

SHARE:

[Join Our Email List](#)



I Raise the Rates! August 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 brief selection of popular media articles related to immunization.

Updates from the American College of Physicians (ACP)

Opportunity to Participate in ACP Quality Improvement Initiative to Increase Adult Influenza Immunization Rates

[APPLY NOW](#) Opportunity to participate in ACP Quality Improvement Initiative to Increase Adult Influenza Immunization Rates. ACP is recruiting internal medicine and subspecialty practices and residency programs to participate in the *I Raise the Rates* quality improvement programs to increase influenza and adult immunization rates. [ACP's I Raise the Rates program](#), which is supported by funding from the CDC, Merck, and GSK, provides QI education and virtual coaching support from ACP Advance expert coaches to support increased adult immunization coverage.



The program also offers access to a virtual learning community, tailored educational offerings, and the opportunity to earn more than 54 CME and ABIM MOC credits for program participants. Onboarding is underway so act now! Opportunity is limited, applicants will be considered on a first come, first served basis.

Please click the "Learn More" button below to view the recruitment flyer for more information about participation benefits and requirements as well as the application link.

[Learn More](#)

ACP Recognizes National Immunization Awareness Month



In recognition of [National Immunization Awareness Month](#) (NIAM), ACP has created a series of brief videos to highlight the importance of promoting immunizations as part of COVID-19 recovery efforts and in anticipation of the 2021/22 flu season. The videos are available on ACP's [Adult Immunization Hub](#) and YouTube channel.

Click the "Learn More" button below to view the full video series including:

- Video 1: Vaccine Conversations: Approaching Patients who are Deliberating Vaccinations; featuring Kimberly Manning, MD, FACP
- Video 2: Team-based Approach to Increasing Flu Vaccinations among Patients with Chronic Diseases; featuring Celeste C. Thomas, MD, MS
- Video 3: Importance of Getting Vaccinated this Flu Season featuring; Keith Ferdinand, MD, FACC
- Video 4: Importance of Flu Vaccinations during the COVID-19 Pandemic featuring; Monica Peek, MD

[Learn More](#)

Webinar Opportunity: COVID-19 Recovery: Increasing Adult Vaccinations

In case you missed it, on August 4, 2021, ACP hosted a webinar entitled COVID-19 Recovery: Increasing Adult Immunizations. Panelists include Vidya Sundareshan, MD, FACP, John Dodson, MD, FACC, and Frances Ferguson, MD, FACP. Topics included:

- Current ACIP recommendations for routine adult and COVID-19 vaccines
- Rationale for raising immunization rates among patients with high-risk chronic conditions
- Practical strategies to increase vaccination rates in practice



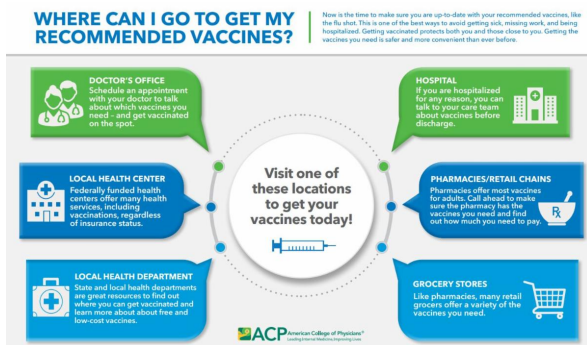
**COVID-19 Recovery:
Increasing Adult Vaccinations
Virtual Live Webinar**

Wednesday, August 4, 2021 | 12:00-1:00 p.m. ET

Selam Wubu, MPH
Director, Center for Quality, American College of Physicians

[Click Here to View the Recording And Obtain CME Credit](#)

Helpful Adult Patient Education Resources



ACP has developed three new patient education resources encouraging patients to make sure they are up-to-date with their recommended vaccines. Visit the [patient education](#) section of ACP's [Adult Immunization Resource hub](#) to find the following resources:

- [Infographic](#) on where to go to get routine immunizations
- [Poster](#) on the importance of vaccines for older adults
- [E-mail template](#) for practices to use to encourage patients to get up to date with routine immunizations.

[View All of ACP's Patient Resources by Clicking Here](#)

ACP's Call to Action: Improving Routine Vaccine Coverage in Adult Patients



ACP is one of the supporting organizations of the [Call to Action](#) issued by the [National Adult and Influenza Immunization Summit \(NAIIS\)](#) to improve routine vaccination coverage among U.S. adults. The NAIIS is co-led by CDC, HHS Office of Infectious Disease and HIV/AIDS Policy, and the Immunization Action Coalition. The call to action highlights the tremendous

benefits of adult vaccines, however low levels of vaccinations, made worse by the COVID-19 pandemic, and ongoing disparities in U.S. adult vaccination rates, continue. The document lists a series of concrete actions healthcare providers can take to improve adult vaccination and improve the health of adults. In addition to the call to action, NAIIS has provided a set of talking points to assist you as you advocate for increased adult vaccination coverage.

[Read the Full Call to Action Here](#)

ACP's Call to Action: Improving Routine Vaccine Coverage in Adult Patients

The third shot for immunocompromised patients was approved on August 13, 2021. The Advisory Committee on Immunization Practices (ACIP)

members unanimously recommended the administration of a third shot for moderately to severely immunocompromised patients who are 12 years and over who have completed either dose mRNA COVID-19 vaccine series. Visit the [August 17th issue](#) of ACP Internist Weekly for additional information and move COVID-19 news.



[Read the Full ACP Internist Weekly Article Here](#)

Featured Articles and Resources -

FDA Gives Full Approval to First COVID-19 Vaccine



On August 23rd, the U.S. Food and Drug Administration approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine and will now be marketed as Comirnaty (koe-mir'-na-tee) for the prevention of COVID-19 disease in individuals 16 years of

age and older. The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.

Since Dec. 11, 2020, the Pfizer-BioNTech COVID-19 Vaccine has been available under EUA in individuals 16 years of age and older, and the authorization was expanded to include those 12 through 15 years of age on May 10, 2021. EUAs can be used by the FDA during public health emergencies to provide access to medical products that may be effective in preventing, diagnosing, or treating a disease, provided that the FDA determines that the known and potential benefits of a product when used to prevent, diagnose, or treat the disease, outweigh the known and potential risks of the product.

[Read the Full Press Release Here](#)

CDC Study Finds Potential Enhanced Benefit of Recombinant Flu Vaccines

A new CDC study showed that flu shots made using [recombinant technology](#) produced a better

antibody response among health care personnel compared with both cell-based and traditional flu shots. The study, conducted during the 2018-2019 flu season, compared antibody responses among health care personnel one month and six months post-vaccination between recombinant (RIV), cell-based

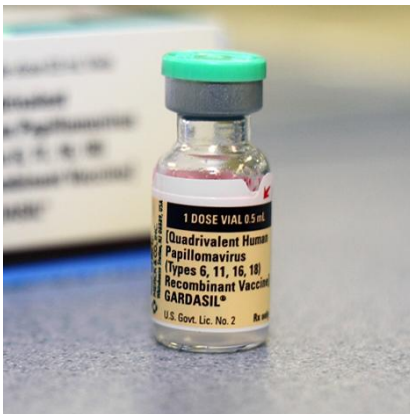


(ccIV), and traditional egg-based flu shots (IIV). The immune responses generated by recombinant vaccines outperformed those of both the cell-based and the standard dose flu vaccines made using traditional egg-based technology. While not definitive, this suggests that vaccine effectiveness may be higher for recombinant flu vaccines.

For decades flu vaccines have been produced by growing flu viruses in eggs, which is required for egg-based vaccine production. This production technology has some drawbacks including the fact that growth in eggs can cause mutations in the vaccine viruses that can impact how well the vaccines work. Recombinant and cell-based vaccines are produced using a different production process that does not require growth in eggs.

[Read More](#)

Prevalence of High-Risk HPV Types Dwindled Since Approval of HPV Vaccine



Young women who received the quadrivalent [human papillomavirus](#) (HPV) vaccine had fewer and fewer infections with high-risk HPV strains covered by the vaccine year after year, but the incidence of high-risk strains that were not covered by the vaccine increased over the same 12-year period, researchers report in a study [published](#) August 23 in JAMA Open Network.

"One of the unique contributions that this study provides is the evaluation of a real-world

example of the HPV infection rates following immunization in a population of adolescent girls and young adult women at a single health center in a large US city, reflecting strong evidence of vaccine effectiveness," write Nicolas F. Schlecht, Ph.D., a professor of oncology at Roswell Park Comprehensive Cancer Center, Buffalo, New York, and his colleagues. "Previous surveillance studies from the US have involved older women and populations with relatively low vaccine coverage."

[Read More](#)

Reaffirmed Recommendations From the ACIP for the 2020 - 2021 Flu Season



Influenza viruses typically circulate in the United States annually, most commonly from the late fall through the early spring. Most persons who become ill with influenza virus infection recover without serious complications or sequelae. However, influenza can be associated with serious illnesses, hospitalizations, and deaths, particularly among older adults, very young

children, pregnant women, and persons of all ages with certain chronic medical conditions (1–7). Influenza also is an important cause of missed work and school (8–10). Routine annual influenza vaccination for all persons aged ≥ 6 months who do not have contraindications has been recommended by CDC and CDC’s Advisory Committee on Immunization Practices (ACIP) since 2010 (11).

The effectiveness of influenza vaccination varies depending on several factors, such as the age and health of the recipient; the type of vaccine administered; the types, subtypes (for influenza A), and lineages (for influenza B) of circulating influenza viruses; and the degree of similarity between circulating viruses and those included in the vaccine (12). However, vaccination provides important protection from influenza illness and its potential complications. During the six influenza seasons from 2010–11 through 2015–16, influenza vaccination prevented an estimated 1.6–6.7 million illnesses, 790,000–3.1 million outpatient medical visits, 39,000–87,000 hospitalizations, and 3,000–10,000 respiratory and circulatory deaths each season in the United States (13). During the recent severe 2017–18 season, notable for an unusually long duration of widespread high influenza activity throughout the United States and higher rates of outpatient visits and hospitalizations compared with recent seasons, vaccination prevented an estimated 7.1 million illnesses, 3.7 million medical visits, 109,000 hospitalizations, and 8,000 deaths (14), despite overall estimated vaccine effectiveness of 38% (62% against influenza A[H1N1]pdm09 viruses, 22% against influenza A[H3N2] viruses, and 50% against influenza B viruses).

[Read the Full ACIP Recommendation Here](#)