Adult Vaccine Access Cooperative Regional Meeting
USAPI/Pacific Islands Region
HI, Palau, Marshall Islands, Guam, American Samoa, Northern Mariana Islands, Federated States of Micronesia

Kona, HI
July 9-11, 2024

MEETING NOTES

PowerPoint Slides: https://www.immunizationmanagers.org/content/uploads/2024/08/USAPI-VAC-for-Adults-Meeting-Kona-HI_July2024.pdf

OHE Article: https://www.ohe.org/wp-content/uploads/2024/04/Socio-Economic-Value-of-Adult-Immunisation.pdf

Wednesday, July 10, 2024

Agenda	NOTES
American Samoa	**Presentation**: https://www.immunizationmanagers.org/content/uploads/2024/08/Adult-Immunizations-in-American-Samoa-presentation_July2024.pdf Presenter Silmuesa • Face unique challenge in American Samoa • No dedicated adult vax program - traditional focus on children • Reached about 10 percent influenza coverage for adults last season.

Agenda	NOTES
	• Analyzing to find opportunities for improvement • Rates for tdap, hepb, and mmr hover around 50% • Challenges listed on the slide - funding is primary. • Seeking help from their congressional delegate • Needs - communications specialist, interoperability of IIS and EHR, and additional funding. • Wins noted on the slide - funding is inadequate but "a little goes a long way' and partnerships with hospitals, DOD, and home nurse visiting programs are notable. • The question is: 'How do we increase funding for adult vaccines?'
Guam	**Presentation:** https://www.immunizationmanagers.org/content/uploads/2024/08/To-Help-and-Protect-the-People-of-Guam-presentation_July2024.pdf • The program falls under the Bureau of Communicable Disease Control (BCDC). The program has 7 FT positions. • Partners with community health centers, division of senior citizens, private healthcare, non-profits, Tofu Guam Foundation, Diabetes Assn, Lighthouse Recovery, etc. • Registry is not island-wide. Not all providers use it. • IIS is a direct entry or unidirectional data feed. • Does have a VFA program– Tdap, C-19, PCV20, Zoster, Flu, RSV. • 50+ is the most compliant population. • Tdap is a school requirement, which helps with rates. • Adults elect to get the flu vaccine at much greater volumes than other vaccines. • 58% insured, 12% Medicare, 17% Medicaid • Challenges: • Guidance for VFA. No clear guidance– the only guidance is for the use of 317 funding. • Funding– awarded amounts are flat but the numbers of vaccines increase, price increases, and population increases. • Reduce orders because of lack of funding and then CDC reduces allocations.

Agenda	NOTES
	• Sustainability– unable to increase program capacity/resources. • Not all providers are offering C-19, RSV, Zoster d/t cost. • 317 used for universal birth dose of HepB and adult vaccines. • Need to extend 317 vaccines to Medicaid as with VFC Program • Providers report data to the registry but there's no penalty for non-compliance. Data quality is poor. • May need to reduce provider requests d/t funding. Need help, especially with more expensive vaccines. • Enrolled 9 (7 were before C-19) providers in VFA. Mirrors VFC requirements • Requires YCTS S&H, General practice guidelines. • Site visits for S&H • Provide Ops Guide/Manual, CDC S&H toolkit. • Modified requirements– do not require to provide stock. • Former C-19 providers continue to report data to IIS– Rexall Drugs, 3 clinics with unidirectional HL7 reporting. • Mobile vaccination clinic • Guam has commercial, federal, govt, Medicare, Medicaid, medically indigent, no insurance. • No local funding • Offer all ACIP rec vaccines but not all presentations and have limited stock. • Not all providers carry adult vaccines. • One senior care home facility and one skilled nursing facility– must have some kind of insurance. • Multiple seniors– usually insured. • Outreach events to clinics and shopping centers • Requirement v importance– adults go to clinics.
RMI	**Presentation:** https://www.immunizationmanagers.org/content/uploads/2024/08/Republic-of-the-Marshall-Islands-presentation_July2024.pdf Speaker: Noatia (NO- AH- Tee- Ah) Siofilisi - NEW Program Manager

Agenda	NOTES
	• They do NOT have an adult program and do not measure the rates for adults. • Census validation is a key issue…the 2021 census data is not validated because of emigration to the US…specifically high population in Arkansas. • 40% of the population is under 19. • RMI healthcare - 2 urban hospitals serving the entire population. • 56 healthcare centers - only 43 actives (staffing is a key issue) • 90% of healthcare assistants/providers are male - women are not comfortable with the men. • 22 staff total in the immunization program - they fall under the primary care umbrella of DOH. • Web IZ data for adults - not clear if it is percentages or raw counts. • Highlighted a slide showing the president getting his COvid19 - over 90% vaccinated against covid19. • Respect for the president helps with =vaccine confidence Challenges_ geographic • Only 1 of 2 planes were working. • Ships and planes take vaccines to the communities. • Strategies: decentralized healthcare, trained new health assistants to administer vaccines; strengthened partnerships with NGO's (WUTMI) Women United Marshall Islands • funding for actual vaccine purchase means not all ACIP vaccines are purchased (i.e. zoster or HPV) Successes - no VPD outbreak science 2017 (mumps) • 13 female aides • Clinic w/o walls -mobile pop-ups - for ALL ages (HPV highlighted) - no co-pay. • Barriers - $5 visit fee for primary care visit • PIHOA fellowship - 2 years for nurses; then they are zone supervisors. • Adults - all vaccines are free; walk-ins welcome; weekends and evenings. • Mobile clinics go to 22 atolls. • Vision- to formalize a VFA - need a coordinator and need the vaccines!

Agenda	NOTES
Q&A	Q: Ron: In American Samoa, uptake of flu vax started in January and increased through May, why not earlier in the season? • Hesitancy among parents at clinics. Patient education ultimately leads to increased uptake later in the season. Q: Ron - maybe also don't have the doses until military supply (and other?) is received? • Yes, prioritize supply for children, then when additional doses are received, distribute to adults. Q: Ron: the Marshall Islands, can you talk about the additional costs above just the cost of the vaccine? • For the ship to be mobilized, $20,000+ for crew and staff and per diem, etc. Nurses cross-trained in all aspects of public health to provide patient education, etc., in addition to immunization services. (Another success to share: created a blanket parent consent form - from an AIM-provided template, to be implemented when school resumes in August.) Q: Emman: American Samoa, you use Careview, how do you pull data to assess adult and children vaccine rates? • CNMI is also used. Answer: don't have Careview, LBJ (main hospital) has it, and they are trying to get information through LBJ. Q: Claire: Guam, you have 9 providers enrolled in the adult program. How many do you have that are not enrolled...how many are left? • Definitely over 10 are not enrolled. 2 big providers with multiple clinics that will not enroll. Q: Claire: Who vaccinates at skilled nursing facilities and senior care? • They have nursing staff and a vaccination - program that provides the vaccine. Q: Emily M: There is a compact - citizens living in the US, eligible for Med/Med - but no Med/Med on the islands? How does this affect vaccines for adults? • Ron - those that move from the islands to the states - greater access. Distinctions between Hawaii, territories, etc. Medicaid in the territories is very different than the way we experience it

Agenda	NOTES
Team report outs on discussions and developing strategies	in the US. (Need clarification) Q: Shelley: Were all the territories provided fed COVID-19 vax? • Yes, and testing. SF - with the end of the COVID emergency, Marshall, Palau, Micronesia - on your own? Yes, just 317 - and it was expensive. Q: CNMI: Smaller islands, male/female issues, taboo for females to see a male doctor/HA. How does this affect uptake? • Marshall Islands -This is a serious issue - serious outcomes because of no preventive care, etc. We have 6 female providers and are trying to train more female aides (13 - 2-month training). Want to establish fully staffed community health centers in various areas to provide more primary care. Need funding. What about sector grants? Dialogue team for compact - need to convince them that this is a good use of funds. Q: Shelley: Does the taboo work the other way? • No problem for men to see women providers. But rather not one related to them. Q: How can we get our FQHC and CHC to be able to order vaccines through a CDC contract? • Procurement is a nightmare. Michelle Banks, CDC: Brought up in Houston, will follow up and see if that has been addressed anywhere. Hawai'i: Challenge • No adult vaccine program (but working on it). The bridge access program has been helpful. • Dept of Health does not have an adult program. • Long-term care, misinformation, and complacency are a threat and should be low-hanging fruit to improve coverage. Threats from families and workers who come and go. Need clear messaging from the top down. • Cost

Agenda	NOTES
	• Provider misinformation/lack of education, e.g. when should a person get a vaccination after infection. • IIS access issues: signed up but lost access, duplication between data services, reporting is not mandatory. • Capacity: partners are spread thin

Team report outs on discussions and developing strategies	Success • C-19 vax rates in LTCF • Pharmacists can now vaccinate - legislation recently passed down to age 3, in effect 1/1/25 (mirrors the Prep Act) • LTCF; Nursing homes joining with the vaccination clinics - multiple vaccinations (Big Island Nursing Home). Tighter relationship between pharmacists and nursing homes • Homebound population: call this number and we will get you on the list. Very high risk. Organized efforts. Good model - but no funding. • Strong partnerships: For example, AAP helped $3M in doses to stem respiratory diseases post-Maui fires. Capitalize on these and expand. Goals • Need better data from LTCF. Focus on LTCF. • HI ranks in the top 10 in the US for coverage rates for LTCF residents and staff but it's not high enough. • Need education for LTCF staff and residents. • How can they reduce the introduction of disease (from staff and visitors)? Looking at flu, C-19,

	RSV, etc. • Need to address misinformation and vaccine fatigue. Need to message that people are still getting critically ill and dying. • ID groups that can help leverage influence– social media, and faith-based, medical associations to keep providers UTD on recommendations. • Educating existing providers (free CME) and connecting to medical students and residents. Annual immunization conference? Short • Form a working group - to oversee the whole picture. Like a summit-type meeting Identify hesitant groups we want to target - and form smaller groups by type to report to the advisory group. Ambassadors are acceptable to each. Medium • Source the data and messaging used during COVID-19 and train the ambassadors. Reconvene stakeholders. Long • End goal - get organizations traditionally opposed to vaccination to consider and move toward acceptance. Palau: Challenge • no VFA. • Funding is an issue. • Islands are not accessible by vehicle– need to go by boat. • CHCs have trouble procuring vaccines. • Small staff. • Vaccines have to be administered after hours because there's no capacity during the workday. • The public hasn't seen serious COVID, so they think the risk is low. • Pharmacies do not administer vaccines by tradition– only PH nurses.

	Success • PH is the only provider of vaccinations, so the process is streamlined. • Good cooperation with partners. • In-home vaccination for high-risk patients (no LTCFs) Goals Short • How can HRSA help CHCs procure vaccines and how can PH help to store them? • Working with other private clinics to help administer vaccinations but they are hesitant d/t cold chain requirements. • Need for pneumococcal vaccine and Hep B– don't have the funding. • Request to Congress to provide funding for vaccines. • See if vaccines can be provided earlier so they're not so close to expiration, explore if DOD flu doses are available with longer shelf life - in past received in May with expiration in June. Medium • Be part of the exploration of how CHC's can procure vaccines (without Medicaid reimbursement) Long • Find avenues for RSV procurement - again making cost effectiveness case. Marshall Islands: Challenge • no VFA. 317 funds are inadequate. Unable to purchase HPV vaccines for boys. • Main challenge no resources. • adult coordinator to manage a program. • Immunization is only one part of what the nurses do. • census data is not validated (using 2011 data) the 2021.

	Success • The successes in the Guam jurisdiction seem worth replication in the Marshall Islands. • partnerships • standing orders • offer adult vaccinations when they do child outreach. ○ set up at the malls and have PH vaccinate and take adult vaccines too. • interpreters/trusted messengers • Incentives to providers (support for storage and handling equipment) Goals Short • obtain job description from Guam and identify individual to adult immunization coordinator. • look at the Ministry of Health list of available vaccines. • start with chronic disease patients greater than 50 and pregnant women. • get a list of pregnant mothers from health assistants. • schedule a meeting of the immunization task force. Medium • need the target population/denominator for adults. • Integrate vaccination into the existing programs offered by DOH. • high risk 50 who need vaccinations. • having all ACIP vaccines available Long • establish an adult immunization program in the Marshall Islands Guam: Challenge • patient in front of you who needs to be vaccinated and do not have the supply of vaccine to provide to them. The issue for insured patients

	• mis/disinformation
	• Access
	  ○ adult providers don't have vaccines or don't have all vaccines available.
	  ○ FQHCs have a procurement problem– can't seem to get the vaccines into the clinics so they miss opportunities to vaccinate. Have to order "locally". Amerisource Bergen has preset limits for public health. If FQHCs could purchase on the CDC contract that would help them get vaccines at a cheaper rate and more quickly
	  ○ Pregnant patients on Medicaid can't get vaccines because FQHCs run out and private providers don't take Medicaid.
	  ○ Medicaid payment for pregnant patients is <$3000 (>$5000 if privately insured)
	  ○ Not all private providers know how to give vaccinations.
	  ○ Privatization of COVID vaccines has had a major impact and there are only 2 providers on the island because they can't afford it. If you don't have coverage, it's $300-400 out of pocket now. Some plans aren't covering it.
	  ○ Need to enforce ACA so COVID-19 is covered by insurance and needs to understand who is not covering it.
	  ○ Providers who don't have a contract with private insurance won't order because they don't know if they can be paid.
	• Missing a good health communications team
	• Gov't procurement doesn't get contracts out.
	• Can't use 317 funding to vaccinate the Medicaid population– have to purchase privately and that is slow and expensive.
	• No local funding
	• On the private side it can take months to get a quote about how much something will cost. The biggest user of medical supplies is the hospitals and if they don't pay their bills the privates can't get supplies either.
	• Can't access the HHS funding from this FY due to bureaucracy.
	
	Success
	• partnerships; creative in reaching the adult population (outreach, offering adult vaccinations at school vaccination events)
	• Try: re-establish district nursing (clinics without walls), education for the community and for

	healthcare providers
	• partnerships
	• standing orders
	• offer adult vaccinations when they do child outreach.
	  o set up at the malls and have PH vaccinate and take adult vaccines too.
	• interpreters/trusted messengers
	• Incentives to providers (support for storage and handling equipment)
	
	Goals
	
	Short
	• Update the 317-eligibility resource with a QR code and provide something to providers so they are directed to the website for the information and put on the website.
	• Dr. Bob to bring to the Governor that they don't have access to their HHS funding for FQHCs.
	• Find out if there's a project officer with HHS that can push the local gov't to release the funding.
	• Innovative readiness training– Air Force. Will be used as preparedness training and provide 317 immunizations.
	
	Medium-Long
	• Semi-autonomous status for CHCs (Bureau of Primary Health Care) to circumvent the gov't procurement process??
	• Universal status–
	  o Michele to have more conversations with Hawaii.
	  o AIM to get what resources we have to Michelle.
	
	American Samoa:
	
	Challenge
	• religious and cultural challenges. Some think the ingredients of the vaccines cannot be consumed. Transportation barriers. May not have time for public transportation. Fear.
	• Religion - different congregations of churches, anti-vaxxers.
	• Churches like 7th Day Adventists, do not believe in certain meats, foods, etc. When they google

	and find out that the vaccines are made up of certain foods and ingredients, they become resistant. • believe in faith in healing and healing naturally. • some people do their remedies and medications. • Not all families have petitioned for elderly people (bed patients, transportation, etc.) - low income, unable to provide logistical needs to get vaccines. • Fear, that if they receive a certain vaccine, they are worried about becoming sicker. • Most of the resistance is based on cultural beliefs. • Some elderly adults are not receiving proper health education. • misinformed by social media, the internet, etc. • transportation issues. • Most people don't get vaccines because they don't have transportation. • For the elderly they don't have caregivers or family to take them to their appointments, etc. • Community engagement is a challenge - we need to engage more with the community so they can understand what is important and what is not. • Bad hours for clinics, providers, etc. • Family caregivers do not get paid like they do on the mainland. If this was available to our population, we would be able to provide a lot more vaccines since they have more support. • EHRs do not sync. This has been a problem for collecting data. Providers have to enter data in so many places. They can barely do one. • Penny: Clear guidelines so we can have better ideas on how to break down information to the community. The people of Samoa always want proof when we provide information to them on vaccines. • Mary: More guidelines in Vaccine transportation and storage. After we experience delays, we have to monitor vaccines closely. Sometimes we get vaccines that are about to expire. Which is frustrating. • Mary: Penny: Yes, especially the adults. We did have the governor and lieutenant governor be the first people to receive the COVID-19 vaccine, this helped a lot. Success • Raffle on Mother's Day– if they had a flu shot, they go into the raffle. 1st prize was $500 for

	groceries. Incentives at the clinic– $100 for a COVID shot.
	• Flu committee outreach on Saturdays– mobile clinics at certain hardware stores and shopping centers.
	• High rates of C-19 vaccination because of leadership participation.
	• Community leaders being open to vaccines.
	  o A lot of high-risk pregnant women have been engaging a lot and it has helped their lineage.
	  o They are more open to getting vaccines for their kids.
	• We had a high rate of COVID-19 vaccines during the pandemic.
	  o We had an incentive for COVID vaccines, if you receive a vaccine, you get $100.
	
	Goals
	
	Short
	• Developing a work plan for media campaigns
	• Planning for more outreach and getting more information out to the community.
	• Partnering with Territory Agencies of Adults (program for older adults in Samoa) for outreach to older adults
	• More vaccination outreach in the community, especially to the elderly.
	
	Medium
	• More face-to-face outreach with adults
	  o Higher sense of community this way.
	  o Able to read fears better when in person.
	• Extend hours of clinics, etc. Do after hours or weekends, so adults can go and not worry about having to leave work, etc.
	  o Doesn't have to be every day, only a couple hours a week.
	
	Long
	• Larger in-person outreach (events, etc.)
	  o Found a lot of success when we did that last year.
	• Enforcing vaccination requirements in the workplace

	- Especially in the government and canneries. - If this happens, everyone will be getting all the vaccines. Lot of people from Western Samoa immigrate to us for jobs and we don't know any information about them. - Collaborating with leaders. - Upgrading health care infrastructure. - Increase staff everywhere. We are very short-staffed. In and out of DOH. Northern Mariana Islands: Challenge **Vaccine data** - in many different places. - RPMS transitioned in 2021 to CareVue. - No comprehensive way to pull the data. - Use WebIZ as the IIS but only if inputted. - Were in discussion with IZ to include training for all providers. - No action on this. - Discussion to inactivate the current user list to see who tries to log in and then provide training. - Only VFC and hospital access. - external partners like pharmacies, home health, and dialysis. submit a program and then it's inputted. - Trying to encourage nurses to start inputting but takes too much time. - No bi-directional exchange, still onboarding. CareVue = EHR. - Look at CareVue, and RPMS depending on time. - Constraints mean missed opportunities. Could translate into starting vax again. **Serving Insured/Uninsured**: - Private providers can serve those with insurance. - With no insurance, told to go downstairs to the Free clinic but very few do that. Another missed opp. - Stock is not available for both insured and uninsured.

	▪ Nurses should be able to keep stock to serve all populations. ▪ The Family Care Clinic has 3 clinics - children's, adults, and women's (20) plus 5 private external clinics. 1 FQHC on an island with an MOU for VFC only. No adults option yet. • **Patient Education**: o don't understand what "shingles" it is about and how different from COVID. o Stigma with vaccines in general after COVID-19. ▪ Don't want anymore - fatigued. ▪ Populations always ask why more vaccines. ▪ Very limited time for education; small communities and misinformation is rampant. • **Vaccine Stock/Allocations**: o For example, 10 HepB, MMR, TDap, PCV annually. o Most of the 317 funds go to support flu and COVID. o Unable to complete series because of annual allocation. o The uninsured or underinsured could pay out of pocket, but it's cost prohibitive. o Not every provider can accept Medicaid and have to go to hospital. o Local governments won't match, which means additional costs on the provider, and they don't have the budget. • **Dialysis Unit:** o Uses a different EHR from those mentioned above which means the program has to manually enter data. ▪ The program has to enter into the Cloud, download data, and manually enter, checking once a week. Very time-consuming. Success • improving vaccination rates. • 90% of the data captured through web IZ. • Providers are educating patients and driving patient demand. • RPMS and CareVue history data transfer did take place but still not complete.

	- Primarily COVID data is the only transfer. - Bi-directional exchange will take approximately 18 months once implemented but that hasn't started. - One pilot site/EHR has been chosen but no testing has started. **Community Demand Has Increased:** - Provider awareness has increased to some degree which drives demand. - Providers are seeking the vaccine and asking more questions, in turn educating patients, in turn drives demand. Where, when and why they need to be vaccinated. - Want to try non-traditional vaccination sites. - Flu vaccinations are offered on-site for gov't employees– would like to expand for others. - Mobile clinics. In-home vaccination. Annual Medicare exams may help improve vaccination rates. - Collaborative agreements with pharmacies allow for vaccination without prescription. Goals Short - Change in workflow can be shared with nursing managers so that they can request vaccines for the uninsured (pharmacy)and underinsured (Immuns) and consistent messaging for clarity. FCC can take this back to management and clinic nursing managers. * - Utilize non-traditional sites as headed into flu and RSV season. - High-risk pops are first, then move into workplace clinics, community mass vax clinics, and community markets. Utilize churches, and community centers for outreach and vax sites. - Potential Imms nurse located at FCC during flu season to relieve the burden on nursing staff but after back-to-school rush - September time frame. It could be for administration and/or education. Medium - Media campaigns to increase awareness to avoid mis-opps and misinformation. - Could be increased use of social media, signage on hospital grounds, and radio announcements funded by Immunization programs; pharmacies would post information and provide handouts to

consumers.

Long

- improve communication between immunization providers and Medicaid to strengthen relationships and advocate for bidirectional data exchange and increased payments.
- Policies: Medicaid formulary is outdated, reimbursement rates and vaccine coverage.
- Partners to invite providers, Medicaid mgmt., IT dept at the hospital that oversees EHR to help establish a bidirectional exchange. Pharmacy
- Continue to advocate for and seek bi-directional exchange to increase data quality.

Federated States of Micronesia

Challenge

- Geographically challenged. Multiple islands. No adult vaccination program and no dedicated staff for VFA.
- Transportation
    - taking vaccine by plane or by ship
        - YAP - one round trip to 17 islands over $100k - 3 weeks to one month.
        - Chuuk - similar challenge. 1-2 months to go around to all the islands (Kathy) cost is almost $50k.
        - 8 roundtrip visits to the islands to get a child vaccinated by age 2.
        - Long-Term Solution - integrate with other programs - share the cost of ship and transportation to islands.
        - Weather is also a challenge.
        - difficult to go out for outreach. difficult to look for a place to stay, and keep vaccines secure, and protect the safety of staff to stay on the islands. asking staff to go out and spend the night on the islands is very difficult. Islands don't have electricity and very risky for the storage of vaccines.

- Vaccine Funds
    - allocated only a small amount for children and adults (no VFC, no Medicaid)
    - GAVI only gives some supplemental funds - FSM is not eligible for GAVI vaccine.

	- Only have flu, COVID, and Tdap vaccine for adults. for high-risk adults, flu and Tdap for pregnant women. limited - No capacity for billing insurance. No insurers that pay for vaccine. - Staffing - We have the same people doing the same thing. - all effort into children, schools, HPV and then adult. - We would like to have a communications person. - Technical support to analyze data. - same staff people give vaccines, educate, and come back and record doses administered. - don't have IIS capacity to capture who is at risk in the adult population. for adults, we don't get good information on tracking (NCD) doesn't have good coverage for adults. - don't have funds to do enhancement to IIS to identify who is pregnant, etc. It is collected by us can't run reports to get that information. - EHR is not linked to IIS. - Pharmacists can't vaccinate. Success - great team in each state. - Demand is high, even for COVID-19 in YAP. - high acceptance. outer islands - vaccine is more accepted but we cannot get out to the islands very often to offer vaccine. - strong women's group - village leaders - local govt - support vaccination and help with outreach. - YAP setting up islands to take care of their populations. But in other areas, it's only public health going out to vaccinate. - incentives - worked with COVID-19. Dr. Tang - a US doctor based in Guam started the incentives. and now villagers expect incentives because it was done with COVID. we need to only give during the pandemic.

	• in Chuuk and other areas, go out with other comprehensive services for children. once a month to each village. similar to the Marshall Islands' "Clinic without walls".
	• during COVID we were able to use "diving" boats, and they had electricity, and we were able to stay on them.
	• try to partner with private businesses to use their boats.
	
	Goals
	
	Short
	• Partner with other departments to educate and train staff to decentralize services.
	• Share costs of transport. (The YAP governor wrote a letter stating that more time is needed out in the field for immunization.) President could influence if we are using government ships.
	• Get a copy of the form that RMI uses to collect consent for school children's vaccination.
	• AIM to ask vaccine manufacturers to donate small amounts of vaccine. Especially RSV - FSM has no money to purchase the RSV vaccine.
	• Get extra flu vaccine from the military in Hawaii and ship to FSM. Maybe there are other vaccines that the military could donate.
	• Reach out to partners from COVID who have stopped engaging with us.
	• educate providers to check vaccine records and refer those who need vaccine to the public health colleagues who have school nurses who are giving vaccines.
	• adding private hospitals to include adult vaccines - MedPharm
	  ○ reach out and ask them to give adult vaccines.
	• Martina is to share the YAP vaccine consent form with Julie.
	• Obtain the CDC pilot adult framework and talk through the framework with your staff.
	
	Medium
	• Ask for more funding for adult vaccines.
	• Work with hospitals to give Tdap, COVID, and flu to pregnant women.
	• Educate providers using CMEs.
	  ○ Providers are not familiar with the adult schedule. Spencer, Julie, Joyce to put together a presentation on the adult schedule. Martina to share training. Dr. Jake is doing education on this (YAP).

	• Make schedule for country showing what vaccines are available for 19+. FSM immunization schedule for adults. Set similar rules across the FSM (Carter to coordinate).
	• AIM advocates for additional funding specific to islands, specific to children.
	• Work with chief nurse and chief of medical services to get MOU to give hospitals vaccine to give to their patients when they get released or inpatient or outpatient.
	• Pilot solar Iceland – solar refrigerators to store vaccines. (Pilot 10)
	
	Long
	• Need to de-centralize services.
	  ○ Upgrade infrastructure and capacity and staff of the islands to vaccinate and serve entire populations.
	  ○ Human resources are a main challenge. Human resources (recruiting students), need training, need investment from the government.
	  ○ Better utilize staff already there. Retrain them? how to schedule, how to handle vaccines, etc. This will take time. Health assistants - some are capable, but most are not capable of doing injections.
	  ○ Garner political power and political will to invest in public health. get staff trained; get reliable and cheap transport.
	• new planes: current planes are down in Chuuk and only have planes in YAP. Pohnpei and Chuuk have airstrips but no planes.
	• Onboard other clinics to give the Tdap vaccine. Look for providers who would sign an MOU and give vaccines without any costs.
	• EHR and IIS interoperability.

July 11, 2024

Agenda	NOTES
Hawaii **9:15-9:45**	**Presentation:** https://www.immunizationmanagers.org/content/uploads/2024/08/Hawaii-Immunization-Program-Adult-Immunizations-presentation_July2024.pdf Speaker: Ron • Ron highlighted the vacancies in his staff due to retirements and transitions to other positions. • Barriers to staffing: cost of living on the island & grant restrictions • Adult Data: highlighted the CDC data including the lower than US avg. of age 65 and older for COVID-19; noted Flu is lower than Tdap r/t fears of pertussis perceived greater than the flu for maternal patients. • Low rates of uninsured in HI • Transitioning IIS from WIR to Envision this year to align with the rest of the islands • Funds for mobile vaccination did not pass in legislation. • HI codified the prep act for Pharmacists to allow vaccination down to age 3. • Hep A outbreak in 2016 - 90k vaccinated in 5 mos. - mostly in pharmacies! • HI in the top 10 jurisdictions of LTCF residents vaccinated with COVID-19. • HI 4th highest of LTCF staff vaccinated. • Mpox - over 5k vaccinated. • Developing a VFC-like program for adults based on Bridge program to reach to HI uninsured - currently 19 providers enrolled. • Limited 317 funds used for uninsured adults, most given in pharmacies, NOT in provider offices.
Palau **9:45-10:15**	**Presentation**: https://www.immunizationmanagers.org/content/uploads/2024/08/Adult-Immunization-in-Palau-presentation_July2024.pdf Speaker: Merlyn B • Palau map [see slide]: Main Island, remote islands - remote islands accessed by boat. • 340 islands with 9 inhabited • 16 states

Agenda	NOTES

	• Adult population - 13,192 [see slide for specific breakdown]
	• IZ Program - 5 staff: Program Manager, IIS manager, Perinatal Hep B manager, data specialist, finance specialist.
	• Mission and vision [see slide]
	• Can't report rates, but slide showing doses ordered [see slide]
	  ○ For 2024 COVID vaccine:
	  ○ Pfizer COVID (12 and older) - 450 doses
	  ○ Pfizer COVID-19 and over – 305
	
	Challenge
	• No adult vaccine financing
	• Use limited 317.
	• No RSV or Pneumonia
	• No nurses hired by the program - work with other public health nurses from other programs.
	• PH nurses for all routine childhood vaccines, catch-up, and outreach
	• Flu COVID administered during non-working hours.
	
	Success
	• Vaccine delivered and administered despite rough seas and bad weather.
	• No adverse events were reported with COVID vaccine.
	• IIS entry on the POD site
	
	Points of discussion:
	In Palau, we are seeing this and want to discuss with others messaging to address:
	• Reluctance to get vaccinated (too many shots during the pandemic and consider themselves at low risk for COVID)
	• Low confidence in the effectiveness of vaccination (not much awareness now that the pandemic is over)
	• Vaccine hesitancy due to COVID-19 vaccine conspiracies (younger people in their twenties going online)

Agenda	NOTES
	• Lots of pictures of staff on the boat to go out and deliver the vaccine!! • Drinking coconut and sleeping on the boat 🙄 • Picture of meeting at the geriatric center where they provide vaccine to the community.
CNMI **10:15-10:45**	**Presentation:** https://www.immunizationmanagers.org/content/uploads/2024/08/Adult-Immunizations-in-the-CNMI_July2024.pdf Speaker: Emman Parian • The uninsured population is 34% compared to our average of 15% due to a lack of employer-sponsored coverage options. • Health system rev is half Medicaid, ¼ Medicare and ¼ private insurance. • 8 partner sites participate in VFC. • Adult vaccine is very limited due to 317 funding constraints - most goes to flu. • Adult coverage rates widely vary from 58% for TDAP to 4% for COVID. • Recent challenge with Pfizer drug warning about stock temp stability issues. • Central challenges are minimal vaccine purchase ability and lack of routine care for many adults. • Additional challenges and successes noted in slides. • Vaccines for adults needed for CNMI and across the USAPI region! • Thankful to AIM for convening and representing.
FSM **10:45-11:15**	**Presentation:** https://www.immunizationmanagers.org/content/uploads/2024/08/Reaching-the-Unreached-Adult-Population-in-the-Federated-States-of-Micronesia-presentation_July2024.pdf Speaker: Carter Apaisam Pohnpei/Chuuk/Yap/Kosrae • Program goal: improve child survival and health. • Target ≥95% of 2yo and 6yo with full series. Target 0-18 • Committed to protecting all people from VPDs.

Agenda	NOTES
	• 2010 census 102,642 population. 2551 annual births • Adult pop 57,635 • 607 islands. 65 inhabited • Immunization clinics, in-home, outreach • Chuuk has 17 lagoon islands plus many outer islands– team goes out monthly to vaccinate across the islands. • Yap has 17 islands. • Pohnpei has 5 outer islands. • 45 staff across the states • Kosrae has no outer islands. • 18-34yo Td/Tdap 38.8% • 65+ 27.4% • 18+ 38.2% • Flu 18-64 12.4% • 65+ 22.7% • COVID 18-44 89.4% (1+ dose) • 45+ 129% 1+ dose • 18-44 UTD COVID 0.9% • 45+ 1.5% • No ability to store vaccines at outer sites. • 1 ship trip costs >$100,000 • Working to improve the decentralization of essential public health services to cover remote areas, including vaccine storage and administration • Would like to have adult program staff. • CDC SMEs support and develop a framework for adult immunization action plan. • Requesting AIM to push and strongly advocate for adult programs in USAPI. • Successes: periodic adult vaccination campaigns for flu and C-19. Partnerships with NCD (non-communicable dz) programs, CHCs, and dispensaries through walk-in clinics • Currently provide Tdap, flu, and C-19 vaccines only

Agenda	NOTES
Q&A and Open Discussion	● Michelle Banks - Ron/Hawaii - Any collaboration to serve those in prisons. - Provide vaccines to them, they also purchase. Bringing awareness to prisons - those in congregate settings. Educating about how to limit spread. Working with clinics in prisons. to help get additional vaccines to them. ● Question re: "Universal" to help Guam with developing. Ron/TW - 11-12 jurisdictions in the US with Universal programs. ● The main goal is to purchase at CDC prices - not have to segregate private/public supplies. TW provided a summary of what Universal programs are and what it takes to shift to this model in your jurisdiction. Q: Manufacturers are generally not in favor - limits their profit. (Can AIM provide educational webinars?) ● Shelley - other islands about their prison population vaccination programs? Palau - no funding from prisons; Marshall Islands - local govt provides insurance for all - no additional assistance. Q: Claire - Merlyn maybe connect with Emman re: communications strategies? Are there any insurance options/providers that can help fund vaccine purchases? ● Palau - min wage $4.50ish, can't afford private sector vaccines. The only provider on the island is govt? All fall under the "uninsured population". ● CNMI - universal coverage through the local govt; those who work pay into the tax system to support. No private clinics provide vaccines. Only govt. ● FSM - same. The sole provider is the local govt. They provide some vaccine to private clinics to administer. Q: Shelley - no rules around who can receive 317? All are "uninsured". So, no exclusions for 317 vaccines. ● Guam - several ins plans and coverage. 317 - Medicaid-covered persons cannot receive 317 vaccines. Very complex and expensive for providers. VFC program can vaccinate Medicaid-eligible persons. But 317 can't. Frustrating. Are there any solutions? ● TW (Hawaii) - 317 is designed around emergency preparedness. Q: Could you do an EP exercise around seasonal flu and then use 317 to fund the vaccine for a short period of time? ● Emman - similar to Guam. Unclear at times which vaccines are covered. Varying copays. Claire - FSM can use 317 for anyone, but because it is limited, they prioritize children, then COVID and flu. Because they are the sole provider, you just can't get the other vaccines (RSV, shingles, etc.) - so

Agenda	NOTES
	much effort/cost to get the available vaccines out to outlying areas but can't fully vaccinate. Q: Shelley - is flu year-round? ● Hawaii - yes, but only administer the vaccine until it expires in June; military provides excess unused flu vaccine so that's why late spring additional uptick in vaccination. ● TW/Hawaii - is there any political will to make the case for employers to require vaccination to get more coverage? ● Emman - some companies do that for flu, especially for contracted employees. May be worth talking to legislators. ● Am Samoa - Cannery. We do give free flu vaccine received from the military in short period before it expires. ● Hawaii - other islands' logistics make it difficult to get excess military flu vaccines - but worth talking to "Ray." ● TW - successes last year after Maui wildfires in getting donations for respiratory vaccines; so, capitalizing on those kinds of disasters can help raise funds for other jurisdictions in the future. Q: Claire - do you require your 317 providers to enroll? What do you require of them? IIS reporting; site visits? ● Hawaii - yes, there are requirements - a lot like VFC requirements. For anyone ordering 317 vaccine - which overlaps the new VFA program. ● Rita (Guam) - VFA program - provider agreement modeled after VFC - submit a profile, ed site visit, storage and handling training, best practices training, VFC-like policies, restitution, requirement to enter into IIS registry. Must be enrolled in the program to administer the vaccine. Happy to share - will come to your island to train! ● Michelle Banks - You asked for a PHA - we are currently interviewing for a PHA. Going back to that model - Peter will be a PHA and hiring additional PHA - both stationed in Guam. Plus Project Officer stationed in Atlanta - in the process of assigning, not official yet. ● Michelle (Guam) - biggest concern is time zone; would appreciate having a Project Officer in our time zones - available when we need assistance. ● Michelle Banks - having two PHAs in Guam will help a lot - first line of defense before it has to go to PO. Emman - will they split jurisdictions or both support all? ● MB they will split but back each other up

Agenda	NOTES

Brief team report outs on plans and next steps	Hawai'i:
	
	Goals
	
	Short
	• Skilled nursing facilities - survey re: attitudes, barriers - compared to COVID era survey; look at top 5 and bottom 5 and pursue; focusing on staff and residents - then move to visitors and contract workers.
	
	Medium
	• Pursue universal status for the state.
	
	Long
	• Identify vaccine hesitant communities - identify best ambassador for each.
	• Meeting date - August 20 9 am
	• LTCF
	  • Goal to improve residents and staff vaccination rates.
	  • Review data of LT Care Facilities -
	  • outbreaks/vaccination rates
	  • ALL adult vaccinations (Garret to put in PowerPoint and bring)
	  • Consider reaching out to administrators -
	  • get more info from top 5 and bottom 5 vaccinators and top 5 bottom 5 disease experience (outbreaks) on why rates for some are low or high -
	  • willing to mentor or coach or hold webinars.
	  • Review Survey of skilled nursing facilities from 2021 on attitudes and beliefs
	  • Consider sending updated surveys to skilled nursing facilities on attitudes and beliefs but also barriers experienced - lists with check boxes best.
	  • (Can later adapt for primary care providers, etc. - Dr. Lee)
	  • Consider sub-groups to be assigned tasks.
	  • Education and best practices to get visitors and service providers/contractors to nursing

Agenda	NOTES

	homes vaccinated
	
	• Next Meeting/Phase
	  • Vaccine-hesitant groups identified - who might be the right person to reach out (invite those people to this meeting?)
	  • Exploration of Universal State option
	Palau:
	
	Goals
	
	Short
	• Pharmacist in communication right now with our Minister of Health to convene meeting appropriate stakeholders for further discussion on pneumococcal vaccines and other adult vaccines.
	• Explore use of Ministry of Health trust fund to procure adult vaccines
	• Ministry of Health to start dialogue with PIHOA to assist with identifying outside vendor for low adult vaccine contract
	• Public Health Director just approved use of some funds to procure pneumococcal vaccines for adults only.
	• Pharmacist in communication with our Minister via WhatsApp for these activities
	
	Medium
	• Palau CHC to explore other vaccine contract options other than CDC.
	• Request CHC Executive Director to inquire HRSA for possible adult vaccine contracts.
	• by December 30, 30 2024
	
	Long
	• Minister of Health to propose inclusion of adult vaccine funds in the compact funding allocation
	• Propose regulation for adult vaccines.

Agenda	NOTES

	Marshall Islands:
	
	Goals
	
	Short
	• obtain job description from Guam and identify individual to adult immunization coordinator.
	• look at the ministry of health list of available vaccines.
	• start with the chronic disease patients greater than 50 and pregnant women.
	• get list of pregnant mothers from health assistants
	• schedule a meeting of the immunization task force.
	
	Medium
	• need the target population/denominator for adults.
	• Integrate vaccination into the existing programs offered by DOH.
	• high risk 50 who need vaccinations.
	• having all ACIP vaccines available
	
	Long
	• establish adult immunization program in Marshall Islands
	
	Guam:
	
	Goals
	
	Short
	• Update the 317-eligibility resource with a QR code and provide something to providers so they are directed to the website for the information and put on the website.
	  • Rita will update the resource.
	  • Michele to assign IP staff to identify POC at each clinic.
	  • Michele asks Adrian to update the website.

Agenda	NOTES
	• Rita/Michele will work on the printed resource. • Print on cardstock and/or laminate. • Mass email to the physician and nursing board listservs • Michele/Program will distribute to providers. • Review at least annually. • Add a statement to direct people to an email address if corrections need to be made. • Goal to complete before July 31 • Find out if there's a project officer with HHS that can push the local gov't to release the funding– • Bob to look into that by Aug 28 • Dr. Bob to bring to the Governor that they don't have access to their HHS funding for FQHCs if no HHS solution by Sept 16. • Innovative readiness training– Air Force. Will use as preparedness training and provide 317 immunizations (COVID, pneumonia, shingles, Tdap) • Meeting date - August 28, 8 am Medium-long • Semi-autonomous status for CHCs (Bureau of Primary Health Care) to circumvent the gov't procurement process?? • Universal status– • Michele to have more conversations with Hawaii. • AIM to get what resources we have to Michele. American Samoa: Goals Short • do more outreach in general - provide transportation, give out surveys to gather feedback. • Establish continuous training programs and professional development for DOH.

Agenda	NOTES
	• The hospitals don't offer immunizations, only for newborn babies in the nurseries. So, all immunizations get referred to as DOH. • And they get referred to satellite clinics. We have a well-baby clinic, prenatal clinic, and then primary/ physical clinic for adults. They need continuous training programs and professional development for them as well. • No private insurance at all in Samoa, only Medicaid. Those who do not have Medicaid have to pay out of pocket. • If you are a resident, you only pay $10 or $20, and medications are $10. This year, it's free. This is also why the private insurance they are testing in Samoa is not working. • Outreach • Increase staffing to go out and speak to communities and provide vaccine/ vaccine education. • More educational programs in the media • News - older adults like the daily news in Samoa. More information through the media. • Determining transportation needs to outreach to more specific populations. • Feedback survey and assessment on past outreach campaigns • See what was effective, etc. • See how we can work with local partners: news, radio, village counsels, community advisory board. • Determine steps for a rally. • Determine what other incentives you can provide. Medium • Providing After Hours/ Increased availability for clinics • Increased staff and staff hours • Providing overtime pay • Increasing supplies • Most people will need to bring additional family members, etc. Higher population if we provide increased hours. Better to have too many supplies than too little and have to close early.

Agenda	NOTES

	• Creating appointment system
	  • Won't have to turn people away.
	  • More efficient for staff
	• Developing operational plan for increased hours
	• Determine funding options.
	Long
	• Collaborating with Leaders
	  • Higher priority for agencies and government sectors. Make vaccinations a part of their daily routine.
	  • For diabetes, there is a lot of education provided by leaders. Would want the same thing for vaccines.
	  • Set regular meetings with leaders to build trust.
	  • Benefit for them to understand DOH's needs and responsibilities, etc.
	  • Provide workshops and training to leaders so they can educate people on the benefits of vaccines as well.
	  • Plan community events with leaders.
	  • Having them co-host
	  • Seeing if they are willing to have more responsibility at in-person events (health fairs, etc.)
	• Meeting date July 29 10 am
	
	Northern Mariana Islands
	
	Goals
	
	Short
	• Short-term objectives are about mobilizing the local level vaccine providers, of all types, to increase efficiencies internally but also externally to ultimately provider quality patient services.
	• Change in workflow can be shared with nursing managers so that they can request vaccines for uninsured (pharmacy) and underinsured (Immuns) and consistent messaging for clarity.

Agenda	NOTES
	• FCC can take this back to management and clinic nursing managers. • Populations that are insured go to see private providers who are not stocking vaccines, so they refer patients to the free clinic which overburdens staffing, patients and missed ops and available stock. • How to expand access within different sites i.e., private clinics and pharmacies to serve all available populations. • Immunization program has been CDC approved through Bridge Program to provide S&H units to private providers to increase storage capacity adult vaccines. • could be utilized to store locally purchased vaccines because they don't see Medicaid patients. • Rodylyn will go back to pharmacy management to see how pharmacies can assist with vaccinations along with specific scheduling and assure vaccine availability. • Identify staff that can assist with providing vaccine administration. For example, employee health nurses, student nurses. Medium • Increase certified pharmacy technicians to assist with vaccine administration. Long • Improve communication between Immunization Providers and Medicaid to develop deeper relationships between one another. • Medicaid reimbursement rates and vaccine coverage. • Need a greater understanding around the Medicaid Formulary process -how often is it reviewed? • Meeting date - August 14 (Emman to schedule) - focus on workflow Federated States of Micronesia: Goals

Agenda	NOTES

	Short
	• Carve out time on each of our regular weekly calls to discuss progress on adult immunization (next call July 29, because attending a different mtg July 22-24)
	• Review draft slides from AIM on 317 funding needs for AIM NIC presentation.
	• Prepare for addition of PCV23 and polio for adults (currently only Tdap, COVID and flu) - October 2024
	  • Update national schedule of vaccines provided to adults (Carter)
	  • Incorporate into provider SME training (Martina)
	• Second meeting August 29
	
	Medium
	• review slides from AIM on 317; By Oct 2024 add polio and one other to vaccines offered; continue to advocate for increased funding.
	• Continue to advocate for additional funding for both vaccine and infrastructure.
	• Pilot solar refrigerators (by end of December 2024, start installing in Pohnpei, and at least one remote area)
	
	Long
	• De-centralize health services.
	  • Build on pilot of solar refrigerators to build storage and handling capacity.
	  • build training Manuals - hospital handbook.
	• Garner political will to invest in public health.
	• new ships and planes!!
	• IIS and EHR interoperability (providers give reminders based on forecasting) – need IT help and support here.
	• Meeting date July 29; August 29