I Raise the Rates! February Edition

In this edition of I Raise the Rates (IRtR) you will find a variety of new resources from various public health partners, unique education 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

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 will begin in March 2021! Opportunities are limited, applicants will be considered on a first-come, first-served basis. Please see the recruitment flyer for more information about participation benefits and requirements as well as the application.

Read the Flyer Here

Publication: Preparing for COVID-19 Vaccination
On February 2, the article, Preparing for COVID-19 Vaccination: A Call to Action for Clinicians on Immunization Information Systems was published online in the Annals of Internal Medicine. This timely piece promotes IIS utilization among providers and highlights their features and critical role in supporting the COVID-19 vaccination response. Clinicians are central to ensuring administered vaccines are accurately reported in a timely manner to strengthen clinical care and inform public health efforts for routine and emergency situations. This article outlines steps clinicians can take to maximize the utility of IIS and improve the integration of systems supportive of the pandemic response and routine vaccination efforts.

2021 Advisory Committee on Immunization Practices' Adult Immunization Recommendations: Video

Dr. Sandra Adamson Fryhofer, MD, MACP explaining the 2021 Advisory Committee on Immunization Practices (ACIP) Adult Immunization Recommendations.

Additional video topics include:

- Adult Immunization Recommendations: Focus on Racial and Ethnic Disparities
- Influenzas Immunization Recommendation Update (need to request format change)
- Flu versus COVID-19: A Contagious Conundrum
- mRNA COVID-10 Vaccines (Pfizer-BioNTech and Moderna)
- Immunization is for subspecialists, too!
- Telehealth to Support Immunization

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

Early Data Offers Hope on AstraZeneca’s Vaccine

Scotland’s vaccination program substantially reduced Covid-19 hospital admissions, according to the results of a study released on Monday, offering the strongest real-world signal of the effectiveness of the AstraZeneca-Oxford vaccine that much of the world is relying on to end the pandemic.

The study, encompassing both the AstraZeneca and Pfizer-BioNTech vaccines, examined the number of people who were hospitalized after receiving a single dose of the vaccine. Britain has delayed administering the second dose for up to three months after the first, opting to offer more people the partial protection of a single shot.

Read More

Kids Who Got Flu Shot Had Less Severe COVID-19 Symptoms, Study Shows

Kids are not yet eligible to receive the COVID-19 vaccine, one of the many complicating factors about reopening schools in the U.S. But while it might be months before they get inoculated, a new review of pediatric data suggests that two other vaccines may protect them from severe illness due to COVID-19 in the meantime.

Researchers at the University of Missouri School of Medicine conducted the study, analyzing the health records of more than 900 kids who tested positive for COVID-19 in 2020. They found that those who received the latest influenza shot were less likely to have respiratory symptoms and less likely to experience severe symptoms from COVID-19 than those who had not received the flu shot. Similarly, those who received the pneumococcal vaccine (which
protects against infections like pneumonia and meningitis) were less likely to show severe symptoms of COVID-19.

**The Next Frontier In Vaccines: Maternal Immunization**

Overall, vaccination rates in mothers are increasing — and the benefits are evident. Between 2000 and 2018, 45 countries eliminated maternal and neonatal tetanus. “I really believe that the gift of some immunity is the best gift you can give to your new baby,” says Hughes. Still, an estimated 15,000 children under the age of 5 die every day from other diseases.

Until recently, the participation of pregnant women in clinical trials, including vaccine candidates, was prohibited or heavily restricted. Even today, Munjal says, “doing studies on pregnant women is a big hurdle.” But the World Health Organization, the Centers for Disease Control and Prevention and other agencies now encourage and recommend vaccines for tetanus, diphtheria, and pertussis for pregnant women. And the evidence to support the need for targeted interventions has only grown. “It’s really vital that the community understand just how important these lifesaving vaccines are,” says Hughes of vaccines that have been approved for use by pregnant mothers. “Nobody wants to see their newborn end up on a ventilator.”

**Study Finds Racial and Ethnic Disparities in Flu Vaccine Uptake Among People Aged 65 and Older in the USA**
A new study published today in *The Lancet Healthy Longevity* journal has found significant racial and ethnic disparities in the uptake of the seasonal influenza vaccine among people aged 65 years and over in the U.S.

The findings, based on records from 26.5 million Medicare beneficiaries during the 2015-2016 flu season, revealed that Hispanics (29.1%), Blacks (32.6%), and Asians (47.6%) were less likely to receive a seasonal flu vaccine than whites (49.4%).

Among those who received a vaccine, there were also inequities in those who were given the High Dose Vaccine (HDV), a more effective influenza vaccine in people aged 65 and older. More than half of vaccinated white people received the HDV (53.8%) compared with 37.8% Hispanics, 41.1% Blacks, and 40.3% Asians.

These inequities persisted after accounting for the region, income, chronic conditions, and patterns of health care use, revealing that among the vaccinated group, minorities were 26-32% less likely to receive the HDV relative to whites.