Closing Gaps in Vaccine Preventative Care in People with Cardiovascular Disease



Risks of Vaccine-Preventable Diseases in People with Cardiovascular Disease

In an observational, self-controlled, case-series study of adults between 2008 and 2015 (many with cardiovascular risk factors), **influenza infection** was associated with¹:



increase in the risk of hospital admission for acute myocardial infarction

in adults with cardiovascular risk factors vs adults without

In the OPTIMIZE-HF trial of 48,612 patients **hospitalized with heart failure**, **pneumonia**, **or another respiratory process**, patients had²:

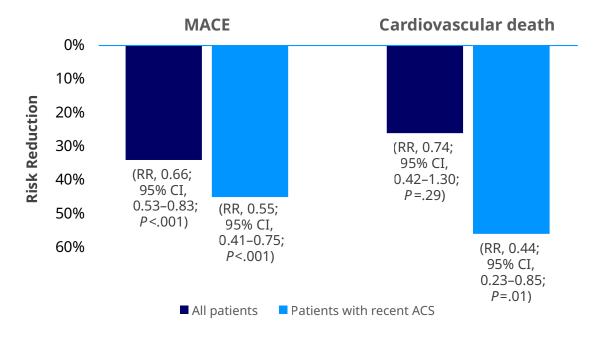


increased risk of in-hospital mortality

(OR, 1.6; 95% CI, 1.38-1.85; P<.001)

Benefits of Vaccinations in People with Cardiovascular Disease

In a meta-analysis of 6 randomized controlled trials published between 2000 and 2021 that included 9001 adults (52% with a cardiac history), influenza vaccination was associated with a reduced risk of major adverse cardiovascular events (MACE) and cardiovascular mortality compared with placebo or standard of care³:



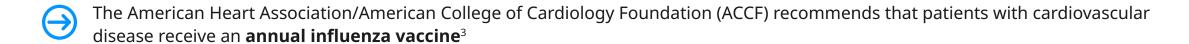
Vaccination Recommendations in Adults with Cardiovascular Disease

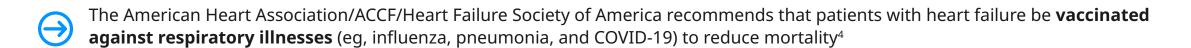
[†]CKD or other complications or requiring treatment with insulin or SGLT2 inhibitor.⁵



CDC/ACIP Vaccine Recommendations for Cardiovascular Disease¹

Influenza	Pneumococcal	COVID-19 ²	RSV ^{2*}	Zoster	Tdap	НерВ	MMR	Varicella	HPV
1 dose annually	Aged 19 years and older: 1 to 2 shots over a person's lifetime	1 dose of 2024- 2025 COVID-19 vaccine as authorized or approved by the FDA	Aged 60 years and older: 1 dose [†]	2 doses at age ≥50 years, 2 to 6 months apart	1 dose Tdap, then Td or Tdap booster every 10 years	2, 3, or 4 doses, depending on vaccine or condition	1 or 2 doses, depending on indication	2 doses, 4 to 8 weeks apart	2 or 3 doses through age 26 years, depending on age at initial vaccination or condition





ACIP=Advisory Committee on Immunization Practices; CDC=US Centers for Disease Control and Prevention; CKD=chronic kidney disease; COVID-19=coronavirus disease of 2019; FDA=US Food and Drug Administration; HepB=hepatitis B; HPV=human papillomavirus; MMR=measles, mumps, rubella; RSV=respiratory syncytial virus; Td=tetanus, diphtheria; SGLT2=sodium-glucose co-transporter-2; Tdap=tetanus, diphtheria, acellular pertussis.

*RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.²

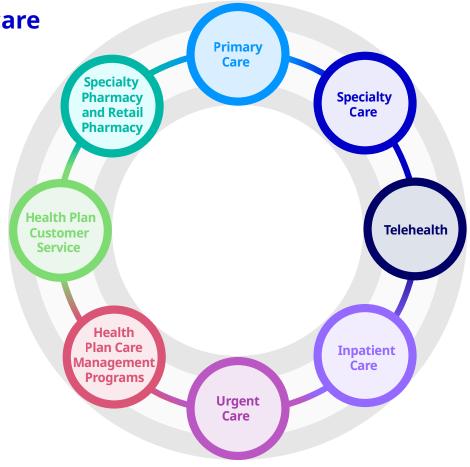
References: 1. Centers for Disease Control and Prevention. Recommended adult immunization schedule for ages 19 years or older. Updated August 26, 2024. https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/etr/adult/adults-schedule-easy-read.pdf 2. Centers for Disease Control and Prevention. ACIP Recommendations. Updated June 28, 2024. Accessed July 25, 2024. https://www.cdc.gov/vaccines/acip/recommendations.html 3. Smith SC, Benjamin EJ, Bonow RO, et al. AHA/ACCF secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular diseases: 2011 update: a guideline from the American Heart Association and American College of Cardiology Foundation. Circulation. 2011;124(22):2458-2473. 4. 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. 5. Centers for Disease Control and Prevention. Use of respiratory syncytial virus vaccines in adults aged s60 years: updated recommendations of the Advisory Committee on Immunization Practices — United States, 2024. Accessed August 26, 2024. https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7332e1-H.pdf

Points of Care Outside of the PCP Office



Patients with Chronic Conditions Have Numerous Healthcare Encounters Outside of the PCP Office

- In a 2021 survey, 35% of patients with chronic conditions report not seeing a **PCP** in the past year¹
- Primary care represents ~39% of office visits in patients with multiple chronic conditions. Specialty care represents ~61% of office visits in patients with chronic disease²
- In 2014, depending on the number of chronic conditions (1-5+)3:
 - 6% to 24% of adults had ≥**1 hospitalization** per year
 - The average number of **outpatient visits** ranged from 6 to 20 per year
 - The average number of **prescription fills** ranged from 9 to 51 per year



These healthcare encounters present opportunities to ASSESS, RECOMMEND, ADMINISTER or REFER, and DOCUMENT vaccinations in patients with chronic conditions⁴

PCP=primary care provider.

Strategies and Best Practices for Prioritizing Vaccinations



CDC Standards for Adult Immunization Practice¹



ASSESS the immunization status of all your patients at every clinical encounter

RECOMMEND

Strongly RECOMMEND vaccines that your patients need

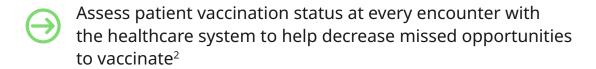
3 **ADMINISTER** or REFER

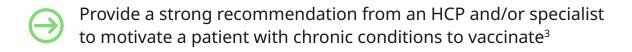
ADMINISTER or **REFER** your patients to a vaccination provider

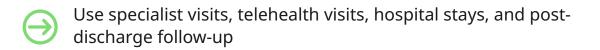


DOCUMENT vaccines received by your patients

Help Improve Vaccination Rates in Patients with Chronic Conditions







Collaborate with network specialty pharmacies

CDC Standards for Adult Immunization Practice emphasize the role of ALL HCPs—whether they provide immunization services or not—in ensuring that adult patients are fully immunized1

HCP=healthcare professional.

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