Improving Influenza Immunizations: Protecting Vulnerable Populations through Partnerships with Providers

April 16, 2015
• Learning Objectives
  – Assess key resources and tools that will enhance or sustain professional work or volunteer role in planning for, responding to, and recovering from disasters and other public health emergencies
  – Identify ways to incorporate key partnerships with healthcare providers in seasonal and pandemic influenza planning for vulnerable populations.
  – Leverage best practices to engage healthcare providers to improve influenza vaccination rates in vulnerable populations
Purpose: To improve influenza outcomes among vulnerable populations including pregnant women and racial-ethnic minorities, including tribes.

Supported by a cooperative agreement with the Centers for Disease Control and Prevention
Resources on Mitigating the Impact of Seasonal & Pandemic Flu on Vulnerable Populations

American College of Nurse-Midwives
Immunization Resources for Providers
http://www.midwife.org/Immunization-Resources-for-Providers
Talking points, position statements, FAQs, posters and other resources for providers & patients.

American College of Obstetricians and Gynecologists
Immunization for Women: Immunization Information for OB-Gyns and Their Patients
http://immunizationforwomen.org/
Practice management resources, immunization toolkits, patient FAQs, videos, personal stories, and more.

National Hispanic Medical Association
Adult Vaccination Toolkit: A Campaign to Improve Vaccination Rates in the Hispanic Community
http://nhmamd.org/index.php/resources-for-physicians/physician-toolkit
Vaccine schedules, vaccine safety information, and technological tools.

National Medical Association
NMA Encourages Flu Awareness and Prevention
http://nmanet.org/index.php?option=com_content&view=article&id=1322&Itemid=468
Resources on influenza disparities, myths, tips for successful campaigns, and more.
ASTHO-Supported Public Health and Primary Care Collaborative

Public Health Partners
- NACCHO
- Trust for America’s Health
- Association of Public Health Nurses
- Association of Schools and Programs of Public Health

Primary Care Partners
- American Medical Association
- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Preventive Medicine

Federal Partners
- HRSA
- CDC
- CMS
- CMMI
- AHRQ

Health insurer partners
- National Association of Medicaid Directors
- America’s Health Insurance Plans
- Alliance of Community Health Plans

www.astho.org/pcphcollaborative
ASTHO-Supported Public Health and Primary Care Collaborative

Strategic Objectives:
• Develop a strategy to strengthen and support public health and primary care integration that builds on Primary Care and Public Health: Exploring Integration to Improve Population Health.

• Prioritize efforts to increase integration of public health-primary care infrastructure.

• Identify collaborations and partnerships in and between primary care and public health to strengthen resources to improve the health of populations, achieve higher quality of care, and lower costs in healthcare.

www.astho.org/pcphcollaborative
Agenda

• Debra Hawks, American College of Obstetricians and Gynecologists (ACOG)

• Flavia Mercado, National Hispanic Medical Association (NHMA)

• Carol Hayes, American College of Nurse Midwives (ACNM)

• Open Discussion
Thank You!

Ericka McGowan
ASTHO
Director, Infectious Disease Preparedness
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Midwives and ACNM: Working to Improve Public Health

Carol Hayes, CNM, MN, MPH
April 16, 2015
Certified Nurse-Midwives / Certified Midwives

• 11,500 active CNMs/CMs in the US
• Accredited education: Accreditation Commission for Midwifery Education (ACME)
• National certification: American Midwifery Certification Board (AMCB)
• Licensed independent providers in all 50 states, most with prescriptive authority. CM credential recognized in 5 states
• Primary care providers for women across lifespan
• Early Nurse Midwives in US served poor women in rural Kentucky and the slums of New York
Hallmarks of Midwifery

• Scientific evidence in clinical practice
• Shared decision-making
• Communication and counseling
• Public health promotion, disease prevention, and health education
• Vulnerable populations
• Collaboration with health care team members
Where CNMs and CMs Practice

Data Current as of February 2014

Source: American Midwifery Certification Board
Number and Density of CNMs/CMs by State

Data Current as of February 2014

Number of CNMs/CMs shown in each state. Density indicated by color.

There were a total of 10,866 CNMs/CMs as of 2/11/14.

Source: Number of CNMs/CMs per state provided to ACNM by the American Midwifery Certification Board (AMCB). Population figures from US Census, rounded to nearest 1,000.
ACNM Resources

• Clinical documents
• Research and publications
• Professional consultation
• Global leadership
• Public outreach
• Federal & state advocacy
• Collaborative partnerships
Community Education
Community Education and Mobilization

Midwife means “with woman”, wherever she may be. In many parts of the world, most women lack access to a skilled provider who can respond to health emergencies; women are often unable to leave their communities for any number of socio-cultural, economic and gender equity reasons. Although women are frequently, if not always, responsible for the well-being of the family, they often lack the means to acquire information and education and access to basic health care. Their decisions are guided by age-old traditions that have deep cultural significance and may or may not contribute to the health of their family members.

ACNM’s guiding principle in community based work is to stand with communities in their quest for improved well-being, and to facilitate that path. ACNM uses the guided sharing of peer-to-peer experiences to help communities “connect the dots” between cause and effect and to come to agree on both individual and collective actions which will be taken in response to health needs. This approach allows for successful negotiation between individual and cultural beliefs and the introduction of new concepts.

American College of Nurse-Midwives
Department of Global Outreach

Home Based Life Saving Skills (HBLSS)
Working in health facilities led to the recognized need for earlier intervention at the community level to ensure timely referral.
Life-Saving Skills

Manual for Midwives

4th Edition
Life-Saving Skills Manual for Midwives
MANUAL TABLE OF CONTENTS

Module 1. Introduction
  Acknowledgments
  Maternal & Neonatal Mortality and Morbidity
  The Problem Solving Method
  Caring Behavior

Module 2. Antenatal Care
  Prevent Mother to Child Transmission of HIV/AIDS
  History and Physical Examination
  Focused Antenatal Care during Pregnancy
  Prevent and Manage Complications

Module 3. Labor – Monitor Progress and Give Care
  History and Physical Examination
  Monitor First Stage using the Partograph
  Care and Management of Second Stage
  Prevent and Manage Complications

Module 4. Episiotomy – Prevent and Repair
  Prevent Episiotomy and Lacerations
  Safe Episiotomy
  Repair Episiotomy and Lacerations

Module 5. Hemorrhage – Prevent and Manage
  Active Management of the Third Stage
  Bimanual Compression of the Uterus
  Manual Removal of the Placenta
  Manual Removal of Clots and Products of Conception

Module 6. Resuscitation
  HIV Protection
  Infant and Adult Resuscitation

Module 7. Infections – Prevent and Manage
  Prevent Infections
  Woman and Baby Infections
  HIV/AIDS Infection

Module 8. Stabilize and Refer
  Prevent and Manage Shock
  Fluid Therapy
Vulnerable Populations Project

On cooperative agreement from the Association of State and Territorial Health Officers (ASTHO) and the Centers for Disease Control and Prevention (CDC), ACNM surveyed members and produced a suite of material on immunizations

• For women: [http://www.midwife.org/omot-vaccines-during-pregnancy](http://www.midwife.org/omot-vaccines-during-pregnancy)

• For providers: [http://midwife.org/Immunization-Resources-for-Providers](http://midwife.org/Immunization-Resources-for-Providers)
Member Survey January 2014

• Lack of knowledge about the safety of immunizations (75%)
• Members needed information that includes talking points to use when discussing vaccines with women (63%)
• Contraindications/indications (62%)
• Updates on the immunization schedule (53%)
• State Immunization Information Systems (50%)
Barriers for those not offering immunizations:

• Reimbursement (57%)
• Not enough interested clients (33%)
• Not enough storage space (38%)
Midwives’ Perceptions of Why Women Are Not Vaccinated

• Concern for the safety of the vaccine in pregnancy (85%)
• Concern that the vaccine would give them the disease (68%)
• Unpleasant experience (63%)
• Belief that vaccines are not needed because diseases themselves are being eliminated (62%)
Midwives’ Perceptions of Why Women Are Not Vaccinated

• Concern for the link to developmental delays (55%)
• Concern for mercury in vaccines (45%)
• Misunderstanding about the mechanism of action of the vaccine (45%)
• Concern over serious adverse events (40%)
Midwives’ Perceptions of Why Women Are Not Vaccinated

- Cost (19%)
- Religious restrictions (11%)
- True allergy or previous reaction (10%)
- Inconvenient access (10%)
Immunization Resources for Providers

- ACNM Talking Points
- ACNM Signs on to Influenza and Pregnancy Dear Colleague Letter
- ACNM Signs on to Dear Colleague Letter Urging Increased Pertussis Protection
- Letter to Providers from ACNM President
- ACNM Position Statements
  - Immunization Status of Women & Their Families
  - Immunization in Pregnancy and Postpartum
Publications

- *Journal of Midwifery and Women’s Health* commentary
  doi:10.1111/jmwh.12233
  - Share with Women in the *Journal of Midwifery & Women's Health* October 2014
- *Quickening* newsletter articles
  1. Spring 2014: ACA paying for vaccines
  2. Spring 2014: Safety of vaccines
  3. Summer 2014: About this project
  4. Winter 2015: Zoster review
• FAQ Vaccines
• FAQ Vaccines in Pregnancy
• FAQ Whooping cough
• FAQ Influenza
• FAQ MMR Vaccine

www.OurMomentOfTruth.com
Understanding the Importance of Vaccines—Become a Supermom and Protect Yourself & Your Family

It's easy to get confused by the large amount of conflicting information about vaccines. Learning the facts will help you understand the bottom line—vaccines are safe and vital for good health. If you are pregnant, it is even more important to protect yourself, your baby, and your family.

By educating yourself, you can become a Supermom of disease prevention—our vaccine handouts make it easy! They help to answer many questions about the flu vaccine and others. Please download our handouts and discuss vaccination with your health care provider so you can make informed decisions that are best for you.

- Questions Women Have About Vaccines—Overview
- Understanding Vaccines During Pregnancy
- Frequently Asked Questions about the Whooping Cough (Pertussis) Vaccine
- Frequently Asked Questions about the Flu Vaccine

Be a SuperMom Coloring Pages—You can download a PDF with 8 pages of Superhero-themed illustrations featuring the benefits of vaccinations to share with your
Measles, mumps and rubella are very serious diseases and easy to catch from a cough or sneeze. The science is clear, the vaccines are safe! Protect yourself and your family—ask your health care provider about the safety of vaccines.

**Measles**

Also known as rubeola, measles is caused by a virus. Due to widespread use of a safe and effective vaccine, measles cases in the US dropped in 2000 to an all-time low of 86 cases\(^1\). In 2015, the US is experiencing a record number of measles cases: more than 600 cases, including 20 outbreaks reported around the country.

Because measles is eliminated in the US, meaning it is no longer native to this country, most US
Esté Una 
SUPERMAMA
¡Las vacunas son SANAS para ti y tu
Changing the Mindset

• Second Survey
  – concerned about giving Tdap in every pregnancy
  – “I still don't think vaccines are safe”

• Opinions
  • Fine line between informing and pressuring. Does not always quite get it right especially for home and birth center women.
  • Tdap cannot be indicated for "every pregnancy." Some women have closely spaced pregnancies and it's insane to give them that much vaccine if the vaccines are worth anything.
  • I believe there is inadequate information about potential long-term effects of giving this vaccine in pregnancy.
  • Tdap is currently ineffective as pertussis has mutated, so it's pretty useless to give. HPV is not safe.
Developing Standardized Curriculum for Midwifery Education Programs

- Promoting evidenced based practice on vaccines in pregnancy
- Pre-test and post-test with certificate
- AMCB: Recommend inclusion of immunization information in upcoming recertification modules
ACNM Outreach

• Indian Health Service – webinar planned
• ACNM Annual Meeting & Exhibition presentations
  • 2014 Sonja Rasmussen (CDC) on safety of vaccines in pregnancy
  • 2015 Jennifer Liang (CDC) on Tdap safety in pregnancy
  • 2015 Ordering & administering vaccines
• Presentations at other events
  • AANP 2015
Washington State

• Engaging OB providers
  – Presented at the state obstetric meeting
  – Provider participation on state vaccination advisory committee
  – Provider participation on state perinatal advisory committee
  – Monthly Clinical Topics Listserv
  – Engaged providers in clinical tool development
  – Vaccination Issue Brief for providers
Washington Materials and Resources

- Flu letter to Obstetrical providers
- Sent each flu season
- Signed by the State Health Officer
- Includes key messages and resources for providers
- Distributed/Shared through multiple channels
Washington
Preparation: Develop a plan to

- Advise all pregnant women to get vaccinated during any trimester
- Provide flu vaccine in your office
- Issue standing orders for vaccination
- Establish a reminder system for vaccinations
State Members Affiliates

- [http://www.midwife.org/affiliates](http://www.midwife.org/affiliates)
www.midwife.org

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2015 Adult Vaccination Toolkit
A Campaign to Improve Vaccination Rates in the Hispanic Community

In collaboration with CDC and ASTHO

Flavia Mercado, MD
Objectives

• Why are vaccinations and vaccine-preventable diseases important?
• What are the vaccination rates among the Hispanic/Latino population?
• What are the New Standards for Adult Immunization Practice in 2013?
• What are the key findings of the NHMA Adult Vaccination Toolkit?
National Hispanic Medical Association

• Established in 1994 in Washington, DC
• Non-profit 501c6 association
• Representing over 50,000 Hispanic physicians in the U.S.

• Our mission is to empower Hispanic physicians to improve the health of Hispanic populations partnering with Hispanic medical societies, residents, students and public and private partners.
What do we do?

- Serve as a resource for White House, Congress, and Federal agencies on health policies and programs

- Support Hispanic physician leadership at national and state level

- Provide networking opportunities for advancement of Hispanic health
The WHO acknowledges immunization as one of the most successful and cost-effective public health interventions, preventing between 2 and 3 million deaths every year.1

50,000 adults in the U.S. continue to die each year from vaccine-preventable diseases alone.2

Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.3

1 http://www.who.int/campaigns/immunization-week/2013/campaign_essentials/en/
2 http://www.cdc.gov/flu/fluaxview/coverage-1213estimates.html
Hispanic/Latino Facts

54 million or 17% of the total US population\(^1\)

In 2012, the percentage of Hispanics
- 5 and older who spoke Spanish at home - 73.9%
- Who lacked health insurance - 29.1%

Adult vaccination coverage remains particularly low among Hispanics.

Deaths from pneumonia and influenza combined are the 10th leading cause of death among Hispanics\(^2\)

Despite Hispanic adults having Medicare coverage, the vaccination rates for influenza, pneumococcal, and Hepatitis B still remain lower when compared to non-Hispanics of the same age group with Medicare coverage\(^3\)

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2. [http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html#10](http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html#10)
3. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm#Tab1](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm#Tab1)
Flu Vaccination Coverage Among Adults - U.S. 2013

Immunization & Infectious Diseases

ILD-12.12 Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza. Target 70%

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age group, risk</th>
<th>Vaccinated Hispanics (%)</th>
<th>National average vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu (Fluvax)</td>
<td>≥ 18 yrs.</td>
<td>33.1</td>
<td>42.2</td>
</tr>
</tbody>
</table>

Source: [http://www.cdc.gov/flu/fluvaxview/coverage-1314estimates.htm#by-race-adults](http://www.cdc.gov/flu/fluvaxview/coverage-1314estimates.htm#by-race-adults)
### Vaccination Coverage Among Hispanic Adults U.S. 2012

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</thead>
<tbody>
<tr>
<td>Tetanus post 10 yrs.</td>
<td>19 - 49 yrs.</td>
<td>53.9</td>
<td>64.2</td>
</tr>
<tr>
<td></td>
<td>50 - 64 yrs.</td>
<td>52.3</td>
<td>63.5</td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>44.8</td>
<td>55.1</td>
</tr>
<tr>
<td>Tetanus + Pertussis post 7 yrs.</td>
<td>≥ 19 yrs.</td>
<td>8.7</td>
<td>14.2</td>
</tr>
<tr>
<td></td>
<td>19 - 64 yrs.</td>
<td>9.2</td>
<td>15.6</td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>3.3</td>
<td>8.0</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>Data not available for Hispanic adults</td>
<td></td>
</tr>
<tr>
<td>HPV Females (≥1 dose) ever</td>
<td>19 - 26 yrs.</td>
<td>18.7</td>
<td>34.5</td>
</tr>
<tr>
<td>Herpes zoster (shingles) ever</td>
<td>≥ 60 yrs. high risk</td>
<td>8.7</td>
<td>20.1</td>
</tr>
<tr>
<td>MMR (Measles, mumps and rubella)</td>
<td></td>
<td>Data not available for Hispanic adults</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal ever</td>
<td>19 - 64 yrs. high risk</td>
<td>13.8</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>43.4</td>
<td>59.9</td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td>Data not available for Hispanic adults</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (≥2 doses) ever</td>
<td>19 - 49 yrs. high risk</td>
<td>10.5</td>
<td>12.2</td>
</tr>
<tr>
<td>Hepatitis B (≥ 3 doses) ever</td>
<td>19 - 49 yrs.</td>
<td>27.1</td>
<td>35.3</td>
</tr>
<tr>
<td>Hib</td>
<td></td>
<td>Data not available for Hispanic adults</td>
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</tr>
</tbody>
</table>

- Target 30%
- Target 60%
- Target 90%
New Standards for Adult Immunization Practice in 2013

National Vaccine Advisory Committee of the CDC

Practice Standards for ALL Healthcare Professionals:
1. Provide vaccine ASSESSMENT at every visit
   - Stay informed. Get the latest CDC recommendations for immunizations of adults.
   - Implement protocols and policies. Ensure that patients’ vaccine needs are routinely reviewed and patients get reminders about vaccines they need.

2. Provide a strong, clear immunization RECOMMENDATION

3. ADMINISTER needed vaccines or REFER patients to a local vaccination provider.

4. DOCUMENT vaccines received by patients.
   - Participate in state immunization registries
   - Follow up to confirm that patients received recommended vaccines.

2015 Adult Vaccination Toolkit

Developed a toolkit to assist health care providers increase vaccination rates among Hispanic adults.

**Goal** to reduce disparities in Hispanic adult vaccination coverage and rates.

Collaboration between CDC, ASTHO and NHMA

Electronic survey was developed to assess the knowledge, attitudes, and behaviors of NHMA health care provider members regarding adult vaccinations in the Hispanic community.

Approximately 250 physicians responded

- Highlighted barriers and suggestions to improve Hispanic adult vaccination rates.
- Identified resources needed to assist practitioners in promoting adult vaccinations among the Hispanic adult population.
NHMA Adult Vaccination Toolkit

A campaign to improve vaccination rates in the Hispanic community.

Pneumococcal Vaccination

In 2015, about 13 million adults in the U.S. had received the recommended pneumococcal vaccine, with Hispanics having one of the lowest rates of initial vaccination (Kopp et al.)

Fewer than 50% of adults over the age of 65 who received the influenza vaccine (Kopp et al.)

All adults over 65 years of age had received the influenza vaccine.

National Hispanic Medical Association

Meningococcal Vaccine

Two vaccines are available against meningococcal disease: the meningococcal polysaccharide vaccine (Menomax) and the meningococcal conjugate vaccine (Menomax Pentacel, Menomax and Micomax) (Micheels et al.). Doses are recommended between 11-18 years of age. The first dose should be given at 11-12 years of age with a booster at age 16. Adolescents who have never received meningococcal conjugate vaccine at an age of 16 or have received one dose do not need a booster dose.

The meningococcal vaccine is mandated as a state-by-state basis. Some states require college students to be vaccinated, especially if planning to live in on-campus housing. For more information, visit: https://www.cdc.gov/vaccines/

CDC Meningococcal Information for Health Providers:
https://www.cdc.gov/vaccines/health-providers/immunization-schedules/meningococcal.html
Physician Respondents

- 73.9% were Hispanic
- 54% Male to 46% Female
- 22.5% Family Medicine/Internal Medicine vs 33.8% non-primary Specialties
- 40% Academic > 21% Private Practice > 16% Hospital based > 13% Community Health Center/Clinic
- 15% NY > 11% TX > 10% CA > 7% FL
Physician Attitudes & Behaviors

• 70% - Screen their patients routinely for vaccine-preventable diseases

• 84% - Believe screening for vaccine-preventable diseases is within the scope of their practice

• 86% - Physician discusses vaccines with their patients

• 60% - Enough time during a routine visit to address

• 83% - Recommend Flu (most recommended) vs least recommended HPV or shingles at 44%

• 10% - We (Provider or staff) do not recommend vaccination for adults.
Practice

• 28% - Practice does not stock vaccines
• 15% - Recommends vaccines if HP covers vaccines
• 16% - Recommends vaccines if an adult patient requests them

• 49% - Reported cost is a problem
• 88% had Hispanic patients in their practice

• 68% - Agree/Strongly Agree that their patient population is receptive to immunization recommendations
Pregnancy

• Education of the safety of vaccines during pregnancy both for mother and fetus.
• Importance of knowing the vaccines recommended during pregnancy and the physician being responsible for informing their patient.
• Not stocking vaccines
• Concerns of patient not accepting or not able to pay if HP doesn’t cover vaccines
Office Technology Support

• 58% - Do not have technology supports to remind patients

• 84% - Believe technological support would be helpful
Reliable source

• CDC
• Professional Medical Association
• Public health websites
Key Findings

Top 3 reasons for Patients declining Immunizations

- 74% Patient misinformation about the need and safety of vaccines, and fear of side effects
- 21% Vaccine cost to Physician
- 5% Limited time for Physician to address vaccinations
Key Findings

Methods used to provide vaccine information to patients

- Brochures or handouts: 44%
- Printouts from an electronic health record: 26%
- Practice-related website: 6%
- Social media: Twitter or Facebook: 2%
- Email: 1%
- Patient health portal: 3%
- Text messaging: 6%
- None: 12%
Key Findings

Respondents agreed there was a need for more culturally appropriate, Spanish language, patient informational literature.

Many of the providers that responded do not utilize available tools to remind patients about needed vaccinations, but agreed that they would be helpful to their practices and patients.

The top reason patients declined immunizations was due to misinformation on the negative side effects of vaccines.

The survey highlighted the need for increased vaccine education materials for Hispanic patients to allay concerns and fears and allow for knowledgeable decisions regarding immunizations for themselves and their families.
NHMA Adult Vaccination Toolkit

RESOURCES IN SPANISH:

CDC 2014 Recommended Immunizations for Adult by Age in Spanish, visit: http://www.cdc.gov/vaccine/schedules/downloads/adult/adult-schedule-easy-read-sp.pdf

Influenza
- La Influenza Y Usted - Folleto con información sobre la influenza (gripe)
- Vacuna Contra La Gripe - Hoja informativa

Tétano
- Td – Hoja informativa
- Tdap – Hoja informativa

Varicela
- La Varicela - Hoja informativa

VPH
- Infección Genital Por El Virus del Papiloma Humano (VPH) - Hoja informativa
- VPH & El Cáncer Cervicouterino - Hoja informativa
- Información Para Mujeres Sobre la Vacuna Contra El VPH - Hoja informativa
- Virus Del Papiloma Humano Genital – La Realidad - Folleto sobre el VPH

Herpes Zóster
- Vacuna Contra La Culebrilla: Lo Que Usted Necesita Saber - Folleto sobre la vacuna

Sarampión, Las Papera Y La Rubéola.
- La Vacuna MMR - Folleto sobre el sarampión, las papera y la rubéola

Enfermedad Neumocócica
- La Vacuna Neumocócica Polisacárido: Lo Que Usted Necesita Saber - Hoja informativa

Meningocócica
- Vacunas Meningocócicas: Lo Que Usted Necesita Saber - Hoja informativa

Hepatits A & B
- Hepatitis A - Hoja informativa
- Hepatitis B - información general

HIB
- Vacuna Contra El HIB: Lo Que Usted Necesita Saber - Hoja de información
Vacunas para adultos
¡No nunca tiene demasiada edad como para vacunarse!

Hepatitis A (HepA)
Tiene. Necesita esta vacuna si tiene un factor de riesgo específico de contaminación por hepatitis A, o si simplemente desea estar protegido contra esta enfermedad. Por lo general, la vacuna se aplica en 2 dosis, la segunda de 6-12 meses después de la primera.

Hepatitis B (HepB)
Tal vez. Necesita esta vacuna si tiene un factor de riesgo específico de contaminación por el virus de la hepatitis B; o si simplemente desea estar protegido contra esta enfermedad. La vacuna se aplica en 3 dosis, por lo general en un plazo de 6 meses.

Virus del papiloma humano (HPV)
Tiene. Necesita esta vacuna si es mujer de 15 a 26 años de edad o mayor, o si es hombre de 21 a 45 años con una situación de riesgo, o tiene antecedentes de cáncer. La vacuna se aplica en 6 dosis en un plazo de 6 meses.

Cobas (o influenza)
Si. Necesita una dosis cada año (o más) para su protección y para la protección de los que están cerca de usted.

Sarampión, papamay y rubéola (MMR)
Tiene. Necesita al menos 1 dosis de MMR si nació en 1957 o después. Es posible que también necesite recibir una segunda dosis.

Meningocociosis (MCV4, MPSV4)
Tal vez. Necesita esta vacuna si tiene una o varias problemas de salud, o si tiene de 11 a 21 años y es un estudiante de primer año de universidad que vive en una residencia estudiantil, y si nunca ha vacunado o la vacunaron antes de los 16 años.

Neumococo (PneuO) (R2v3, PCv4)
Tiene. Necesita 1 dosis de PCv4 a los 15 años de edad (o mayor) si nunca ha sido vacunado, o si ya lo vacunaron anteriormente por lo menos hace 5 años, aunque tenga menos de 5 años de edad. También necesita de 2 a 3 dosis si tiene alergias o si tiene ciertos problemas crónicos de salud. Algunos adultos con ciertos problemas de alta riesgo también necesitan recibir la vacuna PCv4. Habla con su profesional de la salud para saber si necesita esta vacuna.

Tetanos, difteria, tétanos con polio (Tdap, Td)
Si. Todos los adultos necesitan recibir vacuna Tdap 10 años para adultos contra la difteria y las mujeres necesitan una dosis durante cada embarazo. Después de eso, necesita una dosis de refuerzo de la Td cada 10 años. Consulte con su profesional de la salud si en algún momento de su vida no se vacunó contra tetanos y difteria; la enfermedad puede ser letal.

Varicela
Tiene. Si ha tenido varicela o si la vacunaron, pero solamente recibió 1 dosis, hable con su profesional de la salud para saber si necesita esta vacuna.

Hepatitis C (cidoheba)
Si. Si tiene 40 años de edad o más se debe aplazar ahora con dosis única en esta surtida.

Consulte con su profesional de la salud para almacenar su mejor dosis de vacunas y evitar de alguna manera enfermedades.

¿Tiene plan de vacunas para el futuro? Sí, tal vez necesite más vacunas. Los Centros para el Control y la Prevención de Enfermedades (CDC) proporcionan información para ayudar a los profesionales de la salud a recordar vacunas, medicamentos y otras recomendaciones para prevenir enfermedades infecciosas y otras enfermedades. Visite el sitio web de los CDC (www.cdc.gov) y haga clic en el área de CDC INFO (Boo 176-689). También puede consultar a una línea de asistencia de su profesional de la salud.
Contact us

Visit our websites:
.NHMA:  www.nhmamd.org
.NHHF:  www.nhmafoundation.org

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Washington, DC 20036
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Fax: 202-628-5898
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Check out our social media sites:
facebook.com/NHMAMD.ORG
@NHMAmd
@NHMAmd
youtube.com/NHMAvideos
The National Hispanic Medical Association (NHMA) would like to thank everyone who assisted in the research, planning, writing and editing of this document.

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Thank you & Any questions?

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NHMA Board with Vice Admiral (VADM) Vivek H. Murthy, MD, MBA, 19th U.S. Surgeon at NHMA 19th Annual Conference March 27-29, 2015 in Wash DC.
ACOG--Debra Hawks, MPH, Sr Director, Practice Activities, Ob & Immunization
American College of Obstetricians and Gynecologists (ACOG)

- ACOG is a medical specialty society
- ACOG is a non-profit corporation 501C3, tax-exempt charitable, educational organization
- 95% of board-certified ob-gyns are members of ACOG (a total of over 58,000 members)
- Ob-gyns are a major source of ambulatory care for women, providing 44% of preventive care visits for women over age 18.
- ACOG has a strong history of promoting routine vaccination of women in ob-gyn practices.
- 85% of deliveries attended by ob-gyns
Operational Mission Statement

The American College of Obstetricians and Gynecologists, the preeminent authority on women’s health, is a professional membership organization dedicated to advancing women’s health by building and sustaining the obstetric and gynecologic community and actively supporting its members. ACOG pursues this mission through education, practice, research, and advocacy. ACOG will emphasize life-long learning, incorporate new knowledge and information technology, and evolve its governance structure. To achieve its strategic goals, ACOG will develop an operational plan that includes appropriate metrics.
Organizational Structure: Districts

THE GEOGRAPHIC DISTRICTS OF
The American Congress of Obstetricians and Gynecologists

*Note: The Armed Forces District exists only in the American College of Obstetricians and Gynecologists, and not in the American Congress of Obstetricians and Gynecologists.
ACOG Immunization Expert Work Group

In 2005, ACOG called together a Task Force on Immunization to strengthen the role of obstetrician-gynecologist in providing immunizations for adolescent and adult women. The members of this ACOG Task Force met from 2005 until 2008.

In 2010, ACOG convened an Immunization Expert Work Group to further enhance the role of ob-gyns as vaccinators of adolescent and adult women. This Immunization Expert Work Group provides valuable contributions to all resources, activities, and programs.
ACOG Immunization Program Activities

- Clinical guidelines
- Provider materials
- Patient materials
- Immunization Expert Working Group/Committees
- Immunization Department/Practice Activities Division
- Immunization for Women website
- Direct Fellow Mailings
- Coding Monograph
- Immunization Smartphone App
- District V Demonstration Project
- District XI Demonstration Project
- CDC funded projects
ACOG Clinical Guidance Impact

- ACOG’s Practice Bulletins and Committee Opinions are widely read and relied upon for new/late breaking data

- Ob-gyns read journals and ACOG generated documents for clinical information

- ACOG survey found that 98% were aware of ACOG guidelines and 96% had used those guidelines over previous 5 years

- Specific projects were launched and well-received and impactful around HIV testing, GBS guidelines, influenza vaccination, H1N1 treatment

- Low national rates (before 2009) of influenza vaccination during pregnancy (15–30%)*

- Beginning in 2009, national yearly estimates of vaccination rates have continued to increase. Estimates suggest that anywhere from 38% to 52% of women who were pregnant, women who were in the immediate postpartum period, or both have received the seasonal influenza vaccine each year from 2009 to 2013*

* ACOG Committee Opinion 608, September 2014
ACOG Immunization Guidance


ACOG Immunization Guidance


Influenza Season Assessment and Treatment for Pregnant Women With Influenza-Like Illness:
Vulnerable Populations Project

1. Identify and address barriers to influenza immunization in pregnant women

2. Coordinate with ASTHO and project partners to disseminate ACOG resources on influenza vaccination and pregnancy

3. Conduct a pilot project adapting the Fetal-Infant Mortality Review (FIMR) Program for Maternal Immunization (MIRP)
Pregnant women are more severely affected by influenza compared with the general population.
- More likely to develop severe illness and to die than the general population.
- The increased severity of influenza is believed to be related to physiologic changes in pregnancy.

Because of this increased severity of influenza during pregnancy, the American College of Obstetricians and Gynecologists (ACOG) and the Advisory Committee on Immunization Practices (ACIP) recommends influenza vaccination for women who will be pregnant during the influenza season, regardless of trimester.
Maternal Influenza Immunization

Maternal influenza affects infant outcome and increased rates of fetal death and prematurity have been documented.

- 2013-2014 U.S. median overall rate for seasonal influenza vaccination coverage among pregnant was 53%.
- Immunization rates by state varied markedly from 67.5% (Massachusetts) to 29.9% (Georgia).
- According to the Centers for Disease Control (CDC), such widely varying rates highlight the need for state-specific strategies to increase vaccination of pregnant women.
ACOG Influenza Activities 2013-14

- Regular updates on ImmunizationforWomen.org
- Several email blasts to members regarding the importance of influenza immunization during pregnancy
- Webinar on influenza immunization
- Revision and dissemination of algorithm addressing the assessment and treatment of influenza like illness in pregnant women
- President’s blog on influenza immunization during National Influenza Vaccination Week
Maternal Influenza Review Program: Description of Project

- Pilot project adapting the Fetal-Infant Mortality Program (FIMR) to Maternal Immunization. ACOG selected 4 states to each review 15 cases of pregnant women who were hospitalized with influenza during 2012-13.

- States followed the same model states have used to apply the FIMR methodology on the state level to review maternal mortality by conducting a retrospective review of quantitative and qualitative data via medical chart abstraction and maternal interviews.

- Funded by CDC through the Association of State and Territorial Health Officials (ASTHO).

- Training Guide, Data Abstraction, and Maternal Interview Forms were developed by ACOG.

- Training call conducted in first week of April, 2014, Final report with recommendations from Case Review Team due September 1, 2014.

- Goal was to identify potentially preventable issues and barriers and make recommendations for improvement.
Fetal-Infant Mortality Review Program (FIMR)

What FIMR is:
• Identifies local systems weaknesses and issues
• Used to better understand all factors leading to an infant death
• Includes and highly values input from mothers who have lost an infant through the maternal interview
• Facilitates community action and improves systems
• Is a continuous quality improvement model

What FIMR is not:
• Not about fault-finding or assigning blame
• Not about conducting research on the causes of infant death
• Not surveillance
States Funded

- Colorado Department of Public Health
- Minnesota Department of Health
- New York State Department of Health
- Rhode Island Department of Health
1) Case Identification (State Health Department)
   – An “influenza case” is defined as diagnosed influenza in a hospitalized pregnant women at any stage of gestation upon discharge during the 2012-13 influenza season.

2) Data Abstraction (State Health Department)
   – States collected information on maternal influenza care, prenatal care, labor and delivery care, newborn care, post-partum/reproductive health care, and pediatric care (birth – 6 months).
   – Provided with data abstraction forms with immunization module

3) Maternal Interview (State Health Department)
   – Each site made concerted efforts to interview the mothers using the Maternal Interview Abstraction Form
Project Protocol

4) Case Review (State Health Department)
   - State convenes a Case Review Team (CRT)
   - Develop recommendations to address some of the systems issues identified during case reviews.
   - Consider ways to implement some of the developed recommendations.

5) Summary of Findings & Recommendations for Systems Improvement
   - Based on the Case Review Team findings and recommendations, ACOG’s Immunization staff and Immunization Expert Work Group, will publish summary review of data with recommendations for increasing maternal influenza immunization.

6) Community Action Team (CAT) (State Health Department) Year 2
   - States will execute a Community Action Team and put in place some of the recommendations identified in Year 1
1) Case Identification

- An “influenza case” is defined as diagnosed influenza in a hospitalized pregnant women at any stage of gestation upon discharge during the 2012-13 influenza season.
Maternal Influenza Cases

- **Colorado**
  - 39 pregnant women hospitalized with influenza in the 5-county Denver metropolitan area
- **Minnesota**
  - 23 pregnant women hospitalized with Influenza in Minneapolis-St. Paul Metro area
- **New York State**
  - 28 pregnant women hospitalized with influenza in FluSurv-NET NYS (encompasses 15 counties in the Capital and Western regions)
- **Rhode Island**
  - 23 pregnant women hospitalized with Influenza in Providence County.
2) Data Abstraction

- States collected information on maternal influenza care, prenatal care, labor and delivery care, newborn care, post-partum/reproductive health care, and pediatric care (birth – 6 months).
- Provided with data abstraction forms with immunization module
Data Abstraction

• Identify and address legal and institutional issues
  • MN, NY and RI required IRB

• Establish systems to maintain confidentiality.

• Abstraction of Medical records:
  • CO- 39 prenatal patient care records
  • MN- 18 medical charts
  • RI- 11 medical charts
  • NY- 12 prenatal and hospital care records

• All states found that some records were more informative than others, some were incomplete making it difficult to complete the hospitalization section of the ACOG Data Abstraction Forms
3) Maternal Interview

Each site made concerted efforts to interview the mothers using the Maternal Interview Abstraction Form.

Example Questions from Maternal Interview Abstraction Form:

- Did you receive any prenatal care from a doctor, nurse-midwife, nurse practitioner or another health care provider during this pregnancy?
- During your pregnancy during the 2012-13 flu season, did any of the following make it difficult for you to receive as many prenatal care visits as you would have liked? (Check all that apply)
- How did you pay for your prenatal visits?
- Did you receive a flu shot during your pregnancy? If so, When?
- At what point did you seek medical attention for your symptoms?
Maternal Interviews

- States had difficulty making contact with the potential participants.
  - Some women were unable to be contacted, some refused to participate.
  - If the woman agreed to participate but requested that the interview be outside their home, the interview was conducted at the interviewer’s office, at a quiet public place, or on the telephone.*

- Number of interviews conducted: CO (11), RI (7), MN (5), NY (12)

*Typically FIMR discourages telephone interviews, however with this model it proved to be very effective, likely due to the fact that the topic of discussion was much less sensitive than a fetal or infant death.
Maternal Interviews

- **All 4 states found that maternal interviews were very informative.**
  - There were frequently discrepancies between what the women reported during their interviews and what was documented in their medical records.
  - Maternal Home Interviews provided additional information not found in charts: *why they refused the flu vaccine, when and where they received the vaccine, and if it was offered at subsequent clinic/office visits.*
  - One maternal interviewee felt like her providers passed her off to each other when she called with symptoms of influenza. She felt that had she been able to be seen at her primary care provider she would have avoided a hospital stay.
4) Case Review

- The Case Review Team (CRT) reviews and analyzes the case review summary which has been developed for the meeting and consists of relevant findings from both the medical record data abstraction and maternal home interview.
- Membership should include individuals who will bring diversity, influence, commitment, and consumer participation to the table.
- CRT review all complete cases
- Develop recommendations to address some of the systems issues identified during case reviews.
- Consider ways to implement some of the developed recommendations.
### Summary of Data Collection: Colorado

#### Case Summary: 17 Cases Reviewed at CRT

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weeks gestation when admitted</td>
<td>35</td>
</tr>
<tr>
<td>Number of Cases Vaccinated</td>
<td>10</td>
</tr>
<tr>
<td>Number of Cases Unvaccinated</td>
<td>17</td>
</tr>
</tbody>
</table>
Summary of Data Collection: Minnesota

<table>
<thead>
<tr>
<th>Case Summary: 18 Cases reviewed at CRT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average weeks gestation when admitted</strong></td>
</tr>
<tr>
<td><strong>Number of Cases Vaccinated</strong></td>
</tr>
<tr>
<td><strong>Number of Cases Unvaccinated</strong></td>
</tr>
<tr>
<td><strong>Influenza Vaccination Status Documented in chart</strong></td>
</tr>
</tbody>
</table>
## Summary of Data Collection: New York

### Case Summary: 12 Cases reviewed at the CRT

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weeks gestation when admitted</td>
<td>29.5</td>
</tr>
<tr>
<td>Number of Cases Vaccinated</td>
<td>9</td>
</tr>
<tr>
<td>Number of Cases Unvaccinated</td>
<td>3</td>
</tr>
<tr>
<td>Influenza Vaccination Status Documented in chart</td>
<td>10/12</td>
</tr>
</tbody>
</table>
### Case Summary: 11 Cases Reviewed at CRT

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weeks gestation when admitted</td>
<td>29</td>
</tr>
<tr>
<td>Number of Cases Vaccinated</td>
<td>7</td>
</tr>
<tr>
<td>Number of Cases Unvaccinated</td>
<td>4</td>
</tr>
<tr>
<td>Influenza Vaccination Status Documented in chart</td>
<td>10/11</td>
</tr>
</tbody>
</table>
Case Review Team Members

- **Colorado Department of Public Health**
  Ob/Gyn physician, infectious disease medicine physician, local public health nurse, home visitation specialist, Medicaid expert, midwife, epidemiology expert, immunization expert, and Women, Infants and Children (WIC) representative

- **Minnesota Department of Health**
  Family practice physician, a hospital birthing center nurse manager, a MDH Maternal and Child Health specialist, the MDH Infectious Disease Epidemiology, Prevention and Control Division Medical Director, the Immunization Program staff person who leads the Immunization and Pregnancy subgroup, an influenza surveillance epidemiologist, MIRP investigators, and their supervisor.

- **New York State Department of Health**
  Director, Emerging Infections Program, CDC/CSTE Fellow, Emerging Infections Program, RN- Graduate School of Public Health Intern, (Emerging Infections Program), Director- Division of Epidemiology, Medical Director, Bureau of Immunization, Vaccine Preventable Disease Surveillance-Bureau of Immunization, Schenectady County Public Health Nurse, Medical Director, Division of Family Health, Research Scientist, Bureau of Maternal and Child Health, Research Scientist and new mother (Emerging Infections Program)

- **Rhode Island Department of Health**
  Women & Infants Hospital - infectious disease administrator, Ob/Gyn physician, executive director of the state’s adult immunization coalition, and from HEALTH -- facilities regulations nurse, epidemiology and infectious disease nurse, immunization epidemiologist, licensed social worker, immunization/perinatal Hep B community health nurse, Chief of Preventive Services and Community Practices and the Immunization program manager
State CRT Recommendations

• One of the most common recommendations was for further training of providers to better identify influenza among pregnant women.

• All providers should fully educate patients on the risks of influenza during pregnancy, risk reduction, and provide a strong recommendation for vaccination.

• Educate urgent care clinics on how to manage and care for pregnant patients with flu-like symptoms and to understand the guidelines for administering antiviral medication to pregnant women.

• Need for better integration of care and documentation of care between primary care, ob-gyn, and hospital.
State CRT Recommendations

- Further need to address cultural issues affecting immunization.
- Additional patient education was frequently needed for those patients refusing the vaccine due to fears. Need for providers to educate about risks to woman and her infant if they don’t get immunized.
- Education to pregnant women is needed around the fact that even though she has received a flu shot she must be vigilant in protecting herself and her baby by limiting contact with close contacts who are sick or haven’t been vaccinated.
- Provide more options for free flu vaccines for pregnant women and their partners who may not have insurance.
5) Summary of Findings & Recommendations for Systems Improvement
Among the 4 states participating in this pilot, ACOG has identified several common themes and recommendations for implementation outlined below.

**System Level**
- Inconsistent or lack of documentation of immunization recommendations, declination, administration, and subsequent conversations
- Lack of consistency among providers in regards to infection control regulations in labor and delivery units
- Under-education of urgent care center and emergency room staff on the assessment and treatment of pregnant women presenting with influenza-like-illness. This includes differentiating between normal side effects of pregnancy and symptoms of influenza
Common Themes & Recommendations

• Many ob-gyns do not offer influenza vaccine in their office. Patients trust their ob-gyn while pregnant, referring patients elsewhere increases the risk of women going unvaccinated. Ob-gyns need to start recommending and offering influenza vaccine.

• Inability of family members to get vaccinated due to insurance coverage issues or provider’s inability to vaccinate family (i.e. ob not being able to vaccinate a father or a pediatrician not being able to vaccinate a parent)

• Immunizations need to be further integrated into EMRs and tailored for ob-gyn providers

• Adult immunization registries are underused but may be a good way to document and track immunization records
Concerns over vaccine safety among patients need to be addressed.

Similarly, misconceptions about influenza vaccine need to be debunked. I.e. “the flu vaccine isn’t effective” or “the flu vaccine will make me sick”

Messaging needs to focus on the increased risk of severe illness and complications during pregnancy.

Providers need to take time to discuss influenza vaccine with their patients and if patients decline, need to have the conversation at each subsequent visit.
Conclusion

• All 4 states agreed that this pilot study using the FIMR methodology was very informative, and provided them with useful information that could be used to improve systems issues.

• States are hopeful that there will be an opportunity to convene a Community Action Team to implement recommendations.

• In future years of the project ACOG will create toolkit for other states to use as resource to implement their own MIRP program.
ACOG’s Immunization Department Contact Information

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2015 Adult Vaccination Toolkit
A Campaign to Improve Vaccination Rates in the Hispanic Community

In collaboration with CDC and ASTHO

Flavia Mercado, MD
Objectives

- Why are vaccinations and vaccine-preventable diseases important?
- What are the vaccination rates among the Hispanic/Latino population?
- What are the New Standards for Adult Immunization Practice in 2013?
- What are the key findings of the NHMA Adult Vaccination Toolkit?
National Hispanic Medical Association

• Established in 1994 in Washington, DC
• Non-profit 501c6 association
• Representing over 50,000 Hispanic physicians in the U.S.

• Our mission is to empower Hispanic physicians to improve the health of Hispanic populations partnering with Hispanic medical societies, residents, students and public and private partners.
What do we do?

• Serve as a resource for White House, Congress, and Federal agencies on health policies and programs

• Support Hispanic physician leadership at national and state level

• Provide networking opportunities for advancement of Hispanic health
Background

The WHO acknowledges immunization as one of the most successful and cost-effective public health interventions, preventing between 2 and 3 million deaths every year.1

50,000 adults in the U.S. continue to die each year from vaccine-preventable diseases alone.2

Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.3

Hispanic/Latino Facts

54 million or 17% of the total US population

In 2012, the percentage of Hispanics
- 5 and older who spoke Spanish at home - 73.9%
- Who lacked health insurance - 29.1%

Adult vaccination coverage remains particularly low among Hispanics.

Deaths from pneumonia and influenza combined are the 10th leading cause of death among Hispanics.

Despite Hispanic adults having Medicare coverage, the vaccination rates for influenza, pneumococcal, and Hepatitis B still remain lower when compared to non-Hispanics of the same age group with Medicare coverage.

3. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm#Tab1
Flu Vaccination Coverage Among Adults - U.S. 2013

Immunization & Infectious Diseases

ILD-12.12 Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza. Target 70%

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age group, risk</th>
<th>Vaccinated Hispanics (%)</th>
<th>National average vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu (Fluvax)</td>
<td>≥ 18 yrs.</td>
<td>33.1</td>
<td>42.2</td>
</tr>
</tbody>
</table>

Source: [http://www.cdc.gov/flu/fluvoxview/coverage-1314estimates.htm#by-race-adults](http://www.cdc.gov/flu/fluvoxview/coverage-1314estimates.htm#by-race-adults)
### Table 2. Vaccination Coverage Among Hispanic Adults – U.S. 2012

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age group, risk</th>
<th>Vaccinated Hispanics (%)</th>
<th>National average vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus post 10 yrs.</td>
<td>19 - 49 yrs.</td>
<td>53.9</td>
<td>64.2</td>
</tr>
<tr>
<td></td>
<td>50 - 64 yrs.</td>
<td>52.3</td>
<td>63.5</td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>44.8</td>
<td>55.1</td>
</tr>
<tr>
<td>Tetanus + Pertussis post 7 yrs.</td>
<td>≥ 19 yrs.</td>
<td>8.7</td>
<td>14.2</td>
</tr>
<tr>
<td></td>
<td>19 - 64 yrs.</td>
<td>9.2</td>
<td>15.6</td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>3.3</td>
<td>8.0</td>
</tr>
<tr>
<td>Varicella</td>
<td>Data not available for Hispanic adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>19 - 26 yrs.</td>
<td>18.7</td>
<td>34.5</td>
</tr>
<tr>
<td>Females (≥1 dose) ever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herpes zoster (shingles) ever</td>
<td>≥ 60 yrs.</td>
<td>8.7</td>
<td>20.1</td>
</tr>
<tr>
<td>(high risk)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, mumps and rubella)</td>
<td>Data not available for Hispanic adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>19 - 64 yrs.</td>
<td>13.8</td>
<td>20.0</td>
</tr>
<tr>
<td>ever</td>
<td>(high risk)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 65 yrs.</td>
<td>43.4</td>
<td>59.9</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Data not available for Hispanic adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>19 - 49 yrs.</td>
<td>10.5</td>
<td>12.2</td>
</tr>
<tr>
<td>(≥2 doses) ever</td>
<td>(high risk)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>19 - 49 yrs.</td>
<td>27.1</td>
<td>35.3</td>
</tr>
<tr>
<td>(≥ 3 doses) ever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>Data not available for Hispanic adults</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Target 60%**
- **Target 90%**
- **Target 30%**

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6305a4.htm)
New Standards for Adult Immunization Practice in 2013

National Vaccine Advisory Committee of the CDC

Practice Standards for **ALL** Healthcare Professionals:

1. Provide vaccine **ASSESSMENT** at every visit
   - Stay informed. Get the latest CDC recommendations for immunizations of adults.
   - Implement protocols and policies. Ensure that patients’ vaccine needs are routinely reviewed and patients get reminders about vaccines they need.

2. Provide a strong, clear immunization **RECOMMENDATION**

3. **ADMINISTER** needed vaccines or **REFER** patients to a local vaccination provider.

4. **DOCUMENT** vaccines received by patients.
   - Participate in state immunization registries
   - Follow up to confirm that patients received recommended vaccines.

2015 Adult Vaccination Toolkit

Developed a toolkit to assist health care providers increase vaccination rates among Hispanic adults.

**Goal** to reduce disparities in Hispanic adult vaccination coverage and rates.

Collaboration between CDC, ASTHO and NHMA

Electronic survey was developed to assess the knowledge, attitudes, and behaviors of NHMA health care provider members regarding adult vaccinations in the Hispanic community.

Approximately 250 physicians responded
- Highlighted barriers and suggestions to improve Hispanic adult vaccination rates.
- Identified resources needed to assist practitioners in promoting adult vaccinations among the Hispanic adult population.
NHMA Adult Vaccination Toolkit

A campaign to improve vaccination rates in the Hispanic community

NHMA Adult Vaccination Toolkit

Pneumococcal Vaccine (PCV13, PPSV23)

In 2011, about 15 million adults in the U.S. had received the recommended pneumococcal vaccine, with influenza having one of the lowest rates of adult vaccination (Kaplan, 2011).

Three or two vaccines that offer protection against pneumococcal disease: the pneumococcal conjugate vaccine (PCV13) and the pneumococcal polysaccharide vaccine (PPSV23).

Adults 65 years of age and older should receive the PPSV23 vaccine. For additional information, please refer to the Adult pneumococcal vaccine letter.

Meningococcal Vaccine

Two vaccines are available against meningococcal disease: the meningococcal polysaccharide vaccine (Menomax) and the meningococcal conjugate vaccine (Menomax 23 and Menomax 7). Two doses are recommended between 11-18 years of age. The first dose should be given at 11-12 years of age with a booster at age 16. Adolescents who receive their first dose of meningococcal conjugate vaccine at or after the age of 16 do not need a booster dose.

The meningococcal vaccine is mandated on most state school bonds. Some states require college students to be vaccinated, especially if applying to live in residential housing. For more information, visit: https://www.cdc.gov/immunization/health-providers/meningococcal-vaccine.html

CDC Meningococcal Information for Health Providers:
http://www.cdc.gov/immunization/health-providers/meningococcal-vaccine.html

NHMA National Hispanic Medical Association
Physician Respondents

- 73.9% were Hispanic
- 54% Male to 46% Female
- 22.5% Family Medicine/Internal Medicine vs 33.8% non-primary Specialties
- 40% Academic > 21% Private Practice > 16% Hospital based > 13% Community Health Center/Clinic
- 15% NY > 11% TX > 10% CA > 7% FL
Physician Attitudes & Behaviors

- 70% - Screen their patients routinely for vaccine-preventable diseases
- 84% - Believe screening for vaccine-preventable diseases is within the scope of their practice
- 86% - Physician discusses vaccines with their patients
- 60% - Enough time during a routine visit to address
- 83% - Recommend Flu (most recommended) vs least recommended HPV or shingles at 44%
- 10% - We (Provider or staff) do not recommend vaccination for adults.
Practice

• 28% - Practice does not stock vaccines
• 15% - Recommends vaccines if HP covers vaccines
• 16% - Recommends vaccines if an adult patient requests them
• 49% - Reported cost is a problem
Patient

- 88% had Hispanic patients in their practice
- 68% - Agree/Strongly Agree that their patient population is receptive to immunization recommendations
Pregnancy

• Education of the safety of vaccines during pregnancy both for mother and fetus.
• Importance of knowing the vaccines recommended during pregnancy and the physician being responsible for informing their patient.
• Not stocking vaccines
• Concerns of patient not accepting or not able to pay if HP doesn’t cover vaccines
Office Technology Support

- 58% - Do not have technology supports to remind patients

- 84% - Believe technological support would be helpful
Reliable source

• CDC
• Professional Medical Association
• Public health websites
Key Findings

Top 3 reasons for Patients declining Immunizations

- Patient misinformation about the need and safety of vaccines, and fear of side effects (74%)
- Vaccine cost to Physician (21%)
- Limited time for Physician to address vaccinations (5%)
Key Findings

Methods used to provide vaccine information to patients

- Brochures or handouts: 44%
- Printouts from an electronic health record: 26%
- Practice-related website: 6%
- Social media: Twitter or Facebook: 1%
- Email: 3%
- Patient health portal: 6%
- Text messaging: 2%
- None: 12%
Key Findings

Respondents agreed there was a need for more culturally appropriate, Spanish language, patient informational literature.

Many of the providers that responded do not utilize available tools to remind patients about needed vaccinations, but agreed that they would be helpful to their practices and patients.

The top reason patients declined immunizations was due to misinformation on the negative side effects of vaccines.

The survey highlighted the need for increased vaccine education materials for Hispanic patients to allay concerns and fears and allow for knowledgeable decisions regarding immunizations for themselves and their families.
<table>
<thead>
<tr>
<th>RESOURCES IN SPANISH:</th>
<th></th>
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<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td></td>
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<tr>
<td>• La influenza y usted</td>
<td>Folleto con información sobre la influenza (gripe)</td>
</tr>
<tr>
<td>• Vacuna Contra La Gripe</td>
<td>Hoja informativa</td>
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<tr>
<td><strong>Tétanos</strong></td>
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<td>• Td**</td>
<td>Hoja informativa</td>
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<tr>
<td>• Tdap*</td>
<td>Hoja informativa</td>
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<tr>
<td><strong>Varicela</strong></td>
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<tr>
<td>• La Varicela</td>
<td>Hoja informativa</td>
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<tr>
<td><strong>VPH</strong></td>
<td></td>
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<tr>
<td>• Infección Genital Por El Virus del Papiloma Humano (VPH)**</td>
<td>Hoja informativa</td>
</tr>
<tr>
<td>• VPH &amp; El CÁncer Cervical*</td>
<td>Hoja informativa</td>
</tr>
<tr>
<td>• Información Para Mujeres Sobre la Vacuna Contra El VPH**</td>
<td>Hoja Informativa</td>
</tr>
<tr>
<td>• Virus Del Papiloma Humano Genital - La Realidad**</td>
<td>Folleto sobre el VPH</td>
</tr>
</tbody>
</table>

**Herpes Zóster**
- Vacuna Contra La Culebrilla: Lo Que Usted Necesita Saber* - Folleto sobre la vacuna

**Sarampión, Las Papera Y La Rubéola.**
- La Vacuna MMR* - Folleto sobre el sarampión, las papera y la rubéola

**Enfermedad Neumocócica**
- La Vacuna Neumocócica Polisacárido: Lo Que Usted Necesita Saber* - Hoja informativa

**Meningocócica**
- Vacunas Meningocócicas: Lo Que Usted Necesita Saber** - Hoja informativa

**Hepatitis A & B**
- Hepatitis A** - Hoja Informativa  
- Hepatitis B* - Información general

**HIB**
- Vacuna Contra El HIB, Lo Que Usted Necesita Saber** - Hoja de información
Vacunas para adultos
¡Uno nunca tiene demasiada edad como para vacunarse!

¿Se necesita?

- **Hepatitis A (HAV)**
  - Tal vez, necesita esta vacuna si tiene un factor de riesgo específico de contagio o infección por el virus de la hepatitis A. Si simplemente desea estar protegido contra esta enfermedad.
  - La vacuna se aplica en 2 dosis, la segunda de la A en 12 meses después de la primera.

- **Hepatitis B (HBV)**
  - Tal vez, necesita esta vacuna si se encuentra en un factor de riesgo específico de contagio o infección por el virus de la hepatitis B. Si simplemente desea estar protegido contra esta enfermedad.
  - La vacuna se aplica en 3 dosis, por lo general, en un lapso de 6 meses.

- ** {[Virus del papiloma humano] (HPV)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Cáncer (e) inflamación)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Immunosupresión, papamay y vida útil)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Neumococo (MV, PCV13, PCV15)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Vitaminas, dióxido y contenido)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Vírica)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.

- ** {[Hepatitis ester (cáncer)**
  - Tal vez, necesita esta vacuna si vive en una mujer de 21 años de edad o más, si es un hombre de 21 años o más, o si tiene una situación de riesgo para desarrollar cáncer de cuello uterino. La vacuna se aplica en 3 dosis, generalmente en un lapso de 6 meses.
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