



January 17, 2019

Don Wright, MD, MPH, FAAFP
Deputy Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
Department of Health and Human Services (HHS)
Tower Building 1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

RE: Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for Healthy People 2030

Dear Dr. Wright,

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the Secretary's Advisory Committee on National Health and Disease Prevention proposed Immunization and Infectious Disease (IID) objectives for Healthy People (HP) 2030. As a member organization with more than 700 members representing 68 Public Health organizations, 10 businesses and sponsors, and 483 individuals from Immunization Information System (IIS) programs and partners, these comments represent a broad perspective on federal actions that affect immunization programs across the country, particularly as they relate to protecting the public's health through the availability of accurate immunization records.

Over the past several decades, Healthy People Immunization and Infectious Disease objectives have been a core benchmark for national efforts to improve and maintain immunization coverage across the lifespan. These federal objectives help to guide the actions of public and private stakeholders across the national, state and local landscapes who are committed to improving the health and wellbeing of our nation and provide a foundation for measuring progress.

It is important to note that immunizations are acknowledged as one of the most effective and life-saving health interventions of modern medicine; The Centers for Disease Control and Prevention (CDC) states that the vaccinations given to infants and young children in the past 20 years alone will prevent an estimated 322 million illnesses and save 732,000 lives just in the United States.¹ Similarly, an evidence-based systematic review demonstrated IIS capabilities and actions in increasing vaccination rates, contributing heavily to the overall

¹MMWR (2014). Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm>

goal of reducing vaccine-preventable disease.² IIS are increasingly well-populated, with childhood IIS participation increasing from 90% in 2013 to 95% in 2017, now reaching the Healthy People 2020 objective of $\geq 95\%$ child IIS participation.³ Similar growth in IIS population capture has been seen with adolescents and adults, where IIS store immunization data on 79% of 11-17 year olds and 51% of age 19 years and above of the population.⁴ This increased capture and subsequent wealth of data for surveillance and evaluation has been successful in large part due to the inclusion of IIS-related Healthy People 2020 goals, and the emphasis these bring to measurement and data use.

Immunization providers rely on IIS to implement an increasingly complex vaccination schedule, as well as monitor vaccine safety, efficacy, and vaccine delivery. IIS play an essential role in creating a comprehensive consolidated immunization record, assisting with vaccine evaluation and forecasting, generating patient reminders, assessing vaccine uptake, providing schools and childcare providers access to consolidated records, assisting with vaccine ordering and inventory management, supporting outbreak investigation, calculating vaccine coverage estimates, and much more. The broad availability of immunization data through real-time Electronic Health Record (EHR)-IIS query significantly lowers the burden (and cost) to providers in accessing immunization records and forecasts at the point of care.

Since immunizations are a cornerstone for protecting the public's health, **we are disappointed that the proposed 2030 IID objectives deviate greatly from past Healthy People 2020 goals, and we are deeply concerned that the proposed 2030 objectives will significantly minimize and weaken immunization-related activities over the coming decade.** These proposed objectives fail to reflect the HHS Strategic Plan FY2018–2022, which acknowledges that “infectious diseases are a major health and economic burden for the United States.” Objective 2.1 of the Strategic Plan makes a commitment to “support access to preventive services including immunizations and screenings, especially for high-risk, high-need populations.”⁵ The World Health Organization (WHO) has named vaccine hesitancy as one of the top 10 threats to global

² Groom, H. et al. (2014). Immunization Information Systems to Increase Vaccination Rates: A Community Guide Systematic Review. *Journal of Public Health Management Practice*, 21(3):227–248. Retrieved from <https://www.thecommunityguide.org/sites/default/files/publications/vpd-jphpm-evrev-IIS.pdf>

³ MMWR (2017). Progress in Childhood Vaccination Data in Immunization Information Systems — United States, 2013–2016. Retrieved from <https://www.cdc.gov/mmwr/volumes/66/wr/mm6643a4.htm>

⁴ CDC (2017). IIS Annual Report Data (unpublished)

⁵ CDC. People at High Risk of Developing Flu-Related Complications. Retrieved June 4, 2018 from https://www.cdc.gov/flu/about/disease/high_risk.htm

health in 2019⁶, demonstrating a clear need for immunization, education, support, and monitoring. The results of not meeting this need are significant; currently, despite the availability of vaccines that protect adults against 14 different diseases, in addition to the well-known benefits of immunizations, more than 50,000 adults die from vaccine-preventable conditions each year.

We wish to offer the following recommendations to the proposed Healthy People 2030 IID objectives so that they remain an important and meaningful benchmark in improving and maintaining immunization coverage across the lifespan:

We encourage the Committee to emphasize immunizations across the lifespan.

We appreciate that the Committee maintained a lifespan seasonal influenza vaccination objective (IID-2030-13) that streamlines multiple age cohort objectives from Healthy People 2020. Coverage against seasonal influenza is an urgent public health priority. According to the CDC, a 6.2% reduction in the adult immunization rate for flu during the 2017-18 influenza season was a contributing factor in the record number of deaths.⁷ The flu accounts for an estimated 8.95 billion, or 65% of the annual economic burden of adult vaccine-preventable diseases.⁸ The Healthy People 2020 target of 70% vaccination rate is an appropriate and achievable goal for Healthy People 2030. We strongly urge the Committee to take a similar, consistent approach with regard to other ACIP-recommended vaccines. We understand and appreciate that a core aspect of the Healthy People 2030 process is to significantly reduce the number of objectives and to focus on objectives that can be reasonably and effectively measured and maintained. Federal leadership in setting immunization objectives to protect against vaccine-preventable diseases across the lifespan can be effectively monitored through existing data sources and would yield important benefits across the health care system.

We urge the Committee to restore an IIS reporting objective (IID-20) and would encourage it be expanded to include reporting of immunization records across the lifespan (childhood/adolescent/adult).

With the growing importance of health information technology, IIS are an essential part of the immunization infrastructure. IIS are confidential systems that allow real-time access to comprehensive, consolidated immunization records for individuals. Improving IIS and

⁶ WHO. Ten Threats to Global Health in 2019. Retrieved January 17, 2019 from <https://www.who.int/emergencies/ten-threats-to-global-health-in-2019>

⁷ CDC. Estimates of Influenza Vaccination Coverage among Adults—United States, 2017–18 Flu Season. Retrieved from <https://www.cdc.gov/flu/fluview/coversage-1718estimates.htm>

⁸ CDC. People at High Risk of Developing Flu-Related Complications. Retrieved June 4, 2018 from https://www.cdc.gov/flu/about/disease/high_risk.htm





integrating them into the healthcare system is critical to expanding access to and use of consolidated immunization data and, in turn, will lead to a healthier future. IIS can be used by providers to help determine which recommended vaccines may be appropriate for a patient. IIS can also provide aggregate data on immunizations coverage (and gaps). This information is valuable for surveillance and program operations and guiding public health action. IIS serve as a vital link to responding to a vaccine-preventable disease outbreak or public health emergency.

Nearly every state has an IIS, and although many people associate IIS with keeping track of childhood immunizations, at least 42 states maintain immunization records across patients' full lifespans. Despite the benefits of IIS, several factors inhibit the use of IIS for adults, including: wide variations in use and capabilities for registries to accept adult immunization records, depending on the state, and the need for opt-in approval to maintain childhood data in lifespan registries as individuals move into adulthood; limited staff time and resources; the need for additional education and awareness; costs associated with EHR modifications; and technical interface challenges between a provider EHR and IIS. The fact that adults receive vaccinations in a variety of different settings (clinical practices, pharmacies, employer-sponsored health clinics, etc.) poses an additional challenge and supports IIS's value to coordination of care. HP2020 included childhood (target 95% under age 6) and adolescent (80% between ages 11 and 18 with at least 2 records) immunization reporting objectives. **AIRA recommends one lifespan IIS objective that would elevate immunization record capture for all individuals into an IIS to be more of a national priority.**

We urge the Committee to increase the focus on addressing disparities in adult immunization rates.

AIRA appreciates and supports the Advisory Committee's commitment to better identify and target disparities in HP2030 objectives. Disparities persist in immunizations, with generally lower immunization coverage in certain racial and ethnic groups.⁹ Maintaining a focus on eliminating disparities in adult immunization rates will promote more accurate evaluation of coverage gaps and disparities, particularly among minority and vulnerable populations. Such evaluations are essential to improving the impact of adult immunization efforts and expanding coverage.

We urge the Committee to elevate infectious disease and immunization as a leading health indicator (LHI) for HP2030.

⁹CDC (2018). Vaccination Coverage Among Adults in the United States, National Health Interview Survey, 2016. Retrieved from <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2016.html>

The disparate nature of our health care system leads to a range of challenges and barriers to access across payers, providers and patients. The 2016 HHS National Vaccine Program Office National Adult Immunization Plan, cites the following barriers to adult immunization: lack of information about recommended vaccines; financial hurdles; and technological, logistical, linguistic and socioeconomic obstacles.¹⁰ Such barriers could be overcome by communicating immunization as a high-priority health issue. A strong emphasis on immunizing the American public would support healthy aging and would help to lessen the impact of vaccine-preventable conditions and their complications, particularly among at-risk populations such as the elderly, persons with chronic illness and pregnant women. At the same time, it would make economic sense by reducing avoidable health care costs, such as hospitalizations and other expensive medical interventions.

In addition to the above priorities, we wish to record our support for the following childhood and maternal IID Healthy People 2030 objectives:

1. **Expand the pregnancy immunization developmental measure (IID-2030-D01) to include all ACIP-recommended vaccines.** We strongly encourage the Committee to expand the parameters of the objective so it can reflect current maternal immunization composite that includes influenza. Beyond influenza, there is a strong indication that important vaccines, to prevent respiratory syncytial virus (RSV) and group B streptococcus (GBS), may become available and recommended for pregnant women in the coming decade. A composite objective that reflects ACIP-recommended vaccines would enable those new vaccines to be monitored.
2. **Include an objective to measure the number of adolescents who have received all ACIP-recommended vaccines by age 13.** We commend the Committee's inclusion of the objective IID-2030-12: Increase the percentage of adolescents aged 13 through 15 years who receive recommended doses of human papillomavirus vaccine (HPV). Despite the disease prevalence, vaccination rates remain low, so it is extremely important that HP2030 encourage HPV vaccination. However, there are no proposed objectives related to receipt of other adolescent vaccines. HP2030 should seek to improve vaccination rates for adolescents, just as it does for young children, as both age cohorts are vulnerable to dangerous diseases that can be prevented by recommended vaccines. Given the very different vaccination rates between HPV and other immunizations recommended for adolescents, we believe a composite measure is very important for ensuring our

¹⁰ The National Vaccine Program Office National Adult Immunization Plan. Retrieved from <https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf>



children remain protected from tetanus, diphtheria, pertussis and meningococcal disease.

3. **Add an objective to measure the number of children who have received all ACIP-recommended vaccines up through age 6 years.** We believe this measure is distinct from the currently proposed IID-2030-11, which would identify the number of children who have received no vaccines by age 2. Many children who are not fully immunized have missed only some vaccines, not all. By focusing on children who are simply missing one or more vaccines up through age 6 years, we can better identify whether ongoing access issues or mistaken beliefs are affecting immunization levels.

Thank you again for this opportunity to offer our thoughts and recommendations on the proposed HP2030 objectives. Please contact Mary Beth Kurilo, AIRA's Policy and Planning Director, with any questions: mbkurilo@immregistries.org.

AIRA greatly appreciates the opportunity to comment on these proposed objectives, and we look forward to continuing to collaborate to ensure comprehensive, accurate data to support the measurement of key health indicators.

Sincerely,

Rebecca Coyle, MEd, Executive Director

