



I Raise the Rates! May Edition

In this edition of I Raise the Rates (IRtR), you will find a variety of new resources from several public health partners, educational opportunities, and a selection of media articles related to immunization.

Updates from the American College of Physicians (ACP)

Quality Improvement Champions Recognized



The 2022 ACP Advance QI Luncheon, held at the Internal Medicine Meeting 2022 on Thursday, April 28, 2022, celebrated the accomplishments of ACP Advance QI program champions and participants. ACP Advance is a comprehensive QI program that empowers physicians and their teams to engage in QI that results in meaningful improvement in quality and patient outcomes. The following champions and program supporters were recognized for their contributions over the past year.

2022 ACP Advance Quality Improvement Excellence Award Winners:

- Jaime Gonzalez-Cardona, MD, ACP Resident/Fellow Member
- Ritu Suri, MD

2022 ACP Advance Residency Program Award Winner

- Arvey Clinic Weiss Memorial Residency Program Champions
 - Sabah Khan, MD, FACP
 - Tu Nguyen, MD, ACP Resident/Fellow Member
 - Elena Baltag, MD, ACP Resident/Fellow Member

2022 ACP Advance Chapter Award Winner

- ACP Oregon Chapter
 - Mary Olhausen, Executive Director
 - Jenny R. Silberger, MD, FACP, Chapter Governor
 - Marianne Parshley, MD, FACP, Immediate Past Chapter Governor

2022 ACP Advance Quality Improvement Coach Award Winner

- Sharon Rikin, MD, MS, ACP Member

2022 ACP Advance Quality Improvement Supporter Award Winner

- GlaxoSmithKline

2022 ACP Advance John Palmiero QI Team Memorial Award Winner

- University of Florida Health General Medicine—Jacksonville Champions
 - Elise Sottile, MD
 - James London, MHA
 - Betsy Suddeth, RN, BSN

CDC's FluView Summary Report for Week 19, Ending May 14, 2022



CDC's [Weekly U.S Influenza Surveillance Report, FluView](#) summary report for weekly 19, ending May 14, 2022, shows influenza activity is increasing in parts of the country.

Key points:

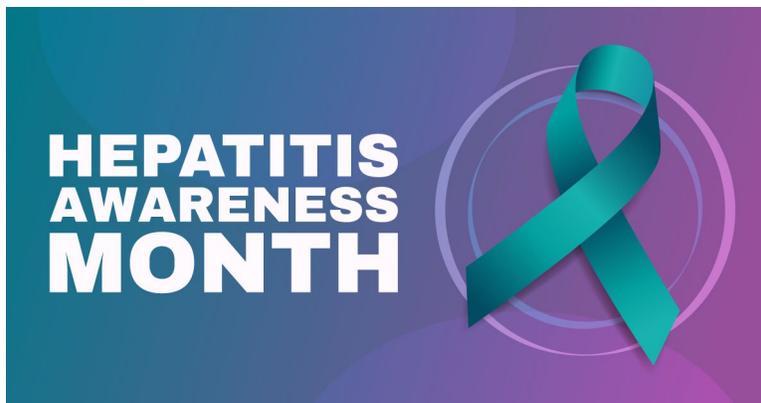
- The number of hospital admissions with laboratory-confirmed influenza that were reported to HHS Protect increased slightly compared with the previous week.
- Due to late-season activity during the 2021-2022 season, FluSurv-NET surveillance has been extended beyond the typical end date of April 30 (MMWR Week 17). As of MMWR

week 19, the overall cumulative hospitalization rate was 14.4 per 100,000 population, and the overall weekly hospitalization rate was 0.6 per 100,000 population. Reporting of recent hospital admissions can be subject to reporting delays; therefore, as hospitalization data are received each week, prior rates are updated accordingly.

- No influenza-associated pediatric deaths were reported this week. There have been 24 pediatric deaths reported this season.
- CDC estimates that, so far this season, there have been at least **6.7 million** flu illnesses, **69,000 hospitalizations**, and **4,200 deaths** from flu.
- An annual flu vaccine is the best way to protect against flu. Vaccination can prevent serious outcomes in people who get vaccinated but still get sick. CDC continues to recommend that everyone ages 6 months and older get a flu vaccine as long as flu activity continues.
- There are also prescription flu antiviral drugs that can be used to treat flu illness.

[Read the Full Report Here](#)

Hepatitis Awareness Month



The month of May is designated as **Hepatitis Awareness Month** in the United States and May 19th was Hepatitis Testing Day. Viral Hepatitis Key Facts:

- There are several different viruses that can cause hepatitis; the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C.
- Chronic hepatitis B and hepatitis C are leading causes of liver cancer in the United States.
- Both hepatitis A and hepatitis B are preventable with safe and effective vaccines, and hepatitis C is curable with prescribed treatment.
- About 66% of people with hepatitis B are unaware of their infection and about 40% of people living with hepatitis C do not

know they are infected.

- Getting tested is the only way to know if you have hepatitis A, hepatitis B, or hepatitis C.

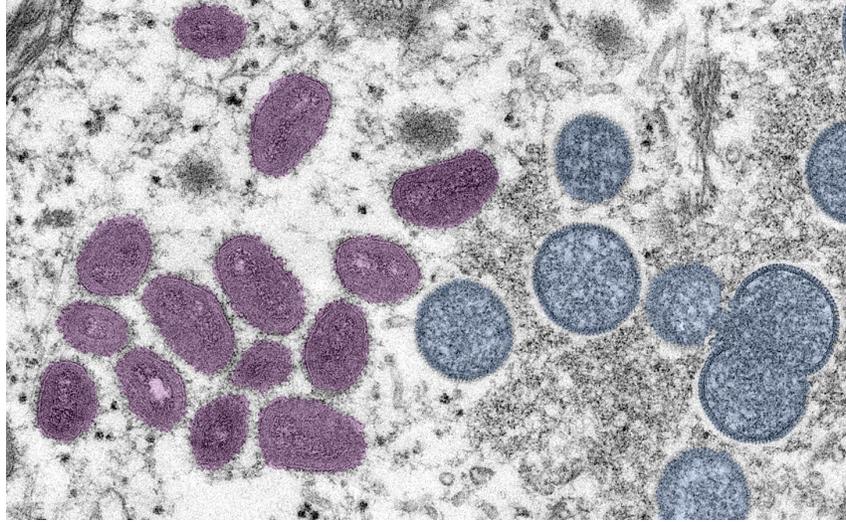
Find Resources for Both Clinicians and Patients Here

Human Papillomavirus Vaccine Impact



1. [Human Papillomavirus Vaccine Impact and Effectiveness through 12 Years after Vaccine Introduction in the United States, 2003 to 2018](#) - Published in the May 17th *Annals of Internal Medicine*-Nationally representative data show the increasing impact of the vaccination program and herd protection. Vaccine effectiveness estimates will be increasingly affected by herd effects.
2. [Long-Term Effectiveness of Human Papillomavirus Vaccination: Implications for Future Reduction in Cancer](#) - Published in *Annals of Internal Medicine*
3. [Long-Term Impact of HPV Vaccination and COVID-19 Pandemic On Oropharyngeal Cancer Incidence and Burden Among Men in the USA: A Modeling Study](#) - Published in *The Lancet Regional Health Americas*, April 2022
4. [Levels of Parental Human Papillomavirus Vaccine Hesitancy and Their Reasons for Not Intending to Vaccinate: Insights From the 2019 National Immunization Survey-Teen](#) - Published in the *Journal of Adolescent Health*, March 2022

2022 United States Monkey Pox Cases



Scientists at the Centers for Disease Control and Prevention (CDC) are tracking multiple cases of monkeypox that have been reported in several countries that don't normally report monkeypox, including the United States.

For more information on exposure risk, see [Monitoring Persons Exposed](#).

It's not clear how the individuals were exposed to monkeypox but cases include people who self-identify as men who have sex with men.

CDC is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

CDC is working with state and local health officials to identify people who may have been in contact with individuals who have tested positive for monkeypox, so they can monitor their health.

What you should do:

People who may have [symptoms](#) of monkeypox should contact their healthcare provider. This includes anyone who:

1. traveled to central or west African countries, parts of Europe where monkeypox cases have been reported, or other areas with confirmed cases of monkeypox during the month before their symptoms began,
2. reports contact with a person with confirmed or suspected

monkeypox, or

3. is a man who regularly has close or intimate contact with other men, including men who meet partners through an online website, digital application (“app”), or at a bar or party.

Recommendations for Clinicians

- If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to central or west African countries, parts of Europe where monkeypox has been reported, or other areas reporting monkeypox cases, monkeypox should be considered as a possible diagnosis.
- The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs.
- Presenting symptoms typically include fever, chills, Monkeypox's distinctive rash, or new lymphadenopathy; however, the onset of perianal or genital lesions in the absence of subjective fever has been reported.
- The rash associated with monkeypox can be confused with other diseases that are encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella-zoster). However, a high index of suspicion for monkeypox is warranted when evaluating people with a characteristic rash, particularly for men who report sexual contact with other men and who present with lesions in the genital/perianal area or for individuals reporting a significant travel history in the month before illness onset or contact with a suspected or confirmed case of monkeypox.
- Information on infection prevention and control in healthcare settings is provided on the CDC website [Infection Control: Healthcare Settings](#).
- Clinicians should first consult their state health department ([State Contacts](#)) or CDC through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.

All specimens should be sent through the state/territorial public health

department unless authorized to send them directly to CDC.

Recommendations for Health Departments

- If monkeypox is suspected, CDC should be consulted through the CDC Emergency Operations Center (770-488-7100).
- Appropriately collected samples can be sent to CDC or an appropriate Laboratory Response Network (LRN) laboratory for testing by PCR.
- Laboratory Response Network laboratories are able to provide orthopoxvirus testing on lesion specimens that clinicians obtain from suspected patients; confirmatory monkeypox virus-specific testing at CDC requires a dry lesion swab specimen.
 1. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs; Collect multiple specimens for preliminary and confirmatory testing as follows:
 2. Break off the end of the applicator of each swab into a 1.5-mL or 2-mL screw-capped tube with an O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.

[Learn More](#)

Adult Immunization Conference (AIC) 2022 - Follow Up

BUILDING VACCINE CONFIDENCE

2022 ADULT IMMUNIZATION CONFERENCE
MAY 18-19

FRANCES E. FERGUSON, M.D., MPH, FACP

NEW JERSEY
IMMUNIZATION NETWORK

THE AMERICAN COLLEGE
OF PHYSICIANS

Thank you to all of our presenters and attendees who made the 2022

Adult Immunization Conference (AIC) a success!

It was an honor to host healthcare professionals from several diverse fields of study. We're excited to announce that you can watch their presentations by clicking the button below.

Featured above is Dr. Frances Ferguson's presentation on *Building Vaccine Confidence*. Dr. Ferguson holds an MD, and an MPH, and she is a fellow of the American College of Physicians.

[Learn More Here](#)

Featured Articles and Resources

CDC Strengthens Recommendations and Expands Eligibility for COVID-19 Booster Shots



Following May 19th's meeting of the Advisory Committee on Immunization Practices' (ACIP), CDC is expanding the eligibility of COVID-19 vaccine booster doses to everyone 5 years of age and older. CDC now recommends that children ages 5 through 11 years should receive a booster shot 5 months after their initial Pfizer-BioNTech vaccination series. Since the pandemic began, more than 4.8 million children ages 5 through 11 have been diagnosed with COVID-19, 15,000 have been hospitalized and, tragically, over 180 have died. As cases increase across the country, a booster dose will safely help restore and enhance protection against severe disease.

In addition, today CDC is strengthening its recommendation that those 12 and older who are immunocompromised and those 50 and older should receive a second booster dose at least 4 months after their first. Over the past month, we have seen steady increases in cases, with a steep and substantial increase in hospitalizations for older Americans. While older Americans have the highest coverage of any age group of first booster doses, most older Americans received their

last dose (either their primary series or their first booster dose) many months ago, leaving many who are vulnerable without the protection they may need to prevent severe disease, hospitalization, and death. Whether it is your first booster, or your second, if you haven't had a vaccine dose since the beginning of December 2021 and you are eligible, now is the time to get one.

[Learn More](#)

Flu Vaccination May Offer Some Bonus Protection From COVID As Well



A recent [study](#), released online this month, that has yet to be independently verified, used data from more than 12,000 healthcare workers who had a COVID test during the 2020 flu season.

The researchers compared influenza vaccination rates between the 576 healthcare workers who got COVID, and a similar group of 2,000 healthcare workers who had tested negative for COVID in the last three months of 2020.

Those who had an influenza vaccination at least two weeks before COVID testing were 30% less likely to have a positive COVID test and almost 90% less likely to develop severe or critical COVID, compared with those who hadn't been recently vaccinated against flu.

This finding is consistent with similar retrospective studies from Brazil, Italy, Iran, the Netherlands, and the United States, which have also shown protective effects of influenza vaccination against COVID.

Common to studies of people who work in the health field, there is the risk people in the study are health-conscious. It's likely they are more inclined to follow COVID protection advice such as adhering to lockdowns, physical isolation, and mask-wearing. They are also more likely to get their influenza vaccination. This potential bias is reduced in the Qatar study by focusing only on healthcare workers, however, it can't be ruled out as contributing to the findings.

[Learn More](#)

US Government Seeks Monkeypox Vaccine From Stockpile Amid Possible U.S. Cases



U.S. health officials say there are several confirmed or suspected cases of monkeypox in the United States and that they're working on releasing vaccine doses from the Strategic National Stockpile (SNS).

Dozens of confirmed cases around the world have been documented in recent weeks; the Centers for Disease Control and Prevention said there's been one confirmed case in the United States, in Massachusetts. Other cases have been confirmed in Canada, Germany, the Netherlands, Belgium, and several other countries.

The CDC said there are also at least six suspected monkeypox cases -- in Florida, New York, Utah, and Washington state. Monkeypox is an infectious viral disease first found in a monkey in the late 1950s. The first human case emerged about 50 years ago. Symptoms include skin rash and blisters, along with fever, headache, muscle pain, swollen lymph nodes, and lethargy.

[Learn More](#)

Community-Focused Strategy Improves Vaccine Uptake in Black and Latino Communities



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

New research from Boston Medical Center (BMC) shows how intentionality and partnership between community leaders and medical health centers can improve COVID-19 vaccination uptake in Black and Latino communities. Published in *Annals of Internal Medicine*, researchers analyzed the impact that a community-focused model led by BMC and its community partners had on improving equitable access to vaccination.

Between December 2020 and November 2021, BMC focused on three main initiatives to support the goal of vaccine uptake. These included the implementation of community-based vaccination sites in churches and community centers, the organization of mobile vaccination events at schools, grocery stores, and community events, and providing vaccine access directly on the medical campus.

BMC established seven community-based vaccination clinics and conducted 99 individual mobile vaccination events in addition to vaccination opportunities on the medical campus to reach the health equity goals in historically disinvested communities.

[Learn More](#)

New Jersey Immunization Network | 50 Millstone Road, Building 200, East Windsor, NJ 08520

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