

**Pfizer Medical Education Group
Request for Proposals (RFP)
Adolescent Immunization**

I. Background

The mission of the Pfizer Medical Education Group is to accelerate the adoption of evidence-based innovations that align the mutual interests of the healthcare professional, patients, and Pfizer, through support of independent professional education activities.

The intent of this document is to encourage organizations with a focus in healthcare professional education and/or quality improvement to submit letters of intent (LOIs) in response to a Request for Proposal (RFP) that is related to education in a specific disease state, therapeutic area, or broader area of educational need. The RFP model is a two stage process: Stage 1 is the submission of the LOI. If, after review, your LOI is accepted, then you are invited to submit your full program proposal. Stage 2 is the submission of the Full Grant Proposal.

When a RFP is issued, it is posted on the Pfizer Medical Education Group website (www.pfizer.com/independentsupport) as well as those of other relevant organizations and is sent via e-mail to internal lists of all registered organizations and users in our grants system.

II. Requirements

Date RFP Issued:	01/09/13
Clinical Area:	Adolescent Immunization
Specific Area of Interest for this RFP:	<p>It is our intent to support programs focused on addressing the various barriers [<i>see Barriers</i>] related to adolescent immunization, be they HCP-related, patient or caregiver related, or systems-based. Efforts should be made to address empowering the patient population transitioning from care giver to individual control.</p> <p>Partnerships are encouraged when appropriate. Programs focused on the various points of delivery of primary care will be considered. Patient education should be seen as a key component of any initiative. It is expected that interventions will be evidence-based (education and/or quality improvement) and that the proposed research/evaluation will follow generally accepted scientific principles. During review the intended outcome of the program is given careful consideration and, if appropriate based on the program goal, programs with the highest likelihood to directly impact patient care will be given the highest priority.</p>

Disease Burden Overview:	<p>Adolescents (ages 10-19) make up a significant portion of the US population.¹ Illness and death among this population is not common and the leading causes are mostly preventable.²</p> <p>Meningococcal disease kills 10-14 % of infected adolescents and young adults, leaving 11-19% of its survivors with serious long-term complications such as hearing loss, brain damage or amputation.³⁻⁵</p> <p>There are an estimated 1-3 million cases of pertussis per year.^{6,7} Infected adolescents commonly act as reservoirs of infection for neonates and others at higher risk of serious illness or death from pertussis.⁸⁻¹¹</p> <p>The 6 million new HPV infections annually in the US, though typically cleared by the immune system, can become chronic and lead to cervical cancer.¹²</p>
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Recommendations and Target Metrics:

Healthy People 2020 Objectives¹³

Objective: Increase routine vaccination coverage levels for adolescents

	Baseline (2008)	2011 ¹⁴	Target
1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine for adolescents by age 13 to 15 years	62%	78.2%	80%
2 doses of varicella vaccine for adolescents by age 13 to 15 years (excluding children who have had varicella)	52%		90%
1 dose meningococcal conjugate vaccine for adolescents by age 13 to 15 years	55%	70.5%	80%
3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years	23%	34.8% (girls) 8.3% (boys)	80%

Objective: Increase the percentage of children aged 13 to 17 years who are vaccinated annually against seasonal influenza

	Baseline (2008)	Target
children aged 13 to 17 years who are vaccinated annually against seasonal influenza	13%	80%

Objective: Increase the number of States (including DC) that have 80 percent of adolescents with 2 or more age-appropriate immunizations recorded in an immunization information (IIS) system among adolescents aged 11 to 18 years.

	Baseline (2009)	Target
80 percent of among adolescents aged 11 to 18 years with 2 or more age-appropriate immunizations in an immunization information system (IIS)	14 States	40 States

ACIP

For children ages 13-18, ACIP recommends:¹⁵

- One Dose of Tdap (if they have not received this previously aged 11-12)
- Complete the 3-dose series of HPV (if not completed when aged 11-12)
- One booster dose of the meningococcal vaccine at age 16 (with initial dose given aged 11-12 or 13-15 for catch-up)
- One annual dose of influenza vaccine
- For high risk patients a single dose of each pneumococcal vaccine
- Complete the 2-dose series of Hepatitis A for high risk patients
- Complete the 3-dose series of Hepatitis B for catch-up
- Complete the 3-dose series of Inactivated Poliovirus for catch-up
- Complete the 2-dose series of MMR for catch-up
- Complete the 2-dose series of Varicella for catch-up

<p>Gaps Between Actual and Target and Possible Reasons for Gaps:</p>	<p>The National Immunization Survey (NIS) collects data on vaccine coverage. Data from 2011 shows progress toward the Healthy People 2020 goals related to adolescent vaccination coverage, though this progress varies from vaccine to vaccine.^{13,14}</p> <p>Data collected from the Healthy People 2010 data¹⁶ set shows that coverage rates for Dtap actually decreased from 1997 to 2008 but coverage again increased and this is almost at goal for 2011.¹⁴ Progress was made between the Healthy People 2010 baseline of 45% in 1997 and the 2008 baseline of 52% for varicella coverage, but still much progress is needed to reach the target of 90%.^{13,16} The 2011 coverage for HPV lags far behind the Healthy People 2020 Target.^{13,16}</p> <p>Adolescents consist of a unique group of patients that are becoming independent but are still technically under the authority of a caregiver. As they age their contact with the healthcare system decreases dramatically.¹⁷</p>
<p>Barriers:</p>	<p>Immunization gaps among adolescents are impacted by decreased contact with the healthcare system.¹⁷ Adolescent vaccine coverage varies widely among states and could be related to differing vaccination-promotion initiatives among local health agencies and communities.¹⁸</p> <p>Common vaccine-promotion initiatives among 3 states with highest vaccination coverage (MA, RI, WA)</p> <ul style="list-style-type: none"> • Strong working relationships and communication between state immunization programs and vaccination providers, local professional organizations, and schools; • school vaccination requirements; and • promotion of the use of reminder/recall systems <p>Additional factors that might play an important role in vaccination coverage include¹⁸</p> <ul style="list-style-type: none"> • Vaccine financing, health-care infrastructure, local outbreaks, and communication efforts leading to increased consumer demand. <p>States with middle school vaccination requirements are associated with higher coverage for those specific vaccines but not other ACIP recommended vaccines.¹⁸</p> <ul style="list-style-type: none"> • There seems to be a barrier to providing all recommended vaccines during the same visit.

<p>Current National Efforts to Reduce Gaps</p>	<p>Many efforts have been made to promote vaccination. Below are some examples of efforts made by various organizations both public and private. Many more exist.</p> <ul style="list-style-type: none"> • Substantial resources from the CDC, ranging from extensive reports on ACIP recommendations and practical Vaccine Information Statements to <i>The Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases</i>, patient-focused materials on frequently asked questions, and more (http://www.cdc.gov/vaccines/pubs/default.htm) • CDC Child, Adolescent & "Catch-up" Immunization Schedules http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html • CDC's Preteens and Teens Still Need Vaccines http://www.cdc.gov/vaccines/who/teens/index.html • The College of Physicians of Philadelphia created The History of Vaccines, an interactive website that chronicles the historical contribution of vaccines and antibodies to human health, explains the role of immunization in healthcare, and describes the work of pioneering vaccine researchers. (http://www.historyofvaccines.org/) • The National Foundation of Infectious Diseases hosts a number of resources tailored to specific vaccinations (http://www.nfid.org/index.html) as well as a patient focused educational website (http://www.adolescentvaccination.org/) • The National Network for Immunization Information (NNii) provides up-to-date, science-based information to healthcare professionals, the media, and the public: everyone who needs to know the facts about vaccines and immunization. (http://www.immunizationinfo.org/) • US Department of Health and Human Services patient focused educational site (http://www.vaccines.gov/)
<p>Target Audience</p>	<p>Healthcare providers working to immunize the adolescent outpatient population</p>
<p>Geographic Scope:</p>	<p><input checked="" type="checkbox"/> United States Only <input type="checkbox"/> International (specify country/countries) _____</p>
<p>Applicant Eligibility Criteria:</p>	<p>Medical, dental, nursing, allied health, and/or pharmacy professional schools, healthcare institutions, professional associations and other not-for-profit entities with a mission related to healthcare improvement may apply. Collaborations between schools within institutions, as well as between different institutions/organizations/associations, are encouraged with a particular emphasis on medical, nursing and pharmacy student education as well as resident education. Inter-professional collaborations that promote teamwork among institutions/organizations/associations are also encouraged.</p>
<p>Expected Approximate Monetary Range of Grant Applications:</p>	<p>Individual grants requesting up to \$500,000 will be considered. The total available budget related to this RFP is \$750,000.</p> <p>The amount of the grant Pfizer will be prepared to fund for any full proposal will depend upon Pfizer's evaluation of the proposal and costs involved and will be clearly stated in the grant approval notification.</p>

<p>Key Dates:</p>	<p>RFP release date: 01/09/13</p> <p>Letter of Intent due date: 02/27/13</p> <p>Anticipated LOI Notification Date: mid-April, 2013</p> <p>Please note, full proposals can only be submitted following acceptance of an LOI</p> <p>Full Proposal Deadline: To be communicated on acceptance of an LOI</p> <p>Anticipated Full Proposal Notification Date: 07/01/13</p> <p>Anticipated grant delivered following execution of fully signed LOA</p> <p>Period of Performance: 7/2013 to 12/2015</p>
<p>How to Submit:</p>	<p>Please go to the website at www.pfizer.com/independentsupport and click on the button “Go to the Grant System”.</p> <p>You will be prompted to take the <i>Eligibility Quiz</i> to determine the type of support you are seeking. Please ensure you identify yourself as a first-time user.</p> <p>Submit LOIs in the clinical area: Adolescent Immunization</p> <p>Requirements for submission: Complete all required sections of the online application and upload the completed letter of intent template. (<i>see Appendix</i>)</p>
<p>Questions:</p>	<p>If you have questions regarding this RFP, please direct them in writing to the Education Director for this clinical area, Susan Connelly at (susan.connelly@pfizer.com), with the subject line “RFP Adolescent Immunization 01/09/13”</p>
<p>Mechanism by Which Applicants will be Notified:</p>	<p>All applicants will be notified via email by the dates noted above.</p> <p>Providers may be asked for additional clarification or to make a summary presentation during the review period.</p>

References:

1. U.S. Census Bureau. 2008 population estimates: National characteristics, national sex, age, race and Hispanic origin. Washington: 2008.
2. Mulye TP, Park MJ, Nelson CD, et al. Trends in adolescent and young adult health in the United States. *J Adolesc Health*. 2009;45(1):8-24.
3. CDC. Prevention and control of meningococcal disease. *MMWR* 2005;54 (RR-7):1-21.
4. Kirsch EA, Barton P, Kitchen L, Giroir BP. Pathophysiology, treatment, and outcome of meningococemia: a review and recent experience. *Pediatr Infect Dis J* 1996;15:967-979.
5. Edwards MS, Baker CJ. Complications and sequelae of meningococcal infections in children. *J Pediatr* 1981;99:540-545.

6. Forsyth K. Pertussis, still a formidable foe. *Clin Infect Dis* 2007;45(11): 1487-1491.
7. CDC. Pertussis—United States, 1997-2000. *MMWR* 2002;51(4):73-76.
8. Long SS, Welkon CJ, Clark JL. Widespread silent transmission of pertussis in families: antibody correlates of infection and symptomatology. *J Infect Dis* 1990;161(3):480-486.
9. Deen JL, Mink CA, Cherry JD, et al. Household contact study of *Bordetella pertussis* infections. *Clin Infect Dis* 1995;21(5):1211-1219.
10. Izurieta HS, Kenyon TA, Strebel PM, Baughman AL, Shulman ST, Wharton M. Risk factors for pertussis in young infants during an outbreak in Chicago in 1993. *Clin Infect Dis* 1996;22(3):503-507.
11. Halperin SA, Wang EE, Law B, et al. Epidemiological features of pertussis in hospitalized patients in Canada, 1991-1997; report of the Immunization Monitoring Program-Active (IMPACT). *Clin Infect Dis* 1999;28(6):1238-1243.
12. Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspect Sex Reprod Health* 2004;36:6-10.
13. US Department of Health and Human Services. Healthy People 2020 objectives. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/Immunization.pdf>. Accessed December 27, 2012.
14. CDC. 2011 National Immunization Survey (NIS) – Teen. Available at: <http://www.cdc.gov/vaccines/who/teens/vaccination-coverage.html>. Accessed December 27, 2012.
15. Department of Health and Human Services. Centers for Disease Control and Prevention. FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 Available at: <http://www.cdc.gov/vaccines/schedules/downloads/child/7-18yrs-schedule-pr.pdf>. Accessed December 27, 2012.
16. CDC. DATA2010: the Healthy People 2010 Database. <http://wonder.cdc.gov/data2010/> Accessed December 27, 2012.
17. Lee GM, Lorick SA, et al. Adolescent Immunizations: Missed Opportunities for Prevention. *Pediatrics* 2008; 122: 711-717.
18. Centers for Disease Control. National and State Vaccination Coverage Among Adolescents Aged 13 Through 17 Years — United States, 2010. *MMWR*. 2011;60(33):1117-1123. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a1.htm>. Accessed Jan 8, 2013.

III. Terms and Conditions

1. Complete TERMS AND CONDITIONS for Certified and/or Independent Professional Healthcare Educational Activities are available upon submission of a grant application on the Medical Education Group website www.pfizer.com/independentsupport.
2. This RFP does not commit Pfizer to award a grant, or to pay any costs incurred in the preparation of a response to this request.
3. Pfizer reserves the right to accept or reject any or all applications received as a result of this request, or to cancel in part or in its entirety this RFP, if it is in the best interest of Pfizer to do so.
4. Pfizer reserves the right to announce the details of successful grant application(s) by whatever means insures transparency, such as on the Pfizer website, in presentations, and/or in other public media.
5. For compliance reasons and in fairness to all providers, all communications about the RFP must come exclusively to the Medical Education Group. Failure to comply will automatically disqualify providers.

6. Pfizer reserves the right to share the title of your proposed project, and the name, address, telephone number and e-mail address of the requestor for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations).

IV. Transparency

Consistent with our commitment to openness and transparency, Pfizer reports education grants provided to medical, scientific and patient organizations in the United States. In the case of this RFP, a list of all LOIs selected to move forward may be publicly disclosed. In addition, all approved full proposals, as well as all resulting materials (e.g., status updates, outcomes reports etc) may be posted on the Pfizer MEG website.

Appendix: Letter of Intent Submission Guidance

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. Note that the main section of the LOI has a 3-page limit. ***Any proposals not meeting these standards will not be considered.***

LOIs will include the following sections

Main Section (not to exceed 3 pages):

- A. Title
- B. Goal
 - 1. Briefly state the overall goal of the intervention
- C. Objectives
 - 1. List the *overall* objectives you plan to meet with your intervention both in terms of learning and expected outcomes. Do not include learner objectives.
- D. Assessment of Need for the Intervention
 - 1. Please include quantitative baseline data summary, initial metrics (e.g., quality measures), or project starting point (please cite data on gap analyses or relevant patient-level data that informs the stated objectives) in *your* target area. Describe the source and method used to collect the data. Describe how the data was analyzed to determine that a gap existed. The RFP includes a national assessment of the need for the intervention. Please do not repeat this information within the LOI (you may reference the RFP if needed). Only include information that impacts your specific intervention, linking regional or local needs to those identified on the national basis if appropriate.
 - 2. Describe the primary audience(s) targeted for this intervention. Also indicate who you believe will directly benefit from the project outcomes..
- E. Intervention Design and Methods
 - 1. Describe the planned intervention and the way it addresses the established need.
 - 2. Describe the overall population size as well as the size of your sample population.
- F. Innovation
 - 1. Explain what measures you have taken to assure that this project idea is original and does not duplicate other programs or materials already developed.
 - 2. Describe how this initiative builds upon existing work, pilot projects, or ongoing programs, etc developed both by your institution or other institutions related to this program

G. Design of Outcomes Evaluation

1. Describe how you will determine if the practice gap identified in the needs assessment were addressed for the target group in terms of the metrics used for the needs assessment.
 - Identify the sources of data that you anticipate using to make the determination.
 - Describe how you expect to collect and analyze the data.
 - Explain the method used to control for other factors outside this intervention (e.g., use of a control group, comparison with baseline data)
- b. Quantify the amount of change expected from this intervention in terms of your target audience
- c. Describe how you will determine if the target audience was fully engaged in the intervention.
- d. Describe how the project outcomes might be broadly disseminated.

H. Project Timeline

I. Requested Budget

J. Additional Information

1. If there is any additional information you feel Pfizer should be aware of concerning the importance of this project, please note it in within the page limitations

Organizational Detail (not to exceed 1 page)

Describe the attributes of the institutions/organizations/associations that will support and facilitate the execution of the project and the leadership of the proposed intervention.

LOIs should be single spaced using Calibri 12-point font and 1-inch margins. There is a 3-page limit for the main section and 1 page limit for organizational detail. If extensive, references may be included on 1 additional page. **Final submissions should not exceed 5 pages in total** (3 pages for the main section, 1 page for organizational detail, and 1 page for references).

*Please note the formatting and page limit for the LOI. The LOI is inclusive of additional information of any kind. A submission exceeding the page limit **WILL BE REJECTED and RETURNED UNREVIEWED.***