



Sparking Regional Action to Implement the National Adult Immunization Plan

Regional Stakeholder Engagement Meeting Series
(2017-2018)



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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This report was prepared under the direction of the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health, National Vaccine Program Office (NVPO) under contract #HHHSP2332015000361. This report contains a summary of six regional stakeholder engagement meetings, sponsored by NVPO, focused on implementation of the National Adult Immunization Plan (NAIP), held at sites across the United States between January and June 2018.

October 2018

Introduction

Despite the widespread availability of a number of lifesaving vaccines, adult vaccination rates remain far below national targets in the United States (see **Figure 1**), leaving millions of adults susceptible to vaccine-preventable diseases and their potentially severe consequences. As the U.S. population continues to age, improving adult vaccination rates is vital to reducing the burden of vaccine-preventable diseases and their complications among adults.

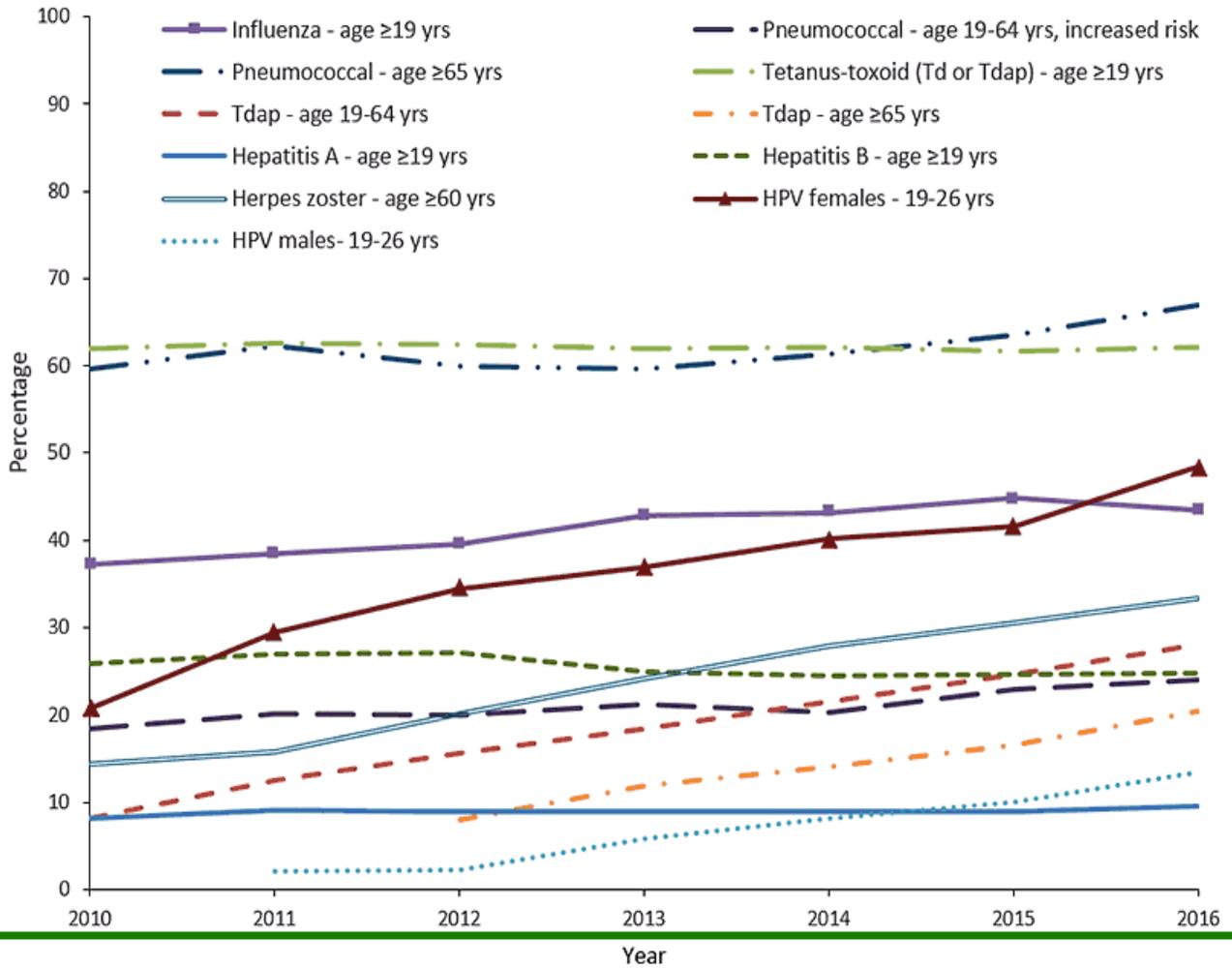
The adult immunization landscape has several unique considerations:

- Lack of awareness among providers and the general public
- Minimal governmental or organizational requirements (outside of healthcare, military)
- Diversity in provider sites visited by adults
- Recommendations are not solely age-based – some vaccines are recommended for all adults (e.g., annual seasonal influenza) while others are recommended only for specific age groups or risk factors
- Lack of dedicated federal and state staff for adult immunizations

The U.S. Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices [recommend](#) 13 vaccines for adults 18 years of age and older. Adult vaccines may be recommended for all adults (e.g., annual seasonal influenza), specific age groups (e.g., human papilloma virus [HPV] for young adults under 26), or for specific risk factors (e.g., pneumococcal pneumonia for those with lung disease).

To improve adult immunization rates, the U.S. Department of Health and Human Services' (HHS) National Vaccine Program Office (NVPO) released the National Adult Immunization Plan (NAIP) in 2016. The NAIP is a national plan that outlines specific ways that federal and nonfederal partners can work together to overcome barriers to adult immunization, strengthen infrastructure, and improve adult vaccination rates. The NAIP establishes four key goals, each of which is supported by objectives and strategies to guide implementation through 2020.

Figure 1: Trends in Adult Vaccination Coverage, 2010-2016.



Source: U.S. Centers for Disease Control and Prevention. National Health Interview Survey, 2016.
<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html>

Initiative Overview

Engaging federal and nonfederal stakeholders across the nation to take action on adult immunization is a cornerstone of the NAIP. To further spark action, NVPO invited proposals from HHS regional offices to host a one-day stakeholder meeting focused on developing regional approaches to improving adult immunization rates. Specifically, the objective of each regional meeting was to drive immediate and long-term action to implement NAIP goals at local, state, and regional levels.

The proposals required including: a meeting topic, description of meeting objectives, preliminary agenda, list of potential invitees, and current state of engagement, and a point of contact in the region. Through this effort, participating regions would receive contracted support for planning stakeholder engagement meetings and execution, including:

- Event logistics (registration website, travel support and reimbursement, materials development, and space identification)
- Stakeholder engagement (speaker and participant identification, attendee invitations, and thank-you correspondence)
- Reports and evaluation (stakeholder engagement evaluations, minutes, and strategic summaries)
- Meeting facilitation

Six regions were selected for inclusion in the initiative; a summary of each meeting is included in **Table 1**.

- **Region III:** Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
- **Region V:** Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- **Region VI:** Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
- **Region VII:** Iowa, Kansas, Missouri, and Nebraska
- **Region VIII:** Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming
- **Region IX:** Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau

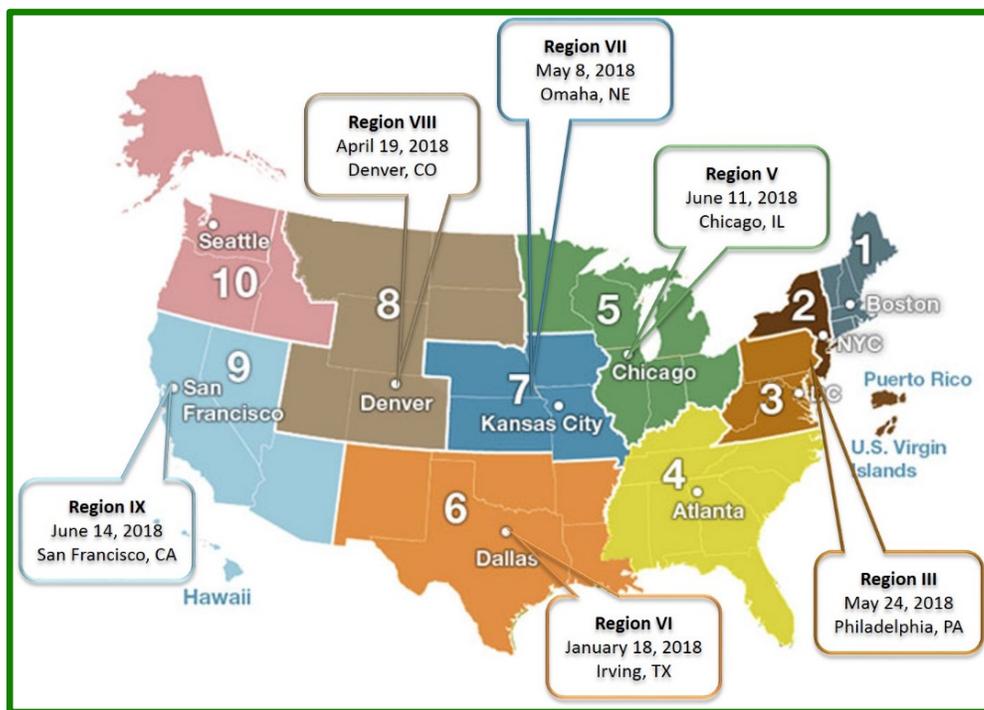


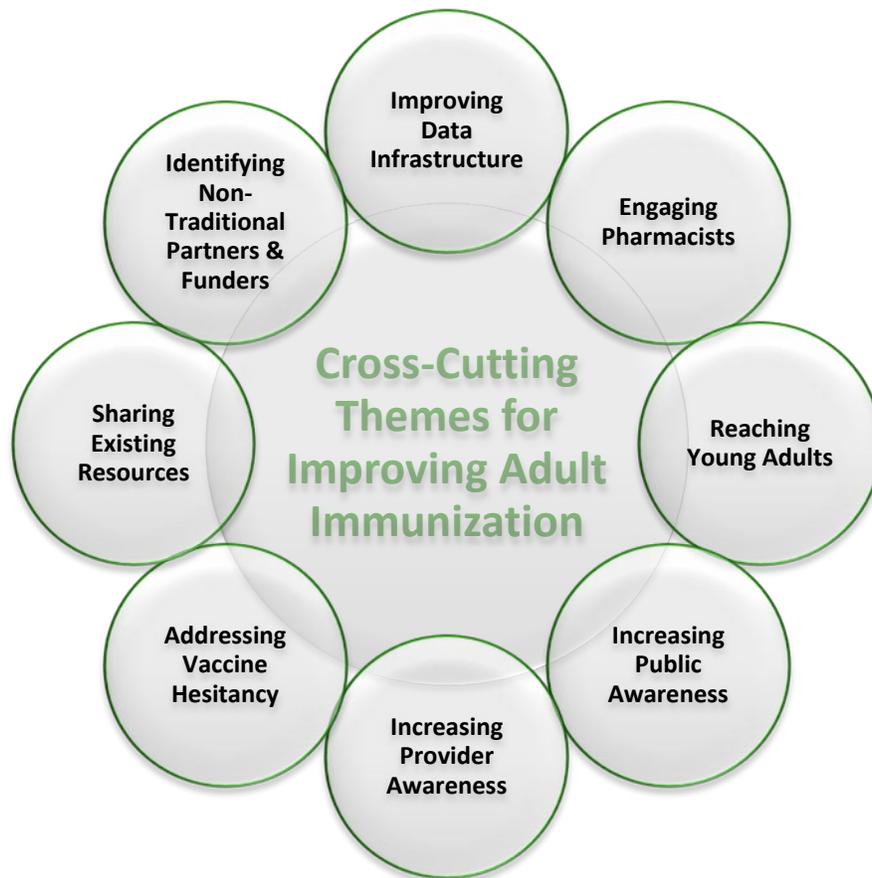
Table 1: Summary of Regional Stakeholder Engagement Meetings

Meeting Date, Location, and Regional Leads	Meeting Title	Meeting Topics	Number of Attendees	Stakeholder Attendees
<p>Region III May 24, 2018 Philadelphia, PA</p> <p>Regional Leads: Dalton Paxman, Mahak Lalvani, Liz Devietti</p> <p>Facilitator: Suzanne Randolph Cunningham</p>	<p>Strengthening Adult Immunization Communication Meeting</p>	<ul style="list-style-type: none"> Utilizing existing communication tools to enhance immunization awareness Vaccine misinformation and hesitancy Regional challenges and action planning 	<p>42</p>	<p>State and local health department staff, academic researchers, providers, coalition members, pharmacy industry representatives</p>
<p>Region V June 11, 2018 Chicago, IL</p> <p>Regional Leads: CAPT Anna Gonzalez, Mildred Hunter</p> <p>Facilitator: Litjen Tan</p>	<p>Strategies to Improve Adult Immunization Rates: Beyond the Provider and Health Delivery System</p>	<ul style="list-style-type: none"> Vaccination for hepatitis A & B, influenza, and HPV Best practices and results achieved in adult immunization State and tribal action planning 	<p>58</p>	<p>State and local health department staff, academic researchers, providers, coalition members, pharmacy industry representatives</p>
<p>Region VI January 18, 2018 Dallas, TX</p> <p>Regional Leads: CAPT Mehran Massoudi, CAPT James Dickens</p> <p>Facilitator: Litjen Tan</p>	<p>Stakeholder Engagement Meeting on Adult Immunizations</p>	<ul style="list-style-type: none"> Adult immunizations in tribal communities Improving immunization information systems Financial barriers to receipt and storage of adult vaccines Challenges and strategies in addressing at-risk populations Adult immunization plan development 	<p>24</p>	<p>State and local health department staff, academic researchers, providers, coalition members, pharmacy industry representatives</p>

Meeting Date, Location, and Regional Leads	Meeting Title	Meeting Topics	Number of Attendees	Stakeholder Attendees
<p>Region VII May 8, 2018 Omaha, NE</p> <p>Regional Leads: CAPT Shary Jones, CDR Dustin Rider</p> <p>Facilitator: Dr. Suzanne Randolph Cunningham</p>	<p>Improving Adult Vaccine Awareness and Provision in the Heartland</p>	<ul style="list-style-type: none"> • Assessment, Feedback, Incentives, and eXchange (AFIX) • Addressing funding for adult immunizations • Developing/refining adult immunization activities 	45	State and local health department staff, academic researchers, providers, coalition members, pharmacy industry representatives
<p>Region VIII April 19, 2018 Denver, CO</p> <p>Regional Leads: Laurie Konsella, Susana Calderon</p> <p>Facilitator: Josef Reum</p>	<p>College-Aged Young Adult Immunization Stakeholder Meeting</p>	<ul style="list-style-type: none"> • Best practices in promoting health on college and university campuses • Young adult immunization priorities and access barriers • Strategy development to promote and increase immunization rate among college-age adults 	43	State and local health department staff, academic researchers and staff, providers, coalition members, pharmacy industry representatives
<p>Region IX June 15, 2018 San Francisco, CA</p> <p>Regional Leads: Kay Strawder, Sheila James</p> <p>Facilitator: Suzanne Randolph Cunningham</p>	<p>Improving Adult Vaccination Rates: Partnering to Develop Strategies to Overcome Barriers</p>	<ul style="list-style-type: none"> • Opportunities to improve billing and reimbursement for adult immunizations • Opportunities to improve immunization information system reporting of adult immunization • Billing and reimbursement barriers • Immunization information system report barriers 	70 (35 via webinar)	State and local health department staff, academic researchers, providers, coalition members, pharmacy industry representatives

Cross-Cutting Themes

Each stakeholder engagement meeting focused on issues of particular importance to the region. Multiple themes emerged across the series, highlighting areas that may be prioritized for future efforts across the country. Specific examples of how states have addressed issues related to these themes are reported below.



- Adult immunization **data infrastructure** is fractured and limited by divergent practices in place among (and sometimes within) states. Enhanced reporting requirements, training, and data sharing is needed.
 - The Kansas legislature has implemented a mandate that requires all immunizations be reported to the state registry by 2020. In addition, the state immunization information system (IIS) must have bi-directional functionality by 2020.
 - The Philadelphia registry, PhilaVax, captures immunizations across the lifespan.
 - Louisiana utilizes a cloud-based IIS, and in 2017, a legislative directive instructed providers to enter data on all immunizations administered.

- **Pharmacies** are an important site for adult vaccinations, but challenges include: reimbursement opportunities, cost, public trust of pharmacist recommendations, inconsistent messaging between primary care providers and pharmacies. Partnerships with pharmacists and pharmacies are key to reaching adults and ensuring receipt of recommended vaccines.
 - Many states shared that major pharmacies provide a number of free vaccines (particularly, influenza), which supplements doses purchased with state and other funds.
 - The Iowa Pharmacy Association is working with pharmacists to determine what vaccines are needed and to support vaccine administration to adults who visit the pharmacy to obtain other medications.
 - The Kansas Pharmacists Association is working to implement clinical alerts to encourage pharmacists to offer vaccines to specific patients (e.g., influenza for patients diagnosed with asthma).
 - Along with pharmacy partners, Delaware conducts annual outreach to senior centers to ensure that influenza clinics are taking place.
 - Following the 2009 H1N1 flu outbreak, Louisiana expanded the pharmacist scope of practice to include immunizations in 2014.
 - Texas has an opt-in protocol in place for adult immunizations; mandating reporting would require a legislative action.
 - An Indian Health Service electronic health record system is able to interface with certain states' IIS; efforts are underway to expand this capability to all states.
 - Nevada requires pharmacists to report all immunizations to the state IIS.
- The transition to **young adulthood** represents a critical time for communicating about immunizations. During this time, vaccines may be the first preventive service an individual is asked to manage without direct parental involvement. Strategies specifically developed to reach the young adult population can increase vaccine uptake and support receipt of vaccines in later adulthood. A secondary benefit may be the reduction in vaccine hesitancy during parenthood.
 - Colorado is working with a variety of institutions of higher education to integrate immunization education into other activities (e.g., new student orientation).
- General **public awareness** of the availability of, as well as the clinical and public health rationale for, adult immunizations need to be enhanced. Without personal experience or knowledge of the potential consequences of vaccine-preventable diseases, individuals may not have sufficient information to motivate vaccine demand.
 - Missouri is considering hiring temporary traveling nurses to target rural areas and provide immunizations to adults eligible for 317-funded vaccines.
 - Delaware and Philadelphia have successfully implemented Spanish-language awareness campaigns to the public.
 - New Mexico is considering a new immunization training model for community health workers.
- **Provider awareness** of the adult immunization schedule, including specific risk-based recommendations and contraindications, remains suboptimal. Peer-based awareness building (e.g., through professional

associations) and expanding efforts beyond primary care may increase the provision of strong recommendations and actual vaccine delivery.

- Kansas is planning a campaign aimed at providers that will support adding vaccine prescriptions to medication prescriptions that are taken to a pharmacy.
- Arkansas is working with health professional schools to implement training on vaccination.
- Immunize Nevada formally recognizes providers with high immunization coverage in their practices.
- **Vaccine hesitancy** affects an individual’s decision to get vaccinated. The reasons for hesitancy are numerous (e.g., religion, prevailing myths about side effects); to combat hesitancy, consistent evidence-based approaches to support vaccine decision-making is needed
- There are numerous accurate, timely, and best-practice-informed **adult immunization resources** (e.g., provider algorithms, patient education tools) currently developed and publicly available. Sharing and strengthening existing tools can reduce costs and burden and support consistent messaging.
- **Nontraditional partners and funding** can help bridge the gap between the current state of adult immunization and local/state/national targets. These partners may include those outside of the health and medical sectors who have established trust relationships with target audiences (e.g., faith-based groups, philanthropic organizations). In addition, creative resourcing for adult immunizations can address shortages and improve coverage.
 - Missouri has contracted with quality improvement staff to support immunization data entry into the state IIS.
 - In Missouri, one county imposes a “senior tax” from which money is used to provide shingles vaccines to residents.
 - Through the Circle of Protection program, Maryland is engaged in an effort with 25 long-term care facilities to increase staff and patient immunizations.
 - Centers for Medicare & Medicaid Services’ (CMS) 90/10 program is currently well-resourced and a viable option for states in need of additional support for adult immunizations. Nevada recently submitted documentation to participate in the program.

Evaluation Summary

Meeting participants actively engaged in Q&A sessions and small-group breakout sessions. Participants often continued conversations throughout the meeting and planned follow-up and/or resource sharing. At the conclusion of each meeting participants were asked to complete a brief evaluation form. Feedback was overwhelmingly positive, indicating strong appreciation for the opportunity to work directly and in person with their colleagues, as well as a desire for continued engagement. **Table 2** shows the average response from all six meetings to meeting evaluation form items.

Table 2: Post-Meeting Evaluation Feedback

As a result of this meeting, I have:	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
a) Gained a greater understanding of the National Adult Immunization Plan	0	0	10%	45%	45%
b) Gained an increased awareness of regional issues facing adult immunization	0	0	1%	45%	54%
c) Identified new potential partners	0	0	2%	28%	70%
d) Identified strategies for use in my home state/locale	0	0	5%	36%	59%
e) Captured information that will be shared with my organization/agency	0	0	1%	34%	65%

Lessons Learned

Perhaps the most significant lesson learned during these engagement events was that, despite operating within resource-constrained environments, stakeholders across the country are eager to improve adult immunization rates through collaboration and coordination. There was a strong desire for future stakeholder engagements and for ongoing communications and resource sharing within and among HHS regions. Participants from all meetings committed to directly following up with existing and newly identified partners following the meeting. This underscores the importance of NVPO’s initial project aims of bringing together a variety of stakeholders to drive regional implementation of the NAIP.

Additional key learnings from this meeting series include:

- Inter-Regional Knowledge Sharing.** While the topics for discussion varied by meeting and reflected regional priorities, opportunities for sharing of information between meetings arose. During each meeting, participants were informed that five other meetings had been planned, and proposed meeting themes were shared. On several occasions, meeting materials (e.g., presentation slides) from one meeting was shared with participant from another, either proactively or as a response to a specific request. For example, Region VIII specifically focused on the young adult population and included discussion of best practices for reaching that demographic. When questions arose during subsequent meetings about how to improve HPV vaccination rates, information from the Region VIII meeting was shared to support post-meeting strategies and actions. The diversity of meeting presentations and discussions have provided a rich repository of information for stakeholders across the country to develop and enhance their initiatives.
- Value of Remote Participation.** All meetings had the opportunity to include a distance-based participation option (teleconference or webinar); however, the explicit objective of this initiative was to support face-to-face engagement as an approach to quickly building successful partnerships. The remote option was useful in several instances in which a participant was unable to travel at the last minute. This was a

particularly important option, given that Region IX includes several areas that are far outside of the continental United States, areas from which travel would have been cost-prohibitive. Remote participants appreciated the opportunity to actively engage in the meeting remotely and pose questions via the webinar system.

- **Increased Visibility of NVPO and the NAIP.** In general, meeting participants reported an increase in awareness and understanding of adult immunization efforts being led by NVPO. NVPO was highlighted as the primary source of support for each meeting, and at least one NVPO staff person was present at each meeting. In addition, several regions chose to include the NAIP companion document, *A Pathway to Implementation*, in the printed meeting materials. The combination of the presence of NVPO staff and the sharing of NVPO’s goals for adult immunization served to increase visibility and appreciation for the office, as well as provide another resource for regional stakeholders as they work to implement the NAIP in their communities.
- **Engaging New and Existing Partners.** As depicted in **Table 1**, nearly all sectors were engaged to some degree during this effort. The meetings expanded and reinforced relationships with stakeholders that are necessary to improve adult immunization rates. Through this meeting series, HHS has increased its reach to a growing pool of potential partners and their respective networks.

These lessons learned provide both evidence of the beneficial nature of this effort and information to support continued stakeholder engagement efforts that will advance the goals of the NAIP.

Future Directions

Follow-Up on Planned Actions. Development of state or regional-level adult immunization plans is one possible outcome of this regional meeting series. Each meeting featured discussions on how formal plans might be developed, the existing materials to use to inform efforts, and required partners. In addition to plan development and implementation, participants discussed short- and longer-term actions that could be feasibly undertaken with existing available resources; many of these actions would also support or inform immunization plan development.

Participants at each meeting were asked to complete a form to indicate the actions they planned for one, six, and 12 months post-meeting. This encouraged stakeholders to develop concrete and feasible activities, assign task “champions,” and work collaboratively to leverage the actions of their colleagues. The actions can support continued regional engagement, follow-up, and tracking of planned activities within a region. Participant action items were reported in the Strategic Meeting Summaries prepared after each stakeholder engagement meeting.

To date, several activities have already been initiated as a direct result of the regional meeting series. These activities are listed in **Table 3**.

Table 3: Post-Meeting Activities Conducted by Region

Region	Activities Undertaken Post-Meeting
Region III	<ul style="list-style-type: none"> • Continued quarterly calls with state immunization directors • Proposed research study to explore opportunities for IIS utilization across state lines (HHS) • Supported Delaware and Philadelphia efforts to enhance bi-directional IIS exchange • Identified pharmacies connected to state immunization networks • Initiated engagement with regional pharmaceutical companies
Region V	<ul style="list-style-type: none"> • Initiated (or restarted) state and Tribal immunization coalitions • Incorporated new partners (e.g., community-based organizations, home health agencies) into existing immunization coalitions • Developed adult immunization plans
Region VI	<ul style="list-style-type: none"> • Conducted an adult immunization and vaccine-preventable disease training at the 2018 HHS Tribal Consultation meeting in Albuquerque, NM • Reached Tribal communities in Oklahoma and New Mexico
Region VII	<ul style="list-style-type: none"> • Developed plans for a regional adult immunization task force • Developed plans for a regional adult immunization symposium
Region VIII	<ul style="list-style-type: none"> • Held a meeting with the Colorado childhood immunization leads and fostered new federal partnerships (HHS) • Researched opportunities for engagement at the 2019 American College Health Association annual meeting (to be held in Denver, CO) • Hosted quarterly calls with state immunization directors
Region IX	<ul style="list-style-type: none"> • Shared key discussion points from the regional meetings at the Alameda County Adult Immunization Update Meeting • Followed-up with pharmaceutical companies on ideas shared

Additional Stakeholder Engagement Meetings. In September 2018 NVPO extended this stakeholder engagement effort through FY2019. Lessons learned from the initial meeting series informed several recommendations that will enhance the implementation and success of future meetings.

1. **Local Facilitator Selection.** For future meetings, it may be beneficial to identify an expert from a given region to serve as meeting facilitator. This could enhance the degree to which geographical nuances related to adult immunization are readily explored during discussions, as well as provide another opportunity for engagement with experts in each region. Furthermore, a local/regional expert may be better recognized and received by meeting participants, and the selected facilitator may be able to provide additional input on potential speakers and participants.
2. **Early Meeting Date and Location Selection.** Early identification of a meeting date would increase the number of venue options available, which may reduce event and travel costs, and provide ample time for all potential stakeholders to be involved.

3. **Inclusion of Health Disparities Topics.** Given the national focus on reducing health disparities and major disparities in adult immunization, reducing disparities is an important meeting topic. This approach may also lead to new opportunities for collaboration among nontraditional partners (e.g., faith-based organizations) that directly support communities in which disparities exist.
4. **Highlight Funding Opportunities.** A substantial challenge to addressing adult immunizations is the lack of funding for initiatives and health departments in this area. Several meetings included discussions on funding opportunities for adult immunization; it would be useful to include this topic at all future meetings, as it was a common and strong theme shared by the regions. While NVPO is not able to provide financial support for post-meeting activities, this engagement effort can provide a forum in which innovative funding sources are revealed, and best practices can be shared.
5. **Increase Public Communications.** The number of individuals who participated in this effort, and the amount of resources dedicated to its implementation, reflect the commitment of both HHS and regional stakeholders to improving adult immunization rates. Increasing public communications about this effort, and any captured outcomes, may motivate other stakeholders to action, either in their own networks, or by seeking out partnerships with HHS regional offices. In addition, demonstrating a favorable return on investment by HHS in this effort may support future projects and increase public trust and interest.
6. **Expand Cross-Agency Engagement.** NVPO successfully works with other HHS agencies to advance the goals of the NAIP. This meeting series was focused on nonfederal stakeholders within participating regions to identify strategies for rapid and sustained implementation. There may, however, be a benefit to the strategic inclusion of federal staff in meetings. For example, in response to requests from the planning team, CMS participated (remotely) in the Region VII meeting. They provided attendees with specific information relevant to reimbursement and other CMS policies that enhanced the discussions. CDC staff were present at several meetings to discuss adult immunization updates, and a representative from the Indian Health Service presented on work being done in Tribal communities. Future meetings should consider involvement of other HHS agency staff to present and/or respond to participant questions. This approach may serve to provide the most recent data and policy updates, as well as demonstrate the widespread HHS support of regional activities to improve adult immunization.

Appendix

Additional Resources

- [National Adult Immunization Plan \(NAIP\)](#)
- [National Vaccine Advisory Committee \(NVAC\)](#)
- Centers for Disease Control and Prevention
 - [Adult Vaccination Schedule - PDF](#)
 - [AdultVaxView Interactive](#) data set (national, regional, and local area data)
 - [FluVaxView Interactive](#) data set (national, regional, and state-level influenza coverage estimates)
 - [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
 - [Vaccine Schedule App](#)
 - [Adult Vaccine Quiz](#) (for patients)
 - [National Immunization Awareness Month \(NIAM\)](#) (partnership with the National Public Health Information Coalition)
 - [U.S. Immunization Program Adult Immunization Activities and Resources](#) (2016 *Human Vaccines & Immunotherapeutics* article)
- Centers for Medicare and Medicaid Services
 - [Influenza/Part B Drug and Vaccination Pricing](#)
 - [Medicare Preventive Services Chart](#) (select the appropriate immunization to see detailed information on billing, etc.)
 - [Medicare Preventive Services Provider Resources](#) (several articles/information on immunizations)
 - [Medicare Benefit Policy Manual](#) (50.4.4.2 - Immunizations)
 - Medicare Learning Network – [Medicare Part B Immunization Billing](#)
- [Indian Health Service – Division of Epidemiology and Disease Prevention](#)

State Information

- Region III
 - [Delaware Division of Public Health Immunization Program \(Adults\)](#)
 - [Maryland Department of Health Center for Immunization](#)
 - [Pennsylvania Department of Health Division of Immunization \(Adults\)](#)
 - [Philadelphia Department of Public Health Immunization Program](#)

- [Virginia Department of Health Division of Immunization](#)
- [West Virginia Department of Health and Human Resources Division of Immunization Services](#)
- Region V
 - [Illinois Department of Public Health](#)
 - [Indiana State Department of Health](#)
 - [Michigan Department of Health & Human Services](#)
 - [Michigan Adult Vaccine Program \(MI-AVP\) \(PDF\)](#)
 - [Minnesota Department of Health](#)
 - [Ohio Department of Health Immunization Program](#)
 - [Adult Immunization Coalition of Central Ohio](#)
 - [Wisconsin Department of Health Services Adult Vaccine Information](#)
- Region VI
 - [Arkansas Department of Health - Immunizations](#)
 - [Louisiana Department of Health - Immunizations](#)
 - [New Mexico Department of Health Immunization Program – Adult Immunizations](#)
 - [Oklahoma State Department of Health – Immunization Service](#)
 - [Texas Department of State Health Services – Adult & Adolescent Immunization Program](#)
 - [Texas Adult Safety Net \(ASN\) Program](#)
- Region VII
 - [Iowa Department of Public Health – Adult Immunization Unit](#)
 - [Kansas Department of Health and Environment Immunization Program](#)
 - [Missouri Department of Health and Senior Services](#)
 - [Nebraska Department of Health & Human Services](#)
- Region VIII
 - [Colorado Department of Public Health and Environment](#)
 - [Montana Department of Public Health and Human Services](#)
 - [North Dakota Department of Health](#)
 - [South Dakota Department of Health](#)
 - [Utah Department of Health](#)

- [Utah Adult Immunization Coalition](#)
- [Wyoming Department of Health Immunization Unit](#)
- Region IX
 - [Arizona Department of Health Services Immunization Program](#)
 - [The Arizona Partnership for Immunization](#)
 - [Arizona Vaccines for Adults \(VFA\) Program – Operations Guide \(PDF\)](#)
 - [California Department of Health Immunization Branch](#)
 - [California Vaccines for Adults \(VFA\) Program](#)
 - [Hawaii State Department of Health Immunization Branch](#)
 - [Nevada Division of Public and Behavioral Health](#)
 - [Immunize Nevada Adult Immunization Task Force](#)