



National Adult
and Influenza
Immunization
Summit

Adult Immunization in the United States

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Immunization Summit

Burden of Adult Vaccine-preventable Disease Among U.S. Adults

- Invasive pneumococcal disease (IPD)¹
 - 29,500 total cases and 3,350 total deaths in 2015
 - 91% of IPD and nearly all IPD deaths among adults
- Influenza²
 - 3,000 to 49,000 total related deaths per year
 - ~90% among adults 65 years and older
- Pertussis³
 - 20,762 total reported cases 2015
 - 4,650 among adults 20 years of age & older
- Hepatitis B⁴
 - 2,791 acute cases reported 2014
 - 18,100 estimated new infections in 2014
- Zoster⁵
 - about 1 million cases of zoster annually U.S.

1. CDC. 2015. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2015.
2. CDC. Estimates of deaths associated with seasonal influenza – United States, 1976-2007. *MMWR*. 2010;59(33):1057-1062.
3. CDC. 2015 Final Pertussis Surveillance Report. <http://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2015.pdf>.
4. CDC. Viral Hepatitis Surveillance United States. www.cdc.gov/hepatitis/statistics/2014surveillance/pdfs/2014hepsurveillancecpt.pdf
5. CDC. Prevention of Herpes Zoster. *MMWR* 2008. 57(RR-5): 1-30.

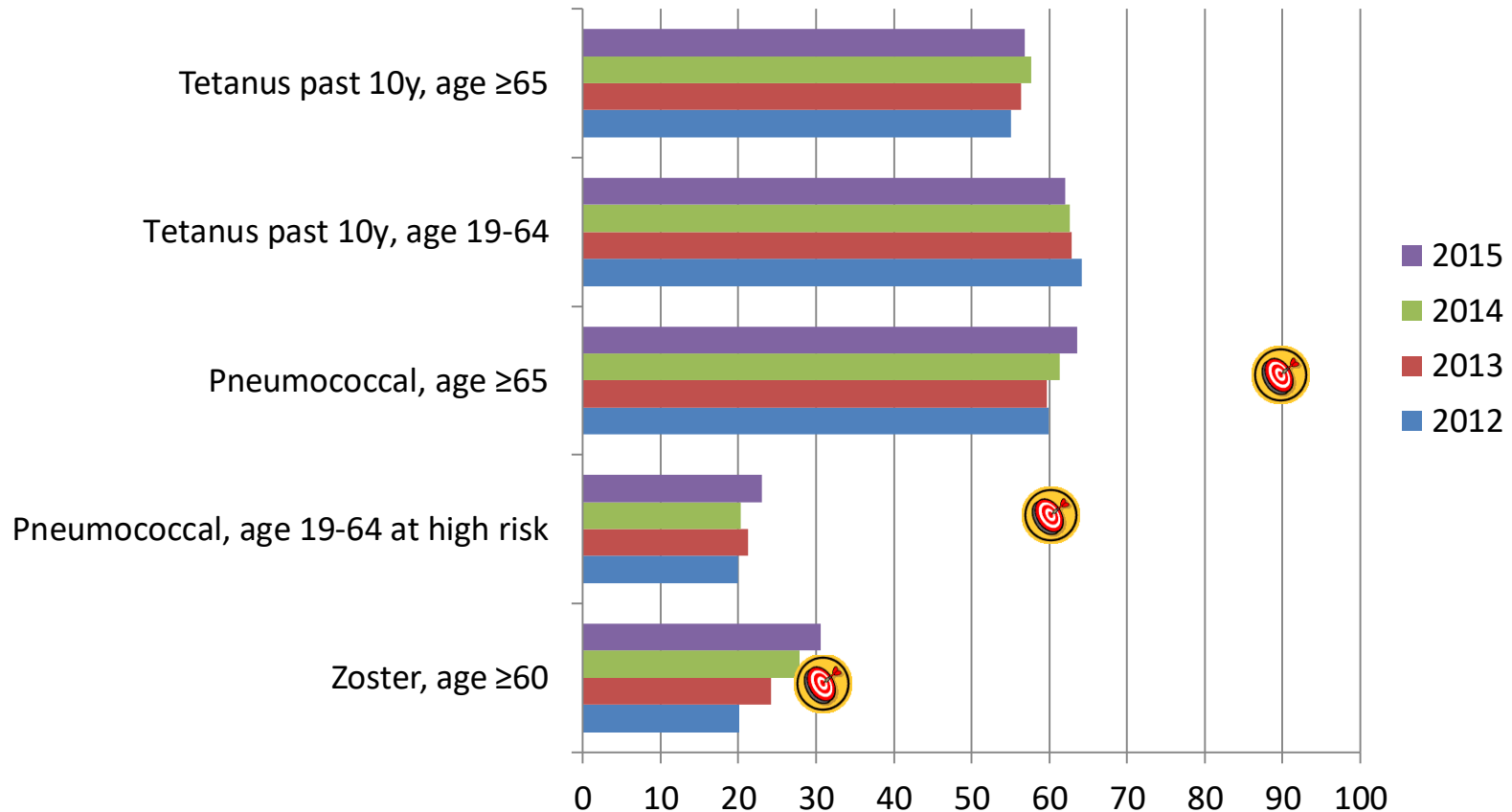
Cost Burden of 4 Adult Vaccine-Preventable Diseases to the U.S. (65 years and older), 2013

Vaccine-Preventable Disease	Estimated # of CASES	Estimated COSTS (Medical & Indirect) (in millions)
Influenza	4,019,759	8,312.8
Pneumococcal	440,187	3,787.1
Zoster	555,989	3,017.4
Pertussis	207,241	212.5
		\$15,329.8

~\$11 billion more annually – if you include the 50 – 64 years of age population



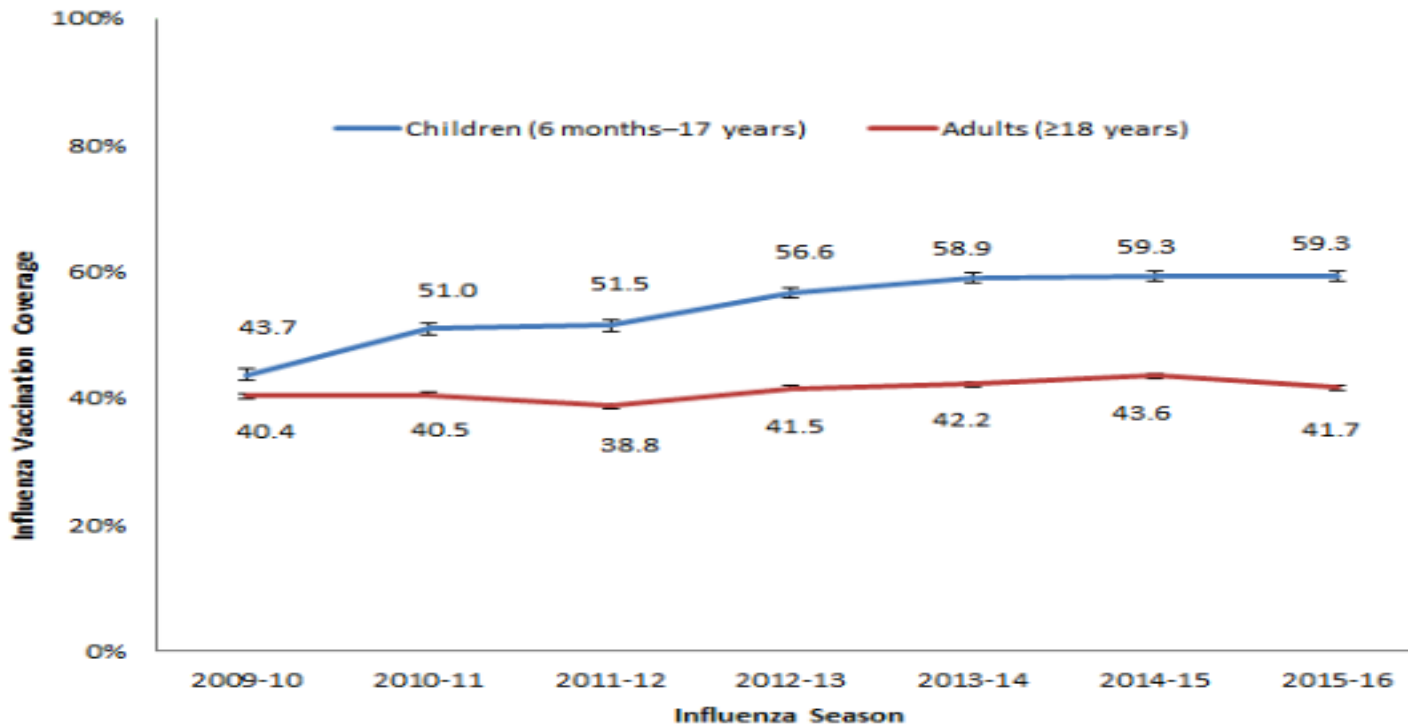
Adult Immunization Coverage Rates, National Health Interview Surveys, 2012–2015



 : Healthy People 2020 target

Influenza Vaccination Coverage by Age: 2009-10 thru 2015-16 Seasons (universal recommendation implemented in 2010)

Figure 1. Seasonal Flu Vaccination Coverage by Age Group and Season, United States, 2009–2016



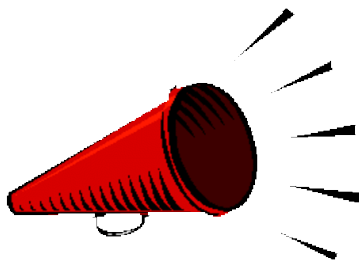
Season estimates available at: <http://www.cdc.gov/flu/fluview/index.htm>.

Error bars represent 95% confidence intervals around the estimates. The 2009-10 estimates do not include the influenza A (H1N1) pdm09 monovalent vaccine. Starting with the 2011-12 season, adult estimates reflect changes in BRFSS survey methods: the addition of cellular telephone samples and a new weighting method.

National Vaccine Advisory Committee Standards for Adult Immunization Practice

ALL providers of health care to adults are to:

1. ASSESS patient's status for all recommended vaccines at each clinical encounter;
2. Educate and counsel the patient on the recommended vaccines and strongly RECOMMEND needed vaccines; and,
3. VACCINATE at the same visit, OR for providers that do not stock the recommended vaccine, REFER the patient to a vaccinating provider.
4. DOCUMENT the receipt of vaccine by the patient



A National Call-To-Action!

Even if you don't
vaccinate, you still
need to
recommend
vaccines to your
patients



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Panel Discussion

What are overall challenges healthcare systems are facing today?

Where does prevention fall within those challenges?



Panel Discussion

Do you believe that prevention should be a core component of the care delivered by a healthcare system?



Panel Discussion

As a leader in your healthcare system in prevention efforts, what priority do you give adult immunizations in those efforts?

And if adult immunizations are not yet a priority, why is that and what can be done to improve that priority?



Panel Discussion

What roles do you see for yourself as a leader in prevention in your system's effort to vaccinate adults (patients and staff)?

Can you give some examples?



Panel Discussion

How did you both get Geisinger and Sutter to engage in prevention and adult immunizations?



Panel Discussion

What has your system learned as it designed and implemented an adult immunization program?



Panel Discussion

What has your system done to operationalize adult vaccinations?



Panel Discussion

How do you fully leverage your systems' HIT capability before, during, and after the immunization encounter to improve coverage rates?



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