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 (4th DTaP, 3rd/4th Hib; 4th 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 1st – March 31st
  - 2 doses for children as indicated
FY 2013 GPRA Childhood Immunization* - Baseline

IHS All: 74.8%
CA Area: 62.2%

*4313(4)314 – Measure includes 3 OR 4 Hib, depending on brand
CRS 2013 vs. 2014 – Quarter 2

Childhood Immunizations (4313*314)†

<table>
<thead>
<tr>
<th>Location</th>
<th>2013 Q2</th>
<th>2014 Q2</th>
</tr>
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<tbody>
<tr>
<td>IHS</td>
<td>57.1%</td>
<td>58.0%</td>
</tr>
<tr>
<td>CA</td>
<td>44.5%</td>
<td>42.3%</td>
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†4 DTaP, 3 Polio, 1 MMR, 3/4 Hib, 3 Hep B, 1 Var, 4 Pneumococcal conjugate
Based on CRS Quarter 2 Data
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 ≠ 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
CRS - Influenza Vaccine 65+ Years

GPRA GOAL: 69.1%

IHS

FY 2013 Final

FY 2014 Q2

CA
Pneumococcal Vaccine 65+ Years

Change in measure for 2013 data – pneumo at or after 65 years of age
CRS - Pneumococcal Vaccine

Insert GPRA Goal

- FY 2013 Q2
- FY 2014 Q2
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

FY13 Q2  FY 13 Q3  FY 13 Q4  FY 14 Q1  FY 14 Q2

% Refusals
Strategies

• Make a STRONG Recommendation
  – See Tammy’s presentation!

• Educate educate educate educate
  – See Tammy’s presentation!

• Use state/county registry to look up data