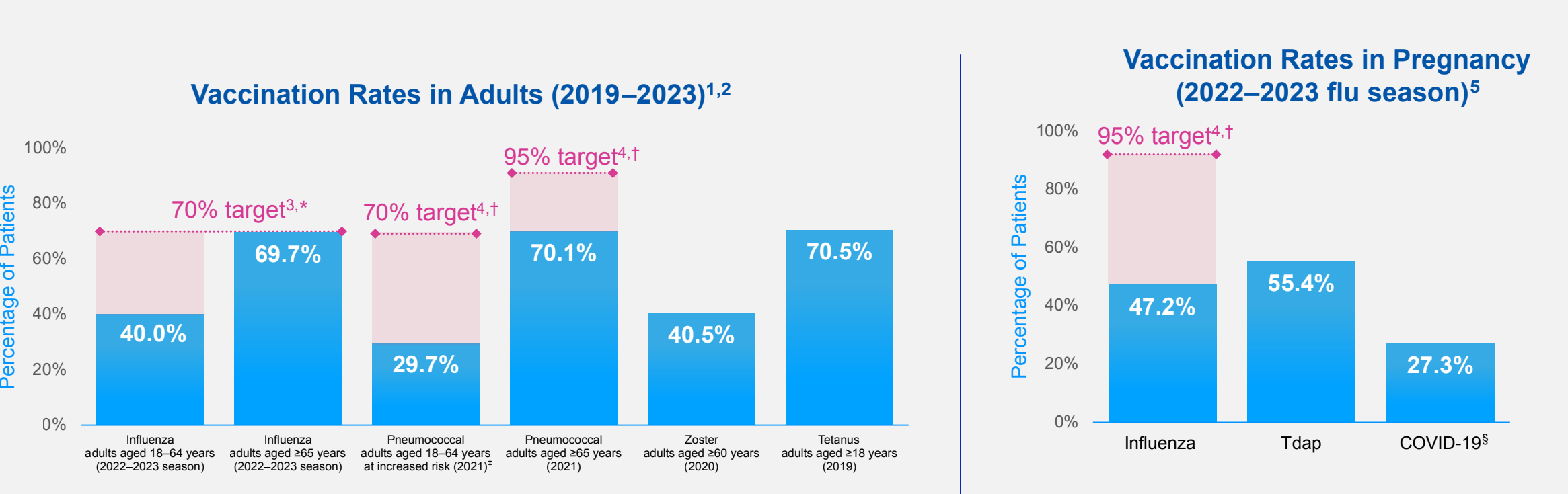


Targeting Vaccination Gaps Among Adults



Some Adult Vaccination Rates Remain Below Target



COVID-19=coronavirus disease 2019; Tdap=tetanus, diphtheria, pertussis.
*Healthy People 2030 target annually.³
[‡]2030 target from the Vaccines National Strategic Plan, 2021–2025.⁴
[†]Adults were considered at increased risk if they self-reported 1 or more of the following: current asthma, ever having diabetes, myocardial infarction, angina, or coronary heart diseases, being a current smoker, ever having chronic obstructive pulmonary disease, emphysema, or chronic bronchitis, or cancer (excluding skin cancer), or ever had kidney diseases (excluding kidney stones, bladder infection, or incontinence).²
[§]Received a bivalent booster dose.⁵
References: 1. CDC. Flu vaccination coverage, United States, 2022–23 influenza season. October 10, 2023. Accessed April 1, 2024. <https://www.cdc.gov/flu/fluview/coverage-2223estimates.htm> 2. CDC. Vaccination coverage among adults. Updated May 14, 2021. Accessed April 1, 2024. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/general-population/index.html> 3. Healthy People 2030. Vaccination. Accessed April 1, 2024. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination> 4. Department of Health & Human Services. Vaccines national strategic plan for the United States: 2021–2025. Accessed April 1, 2024. <https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf> 5. Razzaghi H, Kahn KE, Calhoun K, et al. Influenza, Tdap, and COVID-19 vaccination coverage and hesitancy among pregnant women—United States, April 2023. *MMWR Morb Mortal Wkly Rep.* 2023;72(39):1065–1071.

Importance of Adult Immunizations

Most Illnesses, Hospitalizations, Disabilities, and Deaths From Vaccine-Preventable Diseases Occur in Adults¹



Influenza

- About **8%** of the US population gets sick from influenza each season, with most **influenza-related deaths** occurring among **adults ≥65 years**²
- Complications can include **pneumonia** and **exacerbations of underlying respiratory conditions**²



Pneumococcal Pneumonia

- Results in an estimated **150,000 hospitalizations** each year³
- **Complications** can include empyema, pericarditis, and respiratory failure³



Pertussis (Whooping Cough)

- **Adults with asthma and COPD** are at higher risk of infection and complications from pertussis⁴
- **Serious complications** can include pneumonia, which may lead to hospitalization⁵



COVID-19

- **Adults ≥ 50 years** and patients with **certain underlying medical conditions** are at higher risk for severe COVID-19 outcomes, such as hospitalization and death^{6,*,+}
- Adults may experience **persistent symptoms** beyond the 4-week acute phase and/or **worsening of pre-existing medical conditions**⁷

COPD=chronic obstructive pulmonary disease; COVID-19=coronavirus disease 2019.

*Compared with those aged 18–29 years, the risk of death is 25 times higher in those aged 50–64 years, 60 times higher in those aged 65–74 years, 140 times higher in those aged 75–84 years, and 340 times higher in those aged 85+ years.⁶

[†]Severe COVID-19 outcomes defined as hospitalization, admission to the intensive care unit, intubation or mechanical ventilation, or death.⁶

References: 1. Immunize.org. Adult immunization: importance of staying up to date with vaccines. January 15, 2024. Accessed April 1, 2024. <https://www.immunize.org/catg.d/p4033.pdf> 2. CDC. Chapter 12: Influenza. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. 14th ed. Public Health Foundation; 2021:255-274. 3. CDC. Clinical features. Updated January 27, 2022. Accessed April 1, 2024. <https://www.cdc.gov/pneumococcal/clinicians/clinical-features.html> 4. CDC. Signs and symptoms. August 4, 2022. Accessed April 1, 2024. <https://www.cdc.gov/pertussis/about/signs-symptoms.html> 5. CDC. Complications. August 4, 2022. Accessed April 1, 2024. <https://www.cdc.gov/pertussis/about/complications.html> 6. CDC. Underlying medical conditions associated with higher risk for severe COVID-19: information for healthcare professionals. February 9, 2023. Accessed April 1, 2024. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html> 7. CDC. Post-COVID conditions: information for healthcare providers. Updated February 6, 2024. Accessed April 1, 2024. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html>

Prioritizing Immunizations Across Quality Programs

Nearly All Quality Programs Have Adult Vaccine-Specific and Vaccine-Relevant Quality Measures

Vaccine-Specific Measures	Quality Payment Program				
	NCQA HEDIS ¹	MIPS ²	MVP ²	MSSP ²	Medicare Stars ^{3,4}
Adult Immunization Status*	✓	✓	✓ [†]		✓ (Starting in 2026)
Prenatal Immunization Status*	✓				
Influenza Vaccination				✓ (CMS Web Interface)	✓
Pneumococcal Pneumonia Vaccination					✓ (Display measure)

CMS=Centers for Medicare & Medicaid Services; HEDIS=Healthcare Effectiveness Data and Information Set; MIPS=Merit-Based Incentive Payment System; MSSP=Medicare Shared Savings Program; MVP=MIPS Value Pathway; NCQA=National Committee for Quality Assurance.

*Includes race and ethnicity stratification.^{1,5}

[†]MVPs include Advancing Rheumatology Patient Care, Focusing on Women's Health, Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV, Optimal Care for Kidney Health, and Value in Primary Care.²

Reference: 1. NCQA. Summary table of measures, product lines and changes. Accessed April 1, 2024. <https://www.ncqa.org/wp-content/uploads/Summary-Table-of-Measures-Product-Lines-and-Changes.pdf> 2. CMS. Medicare and Medicaid programs; CY 2024 payment policies under the Physician Fee Schedule and other changes to Part B payment and coverage policies; Medicare Shared Savings Program requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment policies; and Basic Health Program. November 2, 2023. Accessed April 1, 2024. <https://public-inspection.federalregister.gov/2023-24184.pdf> 3. CMS. Announcement of calendar year (CY) 2024 Medicare Advantage (MA) capitation rates and Part C and Part D payment policies. Updated March 31, 2023. Accessed April 1, 2024. <https://www.cms.gov/files/document/2024-announcement-pdf.pdf> 4. CMS. Medicare 2024 Part C & D Star ratings technical notes. September 29, 2023. Accessed April 1, 2024. <https://www.cms.gov/files/document/2024technotes20230929.pdf> 5. NCQA. HEDIS MY 2023: see what's new, what's changed and what's retired. August 1, 2022. Accessed April 1, 2024. <https://www.ncqa.org/blog/hedis-my-2023-see-whats-new-whats-changed-and-whats-retired/>

Vaccination Recommendations for Adults

Clinical Practice Guidelines Recommend Adult Vaccinations According to CDC/ACIP Recommendations¹⁻⁸

CDC/ACIP Vaccination Schedule for Adults^{9,*,†}

COVID-19	Influenza [‡]	RSV	Pneumococcal Pneumonia Vaccination		MMR	Varicella	Zoster
All adults 1 or more doses of updated (2023–2024 formula) vaccine [§]	All adults 1 dose annually	≥60 years 1 dose based on SCDM Pregnancy 1 dose at 32 weeks through 36 weeks gestation from September through January in most of the continental US [†]	Adults 19–64 years at increased risk (eg, diabetes; chronic heart disease, chronic lung disease, chronic renal failure, or chronic liver disease; HIV infection; asplenia) 1 or 2 doses depending on vaccine All adults ≥65 years 1 or 2 doses depending on vaccine		All adults born in 1957 or later 1 or 2 doses depending on indication	All adults born in 1980 or later 2 doses Adults ≥45 years 2 doses depending on additional risk factor or indication	All adults ≥50 years 2 doses 19–49 years with an immunocompromising condition (eg, HIV infection) 2 doses
HPV	Tdap/Td	HepA	HepB	MenACWY	MenB	Hib	Mpox
19–26 years 2 or 3 doses based on age at initial vaccination or condition 27–45 years Based on SCDM	All adults 1 dose Tdap, then Td or Tdap booster every 10 years Pregnancy 1 dose Tdap each pregnancy	Adults at increased risk (eg, HIV infection, liver disease) 2, 3, or 4 doses based on vaccine Pregnancy at increased risk 2, 3, or 4 doses based on vaccine	All adults 19–59 years 2, 3, or 4 doses depending on vaccine ≥60 years at increased risk (eg, diabetes, liver or kidney disease, HIV infection) 2, 3, or 4 doses depending on vaccine	Adults at increased risk (eg, asplenia, HIV infection) 1 or 2 doses depending on indication	Adults at increased risk (eg, asplenia, complement deficiency)[¶] 2 or 3 doses based on vaccine and indication 19–23 years Based on SCDM	Adults at increased risk (eg, asplenia or HSCT) 1 or 3 doses depending on indication	Adults at increased risk 2 doses

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; HepA=hepatitis A; HepB=hepatitis B; Hib=Haemophilus influenzae type b; COVID-19=coronavirus disease 2019; HPV=human papillomavirus; HSCT=hematopoietic stem cell transplant; mAb=monoclonal antibody; MenACWY=meningococcal ACWY; MenB=meningococcal B; MMR=measles, mumps, rubella; Mpox=monkeypox; RSV=respiratory syncytial virus; SCDM=shared clinical decision-making.

Td=tetanus, diphtheria; Tdap=tetanus, diphtheria, acellular pertussis.

*These vaccine recommendations are not comprehensive and do not include all listed disease states. Refer to CDC for additional information.

†See notes for COVID-19, RSV, pneumococcal, MMR, varicella, zoster, Tdap/Td, HepB, MenACWY, MenB, and Mpox vaccinations at www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf.⁹

‡Inactivated or recombinant influenza vaccine.⁹

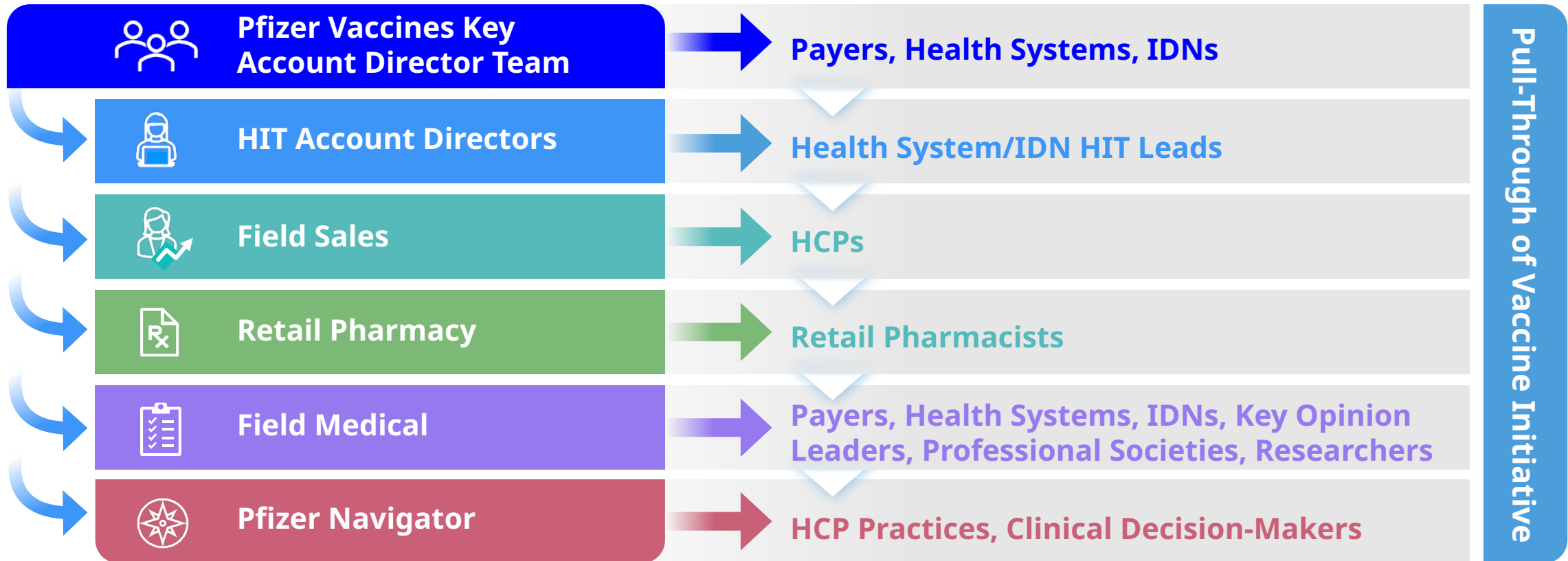
§As of February 29, 2024.⁹

¶Either maternal RSV vaccination or infant immunization with nirsevimab (RSV-mAb) is recommended to prevent RSV lower respiratory tract infection in infants.⁹

¶Adults at increased risk include anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (eg, eculizumab, ravulizumab) use, or microbiologists routinely exposed to Neisseria meningitidis.⁹

Reference: 1. CDC. What vaccines are recommended for you. September 8, 2023. Accessed April 1, 2024. <https://www.cdc.gov/vaccines/adults/rec-vac/index.html> 2. AAFP. Clinical preventive service recommendation: immunizations. Accessed April 1, 2024. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/immunizations.html> 3. AAFP. Immunization schedules. Accessed April 1, 2024. <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules.html> 4. Maternal Immunization Task Force. Immunization for pregnant women: a call to action. July 2020. Accessed April 1, 2024. <https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/publications/immunization-for-pregnant-women-call-to-action.pdf> 5. American College of Obstetricians and Gynecologists. Should I get the RSV vaccine during pregnancy? October 2023. Accessed April 1, 2024. <https://www.acog.org/womens-health/experts-and-stories/ask-acog/should-i-get-the-rsv-vaccine-during-pregnancy> 6. American Diabetes Association Professional Practice Committee. Comprehensive medical evaluation and assessment of comorbidities: standards of medical care in diabetes—2023. *Diabetes Care*. 2023;46(suppl 1):S49–S67. 7. Writing Committee Members; ACC/AHA Joint Committee Members. 2022 AHA/ACC/HFSA guideline for the management of heart failure. *J Card Fail*. 2022;28(5):e1–e167. 8. Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: 2024 report. Accessed April 1, 2024. <https://goldcopd.org/2024-gold-report/> 9. CDC. Recommended adult immunization schedule. February 29, 2024. Accessed April 1, 2024. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Pfizer Takes an Integrated, Collaborative Approach to Provide Resources to Help Organizations Improve Their Vaccination Rates



HIT Account Directors, Field Sales, Retail Pharmacy, Field Medical, and Pfizer Navigator teams assist the Vaccine Account Management team with pull-through of vaccine initiatives at the provider and individual practitioner level