From: Karol, Susan (IHS/HQ)
Sent: Wednesday, July 11, 2012 4:29 PM
Subject: FW: Immunization

To: IHS All

From: Chief Medical Officer

Re: Vaccines

Vaccination is a cornerstone of preventive health care, and provision of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for infants, children, adolescents and adults is considered a covered preventive service under the Patient Protection and Affordable Care Act (ACA) and a basic standard of care by the Indian Health Service. As such all IHS facilities should provide all vaccines as recommended by the ACIP. The schedules for recommended vaccines for children, adolescents and adults can be found at: http://www.cdc.gov/vaccines/recs/schedules/default.htm and are included below. These recommendations are endorsed by numerous medical professional groups, including the American Academy of Pediatrics and the American Academy of Family Practitioners.

To support the provision of all ACIP recommended vaccines to all IHS patients, the IHS Pharmaceutical and Therapeutics committee voted in September 2011 to automatically add all vaccines that are recommended by the ACIP to the IHS National Core Formulary. The formulary can be found at: http://www.ihs.gov/nptc/index.cfm?module=dsp_nptc_formulary

Background

Ensuring high immunization coverage levels protects both the individual patient as well as their community by preventing the spread of disease to those who may not be fully protected, such as infants and the elderly. While the incidence of many vaccine-preventable diseases has declined, these diseases are still present and can re-emerge if we are not vigilant about maintaining high immunization coverage levels. In light of on-going outbreaks in the U.S. with vaccine -preventable diseases such as pertussis and measles, ensuring that children and adults are protected through immunization is increasingly important.

Funding

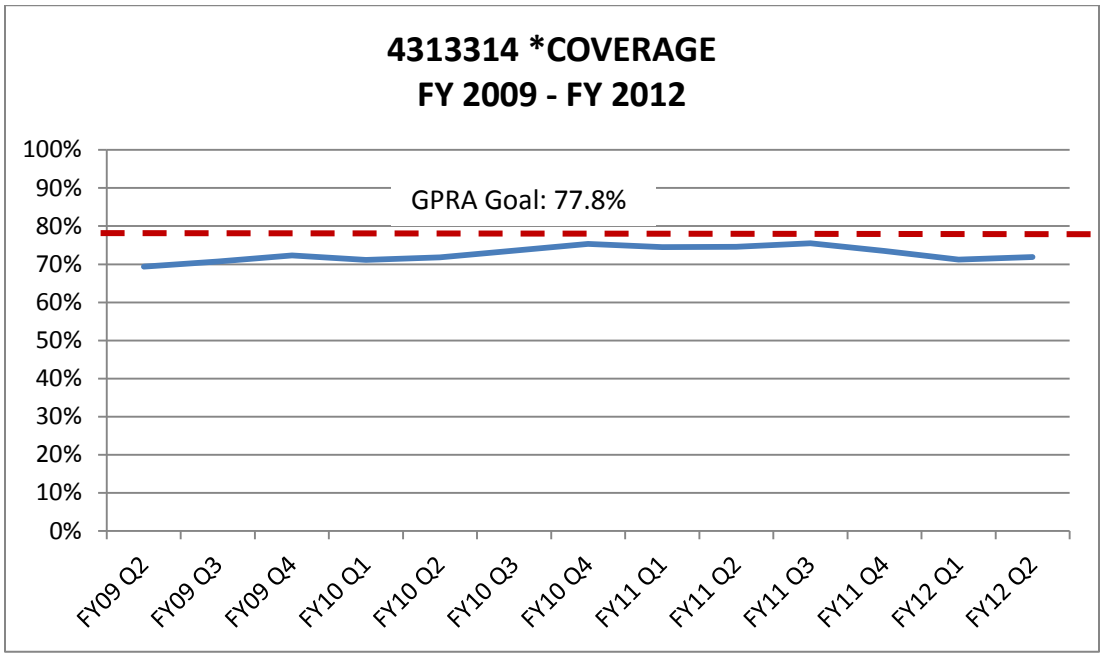
The Vaccines for Children (VFC) program provides free vaccine to providers serving VFC eligible patients < 19 yrs of age, including all American Indian/Alaska Native children. Funding for adult vaccines is less complete and remains a challenge. To address this, ACA requires private health plans to provide all ACIP recommended vaccines without cost-sharing. In addition, ACA has provisions to increase access to all ACIP recommended vaccines for participants of Medicaid and Medicare programs. Increasing patient access to adult immunizations in the IHS, Tribal, and Urban Indian (I/T/U) system is important to ensure that IHS is meeting this standard of care and an important component of bringing healthcare reform to IHS.

IHS Immunization Coverage Reporting/GPRA

IHS monitors immunization coverage levels on a quarterly basis, including coverage among 2 year olds with the 4313314 vaccine series. This measure, as well as influenza and pneumococcal vaccines among adults 65+ years, are important performance measures for IHS and part of the core Government Performance and Results Act (GPRA) indicators. Both the RPMS quarterly immunization reports and mid-year GPRA data suggest that childhood immunization levels are falling, and we are in danger of not meeting the GPRA 2012 goal of 77.8 % coverage with the 4313314 series (Figure 1).

Based on quarterly immunization reports, the 4313314 series coverage for all IHS areas combined for FY 2012 quarter 2 was 71.9%, well below the 2012 GPRA target of 77.8% [Figure 1]. While IHS is on track to meet our GPRA 2012 influenza and pneumococcal immunization coverage goals for adults 65+ yrs, only 1/3 of our patient population received a dose of influenza vaccine this season indicating there is more we need to do.

Figure 1: RPMS Quarterly Immunization Reports: 4313314 vaccine series coverage among children 19-35 months



* 4 doses of DTaP, 3 doses of polio, 1 dose of MMR, 3/4doses of Hib, 3 doses of Hep B, 1 dose of Varicella, and 4 doses of pneumococcal conjugate vaccine.

Provision of Adult Vaccines in IHS, Tribal and Urban Indian facilities

In a recent survey of I/T/U facilities about the provision of adult immunizations, the majority of facilities reported providing all routinely recommended ACIP vaccines, with the exception of HPV vaccine and Zoster vaccine for adults. These vaccines were being provided to adults by only 65% (HPV) and 45% (Zoster) of facilities. For most vaccines, the main reason sites reported for NOT administering a recommended vaccine was funding, followed by the fact that the vaccine could be received elsewhere (e.g. local health department) and lack of patient interest.

Healthcare Personnel Vaccination

In addition to ensuring our patients are protected from vaccine-preventable diseases, it is imperative that we as employees are up to date with all vaccines recommended for healthcare personnel. Because even workers who do not have direct patient contact are at risk of exposure to disease and can bring diseases into the workplace, all personnel who work in a healthcare facility should be considered healthcare personnel, and should have documentation of receipt of the following vaccines: influenza (annually), Tdap, MMR, Varicella, and if appropriate, Meningococcal, Hepatitis A and B vaccines. The ACIP recommendations for vaccination of healthcare personnel can be found at: http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf.

Conclusion

In the midst of declining immunization rates, incomplete provision of some adult vaccines, and on-going outbreaks of vaccine preventable disease, it is imperative that we step up our vaccination efforts among our patients and employees.

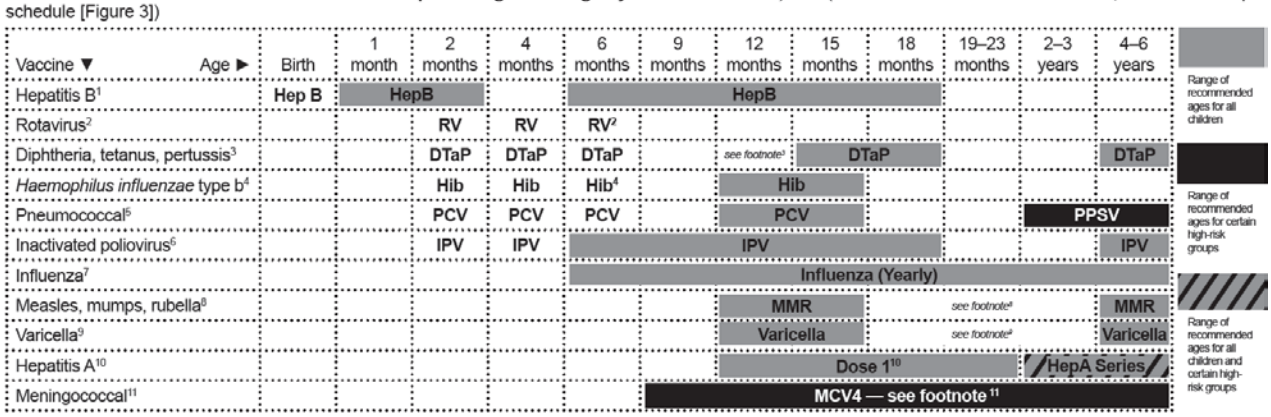
I urge sites to review their RPMS and GPRA data and take action to increase immunization coverage levels and improve access within our facilities to immunizations for all of our patients and employees. While funding challenges exist, provision of ALL ACIP recommended vaccines is a standard of care that IHS facilities are expected to meet.

Attachment - Vaccine Schedules

Copies of the ACIP vaccine schedules can be downloaded at: http://www.cdc.gov/vaccines/recs/schedules/

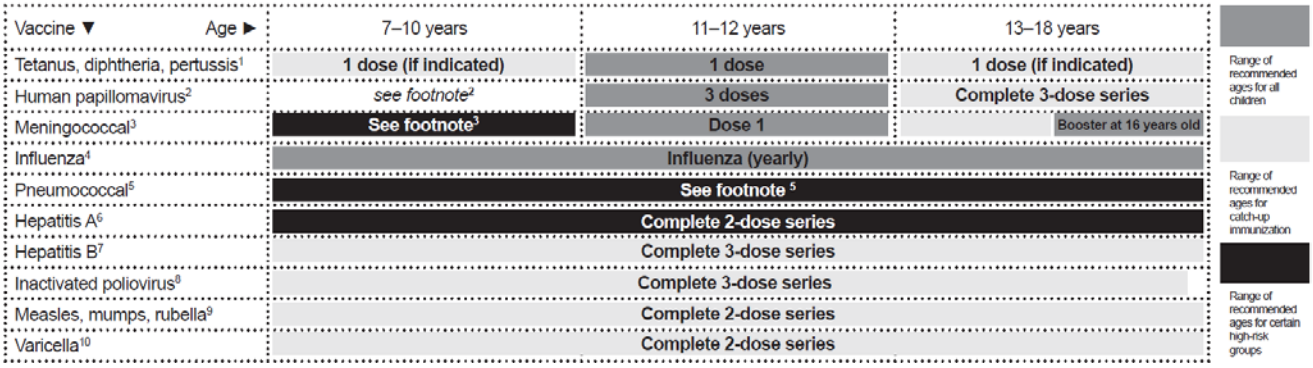
Childhood Vaccine Schedule (0 – 6 years)

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])



Childhood/Adolescent Vaccine Schedule (7 – 18 years)

FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

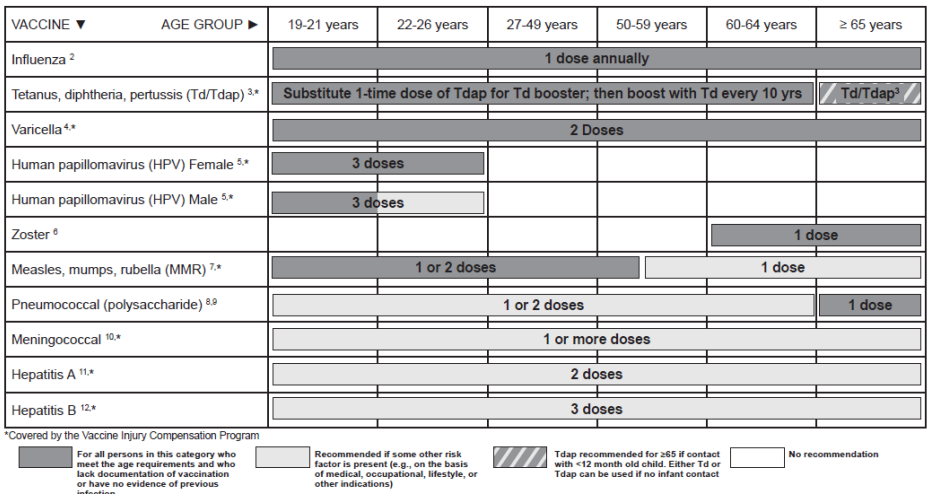


Adult Immunization Schedule

Recommended Adult Immunization Schedule—United States - 2012

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group[1]



*Covered by the Vaccine Injury Compensation Program

For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact

No recommendation