

Iowa's Vaccines for Adults Program

PROGRAM LAUNCH

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Health and
Human Services

Presentation Outline

Vaccines for Adults Program (VFA) Overview

Patient Eligibility

Program Operations

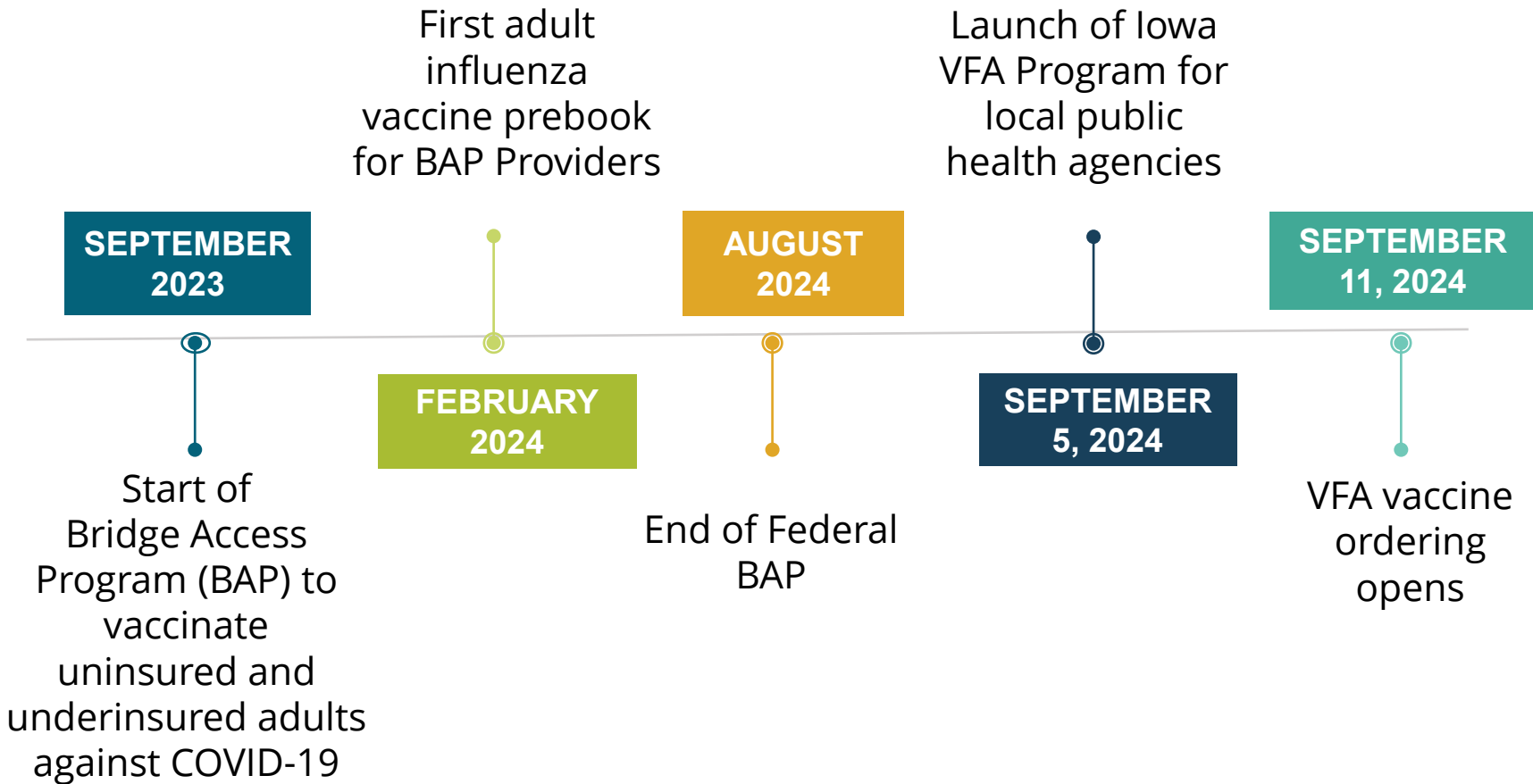
Enrollment Process

Adult Vaccine Schedule

Q&A - Ask Your Questions!

VFA Program Overview

Iowa Adult Vaccine Programs





Iowa VFA Program

- ▶ Increase adult vaccination rates.
- ▶ Decrease disparities in vaccine coverage.
- ▶ Remove cost as a barrier to access vaccines.

Iowa VFA Program

- ▶ Provides vaccines at no cost for **uninsured** and **underinsured** adults seeking vaccination services at enrolled VFA provider locations.
- ▶ Vaccines are purchased with limited State funds and Federal Section 317 funds.
- ▶ Most vaccines routinely recommended for adults by the federal Advisory Committee on Immunization Practices (ACIP) are available through the program.

VFA Vaccines

- ▶ COVID-19
- ▶ Hepatitis A
- ▶ Hepatitis B
- ▶ Human papillomavirus (HPV)
- ▶ Influenza
- ▶ Measles, mumps, and rubella (MMR)
- ▶ Meningococcal
- ▶ Pneumococcal
- ▶ Polio
- ▶ RSV
- ▶ Tetanus, diphtheria, and pertussis (Tdap)
- ▶ Varicella

[VFA Eligibility Based on Insurance Status](#)

VFA Provider Criteria



Be a local public health agency.



Have the capacity to serve as a safety net for uninsured and underinsured adults.



Be enrolled in the Iowa Immunization Registry Information System (IRIS).



Comply with program requirements outlined in the VFA Provider Agreement and Operations Guide.

Patient Eligibility

Patient Eligibility

▶ Adults 19+

▶ Uninsured

- Has no health insurance: eligible for all VFA vaccines

▶ Underinsured

- Insurance does not cover all recommended vaccines: eligible for the specific vaccine(s) that insurance does not cover);
- Insurance caps prevention services: eligible after cap is reached;
- A person whose insurance does not provide first-dollar coverage for vaccines



Not Eligible for VFA

- ▶ **Out-of-network:** Does not constitute underinsured or no insurance.
- ▶ **Private Insurance:** Has private insurance that provides first-dollar coverage for vaccines.
- ▶ **Medicaid:** Has Medicaid.
- ▶ **Iowa Health Link:** Is a member of Iowa Health Link or is receiving Medicaid coverage through a fee-for-service model.
- ▶ **Medicare Part B AND Part D:** Adults who have Medicare Part B and Part D are considered insured.

Medicare Part B

- ▶ **Medicare Part B** covers some vaccines as free preventative benefits:
 - COVID-19
 - Flu
 - Pneumonia
 - Hepatitis B (if individual is at medium or high risk)
- ▶ Certain reasonable and necessary vaccines to ***treat*** an injury or exposure to disease

Medicare Part D

▶ **Medicare Part D** covers all commercially available vaccines when they are reasonable and necessary to **prevent** illness, except those covered by Part B. Examples include:

- Hepatitis A
- Hepatitis B (individuals at low risk)
- RSV
- Tdap (unrelated to injury)

Other Eligibility Scenarios

- ▶ Refugees, immigrants, foreign-exchange students and undocumented immigrants over age 19 must be screened for VFA eligibility.
- ▶ VFA vaccines can be used for immigration related processes, only if the vaccine recipient is VFA eligible.
 - If the individual does not have insurance or is underinsured, the patient is considered VFA eligible.

Screening and Verification

- ▶ Screen at every visit.
- ▶ Document results and retain for 3 years.
- ▶ Patient may self-attest to having no insurance.
- ▶ If patient has insurance, coverage must be verified prior to vaccine administration.

Eligibility Resources

- ▶ [VFA Eligibility Quick Reference](#)
- ▶ [VFA Eligibility Based on Insurance Status](#)
- ▶ [VFA Eligibility Screening Record](#)

VFA Patient Eligibility Resources

- [VFA Eligibility Quick Reference](#) .pdf
- [VFA Eligibility Based on Insurance Status](#) .pdf
- [VFA Eligibility Screening Record](#) .pdf

Program Operations

VFA Program Operations Guide

▶ [VFA Operations Guide](#)

▶ VFA PROVIDER ENROLLMENT

▶ VFA VACCINES

▶ ELIGIBILITY AND SCREENING

▶ VACCINE ADMINISTRATION AND OFFICE VISIT FEES

▶ VACCINE ORDERING

▶ VACCINE MANAGEMENT

▶ VACCINE STORAGE AND HANDING

▶ VACCINE ADMINISTRATION AND REPORTING

Program Documents

- [VFA Program Overview](#) .pdf
- [Iowa Vaccine Programs and Eligibility Guidelines](#) .pdf
- [Available VFA Vaccines and Schedule Guidance](#) .pdf
- [VFA Operations Guide](#) .pdf

Vaccine Administration and Office Visit Fees

- ▶ Providers may charge an administration fee of up to \$19.68 per dose.
- ▶ Providers must waive this charge if the patient is unable to pay.
- ▶ It is not recommended to charge an office visit fee.

Vaccine Management

- ▶ Vaccines are shipped directly to VFA providers.
- ▶ Vaccine transfers may only occur on a non-routine basis to other VFA providers.
- ▶ Borrowing VFA vaccine to supplement private stock is not allowed.
- ▶ Spoiled/expired vaccine must be returned.

Storage and Handling

- ▶ Implement S&H Best Practices.
- ▶ Maintain appropriate temperatures for all storage units containing VFA vaccines.
- ▶ Use digital data loggers (DDLs) with valid and up to date certificate of calibration.
 - Contact iowaVFA@hhs.iowa.gov to receive DDL at no cost to VFA providers.

IRIS is a Key tool for Vaccine Management

- ▶ VFA providers are required to use IRIS to:
 - Order VFA Vaccine
 - Manage inventory
 - Transfer vaccine to another VFA Provider
 - Return expired and spoiled vaccines
 - Report doses administered

Report Doses Administered



VFA providers must report doses administered data in IRIS.



Choose the appropriate patient eligibility in IRIS and select the lot number administered from IRIS “VFC” inventory:

N- No Insurance

U- Underinsured

Inventory Expectations



Goal is to immunize eligible adults while minimizing vaccine expiration and wastage.



No requirement to carry all ACIP-recommended vaccines through VFA.



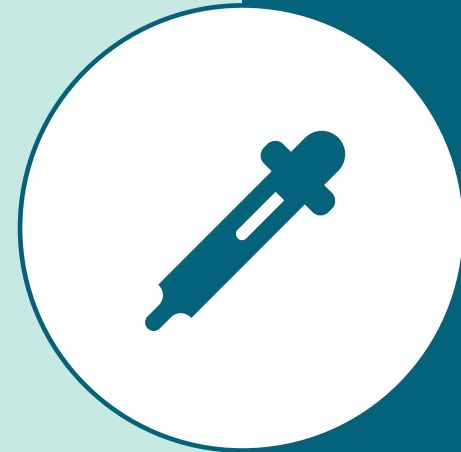
No requirement to carry private stock vaccine inventory to match vaccines available through the VFA program.

Comingling VFC Inventory

- ▶ Vaccines for the VFA program will display as VFC inventory in IRIS.
 - NDC for some VFC and VFA products may be the same
- ▶ Providers can store VFA and VFC Program vaccines together.
- ▶ Provider can use vaccine interchangeably to serve eligible populations.
- ▶ Must screen for eligibility and document vaccine administration in IRIS.

Ordering VFA vaccines

- ▶ When placing VFA and/or VFC vaccine orders in IRIS use the proper ordering intention to reflect planned uses for vaccine:
 - Adult (ADU) Ordering Intention should be used when ordering **VFA** vaccine.
 - Pediatric (PED) Ordering Intention should be used when ordering **VFC** vaccine.



Ordering VFA Vaccines

- ▶ Providers should order vaccines in small quantities
 - If small county, can use VFC vaccine once enrollment is approved
- ▶ Vaccine orders are routinely processed and delivered within five to seven business days.
- ▶ Iowa VFA Program will review orders and contact providers as necessary.
- ▶ Contact IowaVFA@hhs.iowa.gov with ordering questions or concerns

VFA Influenza vaccines

- ▶ Influenza vaccine is not orderable in IRIS.
- ▶ VFA providers can pre-book vaccine during a designated time frame each year for the upcoming influenza season.
- ▶ Influenza vaccine orders are distributed when available.

Enrollment Process

VFA Enrollment



Enrollment opens September 5, 2024.



Review VFA Operations Guide and Provider Agreement.



Complete the [VFA Program Agreement](#).



Providers will re-enroll on an annual basis.

VFA Influenza vaccines

- ▶ While participation in the VFA Program is optional, LPHAs who pre-booked adult influenza vaccine will be expected to enroll in the VFA Program
 - Important for tracking of these doses.
 - May disenroll later.

Adult Vaccine Schedule

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2024

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
Mumps, measles, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)			
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)			
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition			
Pneumococcal (PCV15, PCV20, PPSV23)	27 through 45 years			
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years			
Haemophilus influenzae type b (Hib)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Mpox	1 or 3 doses depending on indication			

■ Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
■ Recommended vaccination for adults with an additional risk factor or another indication
■ Recommended vaccination based on shared clinical decision-making
■ No recommendation/Not applicable

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

Vaccine	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection: CD4 percentage and count <15% or <200mm ³	Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease, alcoholism ^a	Diabetes	Healthcare Personnel ^b
COVID-19	See Notes									
IIV4 or RIV4	1 dose annually									
LAIV4	1 dose annually if age 19–49 years									
RSV	Seasonal administration. See Notes									
Tdap or Td	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	1 dose Tdap, then Td or Tdap booster every 10 years									
VAR	See Notes									
RZV	See Notes									
HPV	3 dose series if indicated									
Pneumococcal	See Notes									
HepA	See Notes									
HepB	See Notes									
MenACWY	See Notes									
MenB	See Notes									
Hib	See Notes									
Mpox	See Notes									

■ Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity
■ Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or worse outcomes from disease
■ Recommended based on shared clinical decision-making
■ Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.
■ Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
■ Contraindicated or not recommended to vaccinate after pregnancy, if indicated
■ No Guidance/Not Applicable

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (**Table 1**)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (**Table 2**)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (**Notes**)
- 4** Review contraindications and precautions for vaccine types (**Appendix**)
- 5** Review new or updated ACIP guidance (**Addendum**)

VFA Resource

Diseases and ACIP-Recommended Vaccines Covered by the Iowa VFA Program		
Vaccine Group/Disease	Vaccine(s)	Schedule Guidance (Adults 19+ Years)
Chickenpox (Varicella)	Varivax	<ul style="list-style-type: none"> 19-44 years: Two doses (if born after 1980). 45+ with additional risk factors or another indication
COVID-19	Comirnaty, Spikevax, & Novavax	One or more doses of the updated formula (notes)
Hepatitis A	Vaqta & Havrix	Two, three, or four doses depending on vaccine
Hepatitis B	Engerix B & Recombivax HB	<ul style="list-style-type: none"> Adults 19-59 years: three or four doses depending on vaccine or condition Adults 60+ years: three or four doses depending on vaccine for those with risk factors or another indication
Hepatitis A and B Combination	Twinrix	• Three or four doses depending on the schedule utilized
Human Papillomavirus (HPV)	Gardasil 9	<ul style="list-style-type: none"> Adults 19-26 years: two or three doses depending on age at initial vaccination or condition. Adults 27-45 years: Recommended based on shared clinical decision-making. Number of doses depends on age at initial vaccination.
Influenza (Flu)	Varies based on federal vaccine contracts	1 dose annually
Measles, Mumps, Rubella (MMR)	MMR (MMRII & Priorix)	One or two doses depending on indication
Meningococcal	MenACWY (MenQuadfi & Menveo)	19+ years: One or two doses depending on indication; See notes for booster recommendations
	MenB (Trumenba & Bexsero)	<ul style="list-style-type: none"> 19+ years: 2-3 doses depending on vaccine and indication, see notes for booster recommendations 19-23 years: Based on shared clinical decision making (notes)
Pneumococcal	PCV20 (Prevnar 20)	<ul style="list-style-type: none"> 19-64 years with risk factors: one or two doses depending on vaccines used 65+ years: one or two doses depending on vaccines used (see notes)
Polio (IPV)	IPOL	<ul style="list-style-type: none"> 19+ years: one, two, or three doses depending on indication for those unvaccinated or incompletely vaccinated. (Most adults born and raised in the U.S. can assume they were vaccinated as children.)
Respiratory Syncytial Virus (RSV)	Abrysvo & Arexvy	<ul style="list-style-type: none"> Adults 19-49 years: One time dose Seasonal during pregnancy (notes) Adults 60-74 years: One time dose for those at increased risk (notes) Adults 75+: One time dose
Tetanus (Tdap Combination vaccines)	Tdap (Adacel & Boostrix)	One dose and then booster every 10 years; one dose each pregnancy; one dose for wound management (notes)

Considerations

- ▶ Incomplete immunization records
- ▶ International records
- ▶ Recommended vaccines by age and by medical condition or other indication
- ▶ Resource: [Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages \(immunize.org\)](#)

COVID-19

Available Vaccines

- Comirnaty (Pfizer)
- Spikevax (Moderna)
- Novavax

► **Unvaccinated:**

- 1 dose of updated (24–25 Formula) Moderna or Pfizer-BioNTech vaccine or 2 doses (24-25 Formula) Novavax vaccine 3 weeks apart.

► **Previously vaccinated with 1 or more doses of any COVID-19 vaccine other than Novavax or 2 or more doses of Novavax:**

- 1 dose of any updated (24–25 Formula) COVID-19 vaccine administered at least 8 weeks after the most recent COVID-19 vaccine dose.

► **Previously vaccinated with 1 dose of any Novavax COVID-19 vaccine:**

- Administer a single dose (24-25 Formula) at least 3 weeks after the previous dose to complete the 2-dose series of Novavax.

Hepatitis A

Available Vaccines

- Vaqta
- Havrix
- Twinrix

► Any person who is not fully vaccinated and requests vaccination:

- 2-dose series HepA Havrix 6–12 months apart or Vaqta 6–18 months apart or
- 3-dose series HepA-HepB (Twinrix) at 0,1, 6 months

Hepatitis B

Available Vaccines

- Enderix B
- Recombivax HB
- Twinrix

► Age 19 through 59 years complete a 3- or 4-dose series:

- 3-dose series Enderix-B or RecombivaxHB at 0, 1, 6 months
- 3-dose series HepA-HepB (Twinrix) at 0, 1, 6 months
- 4-dose series HepA-HepB (Twinrix) accelerated schedule of 3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months

Hepatitis B

- ▶ Age 60 years or older with known risk factors should receive a HepB vaccine series.
- ▶ Age 60 years or older without known risk factors may receive a HepB vaccine series.
- ▶ Any adult 60 years of age or older who requests HepB should receive a HepB vaccine series.

Risk factors for Hepatitis B

Chronic liver disease

HIV infection

Sexual exposure risk

Current or recent injection drug use

Percutaneous or mucosal risk for exposure to blood

Incarceration

Travel in countries with high or intermediate endemic hepatitis B

Tdap

Available Vaccines

- Adacel
- Boostrix

- ▶ **Previously did not receive Tdap at or after age 11 years:** 1 dose Tdap, then Td or Tdap every 10 years.
- ▶ **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later.
- ▶ **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

Tdap Wound Management

- ▶ Persons with 3 or more doses of tetanus-toxoid-containing vaccine:
 - For clean and minor wounds, administer Tdap or Td if more than 10 years since last dose of tetanus-toxoid-containing vaccine
 - For all other wounds, administer Tdap or Td if more than 5 years since last dose of tetanus-toxoid-containing vaccine.
- ▶ Tdap is preferred for persons who have not previously received Tdap or whose Tdap history is unknown.
- ▶ If a tetanus-toxoid-containing vaccine is indicated for a pregnant woman, use Tdap.

Adult Vaccine Resources

- ▶ Confirm patient eligibility for the Iowa VFA Program using the [VFA Eligibility Screening Record](#)
- ▶ Determine recommended vaccine(s) by referencing the [Adult Immunization Schedule](#)
- ▶ Review vaccine types, dosing frequencies and intervals, and considerations for special situations in [Schedule Notes](#)
- ▶ Review the [Adult Immunization Schedule Appendix](#) for contraindications and precautions
- ▶ Review new or updated [ACIP guidance](#)

Questions

Clinical Questions: Shelly Jensen at Shelly.Jensen@hhs.iowa.gov or (515) 423-3341

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