I Raise the Rates! February 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)

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, GSK, and Sanofi 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, including free registration to QI pre-course at the 2022 ACP Internal Medicine meeting in Chicago, IL, as well as the opportunity to earn more than 54 CME and ABIM MOC credits for program participants.

The deadline to apply is April 8, 2022. 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

Dr. Sandra Adamson Fryhofer, MD, MACP Explains the ACIP's 2022 Adult Immunization Recommendations

ACP Adult Immunization Video Series 2022

ACIP’s NEW
2022 Adult Immunization Schedule

Sandra Adamson Fryhofer MD, MACP

New Adult Immunization videos from ACP-Sandra Adamson Fryhofer, MD, MACP, explains 2022 adult immunization recommendations from ACIP.

To review the 2022 recommendations in-depth, please go to Annals of Internal Medicine.

View the Full Video Series

Help Counter COVID-19 Misinformation:
Encourage Boosters for the Immunocompromised

ACP’s two video series on YouTube help combat misinformation and educate the public about COVID-19 and vaccinations. These series include Ask Your
Internist, which answers the public's top vaccination-related questions: Physician to Physician Conversations, which shares practical strategies to help physicians build vaccine confidence and address patient concerns in the age of misinformation. View new videos about creating a safe space for COVID-19 vaccine conversations with patients and Why Do We Need COVID-19 Boosters. Use these videos to help encourage boosters for the immunocompromised and all eligible patients by:

1. Sharing the Ask Your Internist videos with your patients. Consider sending them through your patient portal or playing the videos in your waiting room!
2. Amplifying the Physician to Physician Conversation videos by sharing them on your Twitter, Facebook, or Instagram! Be sure to tag @ACPInternists.
3. Subscribe to ACP’s YouTube channel to get notifications when the newest videos are posted!

Learn More

Watch the ACP Annals COVID-19 Forum VIII: Outpatient Evaluation and Management of Patients with COVID-19

A recording of the ACP-Annals virtual live event, COVID-19 FORUM VIII: Outpatient Evaluation and Management of Patients with COVID-19, along with a commentary article, are published in Annals of Internal Medicine. CME credit and MOC points are available.

Learn More

Protecting High-Risk Older Adults From Influenza
Check out the updated "65+ Flu Defense website (www.influenza-defense.org) to assist your efforts in protecting high-risk older adults from influenza.

65+ Flu Defense is a project of Immunize.org and Seqirus. This collaboration aims to reach health care providers with information, tools, and resources they need to better communicate the impact of flu and its complications in older adults and proactively discuss flu vaccination with their patients aged 65 and older.

Learn More

Featured Articles and Resources

COVID-19 Related Updates

Pfizer Vaccine Delayed for Children 6 Months through Age 4

On February 11th, the U.S. Food and Drug Administration was notified by Pfizer that new data has recently emerged regarding its emergency use authorization request for the use of the Pfizer-BioNTech COVID-19 Vaccine in children six (6) months through four (4) years of age. As part of its rolling submission, the company recently notified the agency of additional findings from its ongoing clinical trial. Based on the agency’s preliminary assessment and to allow more time to evaluate additional data, they believe additional information regarding the ongoing evaluation of a third dose should be considered as part of our decision-making for potential authorization.

Learn More
Getting vaccinated for COVID-19 measurably improved the psychological well-being of participants in the Understanding Coronavirus in America study, a large longitudinal look at the impact of the pandemic on individuals in the United States. Vaccination was associated with declines in distress and perceived risks of infection, hospitalization, and death. The study, appearing in the American Journal of Preventive Medicine, published by Elsevier, validates the intuitive but previously unanswered questions of whether becoming vaccinated reduces perceived risks associated with COVID-19 and whether the reduction of these fears leads to improvements in mental health and quality of life.

The global project to share COVID-19 vaccines is struggling to place more than 300 million doses in the latest sign that the problem with vaccinating the world is now more about demand than supply.
Last year, wealthy nations snapped most of the available shots to inoculate their citizens first, meaning less than a third of people in low-income countries have been vaccinated so far compared with more than 70% in wealthier nations.

As supply and donations have ramped up, however, poorer nations face hurdles such as gaps in cold-chain shortage, vaccine hesitancy, and a lack of money to support distribution networks, public health officials told Reuters.

Exercise Right After Flu or COVID-19 Vaccine May Boost Antibodies

A new study found that ninety (90) minutes of light-to-moderate exercise directly after flu or COVID-19 vaccination may boost antibody response.

Iowa State University researchers studied the effect of ninety (90) minutes of an outdoor walk, jog, cycle on a stationary bike, or other aerobic exercises after two different types of influenza vaccines or post-Pfizer-BioNTech COVID-19 vaccine in the study published in Brain, Behavior, and Immunity.

Researchers assigned one group to do ninety (90) minutes of exercise directly after immunization and another group to avoid exercise and go about their daily routine.

They found increased antibody response in the following four weeks in participants who did the 90 minutes of exercise compared to those advised not to exercise on the first day of vaccination. They also found similar results with mice who ran on treadmills.

Adult Vaccine Related Updates
New Adult Immunization Schedule Recommends Changes to Zoster, Pneumococcal, and Hep B Vaccines

Updated pneumococcal vaccine recommendations for adults from the CDC call for the use of the two recently approved vaccines in a more streamlined approach to avoid the complexities of age and patient conditions that hindered previous recommendations.

The recommendations, voted on by the CDC's Advisory Committee of Immunization Practices (ACIP) in October and made final last week with publication in the agency's Morbidity and Mortality Weekly Report (MMWR), call for the use of the 15-valent pneumococcal conjugate vaccine (PCV15; Vaxneuvance, Merck Sharp & Dohme) or 20-valent PCV (PREVNAR20; Wyeth Pharmaceuticals).

The recommendations apply to PCV-naive adults in the US who are either aged 65 years or older, or who are aged 19-64 years and have underlying conditions such as diabetes, chronic heart or liver disease, or HIV, and have not previously received a PCV or whose previous vaccination history is unknown.
Register for the HPV Cancer Prevention Program at St. Jude Children's Research Hospital. This is a series of virtual seminars leading up to March 4, which is International HPV Awareness Day. Each virtual seminar will feature a panel of speakers addressing the topic and will also include a moderated discussion. All seminars will be held from 12:00 to 1:30 p.m. CST. Learn more about each webinar below.

Additionally, you can access the Association of Immunization Managers and the National HPV Vaccination Roundtable's International HPV Awareness Day social media toolkit here.

February 28: Addressing Inequities in HPV Vaccination Coverage and HPV Cancers

This seminar will feature an in-depth conversation to address the disparities associated with HPV vaccination coverage across Black, Indigenous, People of Color (BIPOC), and rural communities. Speakers include Dr. Ronny Bell, Wake Forest University School of Medicine; Dr. Marvella Ford, Medical University of South Carolina and Hollings Cancer Center; Dr. Deanna Kepka, University of Utah and Huntsman Cancer Institute; and Dr. Jesse Nodora, University of California, San Diego. The session will be moderated by Andrea Stubbs, St. Jude Children's Research Hospital. This seminar is co-organized with the UCSD Health Moores Cancer Center.

March 1: Improving HPV Vaccination Coverage: Starting at Age 9

This seminar will provide an overview of the importance of starting HPV vaccination at age 9 to increase on-time vaccination coverage and optimize the prevention of HPV cancers. Speakers include Dr. Robert Bednarczyk, Emory University; Dr. Tamera Coyne-Beasley, University of Alabama at Birmingham; and Dr. Sherri Zorn, The Polyclinic. The session will be moderated by Dr. Michelle Bowden, University of Tennessee Health Science Center, and Le Bonheur Children's Hospital. This seminar is co-organized with the Memphis and Shelby County HPV Cancer Prevention Roundtable.

March 2: No Longer Invisible: Learning from Survivors
This seminar will elevate the voices of HPV cancers survivors to improve HPV cancer prevention. Panelists include Karla Chavez, Cervivor; Jason Mendelsohn, SupermanHPV; Lillian Kreppel, HPV Cancer Alliance; and Rikki Rockett, drummer for the rock band Poison. The session will be moderated by Tamika Felder, founder, and chief visionary officer of Cervivor. This seminar is co-organized with the UCSD Health Moores Cancer Center.

**March 3: Mitigating the Effects of the COVID-19 Pandemic on HPV Vaccination Coverage**

This seminar will highlight the urgent need to lessen the effects of the COVID-19 pandemic on HPV vaccination coverage, which has resulted in millions of missed doses and multiple missed opportunities for HPV cancer prevention. Speakers include Dr. Debbie Saslow, American Cancer Society; Judy Klein, UNITY Consortium; Dr. Cheryl Kovar, East Carolina University; and Dr. Kunal Saxena, Merck. The session will be moderated by Dr. Greg Zimet, Indiana University.

**March 4: Celebrating International HPV Awareness Day 2022**

This seminar will focus on raising awareness about HPV cancer prevention and promoting action to increase HPV vaccination coverage.

Register Today

**Moderna Starts Phase 3 Study of mRNA Based RSV Vaccine**

On February 22nd, 2022, Moderna announced that it had initiated a phase 3 study of its investigational messenger RNA-based vaccine for RSV.

Moderna is one of several companies exploring the use of mRNA technology — so successful in COVID-19 vaccine development — for other long-time vaccine targets, including RSV.

The company is also testing an mRNA vaccine against influenza. Its ultimate goal is to create combination vaccines that protect against several respiratory viruses, including influenza, SARS-CoV-2, and RSV.

The newly announced phase 3 study, called ConquerRSV, will enroll around 34,000 adults aged 60 years or older from multiple countries.
Disparities in HPV Vaccine Knowledge and Adolescent HPV Vaccine Uptake by Parental Nativity Among Diverse Multiethnic Parents in New Jersey

Although human papillomavirus (HPV) vaccines prevent infection of high-risk HPV types associated with multiple cancers, disparities in the incidence of cervical cancer and other HPV-associated cancers continue to persist among racial/ethnic minority and immigrant populations. Routine HPV vaccination has been recommended in the United States (U.S.) for adolescent girls since 2006 and adolescent boys since 2011. However, uptake continues to be suboptimal at only 71.5% initiation among adolescents ages 13–17 years old. Lower rates of HPV vaccine uptake are observed among adolescents of immigrant parents. Prior studies have attributed lower HPV vaccination rates among adolescents of immigrant parents to a lack of strong provider recommendation, lack of perceived benefits of the vaccine, concerns about sexual activity, and limited access to vaccine information. However, few studies have focused on suburban dwelling, immigrant parents where socioeconomic status and access to health care are on average higher than racial/ethnic minority and immigrant parents in urban communities, but HPV vaccination rates remain low in many communities.

Vaccine Hesitancy Counseling—an Educational Intervention to Teach a Critical Skill to Preclinical Medical Students
Vaccines are safe, effective, and one of the most successful forms of prevention. The proliferation of vaccine scares and controversies in the media has resulted in a significant public perception that vaccines are unsafe, fostering vaccine hesitancy (VH), resulting in populations with declining immunity and outbreaks of vaccine-preventable diseases. According to the World Health Organization, VH is defined as a delay in the acceptance or refusal of vaccines despite the availability of vaccination services. Vaccine attitudes range from full acceptance to complete refusal. Healthcare providers remain a credible source of vaccine information. Research has shown that patients who receive a strong recommendation from a healthcare provider are 4–5 times more likely to be vaccinated. The National Vaccine Advisory Committee: “Standards for Adult Immunization Practice” states the following: “One of the most important predictors of vaccination receipt among adults is a health-care provider’s recommendation and offer of a vaccine during the same visit.”.

In the pediatric context, parents were twice as likely to respond to healthcare providers who affirmed the safety of vaccines for their children. It is therefore important to provide medical trainees with the appropriate communication tools for vaccination discussions. During pediatric rotations, few medical students witnessed the provider initiation of vaccine discussions with strong vaccine recommendations. Real et al. demonstrated the success of a residency curriculum focused on communication strategies with patients hesitant about the influenza vaccine, finding a decreased rate of vaccination refusal in the post-curricular period.