



**AIRA**  
AMERICAN IMMUNIZATION  
REGISTRY ASSOCIATION

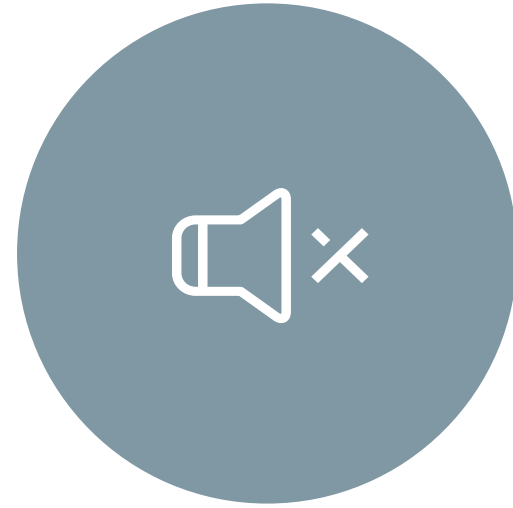
# Discovery Session: AIRA 2022 National Meeting Highlights

AIRA Discovery Session  
May 23, 2022  
4 PM EST

# AIRA Discovery Session



This meeting is being recorded  
and will be posted in the  
AIRA repository

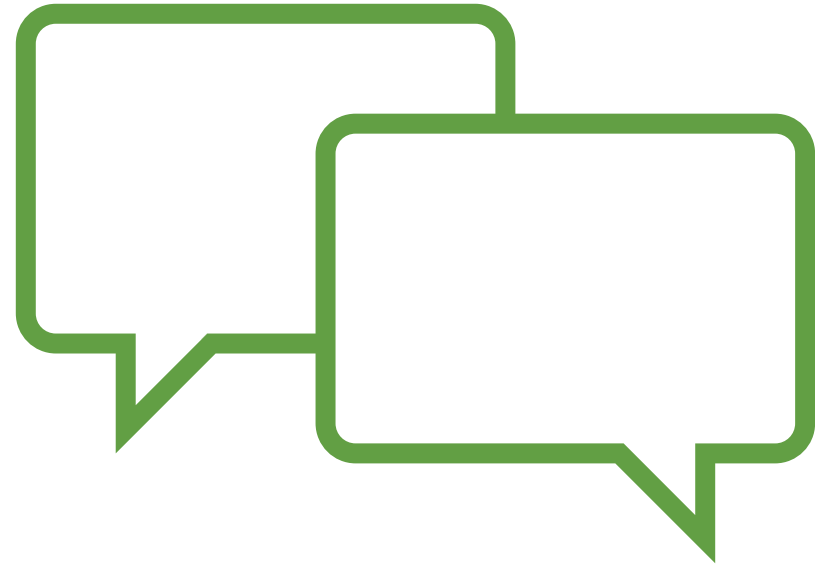


All phone lines  
are muted



# Technical Support

If you experience any technical issues during the meeting, please contact **Sarah Stein** via direct message in the Chat.

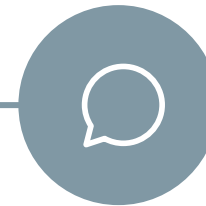


# Questions

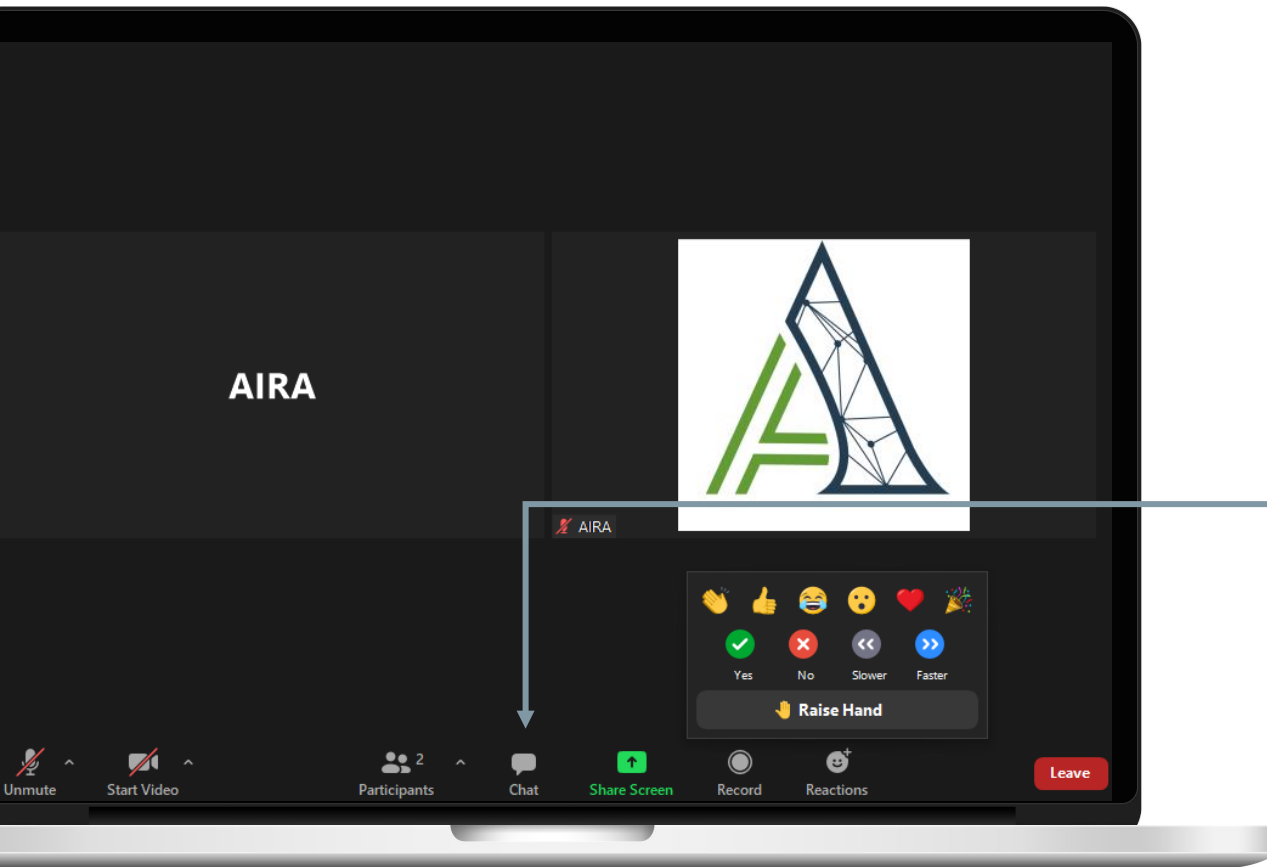
## How do I ask a question?

There will be time allotted for Q&A following the presentations.

If you think of a question during the presentations:



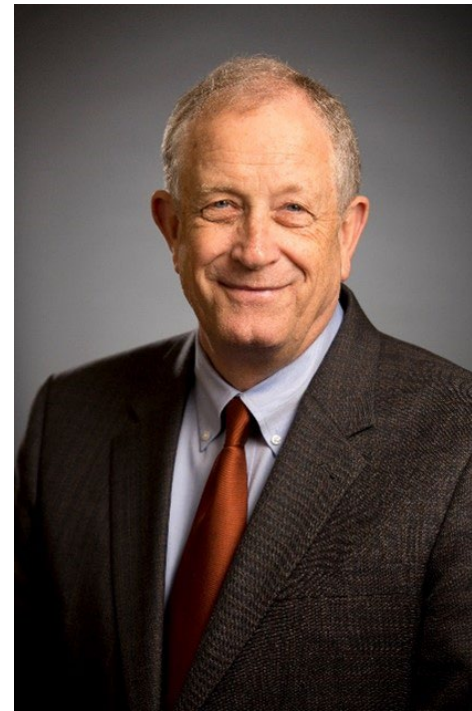
Select the chat icon and type your question into the chat box.



# National Meeting Recap

Alison Chi, AIRA





# Keynote Speaker: Dave Ross, ScD

President and CEO of The Task Force for  
Global Health



## Looking Ahead for ISD

- Opportunities moving forward
  - Modernizing Immunization Information Systems
  - Vaccine Confidence and Demand/ Health Equity
  - Routine Immunizations – Addressing Catch-Up
  - Expansion of Adult Immunization
- Recognition
  - Hard work continues!

## Build on COVID-19 Lessons Learned

### Preliminary 5 Top Lessons Learned (POB-oriented)

- 1) Need to strengthen and sustain immunization infrastructure, including for adults, at the awardee and POB levels
- 2) Need to be clear with our guidance
- 3) We (you and us) are not always the key decision-makers during a pandemic
- 4) Need to improve our communication channels and processes
- 5) Need to strengthen our partnerships with FEMA, ASPR, and OASH

## CDC Supports IIS by



Providing **funding and guidance** to achieve priorities



Offering **direct support** to awardees through technical assistance, engagement, and communications



Engaging **technical** and national **partners** to strengthen the IIS community





# Data Modernization Panel

## Data Modernization Initiative

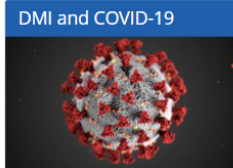
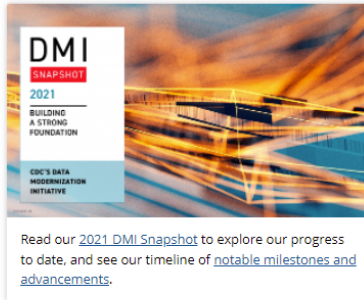


Better Data. Better Decisions. Better Health.

CDC's Data Modernization Initiative (DMI) is a multi-year, billion-plus dollar effort to modernize core data and surveillance infrastructure across the federal and state public health landscape.

This initiative is not just about technology, but also about putting the right people, processes, and policies in place to help us solve problems before they happen and reduce the harm caused by the problems that do happen.

The [Data Modernization Initiative Strategic Implementation Plan](#) [PDF - 1 MB] lays out our key priorities and objectives for reaching the future state of public health data.



## MODERATOR

**Rebecca Coyle, MEd**, Executive Director, AIRA

## PANELISTS

**Daniel B. Jernigan, MD, MPH**, Deputy Director for Public Health Science and Surveillance, Centers for Disease Control and Prevention

**Micky Tripathi, PhD, MPP**, National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology

**Lynn Gibbs-Scharf, MPH**, Branch Chief, CDC/NCIRD/ISD/IISB

**Arun Srinivasan, MS, PhD**, Deputy Director, CDC/NCIRD/OD/OI





### Routine Reports

**Measures**

- Weekly, monthly, and average doses administered by the vaccine manufacturer
- Weekly, monthly, and average doses administered by dose number

**Features**

- Three different views: Weekly, monthly, and average total doses administered

**Interactions**

- The graphs and tables all interact with each other

### VASE+ Proven Strategies

- Frequent & Effective Communication
- Leverage User Group Champions
- Pilot the Solution & Identify Effectiveness
- Invested Change Control Group
- Effective Hands-On Training
- Simple Job-Aids & Short Training Videos
- Provide At-The-Elbow Support
- Design an Intuitive & Scalable Solution
- Mobile Device Agnostic - User Friendly UI

### Streamlined technology through centralized infrastructure

**Single Connection Point**

- Integration testing consolidated and completed once with one hub
- Eliminates need to connect to jurisdictions individually (point-to-point connections)

### The Helios FHIR Accelerator for Public Health: Vision and Progress

April 26, 2022  
Craig Stevenson

HELIOS

### Minnesota Electronic Disease Surveillance System (MEDSS) and Minnesota Immunization Information Connection (MIIC)

HL7 standards-based query

HL7 query results with vaccination data

### The Process

## HOW DOES IT WORK?

- Survey
- Required Documentation Upload
- Process within DOH

Washington State Department of Health | 8





AWARD WINNERS

Leadership Award



**Angela De La Cruz**  
Texas Department of  
State Health Services



**Marie Hartel**  
Tennessee Department  
of Health



**Christy Gray**  
Virginia Department  
of Health



**Karen Meranda**  
Washington State  
Department of Health

AWARD WINNERS

Exiting  
Excellence  
Award



**Amy Metroka**  
NYC Department of Health  
& Mental Hygiene



**Stuart Weinberg**  
Vanderbilt University  
Medical Center

*Leadership*  
is about making  
others better as a result  
of your presence and  
making sure that impact  
lasts in your absence.



# THANK YOU TO ALL OF OUR 2021-2022 SUPPORTING MEMBERS!



# 2022 – A Record Setting Year

## 2021

- 462 attendees

## 2022

- **660** registrants!
  - 609 participants attended the opening plenary
  - Plenaries averaged 562 attendees
  - Breakouts averaged 175 attendees

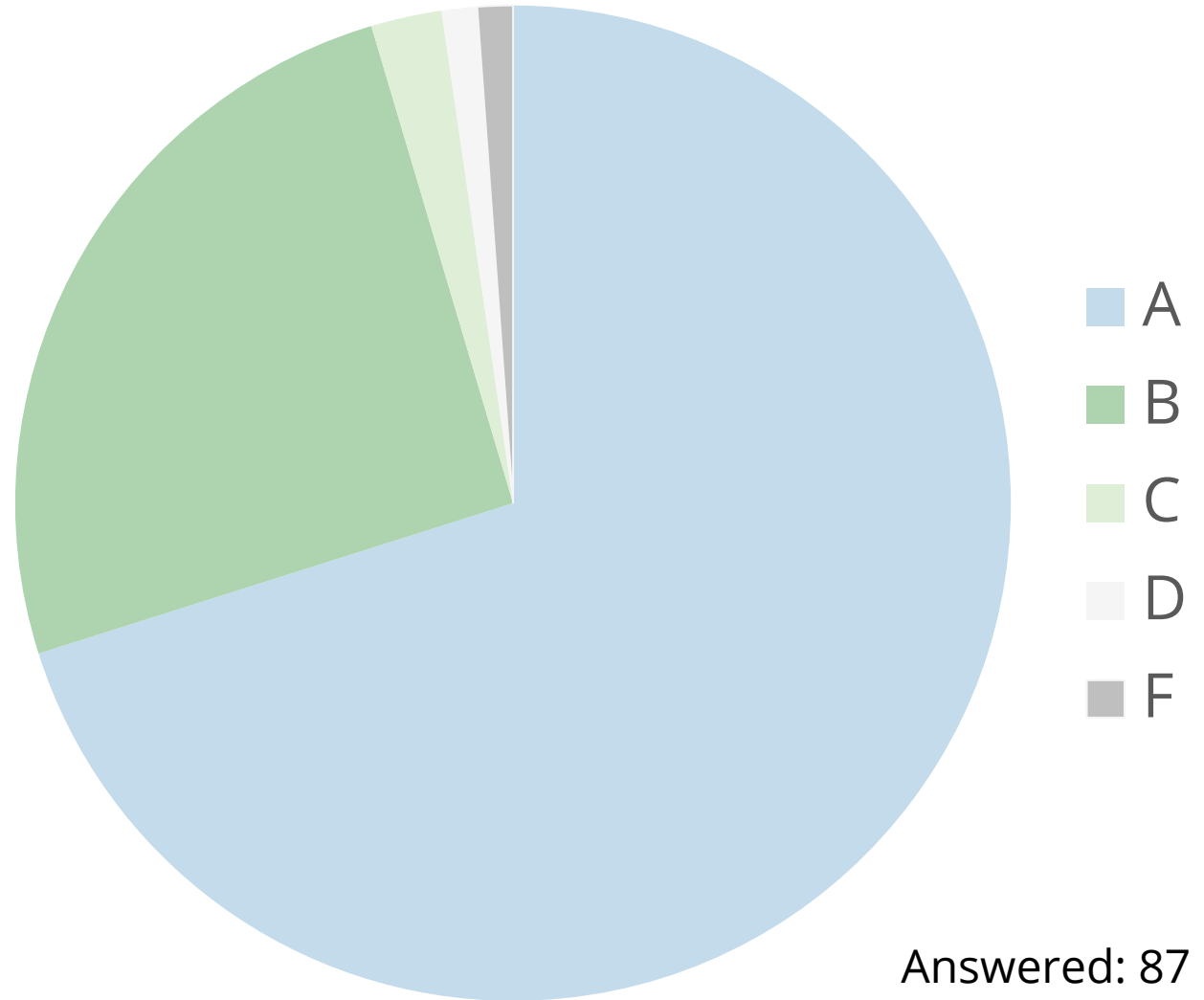


# Who Attended

<b>Position Classification</b>	<b>#</b>
<b>CDC Staff</b>	23
<b>IIS Implementer Staff</b>	33
<b>IIS Manager</b>	58
<b>Immunization Program Manager</b>	31
<b>Other IIS Staff</b>	152
<b>Other Immunization Program Staff</b>	115
<b>President or CEO</b>	6
<b>Technical Staff (e.g. IT)</b>	62
<b>Other</b>	180



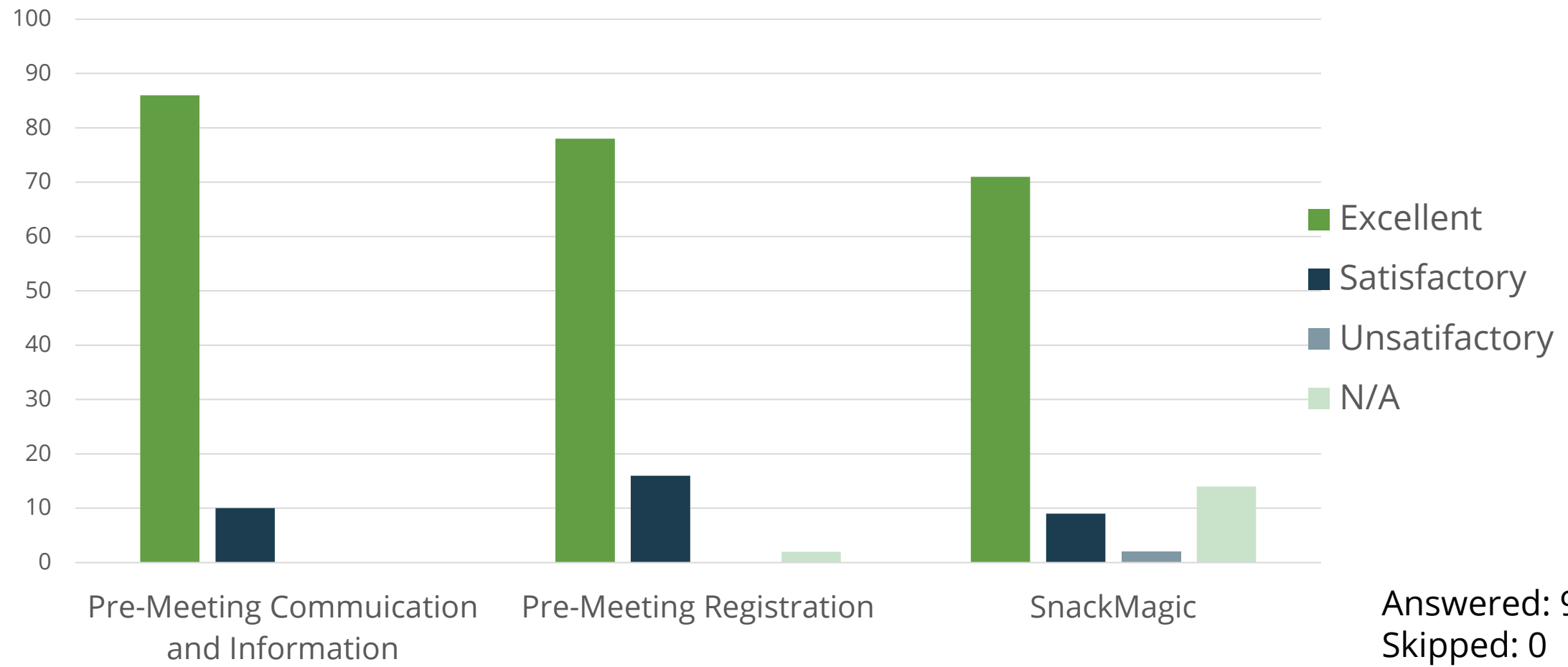
What is your  
overall grade for  
the AIRA 2022  
National Meeting,  
Virtual Edition?



Answered: 87  
Skipped: 9

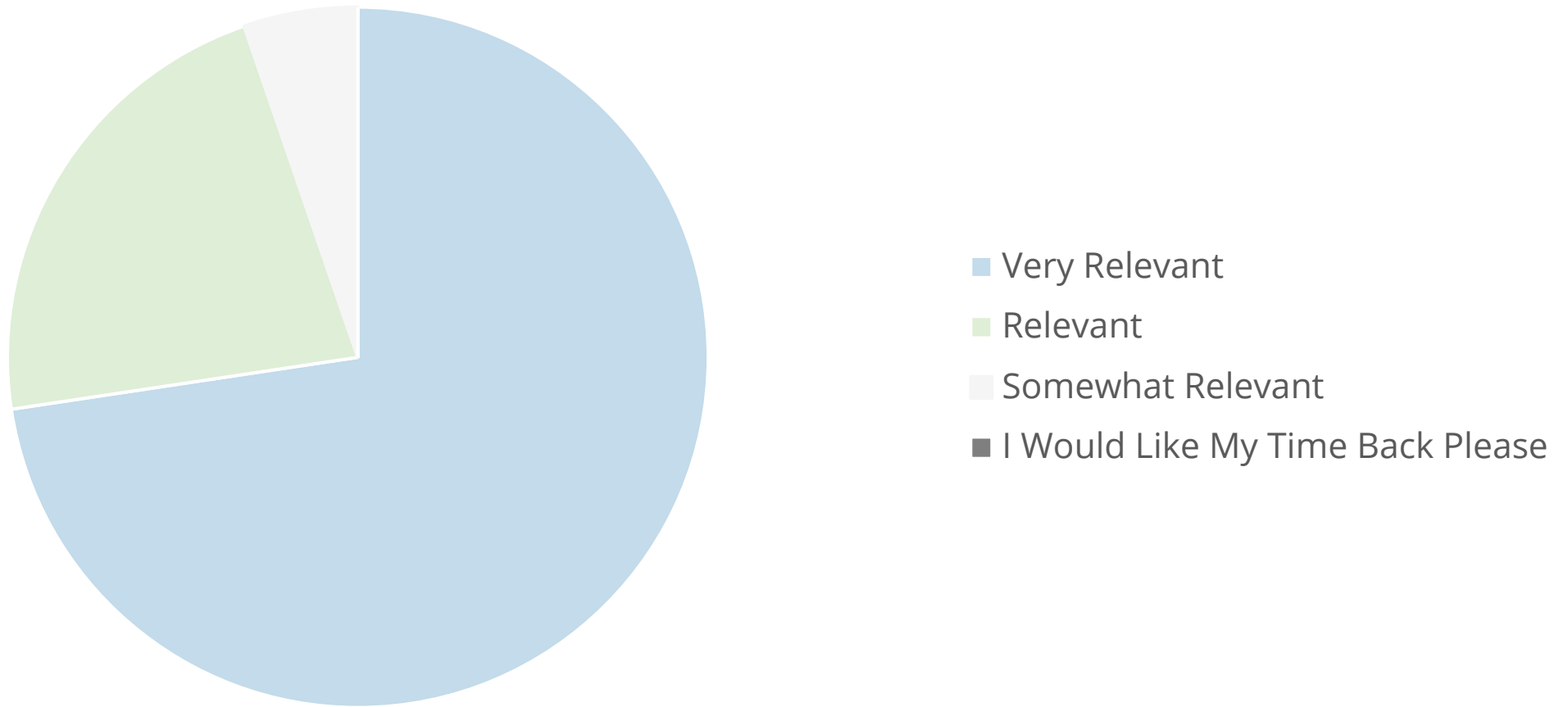


# Meeting Logistics





# How relevant was this meeting's content to the work that you do?



# Some takeaways

We still have a lot of work to do! And we're all in good company and well supported in the community.

The time for action is now! We need to use COVID to our advantage to leverage support and education with our partners and political representatives.

Data modernization initiative is huge and it's going to impact IIS!



# Additional comments, jokes, compliments, and criticisms

We all need to pitch in and get Eric Larson some hats for any future game shows. Great job everyone!

Dave needs more hats

There was a great balance of fun and learning. The bucket list was a nice touch too! I'm really looking forward to going back to revisit presentations/slides that went too fast.

I honestly haven't seen any organization put on an event the way the AIRA team does!! It's welcoming, very informative, and fun! You guys ROCK!





# Today's Speakers

- Marisa Langdon-Embry, NYC
- Sukhesh Sudan, Michigan
- Ryan Malosh, Michigan



# Impact of the COVID-19 Pandemic on Vaccination Rates in New York City

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Marisa Langdon-Embry, MSc  
Special Assistant to the Assistant Commissioner  
Bureau of Immunization  
New York City Department of Health and Mental Hygiene

AIRA Discovery Session  
May 23, 2022

# Background

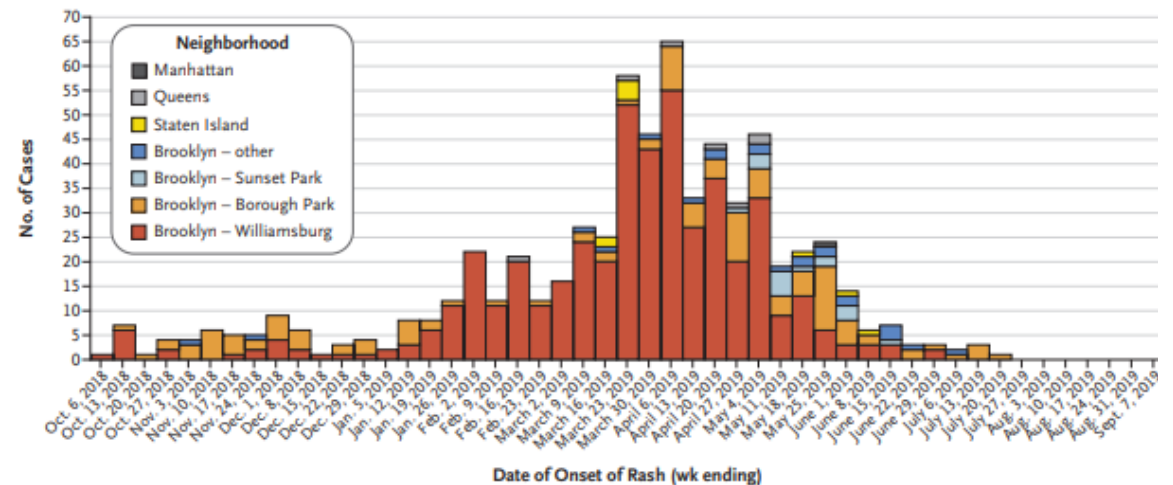
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- The COVID-19 pandemic has raised concerns about decreasing vaccination rates globally and within the United States
- An estimated 23 million children worldwide missed routine vaccinations in 2020, placing millions of children at risk of life-threatening vaccine-preventable diseases

# Background

- In New York City (NYC), declining vaccination is of concern in light of recent outbreaks of VPDs
  - In the last decade, NYC has experienced periodic outbreaks of mumps, pertussis, varicella and measles
  - Maintaining high population immunity is critically important

Measles Outbreak, NYC, 2018-2019



Largest measles outbreak in U.S. since 1992  
(n=649 cases)

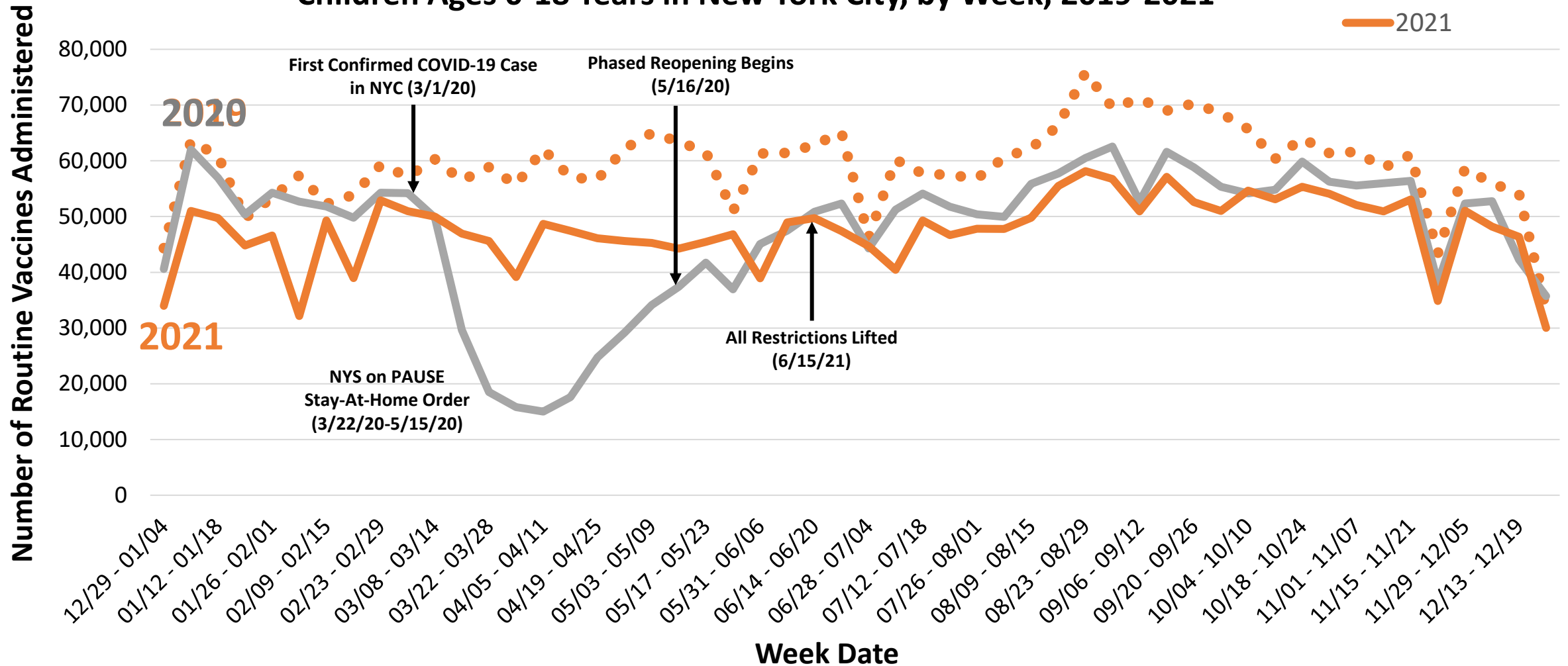


# Citywide Immunization Registry (CIR)

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- NYC's Immunization Information System (IIS)
  - Implemented citywide in 1997
- Population-based
  - Birth certificates loaded into CIR twice a week
- Mandatory reporting of immunizations for children 0-18 years
  - Reporting for adults  $\geq 19$  years requires consent
- Contains >13.8 million patient records and >147 million immunizations
  - Timely; ~81% of immunizations reported in  $\leq 1$  day; 96% reported within 1 month of administration

# Routine Pediatric Vaccines Administered to Children Ages 0-18 Years in New York City, by Week, 2019-2021



In 2021, the aggregate number of routine vaccines administered to children aged 0-18 years was **16%** lower compared to 2019. There were 450,000 fewer pediatric doses administered (2.45 million in 2021 compared to 2.9 million in 2019)

Source: NYC DOHMH Citywide Immunization Registry; data run on 2/1/2022

\*Excludes influenza vaccines, COVID-19 vaccines and immunizations administered in pharmacies and nurseries

# Objectives

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- To better understand the effect of the COVID-19 pandemic on childhood and adolescent vaccination rates in New York City

# UTD Coverage for 19-35-Month-Olds: 4:3:1:3:3:1:4 Vaccine Series

Vaccine	No. of Doses	Timing of doses							
		Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
<b>Diphtheria, tetanus &amp; acellular pertussis (DTaP)</b>	4			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose
<b>Inactivated poliovirus (IPV)</b>	3			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			
<b>Measles, mumps, rubella (MMR)</b>	1							1 <sup>st</sup> dose	
<b><i>Haemophilus influenzae</i> type B (Hib)</b>	3 or 4*			1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose	
<b>Hepatitis B (Hep B)</b>	3	1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose			
<b>Varicella</b>	1							1 <sup>st</sup> dose	
<b>Pneumococcal conjugate (PCV13)</b>	4			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose	

Source: [Birth-18 Years Immunization Schedule | CDC](#)

\*The Hib vaccine series can be completed with 3 or 4 doses depending on the vaccine product administered

# UTD Coverage for 13-17-Year-Olds

## 1:1:3 Vaccine Series

Vaccine	No. of Doses	Timing of doses		
		11-12 yrs	13-15 yrs	16-18yrs
Tetanus, diphtheria & acellular pertussis (Tdap)	1	1 <sup>st</sup> dose		
Meningococcal (MenACWY)	1	1 <sup>st</sup> dose		Booster
Human papillomavirus (HPV)	2 or 3*	2 or 3-dose series		

Source: [Birth-18 Years Immunization Schedule | CDC](#)

*\*The HPV vaccine series can be completed with 2 or 3 doses depending on the age of initiation and the amount of time elapsed between the first two doses*

# Methods

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- Quarterly vaccine coverage estimates from 12/31/2019 to 12/31/2021 were calculated using data from CIR and US Census population estimates
  - For 19-35-month-olds: UTD coverage with the 4:3:1:3:3:1:4 series and individual vaccines assessed
  - For 13-17-year-olds: UTD coverage with the 1:1:3 series
- Numerator: Children who received all valid doses of vaccine series; current address in NYC; met age criteria; MOGE\* excluded (based on CIR)

\*Moved or gone elsewhere

# Methods (cont.)

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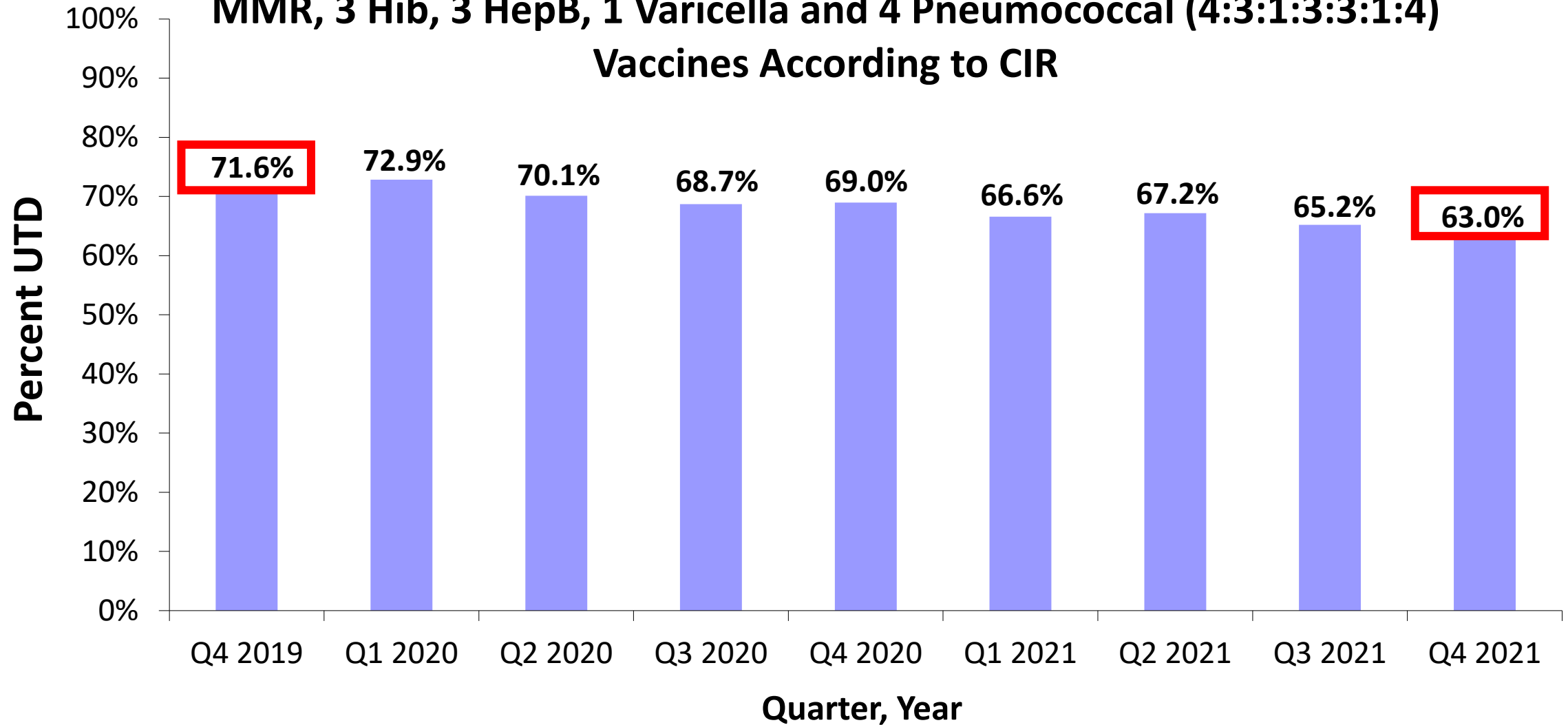
- Denominator: 2021 Vintage population estimates for 2019-2020
  - Intercensal estimates produced by the U.S. Census Bureau and adjusted by the NYC Department of City Planning and NYC DOHMH to account for neighborhood-level population changes
  - Updated each year
  - Used by NYC DOHMH as population denominators to calculate rates
- Data were analyzed by race/ethnicity and NYC ZIP code of residence



# Results

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**Percent\* of Children Aged 19-35 Months UTD with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella and 4 Pneumococcal (4:3:1:3:3:1:4) Vaccines According to CIR**



Numerator: Number of children aged 19-35 months with last known address in NYC who completed 4:3:1:3:3:1:4 series;

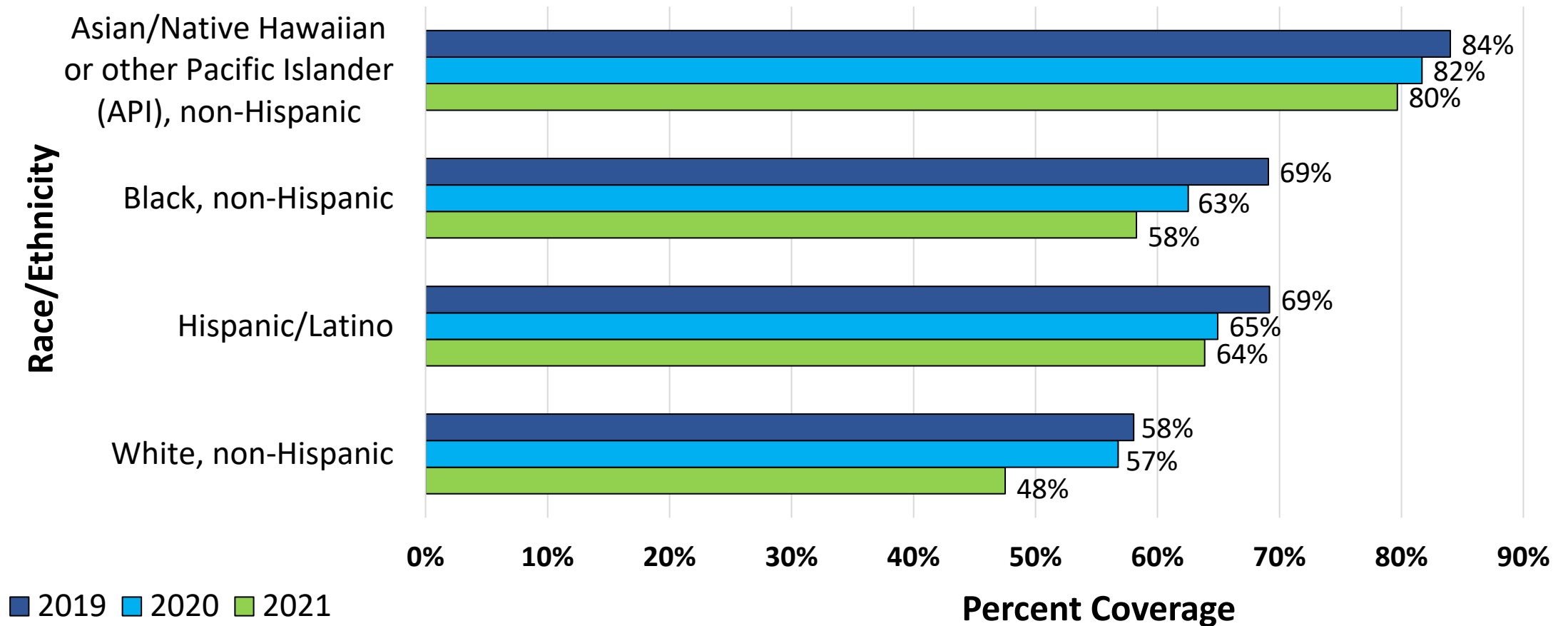
Denominator: Number of children aged 19-35 months according to DOHMH neighborhood population estimates, modified from US Census (2019-2020)

# UTD Coverage Rates among 19-35-Month-Olds, by Vaccine

Vaccine	Pre-Pandemic Coverage (as of 12/31/2019)	Current Coverage (as of 12/31/2021)	Percentage Point Difference	Percent Change
4:3:1:3:3:1:4 Series	71.6%	63.0%	-8.6	-12%
DTaP (4 doses)	77.6%	68.5%	-9.0	-12%
Polio (3 doses)	90.5%	84.1%	-6.4	-7%
MMR (1 dose)	90.9%	80.8%	-10.1	-11%
Hib (3-4 doses)	86.0%	77.1%	-8.9	-10%
Hep B (3 doses)	88.4%	81.8%	-6.6	-7%
Varicella (1 dose)	88.7%	80.5%	-8.2	-9%
Pneumococcal (4 doses)	83.4%	74.9%	-8.5	-10%

Source: NYC Citywide Immunization Registry (numerators); 2021 Vintage population estimates for 2019-2020 (denominators)

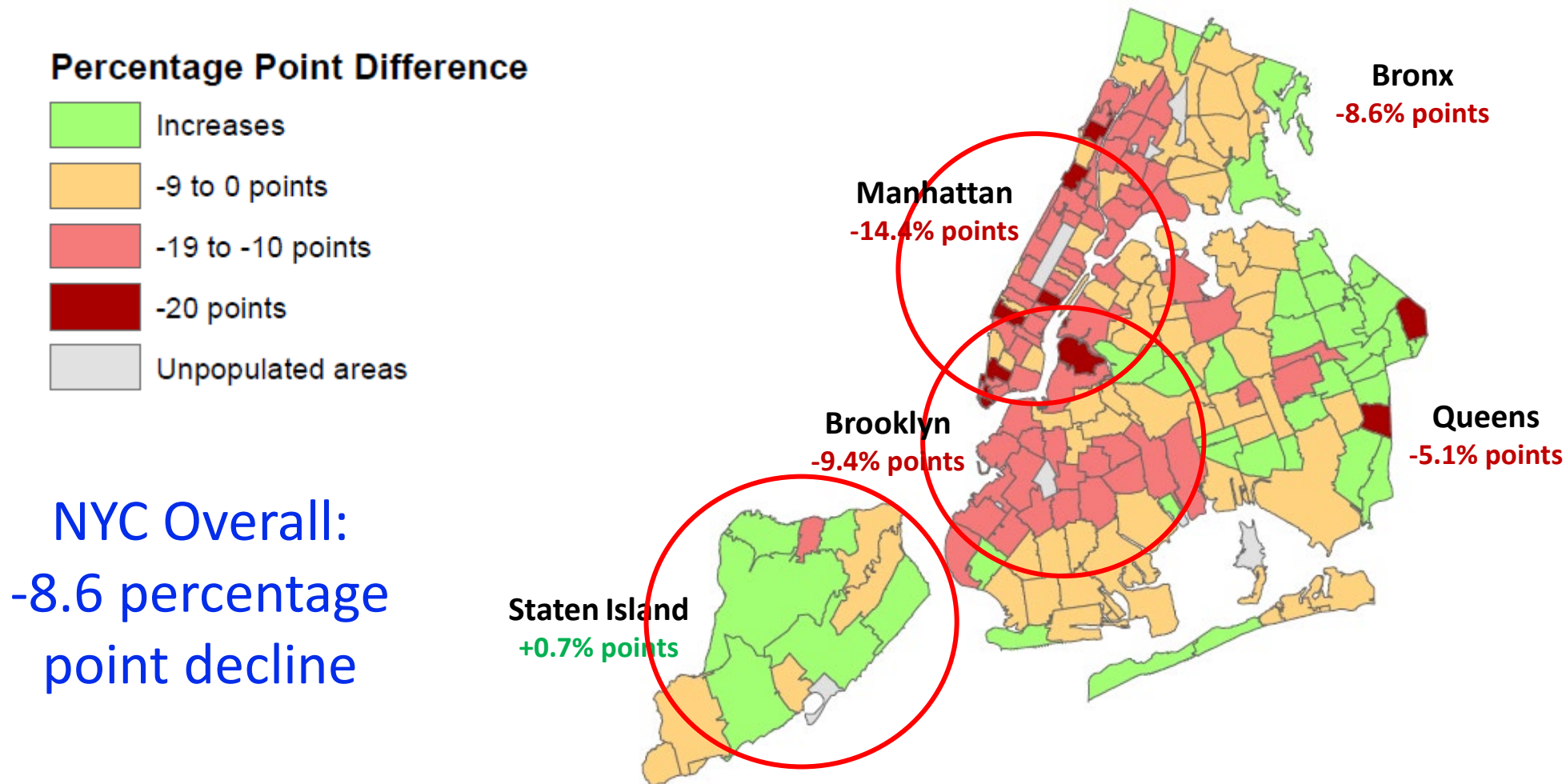
# 4:3:1:3:3:1:4 Series UTD Coverage, by Race/Ethnicity



Source: NYC Citywide Immunization Registry (numerators); 2021 Vintage population estimates for 2019-2020 (denominators)

*Note: Vaccination rates for children with unknown race/ethnicity or who identify as other categories, including two or more races, are not available. The Hispanic/Latino category includes children of any race. Race/ethnicity information was missing in 6-7% of CIR records for each year.*

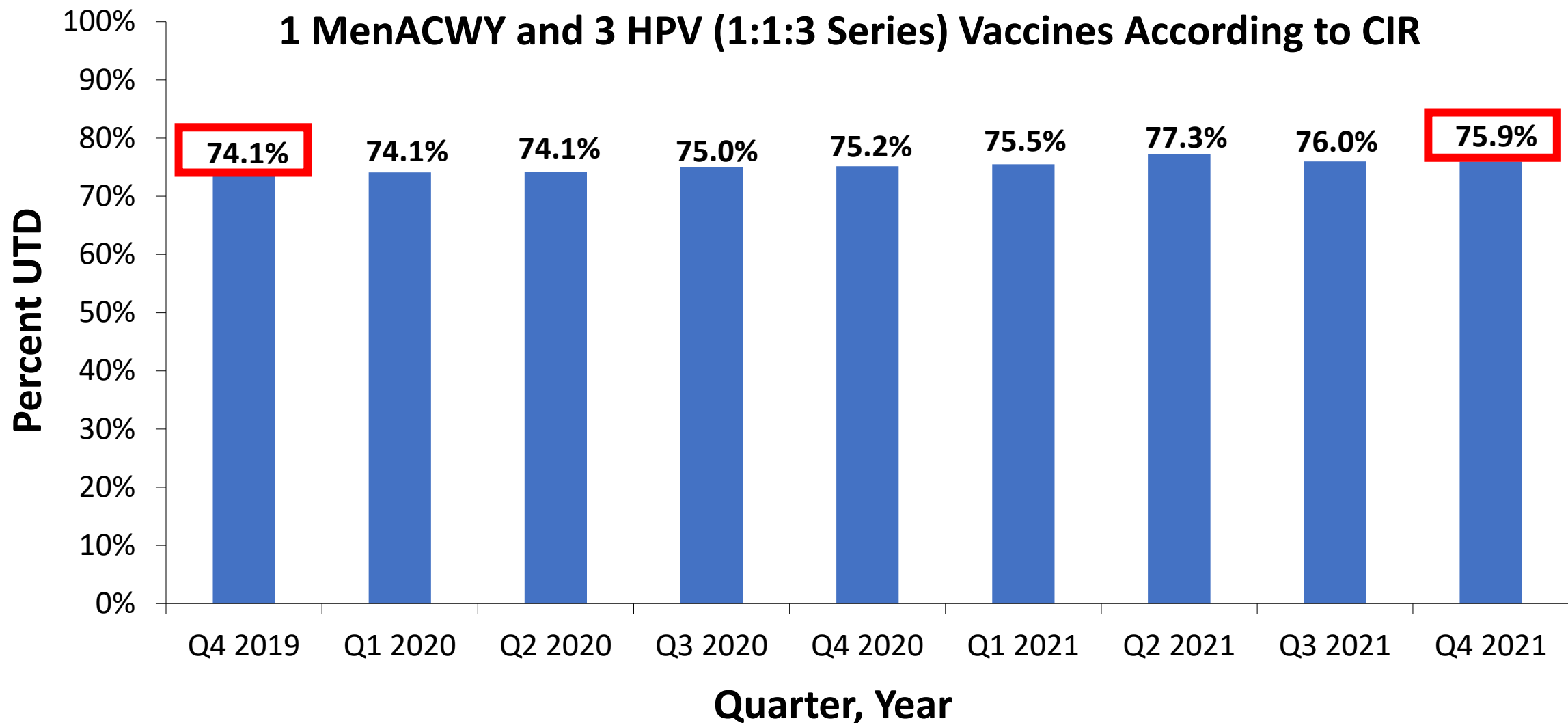
# Percentage Point Change in UTD Coverage for 19-35-Month-Olds, by NYC ZIP Code, Q4 2021 vs Q4 2019



Source: NYC Citywide Immunization Registry (numerators); Vintage 2021 Population Estimates for 2019-2020 (denominator)

†Data restricted to children with a current address in a valid NYC ZIP code; MOGE excluded.

## Percent\* of Adolescents Aged 13-17 Years UTD with 1 Tdap, 1 MenACWY and 3 HPV (1:1:3 Series) Vaccines According to CIR



Numerator: Number of adolescents aged 13-17 years with last known address in NYC who completed 1:1:3 series

Denominator: Number of adolescents aged 13-17 years according to DOHMH neighborhood population estimates, modified from US Census (2019-2020)

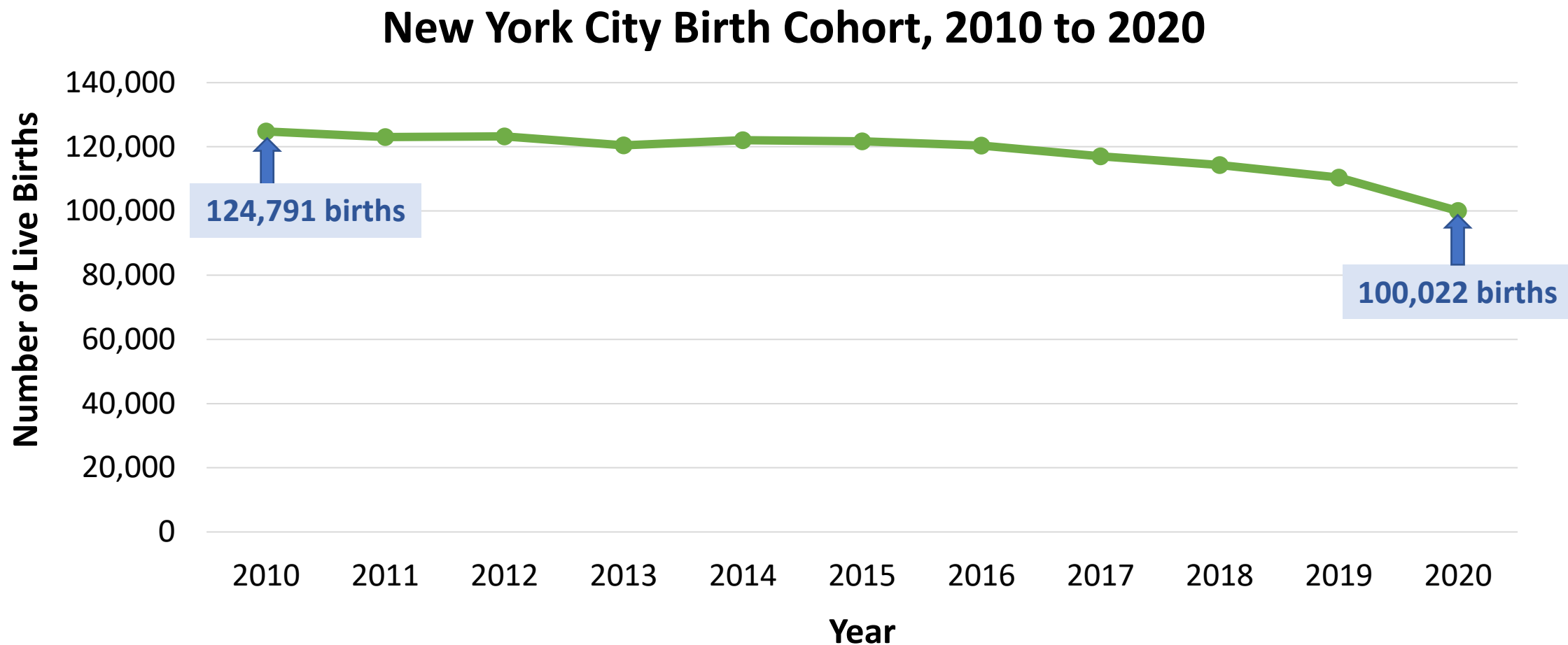
# Reasons for the Decline Among Younger Children:

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- Decreased in-person well-care visits during the COVID-19 pandemic
  - Clinic closures
  - Reduced operating hours
  - Increased use of telemedicine
- Fear of exposure to COVID-19
- Remote learning; school immunization requirements in place during pandemic, but exclusions not enforced for remote-only students
- Increase in vaccine hesitancy due to COVID-19 vaccine hesitancy?

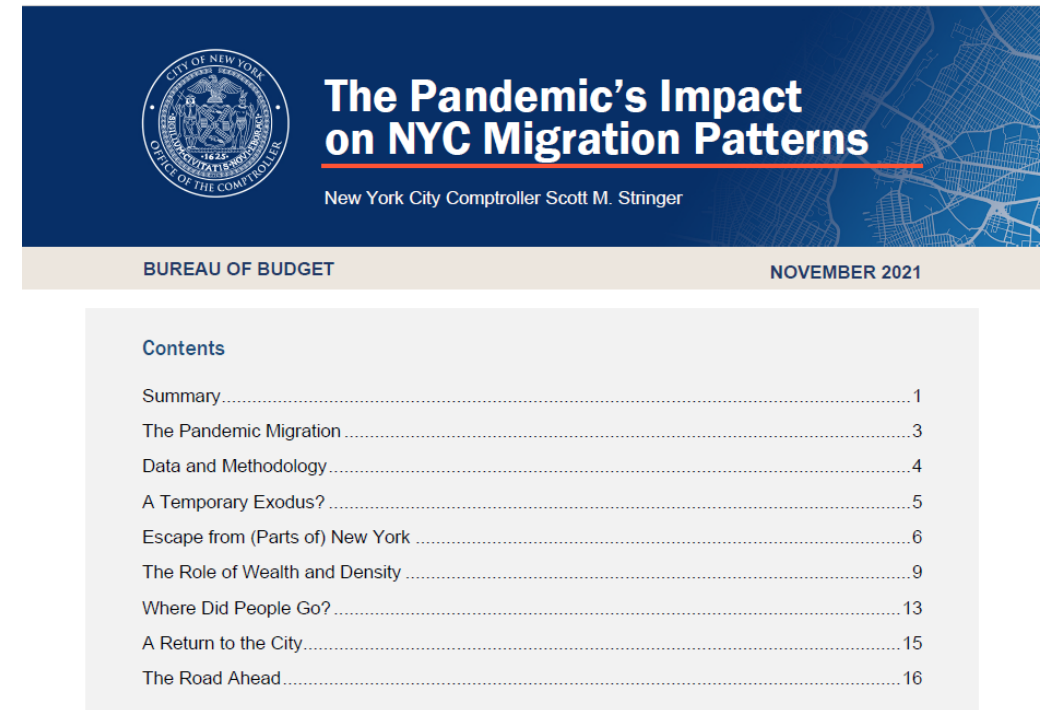


# Reasons for the Decline: Data Artifact?



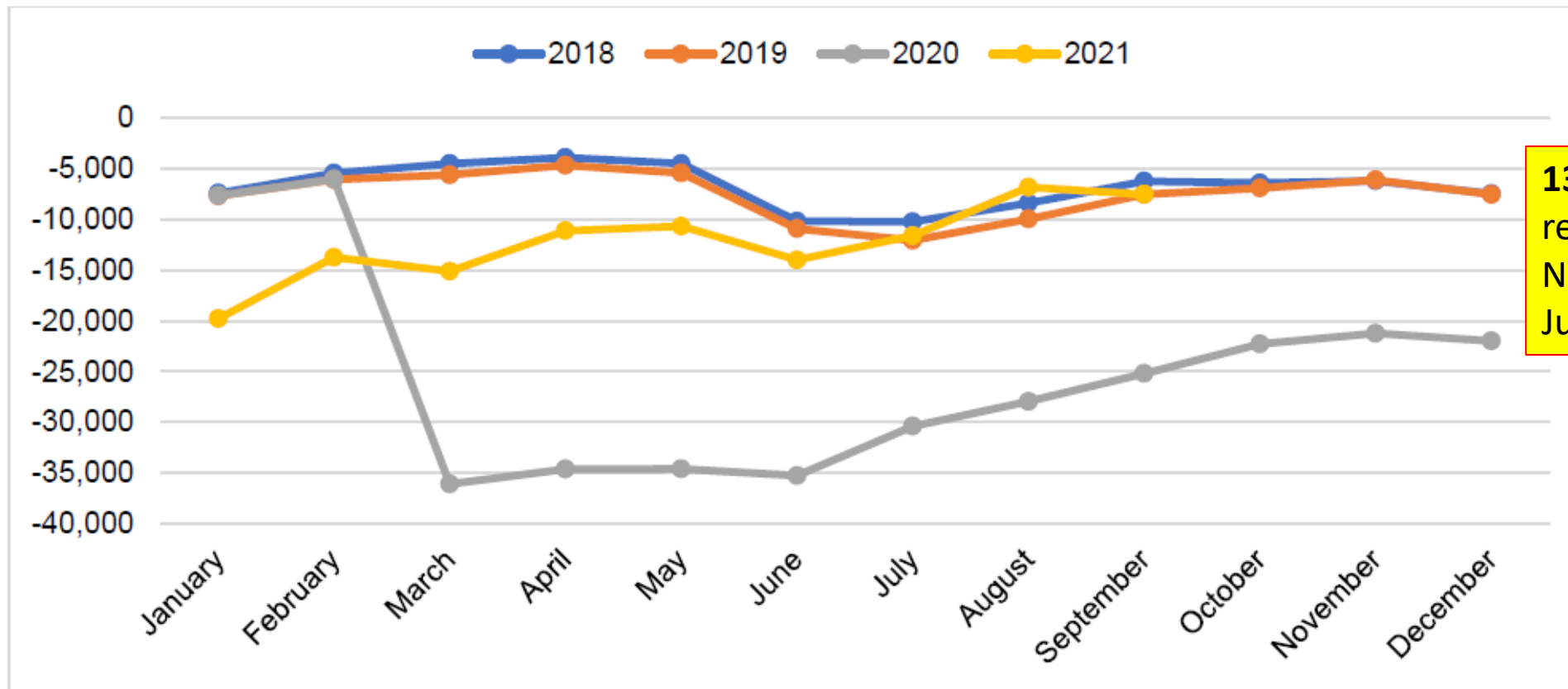
# Reasons for the Decline: Data Artifact? Out-Migration From NYC

- In November 2021, the NYC Comptroller's Office released an analysis on the pandemic's impact on monthly migration patterns in NYC
  - Based on data published by the United States Postal Service (USPS)
- change of address forms
- Compared monthly number of change of address request forms filed in NYC compared to pre-pandemic period



# Reasons for the Decline: Data Artifact? Out-Migration From NYC

Monthly Net Residential Moves to and from New York City, 2018-2021



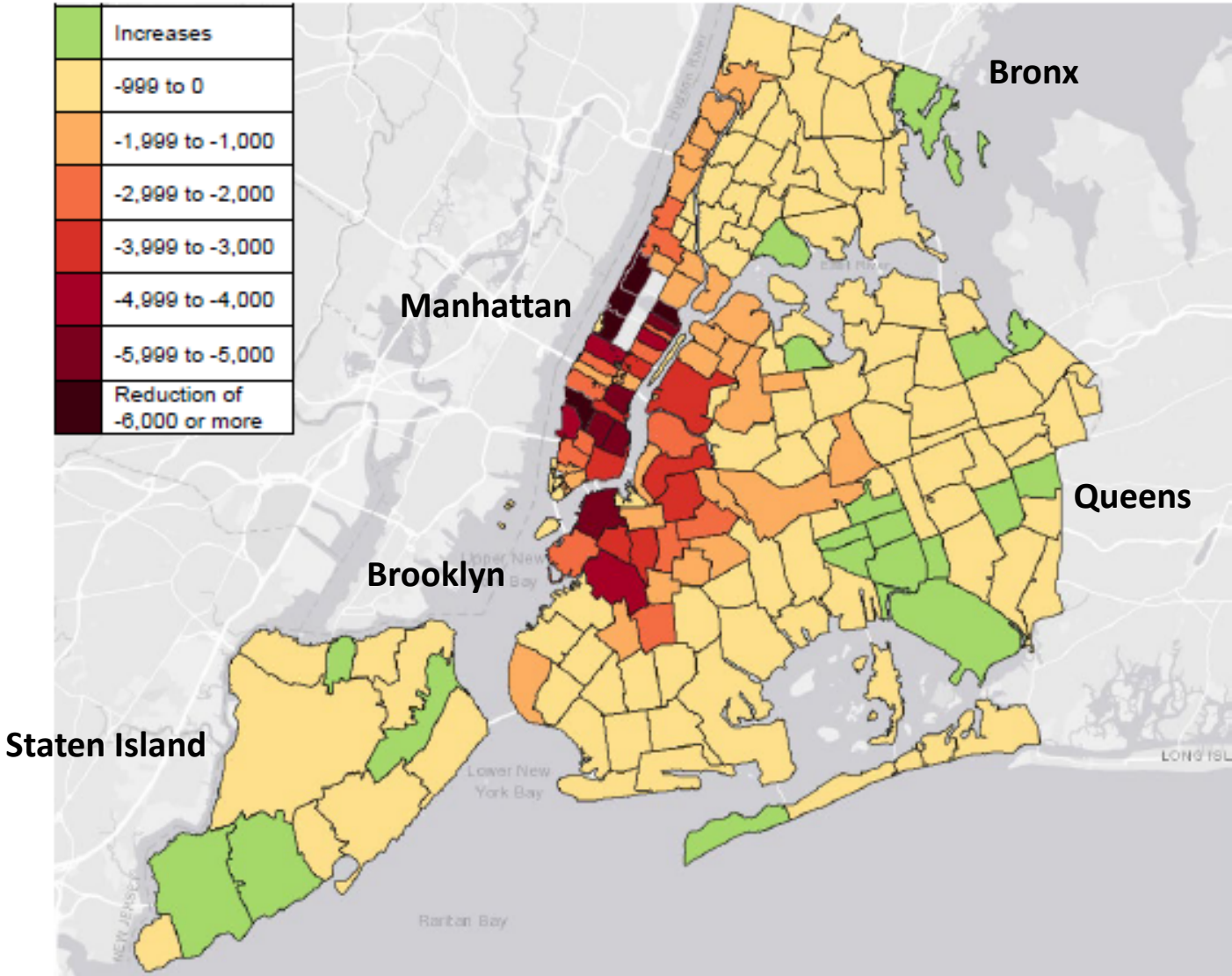
**130,837** additional residents moved out of NYC during March 2020-June 2021

SOURCE: NYC Comptroller's Office analysis of United States Postal Service, "Change of Address Stats,"

<https://about.usps.com/who/legal/foia/library.htm>.

Note: Includes temporary and permanent moves.

Change in Net Residential Moves from Pre-Pandemic Trend in 2020 by ZIP Code (Change in Net Residential Moves in 2020, as Compared to 2019)



SOURCE: NYC Comptroller's Office analysis of United States Postal Service, "Change of Address Stats," <https://about.usps.com/who/legal/foia/library.htm>.

Note: Includes temporary and permanent moves. Data is not adjusted for population.

# Conclusion

---

- Routine vaccination rates among younger children in NYC have been severely impacted by the COVID-19 pandemic, while rates for adolescents are relatively unchanged
- Many pandemic-related factors contributed to the decline
- Decrease may also be attributed to a data artifact caused by out-migration from NYC during the pandemic and the declining birth cohort
- Catching up children on routine vaccinations is critically important to prevent future outbreaks of VPDs

# Next Steps

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- Updating vaccine coverage estimates once the 2020 U.S. Census estimates are released
- Preparing for COVID-19 vaccine availability for children aged <5 years, with an emphasis on engaging pediatricians
  - Recommending co-administration of COVID vaccines and routine vaccinations
- Preparing for 'back-to-school' rush later this summer
  - Working closely with schools and daycares to increase compliance with school immunization requirements
- Media and promotion to catch up children on routine vaccinations missed during the pandemic

# Thank you!

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- Contact info:
  - [mlangdonembry@health.nyc.gov](mailto:mlangdonembry@health.nyc.gov)
  - (347)-396-2596
- Acknowledgments
  - NYC Department Of Health and Mental Hygiene
    - Bureau of Immunization, Citywide Immunization Registry

# Co-administration of Flu and COVID-19 Vaccines to Enhance Immunizations

April 27, 2022

AIRA 2022 National Meeting

Sukhesh Sudan, MPH, Ryan Malosh, PhD

Division of Immunization





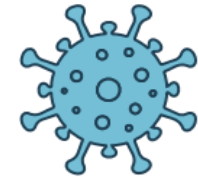
BACKGROUND

# Additional COVID-19 recommendations - An opportunity to administer flu vaccines at the same visit

## Flu vaccine

- Recommended for everyone aged > 6 months every season
- Some children aged 6 months through 8 years are recommended two doses

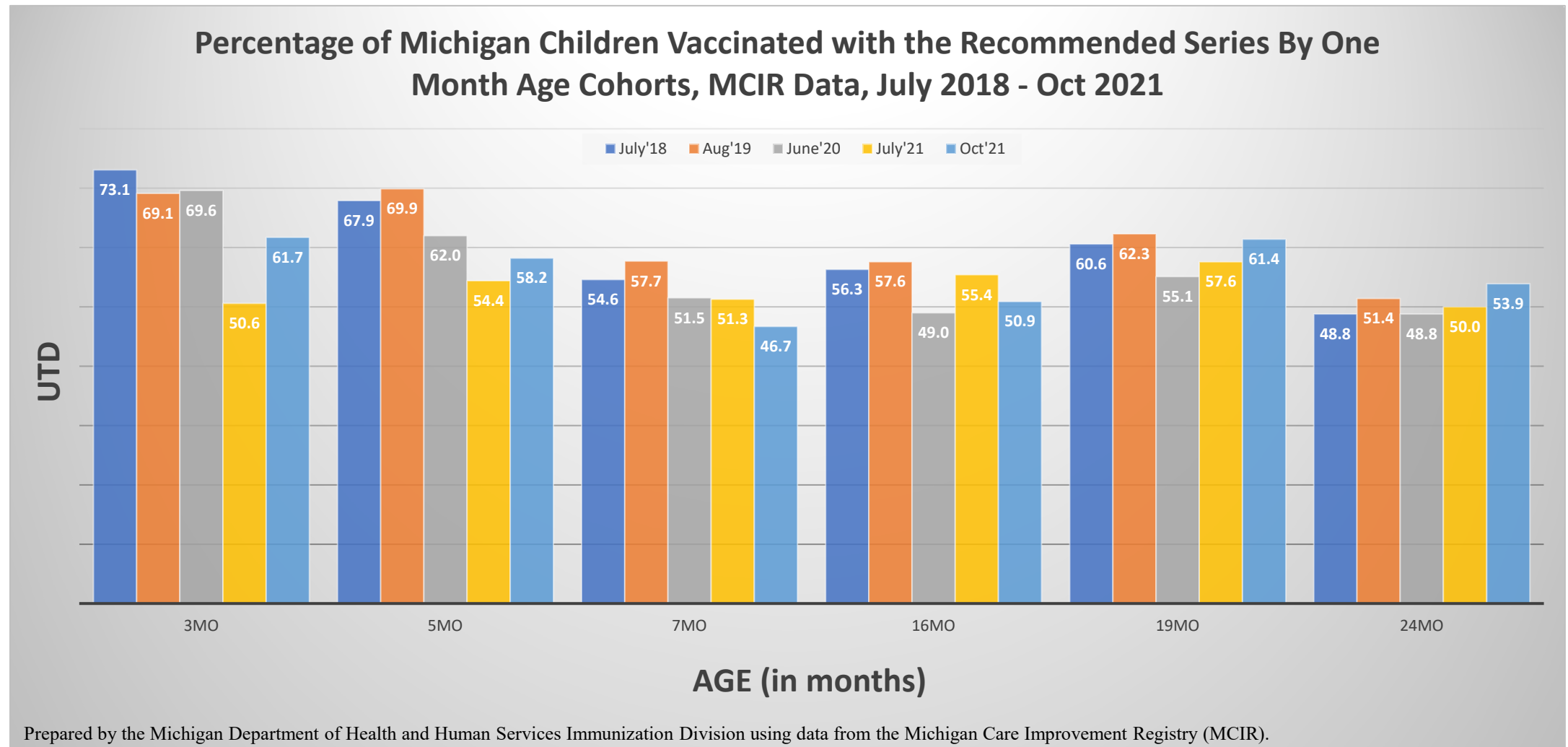
## COVID-19 Vaccination Schedule\*



Vaccine	0 month	1 month	2 month	3 month	4 month	5 month	6 month	7 month	8 month	9 month	10 month	11 month
<b>Pfizer-BioNTech</b> (ages 5-11 years)	<b>1<sup>st</sup> Dose</b>	<b>2<sup>nd</sup> Dose</b> (3 weeks after 1 <sup>st</sup> dose)										
<b>Pfizer-BioNTech</b> (ages 12 years and older)	<b>1<sup>st</sup> Dose</b>	<b>2<sup>nd</sup> Dose<sup>1</sup></b> (3-8 weeks after 1 <sup>st</sup> dose)					<b>Booster Dose<sup>2</sup></b> (at least 5 months after 2 <sup>nd</sup> dose)				<b>2<sup>nd</sup> Booster Dose<sup>3</sup></b> (See footnote)	
<b>Moderna</b> (ages 18 years and older)	<b>1<sup>st</sup> Dose</b>	<b>2<sup>nd</sup> Dose<sup>1</sup></b> (4-8 weeks after 1 <sup>st</sup> dose)					<b>Booster Dose<sup>2</sup></b> (at least 5 months after 2 <sup>nd</sup> dose)				<b>2<sup>nd</sup> Booster Dose<sup>3</sup></b> (See footnote)	
<b>Janssen</b> (ages 18 years and older)	<b>1<sup>st</sup> Dose</b>		<b>Booster Dose<sup>2</sup></b> (at least 2 months after 1 <sup>st</sup> dose)				<b>2<sup>nd</sup> Booster Dose<sup>3</sup></b> (See footnote)					

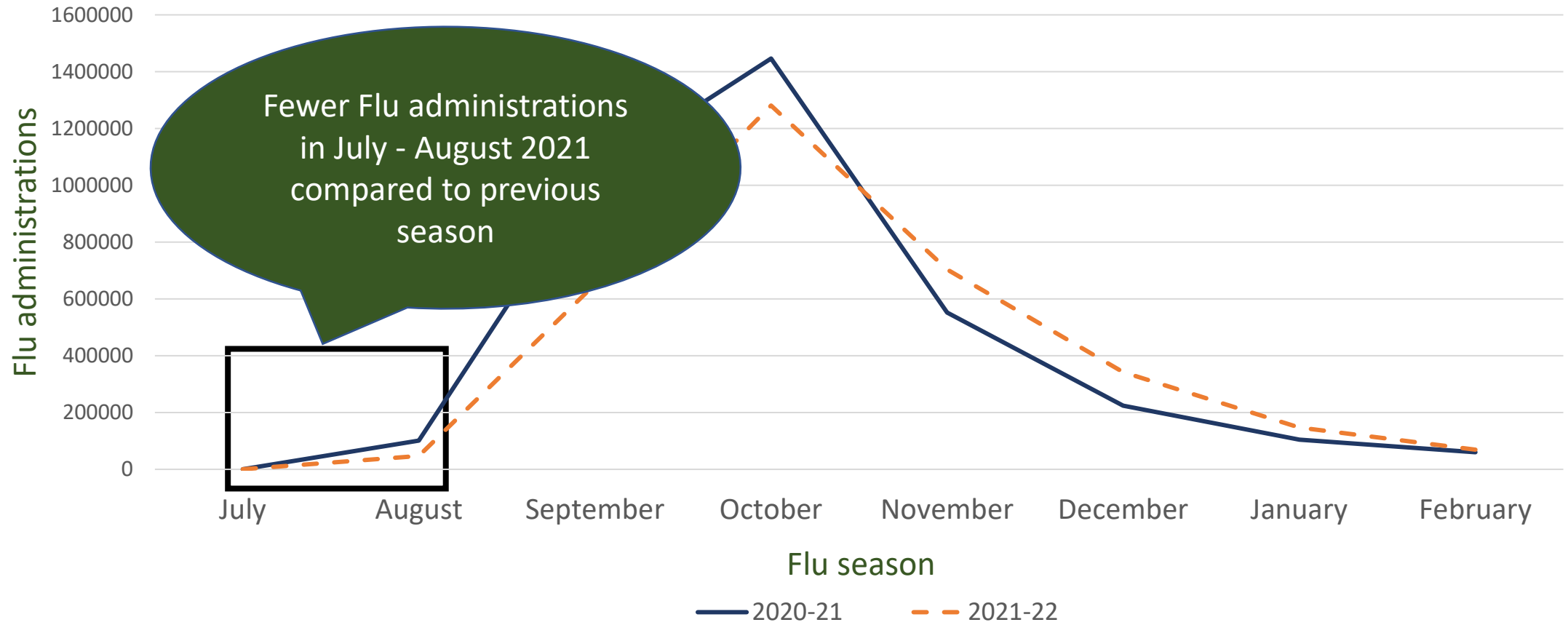
Note: Timeline is approximate. Intervals of 3 months or fewer are converted into weeks per the formula "1 month = 4 weeks." Intervals of 4 months or more are converted into calendar months.

# COVID-19 Pandemic followed by decrease in routine immunizations



# Why co-administer flu and COVID-19 vaccines?

[Influenza - Flu Vaccination Dashboard \(michigan.gov\)](https://michigan.gov/flu)



# Can we co-administer flu and COVID-19 vaccines?

THE LANCET  
Respiratory Medicine

ARTICLES | VOLUME 10, ISSUE 2, P167-179, FEBRUARY 01, 2022

Safety, immunogenicity, and efficacy of a COVID-19 vaccine (NVX-CoV2373) co-administered with seasonal influenza vaccines: an exploratory substudy of a randomised, observer-blinded, placebo-controlled, phase 3 trial

Seth Toback, MD • Eva Galiza, MBBS • Catherine Cosgrove, PhD • James Galloway, PhD • Anna L Goodman, DPhil • Pauline A Swift, PhD • et al. [Show all authors](#) • [Show footnotes](#)

Published: November 17, 2021 • DOI: [https://doi.org/10.1016/S2213-2600\(21\)00409-4](https://doi.org/10.1016/S2213-2600(21)00409-4) • [Check for updates](#)

A study established the safety and efficacy of Flu and COVID-19 vaccines when co-administered!

CDC recommends co-administration of Flu and COVID-19 vaccines – Aug 27, 2021!

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

[A-Z Index](#)

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[Advanced Search](#)

## Morbidity and Mortality Weekly Report (MMWR)

CDC



### Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021–22 Influenza Season

*Recommendations and Reports* / August 27, 2021 / 70(5);1–28

Lisa A. Grohskopf, MD<sup>1</sup>; Elif Alyanak, MPH<sup>1,2</sup>; Jill M. Ferdinands, PhD<sup>1</sup>; Karen R. Broder, MD<sup>3</sup>; Lenée H. Blanton, MPH<sup>1</sup>; H. Keipp Talbot, MD<sup>4</sup>; Alicia M. Fry, MD<sup>1</sup> ([View author affiliations](#))

# MDHHS encourages providers to co-administer!

- Following CDC guidance, MDHHS communicated to all Michigan providers to co-administer Flu and COVID-19 vaccines when feasible
- Pharmacies (the top provider of COVID-19 vaccines in MI) were especially encouraged!
- Information regarding co-administrations disseminated via:
  - Weekly provider briefs
  - Noontime knowledge presentations
  - Yearly flu webinar – 1<sup>st</sup> Sept 2021
  - Responding to questions





TEST YOUR FLU I.Q.  
**TRUE OR FALSE**

The flu vaccine  
can be taken at the  
same time as the  
COVID-19 vaccine.

**MDHHS**  
Michigan Department of Health & Human Services

*COVID-19 is here,  
and so is the flu.*

# Vaccinate Together



Learn more at  
[Michigan.gov/COVIDVaccine](https://Michigan.gov/COVIDVaccine)

**Vaccination  
is your best  
protection  
against the flu  
and COVID-19.**

With COVID-19 still spreading, it is more important than ever to protect yourself from vaccine-preventable diseases like the flu and COVID-19.



**You can get  
a COVID-19  
vaccine and  
a flu vaccine  
at the same  
time.**



**Vaccinating  
at the same  
visit for flu  
and COVID-19  
protects loved  
ones from both  
deadly diseases.**



**Flu and  
COVID-19 are  
both especially  
dangerous for  
older people.**



Ensure your loved ones are fully protected before the holidays.

Vaccination helps prevent infection, severe disease, hospitalization, and death from both the flu and COVID-19.

# METHODS



# Data source

- Michigan's Immunization Information System (IIS) – Michigan Care Improvement Registry (MCIR)
  - Mandatory childhood vaccine reporting (birth through 18 years)
  - Became a lifespan registry in 2006 with addition of adult records
- Immunization records in MCIR escalated following the COVID-19 pandemic
  - 8.3 million doses in 2020 to 21.6 million in 2021
  - Dramatic increase in adult records

[mcir.org](https://mcir.org) | [Improving Healthcare in Michigan](#)

# Data analysis

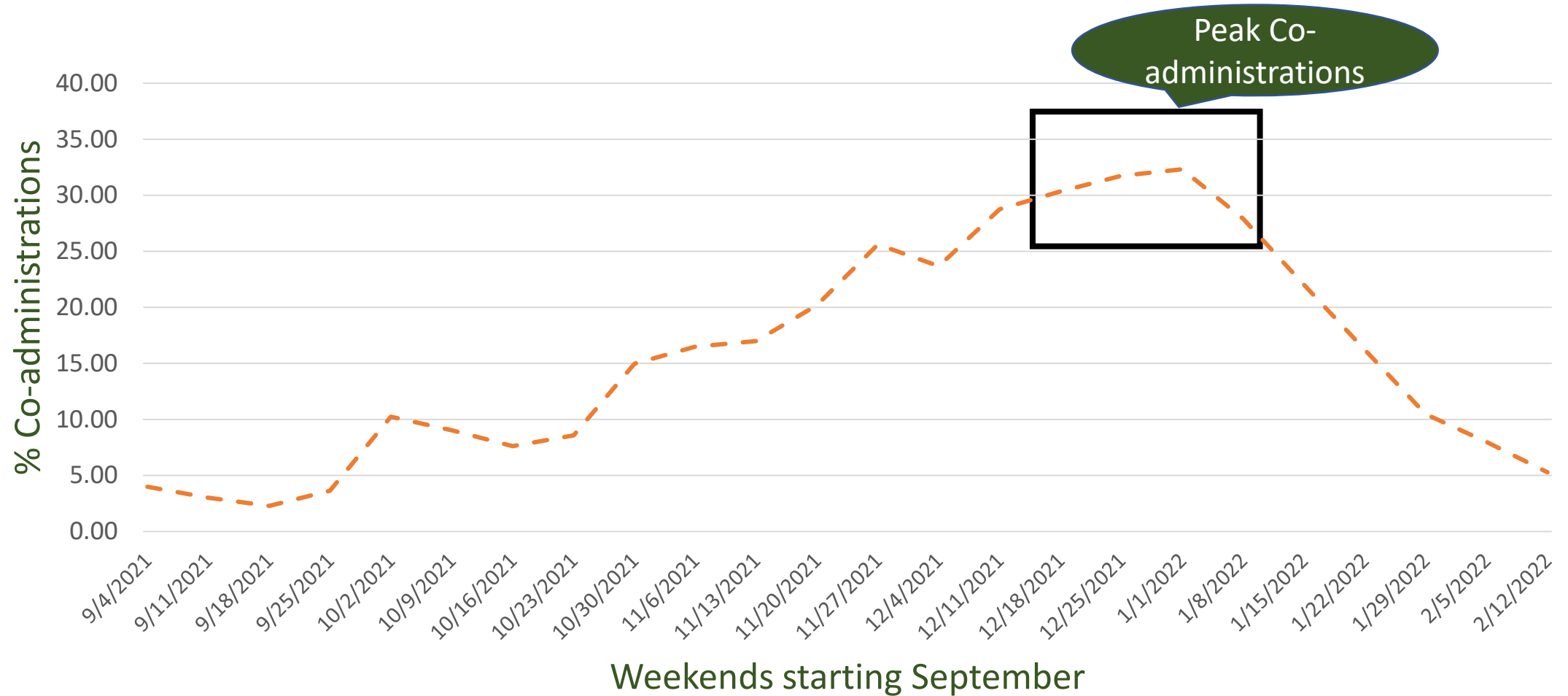
- “Co-administrations” included Michigan residents who received a flu and COVID-19 vaccine :
  - On the same day
  - +/- 1 day from each other
- % of total flu vaccines that were co-administered with a COVID-19 vaccine (Sep 1, 2021, to Feb 12, 2022) were assessed
  - Trends over time during the 2021-22 flu season
- Co-administrations stratified by age, gender, and type of provider
- County level co-administrations were mapped using GIS software

# RESULTS

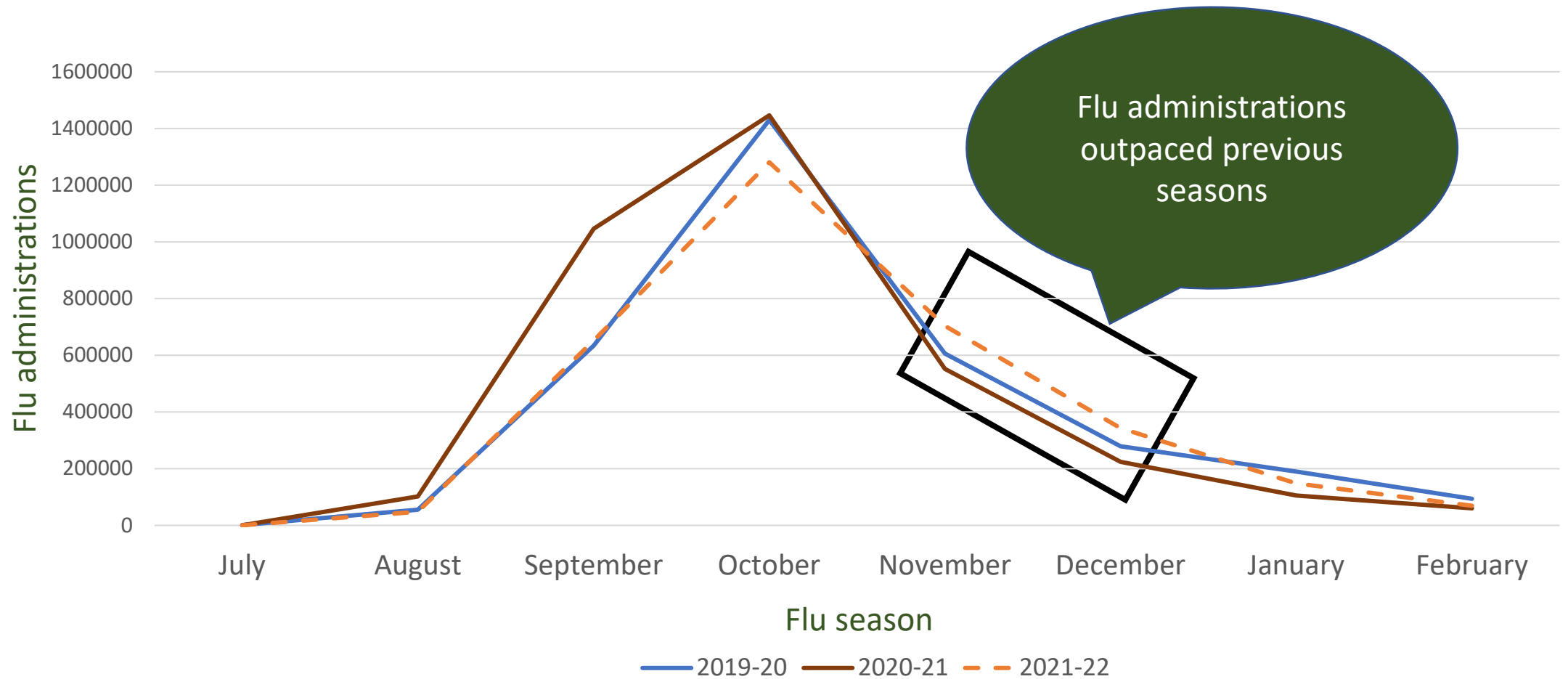
# Key results

- 13.4% (413,101) co-administrations out of a total of 3,075,658 flu vaccinations in Michigan
- Weekly co-administration rates peaked in December 2021 (32.3%) followed by a sharp decline in February 2022 (5.3%).
- During peak co-administrations (Nov 2021 - Jan 2022), the flu vaccine administration outpaced vaccinations at the same time in the previous two years

# % of flu vaccines that were co-administered with a COVID-19 vaccine?



# Higher flu administrations during peak co-administrations!

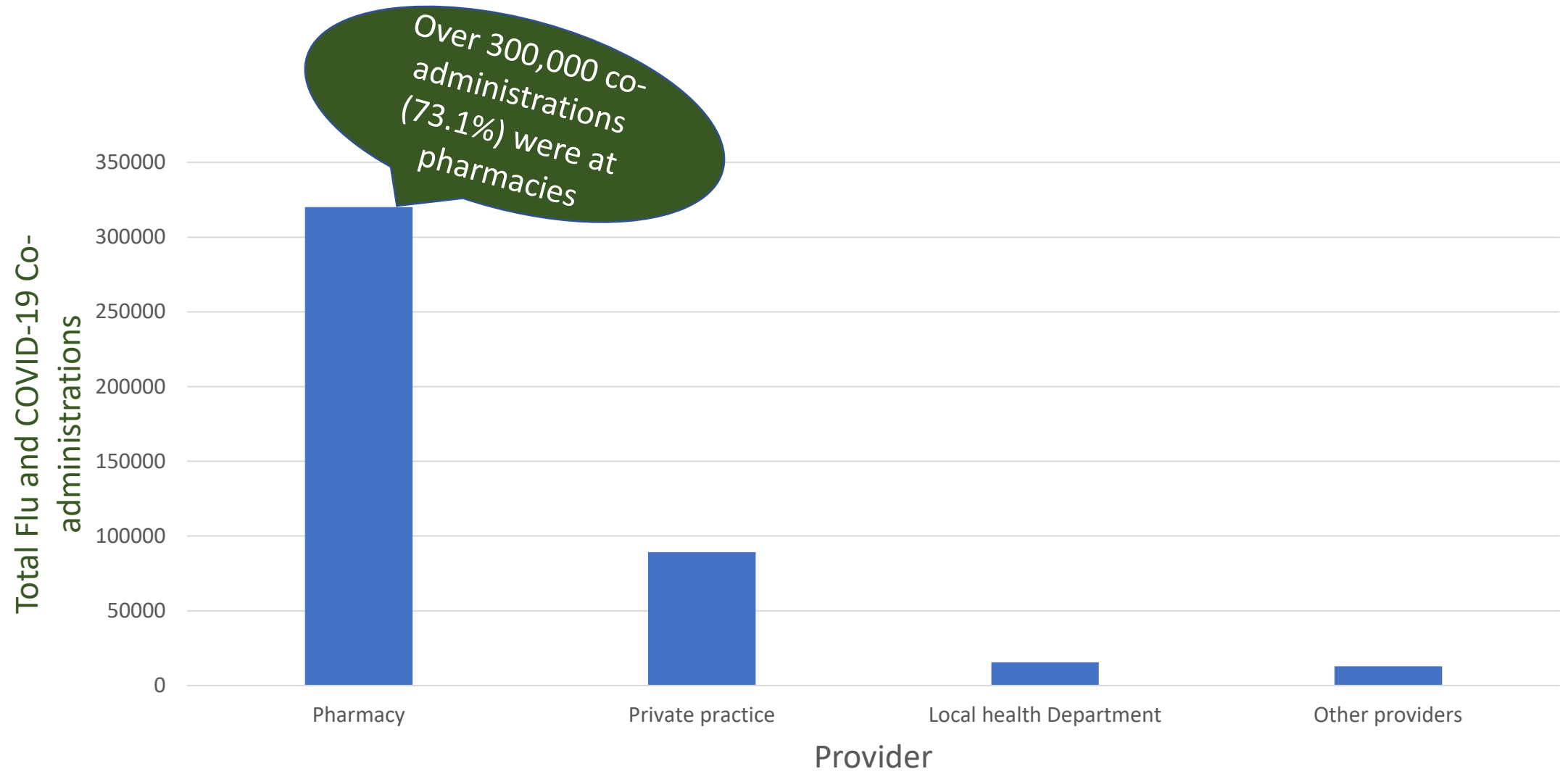


# Co-administrations by sex and age group

Sex	Flu-COVID Co-administrations (%)
Male	210,044 (48.0%)
Female	227,417 (52.0%)

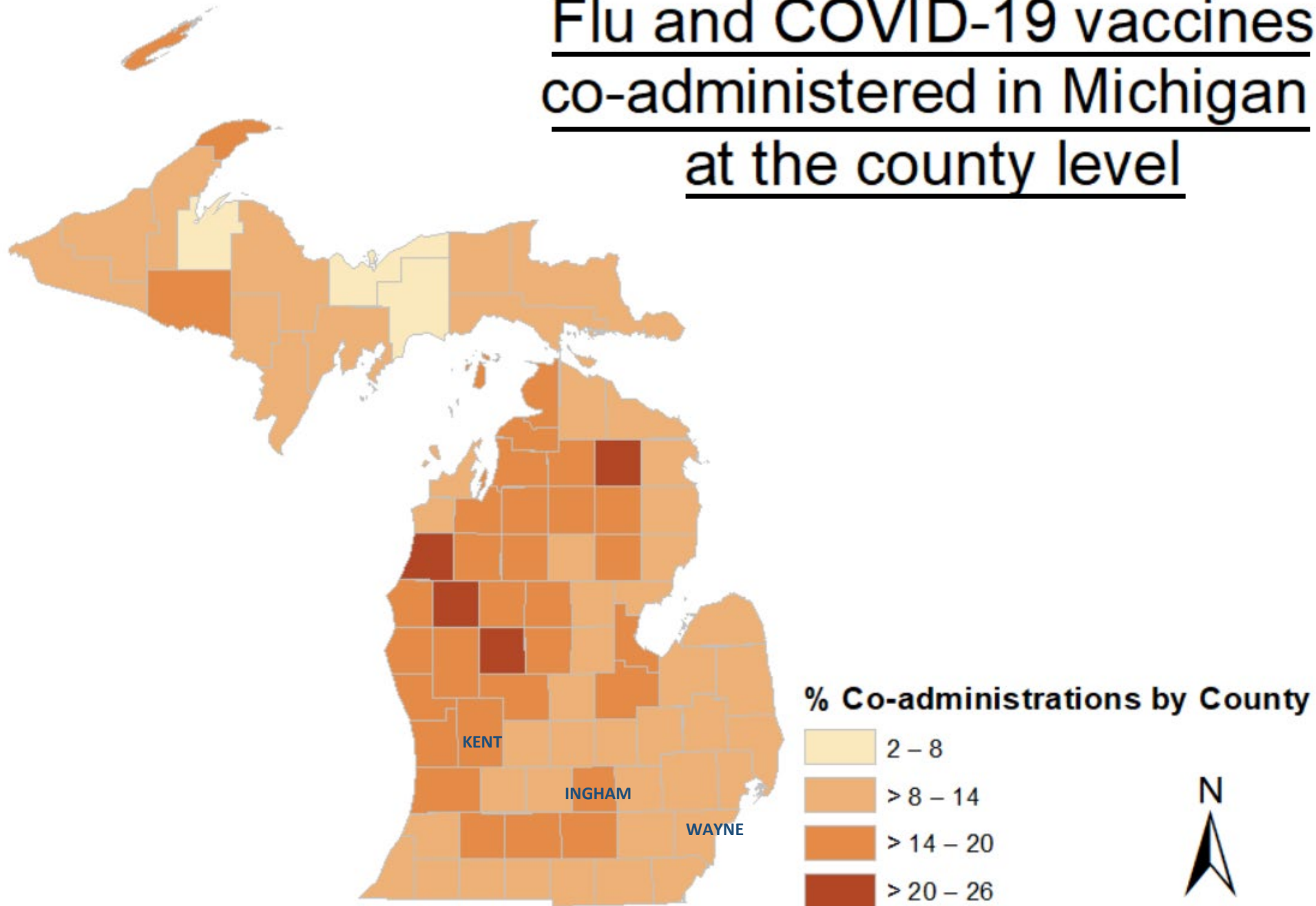
Age group	Flu-COVID Co-administrations (%)
5 – 11 years	283 (0.1%)
12 – 17 years	11,144 (2.5%)
18 – 49 years	161,949 (37.0%)
50 – 64 years	114,210 (26.1%)
65 years and above	150,025 (34.3%)

# Co-administrations by Healthcare provider





# Flu and COVID-19 vaccines co-administered in Michigan at the county level



# CONCLUSION

# Conclusions

- State health departments should utilize their Immunization Registries to actively monitor trends in co-administration of vaccines which can guide data-driven policies to enhance vaccination coverages
- Educational outreach to pharmacies, other health care providers, and the general public to co-administer flu and COVID vaccines can be an effective strategy to enhance immunizations.
- In an environment with rapid changes in vaccine recommendations (including additional doses of COVID-19 vaccine), co-administration of other vaccines with Flu vaccine presents a unique opportunity to improve vaccination coverage.

## Next steps...

- Differences in Co-administrations by
  - Race / ethnicity
  - COVID-19 dose type (Primary series vs. booster dose)
  - Rural vs. urban counties
- Co-administration of other ACIP recommended vaccines with Flu / COVID-19 vaccines?

# Project Team



## **Division of Immunization**

- Sukhesh Sudan, MCIR Epidemiologist
- Hannah Forsythe, MCIR Epidemiologist
- Abhinav Nalla, Data Sharing Analyst
- Terri Adams, Director
- Ryan Malosh, Epidemiology Section Manager

# Presenter Contact Information

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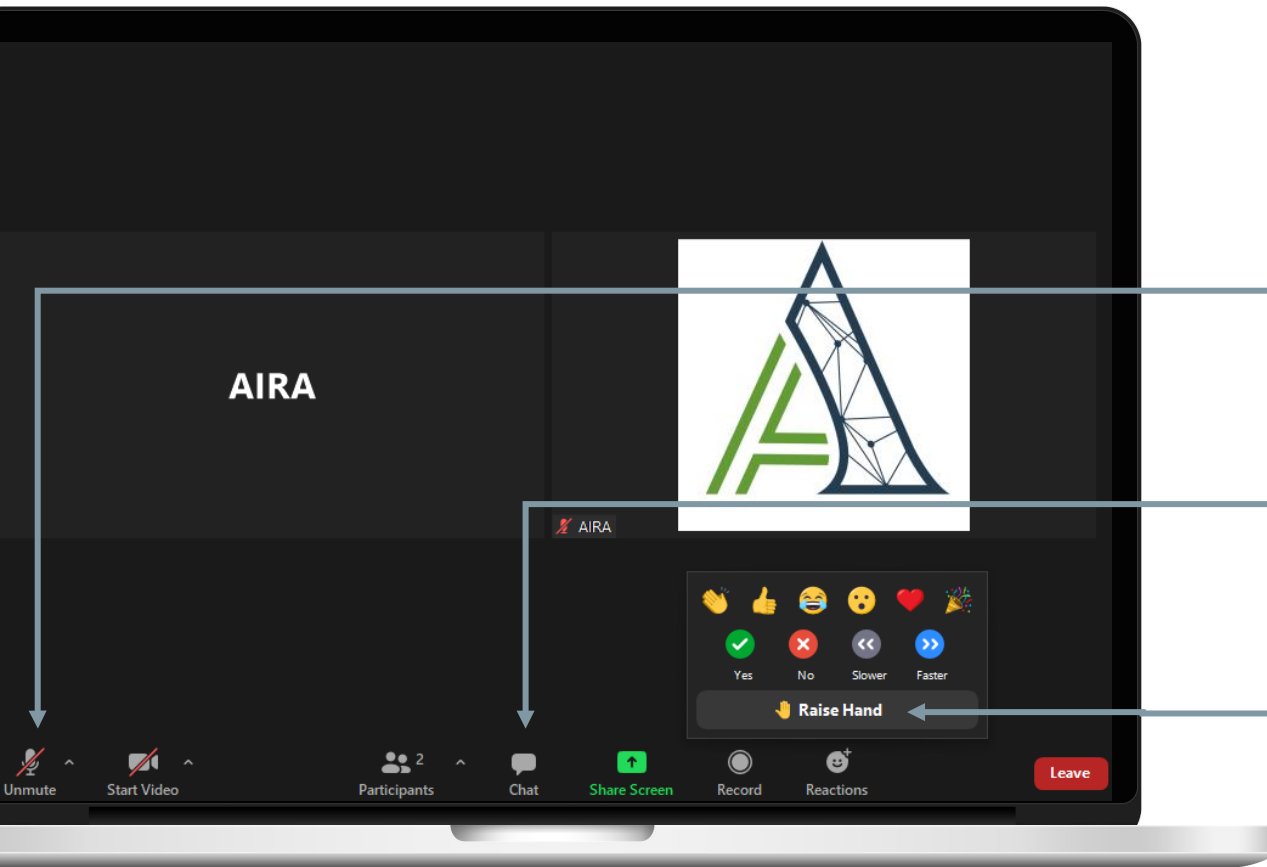
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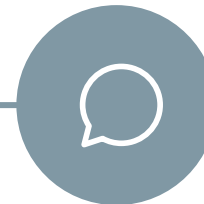
# Question & Answer



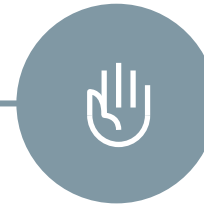
## How do I ask a question?



Select the unmute icon and ask your question verbally.




Select the chat icon and type your question into the chat box.



Select the reactions icon, select "Raise Hand," and you will be called on.





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

Please complete a brief evaluation survey.

The next Discovery Session  
will be on June 27, 2022