



March 23, 2015

Rebecca Fish  
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National Vaccine Program Office  
Department of Health and Human Services  
Washington, D.C. 20515

Dear Ms. Fish:

The Association of Immunization Managers (AIM), representing the 64 federally-funded state, local and territorial immunization programs, appreciates this opportunity to comment on the HHS National Vaccine Program Office's (NVPO) National Adult Immunization Plan (NAIP).

Immunization program managers play a major role in the nation's highly successful childhood immunization efforts. High immunization coverage rates in children have prevented millions of infections and saved countless lives. However, major challenges and barriers exist in achieving widespread immunization coverage in adult populations. AIM commends the National Vaccine Program Office for its development of the National Adult Immunization Plan and fully supports the plan's goals and objectives.

#### General Comments

The NAIP clearly addresses the major challenges facing our nation to improve adult immunization coverage rates, including strengthening the adult immunization infrastructure, improving access to adult vaccines, increasing community demand for adult immunizations and fostering innovation in adult vaccine development and vaccination-related technologies. AIM recommends strengthening the plan with respect to the role of public health and the need for additional investment in public health infrastructure.

Public health entities like local health departments (LHDs) serve as safety net providers for those who cannot access vaccines elsewhere or do not have health insurance. The 64 federally-funded state, local and territorial Immunization Programs (IPs) play an essential and critical role in the nation's adult infrastructure: working to maintain and expand immunization information systems (IIS), educating the public and providers about the value of vaccines, providing guidance to providers about proper storage and handling of vaccine, assessing and addressing disparities in vaccination coverage rates, monitoring and tracking coverage, and responding to outbreaks of disease. Public health programs have the skills and experience to increase adult immunization

coverage rates in collaboration with others, and should be emphasized in the Plan. A broad “immunization neighborhood,” including all health care providers from public health to pharmacists to private and specialty physicians, is needed to achieve high coverage rates in adults.

In order to fully engage in the adult immunization activities, public health programs need stable federal support. The Section 317 program provides funding to 64 state, local and territorial immunization programs to conduct immunization activities and purchase vaccine for uninsured and underinsured individuals. However, the program is not fully funded and vaccine purchase funds have been cut nearly 70% since federal fiscal year 2010. The Centers for Disease Control and Prevention Section 317 Report to Congress recommended \$200 million in vaccine purchase for uninsured adults, and \$599 million in Section 317 operations funding in 2014 (Report to Congress on Section 317 Immunization Program, 2014). Current levels of funding fall well below this recommendation at \$86 million for vaccine purchase and \$234 million for operations (National Association of County and City Health Officials [NACCHO] Section 317 Factsheet using CDC figures, 2015). For more information on Section 317 funding levels, please see the NACCHO Section 317 Program Factsheet attached to these comments.

Immunization programs currently face significant financial constraints on their activities relating to adult immunization. Sixty percent of IPs reported cuts to their Section 317 funding for operations and 70% reported cuts in Section 317 funding for vaccine purchase in 2013 (AIM Annual Survey, 2013). Thirty eight percent of IPs reported that they reduced or cut adult vaccine purchase as a result of funding cuts and 21% of IPs reported reducing or cutting adult programming as a result of funding cuts in 2013 (AIM Annual Survey, 2013).

Section 317 funding can be used to support a wide array of programmatic activities. Some of these activities include identifying adult immunization providers, monitoring legislative changes in vaccination requirements for long-term care facilities and health care workers, supporting and promoting the roll out and use of Immunization Information Systems (IIS) to document adult immunization providers immunizations, identifying coverage disparities by race, ethnicity, and socioeconomic status, as well as VPD case investigation and reporting (Immunization Program Operations Manual, 2015). Without sufficient funding, however, IPs are unable to conduct many of these programmatic activities designed to increase adult immunization rates. In 2013, IPs reported that, if funding were available, they would engage in certain adult activities to increase adult immunization rates such as collaborating with corrections, working with STD/Family Planning clinics, partnering with pharmacists and community vaccinators, providing education to providers and the public and supporting health care worker vaccination (AIM Annual Survey, 2013).

#### Goal 1: Strengthening the Adult Immunization Infrastructure

AIM supports this goal to strengthen the adult immunization infrastructure overall and requests greater inclusion of public health programs in achieving this goal.

Inclusion of adults in Immunization Information Systems (IIS) is a critical piece of successful adult immunization infrastructure, especially given the variety of providers serving adults in the immunization neighborhood. The current indicators in Goal 1 address private providers submitting information to the IIS, but do not address the actual adult population covered by the IIS. Increasing the percentage of the adult population with vaccinations entered in IIS will support all adult activities and provide data to allow targeted vaccination strategies and provider/patient outreach.

AIM recommends the addition of an indicator that measures the percentage of the adult population that is in a state, city or territorial IIS with at least 1 recommended adult immunization. This data is available in the CDC IIS Annual Survey (IISAR).

Another vital part of the adult immunization infrastructure is the ability for IPs to develop programmatic activities that address low rates in adults. This requires staff support in IPs. Forty-six out of fifty-six IPs reported having an adult immunization coordinator on staff, but only 10 of those IPs (18%) reported that their adult coordinator spent more than 75% of their time on adult immunization activities (2012 CDC Program Annual Progress Assessment). AIM recommends including an indicator that measures the percent of IPs with an adult immunization coordinator on staff that spends more than 75% of their time on adult activities. This data is available in the Program Annual Progress Assessment survey conducted by CDC.

Infrastructure is an area in which IPs require significant and stable support and resources. IIS need to be maintained and expanded, staff are needed to on-board new providers to the IIS and develop and implement programmatic activities to increase adult immunization rates. AIM recommends that the NAIP address the financial realities of IPs and the adult immunization infrastructure. We recommend that the Plan recognize and support full funding for the Section 317 program as detailed in the CDC Section 317 Report to Congress.

AIM's recommended indicators:

- Percent of adults aged 19 years and older that have 1 or more adult immunization(s) recorded in IIS
- Percent of IPs with a full-time adult coordinator in the program in 2013

## Goal 2: Improve Access to Adult Vaccines

AIM supports Goal 2 of the NAIP and its suggested objectives to increase access to adult immunizations. The Plan, however, needs to address the essential role of public health entities, like local health departments (LHDs), as adult immunization providers.

LHDs are a vital access point for adults seeking vaccinations and serve as a safety net provider for people who cannot access needed vaccines elsewhere or are without health insurance. LHDs continue to be important access points to vaccines since implementation of the Affordable Care Act. The new health exchanges and Medicaid expansion do not cover the whole adult population; some are still left without insurance and cannot afford vaccines on their own.

One potential indicator to include is the number of LHDs providing vaccines to adults. This data would ideally come from NACCHO, as local health is their primary focus. If this data is not available through NACCHO, AIM collects information on the percent of IPs reporting that LHDs in their jurisdiction provide vaccines to adults. AIM would be happy to share this data with NVPO, and if this indicator is selected, AIM would continue to collect this data for the duration of the NAIP.

Access to adult immunizations in LHDs has changed over the years. Vaccines purchased using Section 317 funding have created a vaccine access safety net. Previously, 317 funds allowed for vaccination of a wide array of populations, but now are intended and can only be used for individuals without insurance or outbreaks. Section 317 vaccine funds have shrunk drastically over the last several years, curtailing the ability of IPs to purchase vaccine to be used in LHDs. AIM

recommends the addition of an indicator to measure the percent of IPs purchasing vaccine for adults. This data is collected in AIM's Annual Survey. AIM would be happy to share this data with NVPO, and if selected as an indicator, AIM would continue to collect this data for the duration of the NAIP.

All recommended vaccines should be available to all those seeking care, whether they have insurance or not and whether or not their primary care provider chooses to stock all recommended vaccines. In order to effectively provide vaccines to insured adults whose vaccines should be administered without deductible or copay by an in-network provider, LHDs need the capacity to bill insurance companies as in-network providers for these vaccine services. To successfully bill insurers, LHDs must be able to purchase and stock vaccine and obtain in-network provider status. They need the staff and mechanisms in place to screen patients and verify patient insurance status. Expanding billing capabilities at LHDs would increase the number of adults, both insured and uninsured, who can receive vaccinations at their LHD. Billing mechanisms serve both to document appropriate use of Section 317 vaccine and to provide financial support for vaccine purchases in LHDs. The income generated from reimbursements from insurance companies and public sector programs (Medicare and Medicaid) could be used to purchase more vaccine and increase the number of adults who receive vaccine. AIM recommends the inclusion of an indicator in the NAIP to measure how many LHDs have billing systems in place. NACCHO would be the best source for this information, but if it is not available, AIM collects information on IPs reporting that LHDs have billing systems in place. AIM would be happy to share this data with NVPO.

AIM's recommended indicators:

- Percent of IPs purchasing vaccines for adults.
- Percent of IPs reporting that at least some (1-50%) of the LHDs in their jurisdiction administered vaccines to adults in 2013.
- Number of IPs reporting that at least some (1-50%) of the LHDs in their jurisdiction have billing systems in place to bill Medicaid and/or private insurance.

### Goal 3: Increase Community Demand for Adult Vaccinations

AIM supports the third goal of the NAIP, especially the use of culturally competent and evidence based communications methods.

The adult population is diverse and different messages will be needed to communicate effectively with each subpopulation. IPs already communicate with the general public to increase demand for vaccines. IPs also work to increase demand through the use of immunization coalitions to leverage partnerships and resources to reach a wider audience. These coalitions can be utilized to address adult immunization. AIM recommends the addition of indicators that measure the percent of IPs reporting a coalition in their jurisdiction that covers adult immunization issues, and the percent of IPs addressing adult immunization issues with the public through the use of mass media and/or social media. This data is collected in the CDC Annual Adult Survey as well as in AIM's Annual Survey. AIM would be happy to share this data with NVPO, and if this indicator is selected for inclusion, AIM would continue to collect this data for the duration of the NAIP.

Furthermore, AIM commends NVPO for including the principles of the Adult Immunization Standards of Practice into this goal. AIM believes that all types of providers have a role in increase adult immunization rates, whether administering the vaccine, recommending the vaccine to patients or referring patients to another provider to receive the vaccine.

AIM's recommended indicators:

- Percent of IPs reporting an active immunization coalition in their jurisdiction that covers adult immunization issues.
- Percent of IPs reporting using social media or mass media to address adult immunization issues.

#### Goal 4: Foster Innovation in Adult Vaccine Development and Vaccination-related Technologies

AIM supports NAIP Goal 4 to foster innovation in adult vaccine development and vaccination related technology. IPs are typically not involved with development of vaccines or vaccine related technologies, but are very involved in issues of vaccine storage and handling.

AIM recommends that vaccine storage and handling be addressed in the NAIP, especially the need for guidance to ensure proper storage and handling practices of adult immunization providers. IPs regularly conduct site visits to providers enrolled in the Vaccines for Children (VFC) program to ensure that provider offices are storing and handling their vaccines properly. Since there is no such program for adult immunizations, such site visits are not conducted by IPs for adult providers. There is no oversight of adult immunization providers to enforce standards for proper storage and handling. This is a significant quality assurance concern because improper storage conditions damage vaccines. While creating a program similar to VFC for adults may not be feasible at this time, addressing this critical issue of assuring the integrity of vaccine storage conditions to the moment of use is important and should be included in the NAIP. It is feasible to explore new technology options to improve and simplify vaccine storage and handling for clinic staff to prevent administration of damaged vaccine, such as temperature monitors on each vial or package that visually indicates that storage conditions to which the package has been exposed have not caused damage. AIM is happy to help NVPO develop an indicator on this topic and help identify potential data sources.

#### Immunization Program Roles & Responsibilities

IPs seek to increase the rates of adult immunization and believe in the need to vaccinate individuals across the lifespan to provide population-wide protection from vaccine preventable diseases (VPDs).

As mentioned in our general comments on the NAIP, IPs have to balance priorities and program requirements with available funding. The number and complexity of requirements in the VFC program continue to increase, while funding corresponding to immunization infrastructure and staffing has remained stagnant. Thus, IPs have struggled to allocate the needed time and resources to increasing adult immunization rates. The following roles and responsibilities suggested in the NAIP coincide with current IP work that could be adapted to support adult immunization:

- Monitoring and reporting trends in VPDs in adults;
- Increasing use of the IIS to collect and track adult immunization data;
- Sharing information on the benefits of adult immunization, including disease burden and cost-effectiveness;
- Reducing financial barriers for uninsured adults receiving vaccines;
- Educating and encouraging individuals to be aware of and receive recommended adult immunizations;
- Educating and encouraging health care professionals to recommend and/or deliver adult vaccinations;

- Educating and encouraging other groups (community and faith-based groups) to recommend and/or deliver adult vaccinations; and
- Sharing expertise on vaccine storage, handling and distribution practices based on experience working with childhood providers.

AIM commends NVPO for creating the NAIP that addresses critical challenges in increasing adult immunization rates. Appropriate investment to support the strategic approach outlined in the National Plan, as well as a concerted effort by the wide spectrum of immunization stakeholder partners, will be essential to the Plan's success. AIM believes in the common goals of reducing barriers and improving access to adult immunizations and is dedicated to working with our members to create a substantial and lasting impact on adult immunization rates. AIM looks forward to working with NVPO, along with federal and non-federal stakeholders, to achieve the goals and objectives outlined in this plan.

Thank you again for this opportunity to offer our comments on the goals and objectives of the National Adult Immunization Plan.

Sincerely,



Pejman Talebian

Chair, AIM



Claire Hannan, M.P.H

Executive Director