

The National Vaccine Advisory Committee: Reducing Patient and Provider Barriers to Maternal Immunizations

Executive Summary

Maternal immunization provides important health benefits for pregnant women and their infants, and obstetrical care providers are now recommended to vaccinate all pregnant women against influenza and pertussis during each pregnancy. However, immunization coverage among pregnant women for influenza and pertussis-containing vaccines is suboptimal, leaving numerous pregnant women and their infants at risk for complications from vaccine-preventable diseases. Therefore, it is critical to understand the social, programmatic, and logistical barriers that both prevent pregnant women from receiving recommended vaccinations and those that prevent obstetrical care providers from recommending and administering vaccines within their practices.

In order to facilitate the successful development of a national maternal immunization program, in alignment with broader immunization goals such as those outlined in the National Vaccine Plan, the Assistant Secretary for Health (ASH) charged the National Vaccine Advisory Committee (NVAC) with reviewing the current state of maternal immunizations and existing best practices to identify programmatic gaps and/or barriers to the implementation of current recommendations regarding maternal immunization.

Through extensive analysis and input from subject matter experts, the NVAC identified five major areas of opportunity to strengthen maternal immunization programs and to increase uptake of recommended vaccines among pregnant women. These areas for action include:

1. Enhancing communication to address the safety and effectiveness of all currently recommended immunizations during pregnancy
2. Maximizing obstetric provider recommendation and administration of recommended maternal immunizations
3. Focusing efforts to improve financing for immunization services during pregnancy and postpartum
4. Supporting efforts to increase the use of electronic health records (EHRs) and Immunization Information Systems (IISs) among obstetrical care providers

5. Recognizing and addressing current vaccine liability law barriers to optimize investigations and uptake of recommended and future vaccines during pregnancy

Within each area, the NVAC report details key recommendations to overcome challenges in these areas. A list of the NVAC recommendations is provided below:

1. Enhance communication addressing the safety and effectiveness of all currently recommended immunizations during pregnancy
 - 1.1. The ASH should provide regular updates to relevant stakeholders regarding vaccines that are recommended by ACIP/CDC for use in pregnant women. Doing so will maximize the potential for disease prevention through vaccine use, thereby benefiting the mother and her infant.
 - 1.2. The ASH should work with federal partners and professional organizations to develop and distribute communication strategies and educational materials to healthcare providers, especially those delivering obstetrical care. These educational materials should clearly state the benefits of maternal immunization such as reducing the morbidity and mortality for mothers and young infants. In addition, they should enable providers to educate women who are pregnant or may become pregnant on the available clinical data regarding the safety and effectiveness of all ACIP/CDC-recommended maternal immunizations for themselves and their infants.
 - 1.3. The ASH should encourage the use of current and newly emerging communication technologies to maximize the effectiveness and reach of communication efforts addressing the clinical benefits of maternal immunization.
 - 1.4. The ASH should work with the appropriate federal agencies to assess data collected through post-marketing surveillance systems on the safety, efficacy, and effectiveness of currently recommended vaccines for pregnant women and their infants. The ASH also should work with Federal agencies to determine the data needs for vaccine safety in pregnant women, the ability of these systems to capture these data, and modify/develop new systems if data needs are not being met.

- 1.5. The ASH should encourage appropriate professional and healthcare organizations to educate obstetrical care providers on the available post-marketing surveillance systems used to track vaccine safety data in order to improve provider knowledge and reporting of potential vaccine adverse events. Educational materials and trainings should include how to report possible events to the relevant post-marketing surveillance systems, the strengths and limitations of these systems, the importance of reporting possible serious vaccine adverse events, and information regarding federal reporting requirements.
2. Maximize obstetric provider recommendation and administration of recommended maternal immunizations
 - 2.1. The ASH should recommend that obstetric providers follow the published guidelines of professional organizations and government agencies to improve vaccination rates in their practices.
 - 2.2. The ASH should collaborate with federal partners, professional educational organizations, and other relevant maternal immunization stakeholders to develop curricula for trainees and healthcare providers that should include information about the recognized benefits and risks of immunizations during pregnancy and postpartum. Curricula should also include information about both the scientific basis for immunizations, as well as the basics of establishing and administering immunization services in outpatient obstetrical care settings.
 - 2.3. The ASH should work with all relevant federal and non-federal partners to assure that focused efforts are undertaken to routinize obstetrical provider vaccine recommendations and administration of all recommended vaccines during pregnancy.
 - 2.4. The ASH should work with obstetrical care stakeholders to incorporate the widespread use of programs such as the Assessment, Feedback, Incentives, and eXchange (AFIX) to support and evaluate the incorporation of immunization services into obstetrical care practices.

- 2.5. The ASH should work with the stakeholder community to evaluate the applicability of existing measures and/ or the development of new measures for vaccines recommended to pregnant women. Standardized metrics will help to reliably measure rates of immunizations given by obstetrical care providers to improve vaccine delivery in this population and to better measure progress towards institutional and national goals.
3. Focus efforts to improve financing for immunization services during pregnancy and postpartum
 - 3.1. The ASH should work with CMS and CDC to determine the costs to provide immunizations in various types of obstetrical practices to help evaluate the various factors influencing the provision of adult maternal immunizations.
 - 3.2. The ASH work with CMS, HRSA and private payers to identify and improve upon current process issues related to billing, coding and subsequent payment for the provision of maternal and other adult immunizations by obstetrical health care providers, such as adult vaccine counseling and vaccine administration.
 - 3.3. The ASH should continue to monitor the effectiveness of the evolving payment and delivery models, outside of fee-for-service, within the new framework of federal and state exchanges, patient-centered medical homes, and accountable care organizations. These new models should be encouraged to utilize cost studies of efficient practices and evidence-based economic principles as they pertain to maternal immunization programs.
 - 3.4. The ASH and HHS should work with professional organizations and other relevant maternal immunization stakeholders to develop a comprehensive toolkit that provides guidance on office and practice logistics (such as storage, inventory, etc.) to optimize the ability for providers to efficiently and effectively implement vaccination services within their practices. Such a toolkit should also provide technical assistance regarding efficient business practices including payer contracting for immunization services, appropriate vaccine billing practices, and participation in vaccine purchasing groups.

4. EHRs, meaningful use, and promoting information exchange with Immunization Information Systems (IISs)
 - 4.1. The ASH should continue to support efforts to promote increased adoption by all obstetrical care providers of EHRs that can exchange data with Immunization Information Systems (IIS) of the appropriate public health jurisdictions. This should include bidirectional data exchange standards where supported, according to current and future national standards and regulations set by CDC and ONC (Office of the National Coordinator for Health Information Technology).
 - 4.2. The ASH should promote collaborations among ONC, CDC, and FDA to establish automated, electronic interactions between EHRs and vaccine safety surveillance systems in order to strengthen vaccine safety monitoring systems in pregnant women.
5. Recognize and address current vaccine liability law barriers to optimize investigations and uptake of recommended and future vaccines during pregnancy
 - 5.1. The ASH should support efforts by the Health Resources and Services Administration (HRSA) to address the issue of inclusion of *in utero* injuries allegedly incurred following maternal immunization within the Vaccine Injury Compensation Program (VICP). The ASH should support resolution of the issue regarding infants born with alleged *in utero* injuries in favor of allowing such claims to be pursued under the VICP and in favor of providing settled liability protections to vaccine manufacturers and administrators.