

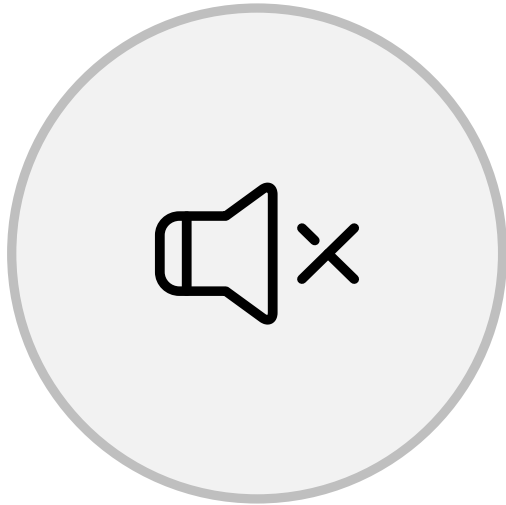


AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

Immunization in the Time of COVID

AIRA-AIM Joint Education Steering Committee Webinar
July 13, 2020

Before We Get Started



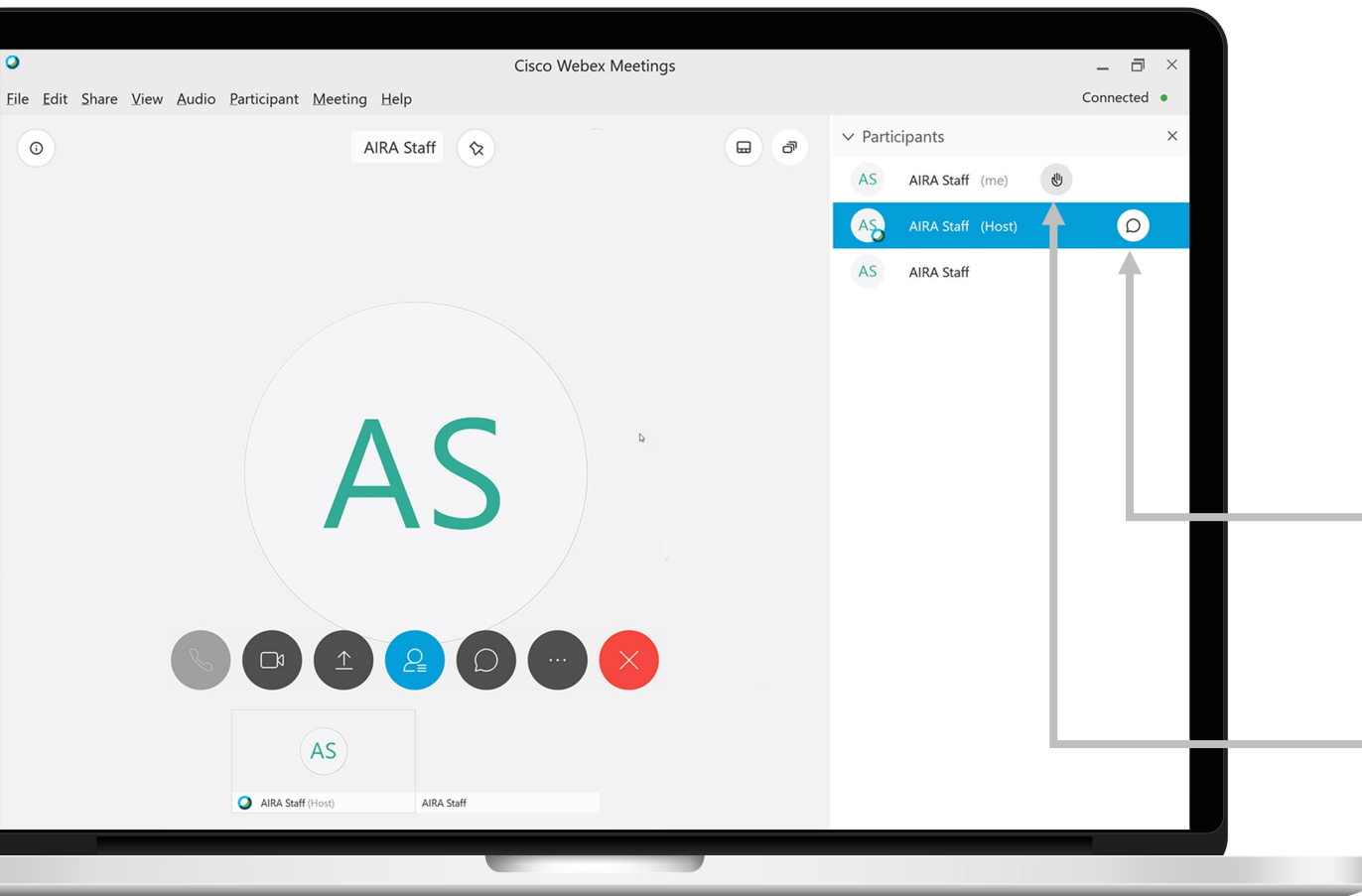
All phone lines
are muted



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and will be posted on the
AIRA repository

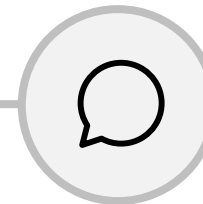


Question & Answer

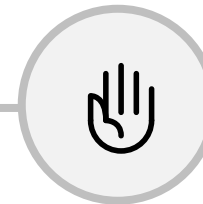


How do I ask a question?

- There will be time allotted for Q&A following the presentation, to unmute your line **press *6**
- Via WebEx:



Select the chat icon next to the host and type question into the chat box.



Select the hand icon next to your name and you will be called on.



Today's Speakers

- Cristi Bramer, Michigan
- Jane Zucker, New York City
- Christy Gray, Virginia
- Eric Larson, AIRA
- Katelyn Wells, AIM



Cristi Brammer

Michigan



Using Michigan's IIS to Monitor the Impact of the COVID-19 Pandemic

CRISTI BRAMER, MPH

EPIDEMIOLOGIST, DIVISION OF IMMUNIZATION, MICHIGAN DEPARTMENT OF HEALTH
AND HUMAN SERVICES

AIRA EDUCATION WEBINAR, JULY 13, 2020

Outline

- Decline in vaccination coverage in Michigan children
- Michigan's monthly COVID impact report on immunizations across the lifespan
- Communication and collaboration with providers

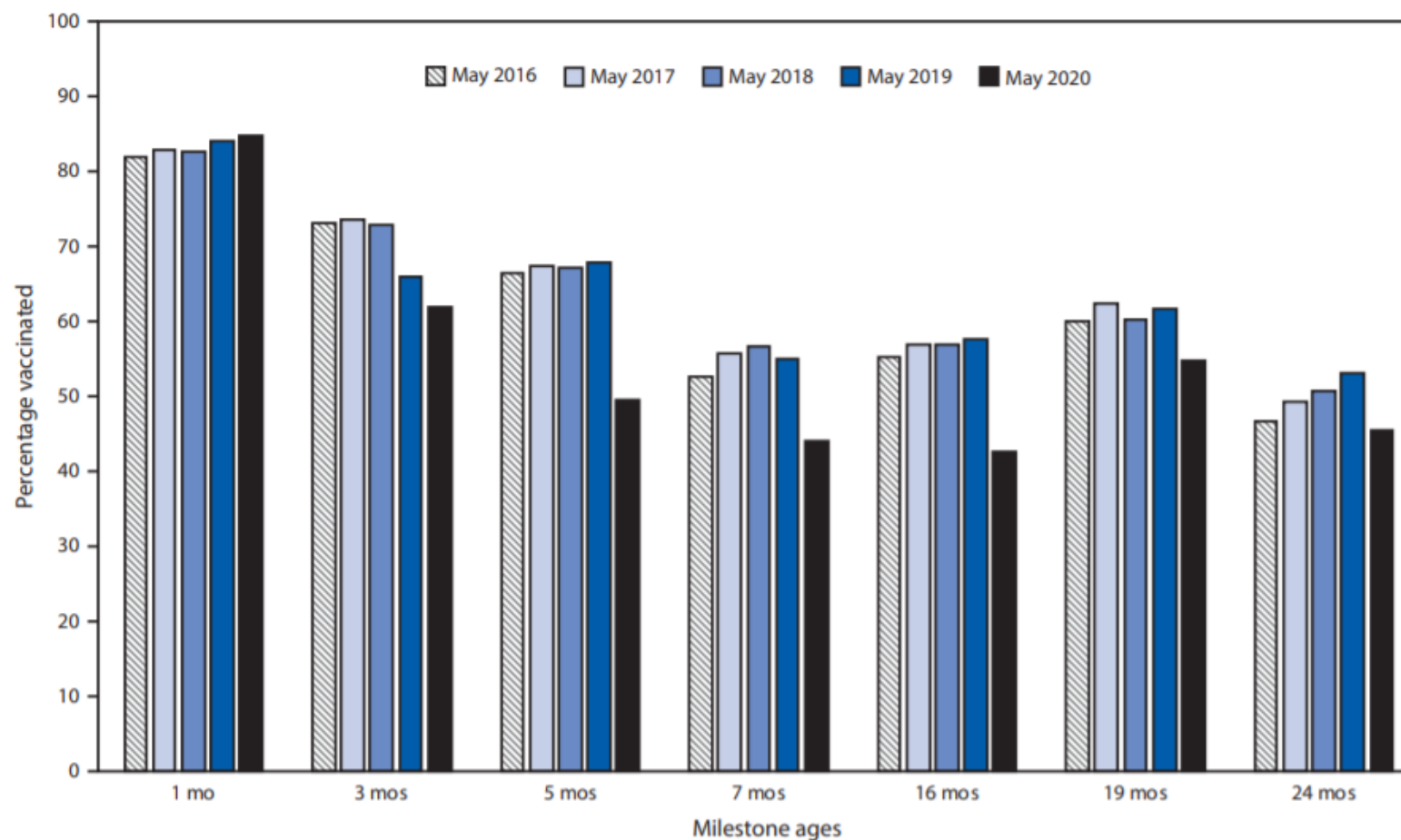
Impact of COVID-19 on child vaccination coverage

- Children < 2 years of age assessed for ACIP recommended vaccines at milestone ages since 2015
 - Michigan Care Improvement Registry (MCIR) data
 - Epidemiologist generated report distributed to local health departments
- Adapted report to monitor the impact of COVID-19 on vaccination coverage
- “Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–May 2020” published in CDC’s Morbidity and Mortality Weekly Report on May 18, 2020

Bramer CA, Kimmins LM, Swanson R, et al. Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–May 2020. MMWR Morb Mortal Wkly Rep 2020;69:630–631.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6920e1external icon>

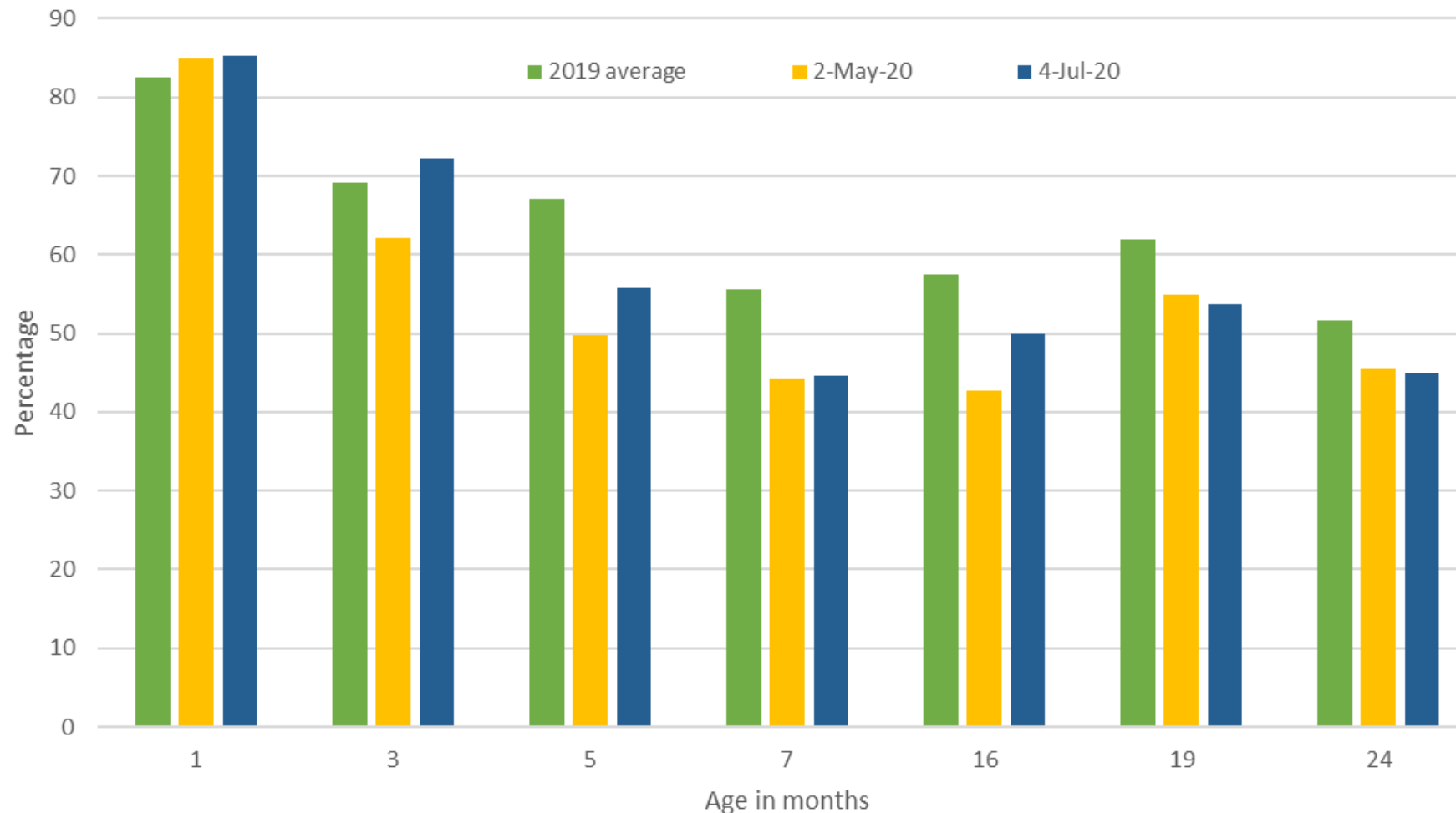
FIGURE. Percentage of Michigan infants and children vaccinated at milestone ages* — Michigan Care Improvement Registry, May 2016, 2017, 2018, 2019, and 2020



* Milestone age cohorts (average sample size: 9,269 for 2016–2019, and 9,539 for 2020) were assessed at a point in time in May of each year. Milestone age-based cohort assessments of recommended vaccine doses received were as follows: 1 month — 1st dose hepatitis B (HepB) within 3 days of life; 3 months — 2nd dose HepB, 1 rotavirus (Rota), 1 diphtheria, tetanus, and acellular pertussis (DTaP), 1 *Haemophilus influenzae* type b (Hib), 1 pneumococcal conjugate (PCV), 1 inactivated poliovirus (IPV); 5 months — 2 HepB, 2 Rota, 2 DTaP, 2 Hib, 2 PCV, 2 IPV; 7 months — 2 HepB, up-to-date (UTD) Rota, 3 DTaP, UTD Hib, 3 PCV, 2 IPV; 16 months — 2 HepB, 3 DTaP, UTD Hib, 4 PCV, 2 IPV, 1 measles, mumps, rubella (MMR), 1 varicella (Var); 19 months — 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var; 24 months — 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var, 2 hepatitis A.

Bramer CA, Kimmins LM, Swanson R, et al. Decline in Child Vaccination Coverage During the COVID-19 Pandemic — Michigan Care Improvement Registry, May 2016–May 2020. MMWR Morb Mortal Wkly Rep 2020;69:630–631. DOI: <http://dx.doi.org/10.15585/mmwr.mm6920e1external icon>

Percentage of Michigan children vaccinated at milestone ages for the ACIP recommended vaccines*, MCIR,
2019 average compared to May and July 2020 point estimates



**Age based cohort assessments: 1 month - 1 hepatitis B (HepB); 3 months - 2 HepB, 1 rotavirus (Rota), 1 diphtheria, tetanus, and acellular pertussis (DTaP), 1 *haemophilus influenzae* type b (Hib), 1 pneumococcal conjugate (PCV), 1 inactivated poliovirus (IPV); 5 months - 2 HepB, 2 Rota, 2 DTaP, 2 Hib, 2 PCV, 2 IPV; 7 months - 2 HepB, up-to-date (UTD) Rota, 3 DTaP, UTD Hib, 3 PCV, 2 IPV; 16 months - 2 HepB, 3 DTaP, UTD Hib, 4 PCV, 2 IPV, 1 measles, mumps, rubella (MMR), 1 varicella (Var); 19 months - 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var; 24 months - 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var, 2 hepatitis A.

Concerning Disparities

- 7 months cohort assessed in May: 34.6% of Medicaid-enrolled children were up-to-date for their recommended series, compared with 55.0% of children not enrolled in Medicaid

Percentage of Michigan children vaccinated for the ACIP recommended vaccines at milestone ages by Medicaid status, MCIR, July 4, 2020

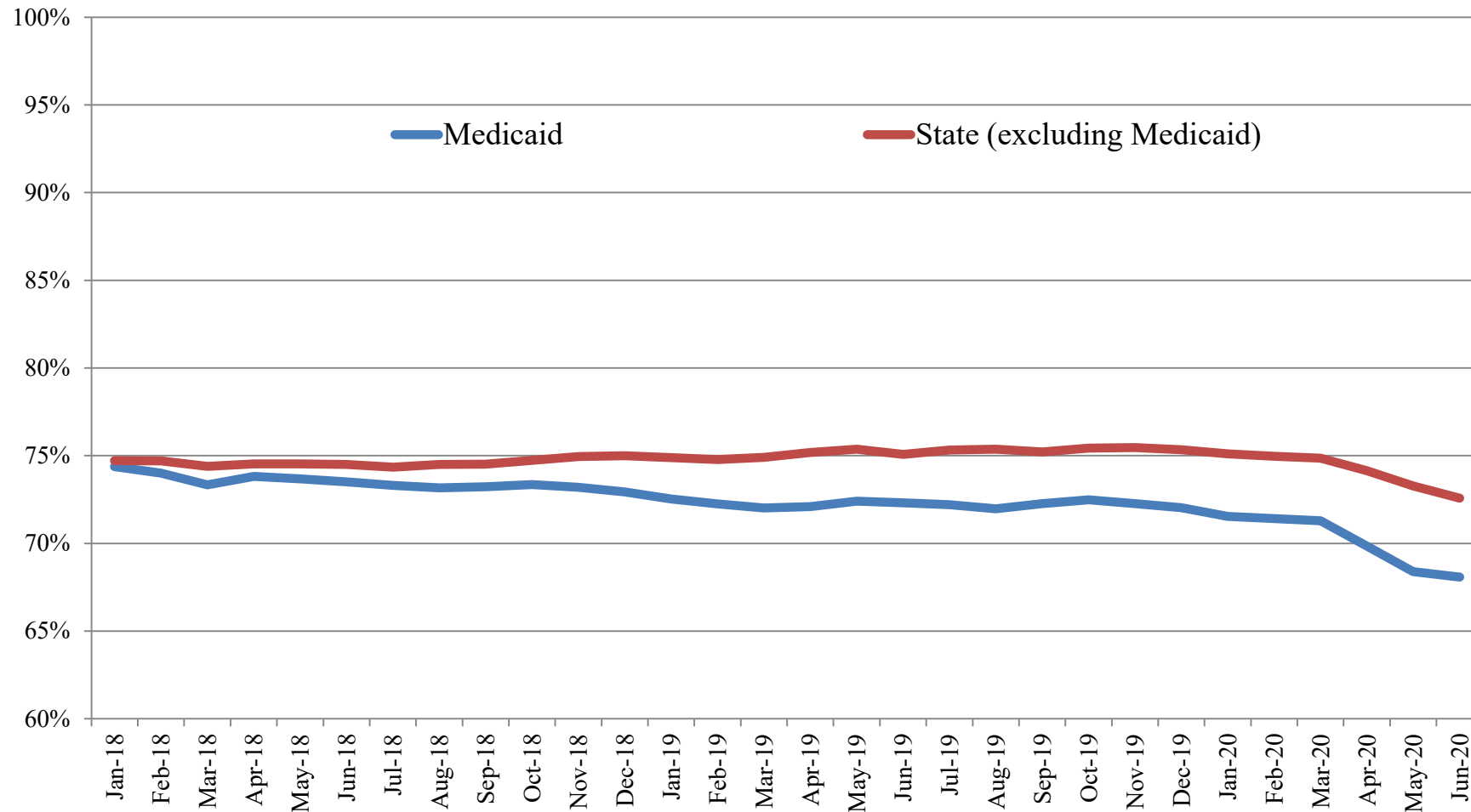
	1mo	3mo	5mo	7mo	16mo	19mo	24mo
Medicaid	88	67.3	45.6	33.6	44.4	46	38.5
Non-Medicaid	84.5	77.3	68.1	57.6	54.5	60.2	50
Difference	-3.5	10	22.5	24	10.1	14.2	11.5

Monthly COVID impact report

Developed to monitor the impact of COVID-19 on immunization administration and reporting patterns

- Vaccination coverage
 - Children < 2 at milestone ages
 - Child series coverage, 19 through 35 months of age
 - Adolescent series coverage, 13 through 17 years of age
- Doses administered across the lifespan
- Public dose orders
- Vaccine funding eligibility (Private, VFC, Medicaid)
- Doses by vaccine type by age group
- Doses by MCIR facility type by age group

Estimated 4313314* Vaccination Coverage, Children 19 through 35 months, Michigan Care Improvement Registry, January 2018 - June 2020

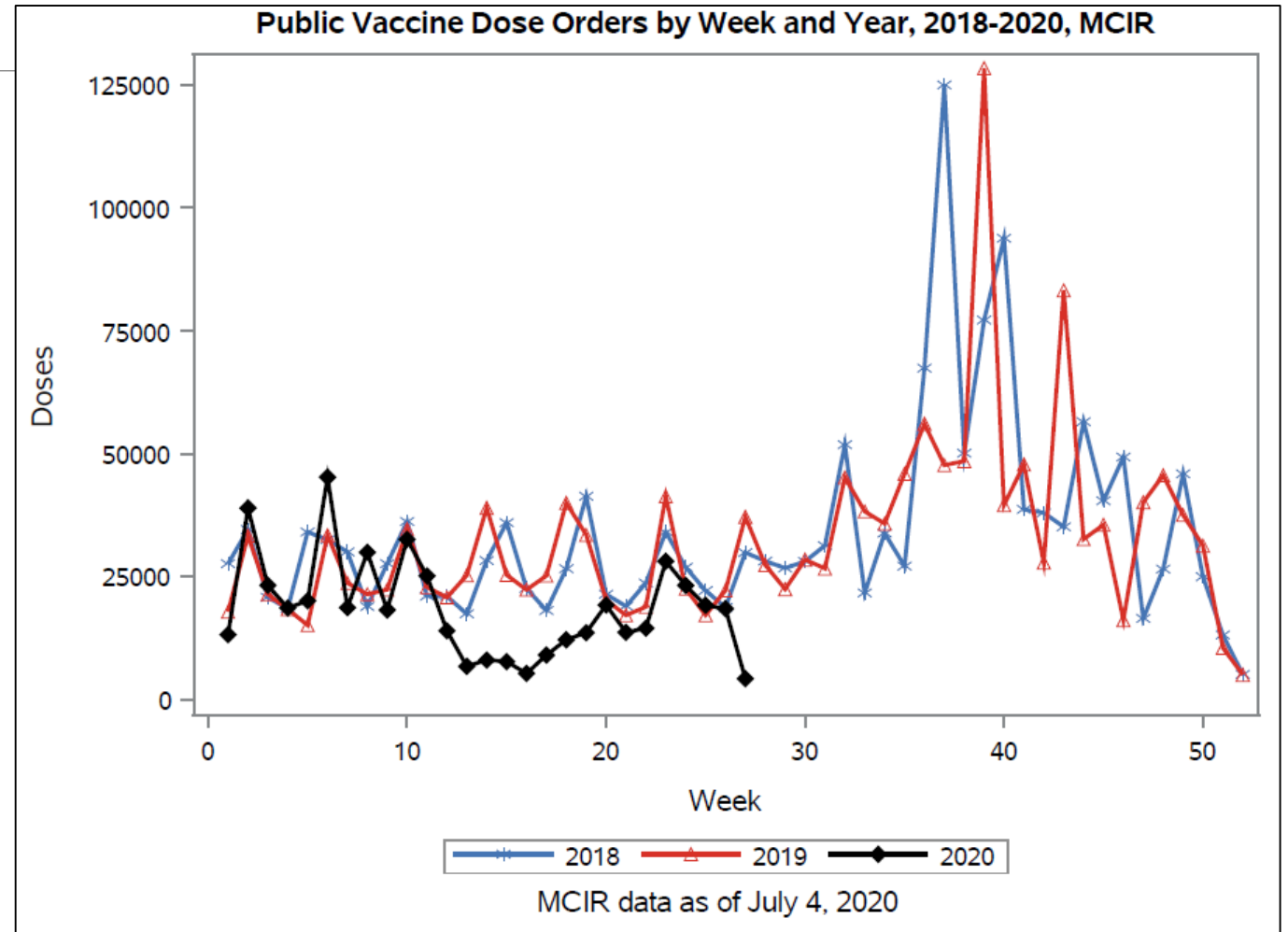


*4313314 series: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV

Prepared by the Michigan Department of Health and Human Services, Division of Immunization using data reported to the Michigan Care Improvement Registry (MCIR).

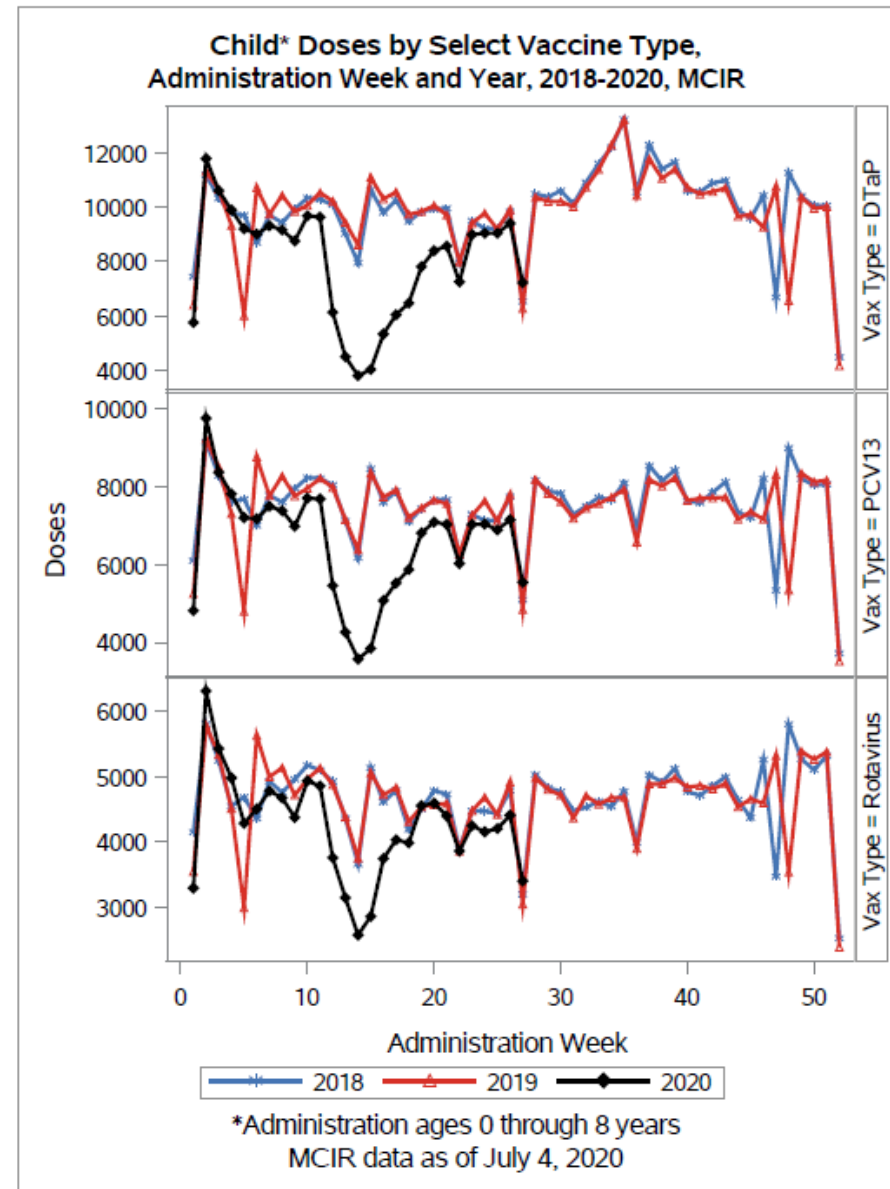
Monitoring Dose Orders

- 2020 public doses were lowest during MMWR week 16 (week ending April 16, 2020)
 - 76.5% decrease compared to the average of the same weeks in 2018 and 2019
- June 2020 public dose orders were only 9.8% below the average of the public dose orders

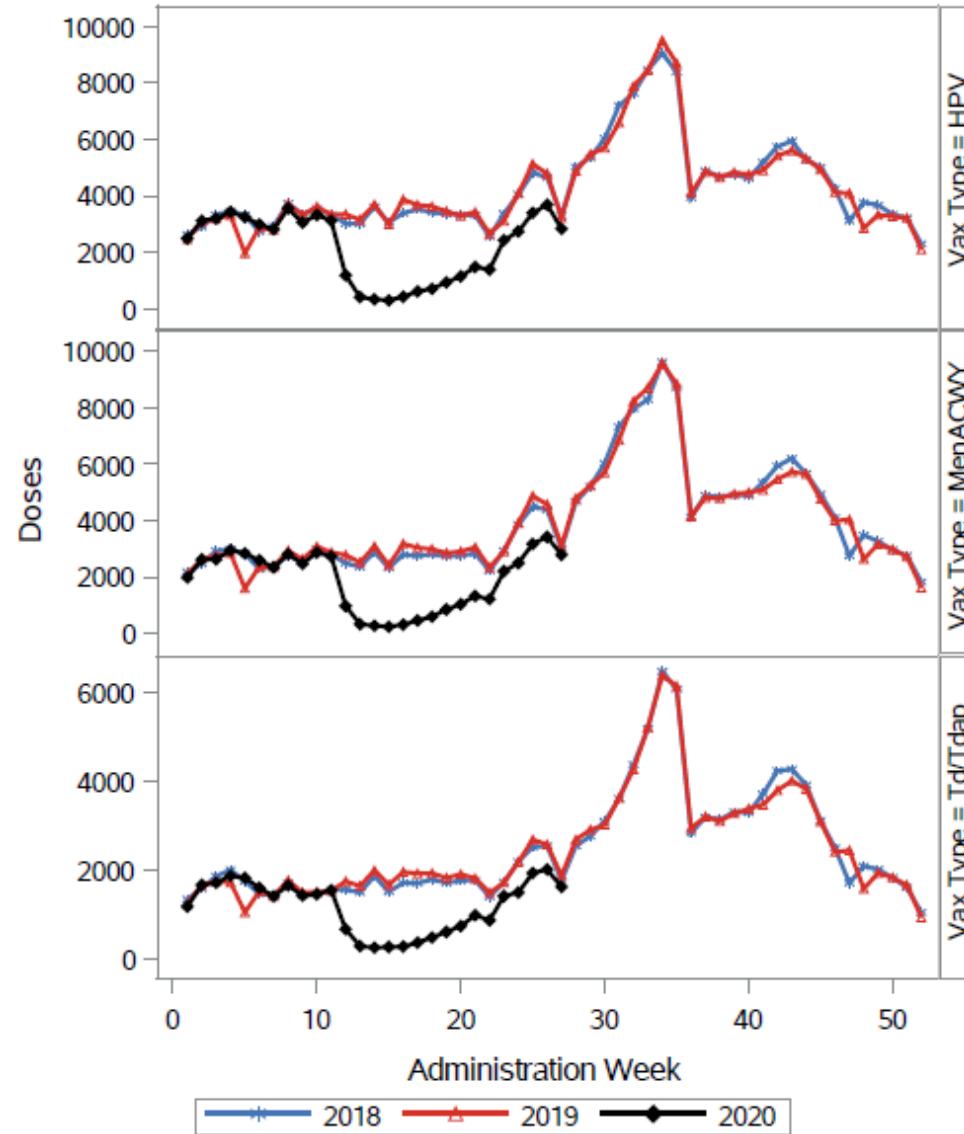


5. Doses by Vaccine Type and Age Group

Please note that the vertical scales are adjusted for each vaccine type and age group. Vaccine types are ordered by decreasing frequency of doses reported.

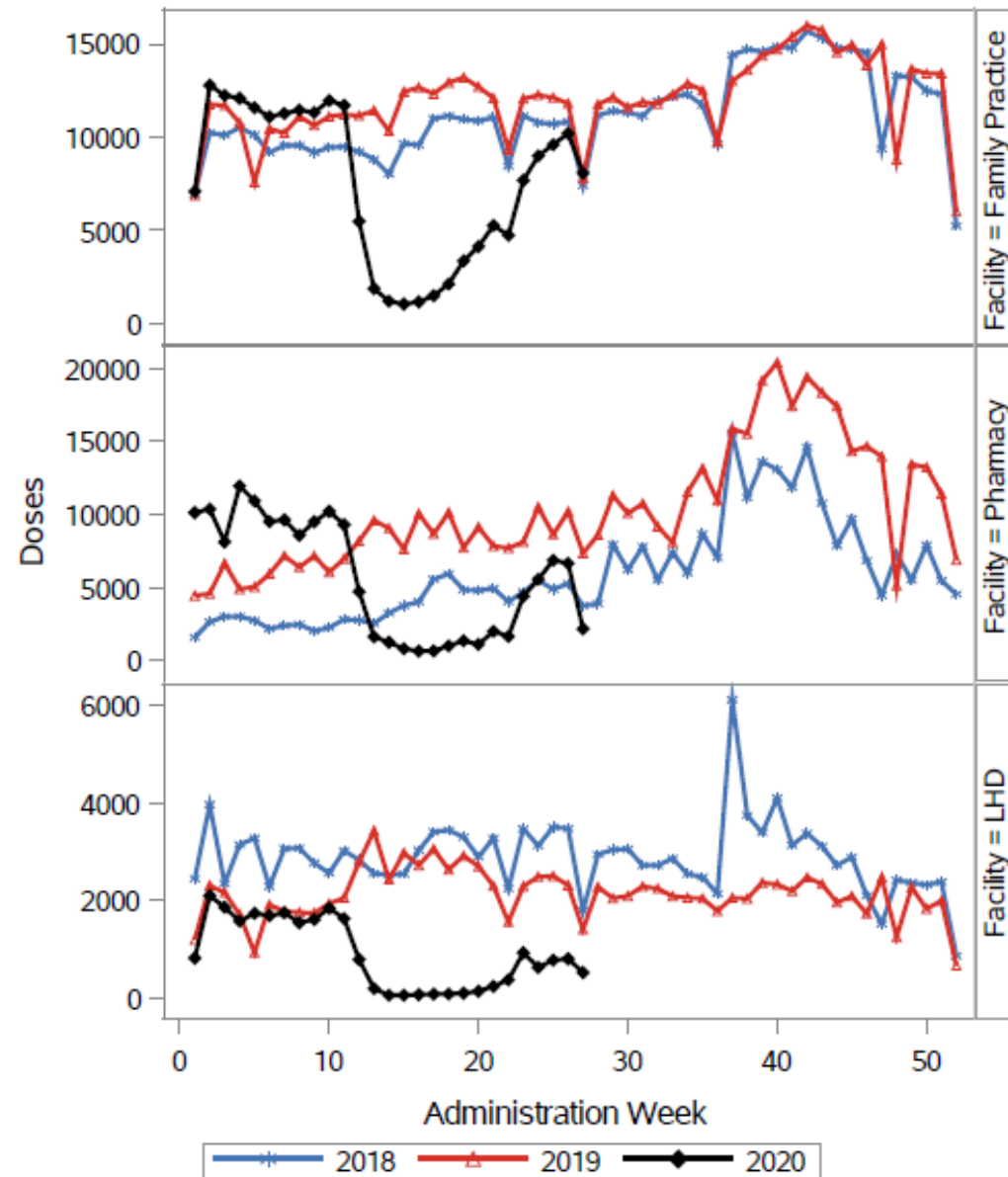


Adolescent* Doses by Select Vaccine Type,
Administration Week and Year, 2018-2020, MCIR



*Administration ages 9 through 18 years
MCIR data as of July 4, 2020

Adult* Non-Influenza Doses by Select MCIR Facility Types,
Administration Week and Year, 2018-2020, MCIR

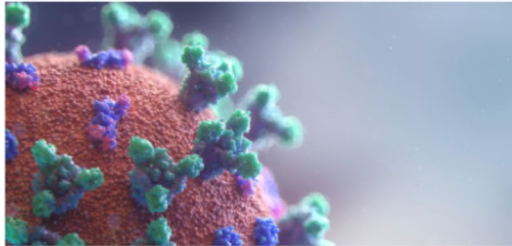


*Administration ages 19 through 105 years
MCIR data as of July 4, 2020

Information Distribution to Immunization Providers

- Frequent emails to immunization stakeholders
 - Key points from the COVID impact report
 - Resources for support
 - MCIR tools (reminder/recalls, Immunization Quality Improvement Reports at the practice/clinic level, VFC program)
- New website: www.Michigan.gov/VaccinesDuringCOVID
- MDHHS Memorandums shared 3/23/2020 and 3/30/20: “Vaccinating during the COVID-19 Pandemic”
- Michigan Medical State Society (MSMS) e-blasts
 - Declining rates and communication strategies
 - Emphasizing catching up on vaccines
- Article developed for MSMS Newsletter, July publication
 - Back-to-school, catchup, and information on the VFC program

Vaccines During COVID-19



Immunization Resources for Providers During the COVID-19 Pandemic

Updates to this website are ongoing to support you with resources for vaccinating in the context of COVID-19. Please check back frequently for newly added resources!

- MDHHS: [Guidance for Immunizing Providers Returning to Practice](#) - 6/22/2020 **UPDATED!**
- MDHHS: [Perinatal Hepatitis B Prevention Script - Promoting Hepatitis B Vaccine for Infants Born to Infected Mothers During COVID-19 & Guidance for When a Family Member/Close Contact has a COVID-19 Diagnosis](#) - 6/4/2020 **NEW!**
- MDHHS Memorandum to Immunizing Providers: [Vaccinating During and After the COVID-19 Pandemic](#)
- CDC MMWR Highlighting Michigan Coverage: [Decline in Child Vaccination Coverage During the COVID-19 Pandemic —Michigan Care Improvement Registry, May 2016–May 2020](#)
- MCIR: [Reminder/Recall Reference Guide](#)
- **COMING SOON** - NEW posters, social media messages and other resources to promote the importance of immunizations, including catching up those who have fallen behind due to COVID-19.

- CDC: [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#) - **NEW!**
 - Highlights include:
 - Considerations for routine vaccination of all recommended vaccinations for children, adolescents, and adults, including pregnant women
 - General practices for the safe delivery of vaccination services, including considerations for alternative vaccination sites
 - Strategies for catch up vaccinations

Communication and Collaboration with Partners

- Monthly calls with Local Health Departments
- MDHHS workgroup focused on strategies for vaccinating during COVID-19 and beyond
 - Messages and guidance materials for providers and the public
 - Launching a communication campaign with the hashtag #MIHeroForHealth
 - Emphasizes that vaccination allows us to be a hero not only for our health but for the health of our Michigan communities
- May 13: Michigan Advisory Committee on Immunization virtual meeting
 - Includes members from Michigan Chapter of the American Academy of Pediatrics, Michigan Academy of Family Practice, Michigan Health and Hospital Association, Michigan Pharmacy Association, Michigan Chapter of the American College of Physicians, and more
- Meetings with partners (impact of COVID and planning for the influenza season)
 - BCBS of Michigan, Michigan Pharmacy Association, Michigan Medicaid

Questions

Cristi Bramer: BramerC@Michigan.gov

Jane Zucker

New York City



Immunization in the Time of COVID, New York City

AIRA Webinar

Jane R. Zucker, MD, MSc

Assistant Commissioner, Bureau of Immunization
New York City Department of Health and Mental Hygiene

July 13, 2020

Objectives

- To track the impact of the COVID-19 pandemic on vaccine administration and VFC vaccine orders in New York City

Background

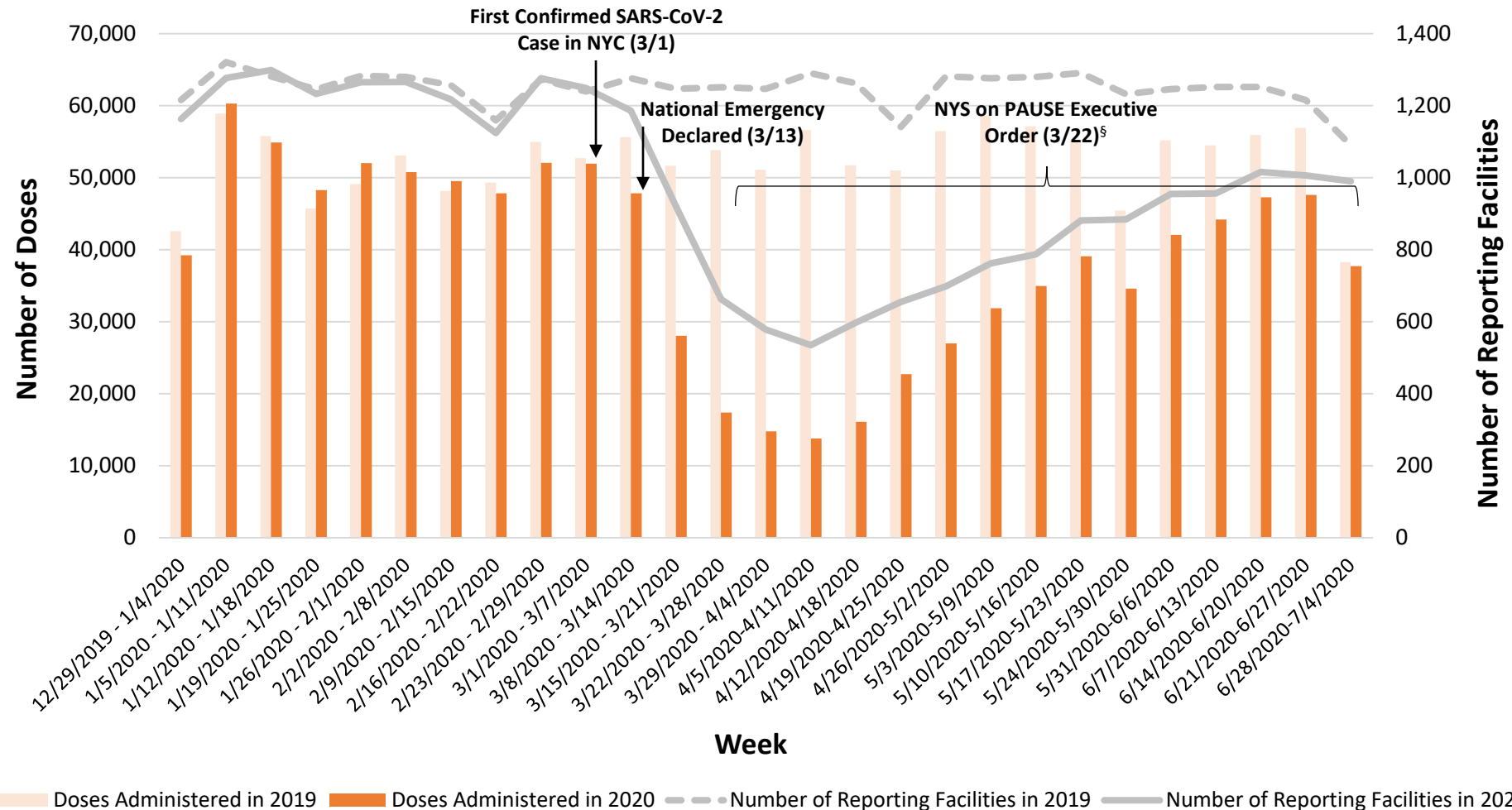
- Citywide Immunization Registry (CIR)
- Population-based
- 2.7M children <19 years
- Required reporting of childhood immunization
- Adult reporting requires consent
- Integrated CIR and Vaccines for Children (VFC) databases in 2006
- High data quality and provider participation

Methods

- Tracked weekly vaccine administration compared to same period last year based on vaccine doses reported to the Citywide Immunization Registry (CIR)
 - Number of vaccines administered to children ages 0-18 years and adults ages ≥ 19 years compared to same week last year
 - Number of facilities reporting immunizations to the CIR compared to same week last year
- Tracked weekly VFC vaccine orders compared to the same period last year

Results

Routine Pediatric Vaccines Administered to Children Ages ≤ 18 Years in New York City, by Week, 2019-2020*†



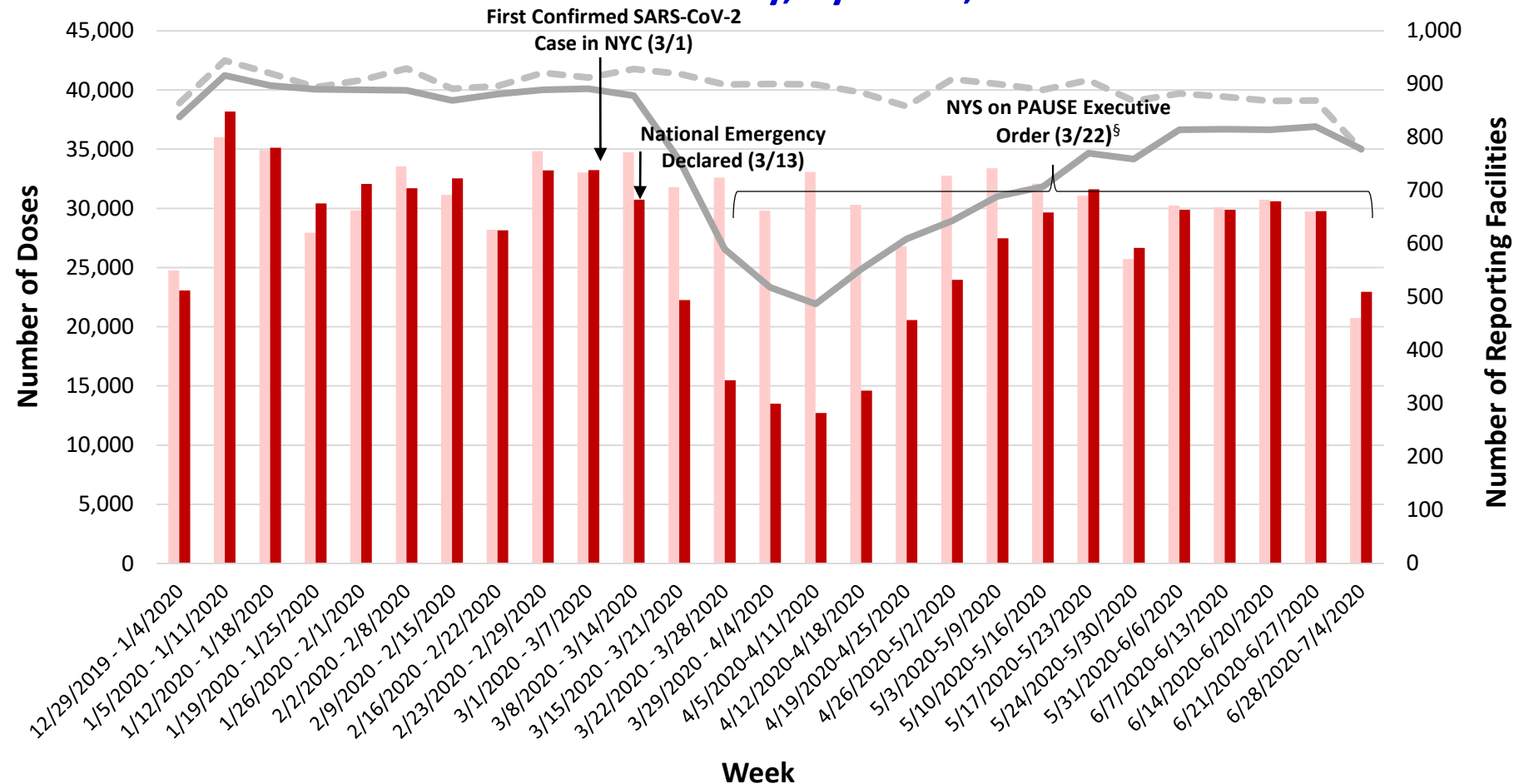
Source: Citywide Immunization Registry; data run on 7/7/2020

*Doses administered between 12/29/2019 and 7/4/2020 and entered into the CIR by 7/5/2020 compared to doses administered between 12/30/2018 and 7/6/2019 and entered by 7/7/2019. Week format is Sunday-Saturday.

†Excludes influenza vaccine and immunizations administered in pharmacies and nurseries

§The New York State on Pause Executive Order went into effect at 8pm on Sunday, March 22, 2020 requiring New Yorkers to stay at home to reduce the spread of SARS-CoV-2

Routine Pediatric Vaccines Administered to Children Ages <24 Months in New York City, by Week, 2019-2020*†



■ Doses Administered in 2019 ■ Doses Administered in 2020 - - - Number of Reporting Facilities in 2019 — Number of Reporting Facilities in 2020

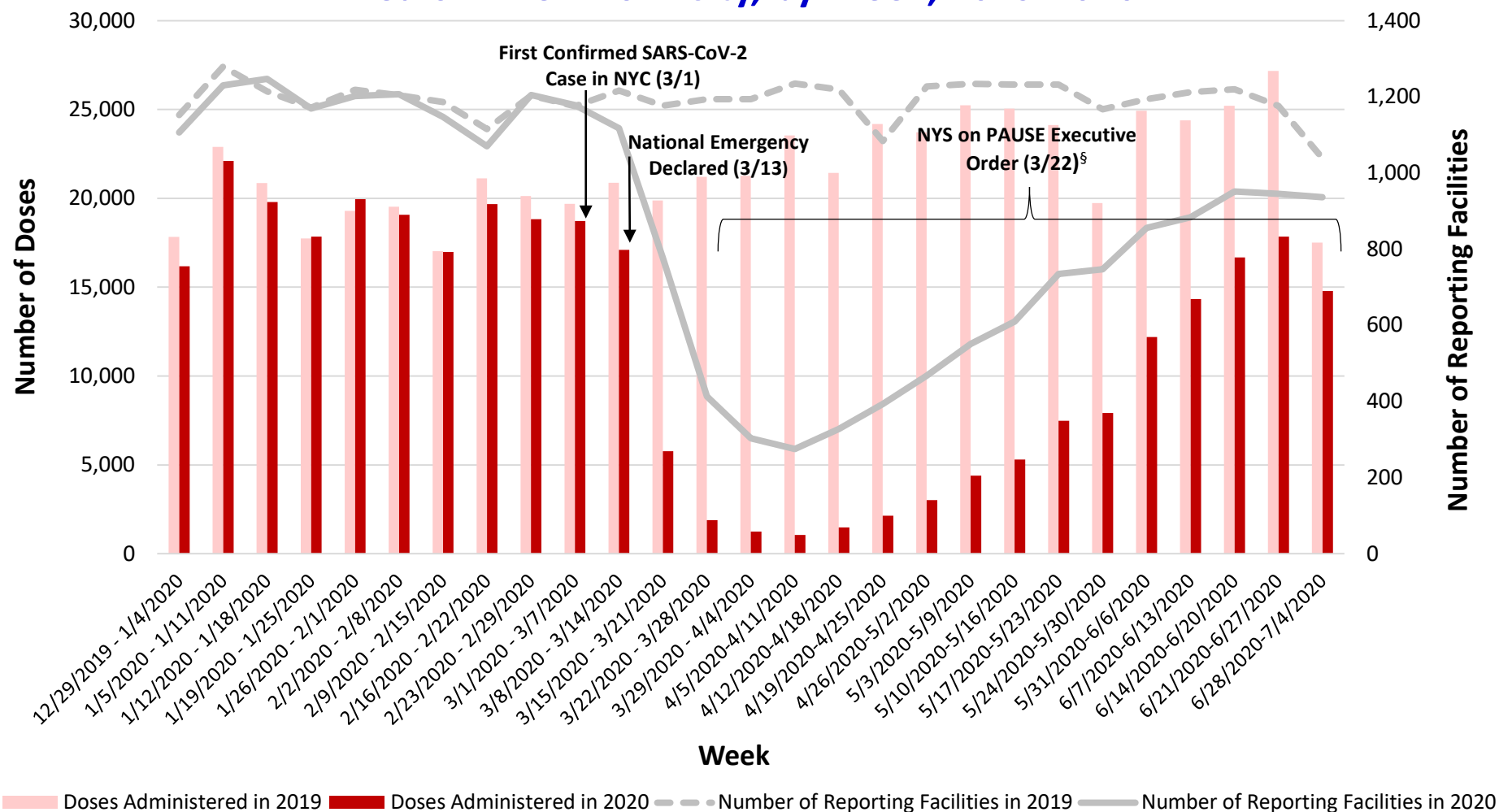
Source: Citywide Immunization Registry; data run on 7/7/2020

*Doses administered between 12/29/2019 and 7/4/2020 and entered into the CIR by 7/5/2020 compared to doses administered between 12/30/2018 and 7/6/2019 and entered by 7/7/2019. Week format is Sunday-Saturday.

†Excludes influenza vaccine and immunizations administered in pharmacies and nurseries

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Routine Pediatric Vaccines Administered to Children Ages 2 to 18 Years in New York City, by Week, 2019-2020*†



Source: Citywide Immunization Registry; data run on 7/7/2020

*Doses administered between 12/29/2019 and 7/4/2020 and entered into the CIR by 7/5/2020 compared to doses administered between 12/30/2018 and 7/6/2019 and entered by 7/7/2019. Week format is Sunday-Saturday.

†Excludes influenza vaccine and immunizations administered in pharmacies and nurseries

§The New York State on Pause Executive Order went into effect at 8pm on Sunday, March 22, 2020 requiring New Yorkers to stay at home to reduce the spread of SARS-CoV-2

Change in Pediatric Vaccination During COVID-19 Pandemic in New York City as of 6/7/2020

Percent Change in Vaccines Administered to Children Ages <24 Months since 3/22 NYS on Pause Order, by NYC Zip Code

10 Most Affected Zip Codes Percent Change

1. Central Harlem - Morningside Heights (10037)	-95.6%
2. Central Harlem - Morningside Heights (10027)	-58.9%
3. Central Harlem - Morningside Heights (10039)	-58.6%
4. Coney Island - Sheepshead Bay (11224)	-57.0%
5. Upper West Side (10024)	-56.7%
6. Bedford Stuyvesant - Crown Heights (11212)	-54.9%
7. High Bridge - Morrisania (10456)	-54.4%
8. Hunts Point - Mott Haven (10454)	-54.3%
9. Hunts Point - Mott Haven (10459)	-54.1%
10. Sunset Park (11232)	-53.7%

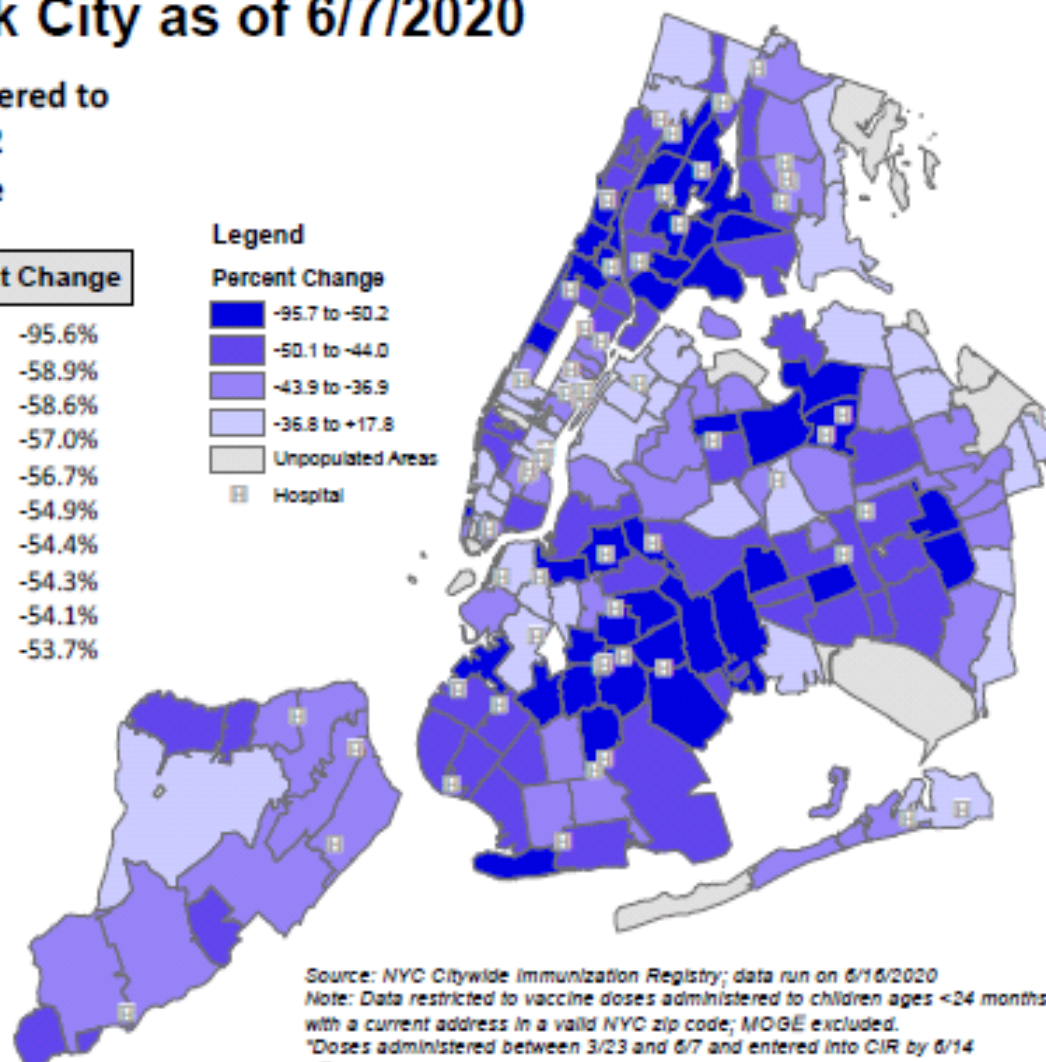
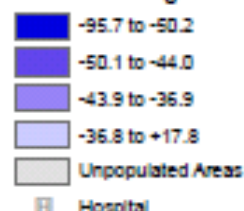
Borough Percent Change

Bronx	-47.0%
Brooklyn	-46.3%
Manhattan	-48.6%
Queens	-38.8%
Staten Island	-38.7%

NYC Overall: -44.6%

Legend

Percent Change



Source: NYC Citywide Immunization Registry; data run on 6/16/2020

Note: Data restricted to vaccine doses administered to children ages <24 months with a current address in a valid NYC zip code; MOGE excluded.

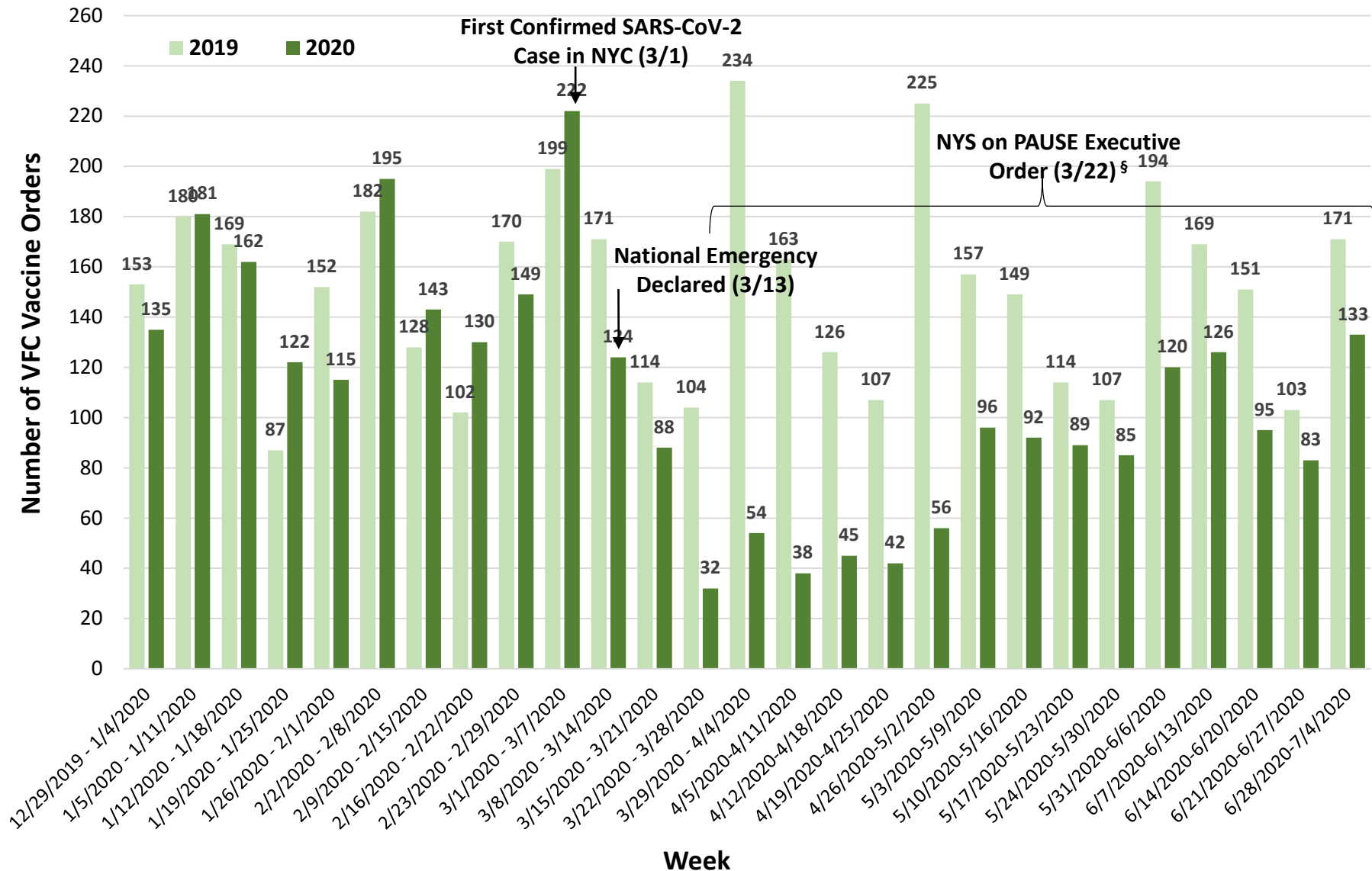
*Doses administered between 3/23 and 6/7 and entered into CIR by 6/14

†Excludes MMR/MMRV, varicella and Influenza vaccine doses and vaccines administered in pharmacies and nurseries

††The NYS on Pause Executive Order went into effect on March 22, 2020

†††Excludes zip codes with <300 doses administered during 2019 reference period

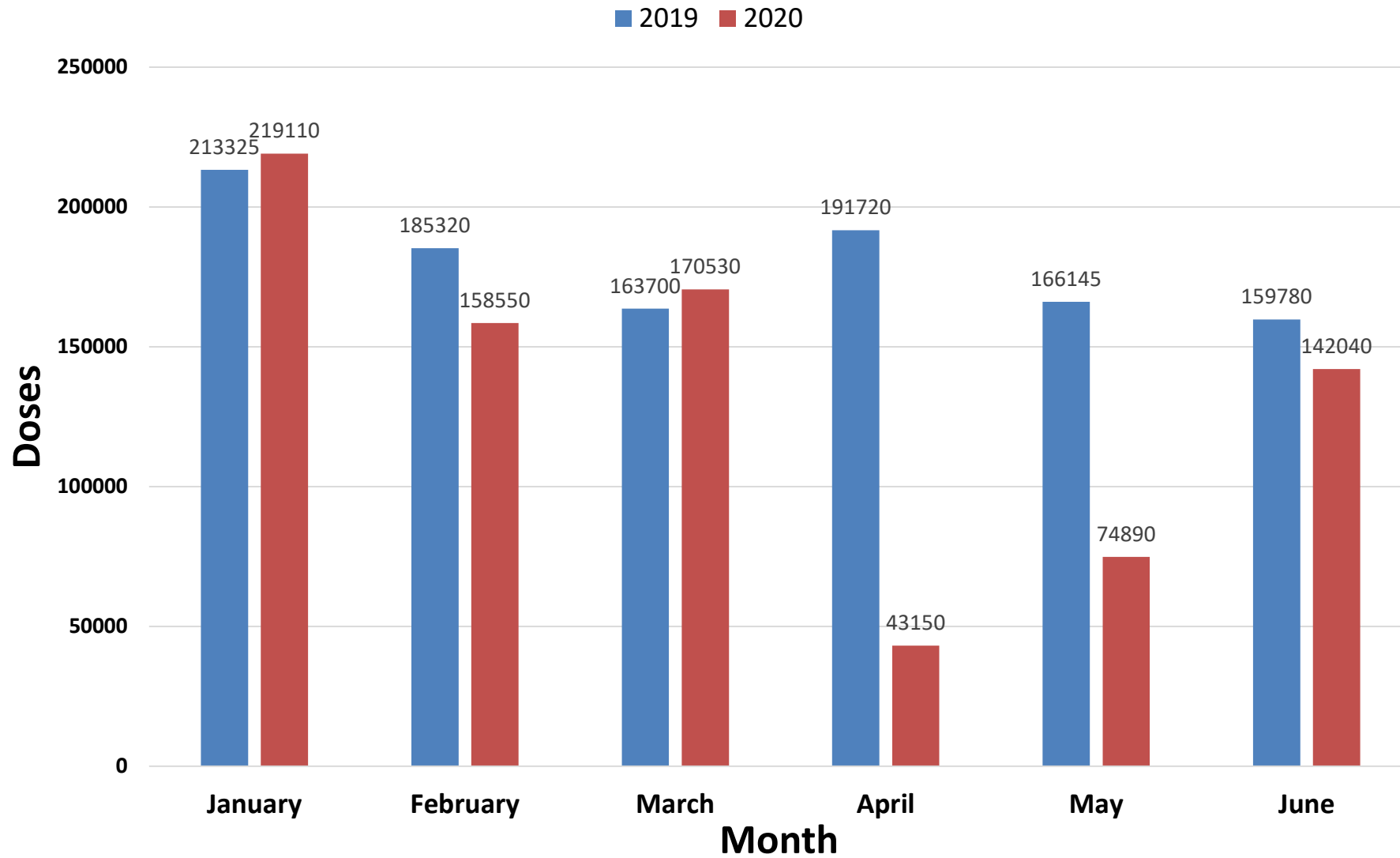
VFC Vaccine Orders Placed in New York City, by Week, 2019-2020



Source: Citywide Immunization Registry; data run on 7/7/2020

§The New York State on Pause Executive Order went into effect at 8pm on Sunday, March 22, 2020 requiring New Yorkers to stay at home to reduce the spread of SARS-CoV-2

VFC Vaccine Doses Ordered in New York City, by Month 2019-2020



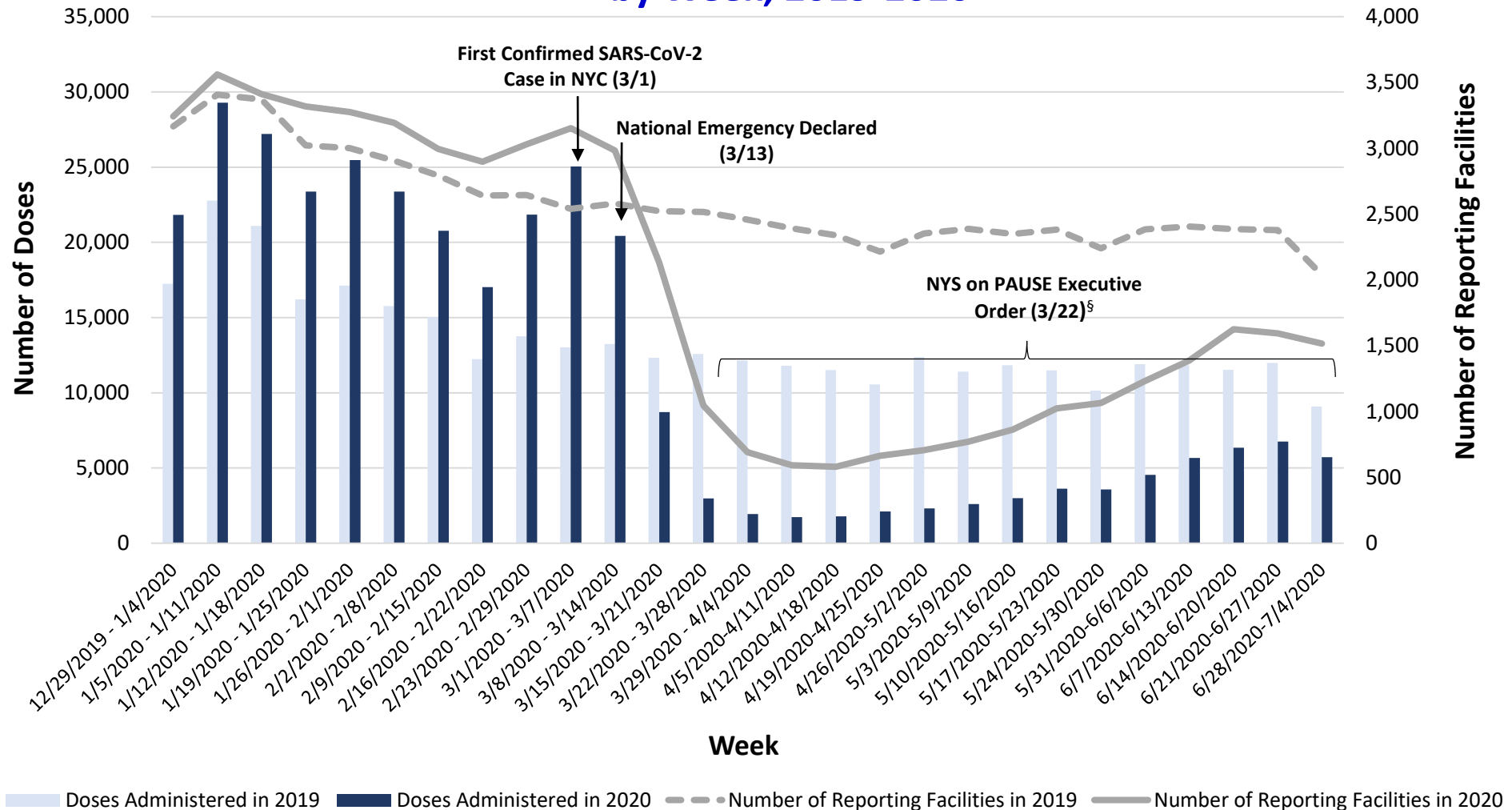
NYC DOHMH Response I

- 6 letters sent to pediatric-care community
- Mayor's press conference highlighted dropping immunization – generated a lot of media
- Provided personal protective equipment (PPE) to independent practices in highly impacted zip codes who needed it
- June 12th Childhood Immunization Coalition

NYC DOHMH Response II

- Practices able to order as much VFC vaccine as needed
- Additional VFC flu vaccine available for newly eligible children
- Reminders posted on VFC website
- Webinar series
- Public immunization campaign
- Supporting numerous networks with outreach and recall

Vaccines Administered to Adults Ages ≥19 Years in New York City, by Week, 2019-2020*



Source: Citywide Immunization Registry; data run on 7/6/2020

*Doses administered between 12/29/2019 and 7/4/2020 and entered into the CIR by 7/5/2020 compared to doses administered between 12/30/2018 and 7/6/2019 and entered by 7/7/2019. Week format is Sunday-Saturday.

§The New York State on Pause Executive Order went into effect at 8pm on Sunday, March 22, 2020 requiring New Yorkers to stay at home to reduce the spread of SARS-CoV-2

Going Forward

- Planning for school immunization requirements in the fall
- Considering other means to expand immunization services through partnerships, pop-up clinics, etc.
- Messaging importance of adult vaccinations
- Planning for expansion of flu vaccination
- Planning for COVID-19 vaccine availability

Thank You!

- Thank you to the amazing and dedicated staff at the Bureau of Immunization
 - Particularly to Marisa Langdon-Embry, Arianne Ramautar and Mohammed Almashhadani for conducting the analyses used in this presentation
- Acknowledge the extraordinary commitment of the NYC provider community
- My contact information: jzucker@health.nyc.gov
- Q&A at the end

Christy Gray

Virginia



Immunization in the Time of COVID

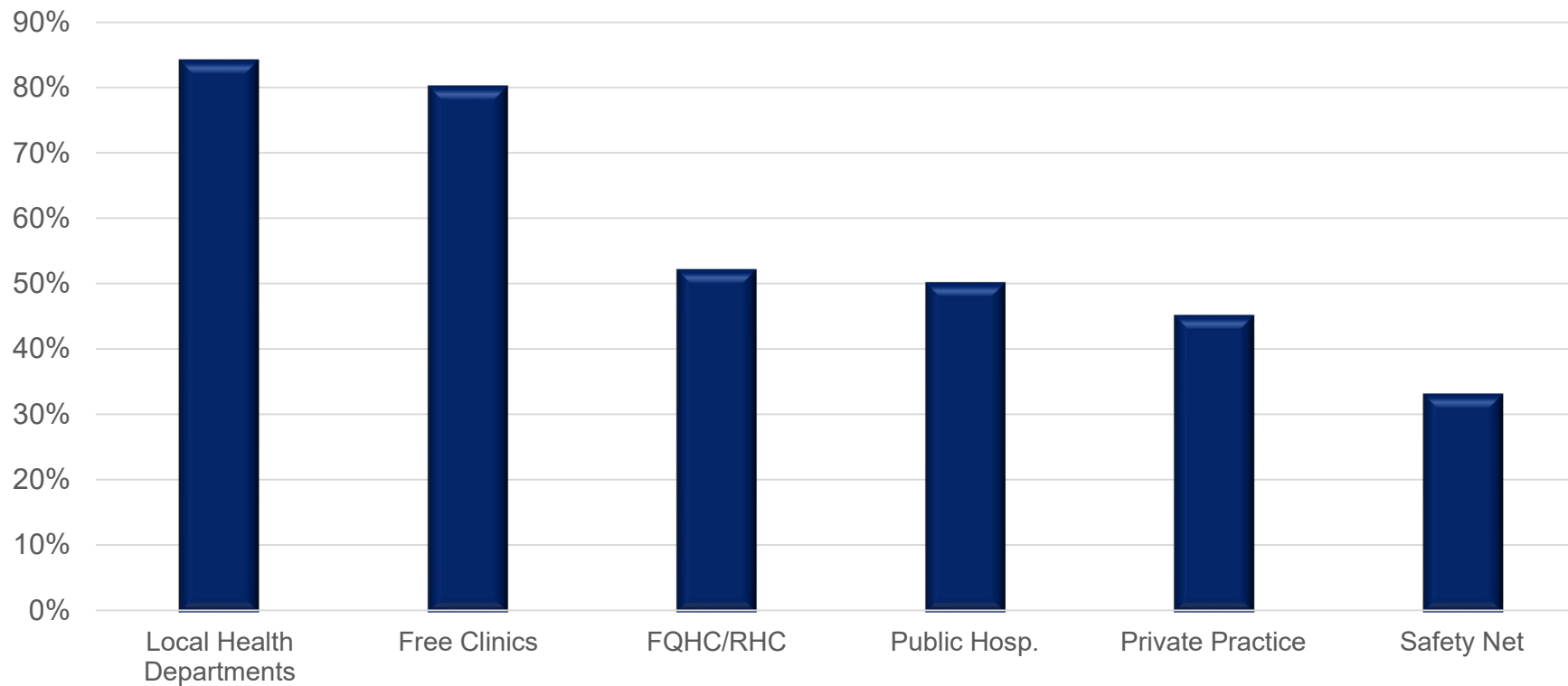
AIRA Education Steering Committee Webinar

July 13, 2020

Christy Gray, MPH, CHES, CHTS-CP
Director, Division of Immunization
Virginia Department of Health

Vaccine Ordering Decreased VFC and VFA Providers

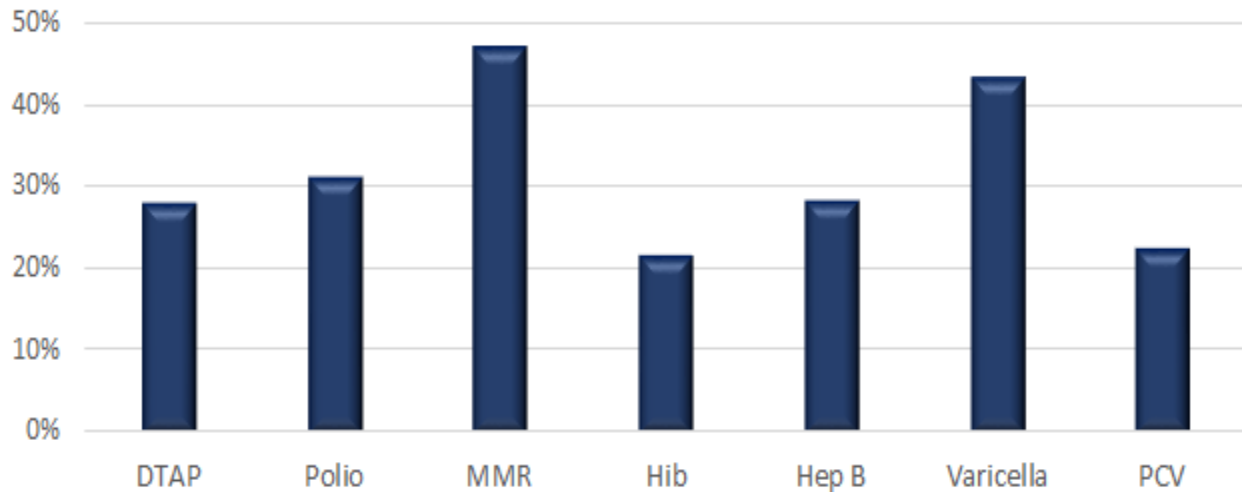
Proportion of VFC and VFA Provider Type Decreased Ordering By 45% or More



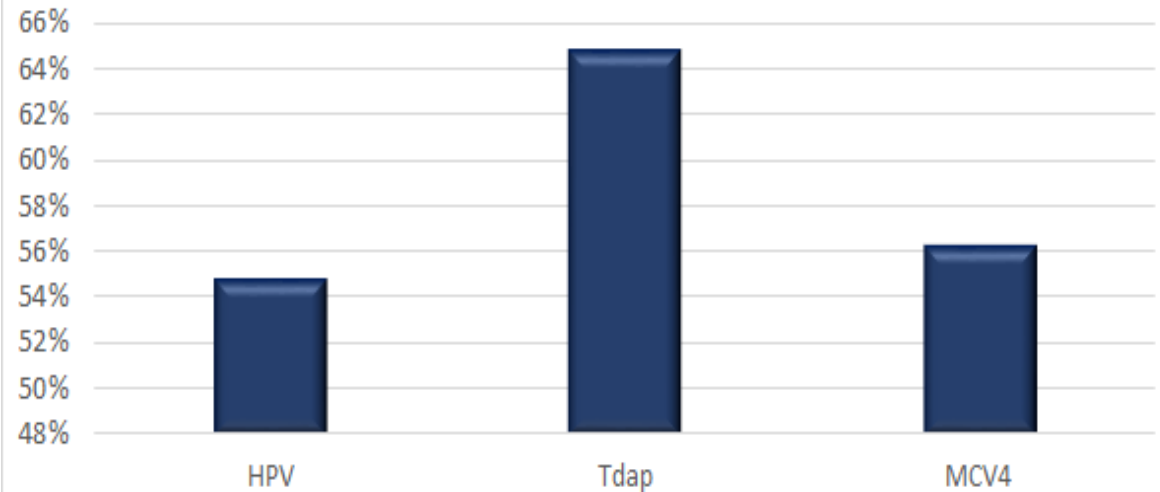
Vaccine Ordering
March and April
2019 vs March
and April 2020

Vaccine Administered Doses Down through May 2020

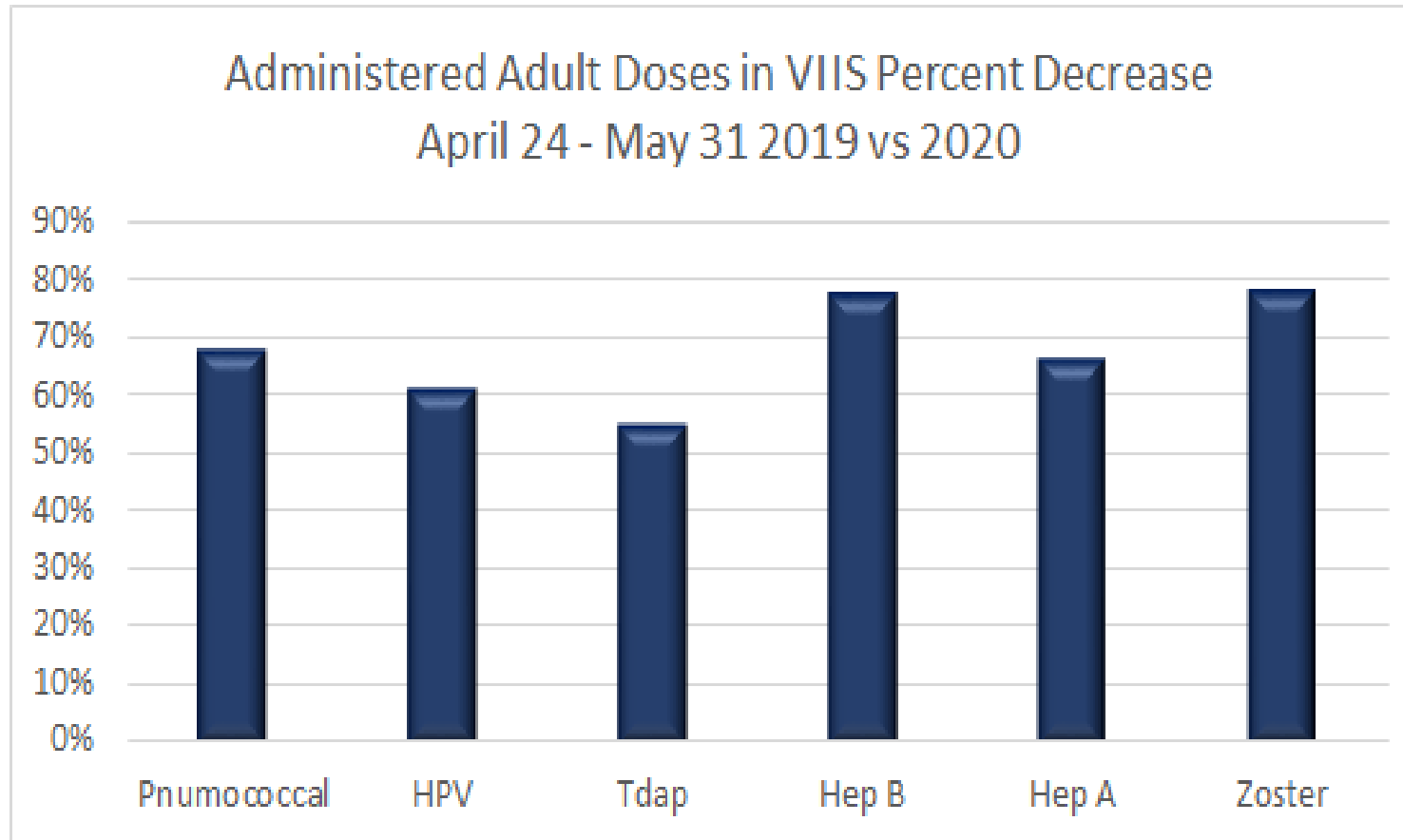
Childhood Administered Doses in VIIS Percent Decrease
April 24 - May 31 2019 vs 2020



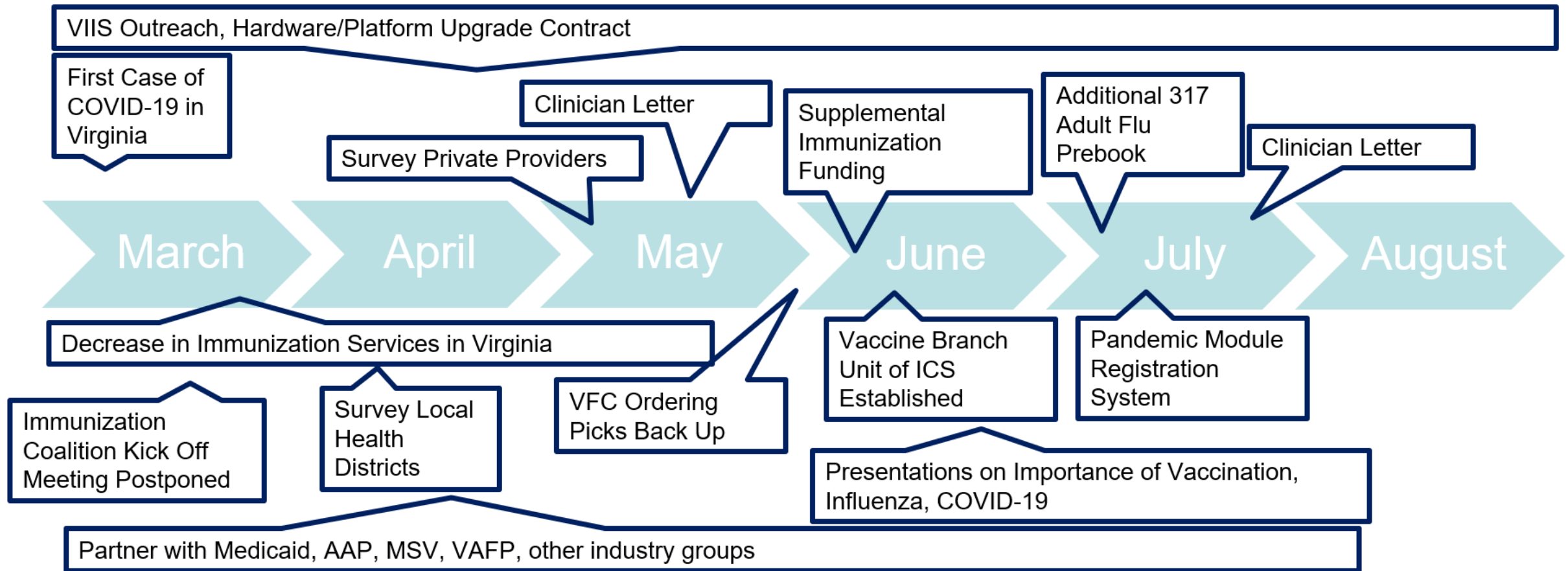
Adolescent Administered Doses in VIIS Percent Decrease
April 24 - May 31 2019 vs 2020



Vaccine Administered Doses Down through May 2020



COVID-19 Timeline in Virginia



Lessons Learned

- COVID-19 Pace of Change is Fast
- Link it to COVID-19
- Partner with Health Equity
- Identify Needs Now (centrally and locally)
- Staffing
 - Who can be tapped to do more of different jobs
 - Create Job Descriptions if you may need to surge staff

Eric Larson

AIRA



ACIP Routine and Catch-up Schedules

Birth to 15 Months

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos
Hepatitis B ⓘ (HepB)	1 st dose	2 nd dose			
Rotavirus ⓘ (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See notes
Diphtheria, tetanus, & acellular pertussis ⓘ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose
Haemophilus influenzae type b ⓘ (Hib)			1 st dose	2 nd dose	See notes
Pneumococcal conjugate ⓘ (PCV13)			1 st dose	2 nd dose	3 rd dose
Inactivated poliovirus ⓘ (IPV: <18 yrs)			1 st dose	2 nd dose	
Influenza (IIV) ⓘ					

Children Age 4 Months through 6 Years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses	
		Dose 1 to Dose 2	Dose 2 to Dose 3
Hepatitis B ⓘ	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.
Rotavirus ⓘ	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.
Diphtheria, tetanus, and acellular pertussis ⓘ	6 weeks	4 weeks	4 weeks
Haemophilus influenzae type b ⓘ	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 months or older.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 12 months or older.

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>



Test Case Management

Forecasting for Immunization Test Suite (FITS)

<https://fits.nist.gov>

Freely available for all to use.
Simply register for a free account.

No install needed

Create and manage your own test cases

Also use, view, copy the CDSi test cases

NIST - Forecasting for Immunization Test Suite (FITS) ^{1.0}

Welcome to the NIST Forecasting for Immunization Test Suite (FITS)

FITS Overview

FITS (Forecasting for Immunization Test Suite) is a web-based application for testing immunization CDS engines against ACIP recommendations. FITS creates and manages test cases, runs and validates the test cases, creates reports in standardized formats, and provides standardized (FHIR) and non-standardized (proprietary) interfaces to the CDS engines.

FITS can be used to validate immunization CDS engines independently of the system in which the CDS resides or is associated (e.g., an EHR or IIS). FITS will contain a set of test cases authored and maintained by the CDC CDSi project (<https://www.cdc.gov/vaccines/programs/iis/cdsi.html>) that are available to be used to test CDS engines. Additionally, a user can create and persist their own test cases.

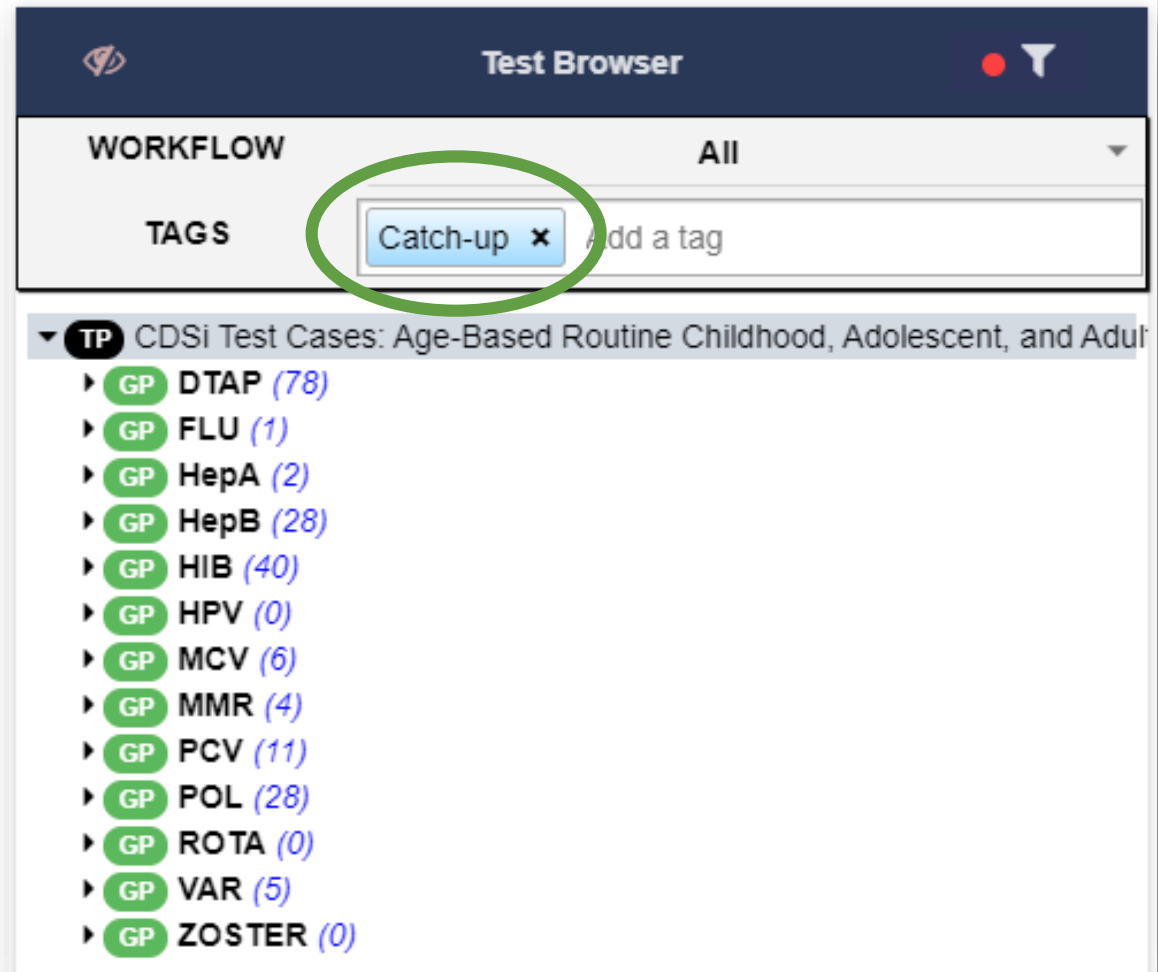
FITS is developed by the NIST in collaboration with the CDC and AIRA.



CDC CDSi Test Cases

Test Cases are “tagged” with various attributes (i.e., 0-6, 7-18, 19+, Grace-Period, Catch-up)

Tags can be used to filter test cases to topic areas of interest (e.g., Catch-up)



AART – Interactive CDS Results Explorer

Interactive CDS Results Explorer

Please click on a measure or an individual vaccine group circle to see test case details.

Concept	Age Group	Result		Passed	DTAP	FLU	HIB	HPV	HepA	HepB	MCV	MMR	PCV	POL	ROTA	VAR	ZOSTER
Evaluation Status	Supports Evaluation Status	Meets	100%														
	Accuracy Peds Evaluation Status	Meets	91%														
	Accuracy Adol Evaluation Status	Does Not Meet	55%														
	Accuracy Adult Evaluation Status	Does Not Meet	23%														
Earliest Date	Supports Earliest Date	Meets	100%														
	Accuracy Peds Earliest Date	Does Not Meet	78%														
	Accuracy Adol Earliest Date	Does Not Meet	55%														
	Accuracy Adult Earliest Date	Does Not Meet	52%														
Recommended Date	Supports Recommended Date	Meets	100%														
	Accuracy Peds Recommended Date	Deviates From Standard	84%														
	Accuracy Adol Recommended Date	Does Not Meet	56%														
	Accuracy Adult Recommended Date	Does Not Meet	28%														
New or Changed		Not Measured															



AART – Interactive CDS Results Explorer

Enhancing to filter test cases (e.g., Catch-up, Grace Period)

Interactive CDS Results Explorer

Show ☒ All Results ☐ Catchup Schedule ☐ 4 Day Grace Period

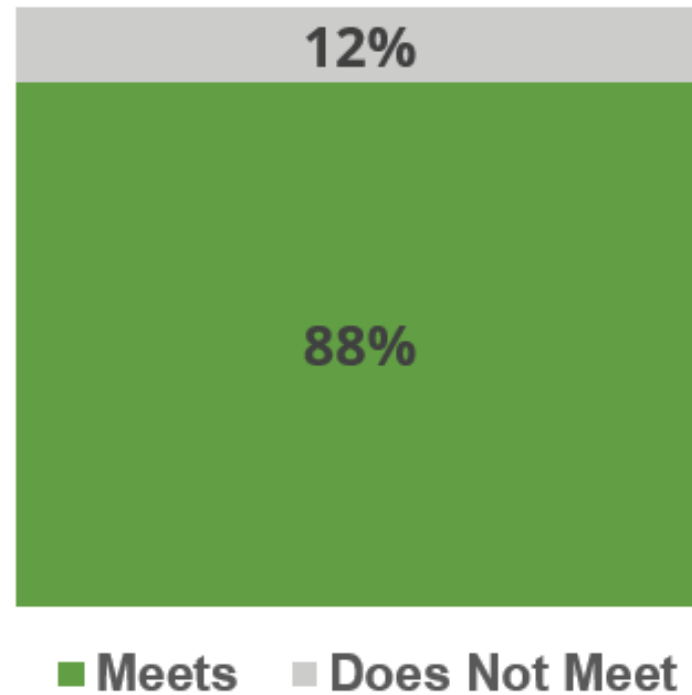
Concept	Age Group	DTAP	FLU	HIB	HPV	HepA	HepB	MCV	MMR	PCV	POL	ROTA	VAR	ZOSTER
Evaluation Status	Accuracy Peds Evaluation Status	●	●	●		●	●		●	●	●	●	●	
	Accuracy Adol Evaluation Status	●	●		●		●	●	●		●		●	
	Accuracy Adult Evaluation Status				●					●			●	●
Earliest Date	Accuracy Peds Earliest Date	●	●	●		●	●		●	●	●	●	●	
	Accuracy Adol Earliest Date	●	●		●		●	●	●		●		●	
	Accuracy Adult Earliest Date				●					●			●	●
Recommended Date	Accuracy Peds Recommended Date	●	●	●		●	●		●	●	●	●	●	
	Accuracy Adol Recommended Date	●	●		●		●	●	●		●		●	
	Accuracy Adult Recommended Date	●					●			●	●			



Hib Catch-up: Proxy Analysis

Earliest Date as Proxy for Hib Catch-up

N = 38 IIS



Resources

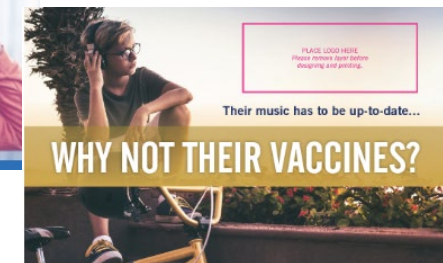
AIM & AIRA



Reminder Recall Resources

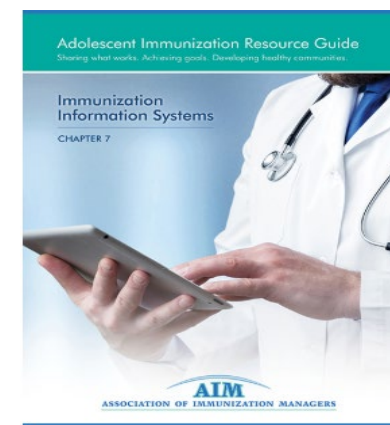


- RR Adolescent Post Cards
 - Download and customize 5 VERSIONS
 - Files in: design package, Adobe Pro, and Canva
 - Use for Centralized RR or send resource to providers



- Adolescent Resource Guide
 - CH7: IIS Focused Adolescent RR

www.immunizationmanagers.org/AdolGuide



Reminder Recall Webinar Archvie

- Pfizer overview of its free reminder/recall (RR) program - Vaccine Adherence in Kids (VAKs)
- Louisiana lessons learned from adolescent back to school RR campaign
- <https://www.immunizationmanagers.org/ReminderRecallWebinar>

June 18, 2020: Reminder Recall Webinar

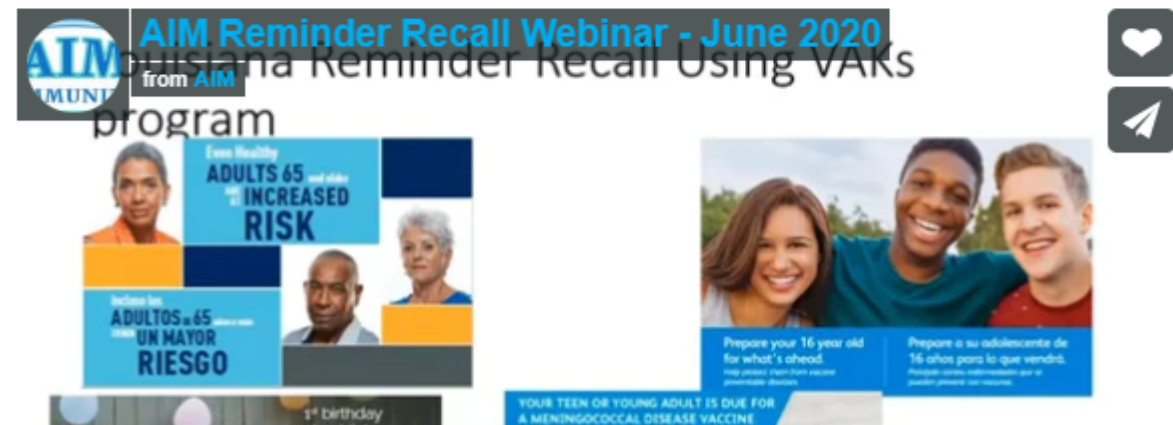
June 18, 2020: Reminder Recall Webinar

During this webinar, Pfizer gave an overview of its free reminder/recall (RR) program, the Vaccine Adherence in Kids (VAKs) program, which offers multiple reminder recall components, including text messaging, phone calls, and direct mail communications to parents to encourage well visit attendance. Louisiana Program Manager Stacy Hall and Louisiana IIS Manager Quan Le shared their VAKs experience and reviewed evaluation results of a separate RR adolescent postcard campaign. AIM also revealed new downloadable RR postcard templates.

[Download Stacy and Quan's presentation](#)

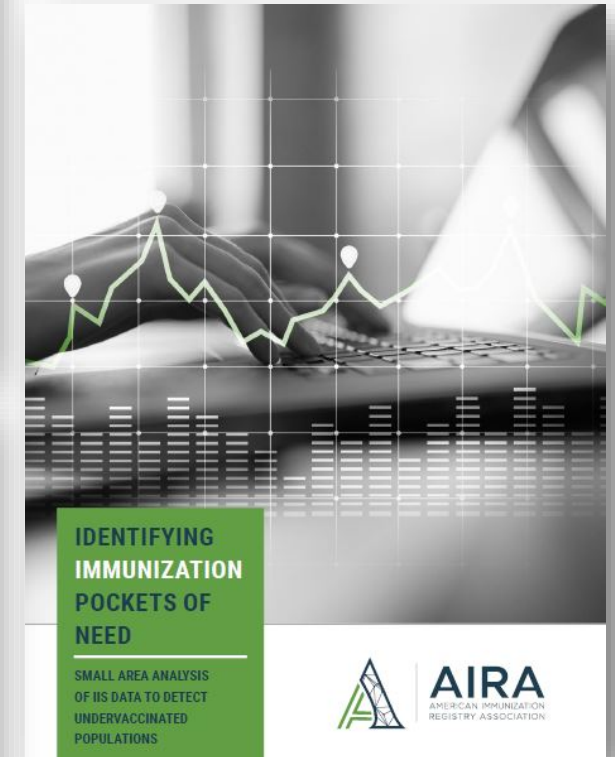
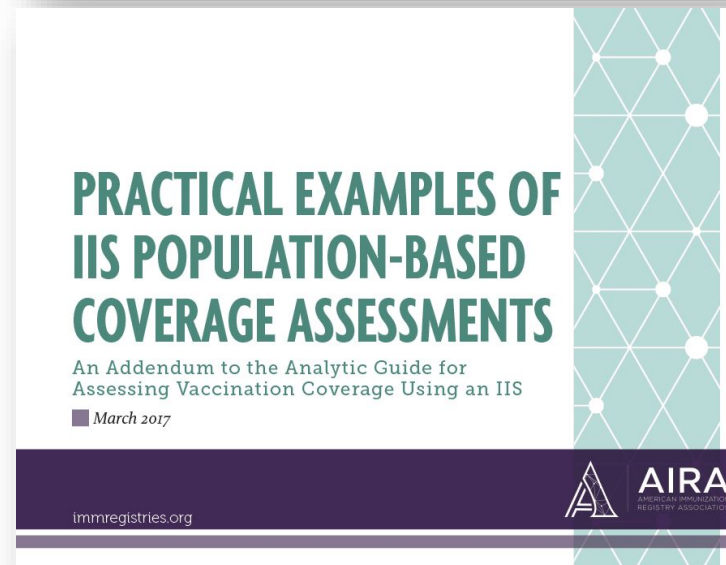
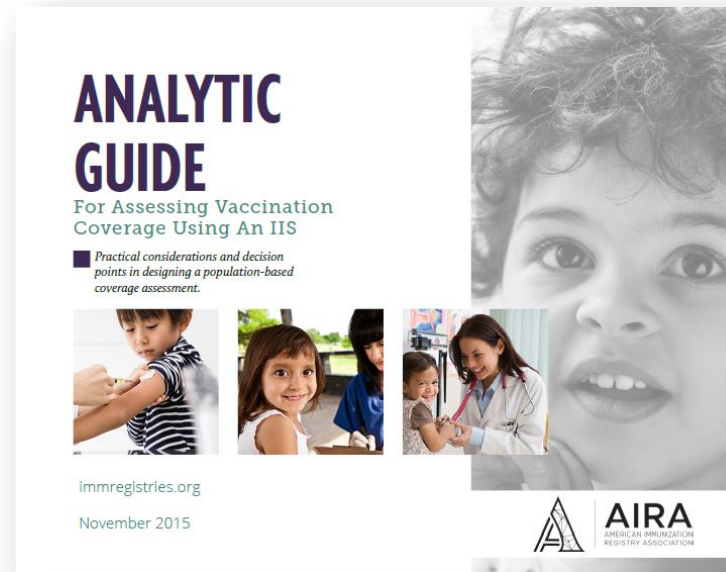
[Download Pfizer's VAKs presentation](#)

[Download AIM's RR postcard templates](#)



AIRA Resources: Examine Your Data

<https://repository.immregistries.org>



AIRA Resources: Share Your Results



COMPARING & COMMUNICATING VACCINATION COVERAGE ESTIMATES

From Immunization Information Systems,
the National Immunization Survey, and Related Assessments

immregistries.org

SECTION III

SECTION III. DEVELOPING COMMUNICATION MESSAGES

Most local and state public health agencies have offices and staff specifically dedicated to communicating with the media and/or

elected officials. These staff have expertise in communications and often have guidelines and protocols for use agency-wide. IIS and immunization program staff should—and usually do—work closely with these offices in the role of subject matter experts. Although they may not be directly responsible for the final communication product, IIS and immunization staff should provide content and context to the communication specialists for any vaccination coverage results to be shared externally. In some cases, the IIS/immunization program staff may develop and finalize material. This section of the guide is designed to provide communication guidelines, recommendations, and suggestions that IIS and immunization program staff can put to use.

The process for creating a message goes through the stages of:

Planning and Organizing

- analyze the task at hand, identify the communication objective, define the context, choose the content
- define and understand the audience
- determine the methods and media to be used

Writing and Editing

- use plain-language principles and methods to convey the message
- write the message and edit the message

Reviewing

- review and revise the message

TIP: Become familiar with your agency's published writing guidelines.

PLANNING AND ORGANIZING

Analyze task/identify objective/define context/choose content

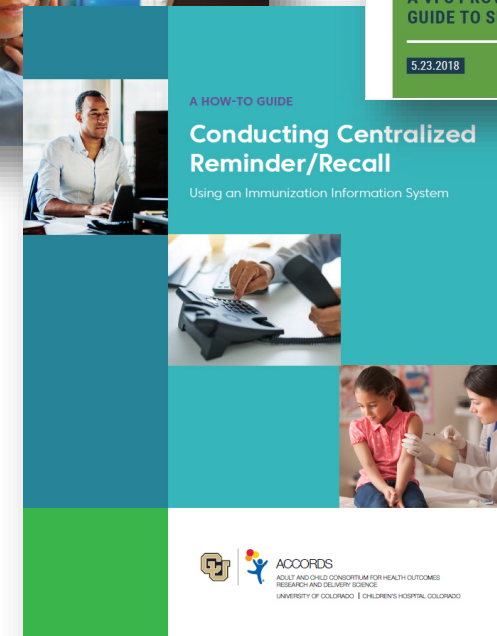
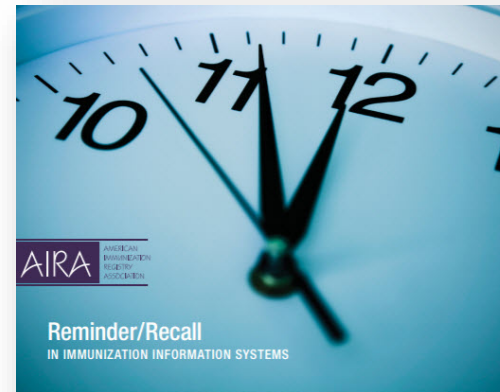
The first step in crafting a message is to analyze the task at hand. This means acquiring a thorough understanding of the coverage assessment results at the very beginning of the process. As previously noted in this guide, purpose and methodology can differ significantly among assessments and can greatly influence coverage results. Thus, it is prudent to consider a number of factors related to the accuracy and precision of the results and their immediate relevance to the goals of the immunization program.²⁵ IIS and program staff may need to consult with a statistician or epidemiologist to fully understand the results, which may require a significant amount of effort and time. The details can be complex yet are important for a correct understanding of the results.

To evaluate the coverage assessment results, the set of questions below will be helpful. A more detailed template of these questions is provided in [Appendix G](#). These questions can be applied to a single assessment to gain a deeper understanding of its results or to two or more assessments to determine their comparability. Answers to many of these questions can be found in [Section II](#) and [Appendix B](#) as they pertain to the specific assessments described in this guide.

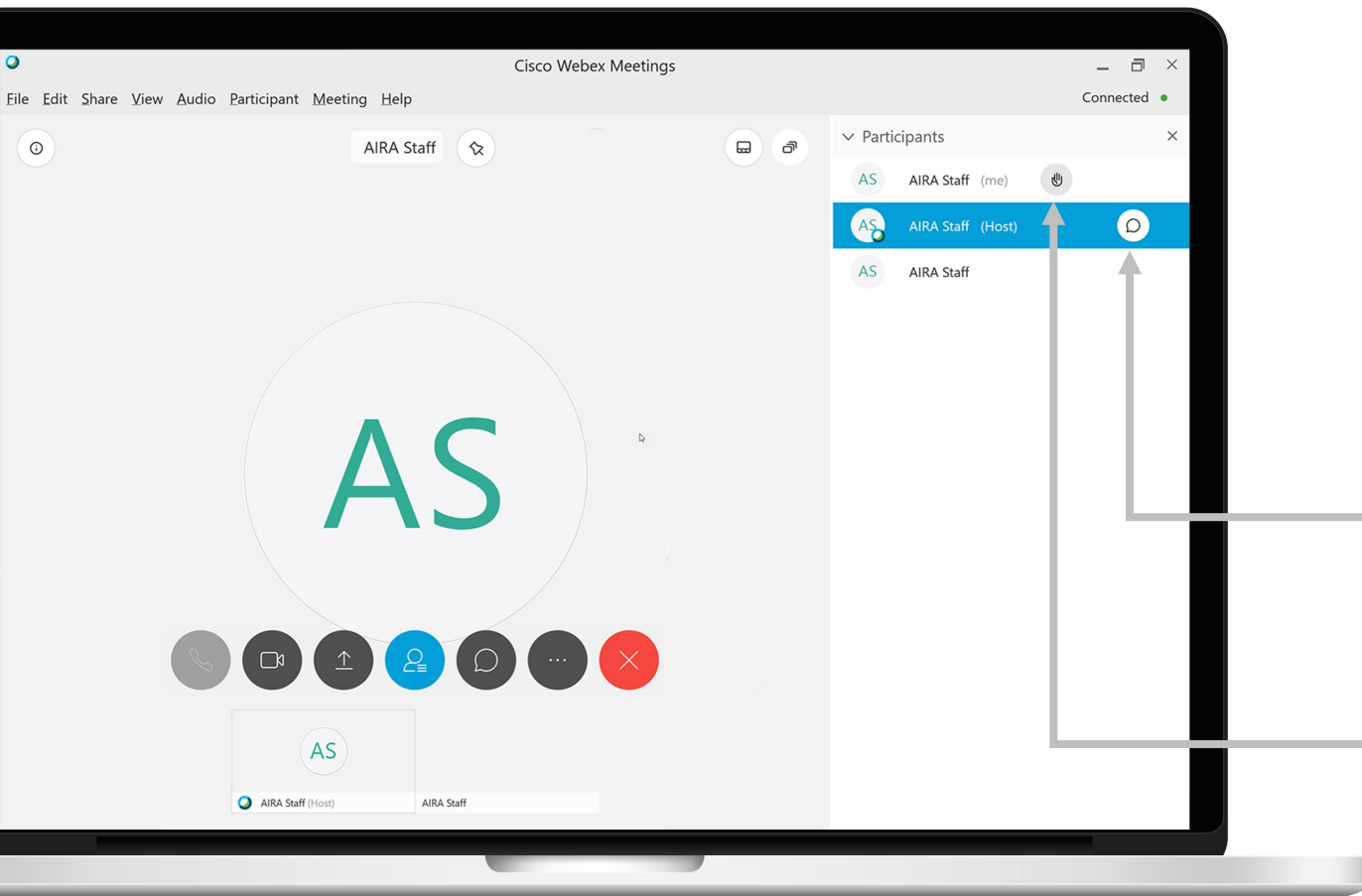
- What was the purpose of the assessment?
- Who was assessed?
- How were data collected?
- How were rates generated?
- How was vaccine coverage defined?
- How valid and precise are the results?
- How recent are the results? Do they reflect clinical practice that occurred within a recent time period?

25 In this guide, we use the term "precision" to describe how consistently results are produced; we use "accuracy" to describe how well the results reflect reality (i.e., with little error). A vaccination assessment that produces precise results yields similar findings when repeated multiple times; an assessment that produces accurate results correctly reflects actual vaccination rates.

Work with Providers to Improve Immunization Coverage

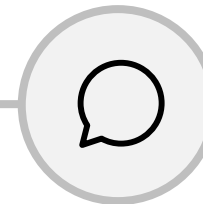


Question & Answer

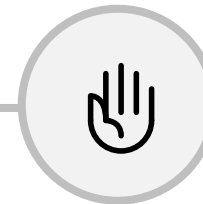


How do I ask a question?

- There will be time allotted for Q&A following the presentation, to unmute your line **press *6**
- Via WebEx:



Select the chat icon next to the host and type question into the chat box.



Select the hand icon next to your name and you will be called on.



Thank you to our presenters,
and thanks to all of you for
joining us!

A brief evaluation survey will be sent out following this
webinar

