



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

INFORMATION REQUEST

Topic: Immunizations Designated as Shared Decision on
Immunization Forecast Reports

Request Date: April 22, 2020

Information Requested:

The Utah Department of Health is working on adding immunizations designated as shared decision on their immunization forecast report, such as HPV, MenB, and PCV. They would like to get an idea of how others are doing this and what the report looks like. Some ideas they have discussed are adding a column with a flag for the immunizations that would qualify as being shared decision, or creating two blocks on our report, one for recommended and one for shared decision.

Also, how are you labeling those that are recommended vs. those that are labeled as shared decision, as they are all recommended? It would be great to get some standardization on how this is presented to the public.

Requesting Member: Jon Reid (UT)

Responding Member(s): Stuart Myerburg (CDSi), Maureen Leeds (MN), Amanda Timmins (OR), Mike Berry (RI), Heidi Gurov (WY)

Results:

CDSi:

CDSi has been monitoring these recommendations closely as the community has asked about these recommendations. After several discussions with subject matter experts, we have received the following guidance related to shared clinical decision making.

ACIP's shared clinical decision making recommendations are not intended to be discussed with every patient, so an electronic prompt in clinical decision support tools for shared clinical decision making recommendations would not reflect ACIP intent for these recommendations. For CDSi purposes, the ACIP Executive Secretariat recommends treating these recommendations in the same manner as the Category B recommendations, with no prompt.

As such, CDSi will not be incorporating Shared Clinical Decision Making recommendations at this time.



MN:

At MIIC in Minnesota, we are currently not visually singling out SCDM vaccines in any way. MenB is recommended for all 16 year-olds in Minnesota, so it shows up in the forecaster just as the MenACWY series does.

For PCV, we removed the forecasting of the vaccine for everyone older than four. If older adults are vaccinated, the forecaster does say "maximum age exceeded" but the vaccine is not marked as NOT VALID. We're clear with providers that MIIC cannot take into account specific vaccine schedules for people with medical conditions that affect vaccination.

Before COVID-19 response activities began, we were planning on adding a new schedule for the HPV vaccine, one that wouldn't predict the vaccine for anyone over age 26 but that would validate any HPV vaccine given between 27 and 45. If the series was started at 27, the forecaster would then predict the remainder of the 3-dose schedule, otherwise it would not be visible.

OR:

In Oregon, we do not routinely show shared clinical decision making (category B) recommendations in our ALERT IIS forecast. Once an initial dose has been administered, any additional recommended doses are forecast at appropriate ages/intervals. Our rationale is that the ACIP does not consider these vaccines appropriate to routinely administer to most patients and we do not want to encourage their use. If a provider and patient determine the vaccine is beneficial, it will be administered and additional doses will be recommended, if applicable.

RI:

RI KIDSNET displays "Shared Clinical Decision Making" when its forecaster, [ICE](#), returns the "CLINICAL_PATIENT_DISCRETION" recommendation code, as it does in the HPV vaccine group when the patient is aged 27-45 with no HPV doses. If it's in the MeningB vaccine group, KIDSNET displays "Shared Clinical Decision Making on or after 16th birthday." The latest Pneumo guidelines are more complex, so ICE outputs [supplemental text](#) along with its coded forecast to indicate the shared clinical decision making for PCV13. KIDSNET currently displays "Shared Clinical Decision Making for PCV13; PPSV23 recommended at age 65" but plans to use the supplemental output from the forecaster to provide more granular messaging:



- age 19-65: "Due Future on or after MM/DD/YYYY" (65th birthday) (no mention of shared clinical decision making);
- age 65+ with no PCV (ever) and no PPV23: "Due Now on or after MM/DD/YYYY" (65th birthday) (no mention of shared clinical decision making);
- age 65+ with no PCV (ever), PPV23 complete: "Shared Clinical Decision on or after MM/DD/YYYY" (1 year after PPV23);
- age 65+ has ever had PCV, no PPV23: "Due Now" or "Due Future on or after MM/DD/YYYY" (1 year after PCV or 65th birthday, whichever is later);
- age 65+ with both PCV and PPV23 complete: "Series Complete"

Attached is a screenshot of a test patient's Immunization page in the KIDSNET Web application; the patient's MenB shared decision making recommendation is circled in yellow.

Because there is no standard code set in the HL7 IG for recommendation codes, Rhode Island returns the same recommendation text in its HL7 RSPs.

WY:

In Wyoming, we use STC as our vendor. We currently forecast Men B for all patients for age 16. We do not forecast HPV over the age of 26. We still have PCV13 forecasting in adults at this time.