Association of Immunization Managers

OBSERVATIONS FROM AIM MEMBERS AND PARTNERS

Increasing Equitable Access to Birth Dose Immunizations

According to the Centers for Disease Control and Prevention (CDC), only about 10% of the nation's birthing institutions are enrolled in the Vaccines for Children's Program (VFC).[1] Consequently, most immunization programs (IPs) and hospitals use other approaches to cover the cost of the relatively inexpensive hepatitis B vaccine (HBV) birth dose for VFC-eligible children. However, in August 2023, the Advisory Committee for Immunization Practices (ACIP), **recommended one dose of a new monoclonal antibody (mAb) product, nirsevimab, for all infants younger than 8 months, born during — or entering — their first Respiratory Syncytial Virus (RSV) season**. Nirsevimab should be administered to newborns within the first week of life, either prior to discharge from the hospital or through their medical home. Due to cost, it is highly unlikely nirsevimab can be made available to uninsured/underinsured newborns prior to hospital discharge without birthing institution participation in the VFC program. To identify barriers and successes to 1) enrolling birthing institutions in the VFC Program and 2) implementing birth dose immunizations, **AIM conducted roundtable discussions and key-informant interviews with IPs and partners**. AIM hopes findings from these conversations will help partners work together to increase equitable access to existing and future birth dose immunizations for all infants.

DEFINITIONS

BIRTHING INSTITUTIONS

Includes private or public hospitals with an obstetric unit, birthing centers, or standalone birthing hospitals.

VFC-ENROLLED BIRTHING INSTITUTIONS

If a birthing unit is not using VFC-funded vaccines, we do not consider them to be enrolled in the VFC program, regardless of the VFC status of their parent organization.

BIRTH DOSE IMMUNIZATIONS

Products administered at birth to prevent disease transmission, including the vaccine for hepatitis B and nirsevimab, the new monoclonal antibody to prevent Respiratory Syncytial Virus (RSV).

[1] Dr. Georgina Peacock. Nirsevimab: Implementation Considerations. Advisory Committee on Immunization Practices Meeting; August 3, 2023.

KEY TAKEAWAYS

- Examining and addressing procedural hurdles or barriers to birthing institution participation in VFC may support their enrollment.
- Successful strategies from HBV birth dose implementation may support implementation of the new RSV mAb.
- Hospital associations are strong partners with the potential to support VFC implementation in member hospitals.
- Consistent messaging and support from all healthcare providers involved in the care of pregnant people and infants is essential for the successful implementation of birth dose immunizations. Provider membership associations can serve as strong partners in these efforts **(e.g., ACOG, AAP, AAFP, NAPNAP, ANA, AWHONN, ACNM, NPWH)**

DISCLAIMER: Interviews and roundtables took place between March and July 2023, preceding FDA and ACIP approval of nirservimab, the new RSV mAb. Authors used insights shared from hepatitis B vaccine (HBV) implementation and participants' input on a potential new RSV mAb to formulate this document. The confirmation of these barriers and suggested solutions is pending until implementation of the RSV mAb takes place.

POTENTIAL CHALLENGES	SUGGESTED SOLUTIONS
Screening infants for VFC Program eligibility and complete parental consent paperwork	✚ Have the pregnant parent fill out eligibility screening paperwork and sign the vaccine information statement (VIS) at admission ✚ Add birth dose immunizations as part of the admissions order ✚ Use verbal consent documentation in the electronic health record (EHR)
Matching records to the immunization information system (IIS)	✚ Implement IIS vital records feeds for reporting and documentation ✚ Implement policies for updating newborn records prior to discharge with full baby name for best matching with IIS records ✚ Establish a bi-directional feed between hospital and IIS for automatic reporting of vaccines administered at time of birth
Implementing the new RSV mAb	✚ Generate competition between birthing institutions (e.g., quarterly reports, hospital report cards, letters, Immunize.org Birth Dose Honor Roll) ✚ Use storytelling messaging about individual RSV outcomes in newborns and combined potential malpractice risk to not participating ✚ Use educational visits from the Perinatal Hep B Program to support VFC enrollment. With limited resources, consider prioritizing site visit locations based on surveys of hospital policies ✚ Use partnership building strategies (*see page 3*); engage hospital trusted messengers as key partners
Prioritizing the new RSV mAb	✚ Overcome provider resistance to implementation through EHR and/or state requirements ✚ Develop educational resources for midwives and obstetrical providers to encourage birth and childhood vaccinations at the time of maternal Tdap, COVID-19, and/or flu vaccination ✚ Build healthcare provider confidence in new birth dose immunization products. Develop effective provider education materials on new products: address the importance, benefits, and risks of the product, as well as logistics such as storage, handling, dosing, etc. ✚ Help hospital staff communicate with patients about immunizations (e.g., trainings on how to effectively communicate the importance of newborn and infant immunization products) ✚ Use tested strategies like Badge Buddies (*see slide 62*)
Addressing parental hesitancy	✚ Document parent "declination" not "refusal." Patients have access to their record, and it affects how providers treat them in the future ✚ Use lessons learned from HPV when developing communications for new products ✚ Thoughtfully consider when to provide birth dose immunization products to newborns. Consider waiting until after the baby has transitioned to post-partum and involving the parent(s) in comfort measures to ensure the immunization experience is positive

TIPS FOR PARTNERSHIP BUILDING

For Immunization Programs

- Develop a partnership with the state hospital association on VFC implementation
- Partner with the state perinatal quality collaborative
- Provide educational resources to state chapters of ACOG, AAP, AAFP, NAPNAP and others to distribute to their members
- Partner with medical societies to organize educational webinars for physicians and other medical providers

For State and Local Partners

- Distribute materials to state hospital associations sharing VFC success stories from other hospitals and jurisdiction
- Work with hospital accrediting bodies (e.g., Joint Commission) or malpractice insurers to promote birth dose immunizations as a best practice
- Work with payers to carve immunization products out of bundled payments
- Consider working with clinical membership organizations such as American College of Obstetricians and Gynecologists (ACOG) and pediatric associations to promote new birth dose immunization products
- Work with local and federal partners to develop unified effective provider communication materials for nirsevimab
- Develop avenues for new healthcare roles that support vaccination such as Vaccination Specialists modeled after existing Lactation and other specialist positions

For Federal Partners

- Examine and address procedural hurdles or barriers to enrolling birthing institutions in VFC
- Involve Centers for Medicaid & Medicare Services (CMS) and health plans in addressing challenges related to VFC-enrollment
- Work with payers to carve immunization products out of bundled payments

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