317 Adult Vaccines

Maine Immunization Program (MIP)

February 2023

What is 317?

- Section 317 of the Public Health Service Act authorizes the federal purchase of vaccines for all stages of life
  - Vaccines For Children (VFC)
  - 317 Adult Vaccines
- Focus on meeting the needs of priority populations
  - Recently, this has been uninsured adults
- Critical in helping to achieve national immunization coverage targets and reductions in disease

Going forward, "317 Vaccines" will refer to the adult vaccination program

Who is Eligible for 317?

Individuals must be

- 19 years and older, and
- Uninsured or underinsured

Underinsured vs Fully-Insured

Underinsured

- Individual has health insurance, HOWEVER:
  - coverage does not include any vaccines or
  - insurance covers only selected vaccines

Fully-Insured

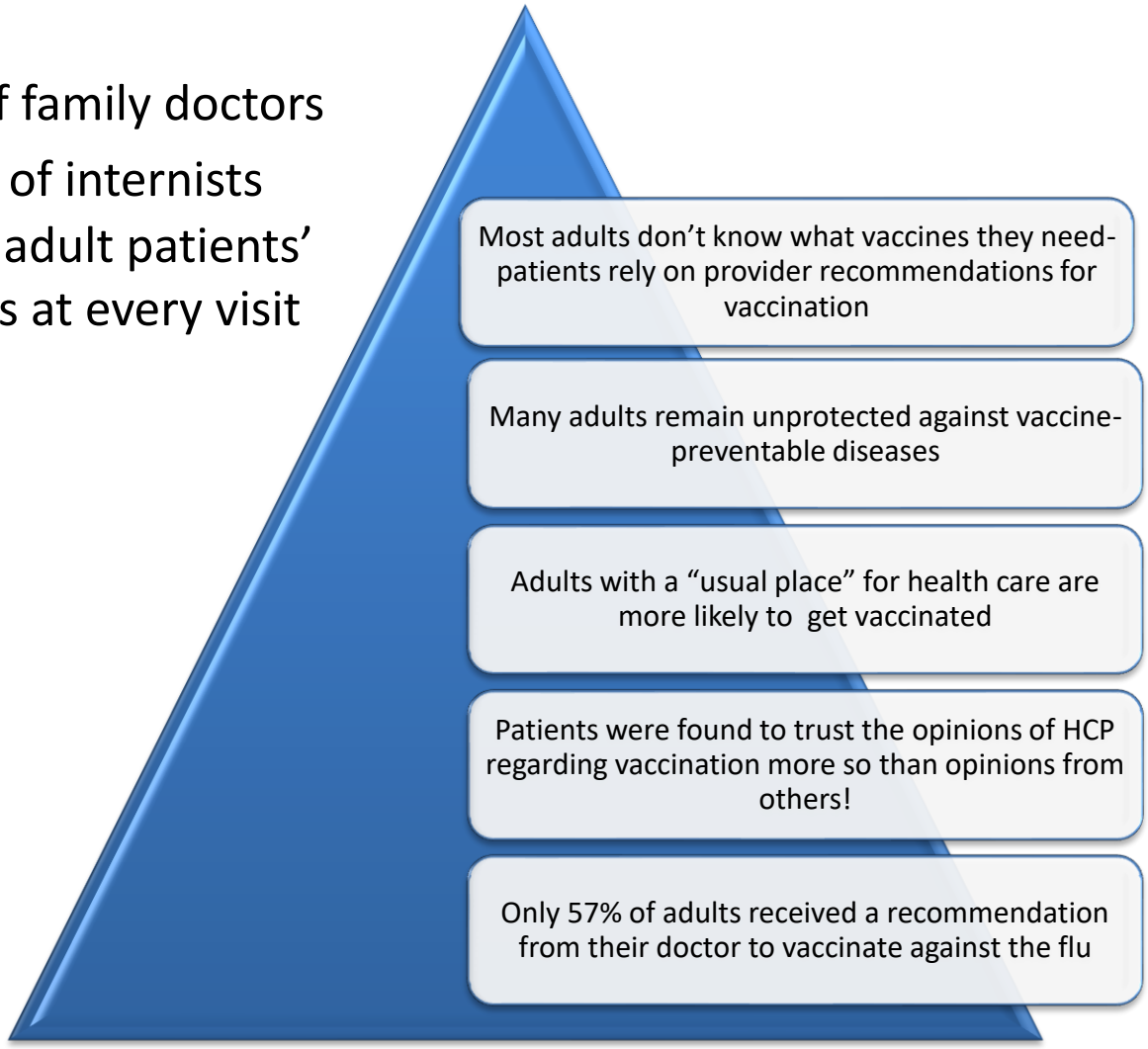
- Anyone with insurance that covers the cost of vaccine
  - Even if the insurance includes a high deductible or co-pay, or
  - If coverage for the cost of the vaccine and its administration would be denied because the plan's deductible had not been met

Adult Vaccines Available Through the 317 Adult Vaccine Program

- Hepatitis A *(Vaqta, Havrix)*
- Hepatitis B *(Heplisav B)*
- Hepatitis A & B *(Twinrix)*
- Meningococcal A,C,W,Y *(Menveo, Menquadfi)*
- Meningococcal B *(Trumenba, Bexsero)*
- Tdap *(Adacel, Boostrix)*
- HPV *(Gardasil9)*
- Pneumococcal *(Prevnar 20)*
- Zoster *(Shingrix)*
- MMR *(MMR-II)*
- Varicella *(Varivax)*

Why All Health Care Providers are Important to the 317 Program

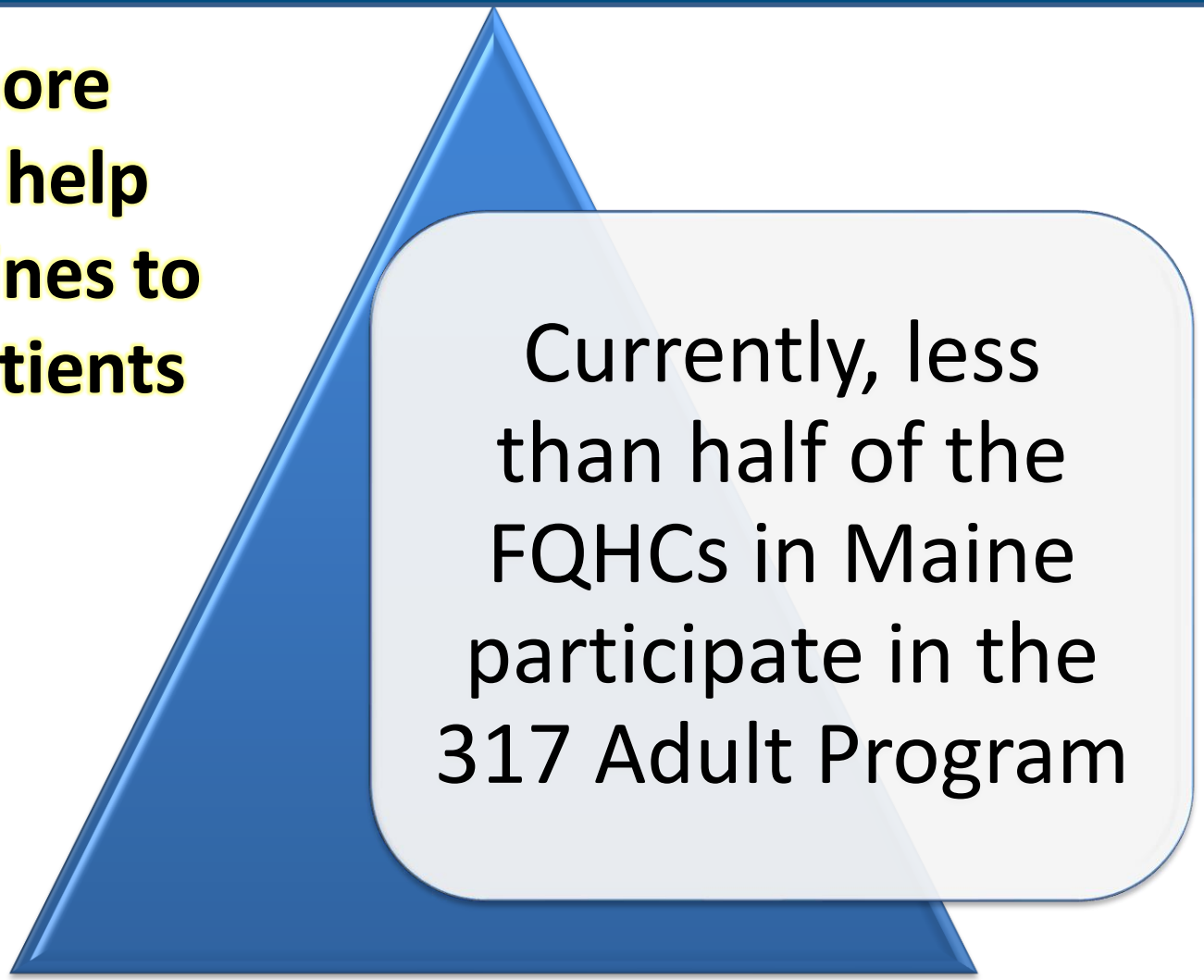
Only 32% of family doctors and 29% of internists assess their adult patients' vaccinations at every visit



Lu P, Hung M, Srivastav A, et al. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018. MMWR Surveill Summ 2021;70(No. SS-3):1–26.
DOI: http://dx.doi.org/10.15585/mmwr.ss7003a1

Why All Health Care Providers are Important to the 317 Program

We need more providers to help promote vaccines to their adult patients



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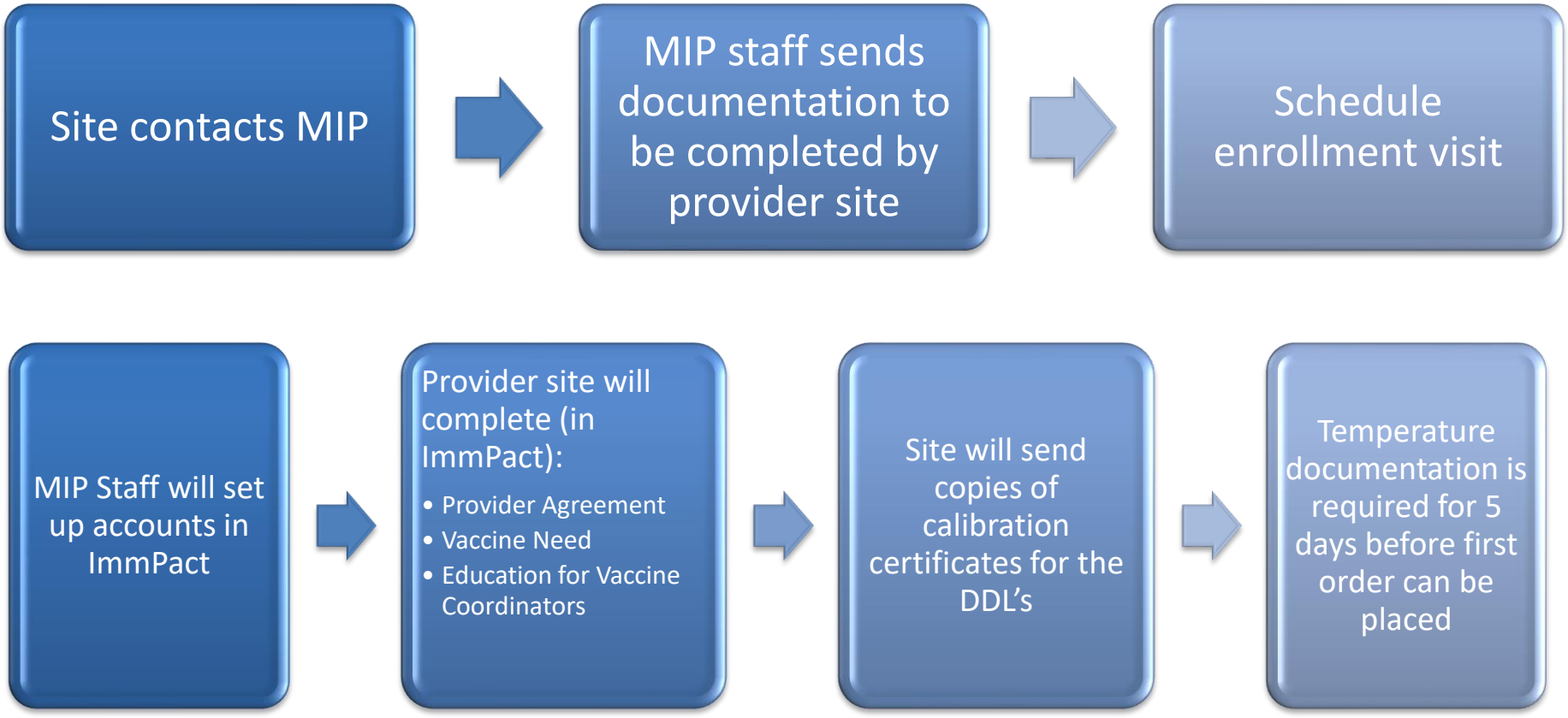
Steps to Enroll in the Adult 317 Program



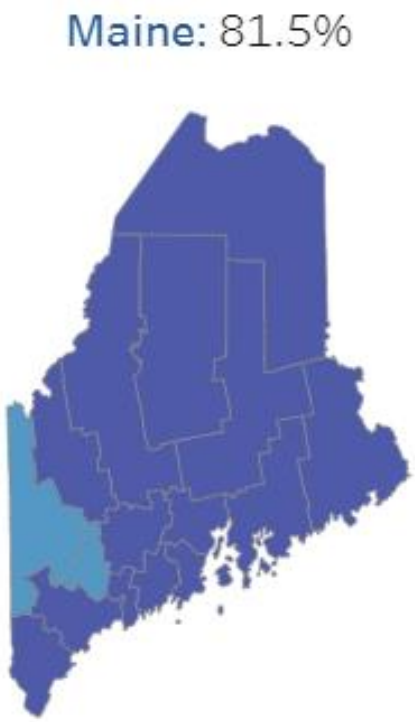
Next prebook cycle starts on March 1st, 2023!

How 317 Can Help

Let's keep Mainers Safe and Healthy!

Maine Populations

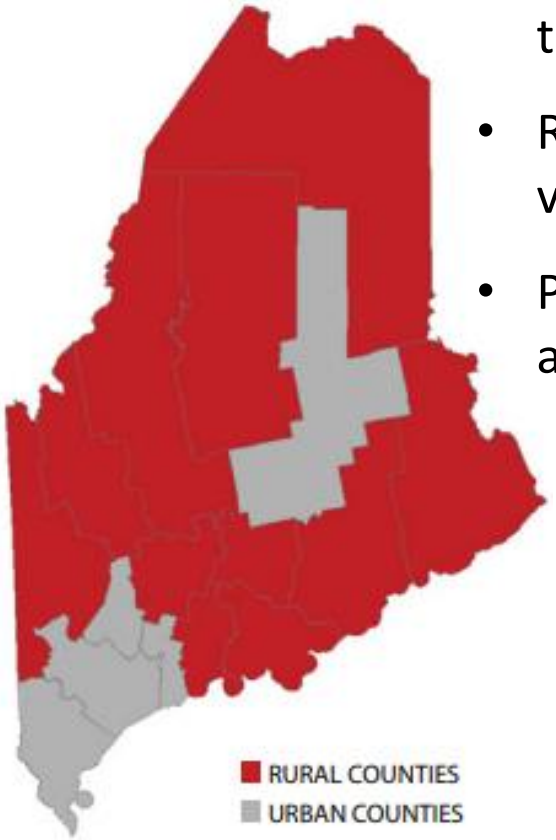
Percentage of Population Aged 18 and Older: 2020



Maine ranks 3rd out of 51 states (includes Puerto Rico)

U.S. Census Bureau

Rural Maine



- Nationally, rural residents have fewer HCPs and more transportation issues
- Rural residents visit their doctor less often and delay visits more than urban residents
- People who live in the most rural areas and inner-city areas share several factors in common:
  - higher rates of poverty, mortality, and poorer health status

Maine.gov, Maine DHHS

Rural Maine

- Most rural state in the nation
- The oldest state by median age
- 50% is almost completely uninhabited
- Approximately 40% of the population is considered rural
- Low-income uninsured Mainers
  - have more trouble finding a health care provider to see them
  - are less likely to seek needed medical services
  - have greater difficulty paying their medical bills when they do obtain health care

Percent Of Population Living In Rural Areas
(Using Census Bureau Definition Of Rural Areas As Counties Designated Nonmetropolitan)

	US	Maine
1900	60%	67%
1990	25%	55%
2000	20%	60%

Source: US Census.

[Is your area considered rural?]

Maine DHHS, Rural Health Report Card, 2017

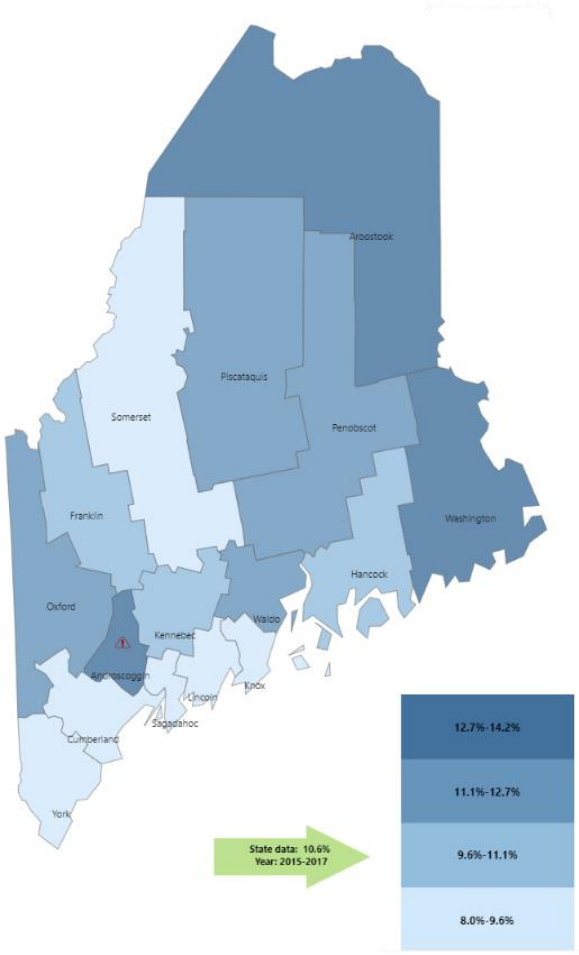
Rural Maine – Good News

Maine ranks **2nd** in the U.S. for the number of PCPs practicing in rural counties

We need your help getting Mainers vaccinated!

How HCPs and 317 Can Help

Percentage of adults that reported avoiding a doctor in the past year due to cost, 2017



Mainers Need More Access to Health Care

Concerns of Mainers, 2022
Access to Care and Social Determinants of Health

Blacks/African Americans	People Experiencing Homelessness	People with Low Income	Older Adults	County Forums
75% Access to Care	35% Access to Care	19% Access to Care	43% Access to Care	40% Access to Care
50% Social Determinants of Health	16% Social Determinants of Health	48% Social Determinants of Health	37% Social Determinants of Health	41% Social Determinants of Health

Gaps and Needs

Barriers to Treatment

- Cost of Care
- Unsure how to access health care
- Need for mobile clinics
- Long waitlists
- Transportation issues (long distances to travel, lack of transportation)
- Difficulties accessing medications/medication management

Lack of Providers and Services

- In 2019, 20.0% of PCP visits across the state were over 30 miles from the patient's home

Prevention

- Need to address underlying causes such as trauma, isolation and equity
- Need to decrease poor health consequences
- Need for more prevention, awareness and advocacy

Culturally Competent Care

- Inadequate services including lack of culturally competent care, care integration across co-occurring or continuum of care, & poor quality
- Need to be inclusive of diverse populations, ages, languages and literacy levels

Community

- Lack of coordination, collaboration and community organizations

Room for Improvement

- Maine's 2020 Point In Time count identified 2,097 people experiencing homelessness
- 45% of participants identified **cost** as a barrier to accessing care
  - Between 2015 and 2017, 10.6% of adults across Maine reported in the last 12 months that they needed to see a doctor but could not because of the cost
- 8% of adults report they were uninsured in 2019
  - Varies from county to county
    - i.e., 12.1% of Washington County residents vs 5.8% of Cumberland County residents
  - While the statewide percentage is lower than the U.S. average (9.2%), certain populations may be higher (such as the homeless population)
- Lack of transportation can be a barrier to accessing care.
  - Around 26% of participants identified long commutes to see PCPs

Questions?

Call: (207) 287-3746

Email: ImmunizeME.DHHS@maine.gov

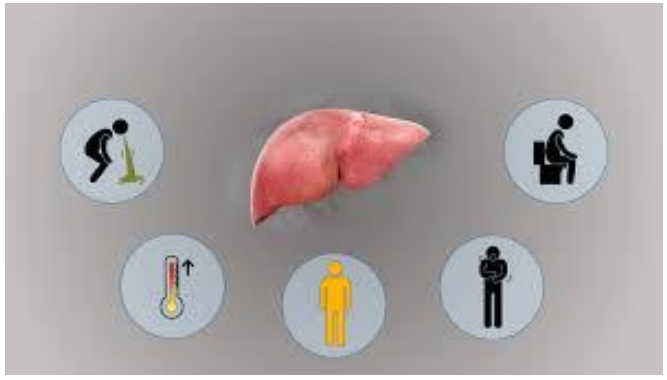
Frequently Asked Questions

Hepatitis A in Maine: Epidemiology and Recommendations; February 2023

Chloe Manchester, MSc
Viral Hepatitis Surveillance Epidemiologist
Maine Center for Disease Control and Prevention
Chloe.Manchester@maine.gov
(207) 287-7201

Hepatitis A Background

- Clinical features are similar to other viral hepatitis illnesses (fever, malaise, anorexia, nausea, abdominal pain, dark urine, jaundice), although usually self limiting.
- Adults are usually symptomatic, children generally are not.
- Highly transmissible via the fecal-oral route through person-to-person close contact.
- The best way to prevent hepatitis A is through vaccination with the hepatitis A vaccine.



Maine Center for Disease Control and Prevention

People at Increased Risk

Increased risk for acquiring hepatitis A:

- People who use drugs (injection or non-injection),
- People experiencing unstable housing or homelessness,
- Men who have sex with men,
- People who are currently or were recently incarcerated.

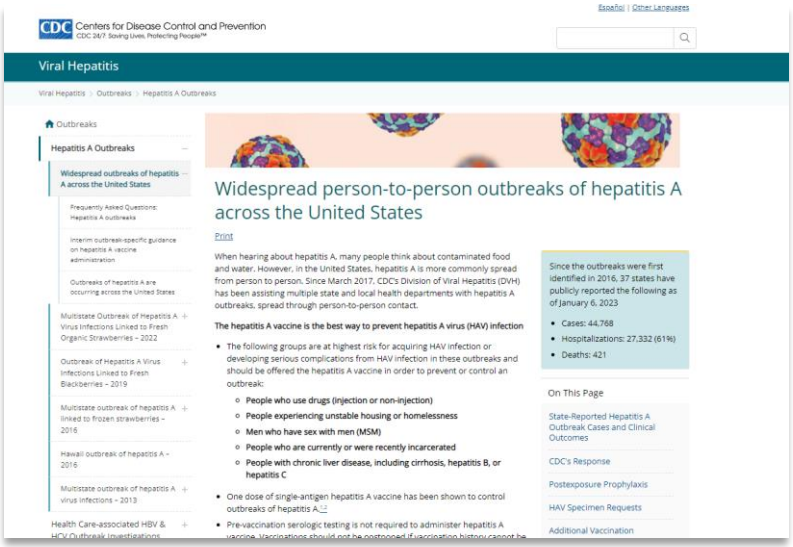
Increased risk developing serious complications from HAV infection:

- People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C.

Offer hep A vaccine to these groups unless there is proof immunity or record of vaccination

Maine is part of a widespread person-to-person outbreak of hepatitis A across the United States

- Transmission mode and epidemiology of hepatitis A has shifted
- Spread from **person-to-person** rather than contaminated food and water



CDC Centers for Disease Control and Prevention

Viral Hepatitis

Viral Hepatitis › Outbreaks › Hepatitis A Outbreaks

Outbreaks

Hepatitis A Outbreaks

Widespread outbreaks of hepatitis A across the United States

Frequently Asked Questions: Hepatitis A outbreaks

Interim outbreak-specific guidance on hepatitis A vaccine administration

Outbreaks of hepatitis A are occurring across the United States

Multistate Outbreak of Hepatitis A Virus Infections Linked to Fresh Organic Strawberries – 2022

Outbreak of Hepatitis A Virus Infections Linked to Fresh Blackberries – 2019

Multistate outbreak of hepatitis A linked to frozen strawberries – 2016

Hawaii outbreak of hepatitis A – 2016

Multistate outbreak of hepatitis A virus infections – 2013

Health Care-associated HBV & HCV Outbreak Investigations

Widespread person-to-person outbreaks of hepatitis A across the United States

Print

When hearing about hepatitis A, many people think about contaminated food and water. However, in the United States, hepatitis A is more commonly spread from person to person. Since March 2017, CDC's Division of Viral Hepatitis (DVH) has been assisting multiple state and local health departments with hepatitis A outbreaks, spread through person-to-person contact.

The hepatitis A vaccine is the best way to prevent hepatitis A virus (HAV) infection

- The following groups are at highest risk for acquiring HAV infection or developing serious complications from HAV infection in these outbreaks and should be offered the hepatitis A vaccine in order to prevent or control an outbreak:
  - People who use drugs (injection or non-injection)
  - People experiencing unstable housing or homelessness
  - Men who have sex with men (MSM)
  - People who are currently or were recently incarcerated
  - People with chronic liver disease, including cirrhosis, hepatitis B, or hepatitis C
- One dose of single-antigen hepatitis A vaccine has been shown to control outbreaks of hepatitis A
- Pre-vaccination serologic testing is not required to administer hepatitis A

Since the outbreaks were first identified in 2016, 37 states have publicly reported the following as of January 6, 2023

- Cases: 44,768
- Hospitalizations: 27,332 (61%)
- Deaths: 421

On This Page

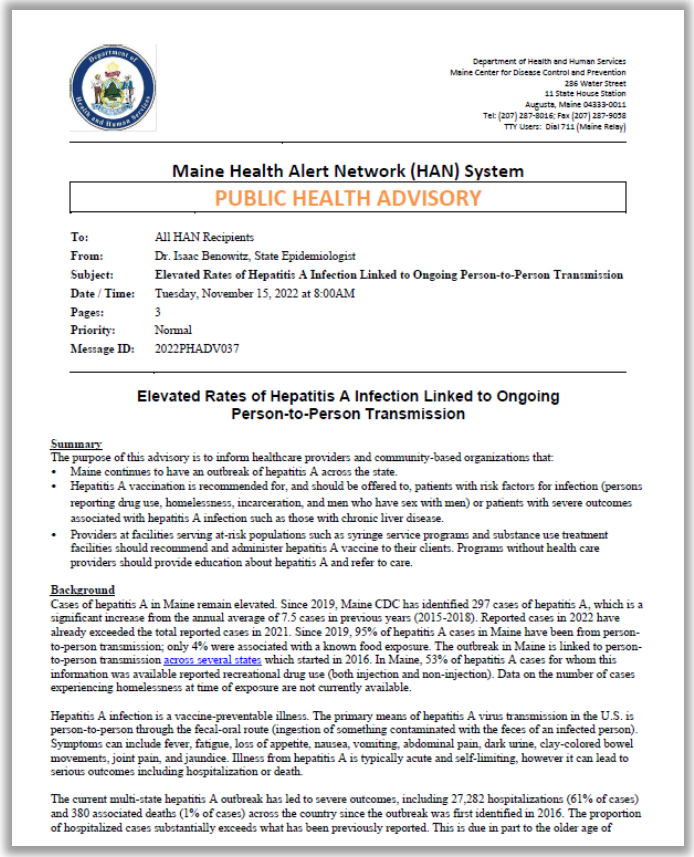
State-Reported Hepatitis A Outbreak Cases and Clinical Outcomes

CDC's Response

Postexposure Prophylaxis

HAV Specimen Requests

Additional Vaccination



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: Elevated Rates of Hepatitis A Infection Linked to Ongoing Person-to-Person Transmission
Date / Time: Tuesday, November 15, 2022 at 8:00AM
Pages: 3
Priority: Normal
Message ID: 2022PHADV037

Elevated Rates of Hepatitis A Infection Linked to Ongoing Person-to-Person Transmission

Summary

The purpose of this advisory is to inform healthcare providers and community-based organizations that:

- Maine continues to have an outbreak of hepatitis A across the state.
- Hepatitis A vaccination is recommended for, and should be offered to, patients with risk factors for infection (persons reporting drug use, homelessness, incarceration, and men who have sex with men) or patients with severe outcomes associated with hepatitis A infection such as those with chronic liver disease.
- Providers at facilities serving at-risk populations such as syringe service programs and substance use treatment facilities should recommend and administer hepatitis A vaccine to their clients. Programs without health care providers should provide education about hepatitis A and refer to care.

Background

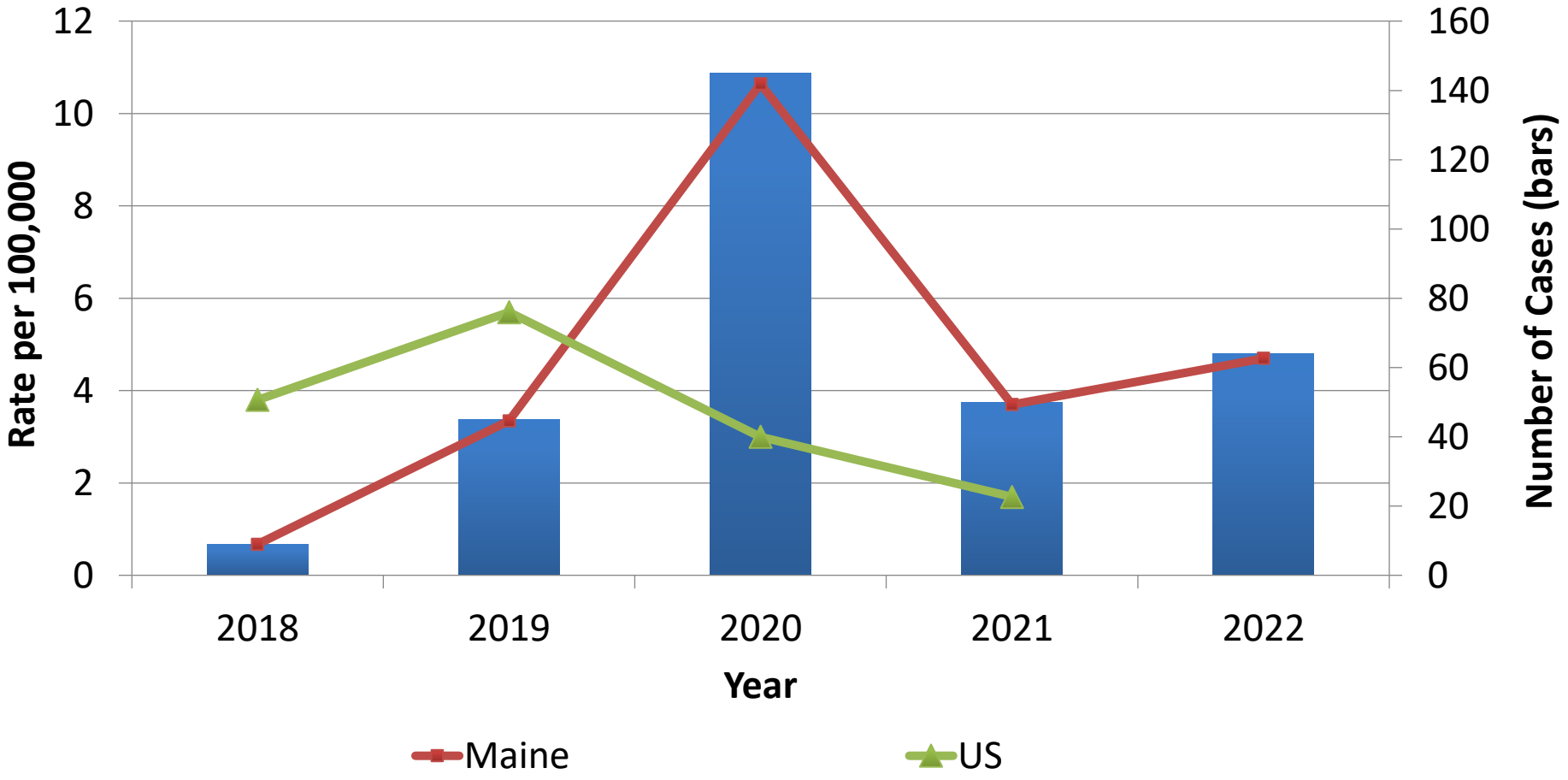
Cases of hepatitis A in Maine remain elevated. Since 2019, Maine CDC has identified 297 cases of hepatitis A, which is a significant increase from the annual average of 7.5 cases in previous years (2015-2018). Reported cases in 2022 have already exceeded the total reported cases in 2021. Since 2019, 95% of hepatitis A cases in Maine have been from person-to-person transmission; only 4% were associated with a known food exposure. The outbreak in Maine is linked to person-to-person transmission across several states which started in 2016. In Maine, 53% of hepatitis A cases for whom this information was available reported recreational drug use (both injection and non-injection). Data on the number of cases experiencing homelessness at time of exposure are not currently available.

Hepatitis A infection is a vaccine-preventable illness. The primary means of hepatitis A virus transmission in the U.S. is person-to-person through the fecal-oral route (ingestion of something contaminated with the feces of an infected person). Symptoms can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice. Illness from hepatitis A is typically acute and self-limiting, however it can lead to serious outcomes including hospitalization or death.

The current multi-state hepatitis A outbreak has led to severe outcomes, including 27,282 hospitalizations (61% of cases) and 380 associated deaths (1% of cases) across the country since the outbreak was first identified in 2016. The proportion of hospitalized cases substantially exceeds what has been previously reported. This is due in part to the older age of

SUBSCRIBE to Maine Health Alerts:
https://www.mainehan.org/

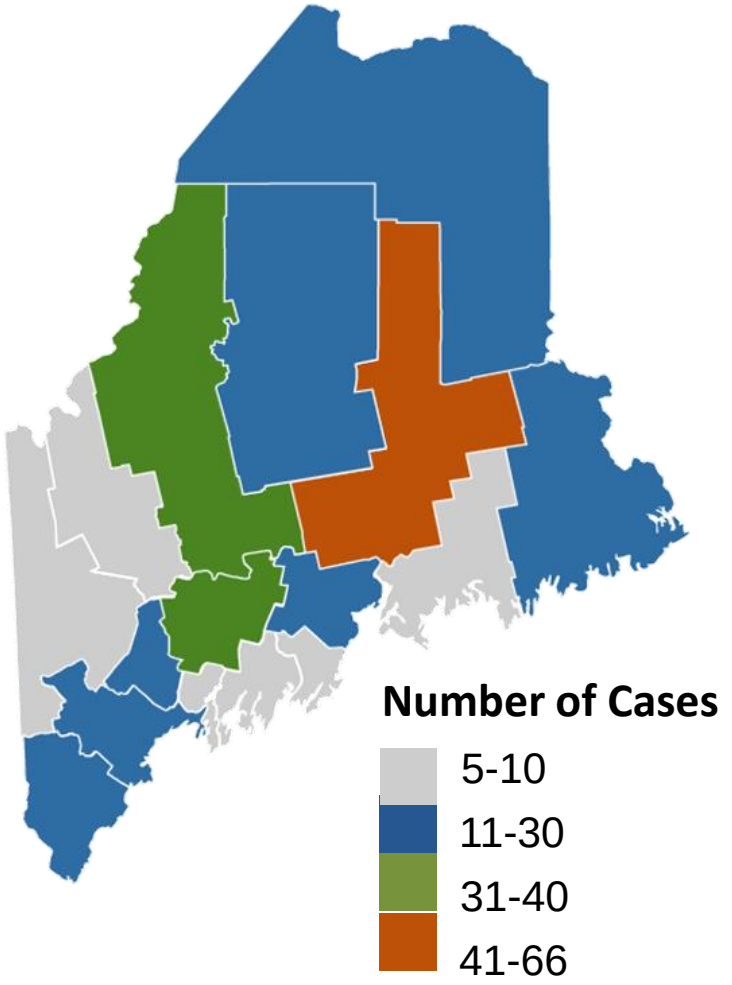
Rates of hepatitis A in Maine have been elevated since 2019



https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/publications/index.shtml

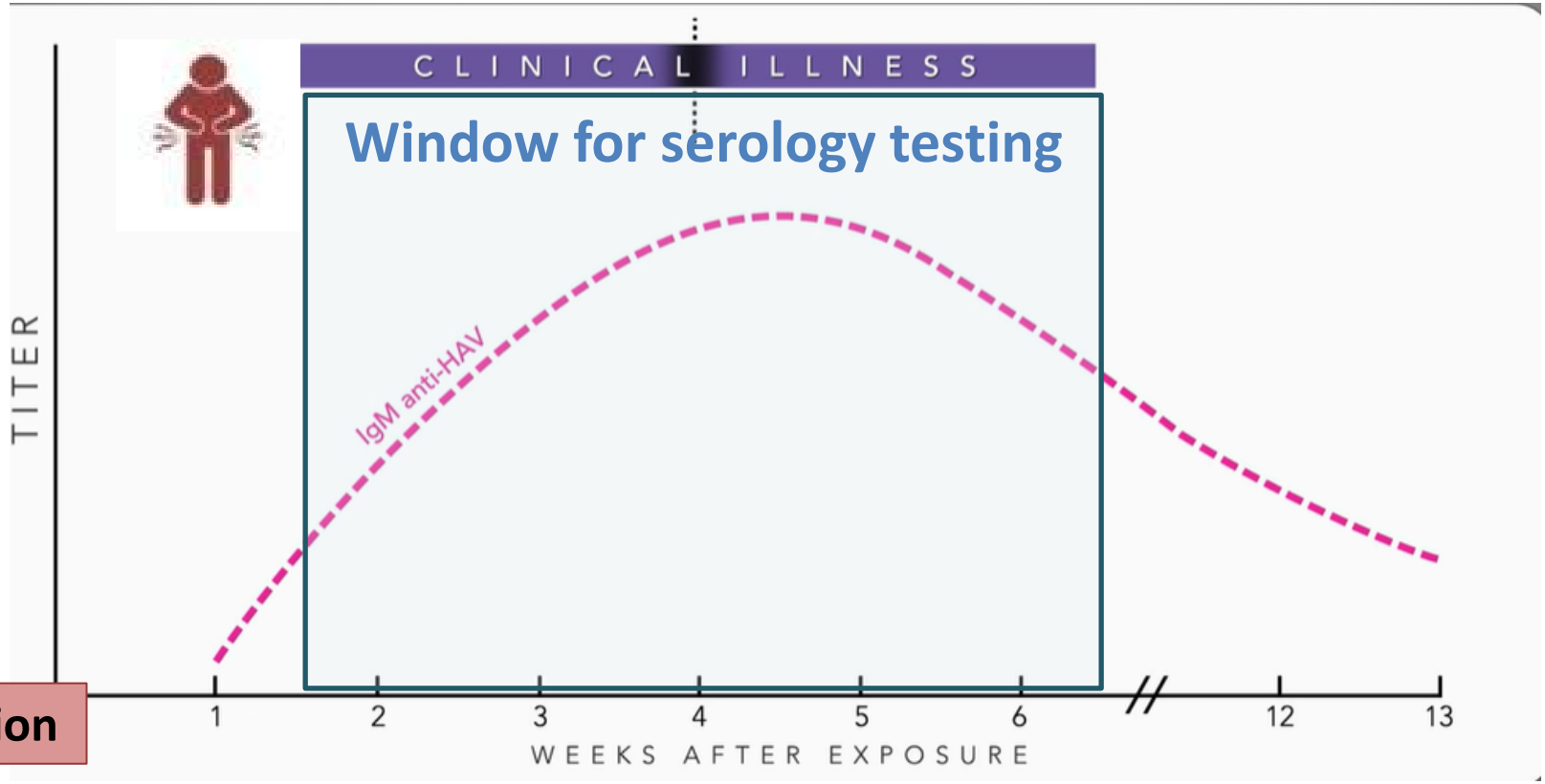
Epidemiology of Hepatitis A in Maine: Summary 2019-2021

- 54% of cases reported injection or non-injection drug use
- 100% of counties in Maine affected
- 1% of cases reported travel outside the U.S.
- 4% were associated with a known food exposure
- 43% of patients were hospitalized
- 54% Slightly more cases are male
- 41 = Median age
- 91% White, 94% non-Hispanic



Hepatitis A Testing Recommendations

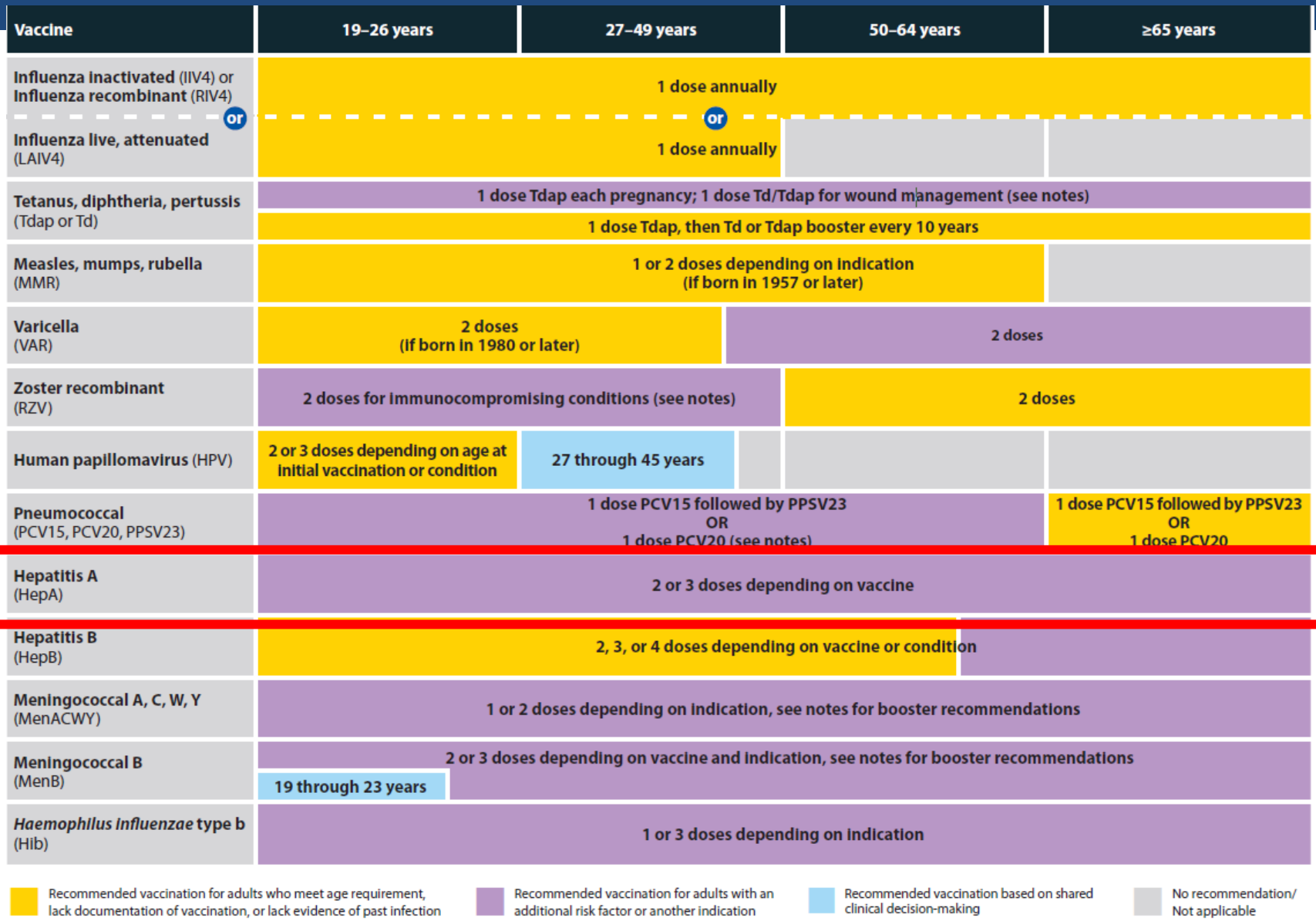
- Order **Immunoglobulin M antibody to hepatitis A virus (anti-HAV IgM)** + liver enzymes
- Anti-HAV IgM testing is recommended for <u>symptomatic patients only</u>



Source: https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm

VACCINATION RECOMMENDATIONS

Recommended Adult Immunization Schedule, 2022



Maine Center for Disease Control and Prevention

Source: https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Hepatitis A Adult Vaccination Considerations

- **Two dose series**: Havrix 6–12 months apart, Vaqta 6–18 months apart or **three dose series**: Twinxir at 0, 1, and 6 months.
- **For Havrix or Vaqta**:
  - One dose of single-antigen hepatitis A vaccine is 95% protective and has been shown to control outbreaks of hepatitis A. **Even if patient may not return to complete vaccine series, take the opportunity to vaccinate.**
  - No recommendation for a booster dose if a patient has completed the 2-dose series at any age.
  - No need for serologic testing/ proof of vaccine history.
  - Can be administered concurrently with most other vaccines.
  - Hepatitis A vaccine brands (Havrix/ Vaqta) are interchangeable.

Source: https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6905a1-H.pdf

Hepatitis A Vaccine for Post-Exposure Prophylaxis

- **Exposed through close, personal contact with an infected person** including certain types of sexual contact, caring for someone who is ill, using drugs with others, eating food prepared by someone who is ill.
- Postexposure prophylaxis with single-antigen hepatitis A vaccine (Havrix or Vaqta) effectively prevents infection with hepatitis A virus when administered **within 2 weeks of exposure**
- Combined hepatitis A and hepatitis B vaccine (Twinrix) is not indicated for use as postexposure prophylaxis.

Table 2. Recommendations for Post-exposure Immunoprophylaxis of Hepatitis A Virus (HAV)

Time Since Exposure	Age of Patient	Recommended Prophylaxis
2 weeks or less	Younger than 12 months	IGIM, 0.1 mL/kg[a]
	12 months through 40 y	Hep A vaccine[b]
	41 years or older	Hep A vaccine[b] IGIM, 0.1 mL/kg[a], may be administered depending on provider's risk assessment.
	People of any age who are immunocompromised, have chronic liver disease, or contraindication to vaccine	Hep A vaccine[b] IGIM, 0.1 mL/kg[a]
More than 2 weeks	Younger than 12 months	No prophylaxis
	12 months or older	No prophylaxis but Hep A vaccine may be indicated for ongoing exposure

IGIM indicates Immune Globulin Intramuscular; HepA, hepatitis A vaccine.
[a]IGIM should be administered deep into a large muscle mass. Ordinarily, no more than 5 mL should be administered in one site in an adult or large child; lesser amounts (maximum 3 mL in one site) should be administered to small children and infants.
[b]Dosage and schedule of hepatitis A vaccine as recommended according to age in the table 2. Only monovalent hepatitis A vaccine (Havrix or Vaqta) should be used for post-exposure prophylaxis.

Source: https://www.cdc.gov/mmwr/volumes/67/wr/pdfs/mm6743a5-H.pdf

Hepatitis A Vaccination Recommendations (Adults)

People at increased risk for hepatitis A

- International travelers
- Men who have sex with men
- People who use or inject drugs (all those who use illegal drugs)
- People with occupational risk for exposure
- People who anticipate close personal contact with an international adoptee
- People experiencing homelessness

People at increased risk for severe disease from hepatitis A infection

- People with chronic liver disease, including hepatitis B and hepatitis C
- People with HIV

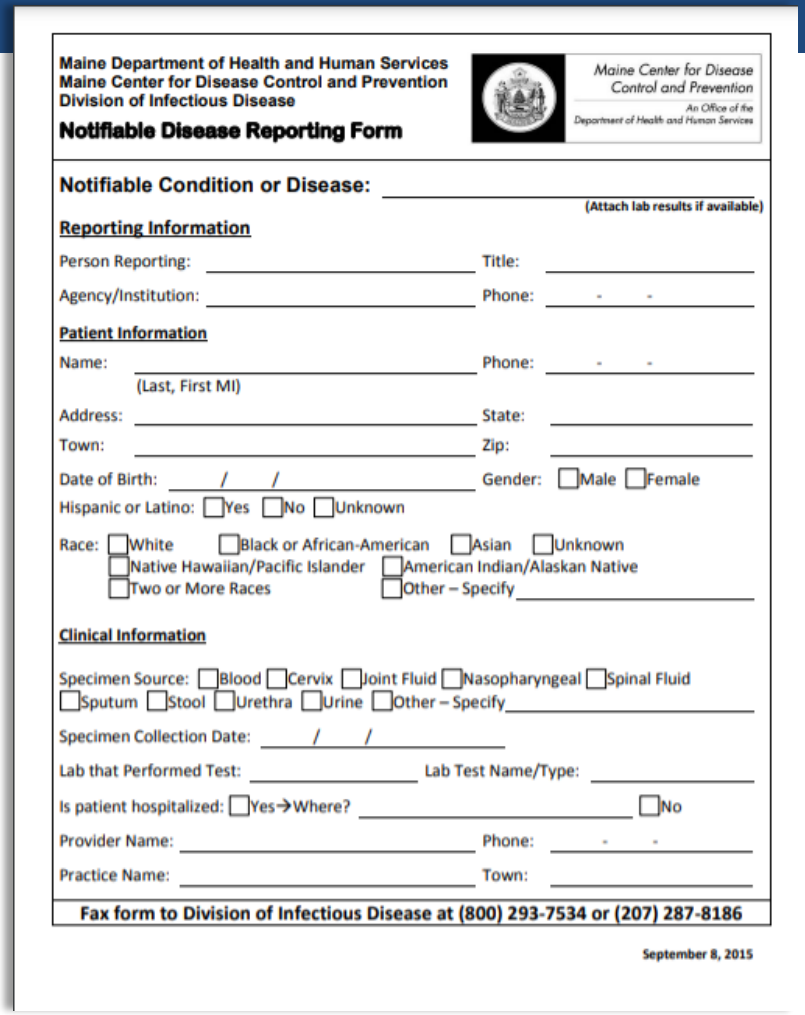
Other people recommended for vaccination:

- Pregnant women at risk for hepatitis A or risk for severe outcome from hepatitis A infection
- Any person who requests vaccination

Don’t Forget to Report!

Hepatitis A is reportable immediately by telephone on recognition or strong suspicion of disease

→ **Instructions for reporting:**
https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
Division of Infectious Disease

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Notifiable Disease Reporting Form

Notifiable Condition or Disease: _____
(Attach lab results if available)

Reporting Information

Person Reporting: _____ Title: _____

Agency/Institution: _____ Phone: _____

Patient Information

Name: _____ Phone: _____
(Last, First MI)

Address: _____ State: _____

Town: _____ Zip: _____

Date of Birth: ___/___/_____ Gender: ☐Male ☐Female

Hispanic or Latino: ☐Yes ☐No ☐Unknown

Race: ☐White ☐Black or African-American ☐Asian ☐Unknown
☐Native Hawaiian/Pacific Islander ☐American Indian/Alaskan Native
☐Two or More Races ☐Other – Specify _____

Clinical Information

Specimen Source: ☐Blood ☐Cervix ☐Joint Fluid ☐Nasopharyngeal ☐Spinal Fluid
☐Sputum ☐Stool ☐Urethra ☐Urine ☐Other – Specify _____

Specimen Collection Date: ___/___/_____

Lab that Performed Test: _____ Lab Test Name/Type: _____

Is patient hospitalized: ☐Yes→Where? _____ ☐No

Provider Name: _____ Phone: _____

Practice Name: _____ Town: _____

Fax form to Division of Infectious Disease at (800) 293-7534 or (207) 287-8186

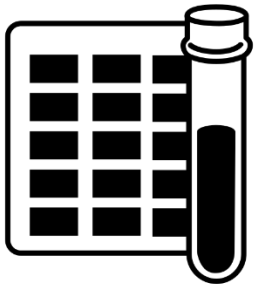
September 8, 2015

Chloe Manchester, MSc
Viral Hepatitis Epidemiologist
Chloe.Manchester@maine.gov

All cases of hepatitis A must be reported to Maine CDC within 48 hours of recognition or strong suspicion of disease.
Telephone: 1-800-821-5821 Fax: 1-800-293-7534

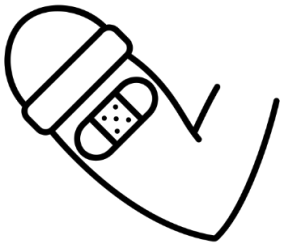
Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention

Help Prevent the Spread of Hepatitis A



✓ **Test and Report: Identify infectious patients**

- Order Immunoglobulin M antibody to hepatitis A virus **(anti-HAV IgM) + liver enzymes, as part of acute hepatitis panel**
- Test symptomatic patients only
- Report positive results to Maine CDC



✓ **Vaccinate: Protect from future infection**

- Recommend hepatitis A vaccination to certain **high-risk groups**
- **Enroll in the Adult 317 Program - Next prebook cycle starts on March 1st, 2023**

Call: (207) 287-3746

Email: ImmunizeME.DHHS@maine.gov

✓ **Offer Postexposure Prophylaxis: Prevent illness after exposure**

- Postexposure prophylaxis with single-antigen hepatitis A vaccine (Havrix or Vaqta) **within 2 weeks of exposure.** See PEP Guidance.

Icon credit: the Noun Project