

15-09

STATEMENT OF POLICY

Immunization Programs

Policy

The National Association of City and County Health Officials (NACCHO) recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for vaccination of uninsured and underinsured children, adolescents, and adults. NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates to protect individuals and communities from vaccine-preventable diseases.

Comprehensive and sustainable immunization programs will incorporate the following strategies:

- Reimbursing public and private immunizations providers adequately for vaccine products, vaccine storage and handling, staff and administration supplies for vaccines, and population and clinic activities using immunization information systems (IISs).
- Implementing education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2) promote strong vaccine recommendations by clinicians to patients; (3) minimize missed opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations.
- Identifying and addressing immunization disparities by (1) monitoring and responding to gaps and trends in vaccination rates using information technology and analysis such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates.

NACCHO supports an immunization program addressing all stages of life composed of the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to children, adolescents, and adults to ultimately reach the Healthy People 2020 goals.¹ Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private sector stakeholders.



Justification

Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention.^{2,3} The Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, the American Academy of Pediatrics, and many other professional organizations recommend vaccinations from birth and throughout the adult years to provide a lifetime of protection from vaccine-preventable diseases. Each year, vaccine-preventable diseases cause long-term illness, hospitalization, and death. In the United States, an average of 200,000 people are hospitalized due to influenza, 800,000 to 1.4 million people suffer from chronic hepatitis B infections, and 14 million people become newly infected with Human Papillomavirus.⁴ While pediatric vaccination rates remain consistently high throughout the nation, adolescent and adult vaccination rates lag behind.⁵⁻⁷ Lower immunization rates among adolescents and adults reflect the difficulties of providing clinical preventive services to these age groups. The *2014 National Immunization Survey—Teen* found that only 79.3% of individuals aged 13–17 years received meningococcal and 87.6% received Tdap vaccines. Even more troubling are the rates of HPV vaccination, with 60% of females and 41.7% of males receiving at least one dose, and only 39.7% of females and 21.6% of males completing the three dose series.⁶ A more comprehensive and integrated approach to immunizations will minimize these deficits that imperil the health of those who currently remain under-immunized, especially those too young or too immune-compromised to be vaccinated.

While the Affordable Care Act specifies first-dollar coverage for all ACIP-recommended vaccines and their administration, many people still incur costs associated with deductibles or remain uninsured altogether.⁸ According to the National Health Interview Survey, in the first three months of 2015, 29 million (9.2%) persons of all ages and 13.0% of adults aged 18–64 remained uninsured.⁹ In addition, many people remain in “grandfathered” insurance plans, to which the first-dollar coverage requirement does not apply. Furthermore, there is no requirement that insurance reimbursement be adequate to cover the actual cost of the vaccine and administration. With the changing landscape of healthcare and the desire of patients to have flexible access to healthcare, local health departments and non-physician immunizers should be recognized as in-plan providers with public and private third-party payers. Additional policies, funds, and strategies need to be designated or created to make immunizations accessible to all citizens at low or no cost.

Educational outreach to providers and the public is necessary to increase immunization rates. Local health departments can collaborate with private providers to determine coverage rates and use notification systems to help increase vaccination and improve series completion. Providing immunization providers with continuing education on recommended immunization schedules; vaccine administration techniques, storage and handling practices; reducing missed opportunities; and integrating use of IIS within practices are key to improving immunization rates.

IISs, the use of standing orders, and patient reminder and recall can help overcome barriers to vaccination. IISs are confidential, population-based, computerized information systems that collect vaccination data. IISs provide a consolidated immunization record for patients through the lifespan, enabling a variety of providers, from pediatricians to pharmacists, to review patient

vaccination histories. IISs also provide health departments and immunization providers with tools, such as reminder and recall functionalities, vaccine forecasting, and coverage rate analysis to improve immunization rates within their community or practice.¹⁰ Epidemiologists can use data from IISs to identify disparities and pockets of low vaccination coverage within communities. Suboptimal levels of vaccine coverage among adults underscores the need to continue to expand these IISs to include adults and for providers to develop systems to minimize missed opportunities. Private and public immunization provider access to an IIS is a key tool to improving immunization coverage rates.

References

1. U.S. Department of Health and Human Services. *Healthy People 2020*. Retrieved September 15, 2015, from <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>
2. CDC. (1999) Ten great public health achievements – United States 1900-1999. *Morbidity and Mortality Weekly Report*, 48(50):1141. Retrieved April 15, 2013, from www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm
3. Roush, S. W., Murphy, T. V., et al. (2007). Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *Journal of the American Medical Association*, 298(18), 2155–2163.
4. Levi, J., Segal, L., Lieberman, D., May, K., & St. Laurent, R. (2014). *Outbreaks: Protecting Americans from Infectious Diseases 2014*. Retrieved September 24, 2015, from <http://healthyamericans.org/reports/outbreaks2014/>
5. Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., & Kolasa, M. (2015). National, state, and selected local area vaccination coverage among children aged 19–35 months – United States, 2014. *Morbidity and Mortality Weekly Report*, 64(33), 889–896.
6. Reagan-Steiner, S., Yankey, D., Jeyarajah, J., Elam-Evans, L., Singleton, J., & Curtis, C. (2015). National, regional, state and selected local area vaccination coverage among adolescents aged 13–17 years – United States, 2014. *Morbidity and Mortality Weekly Report*, 64(29), 784–792.
7. Williams, W., Lu, P., O’Halloran, A., Bridges, C., Kim, D., Pilishmili, T., et al. (2015). Vaccination coverage among adults, excluding influenza vaccination – United States, 2013. *Morbidity and Mortality Weekly Report*, 64(04), 95–102.
8. Stewart, A., Richardson, O., Cox, M., Hayes, K., & Rosenbaum, S. (2010). *The Affordable Care Act: U.S. Vaccine Policy and Practice*. Washington, DC: The George Washington University Medical Center, School of Public Health and Health Services, Department of Health Policy.
9. Cohen, R., & Martinez, M. (August 2015). *Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2015*. Atlanta: Centers for Disease Control and Prevention.
10. Community Preventive Services Task Force. (2015). Recommendations for use of immunization information systems to increase vaccination rates. *Journal of Public Health Management and Practice*, 21(3), 249–252.

Record of Action

Proposed by NACCHO Immunization Workgroup

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