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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Dr. Jose Lopez
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 diptheria, 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.

### Vaccine Recommendations
- CDC Adult Vaccine Assessment Tool: [https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf)
- For more extensive information, please visit: [https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf)

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<thead>
<tr>
<th>Vaccine</th>
<th>What is this for?</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Gardasil</td>
<td>Human papillomavirus (HPV)</td>
<td>Age</td>
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<td>Influenza</td>
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<td>COVID-19</td>
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<tr>
<td>Zoster (Shingles)</td>
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<td>Tdap (or Td)</td>
<td>Tetanus, diphtheria, pertussis</td>
<td>Age</td>
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<td>19+</td>
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<td>Pneumococcal (PCV13, PCV20, PPV23)</td>
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<td>Hepatitis B</td>
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<td>60+ with risk factors</td>
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<td></td>
<td></td>
<td>60+ without risk factors</td>
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### Screening Recommendations
- For more information, please visit: [https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf)
- For more extensive information, please visit: [https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf](https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf)
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

- “Adult Immunization Schedule by Age”. Centers for Disease Control and Prevention. [https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#notes](https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#notes)
- CDC Adult Vaccine Assessment Tool. February 8, 2023. [https://www2.cdc.gov/nip/adultimmsched/](https://www2.cdc.gov/nip/adultimmsched/)