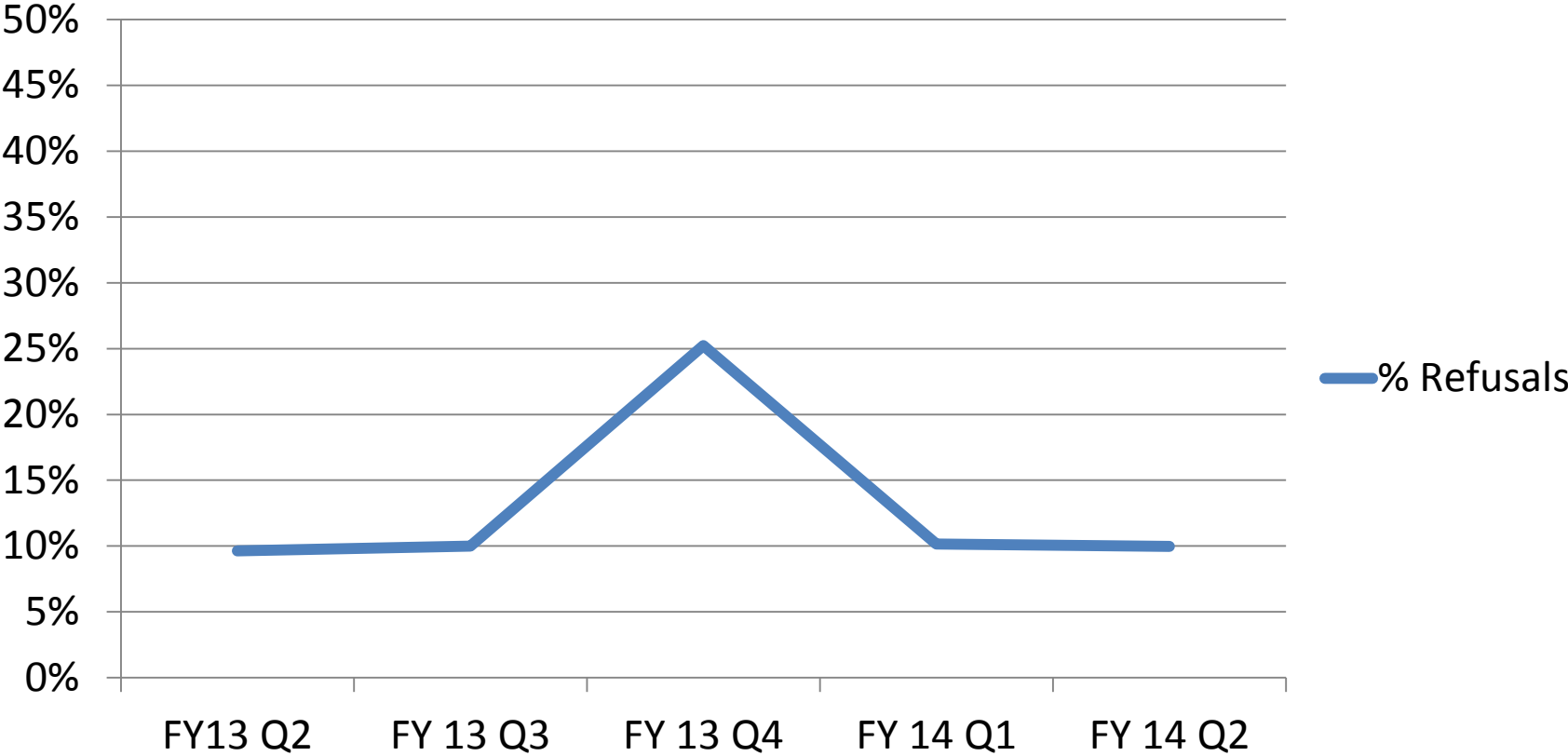
- Start late/get off schedule
  - Vaccinate at EVERY visit
  - Consider accelerated vaccine schedule
  - Review list of “Not Current” children in 3-27 month report
- Vaccine Hesitancy
  - See Tammy’s presentation!

# Reasons For Low Influenza Coverage

- Missing data – flu shots available everywhere!
- Vaccination “fatigue”
  - Why do I have to get a flu shot every year?
  - Won't last year's work?
- Misinformation
  - Concerns about safety
  - It's not effective anyways
  - I'm not at risk!

# CA 2 Year Old Refusals

**% Refusals**



# Strategies

- Make a **STRONG** Recommendation
  - See Tammy's presentation!
- Educate educate educate
  - See Tammy's presentation!
- Use state/county registry to look up data