Summary of the National Adult and Influenza Vaccine Summit (NAIIS) 
May 14 - 16, 2013

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The United States National Influenza Vaccine Summit is...

• A partnership of more than 140 organizational stakeholders, both private and public, in influenza vaccine research, production, distribution, administration, and advocacy

• All committed to achieving the Healthy People 2020 goals for influenza vaccination

• Started in 2000 in response to problems with influenza vaccine supply
Members of the Summit include…

• Vaccine Manufacturers
• Vaccine Distributors
• Federal Agencies
• Professional Medical Organizations
  – Specialty
  – State
• Nursing Organizations
• Public Health
• Hospitals
Members of the Summit include…

- Pharmacists
- Community Immunization Providers
- Occupational Health Providers
- Business/Employers
- Private Health Insurance and Managed Care
- Long-term Care
- Quality Improvement Organizations
- Consumers
- Advocacy Groups
Summit Creates United Influenza Vaccination Goals

• The remarkable breadth of participants in the Summit provides a 360-degree view of all the moving parts associated with influenza immunization

• Summit provides continual opportunity for all partners to “get on the same page” with respect to influenza immunization in the United States.
The Summit Trust Relationship…

• Through the development of understanding, trust and transparency in the influenza enterprise, the Summit
  – Provides partners with a safe environment to raise issues/problems and discuss potential solutions honestly.
  – Provides opportunities to share, learn and understand each others’ perspectives and ideas
  – Provides opportunities to leverage all partners to respond to national questions about influenza vaccination
    • Last year’s supply survey
    • IVATS
The National Adult Immunization Summit

• Was formed last year to build upon the strategies and successes of the National Influenza Vaccine Summit

• Built upon the work and effort from many others, including ideas from the 2007 and 2010 National Immunization Congresses, to focus on action to lead to change that will increase adult immunization rates
The National Adult and Influenza Immunization Summit

• A natural course for both of these Summits is to evolve into one single entity dealing with all adult vaccines, including influenza

• A complete merger would best be held off until some of the pressing issues remaining in influenza are dealt with. Eg, quadrivalent.

• Influenza will likely remain unique for the Summit in order to maintain Summit effort in the pediatric population for influenza

• Opportunity for the Summit to evolve to reflect ALL providers of adult immunizations
The National Adult and Influenza Immunization Summit

• The recently concluded face-to-face meeting in May 2013 is currently called the National Adult and Influenza Immunization Summit (NAIIS)

• The Summit is organized by the IAC, CDC, and NVPO, with strong support from the Summit Organizing Committee and the Summit Advisory Group

• The Summit’s work is done primarily through its five working groups

• Continuing evolution as summit moves forward
The Summit Organizing Committee

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Pharmacists Association
- Centers for Disease Control and Prevention
- Immunization Action Coalition
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- National Vaccine Program Office
The Summit Advisory Group

• America’s Health Insurance Plans
• American Hospital Association
• Association of Immunization Managers
• Association of State and Territorial HealthOfficials
• Biotechnology Industry Organization
• Community Immunizers
• Health Industry Distributors Association
• National Association of County and City Health Officials
The NAIIS 2013 meeting

• NAIIS 2013 featured reports back from the five WGs on their work over the past 7 months
  – Notable panel discussions included: employer-located immunizations, quality measures for adult and influenza immunizations
  – Other notable discussions centered around presentations and work achieved on documentation, the ACA, and adult vaccination resource library, public outreach, and the adult vaccine locator

• Influenza sessions were modeled following previous NIVS meetings
  – Communications for the following season
  – Discussions around quadrivalent vaccine and new vaccine technology, and vaccine efficacy
  – Estimates of vaccine production for upcoming season

• Awards were also presented

Patient Outreach WG 2012 – 2013

Results

• Supported IAC development of Adult Vaccination Resources Library (AVRL, searchable)

• Developed Outreach Tools:
  – Calendar
  – Stories Publicity
  – Reviewed non-proprietary information re: effective communications
Patient Education Group: Activities for Coming Year

• Build out calendar opportunities to:
  – Incorporate expanded bank of real-life stories
  – Provide tools (matte articles, tweets, etc.) based on key messages

• Update & enlarge Adult Vaccination Resources Library

• Develop proposal for consolidated website for easier access to information

• Other item suggested by the Summit
  – Identifying effective adult immunization messages
Provider Outreach WG 2012 – 2013 Results

• Adult Vaccination Resources Library

• Met monthly.
  — Created a forum for communication on issues of concern to healthcare providers.

• Sought out examples of “What Works” : Displayed at meeting and posted on this website:
Step 1: Select Search Criteria
Step 2: Click on either of the “Go” buttons
Search Library

- Searches for keyword or phrase found in resource title or description
- Exact phrase: use “+” sign (hepatitis + b)
- Exclude term: use “-” sign before word (- measles)
- Searches using any part of words (e.g. “flu” results would include “influenza”)
- Not case sensitive
## Advanced Search

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<tr>
<th><strong>Audience</strong></th>
<th><strong>General public or HCP</strong></th>
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<tr>
<td>Disease</td>
<td>Specific VPD</td>
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<tr>
<td>Vaccine</td>
<td>Specific vaccine</td>
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<tr>
<td>Condition</td>
<td>Health condition (e.g., diabetes, pregnancy) that might impact vaccine use</td>
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<td>Age Group</td>
<td>Broad age categories related to vaccine use</td>
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<td>Special Population</td>
<td>Group (e.g., HCP, childcare personnel) that influences vaccine use</td>
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<td>Language</td>
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<td>Media Type</td>
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<td>Agency, organization, or company</td>
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<td>Publication Date</td>
<td>2 year date range (website “ongoing”)</td>
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Provider Outreach WG: Next Steps

• Complete the Adult Vaccine Resources Library
  – Look for an announcement soon from IAC!

• Develop a program to help provider understand the ACA and improve their payment for vaccination services. Eg.
  – Best practices for operational efficiency
  – Implement what works

• Work to develop and implement strategies to increase the provider recommendation
Policy and Decision Makers WG 2012 – 2013 Results

- Defined educational scope of WG and role of member organizations in WG
- Established connection with Measures and Access WGs related to shared goals and role of policy / decision-makers
- Educated WG members on employer issues related to adult immunizations to complete gap analysis
- Identified target employer groups to invite to join DM WG
Policy and Decision Makers WG: Next Steps

• Incorporate key relevant recommendations and suggestions obtained from discussions at the Summit into the WG plan

• Meet with remaining NAIIS WGs to align on key goals and objectives that require policy/decision-maker action

• Recruit 1-2 employer advocacy groups to join DM WG and the Summit

• Prioritize data needs and key messages for decision-maker categories

• Some action items suggested by the Summit
  – Recognizing community immunizers as in-network providers
  – Including all vaccines in Medicare Part B
  – Expanding in-state Medicaid programs to new enrollees
Quality and Measures WG 2012 – 2013
Results

• Make vaccination status requirement of provider licensure renewal/Assess the status of organizations in making vaccination status of health care personnel a requirement of credentialing
  – Presentation and discussion on NQF-endorsed measure of influenza vaccination of health care personnel (HCP). Began discussion on possible changes to suggest for next round of revision.
  – Panel discussion with accrediting bodies and provider organizations to understand their policies and work on promoting HCP vaccination

• Assist the Pharmacy Quality Alliance with development of pharmacy immunization measures that align with other immunization measures
  – Presentation and discussion on previous PQA efforts to develop immunization quality measures
  – PQA will be forming an advisory committee by mid-2013. They have requested WG input to identify experts to participate in these discussions

• Examine opportunities to promote existing composite measures or develop new composite measures for adult immunizations
  – Presentation in late January of a composite measure of adults up-to-date on vaccines developed by the Institute for Clinical Systems Improvement. Discussion on current use of measure and opportunities to promote/expand use of measure.
  – Exploration of a pilot of a composite measure for adult immunization coverage
Quality and Measures WG: Next Steps

• Advocate for adult immunization measurements being added to chronic disease measurements

• Work with NQF to standardize adult immunization measures and build on their previous work standardizing influenza and pneumococcal immunizations

• Combine preventive services, including adult vaccinations into either a set of measures or a composite performance measure
Access and Collaboration WG 2012 – 2013 Results

• Submitted application for CPT code for the situation when vaccine counseling is provided but vaccine is not given

• Updated the NVAC ‘s existing adult immunization standards to be more inclusive of ALL adult vaccination providers
  – Submitted for NVAC review with vote in September meeting

• Worked with HealthMap to develop the new adult vaccine locator
Results

• The HealthMap Adult vaccine locator
  – Evolved from original ALA then Google Flu Vaccine Locator
  – Automatically detect user’s location by IP address, can also enter address, city + state, or zip code
  – Results listed in order of distance from search criteria.
  – New feature: show different types of flu vaccines (shot, nasal spray, high dose, intradermal)

• Expanded in early 2013 to include 10 vaccines recommended for adults by ACIP (hep A, B, HPV, MMR, Zoster, Td/Tdap, Meningococcal, Pneumococcal, Varicella)

• On the Provider side:
  – 1446 provider accounts (more than tripled from GFVF)
  – Over 62,000 locations
    • Nearly 90% pharmacies, largely bc of chains like CVS, Walgreens that are in system and each have thousands of locations.
    • Continue to reach out to more clinics, health departments, physicians, and other providers. They truly want to represent all types of vaccine providers.

• User side:
  – Over half a million visitors in first 6 months, with a huge spike in January due to high seasonal flu activity and attention from media. (chart)
  – Record 75,000+ visitors in one day
Access and Collaboration WG: Next Steps

• Connectivity/documentation of adult vaccinations (support measurement goals) and increase adult vaccine integration into IISs (registries)

• Tools for providers (business and practice models; ie: billing)

• Remove "in-network provider" barriers

• Implement the Updated Adult Immunization Standards
Influenza Sessions
Highlights from the Influenza Sessions: Impact of the 2012-2013 season

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2012-13 and Selected Previous Seasons
Highlights from the Influenza Sessions: Impact of the 2012-2013 season

• 138 influenza-associated pediatric deaths in the 2012-13 season as of week 16, 2013
  – 73 (54%) of children had influenza B infections
  – 68% of children were 5 years of age or older
  – 56% had a high risk condition
  – Typically ~20% of children with known vaccination status are fully vaccinated
Highlights from the Influenza Sessions: Report on the ACIP recommendations for 2013-2014

• Will be presented at June 20 ACIP meeting

• Recommendations not final until adopted by CDC Director

• No major changes or expansion of recommendations

• New items:
  – New abbreviations (IIV [3 or 4]; RIV; ccIIV)
  – Four new vaccine products available for 2013-14
    • RIV3; ccIIV3; LAIV4; IIV4
  – No preferential recommendations
Highlights from the Influenza Sessions: Latest Estimates of Vaccine Coverage

• 54.9% of children vaccinated
• 35.1% of adults vaccinated

• Health-Care Personnel
  – 70.5 % vaccinated
  – Long-term care facilities had lower coverage than other facility types
  – Non-pharmacist/non-physician/non-nurse had lower coverage than other occupations

• Pregnant Women
  – 53% vaccinated
  – Majority vaccinated during pregnancy

• Results are preliminary
  – Final 2012-13 season results available in fall 2013
Highlights from the Influenza Sessions: Latest Estimates of Vaccine Coverage

• Some Recommendations
  – Increase influenza vaccination coverage rates among all individuals ≥ 6 months.
    • Among adults in certain racial and ethnic groups.
    • Among health-care personnel, especially those working in long-term care facilities and non-pharmacist/physician/nurses.
    • Among pregnant women by recommending and offering vaccine
  – Implement strategies to increase vaccination coverage in upcoming influenza seasons.
    • Enhancing Access to Vaccination Services
    • Increasing Community Demand for Vaccinations
    • Provider- or System-Based Interventions
    • Community-Based Interventions Implemented in Combination
Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

• Challenges for the upcoming season
  – Entire presentation on the issues for the upcoming season by Kris Sheedy (see website)
    • New vaccine formulations
    • New technologies
    • Vaccine effectiveness concerns
  – Misperceptions regarding vaccine
  – Audiences: similarities/differences
  – Vaccination coverage disparities:
    • Adult vaccination disparity
    • Underserved populations
Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

• Key Messages
  – Influenza (the flu) is a contagious respiratory illness caused by influenza viruses.
  – Influenza (the flu) can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get sick from the flu.
  – Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.
  – Everyone aged 6 months and older should get a flu vaccination each year to protect themselves and their loved ones against the flu.
  – It takes about two weeks after vaccination for the body’s immune response to fully respond and for you to be protected.
  – Vaccination is the first and most important step to protect against flu.
Highlights from the Influenza Sessions: CDC communication plans for the 2013-2014 season

• Key Messages
  – As long as flu viruses are circulating it’s not too late to get vaccinated. [National Influenza Vaccination Week (NIVW)].
  – Children 6 months to 8 years of age who are getting vaccinated for the first time will need two doses of vaccine, spaced at least 28 days apart.
  – People have several options in terms of where they can get vaccinated and the type of influenza vaccine to choose. http://flushot.healthmap.org/.
  – The best way to protect against the flu is by getting vaccinated each year.
  – CDC recommends a three-step approach to fighting the flu: vaccination, everyday preventive actions, and use of antiviral drugs if your doctor prescribes them.
Highlights from the Influenza Sessions: Latest Vaccine Efficacy data from CDC

• Adjusted VE against influenza A and B was 53% (47-58%)
  – Similar to early unadjusted VE of 62% (51-71%) and mid-season adjusted VE of was 56% (47-63%) against A and B
  – Similar to international interim VE estimates

• Vaccination reduced the risk of outpatient medical visits:
  – Due to influenza A(H3N2) by half (45%); exceptions for aged 9-17 and 65+ years
  – Due to influenza B by two-thirds (63%); consistent for all ages

• Similar VE against vaccine lineage B (Yamagata) and excluded B (Victoria)
  – Need further research to confirm and understand age differences
  – Need better understanding of cross-protection
Highlights from the Influenza Sessions: New and improved influenza vaccines

• The landscape of new influenza vaccine development is active and rapidly evolving
• Significant technical challenges for innovative technologies
• Continued scientific discoveries provide greater opportunities for innovation
• Post-pandemic fatigue and economic challenges affect all partners
• Leveraging government, nonprofit and industry collaborations will be essential to continued public health success
• Please visit Dr. Bright’s presentation on Summit website!
Highlights from the Influenza Sessions: Manufacturer Production Estimates

• Sanofipasteur
  – Anticipates delivering same number of doses of IIV3 (in multiple formulations) as previous season (50M doses)

• Protein Sciences
  – Anticipate delivering 250,000 doses of RIV3

• Novartis Vaccines
  – Anticipate delivering 30M doses of IIV3 and ccIIV3

• Merck Vaccines
  – Anticipates delivering 10M doses of IIV3
  – CSL Biotherapies will resume distribution of Afluria® in the United States for the 2014–2015 season by initiating the prebooking of the vaccine late 2013

• MedImmune
  – Anticipates delivering 12 - 15M doses of LAIV4 (no LAIV3 in market)

• GSK Vaccines
  – Anticipates delivering 22 - 24M doses, with up to 10M doses of IIV4
Summit National Award Winners

“Overall Influenza Season Activities” Award
• Recipient: National Council on Aging

“Healthcare Personnel Campaign” Award
• Recipient: Rhode Island Flu Task Force

“Immunization Coalitions / Public Health / Community Campaign” Award
• Recipient: Chicago Department of Public Health

“Corporate Campaign” Award
• Recipient: Walgreens

“Overall Adult Immunization Activities – Beyond Flu” Award
• Recipient: Minnesota Department of Health
Honorable Mention Award

“Healthcare Personnel Campaign” Award
• Recipient: University of Oklahoma College of Pharmacy

“Immunization Coalitions / Public Health / Community Campaign” Award
• Recipient: Assembly of Petworth
• Recipient: IAC of Washington – “Within Reach”
• Recipient: Alachua County’s SLI Vaccination Program

“Overall Influenza Season” Award
• Recipient: Greene Area Medical Extenders

“Overall Adult Immunization Activities – Beyond Flu: Award
• Recipient: Arkansas Pharmacists Association