

# Strategies to Improve Adult Vaccination Coverage



Only about 25% of adults are up-to-date on routinely recommended adult vaccines, leaving many adults at risk of illnesses, hospitalizations, disability and deaths from vaccine-preventable diseases.

Low adult vaccination rates occur for a variety of reasons, including lack of patient awareness of vaccines recommended for them, and in some cases, lack of a provider recommendation or offer for vaccination. A strong unequivocal provider recommendation is the biggest predictor of adults getting vaccinated. Coupled with clearly addressing patients' questions and concerns, it can also help overcome vaccine hesitancy.

Remember, your patients are relying on you to let them know which vaccines are recommended for them and when they should be given.

To keep adults healthy, providers and healthcare systems should work toward systematic implementation of the National Vaccine Advisory Committee's **Standards for Adult Immunization Practice** ([www.cdc.gov/vaccines/hcp/adults/for-practice/standards](http://www.cdc.gov/vaccines/hcp/adults/for-practice/standards)). The "Standards" include:

- Assess immunization needs of your patients at every clinical encounter.
- Strongly recommend vaccines that patients need.
- Administer the vaccines you stock OR, refer the patient to a provider that has them.
- Document vaccinations, including in your jurisdiction's immunization information system (IIS or vaccine registry) wherever possible.

## EFFECTIVE STRATEGIES

Assessment and improvement plans

Standing orders protocols

Reminder and recall systems

Expansion of patient access

Provider feedback

Giving all needed vaccines at the same visit is recommended to minimize the number of vaccination visits. Coadministration of vaccines is acceptable with rare exceptions; this includes (1) pneumococcal conjugate vaccine (PCV) and pneumococcal polysaccharide (PPSV) vaccine should not be given at the same visit; (2) patients who have HIV infection or who do not have a functional spleen should receive PCV 4 weeks before receiving Menactra (MenACWY-D) brand of meningococcal vaccine (other meningococcal vaccine brands may be coadministered); and (3) consider waiting 4 weeks to give COVID-19 vaccine after giving an orthopoxvirus (monkeypox) vaccine.) More information on vaccine coadministration can be found at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html) and [www.immunize.org/catg.d/p2030.pdf](http://www.immunize.org/catg.d/p2030.pdf).

## Proven strategies to implement the Standards and improve vaccination rates include:

- **Assess your immunization coverage rates and develop an improvement plan.**
  - ▶ Measure how well your practice or healthcare system is doing vaccinating your patients; most practices are very surprised to learn they are not doing nearly as well as they believed.
  - ▶ Gather a team together to discuss ways to improve implementation of the Standards and how progress will

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be tracked. Include team members to represent physicians, nurses, pharmacists, health IT, billing, front office staff, and other key groups in your organization.

- ▶ Make systems changes in patient flow and procedures to include vaccination needs assessment, recommendation, vaccination, and documentation to reduce the number of missed opportunities for vaccination.

- **Implement standing orders protocols\* (SOPs).**

- ▶ Obtain buy-in from leadership and identify the vaccine(s) that will be administered using SOPs.
- ▶ Identify roles of key and supportive staff.
- ▶ Create SOPs for the vaccine(s) to be administered (templates available from Immunize.org at [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)) and train staff in using the protocols.

*\* Standing orders protocols are a series of written medical orders authorizing a qualified healthcare professional (i.e., eligible to do so under state law) to assess the need for and administer vaccine to all people meeting certain criteria (e.g., at a certain age or having an underlying medical condition), eliminating the need for an individual physician's order for a patient's vaccine.*

- **Utilize reminder and recall systems for patients AND providers.**

- ▶ Implement and evaluate systems that remind **patients** when vaccinations are due, or recalling them if they are overdue. Consider participating in state or local immunization information systems (IISs or vaccine registries) to generate patient reminder and recall notices.
- ▶ Implement and evaluate systems to remind **providers** when patients are due for vaccination. Consider using IIS-based provider reminders and best practice alert modules in electronic health record systems.

- **Expand patients' access to vaccines.**

- ▶ Expand hours when immunization services are offered.
- ▶ Consider opening an "express lane" for patients seeking vaccinations only, or offering "immunization only" clinic hours during the evening or on weekends.
- ▶ Identify and remove other potential barriers for patients (e.g. insurance-specific barriers).

- **Provide feedback to providers regarding the clinic's progress.**

- ▶ Assess how well providers are doing in vaccinating their patients and give them individual feedback.
- ▶ Consider working with your state or local IIS (see [www.immunize.org/coordinators](http://www.immunize.org/coordinators)) to help you estimate your vaccination coverage.
- ▶ Continue to get feedback from your team to improve your adult vaccination procedures.

**REMEMBER: Providers owe it to their adult patients to ensure they know which vaccines they need to stay healthy.**

Additional information about strategies to improve adult vaccination rates is available from CDC at [www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html](http://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html).