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## **Pamphlet of Preventative Immunization and Screening Recommendations for Adult Women**

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# Pamphlet of Preventative Immunization and Screening Recommendations for Adult Women

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# Problem Identification

- ▶ Preventative care is a huge part of Family Medicine and crucial when considering public health. Since the COVID-19 pandemic, a portion of the U.S. population seems to be increasingly skeptical of the health care system and the recommendations concerning preventative care.
- ▶ “According to the WHO, vaccine hesitancy is one of the 10 major health threats worldwide” (Etzioni-Friedman et al, 2020). The vaccine hesitancy “phenomenon, fueled not only by the longstanding skepticism towards vaccination but also by the incorrect information prevailing on the Web, now affects at least 15% of the general population” (Dettori et al, 2022)
- ▶ The “emotional epidemiology” phenomenon describes a situation “when a problem, such as the spread of a pandemic virus emerges, outrage increases proportionally. This leads to the population to request, and sometimes demand, an effective remedy to safeguard their health. However, as soon as the remedy becomes available, the risk perception decreases, with a resulting negative impact on health choices that is immediately reflected in health outcomes” (Dettori et al, 2022)

# Public Health Cost

- ▶ According to the World Health Organization, “immunization currently **prevents 3.5-5 million deaths every year** from diseases like diphtheria, tetanus, pertussis, influenza, and measles.”
- ▶ According to the Vermont Department of Health Fact Sheet on influenza coverage for the 2021-2022 flu season...
  - ▶ “Flu vaccination decreased among all age groups compared to the previous season. Rates decreased the most in those under 18 years.”
- ▶ According to data from the Vermont Department of Health...
  - ▶ Percentage of females 65 years and older who received the pneumococcal vaccine decreased from 14.2% in 2019 to 9.9% in 2023
  - ▶ Percentage of females 6 months and older who received the COVID-19 vaccine decreased from 83% in 2021 to 50% in 2022.
- ▶ Washington County, Vermont 2023 Statistics
  - ▶ Mammography screening: county average of 38% (state average of 35%)
  - ▶ Adult obesity: county average of 29% (state average of 26%)

# Community Perspective

- ▶ “Evidence shows that quality of life is better, and lives are saved” when staying up to date with recommended preventative services]. Barriers include “patients not going to their appointment or cancelling. I see this a lot more with mammograms than other screenings.”
- ▶ “We have really good childhood rates [in Vermont], but I don’t know how much emphasis has been on regular adult vaccine rates”. However, an “adult vaccine coordinator is now a requirement since the pandemic”, who’s goal is to “focus on adult immunization rates and what as a state we can do to improve them”
- ▶ On tracking immunization rates in adults:
  - ▶ CDC’s Immunization Quality Improvement for Providers (IQIP), which is focused only on childhood immunizations, has been in Vermont for years; however, “last year in Vermont, it also started including adult [immunization] rates”
  - ▶ Blueprint for Health “helps practices do quality improvement” and “ensures primary care physicians are incentivized” for preventative health measures.
  - ▶ “We have a really robust immunization registry in Vermont compared to other states, so we collect adult and child vaccine data. It has been in existence for about 20 years now”

# Intervention & Methodology

- ▶ Pamphlet consolidating recommendations for common preventative immunizations and screenings for adult women, to be distributed/available at the primary care office or available on patient portal.

## • Screening Recommendations

- For more information, please visit:
  - Centers for Disease Control & Prevention: <https://www.cdc.gov/cancer/dccp/prevention/screening.htm>
  - U.S. Preventative Services Task Force: [https://www.uspreventiveservicestaskforce.org/uspsf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspsf/topic_search_results?topic_status=P)

Screening	What does this screen for?	Recommendation	
Cervical cytology (pap smear)	Cervical Cancer	Age	Recommendation
		21-29	Cervical cytology alone every 3 years
		30-65	<ul style="list-style-type: none"> <li>• Cervical cytology alone every 3 years, HPV testing alone every 5 years</li> <li>• Cervical cytology + HPV co-testing every 5 years</li> </ul>
Hemoglobin A1C, or fasting plasma glucose, or oral glucose tolerance test	Prediabetes, diabetes	Age	Recommendation
		35-70	<ul style="list-style-type: none"> <li>• Screen if overweight or obese</li> <li>• If normal blood glucose levels, consider continued screening every 3 years</li> </ul>
Mammography	Breast cancer	Age	Recommendation
		50-74	Every other year
Dual-energy x-ray absorptiometry (DXA) scan	Osteoporosis	Age	Recommendation
		<65 yo	Screen if post-menopausal and have 1+ risk factor
		65+	Screen all women
		Risk factors include: parental history of hip fracture, smoking, excess alcohol consumption, low body weight	
Colonoscopy	Colorectal cancer	Age	Recommendation
		45-49	<ul style="list-style-type: none"> <li>• Colonoscopy (most recommended) = every 10 years</li> <li>• High sensitivity guaiac fecal occult blood test OR fecal immunohistochemical test (FIT) = every year</li> <li>• Flexible sigmoidoscopy = every 5 years</li> </ul>
		50-75	<ul style="list-style-type: none"> <li>• Colonoscopy (most recommended) = every 10 years</li> <li>• High sensitivity guaiac fecal occult blood test OR fecal immunohistochemical test (FIT) = every year</li> <li>• Flexible sigmoidoscopy = every 5 years</li> </ul>
		76-85	Selectively screen; discuss with provider
Low dose CT scan	Lung cancer	Age	Recommendation
		50-80	<ul style="list-style-type: none"> <li>• Screen every year if...                             <ul style="list-style-type: none"> <li>• 20 pack-year smoking history and</li> <li>• Current smoker or quit within the past 15 years</li> </ul> </li> </ul>
		Note: Discontinue once a person has not smoked for 15 years OR develops a health problem that limits life expectancy or ability or willingness to have curative lung surgery	

## • Vaccine Recommendations

- CDC Adult Vaccine Assessment Tool: <https://www2.cdc.gov/nip/adultimmsched/>
- For more extensive information, please visit: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

Vaccine	What is this for?	Recommendation	
Gardasil	Human papillomavirus (HPV)	Age	Recommendation
		≤26	2- or 3-dose series
		27-45	Discuss with provider
Influenza	Influenza	Age	Recommendation
		19+	1 dose annually
COVID-19	COVID-19	Age	Recommendation
		19+	2 dose series + booster
Zoster (Shingrix)	Shingles	Age	Recommendation
		50+	2 dose series
Tdap (or Td)	Tetanus, diphtheria, pertussis	Age	Recommendation
		19+	1 dose Tdap + 1 dose booster every 10 years
Pneumococcal (PCV15, PCV20, PPSV23)	Pneumonia	Age	Recommendation
		19-64	1 dose PCV15, followed by PPSV23 OR 1 dose PCV20
		65+	Dependent on pneumococcal vaccination history, discuss with provider
Hepatitis B	Hepatitis B	Age	Recommendation
		19-59 yo	2-, 3-, or 4- dose series
		60+ with risk factors	2-, 3-, or 4- dose series
		60+ without risk factors	Discuss with provider
		Risk factors include: chronic liver disease, HIV, injection drug use, sexual exposure, incarceration, travel to endemic areas (), risk of blood exposure (health care workers, dialysis, diabetes)	

# Results / Response

- ▶ Response to this intervention was not able to be assessed due to time constraints; however, the future goals of this intervention include:
  - ▶ Increased awareness of preventative health measures as individuals age, allowing patients to think about such measures and formulate any questions to discuss with their provider
  - ▶ Promote self-advocacy and more efficient discussion of preventative health measures during annual wellness visits
  - ▶ Increase immunization rates for influenza, COVID-19, Shingles, pneumonia, tetanus in adults
  - ▶ Increase compliance with preventative screenings for diabetes mellitus, osteoporosis, breast cancer, colorectal cancer, lung cancer in adults

# Evaluation of Effectiveness

- ▶ Effectiveness of this intervention can be evaluated by...
  - ▶ Tracking vaccine administration rates in the practice and comparing vaccination rates before versus after making pamphlet available to patients.
  - ▶ Tracking percentage of patients that make appointments for preventative screenings (colonoscopy, mammogram, etc.)
    - ▶ Of those that make appointments, track the percent that follow through with that appointment versus those that cancel the appointment. Follow up for reason of cancellation should be documented to help determine barriers to care.
- ▶ Limitations
  - ▶ Providers and staff are limited by time and may not be able to track this information in addition to their current duties. Proper evaluation should involve an individual designated to oversee quality improvement efforts, and who can communicate with outside programs who have the same goal.



# Future Recommendations

- ▶ Increased use of pamphlets that consolidate health information in an approachable way for patients.
- ▶ Continue to emphasize the importance of annual wellness visits as a time to focus on ensuring the patient is up to date on preventative health measures and discussing any hesitancy or barriers to such.
- ▶ Advocating for increased need to track adult vaccination rates
- ▶ Utilize Vermont state programs, such as Blueprint for Health, which “designs community-led strategies for improving health and well-being.”

# References

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