Vaccine Coverage in the Indian Health Service

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Two Year old Coverage*

U.S. Coverage for 2013 – 70.4%

Source: IHS Immunization Quarterly reports. [www.ihs.gov/epi](http://www.ihs.gov/epi)
Adolescents 13-17 Years
Males and Females
FY 2015 Q2

US. 2013
Females – 57.3%
Males – 34.6%

US. 2013
Females – 37.6%
Males – 13.9%
Adult Immunization Coverage as of March 31st, 2015

- Tdap 19 yrs+: 70% (CAO), 80% (IHS All), 20% (US 2012)
- Zoster 60 yrs+: 40% (CAO), 50% (IHS All), 20% (US 2012)
- PPSV23 65 yrs+: 60% (CAO), 70% (IHS All), 30% (US 2012)
Adult Vaccine Coverage – California

- Tdap
- Zoster
- PPSV23

FY 2014 Q2 | FY 2014 Q3 | FY 2014 Q4 | FY 2015 Q1 | FY 2015 Q2
Health Systems Checklist

- Provider Reminders
- Standing orders
- Simultaneous administration of all recommended vaccines
- Reminder/Recall for patients
- Monitoring and Feedback
THE OTHER HALF OF THE EQUATION
HPV VACCINE INTERVENTION STUDY – A CASE STUDY
Coverage by IHS Area
Tdap, MCV4, and HPV1*

* As of March 31, 2015. Source: RPMS Quarterly Reports
IHS HPV Vaccine Intervention Project

• Five IHS Areas
  – Navajo, Oklahoma City, Nashville, Portland, Great Plains

• Best Practice and Intervention Sites
  – Interviews to identify best practices and barriers
  – Intervention Sites
    • Identify key issues
    • Identify and implement best practices
    • Monitor HPV vaccine coverage
Average HPV Coverage
Intervention vs. Best Practice Sites

<table>
<thead>
<tr>
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<th>Intervention Sites</th>
<th>Best Practice Sites</th>
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<tbody>
<tr>
<td>HPV1</td>
<td>40%</td>
<td>80%</td>
</tr>
<tr>
<td>HPV3</td>
<td>20%</td>
<td>50%</td>
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</tbody>
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Preliminary Findings

• Reminders already in place at all sites
• All reported simultaneous administration of all vaccines
• Standing orders, reminder/recall in place at most sites
  – Intervention sites, however, reported less consistent implementation
• Best practice sites more likely to provide nurse-only visits
• Best Practice sites more likely to provide HPV information/education outside the clinic
Interventions

- Missed opportunities and missing data analysis
- Reminder/recall
  - Phone calls, magnets, recording of date for next dose on card for patient,
- Provider education
  - Standing orders
  - Making a strong recommendation
- Establish nurse-only immunization clinics
- Information through health fairs, schools, newsletters, other community events
  - Some sites also did vaccination outside the clinic
HPV 1 Vaccine Coverage, Pre/Post Intervention
Males and Females
Conclusion

• Increasing immunization coverage requires multi-faceted approaches
• Partnerships within and outside the healthcare system are needed
CDC HPV Resources

http://www.cdc.gov/vaccines/who/teens/index.html