School-Located Vaccination (SLV) Strategies to Increase Child and Adolescent Immunization Rates During the COVID-19 Pandemic

Virtual Symposium

September 17th, 2021

This event is sponsored in part by The Rockefeller Foundation.
Welcome and Overview

Mark McClellan, MD, PhD
Director, Duke-Margolis Center for Health Policy
Symposium Co-Sponsors

This event is sponsored in part by The Rockefeller Foundation.
Agenda

12:00 – 12:15 pm  Welcome and Overview
12:15 – 12:35 pm  A Call to Action on Childhood Immunizations
12:35 – 1:35 pm   Rising to the Challenge: Innovative Strategies for Mobilizing K-12 Schools as COVID-19 Vaccination Sites
1:45 – 2:45 pm    Playing Catch-Up: Partnerships to Improve Routine and Seasonal Childhood Immunizations
2:45 – 3:45 pm    If You Build It, Will they Come?: Strategies for Communicating with Parents and Building Vaccine Confidence
3:45 – 4:00 pm    Wrap up and Next Steps
Children and COVID-19

As of Sept. 9, nearly **5.3M children** have tested positive for COVID-19

> **240,000 cases added in a week** exceeds winter surge peaks & represented 28.9% of reported COVID-19 cases

Hospitalizations reached a new peak: >340 children/day

> **500 COVID-19 deaths** have been reported in children

Reducing COVID-19 Transmission in Schools

Reduce Covid-19 spread by layering mitigation measures
Schools Play an Important Role in Communicating with Parents about Vaccines

Figure 2
Four In Ten Parents Of Children Ages 12 To 17 Say Their Child Has Received At Least One Dose Of The COVID-19 Vaccine

Thinking about your child between the ages of 12 and 17, have they received at least one dose of a COVID-19 vaccine, or not? IF NOT: As you may know, the FDA has authorized the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child between the ages of 12 and 17, do you think you will get them vaccinated...?

- Child is vaccinated
- Right away
- Wait and see
- Only if required
- Definitely not

July '21: 41% vaccinated, 6% right away, 23% wait and see, 9% only if required, 20% definitely not.
June '21: 34% vaccinated, 8% right away, 18% wait and see, 10% only if required, 25% definitely not.
May '21: 24% vaccinated, 18% right away, 21% wait and see, 14% only if required, 20% definitely not.
April '21: 30% vaccinated, 26% right away, 15% wait and see, 15% only if required, 22% definitely not.

NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: “Once there is a COVID-19 vaccine authorized and available for your child’s age group, do you think you will...?” See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor

Figure 17
Parents Whose Child’s School Encouraged COVID-19 Vaccination Or Provided Information Are More Likely To Say Child Is Vaccinated

Thinking about your child between the ages of 12 and 17, have they received at least one dose of a COVID-19 vaccine, or not? IF NOT: As you may know, the FDA has authorized the Pfizer COVID-19 vaccine for use in children ages 12 and up. Thinking about your child between the ages of 12 and 17, do you think you will...?

- Child is vaccinated
- Right away
- Wait and see
- Only if required
- Definitely not

School encouraged vaccine: 62% vaccinated, 17% definitely not.
School did not encourage vaccine: 30% vaccinated, 28% definitely not.
School provided information about COVID-19 vaccination: 58% vaccinated, 18% definitely not.
School did not provide information about COVID-19 vaccination: 32% vaccinated, 29% definitely not.

NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: “Once there is a COVID-19 vaccine authorized and available for your child’s age group, do you think you will...?” See topline for full question wording.

Source: Kaiser Family Foundation
Leveraging Schools as COVID-19 Vaccination Sites

Key Takeaways

- Leadership matters
- Build on existing partnerships
- Offer vaccination alongside school programming and activities
- Use available data to understand disparities and needs
- Have a “no wrong door” approach
- Elevate trusted community voices
- Streamline processes where possible
- Consider partnerships or incentives to encourage participation
- Empower students to communicate with their peers about vaccines

Welcome and Overview

Claire Hannan, MPH
Executive Director, Association of Immunization Managers
Welcome from AIM

• The Association of Immunization Managers (AIM) represents the 64 immunization programs that receive funding from CDC’s National Center for Immunization and Respiratory Diseases (NCIRD)
  • In 50 states, 6 major cities + DC, 8 territories/federated states

• Our members work with all of you in administering our nation’s childhood and adult immunization programs, including COVID-19 vaccinations

• As of September 16th 2021, 210.1 million Americans 12 years and older have received at least one dose of a COVID-19 vaccine!
Why is AIM Involved in SLVs?

- Immunization programs are entrusted with COVID-19 vaccine planning, distribution, administration, and tracking.
- Partnerships are crucial to plan and implement SLVs, including with immunization programs.
- We know that SLVs can:
  - increase vaccination rates among school students and staff,
  - improve community health outcomes,
  - And increase access and equity for vaccines.
- AIM and the National Association of School Nurses collaborated to listen and learn from immunization programs and school nurses.

- Preview report findings at: https://bit.ly/SLVReports
Role of Immunization Programs (IPs) in Supporting SLVs

• Partnerships are key to SLV success, taking pressure off schools who face competing demands and may have limited capacity for SLVs

• IPs are a valuable source of support for SLVs
  • Lend support to SLVs at different stages of the planning and implementation process
  • Provide extra support (as needed) such as vaccine supply, IIS & data capacity, funding, and clinical support staff

• IPs are a bridge and connector to other partners such as local health departments, pharmacies, community health centers, etc.
Challenges & Opportunities

- Pandemic has drawn attention away from our regular public health activities
- Kids are falling behind on their routine vaccinations and need to catch up

And.... COVID-19 provides a unique opportunity!

- Thousands of enrolled providers, new collaborations with schools, communities and health care providers
- IT improvements: collecting forms, scheduling, prepping for clinics, and reporting doses in real time
- Improved data sharing, increased reimbursement rates and much more

Let’s build upon these successes to establish successful and sustainable SLVs to vaccinate against influenza, routine vaccinations, and COVID-19!
We’re All In This Together!

• You as health care providers, school nurses, and community members are the most trusted sources of information for your communities

• Let’s all be champions for vaccines!

• Our ultimate goal is to keep children protected from COVID-19 and VPDs so kids can stay in school learning, playing, and socializing

• Schools and school nurses are busy taking care of our kids. How can we as parents, organizations, and communities work to support SLVs?

• I challenge each one of us to ask how we can support schools and school nurses in this community effort to vaccinate our kids
Welcome and Overview

Bruce Gellin, MD, MPH
Chief of Global Public Health Strategy, The Rockefeller Foundation
A Call to Action on Childhood Immunizations

Rachel L. Levine, Assistant Secretary for Health, U.S. Department of Health and Human Services
Mary Wall, Senior Policy Advisor, White House COVID-19 Response Team
Tara Vogt, Immunization Services Division, Centers for Disease Control and Prevention

This event is sponsored in part by The Rockefeller Foundation.
Childhood vaccination during the COVID-19 pandemic

School-Located Vaccination (SLV) Strategies to Increase Child and Adolescent Immunization Rates During the COVID-19 Pandemic

Symposium
September 17th, 2021

Tara Vogt, PhD, MPH
Immunization Services Division
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

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What I will talk about today

- Childhood vaccination during the pandemic
- Taking action to overcome barriers, with a focus on school-located vaccination (SLV)
Childhood vaccination during the pandemic
Cumulative differences in Vaccines for Children (VFC) vaccine doses ordered – United States, January 6-April 19, 2020 vs. pre-pandemic

Update: Cumulative differences in VFC vaccine doses ordered – United States, January 2020 through August 2021 vs. pre-pandemic

Overall, non-flu vaccines down ~12%

Source: CDC’s Vaccine Tracking System (VTrckS); January 2020 through the August, 2021 vs FY2019
US COVID-19 vaccination coverage by age as of 9/14/2021

- **At least one dose**
  - 12-15 years: 52%
  - 16-17 years: 60%
  - 18+ years: 76%

- **Fully vaccinated**
  - 12-15 years: 41%
  - 16-17 years: 49%
  - 18+ years: 65%

1 - CDC COVID Data Tracker: [https://covid.cdc.gov/covid-data-tracker/#vaccinations-cases-trends](https://covid.cdc.gov/covid-data-tracker/#vaccinations-cases-trends)

2 - CDC COVID Data Tracker: [https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total)
Likely barriers impacting routine pediatric vaccination

- Reduced access to vaccination services
  - Healthcare providers offices closed, offering reduced hours, or not offering preventive health care to all pediatric patients

- Parent/guardian-originating barriers
  - Fear of exposure to SARS-CoV-2
  - Logistical challenges (e.g., taking time off work, childcare, transportation)

- Inadequate communications/outreach to parents/guardians
  - Communications about vaccines and well child visits due
  - COVID-19 precautions in place

- Inadequate enforcement of school vaccination requirements
  - Lower priority during the 2020-21 school year
Taking action to overcome barriers, with a focus on school-located vaccination
Current or planned activities for enhancing pediatric catch-up vaccination

- Ensuring school/daycare requirements are met (83%)
- Conducting communication/education campaigns (79%)
- Sharing information about Medicaid and no cost VFC vaccines (65%)
- Implementing reminder/recall for when vaccines are due/overdue (63%)
- Holding school-located vaccination (SLV) clinics (52%)
- Promoting pharmacy vaccination (50%)
- Holding temporary (non-SLV) clinics (33%)

Source: Unpublished data, CDC internal communication
Likelihood of SLV this school year:
May/June 2021 survey of K-12 school nurses (n=977)\(^1,2\)

What is the likelihood school will hold/participate in SLV in the fall/winter of 2021-22?

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Vaccine(s) to be offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure/undecided</td>
<td>23% Flu: 60% COVID-19: 56% Routine, non-flu: 34%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>31% Flu: 60% COVID-19: 56% Routine, non-flu: 34%</td>
</tr>
<tr>
<td>Likely</td>
<td>45% Flu: 60% COVID-19: 56% Routine, non-flu: 34%</td>
</tr>
</tbody>
</table>

1-Survey conducted among a convenience sample of members of the National Association of School Nurses.
2-National Foundation for the Centers for Disease Control and Prevention, Inc., “Impact of the COVID-19 Pandemic on K-12 School Nurses (2020/2021 School Year)”, 2021, unpublished data. This project was supported by the CDC Foundation using funding provided by donors to the Foundation’s COVID-19 Emergency Response Fund.
Support for SLV this school year:
May/June 2021 survey of K-12 school nurses (n=977)\textsuperscript{1,2}

In the 2021-22 school year, during an SLV event at my school, I support offering
\[n = 977\]

\begin{itemize}
  \item Influenza vaccine to students: 71\% Agree, 16\% Neutral, 13\% Disagree
  \item COVID-19 vaccines to age eligible students: 71\% Agree, 14\% Neutral, 15\% Disagree
  \item COVID-19 vaccines to eligible family members: 61\% Agree, 17\% Neutral, 22\% Disagree
  \item Routine, non-influenza vaccine(s) (e.g., Measles-containing, Tdap) to students: 56\% Agree, 22\% Neutral, 22\% Disagree
\end{itemize}

\textsuperscript{1}Survey conducted among a convenience sample of members of the National Association of School Nurses.
\textsuperscript{2}National Foundation for the Centers for Disease Control and Prevention, Inc., “Impact of the COVID-19 Pandemic on K-12 School Nurses (2020/2021 School Year)”, 2021, unpublished data. This project was supported by the CDC Foundation using funding provided by donors to the Foundation’s COVID-19 Emergency Response Fund.
CDC SLV planning considerations

https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics.html
A word about coadministration...

- COVID-19 vaccines may be coadministered with other vaccines (e.g., flu, routine childhood vaccines)\(^1\)
  - There are no safety concerns
  - There may be compelling reasons to do so
- Some parents/guardians may feel reluctant to provide permission to coadminister multiple vaccines to their children (e.g., in an SLV clinic)

\(^1\)https://www.cdc.gov/vaccines/covid-19/clinical-considerations/index.html
Conclusion: The need for catch-up vaccination and COVID-19 vaccination for eligible children is urgent

- Many school-aged children missed recommended vaccines over the last year due to COVID-19-related disruptions
  - Measles and adolescent vaccines are especially concerning
- Let’s not forget about flu vaccination!
- COVID-19 vaccination coverage among eligible children is low relative to other age groups
- School-located vaccination, among other approaches, can help get kids vaccinated, keeping them protected against vaccine-preventable diseases and in school!
Acknowledgements

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Ben Herring
Kevin Gipson
Lisa Galloway
Amanda Carnes
Nicole Liddon
Leah Robin
Sarah Sliwa
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Rising to the Challenge: Innovative Strategies for Mobilizing K-12 Schools as COVID-19 Vaccination Sites

Moderator:
Mark McClellan, MD, PhD
Director, Duke-Margolis Center for Health Policy
Panelists

**Tiffany Tate**, Executive Director, Maryland Partnership for Prevention

**Sara Rigel**, Health Services Administrator for School-Based Partnerships and Child Care Health, Public Health – Seattle and King County

**Kaetlin Miller**, Program Manager COVID-19 Vaccine Program, Public Health – Seattle and King County

**Gabriella Duràn Blakey**, Chief Operations Officer, Albuquerque Public Schools
Sustainable School-Located Vaccination Campaigns

Tiffany Tate, Executive Director
What is MPP?

- Nonprofit immunization coalition, since 1999
- Provide support, training, educational opportunities, information, and technical assistance to immunization stakeholders
- Provide self-sustaining community-based vaccination services for 7 years:
  - Schools – **30,000 to 50,000 vaccinations annually**
  - Long-Term Care
  - Churches
  - Employers
  - Other Community Settings
- Distributor of vaccination and testing clinic technology
What Makes SLV Clinics Work?

- Partnerships
  - School and School Health Leadership
  - Local Health Department
  - State Health Department
  - Health Coalitions
  - Parent Association
  - General Community
What Makes SLV Clinics Work?

- Community Buy-In, facilitated by:
  - Education
  - Marketing
  - Resources

- Skilled Clinical Team
  - Trained Vaccinators
  - Clerical and General Support
What Makes SLV Clinics Work?

- Technology and Automation
  - Electronic Consent Form
  - Clinic Management System
  - Clinic Scheduler
  - Staffing Assignments and Timekeeping

- Reimbursement
  - Health Insurance Billing Information Capture
  - Health Insurance Billing
Contact Information

Tiffany Tate, Executive Director
Office: 410-902-4677
tiffany.tate@immunizemaryland.org
Rising to the Challenge:  
Innovative Strategies for Mobilizing K-12 Schools as COVID-19 Vaccination Sites 

Dr. Gabriella Duran Blakey, Chief Operations Officer 
Albuquerque Public Schools
Guiding Principles & Values

- **Access** – increase access to vaccinations to the community
- **Trust** – open trusted facilities and trusted communication
- **Community** – Commitment as community partners to respond to public health crisis
<table>
<thead>
<tr>
<th>What did we do?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Distribution of 40,000 vaccines for the community</strong></td>
</tr>
<tr>
<td><strong>Contribute to 60% vaccination rate in New Mexico (8th highest in the country)</strong></td>
</tr>
<tr>
<td><strong>10 sites, including stadium drive-thrus</strong></td>
</tr>
<tr>
<td><strong>Facilitation of 12,000 employee vaccinations &amp; 37,000 eligible student vaccinations</strong></td>
</tr>
<tr>
<td><strong>Communicate and Publicize use of NMDOH portal</strong></td>
</tr>
</tbody>
</table>
Phase 1 – December 2020

• Partnership with City of Albuquerque Emergency Response Department and New Mexico Department of Health

• School facilities are closed for remote learning and available for use

• Open school sites for Phase 1 vaccinations
  • Weekly vaccination hubs (~400 vaccinations per site)
  • 4 sites

• School nurses assist in distribution

• Maintenance & Operations assist in setup and cleaning

• School police assist in traffic control
Professional Development Center Vaccine Distribution Site
Phase 2 – March 2021

- Continue hub sites to include school employees as priority
- Utilization of NM DOH portal for appointments and tracking
- 10 sites utilized
- Coordinate with providers to ensure all employees are vaccinated by March 31, 2021
- Continue partnerships with providers including:
  - New Mexico Department of Health
  - Indian Health Services
  - Walgreens Pharmacy
  - Walmart Pharmacy
  - Albertsons Pharmacy
  - Vita Pharmacy
Phase 3 – April 2021

- Include students ages 16 and above for vaccinations
- Open clinics for seniors prior to graduation
- Open and communicate clinics for students 16 and above
  - Phase in students 12 and above, as vaccine was approved
- Back to School Got Shots Clinics with students and Department of Health
Lessons Learned

- Trusted facilities and communication leads to building vaccine confidence
- Partnerships with community partners for common goal in the community
- Leverage expertise of each partner to accomplish shared goal
- Led to *Got Shots Clinics* for all adolescent vaccines
- Increase distribution of flu vaccinations
Break

1:35 – 1:45 pm

This event is sponsored in part by The Rockefeller Foundation.
Playing Catch-Up: Partnerships to Improve Routine and Seasonal Childhood Immunizations

Moderator: Claire Hannan, MPH
Executive Director, Association of Immunization Managers

This event is sponsored in part by The Rockefeller Foundation.
Panelists

**Ronald Balajadia**, Immunization Branch Chief, Hawai’i Department of Health

**Eva Stone**, Manager District Health Services, Jefferson County, KY

**Judith Shlay**, Associate Director, Public Health Institute at Denver Health
JCPS Plans to Promote Vaccination “Catch Up”

- Work with local Public Health Department/Board of Health
- Health Service Advisory Council
- Expanded School-Based Medicaid Billing (Reversal of the Medicaid “Free Care” Rule)
- Providers for the Vaccines for Children Program (VFC)
- School Nurses
Observed Gaps in Routine Childhood Immunizations

- Started in JCPS January, 2018
- Hepatitis A became a vaccine requirement effective 2018-19 school year
- Review of audited grades raised concerns
- Reviewed all grades with concerns noted
- “Deep dive” into 19-20 data showed:
  - Nearly 1 in 5 children were missing current immunization certificates (19,756)
  - 91.7% were children living in poverty
  - 61.4% were students of color
- Low participation in VFC program among providers
- MCO rules regarding care
Challenges to support “Catch Up” Efforts

- Reimbursement rates for vaccinations
- No communication between immunization registry and student data system
- Fee for service models
- Federal policy
- HIPAA/FERPA
- Lack of ownership for the problem
Work to Improve Immunization Rates

- MOA’s with area Pharmacies
- School-Based Health Centers
- MOA with area Health Care System
Denver’s In-School Immunization Program (ISIP)

Judith Shlay, MD, MSPH

September 17, 2021
Objectives

- Describe ISIP program
- Highlight past work with Denver Public Schools
- Described planned activities for 2021-2022 school year
Overview of ISIP

• ISIP has partnered with Denver Public Schools (DPS) for over 10 years providing required and recommended vaccines at participating schools regardless of insurance status
  — DPS has a diverse population with over 65% students of color
  — Clinics provided during school day and parents not required to attend
  — Students out of class approximately 15-20 minutes
• Program serves schools with low compliance rates, that are not affiliated with a school-based health center
• All vaccines are provided; services are billed only to insurance -no families receive a bill
Overview of ISIP participation

# of pts and vaccines MS vs ES 2015-2019
Cumulative vaccine administered 2012-2019
Changes in compliance for participating schools 2018-2019

<table>
<thead>
<tr>
<th>School</th>
<th>Population</th>
<th>Overall % Compliant</th>
<th>% Increase in Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before Clinics</td>
<td>After Clinic 1</td>
<td>After Clinic 2</td>
</tr>
<tr>
<td>School 1 MS</td>
<td>405</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>School 2 MS</td>
<td>808</td>
<td>74%</td>
<td>75%</td>
</tr>
<tr>
<td>School 3 MS</td>
<td>583</td>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td>School 4 MS</td>
<td>869</td>
<td>79%</td>
<td>83%</td>
</tr>
<tr>
<td>School 5 MS</td>
<td>297</td>
<td>64%</td>
<td>75%</td>
</tr>
<tr>
<td>School 6 MS</td>
<td>260</td>
<td>68%</td>
<td>85%</td>
</tr>
<tr>
<td>School 6 ES</td>
<td>501</td>
<td>92%</td>
<td>96%</td>
</tr>
<tr>
<td>School 7 ES</td>
<td>285</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>School 8 ES</td>
<td>429</td>
<td>85%</td>
<td>88%</td>
</tr>
<tr>
<td>School 9 ES</td>
<td>443</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>School 10 ES</td>
<td>318</td>
<td>89%</td>
<td>95%</td>
</tr>
</tbody>
</table>
• Provision of all required and recommended vaccines in school setting including Covid-19 vaccine irrespective of insurance status
  – Parents will be offered Covid-19 and influenza vaccine if in attendance
  – Concern over reduction in coverage of routine vaccinations in our community
• Partnership with Denver Health School Based Health Centers to enhance comprehensive services to students and families at Denver Public Schools
• ISIP focus is schools without a school-based clinic
MMR coverage rates for 4-6 year olds by neighborhood in Denver, CO – June 2021

The numerator is based on the number of 4-6 year olds in the June 2021 CHIS file that have received two doses of the MMR vaccine according to the recommended schedule: first dose on or after the child’s first birthday and second dose at least 4 weeks after the first. The denominator is based on the number of 4-6 year olds estimated to be living in each neighborhood using estimates from ESRI. Hover over a neighborhood to see the numerator and denominator. The percentage is capped at 100%. Some neighborhoods have more children with a completed MMR record in CHIS than are estimated to be living in the neighborhood causing the percentage to be over 100%.
Challenges and Solutions

• Costs to cover staff for these outreach services
  – Approximately 50% of costs are covered by revenue
  – Covid-19 vaccine funding is being used this year to cover staffing

• Engaged school staff that support programming
  – Many schools only have a nurse one day per week which limits engagement in the program
  – Aligned efforts with Denver Health School-Based Health to provide a more comprehensive package of services for students and families

• Improve overall vaccine coverage rates for students
  – Maps identify communities at risk for measles
  – Use data to identified communities in need and prioritize those areas
Questions

Contact information: jshlay@dhha.org
If You Build It, Will they Come?: Strategies for Communicating with Parents and Building Vaccine Confidence

Moderator:
L.J Tan, MS, PhD
Chief Strategy Officer, Immunization Action Coalition

This event is sponsored in part by The Rockefeller Foundation.
Panelists

Judy Klein, President and Founder, Unity Consortium

Kathleen Ryan, Associate Division Chief for Pediatric Infectious Disease, University of Florida Health

Timothy Benally, Founder, Indigenous Peoples Student Association, Penn State University
Duke-Margolis AIM Symposium

If You Build It, Will they Come?: Strategies for Communicating with Parents and Building Vaccine Confidence Panel

September 17, 2021
UNITY Consortium Vision and Mission

MISSION

Provide action-oriented leadership, innovation and education on preventive health and immunization for adolescents and young adults

VISION

Coverage is 90% or greater for all nationally recommended vaccines for adolescents and young adults.

www.unity4teenvax.org
Unity Members, Liaisons and Partners
Results from a National Survey:

How did COVID-19 impact parent and teen beliefs and behaviors?

• Adolescent Preventive Care
  • Routine Vaccination
  • COVID-19 Vaccination
Unity Survey Methodology

20-minute online, self-administered survey
Selected from a large U.S. national panel
Conducted by a third-party market research agency

Wave 1: Fielded August/September 2020
Wave 2: Fielded February 2021
Wave 3: COVID-19 Vaccine Available to Adolescents Fielded June 2021

Participants*
- Parents/Guardians of At Least One Child Aged 13-18
- Teens Aged 13-18

* Participants by Wave: Teens (n=300) for each of the 3 Waves. Parents/Guardians - Wave 1: (n=582), weighted sample, Wave 2: (n=531), Wave 3: (n=500).
More than 4 in 10 parents continue to report a missed healthcare visit for their teen due to COVID-19

Parents in urban areas reported more missed visits for their teens compared to those in suburban and rural areas.

Of the 46% who had their teen’s appointment delayed or cancelled, 93% were able to reschedule.
Though down significantly, fear about getting COVID-19 and lack of urgency remain leading reasons to not schedule teen well visits.
Parents believe in the importance of most routine vaccines, including COVID-19 vaccine in Wave 3

Parents’ View on Importance of Vaccinating Their Teens Against Specified Diseases

(Extremely/Very Important)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Parents W1 (A)</th>
<th>Parents W2 (B)</th>
<th>Parents W3 (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>84</td>
<td>85</td>
<td>86</td>
</tr>
<tr>
<td>Tdap</td>
<td>83</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>81</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Meningitis - MenACWY</td>
<td>80</td>
<td>83</td>
<td>84</td>
</tr>
<tr>
<td>Meningitis - MenB</td>
<td>81</td>
<td>82</td>
<td>83</td>
</tr>
<tr>
<td>HPV</td>
<td>74</td>
<td>78</td>
<td>78</td>
</tr>
<tr>
<td>Flu (influenza)</td>
<td>73</td>
<td>70</td>
<td>73</td>
</tr>
<tr>
<td>COVID-19</td>
<td>73</td>
<td>66</td>
<td>74</td>
</tr>
</tbody>
</table>

Q14. How important is vaccination against these diseases to your teen's health? 5-pt scale
Parents only – Wave 1 weighted: Parents, n=582, Wave 2: Parents, n=531

www.unity4teenvax.org
Parent and teen concern about vaccine safety continues to rise

Parents and Teens acknowledge the impact of social media on their beliefs

I have some concerns about the safety of vaccines

What I have read on social media has concerned me about the safety of some vaccines

Q15. To what extent do you agree or disagree with the following statements? Statement Agreement (rating T2B: 5 - Strongly Agree/ 1 - Strongly Disagree)

Capital letters (A,B,C,D) indicate significance at the 95 CL. Lowercase letters (a,b,c,d) indicate significance at the 90 CL.

Preventive Care & Routine Immunization

www.unity4teenvax.org
Nearly 6 in 10 parents and teens report receiving COVID-19 vaccine, most often at a pharmacy or doctor’s office.
Parents are still most likely to seek and be influenced by their doctor/HCP about the COVID-19 vaccine, but broadening sources

### Influence and Sources Informing Parent Decision about Vaccinating Their Teen

<table>
<thead>
<tr>
<th>PARENTS</th>
<th>Sources</th>
<th>Matters Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Shown</td>
<td></td>
<td>Wave 1 (A)</td>
</tr>
<tr>
<td>Our doctor or other healthcare providers</td>
<td>70&lt;sup&gt;c&lt;/sup&gt;</td>
<td>71&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Public health or government agencies</td>
<td>48</td>
<td>57&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>Internet</td>
<td>42</td>
<td>50&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>The vaccine manufacturer</td>
<td>36</td>
<td>42&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>Our pharmacist</td>
<td>34</td>
<td>41&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>News sources (newspapers, TV, radio, etc.)</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>Family members</td>
<td>27</td>
<td>39&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>Friends / other parents</td>
<td>27</td>
<td>36&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>School / school nurse</td>
<td>22</td>
<td>28&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>Social media</td>
<td>19</td>
<td>27&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
<tr>
<td>Other sources</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>None of the above</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Lowercase letters (a,b,c,d) indicate significance at the 90 CL. Capital letters (A,B,C,D) indicate significance at the 95 CL.

Q19. Where will you go for information to make your decision about vaccinating your teen when a COVID-19 vaccine is available for adolescents? Select all that apply. Which one of these will matter most to you when making your decision? Parents only
### Self/family protection continues to lead motivation for getting the COVID-19 vaccine

<table>
<thead>
<tr>
<th>PARENTS (%)</th>
<th>TEENS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reasons for Getting the COVID-19 Vaccine</td>
</tr>
<tr>
<td>51 55 54 51</td>
<td>I want to protect my teen/myself</td>
</tr>
<tr>
<td>51 50 47 47</td>
<td>I want to protect everyone in my family with a COVID-19 vaccine, including my teen/myself</td>
</tr>
<tr>
<td>39 40 43 39</td>
<td>Vaccination is the best way for my teen/me to avoid a potentially serious illness</td>
</tr>
<tr>
<td>38 39 35 38</td>
<td>Life won’t go back to normal until most people are vaccinated, incl. teens</td>
</tr>
<tr>
<td>39 39 36 39</td>
<td>I want to help protect my community</td>
</tr>
<tr>
<td>34 36 41Ab 34</td>
<td>My teen/I would feel safe around other people</td>
</tr>
<tr>
<td>34 36C 29 34</td>
<td>A family or household member is at high risk for serious illness from COVID-19 because of a health condition</td>
</tr>
<tr>
<td>33 30E 32 33</td>
<td>My healthcare provider recommended COVID-19 vaccine for my teen / me</td>
</tr>
<tr>
<td>10D 12E 12 10</td>
<td>None of the above</td>
</tr>
</tbody>
</table>

Capital letters (A,B,C,D) indicate significance at the 95 CL. Lowercase letters (a,b,c,d) indicate significance at the 90 CL.
Concern about side effects is top reason for not getting COVID-19 vaccine, rising to 6 in 10 of parents and teens

<table>
<thead>
<tr>
<th>PARENTS (%)</th>
<th>Reasons for NOT Getting the COVID-19 Vaccine</th>
<th>TEENS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1 (A) 41</td>
<td>I’m concerned about possible side effects</td>
<td>W1 (D) 40</td>
</tr>
<tr>
<td>W2 (B) 54Ae</td>
<td></td>
<td>W2 (E) 47</td>
</tr>
<tr>
<td>W3 (C) 62AB</td>
<td></td>
<td>W3 (F) 58OE</td>
</tr>
<tr>
<td>20</td>
<td>I’m concerned my teen / I could get COVID-19 from the vaccine</td>
<td>23</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>21</td>
<td>I don’t think the COVID-19 vaccine will work very well</td>
<td>17</td>
</tr>
<tr>
<td>20B 8</td>
<td>My teen doesn’t / I don’t like getting shots/needles</td>
<td>20A</td>
</tr>
<tr>
<td>13B 16B</td>
<td></td>
<td>20B</td>
</tr>
<tr>
<td>11</td>
<td>I think the COVID-19 outbreak is not as serious as some say it is</td>
<td>12</td>
</tr>
<tr>
<td>18BC 7</td>
<td>I’m worried I / my parent might have to pay for it</td>
<td>18AF</td>
</tr>
<tr>
<td>10</td>
<td>I think teens don’t get seriously ill from COVID-19</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>16B</td>
</tr>
<tr>
<td>17AB</td>
<td></td>
<td>19d</td>
</tr>
<tr>
<td>13Bd 9</td>
<td>My teen / I cannot get vaccines because of an allergy or a serious medical condition</td>
<td>8</td>
</tr>
<tr>
<td>23C 21C</td>
<td>None of the above</td>
<td>19f</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

Q21. Which of the following are reasons you would not get a COVID-19 vaccine for your teen?/If you were making the decision with your parents/guardian, which of the following are reasons you would not get a COVID-19 vaccine? Select all that apply.

Capital letters (A,B,C,D) indicate significance at the 95 CL. Lowercase letters (a,b,c,d) indicate significance at the 90 CL.
Of teens not yet vaccinated, 1 in 3 parents do not plan to get a COVID-19 vaccine for their teen

Parents’ views on their teen getting a COVID-19 vaccine - Wave 3

<table>
<thead>
<tr>
<th>Choice</th>
<th>Wave 3 - Reduced base, n=212</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get my teen vaccinated ASAP</td>
<td>12%</td>
</tr>
<tr>
<td>Wait a while until many other people have gotten the vaccine</td>
<td>23%</td>
</tr>
<tr>
<td>I do not plan to get a COVID-19 vaccine for my teen</td>
<td>33%</td>
</tr>
<tr>
<td>Get the vaccine myself and then decide if it's ok for my teen</td>
<td>11%</td>
</tr>
<tr>
<td>Only get my teen vaccinated if it is required for school</td>
<td>13%</td>
</tr>
<tr>
<td>Get my teen vaccinated when I can fit it in</td>
<td>8%</td>
</tr>
</tbody>
</table>

Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen? Parents only – Wave 1 weighted: Parents, n=582, Wave 2: Parents, n=531, Wave 3: Parents, n=212; reduced base = teen has not gotten vaccine yet
Parents’ views on their teen getting a COVID-19 vaccine: by Race

For teens not yet COVID-19 vaccinated, more Black parents intend to hold back
June Wave 3, Reduced Base of Parents with Teens NOT COVID-19 vaccinated

Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen?

Wave 3: *Parents, n=212; reduced base = teen has not gotten vaccine yet; additional responses were collected for of other races, those identifying as mixed race and those who declined to specify race.

- I DO NOT plan to get a COVID-19 vaccine for my teen
- Only get my teen vaccinated if it is required for school
- Get my teen vaccinated when I can fit it in
- Get the vaccine myself and then decide if it's ok for my teen
- Wait a while until many other people have gotten the vaccine
- Get my teen vaccinated ASAP

Black / AA (n=36) | White (n=150)
----------------------------------------
I DO NOT plan to get a COVID-19 vaccine for my teen | 31% | 35%
Only get my teen vaccinated if it is required for school | 13% | 17%
Get the vaccine myself and then decide if it's ok for my teen | 7% | 17%
Wait a while until many other people have gotten the vaccine | 9% | 22%
Get my teen vaccinated when I can fit it in | 3% | 9%
Get my teen vaccinated ASAP | 8% | 13%
I DO NOT plan to get a COVID-19 vaccine for my teen

Only get my teen vaccinated if it is required for school

Parents’ views on their teen getting a COVID-19 vaccine: by Hispanic Ethnicity

Get my teen vaccinated ASAP

Get my teen vaccinated when I can fit it in

Get the vaccine myself and then decide if it’s ok for my teen

Wait a while until many other people have gotten the vaccine

For teens not yet COVID-19 vaccinated, more Hispanic parents are waiting

June Wave 3, Reduced Base of Parents with Teens NOT COVID-19 vaccinated

Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen?

Wave 3: *Parents, n=212; reduced base = teen has not gotten vaccine yet; additional responses were collected from those who declined to specify Hispanic or non-Hispanic ethnicity.
For teens not yet COVID-19 vaccinated, more parents in rural areas DO NOT plan to vaccinate
June Wave 3, Reduced Base of Parents with Teens NOT COVID-19 vaccinated

Parents’ views on their teen getting a COVID-19 vaccine: by Community Type

- Get my teen vaccinated ASAP
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Get my teen vaccinated when I can fit it in
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Get the vaccine myself and then decide if it’s ok for my teen
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Wait a while until many other people have gotten the vaccine
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Only get my teen vaccinated if it is required for school
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- I DO NOT plan to get a COVID-19 vaccine for my teen
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen?
Parents only –Wave 3: *Parents, n=212; reduced base = teen has not gotten vaccine yet

For teens not yet COVID-19 vaccinated, more parents in rural areas DO NOT plan to vaccinate
June Wave 3, Reduced Base of Parents with Teens NOT COVID-19 vaccinated

Parents’ views on their teen getting a COVID-19 vaccine: by Community Type

- Get my teen vaccinated ASAP
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Get my teen vaccinated when I can fit it in
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Get the vaccine myself and then decide if it’s ok for my teen
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Wait a while until many other people have gotten the vaccine
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- Only get my teen vaccinated if it is required for school
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

- I DO NOT plan to get a COVID-19 vaccine for my teen
  - Urban (n=66)
  - Suburban (n=85)
  - Rural (n=61)

Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen?
Parents only –Wave 3: *Parents, n=212; reduced base = teen has not gotten vaccine yet
Majority of parents are willing to have their teen receive COVID-19 and routine vaccines together

Parents willingness to give child COVID-19 and routine vaccines together

<table>
<thead>
<tr>
<th>Reasons Why No or Not sure (%)</th>
<th>Wave 3 PARENTS n=129*</th>
</tr>
</thead>
<tbody>
<tr>
<td>My teen is already up-to-date on recommended vaccines</td>
<td>62</td>
</tr>
<tr>
<td>Concerned about the safety of getting COVID-19 vaccine at the same time as other vaccines</td>
<td>38</td>
</tr>
<tr>
<td>COVID-19 vaccine is not required for school</td>
<td>15</td>
</tr>
<tr>
<td>I never give my child more than one vaccine on the same day</td>
<td>11</td>
</tr>
<tr>
<td>Routine vaccines can wait</td>
<td>9</td>
</tr>
<tr>
<td>COVID-19 vaccines can wait</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

Q23a. The CDC and the American Academy of Pediatrics support giving other recommended childhood and adolescent immunizations at the same time as COVID-19 vaccines, particularly for children and teens who are behind on their immunizations. Are you willing to have your teen get COVID-19 vaccine and routine vaccines they may need at the same time?;

* Q23b. Since you selected No or Not Sure, please select any of the following that explain your answer or add your own comment: Select all that apply; *reduced base = No/Not sure

- Yes 70%
- No 11%
- Not sure 19%
✓ Adolescents & Parents recognize the importance of vaccines for teens
✓ Vaccine safety concerns are on the rise
  • Ongoing impact of social media
  • Concern about potential COVID-19 vaccine side effects
✓ Adolescents & Parents continue to seek information from trusted sources
  • 2/3 of parents seek information from their doctor or healthcare provider
✓ Co-administering routine and COVID-19 vaccines is acceptable to most
  • Of those not willing, 4 in 10 are concerned about safety
Throughout the report, results are presented for Total Respondents, n=800 (parents, n=500 / teens, n=300) (43 repeat, 757 unique)
- Parent and Teen Wave 1 weighted data shown (Parents, n=582 weighted, Teens, n=300 weighted)
- Parent and Teen Wave 2 data shown (Parents, n=531, Teens, n=300) (39 repeat, 792 unique)

Significant differences at 95% CL are indicated using capital letters (A/B/C, D/E/F) corresponding to the group that the referenced number is higher than.

In case of non-significance at 95% CL, tests with a lower/90% CL have been applied. Significant differences at 90% CL are indicated in the same fashion as 95% CL but using lower case letters (a/b/c, d/e/f) instead.

The ANOVA-Scan first performs an ANOVA (analysis of variance) on the set of columns, and then only test the individual columns if the ANOVA shows significance using either T-test or Z-test as appropriate for the data type.

Data are reported in percentages unless otherwise specified.

All percentages are reported in whole numbers, and therefore may not add up to 100% due to rounding, or because more than one answer is allowed.

Base sizes = total respondents unless otherwise noted in the slide footer.
## Methodology

<table>
<thead>
<tr>
<th>Audience</th>
<th>Field Dates</th>
<th>Recruitment Method</th>
<th>Interviewing Method</th>
<th>Geographic Coverage</th>
<th>Average survey length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens Age 13-18</td>
<td>Wave 1: 8/11/2020 - 8/28/2020</td>
<td>By e-mail and parent recruit and consent</td>
<td>Online/self-administered</td>
<td>US Nationwide</td>
<td>~15 minutes</td>
</tr>
<tr>
<td></td>
<td>Wave 2: 2/4/2021 - 3/1/2021</td>
<td></td>
<td></td>
<td></td>
<td>~15 minutes</td>
</tr>
<tr>
<td></td>
<td>Wave 3: 6/10/2021 - 6/30/2021</td>
<td></td>
<td></td>
<td></td>
<td>~15 minutes</td>
</tr>
<tr>
<td>Parents/Guardians</td>
<td>Wave 1: 8/11/2020 - 9/18/2020</td>
<td>By e-mail</td>
<td>Online/self-administered</td>
<td>US Nationwide</td>
<td>~15 minutes</td>
</tr>
<tr>
<td></td>
<td>Wave 2: 2/4/2021 - 3/1/2021</td>
<td></td>
<td></td>
<td></td>
<td>~15 minutes</td>
</tr>
<tr>
<td></td>
<td>Wave 3: 6/10/2021 - 6/30/2021</td>
<td></td>
<td></td>
<td></td>
<td>~15 minutes</td>
</tr>
</tbody>
</table>

### Data Management

- Surveys were hosted on a secure website
- Online participants were given a unique link to the questionnaire to take the survey

### Confidentiality

- Participant confidentiality was maintained with appropriate measures such as separation of all personally identifiable information from research results at all stages of the study
School Located Vaccination Programs
Influenza and Beyond

Dr. Kathleen Ryan | Clinical Associate Professor, Infectious Diseases
Department of Pediatrics; Emerging Pathogens Institute
University of Florida
Program History: Completed 12th Year of Operation

- 2006/2007  Pilot Year
- 2009/2010
- 2010/2011
- 2011/2012
- 2012/2013
- 2013/2014
- 2014/2015
- 2015/2016
- 2016/2017  Flu Shot
- 2017/2018  Flu Shot
- 2018/2019
- 2019/2020
Control Flu Program Overview

Collaboration between:

Alachua County Schools/Private Schools
Alachua County Health Department
University of Florida
   College of Nursing
Department of Pediatrics and Emerging Pathogens Institute
1. LAIV Free of Charge - Headstart, Pre K -12th graders in Alachua County Schools
2. Public, Private and Charter schools
3. IIV given in medical home
4. Goal to immunize 70% of students
5. August – December
   • Consent forms sent home
   • Back to school & community events
   • School Immunization Clinics
Support for program is strong

1. 27 community partner organizations & many volunteers
2. Pediatricians strongly supportive of program
3. Telephone Surveys of Parents:
   • Liked it because it was convenient (at school) & no-cost
   • Over 90% would participate again
   • Parent comments:
     • “Provided to families without health care insurance”
     • “Provides access to vaccination for parents who might not normally be able to bring kids to doctor to get immunized”
Program Staffing

Nursing Student Education
- Program Coordinator/ APC
- Student volunteers
- Medical Reserve Corps
## Immunization Rates

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>06/07</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
<th>13/14</th>
<th>14/15</th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elem</strong></td>
<td>16.3%</td>
<td>26.9%</td>
<td>50.9%</td>
<td>46.1%</td>
<td>44.3%</td>
<td>47.4%</td>
<td>49.2%</td>
<td>50.1%</td>
<td>49%</td>
<td>24%</td>
<td>31%</td>
<td>25.5%</td>
<td>37.7%</td>
<td>22.5%</td>
</tr>
<tr>
<td><strong>Middle</strong></td>
<td>12.7%</td>
<td>23.6%</td>
<td>42.7%</td>
<td>33.8%</td>
<td>35.5%</td>
<td>39.7%</td>
<td>43.8%</td>
<td>46.5%</td>
<td>44%</td>
<td>32%</td>
<td>33%</td>
<td>22.3%</td>
<td>28%</td>
<td>8.4%</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>9.1%</td>
<td>X</td>
<td>X</td>
<td>21.6%</td>
<td>20.7%</td>
<td>25.7%</td>
<td>30.2%</td>
<td>32.2%</td>
<td>31%</td>
<td>23%</td>
<td>21%</td>
<td>15.9%</td>
<td>18.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>Private Physician (elem age)</strong></td>
<td>---</td>
<td>---</td>
<td>~10%</td>
<td>~10%</td>
<td>7%</td>
<td>9%</td>
<td>12%</td>
<td>~15%</td>
<td>~15%</td>
<td>~15%</td>
<td>~15%</td>
<td>~15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Overall Elem</strong></td>
<td>16.3%</td>
<td>27%</td>
<td>61%</td>
<td>56%</td>
<td>51%</td>
<td>56%</td>
<td>61%</td>
<td>65%</td>
<td>64%</td>
<td>39%</td>
<td>46%</td>
<td>39.5%</td>
<td>53%</td>
<td>27%</td>
</tr>
</tbody>
</table>

*Florida Department of Health – Alachua County*
• High School Vaccination Program

– Offer HPV, Men B, MCV4, Hep A, Tdap
– 11th and 12th Grade students
– 2 vaccine clinics one month apart
### Table 1 - Total Vaccines Administered by Type

<table>
<thead>
<tr>
<th>Year</th>
<th>Men B (%)</th>
<th>HPV (%)</th>
<th>MCV (%)</th>
<th>Hep A (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>147 (37.3)</td>
<td>81 (20.6)</td>
<td>101 (25.6)</td>
<td>65 (16.5)</td>
<td>394 (100)</td>
</tr>
<tr>
<td>2019</td>
<td>298 (50.6)</td>
<td>130 (22.1)</td>
<td>98 (16.6)</td>
<td>63 (10.7)</td>
<td>589 (100)</td>
</tr>
</tbody>
</table>

### Table 2 - Clinic Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>April</td>
</tr>
<tr>
<td></td>
<td>May</td>
</tr>
<tr>
<td>2019</td>
<td>January</td>
</tr>
<tr>
<td></td>
<td>February</td>
</tr>
</tbody>
</table>

### Table 3 - Total 11th & 12th Graders Vaccinated by Type

<table>
<thead>
<tr>
<th>Year</th>
<th>Men B (%)</th>
<th>HPV (%)</th>
<th>MCV (%)</th>
<th>Hep A (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>147 (3.7)</td>
<td>81 (2.0)</td>
<td>101 (2.5)</td>
<td>65 (1.6)</td>
<td>394 (9.9)</td>
</tr>
<tr>
<td></td>
<td>N=3996</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>298 (9.3)</td>
<td>130 (4.1)</td>
<td>98 (3.1)</td>
<td>63 (2.0)</td>
<td>589 (18.4)</td>
</tr>
<tr>
<td></td>
<td>N=3207</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## COVID Vaccination

<table>
<thead>
<tr>
<th></th>
<th>First dose/Clinic</th>
<th>Second dose/Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Schools</td>
<td>708</td>
<td>980</td>
</tr>
<tr>
<td>High Schools</td>
<td>1090</td>
<td>914</td>
</tr>
</tbody>
</table>
Wrap up and Next Steps

Mark McClellan, MD, PhD
Director, Duke-Margolis Center for Health Policy
Thank You!

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