



Program and Vaccine Provider Surveys

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KEY STAKEHOLDERS

- Programs
 - Immunization programs
- Vaccine providers
 - Primary care physicians, adult health care clinicians

SURVEY DATA

- **Harmonization of upper age catch-up recommendations across genders**
 1. Harmonization survey, 2018: programs
 2. Harmonization survey, 2018: primary care physicians

- **Individual decision making**
 3. Individual decision making survey, 2019: programs
 - Mid-adult HPV vaccination
 4. Individual decision making survey, 2016: primary care physicians
 - Category B for MenB

HARMONIZATION SURVEY, 2018: PROGRAMS

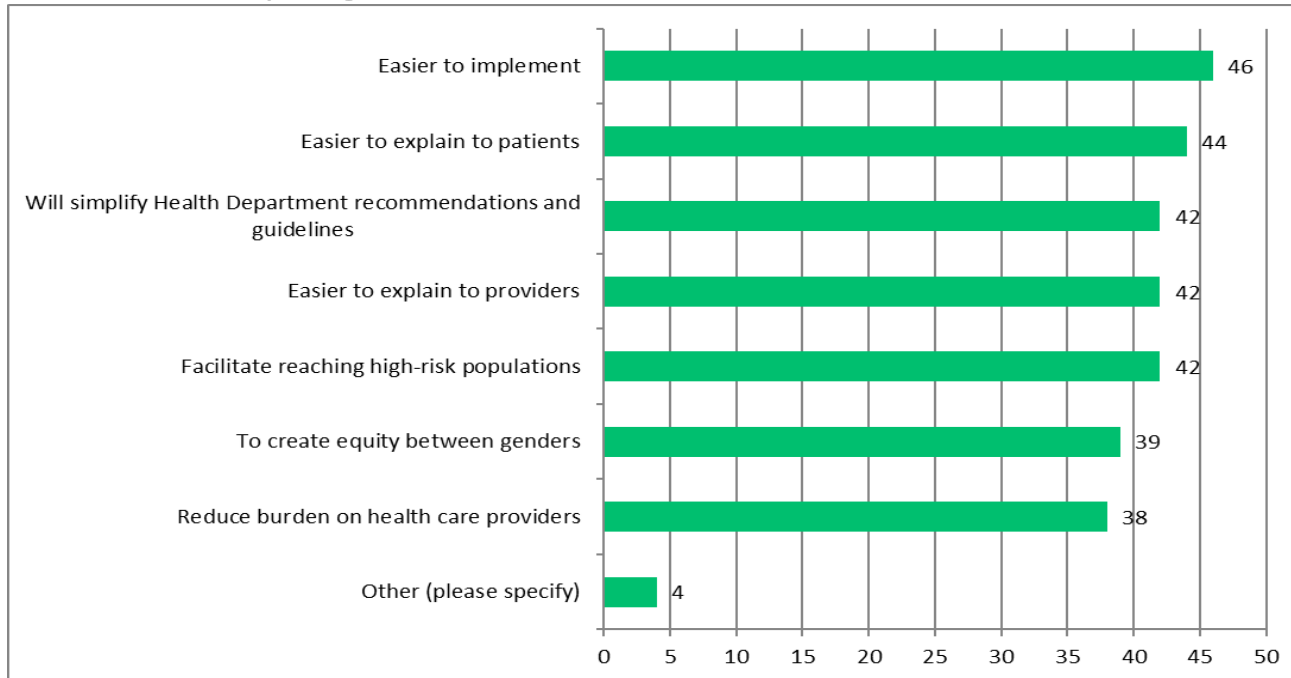
- Immunization program survey:
- 51 of 64 programs responded (**80%**)
 - **73%** purchased adult HPV vaccine through the CDC contract
 - **73%** provided adult HPV vaccine to any health department clinic

HARMONIZATION SURVEY, 2018: PROGRAMS

- **96%** of programs were aware that catch-up recommendations differ between males and females
- **59%** of programs stated current recommendations cause challenges/confusion
- **98%** of programs were in favor of harmonizing the recommended age for catch-up vaccination to include everyone through age 26 years

HARMONIZATION SURVEY, 2018: PROGRAMS

- Reasons 50 of 51 programs were in favor of harmonization:



HARMONIZATION SURVEY, 2018: PROVIDERS

- Primary care physician survey:
- 820 of 1383 physicians, including pediatricians, family physicians, and internal medicine physicians, responded (**59%**)
 - **58%** were aware of the difference in the recommendation for males compared to females for HPV
 - **27%** agreed that current catch-up recommendations with different upper ages for females and males have caused challenges/confusion
 - **93%** were in favor of a change to harmonize the recommended age for catch-up vaccinations to include everyone through age 26 years

HARMONIZATION SURVEY, 2018: PROVIDERS Favoring Harmonization

Reasons why physicians favor harmonization (n=713)	
Simplify the vaccination schedule	99%
Easier to implement	97%
Easier to explain to patients	96%
Facilitate reaching high-risk populations	88%
Reduce burden on health care providers	80%
To create equity between genders	61%
Other	5%

HARMONIZATION SURVEY, 2018: PROVIDERS Not Favoring Harmonization

Reasons why physicians did not favor harmonization (n=53)

I don't have a problem with the current recommendation	92%
Vaccination is less cost-effective in older age groups	53%
I don't think HPV vaccine should be administered to all males over age 21 years	52%
Other	6%

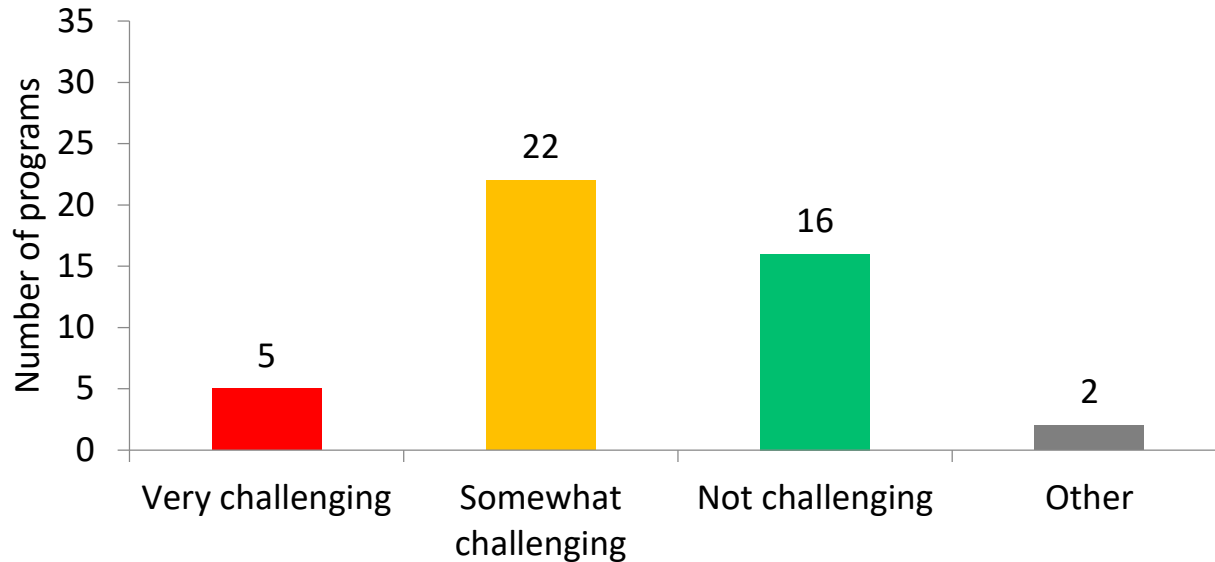
INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

- Immunization program survey:
- 45 of 64 immunization programs responded (**64%**)

INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 1

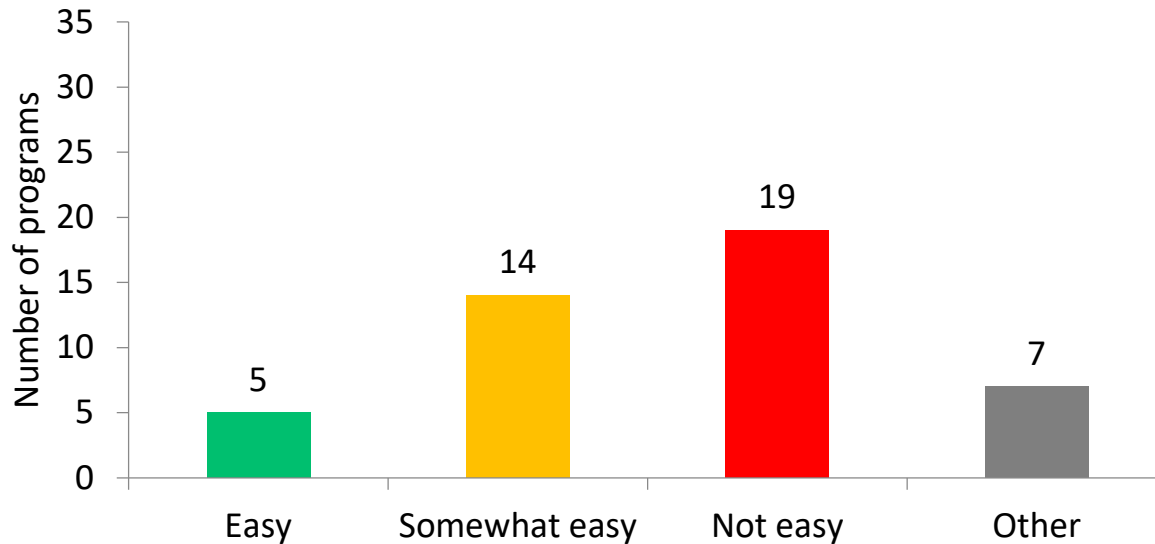
- If there is a recommendation for *individual decision making* for vaccination of mid-adults, how challenging would it be for your immunization program to communicate the recommendation to vaccine providers in your jurisdiction?



INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 2

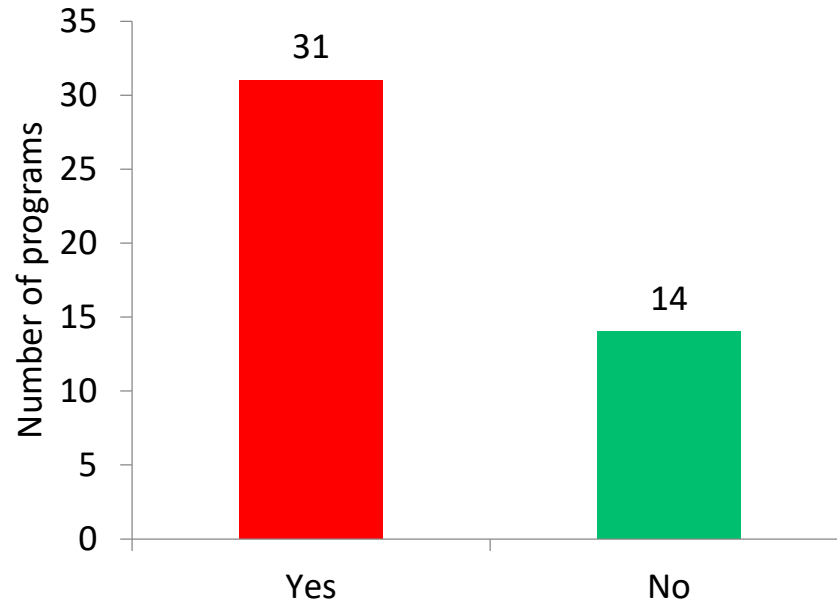
- If there is a recommendation for *individual decision making* for vaccination of mid-adults, how easy would it be for vaccine providers to determine patients in this age group who might benefit from vaccination?



INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Question 3

- Do you anticipate any challenges to implementing such a recommendation?



INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Reasons *individual decision making* could be implemented

- FDA already announced licensure of HPV vaccine through age 45 years
- Some immunization programs (not all) already have mechanisms in place to communicate new recommendations to adult immunization providers in their jurisdiction
- Easy to identify patients in the mid-adult age range using EHR (electronic health record)
- Identifying patients most likely to benefit might be easier for certain provider types, e.g., clinicians who are already regularly vaccinating adults and assessing sexual history

INDIVIDUAL DECISION MAKING SURVEY, 2019: PROGRAMS

Reasons *individual decision making* could be challenging

- Primary focus of HPV program is to vaccinate children and adolescents; expanding the age range could distract from this main goal
- HPV vaccine messaging should remain focused on disease prevention, not transmission; individual decision making could undermine communication of prevention messages for adolescents by reinforcing transmission messages for adults
- IIS (Immunization Information Systems) are unable to forecast for individual decision making; would have to prompt all or none in the mid-adult age group to have a conversation
- Not all vaccine providers assess sexual history and not all patients disclose
- Might be too complex, confusing, or time-consuming for vaccine providers
- Little funding for adult vaccine programs; 317 funds are already spread thin

INDIVIDUAL DECISION MAKING SURVEY, 2016: PROVIDERS

- Primary care physicians answered questions about category B recommendations as part of a larger survey on issues related to MenB
- 660 of 916 pediatricians and family physicians responded (**72%**)
 - **89%** needed additional guidance on how to tell patients what a category B recommendation is
 - **69%** felt that vaccines with a category B recommendation require more discussion with patients than category A recommendations
 - **45%** did not know that private insurance companies routinely cover category B vaccination recommendations

SUMMARY

- **Harmonization would likely be acceptable** to key stakeholders:
 - 98% of programs favored harmonization
 - 93% of physicians favored harmonization
- **Individual decision making might be acceptable** to key stakeholders:
 - Majority anticipated challenges communicating such a recommendation
 - Almost half thought it would be easy or somewhat easy for providers to determine who might benefit from vaccination
 - About a third anticipated no challenges with implementation
- Data will be incorporated into the Evidence to Recommendations framework

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