

National Influenza Vaccine Summit Working Group Recommendations

1.) Communications Working Group

BACKGROUND INFORMATION

- Some in target population have hard time relating to “high risk” term and see the flu shot as being for “others” (e.g., the frail, elderly, sick, but not a 65-year-old who has just run a 10K race)
- Physicians will not likely purchase late season vaccine because it could go unused
- Some believe that if you “get the shot” you “get the flu”
- The flu is not a major health concern for many
- Hispanic immigrant populations less knowledgeable about the flu vaccine
- African Americans did not see themselves as high risk, have some distrust of government health programs, and felt flu vaccine was unsafe

RECOMMENDATIONS: For the Provider

- Educate and inform providers (physicians, community and work site immunizers, public health departments and pharmacists) about immunizing high risk patients
- Educate providers about variety of settings where flu shots are given (e.g., workplace settings)
- Work to “popularize” concept of a longer immunization season

RECOMMENDATIONS: For the Consumer

- Educate consumers about the value of late season immunization
- Educate consumers about the variety of settings where flu shots are given (e.g., workplace settings)
- Utilize mass media and the internet to educate consumers about flu vaccine in general, and the term “high risk” e.g., PSA on popular Internet portals such as Yahoo and MSN.com)

RECOMMENDATIONS: Other

- Position issue of getting flu vaccines later in season as being medically sound
- Examine use of term “high risk” (substitute “high priority”) as many do not see themselves that way
- Utilize one common strategy for maximum effect; present unified message
- Work on delivery issues that affect entire campaign’s credibility
- Utilize message that flu is the most burdensome vaccine-preventable disease with significant morbidity and mortality; show the numbers
- Prioritize messages
- Think outside the box when getting messages to African-American and Latino populations; consider involving churches, community leaders, schools of medicine and pharmacy

2.) Influenza Vaccine Payment Working Group

RECOMMENDATIONS: CMS

- Examine payment for the cost of flu vaccine, ensuring that CMS carriers are up-to-date on the payment prices; publication of the rate by carriers is timely; and corrections for improperly reimbursed flu vaccines should not require refileing
- Examine payment for the administration of the flu vaccine, including, acceptance of the recommendations of the AMA’s Relative Value Update Committee (RUC); examination of the function of the “G” codes; and consideration of all appropriate administrative costs in the current relative values for administration of vaccine
- Establish a Stakeholder Task Force to examine in detail congressional action to correct the CMS payment structure, but consider trade-offs when going to Congress on CMS payment structure issues
- Enhance timely publication of the Medicare Payment Rate by opening dialogue to allow publication of average wholesale prices (AWPs) and vaccine payment rates subject to FDA approval
- Eliminate the CPT code for whole cell vaccine

RECOMMENDATIONS: Third-Party Payers

- Provide educational outreach to business consultants and employers on the benefits of preventive medicine
- Maintain updated payment rates for flu vaccine as much as is possible

RECOMMENDATIONS: Other

- Examine adequacy of provider education and incentive strategies
- Examine the feasibility of using claims filed with CMS and third-party insurers to improve flu vaccine distribution to health care professionals serving primarily high-risk populations

3.) Vaccine Distribution Working Group

BACKGROUND INFORMATION – Pre-booking

- Current situation with pre-booking is that there is inconsistent supply
- Duplicate and over-booking create uneven distribution
- Distribution policies are not consistent across manufacturers
- End users have no advance knowledge of the timing of production
- These factors lead to “shortage mentality”

RECOMMENDATIONS – Pre-booking

- Foster better communication with and education of healthcare providers regarding vaccination extension
- Utilize all distribution channels to maximize provider access to vaccine supply
- Communicate that it is acceptable to split orders between/among distributors, but not to over-order
- Re-examine the Federal flu vaccine purchasing contract which does not allow for resale of vaccine supply
- Utilize local coalitions (or develop new ones where none exist) to prepare plans for sharing and redistribution of vaccine when delays in distribution or shortages in production occur

BACKGROUND INFORMATION – Cold Storage

- Knowledge of cold storage standards is inconsistent throughout the supply chain
- Vaccine integrity and quality is an issue

RECOMMENDATIONS – Cold Storage

- Educate providers on how to maintain vaccine quality in their facilities and their distribution channel
- Examine cold storage processes – perhaps include more cold strips
- Develop tools and flyers on cold storage standards
- Direct providers to manufacturer’s product insert
- Educate providers that some distributors who operate on the margins of the flu vaccine market may not have adequately controlled for vaccine integrity; encourage providers to use distributors they trust

RECOMMENDATIONS – Communications

- Promote ACIP guidelines to public and providers
- Promote the messages year round – changing messages with time of year
- Educate providers on the negative impacts of duplicate multiple pre-booking
- Encourage all stakeholders to participate in local coalitions that facilitate communication between and among providers and other relevant groups and organizations

4.) Community Immunization Providers Working Group

RECOMMENDATIONS – Communication

- Focus on “direct to consumer” education; benefits versus risk
- Develop clear, concise messages for the public
- Target messages to diverse populations

- Work with groups such as AARP, National Family Caregivers Association, and other advocacy groups to target the consumer
- Initiate campaign as early as possible to increase public awareness
- Target consumer magazines and publications with messages
- Encourage health plans to educate their beneficiaries to the value of getting a flu shot
- Create a flu immunization “catch-up” day or week in early December to garner support/interest in extending the vaccination effort

RECOMMENDATIONS – Collaboration

- Encourage all stakeholders to participate in state flu coalitions
- Acknowledge competitive nature of the influenza vaccine provider market
- Encourage contract language to follow CDC/ACIP guidelines
- Help educate providers that are not currently following guidelines
- Emphasize importance of local planning early in the year to prepare for contingencies
- Acknowledge financial risks to providers when extending vaccine practices through December
- Acknowledge it is difficult to get majority of immunizations completed by end of November
- Address conflict surrounding having adequate supply of vaccine in October and only being able to use for high-risk

RECOMMENDATIONS – Two Tiered Approach

- Continue aggressive efforts in public communication and education about the value of late-season flu vaccination
- Prepare an alert system if vaccine supply is an issue
- Continue and expand promotion to high-risk groups regarding flu vaccination

5.) Occupational Health Working Group

BACKGROUND

- Issues defined by the working group include: late delivery of vaccine; late vaccination scheduling; lack of safety devices on prefilled syringes

RECOMMENDATIONS

- Create and communicate realistic expectations for employers and employees regarding vaccination dates
- Clarify intent of ACIP – if vaccine is available, can it be given prior to November 1 to non high-risk individuals?
- Examine pricing and the effect it has on workplace demand
- Examine price differential between vials and single dose prefilled syringes, the latter of which helps drastically reduce vaccine waste in the workplace setting
- Focus educational efforts on those providers who see high-risk patients
- Focus on critical breakpoints in the production of influenza vaccine
- Address needs of “super high-risk” settings (e.g., nursing homes) to ensure they receive vaccine in a timely manner
- Ensure that vaccine is administered at the appropriate time (i.e., in November) to the frail elderly in long-term care facilities to minimize the impact waning immunity late in the influenza season
- Focus on getting message out about who the “high-risk” are
- Address reality of getting 30 million doses of vaccine administered between November 1 and Thanksgiving