

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

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Association of
Immunization
Managers



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ROCKEFELLER
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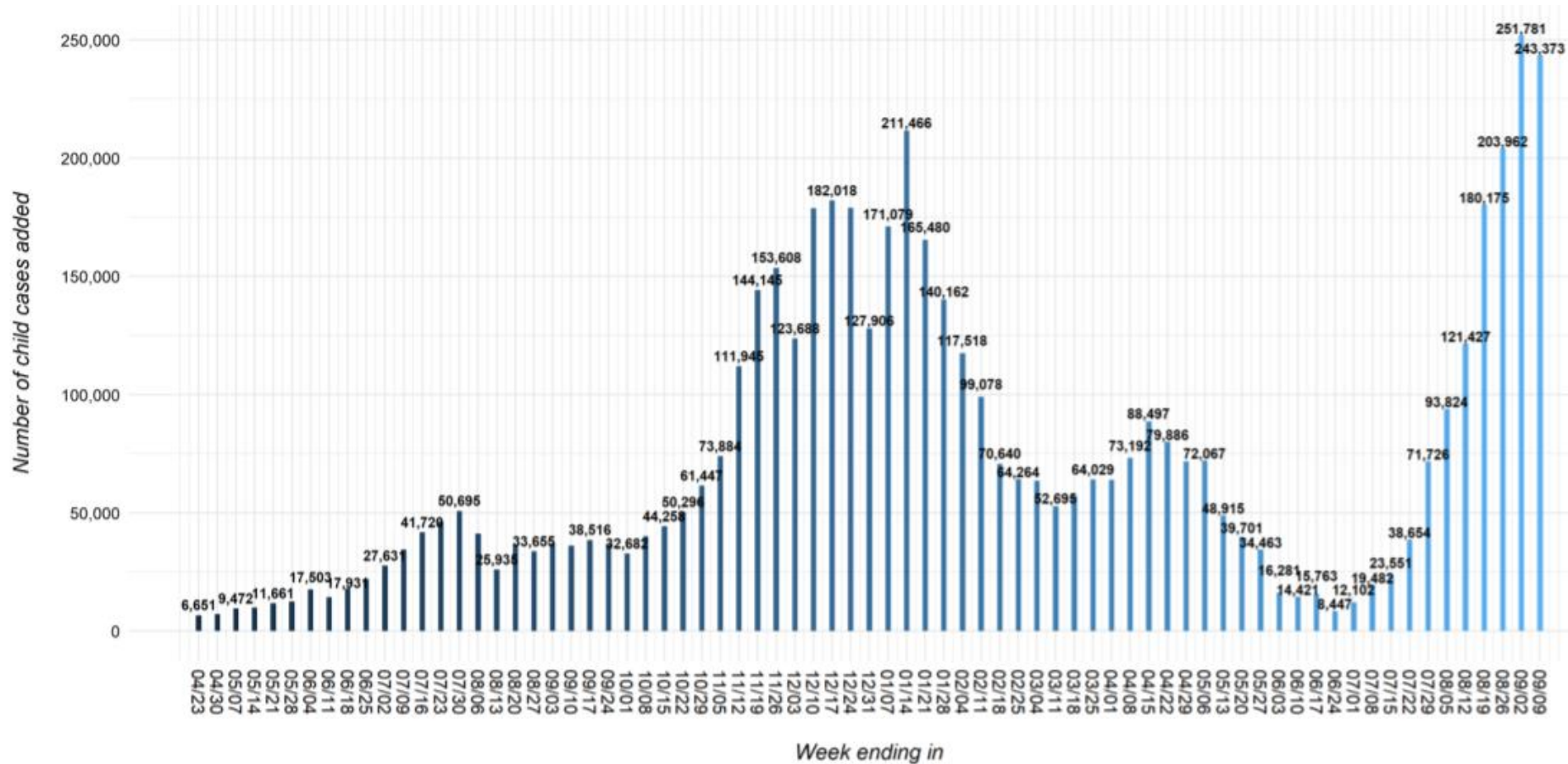
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Agenda

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

Number of child COVID-19 cases added in past week



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

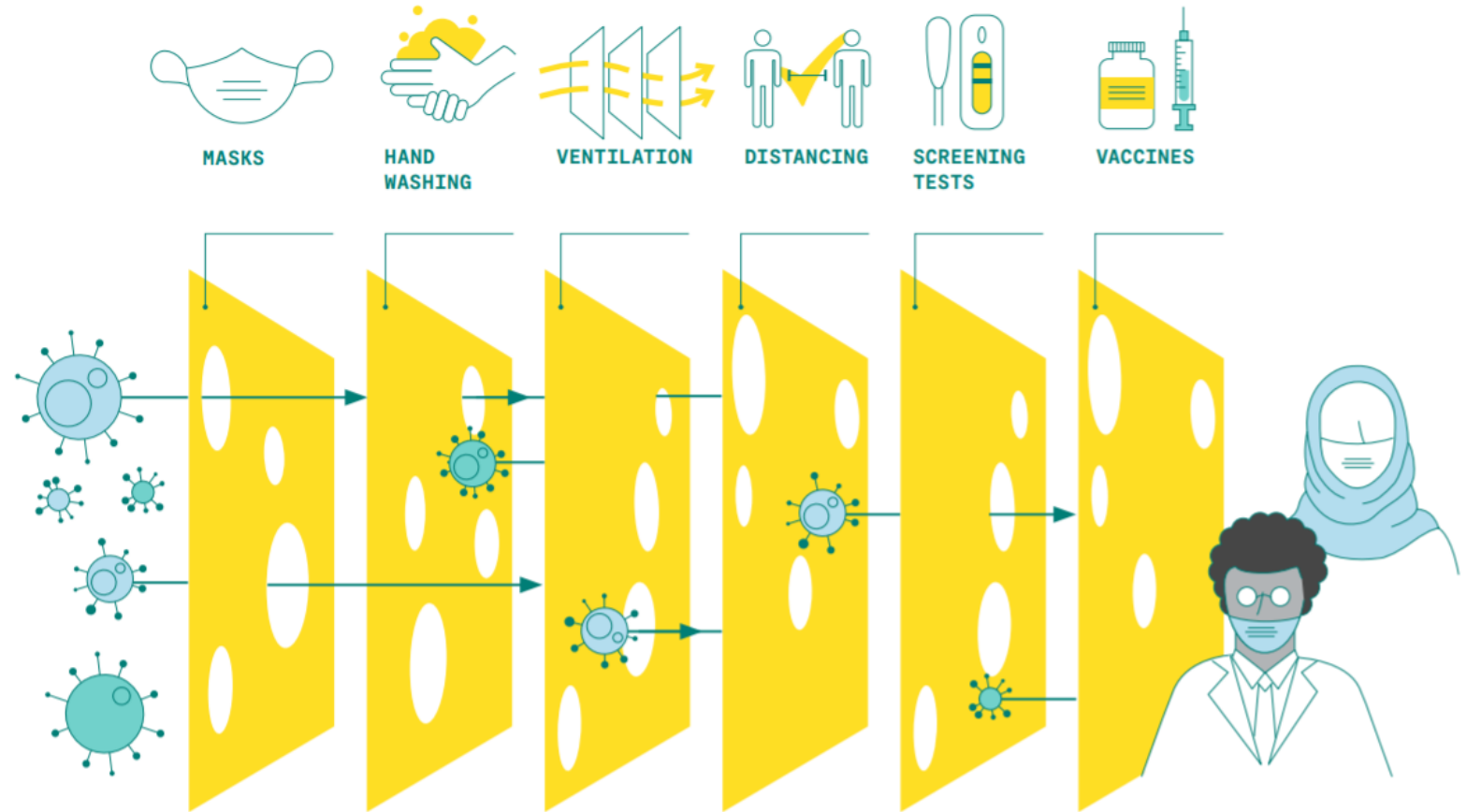
>240,000 cases added in a week exceeds winter surge peaks & represented 28.9% of reported COVID-19 cases

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

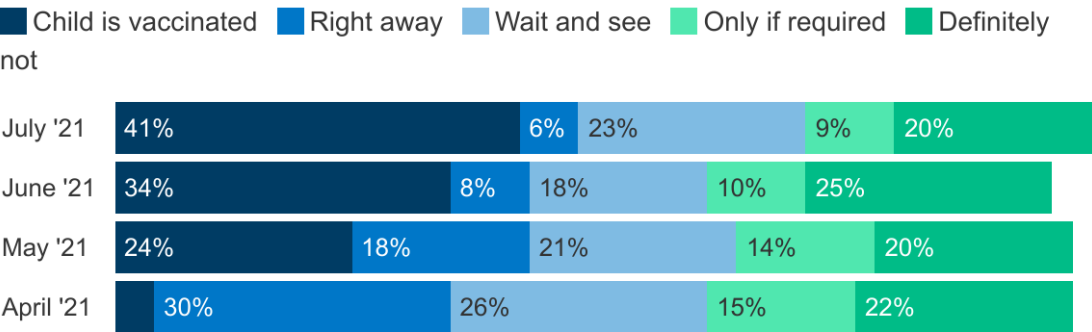


Schools Play an Important Role in Communicating with Parents about Vaccines

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...?



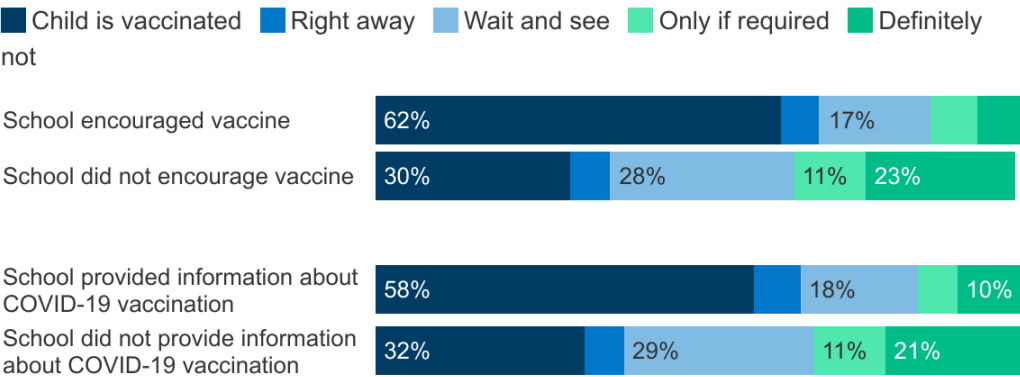
NOTE: Among parents or guardians of children ages 12-17. April 2021 question wording: "Once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor

[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...?



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SOURCE: KFF COVID-19 Vaccine Monitor: Parents And The Pandemic (Jul. 15-Aug. 2, 2021)

[KFF COVID-19 Vaccine Monitor](#)

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

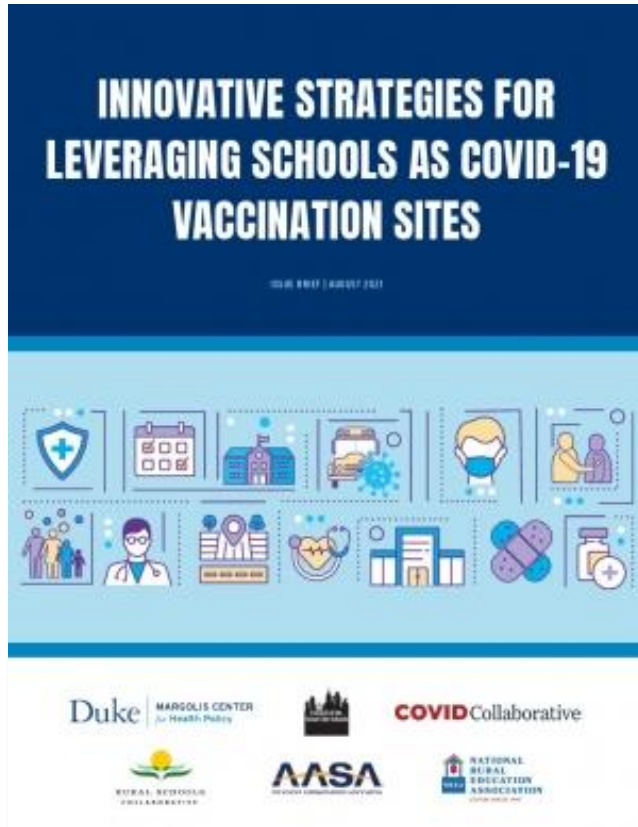
Have a “no wrong door” approach

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



A close-up photograph of two young girls with dark skin and curly hair, smiling warmly at the camera. The girl on the left is slightly behind the one on the right, and both are looking directly at the viewer. The background is softly blurred, showing green foliage.

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

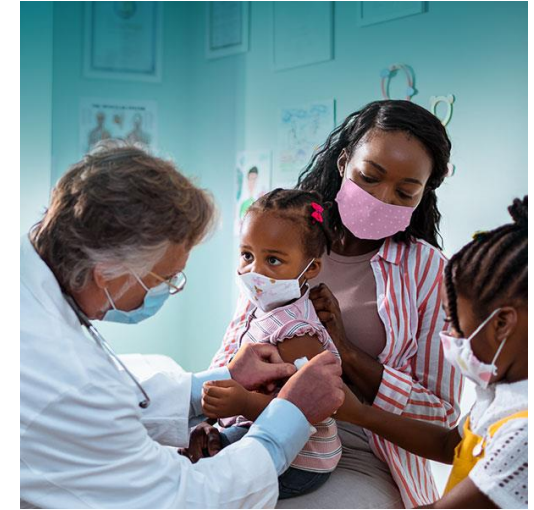
School-Located Vaccination (SLV) Strategies to Increase Child and Adolescent Immunization Rates During the COVID-19 Pandemic

Symposium
September 17th, 2021

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

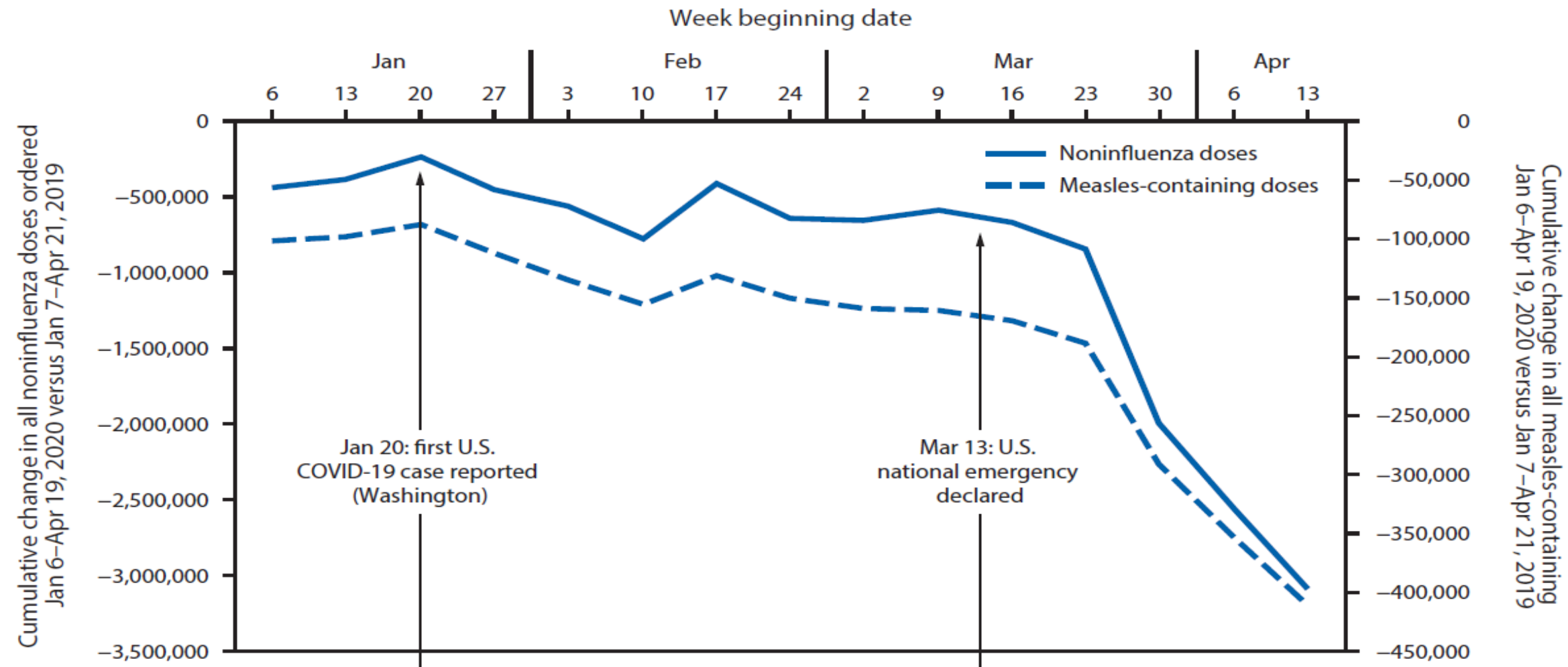
What I will talk about today

- Childhood vaccination during the pandemic
- Taking action to overcome barriers, with a focus on school-located vaccination (SLV)



Childhood vaccination during the pandemic

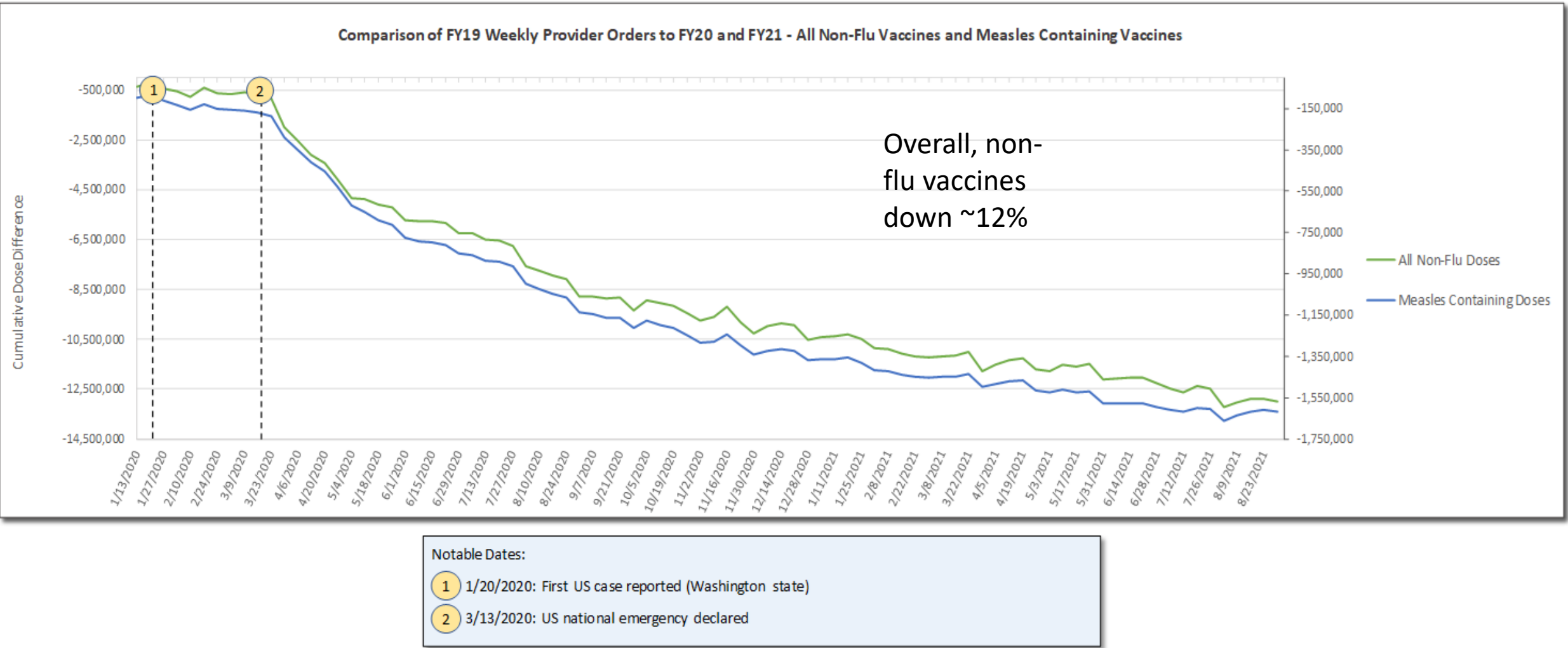
Cumulative differences in Vaccines for Children (VFC) vaccine doses ordered – United States, January 6-April 19, 2020 vs. pre-pandemic



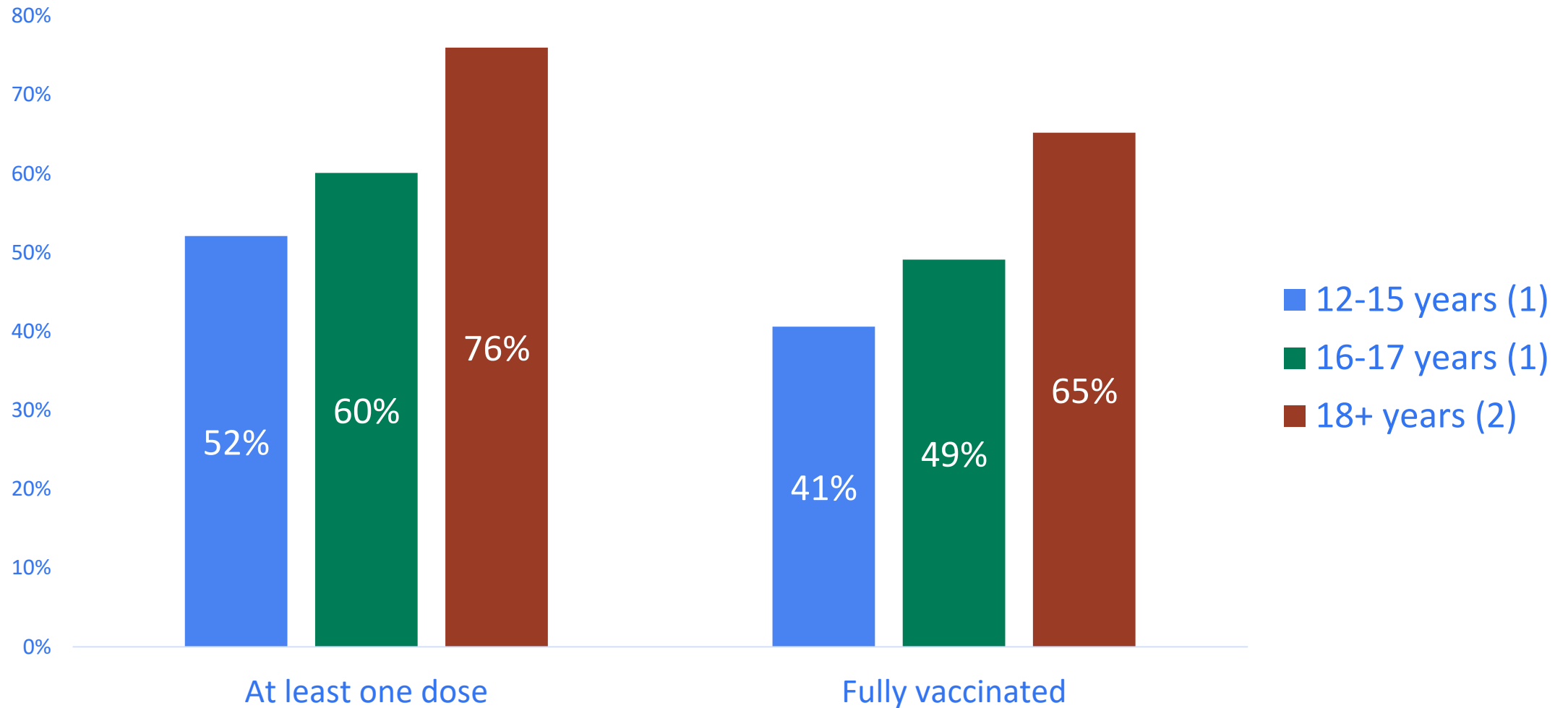
* VFC data represent the difference in cumulative doses of VFC-funded noninfluenza and measles-containing vaccines ordered by health care providers at weekly intervals between Jan 7–Apr 21, 2019, and Jan 6–Apr 19, 2020.

Source: Santoli JM, Lindley MC, DeSilva MB, et al. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591–593. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919e2>

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



US COVID-19 vaccination coverage by age as of 9/14/2021



1 - CDC COVID Data Tracker: <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

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

Our “can-do” CDC immunization awardees:

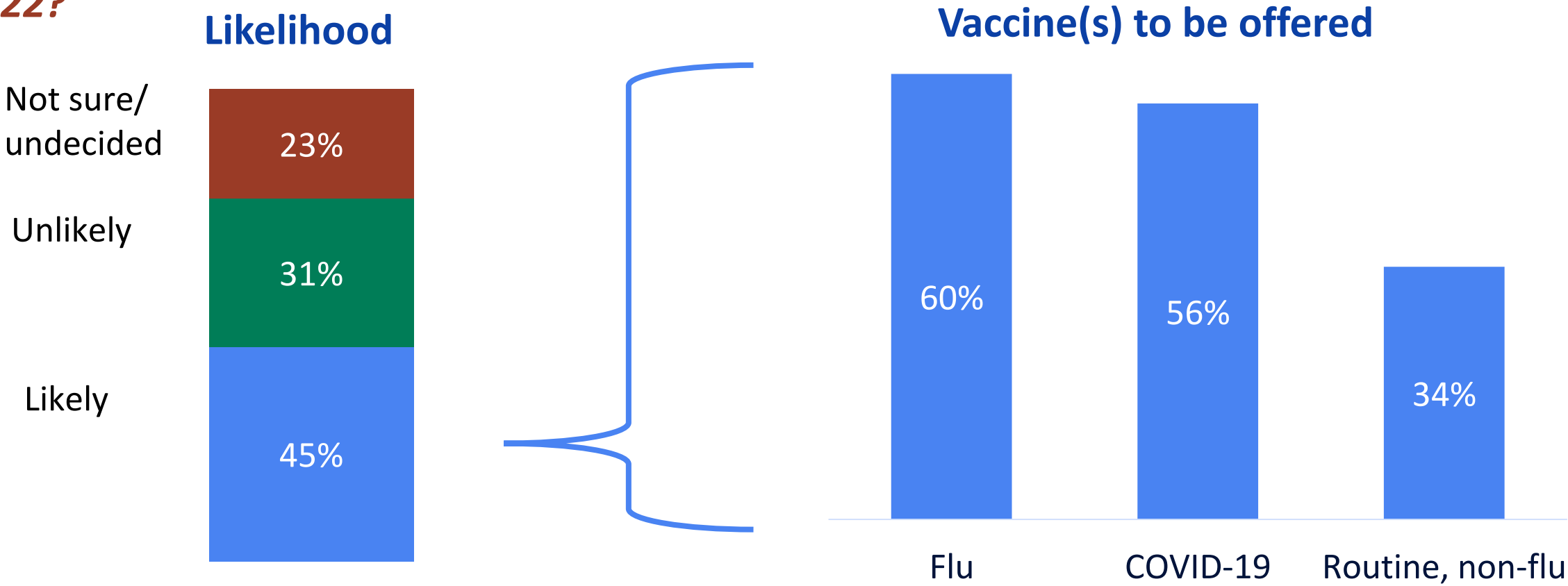
May 2021 survey on routine childhood vaccination (n=48)

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%)

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?

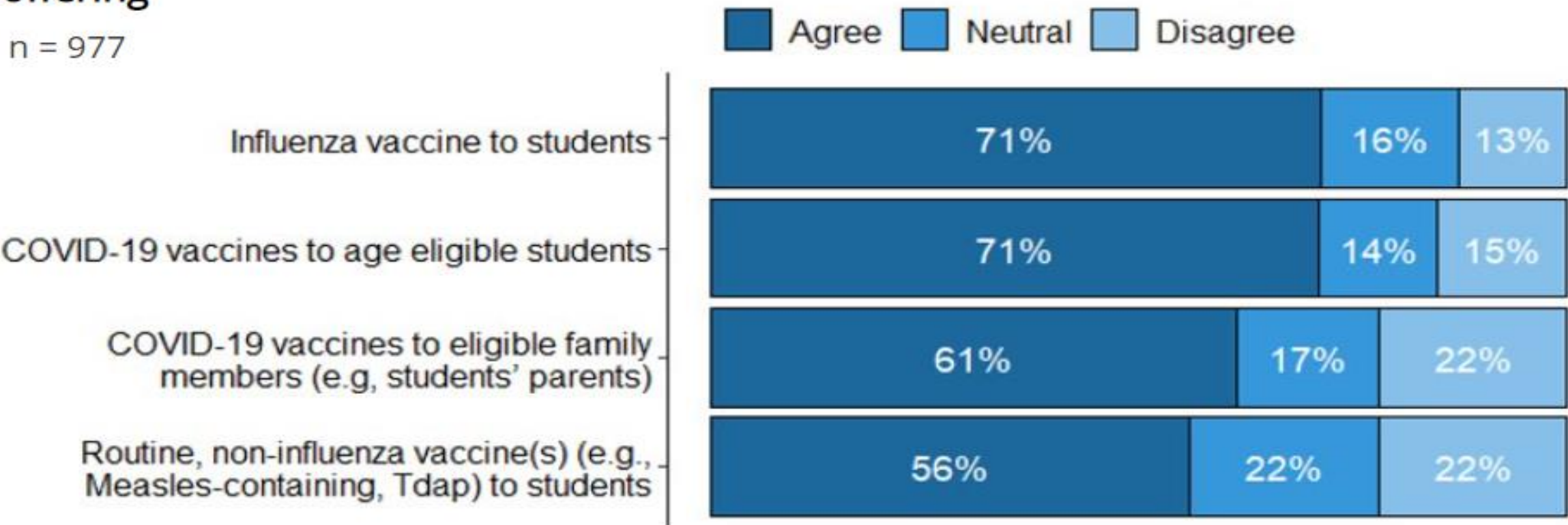


1-Survey conducted among a convenience sample of members of the National Association of School Nurses.
2-National Foundation for the Centers for Disease Control and Prevention, Inc., “Impact of the COVID-19 Pandemic on K-12 School Nurses (2020/2021 School Year)”, 2021, unpublished data. This project 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)^{1,2}

In the 2021-22 school year, during an SLV event at my school, I support offering

n = 977



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.

CDC SLV planning considerations

CDC > COVID-19 Vaccination > Planning & Partnerships

COVID-19 Vaccination

Product Info by U.S. Vaccine

Clinical Care

Provider Requirements and Support

Training and Education

Vaccine Recipient Education

Health Departments

Planning & Partnerships

COVID-19 Vaccination Program Operational Guidance

Vaccine Allocation Transfer and Redistribution Guidance for IHS and Tribal Facilities

Considerations for Planning School-Located Vaccination Clinics

How Schools Can Support COVID-19 Vaccination

Federal Retail Pharmacy Program

Long-Term Care Pharmacy Partnerships

COVID-19 Vaccination > Planning & Partnerships

Considerations for Planning School-Located Vaccination Clinics

On This Page

School-Located Vaccination Planning Considerations

Clinic Day Considerations

Legal Issues Related to Minors, School Staff, and Volunteers

Special Considerations for COVID-19 School-Located Vaccination

Communications

Additional Resources

This guidance should be used in conjunction with Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations and the Satellite, Temporary, and Off-site Vaccination Clinic Supply Checklist.

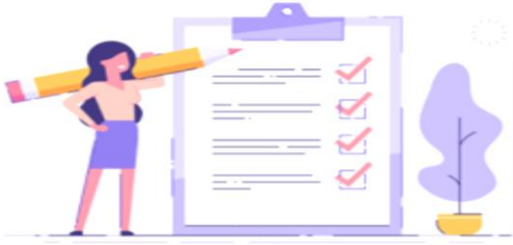
Purpose

The purpose of this guidance is to provide information for planning and implementing school-located vaccination (SLV) clinics for any routinely-recommended vaccine as well as COVID-19 vaccine. Modifiable template communication materials are also provided.

Target Audience

The target audiences for this guidance are public and private entities interested in planning and implementing SLV clinics, including staff from state and local public health departments, community health care clinics, pharmacies, pediatric practices, and health systems. The information may also be useful and relevant to school and school district staff.

Mass Clinic Guidance



Guidance for assisting with jurisdictional planning and implementation of satellite, temporary, and off-site vaccination

<https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics.html>

CDC SLV planning considerations (cont.)

CDC > COVID-19 Vaccination > Planning & Partnerships > Considerations for Planning School-Located Vaccination Clinics

COVID-19 Vaccination

Product Info by U.S. Vaccine +

Clinical Care +

Provider Requirements and Support +

Training and Education +

Vaccine Recipient Education +

Health Departments +

Planning & Partnerships -

COVID-19 Vaccination Program Operational Guidance +

Vaccine Allocation Transfer and Redistribution Guidance for IHS and Tribal Facilities +

Considerations for Planning School-Located Vaccination Clinics -

How Schools Can Support COVID-19 Vaccination

Customizable Content for School-Located Vaccination Clinics

Customizable Content for School-Located Vaccination Clinics

Find customizable content to inform parents, school principals, and healthcare providers about the upcoming school-located vaccination clinic(s). Tailor the bolded text in brackets, as well as other text, as appropriate.

Communication to principals announcing SLV plans (not COVID-19 specific)
Communication to principals announcing COVID-19 SLV plans
Communication to parents announcing SLV clinic(s) (not COVID-19 specific)
Communication to parents stating whether the child was vaccinated or not (not COVID-19 specific)
Communication to healthcare providers announcing SLV plans (not COVID-19 specific)
Communication to parents informing about upcoming COVID-19 SLV clinic(s)
Communication to parents informing about upcoming 2nd dose COVID-19 SLV clinic
Communication to parents stating the child was vaccinated with COVID-19 vaccine (first dose)
Communication to parents stating the child was vaccinated with COVID-19 vaccine (second dose)
Communication to parents stating the child was NOT vaccinated with COVID-19 vaccine
Communication to parents stating the child was NOT vaccinated with COVID-19 vaccine
Communication to healthcare providers announcing COVID-19 SLV plans

COVID-19 Vaccination

Product Info by U.S. Vaccine +

Clinical Care +

Provider Requirements and Support +

Training and Education +

Vaccine Recipient Education +

Health Departments +

Planning & Partnerships -

COVID-19 Vaccination Program Operational Guidance +

Vaccine Allocation Transfer and Redistribution Guidance for IHS and Tribal Facilities +

Considerations for Planning School-Located Vaccination Clinics -

How Schools Can Support COVID-19 Vaccination

Customizable Content for School-Located Vaccination Clinics

How Schools Can Support COVID-19 Vaccination

On This Page

- Success stories
- Working with community health partners
- Open schools safely
- Supporting COVID-19 vaccine confidence

Schools and school districts are consistently a large and uniquely positioned to teach about, link to, or even co-locate COVID-19 vaccine uptake and improve health literacy. The decision of whether school districts decide to take will depend on state and local health department guidance.

Together, we can help our country reach COVID-19 vaccine confidence.

School Located Vaccine Clinics: Get Back to Seeing Friends

Use these posters featuring young adults hanging with their friends to promote School Located Vaccine Clinics.

Size: 8.5"W x 11"H

English: [Middle School](#) | [High School](#)

Spanish: [Middle School](#) | [High School](#)

Date: 8/9/21

School Located Vaccine Clinics: Get Back to My Favorite Activities

Use these posters featuring student athletes getting back to the team to promote School Located Vaccine Clinics.

Size: 8.5"W x 11"H

English: [Soccer](#) | [Basketball](#) | [Volleyball](#)

Spanish: [Soccer](#) | [Basketball](#) | [Volleyball](#)

1- <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics.html>

2- <https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

3- <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.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

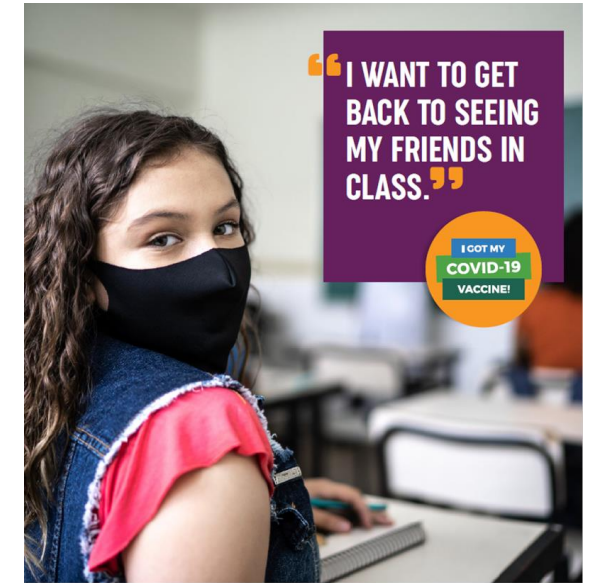
Leah Robin

Sarah Sliwa



A safe and effective vaccine to prevent COVID-19 is now available for everyone 12 years and up. Get yours today!
Learn more: www.cdc.gov

Thank you!



A safe and effective vaccine to prevent COVID-19 is now available for everyone 12 years and up. Get yours today!
Learn more: www.cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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



This event is sponsored in part by The Rockefeller Foundation.

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

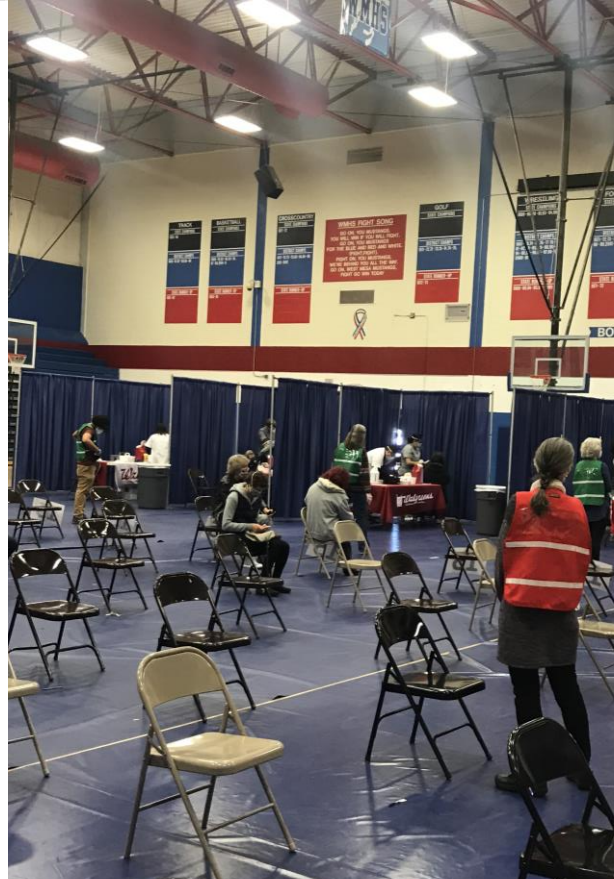
Contact Information

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

What did we do?

Distribution of 40,000 vaccines for the community

Contribute to 60% vaccination rate in New Mexico (8th highest in the country)

10 sites, including stadium drive-thrus

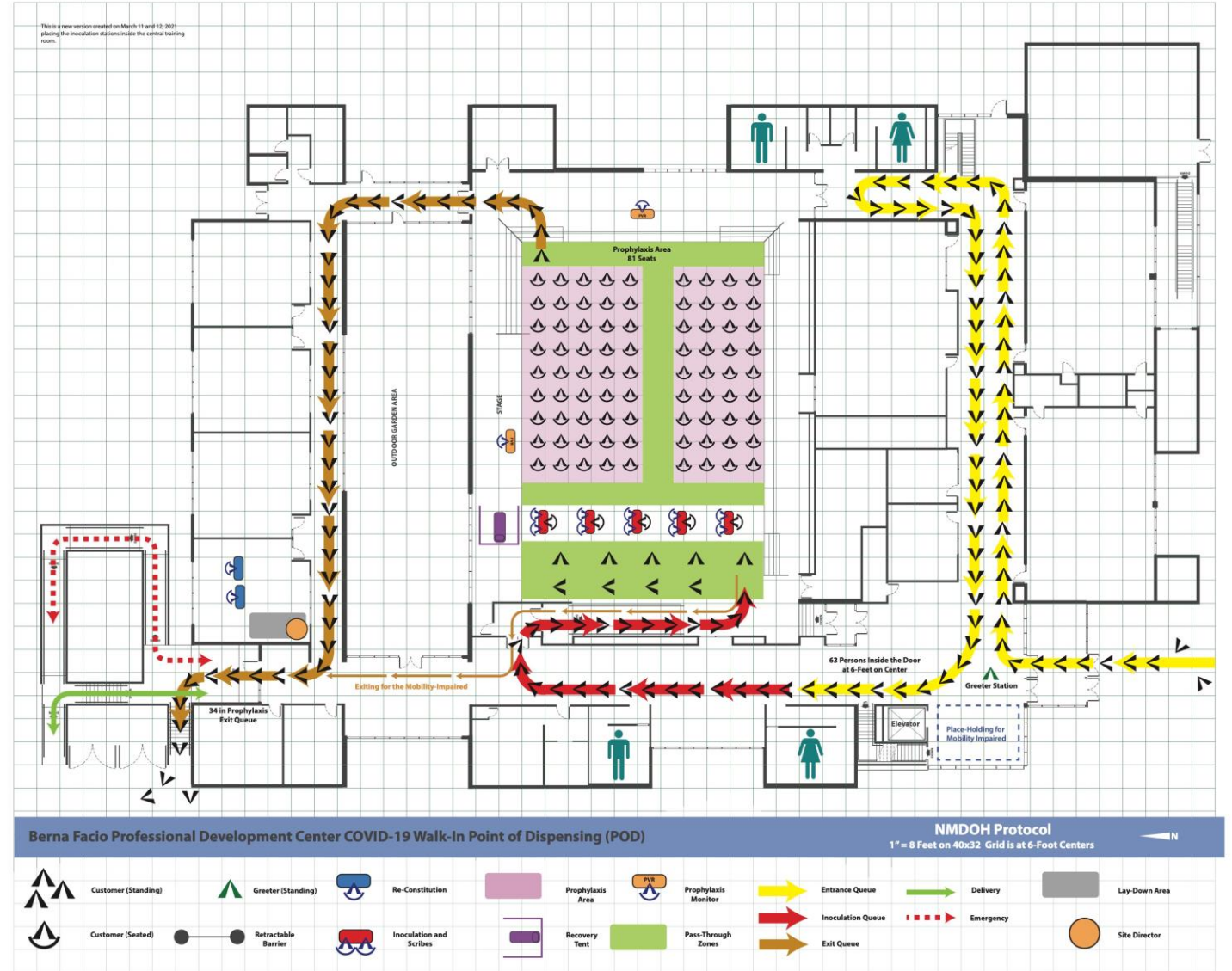
Facilitation of 12,000 employee vaccinations & 37,000 eligible student vaccinations

Communicate and Publicize use of NMDOH portal

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

Duke | MARGOLIS CENTER
for Health Policy



Association of
Immunization
Managers

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



**PUBLIC HEALTH
INSTITUTE**
AT DENVER HEALTH™

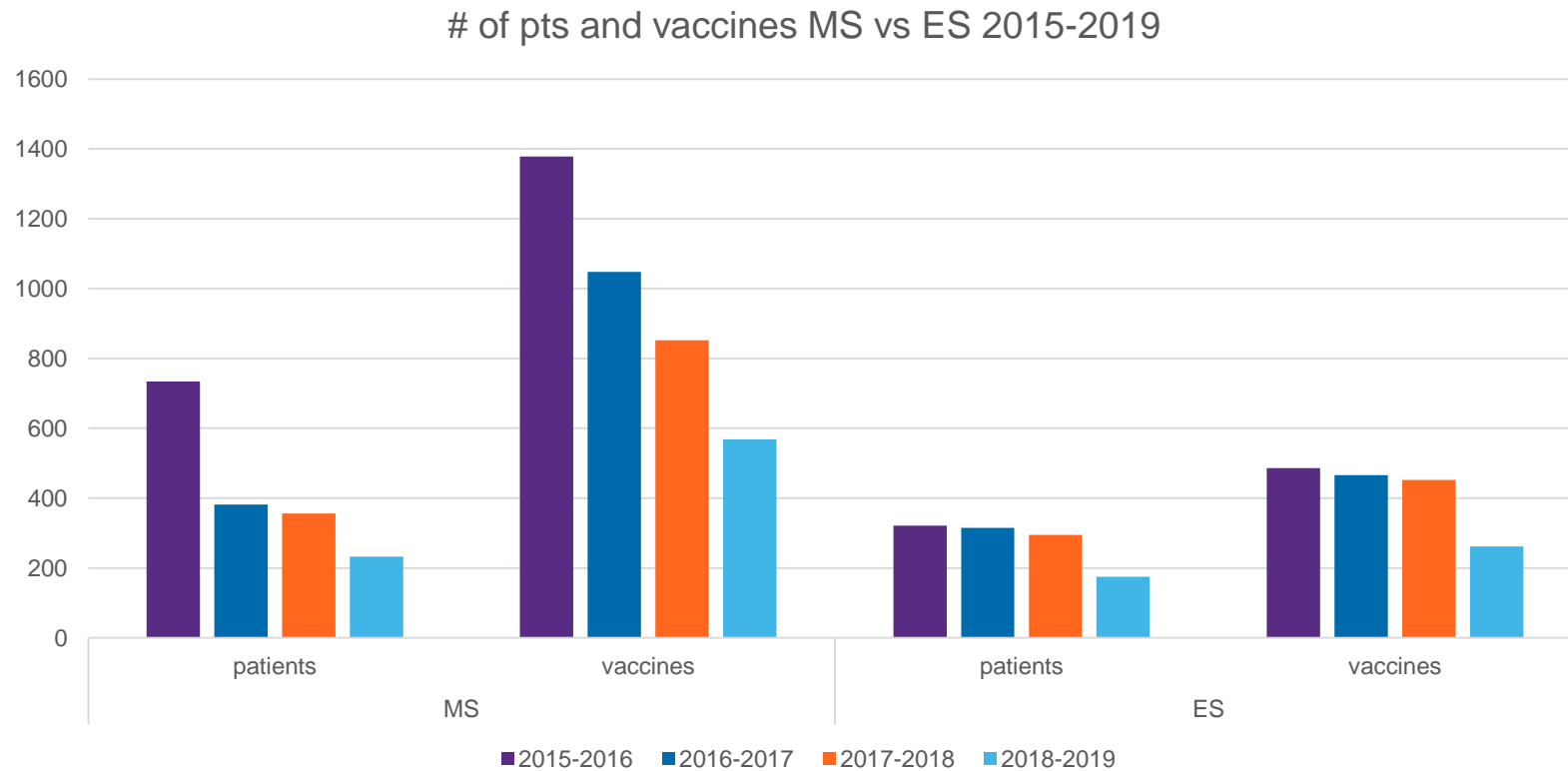
Objectives

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

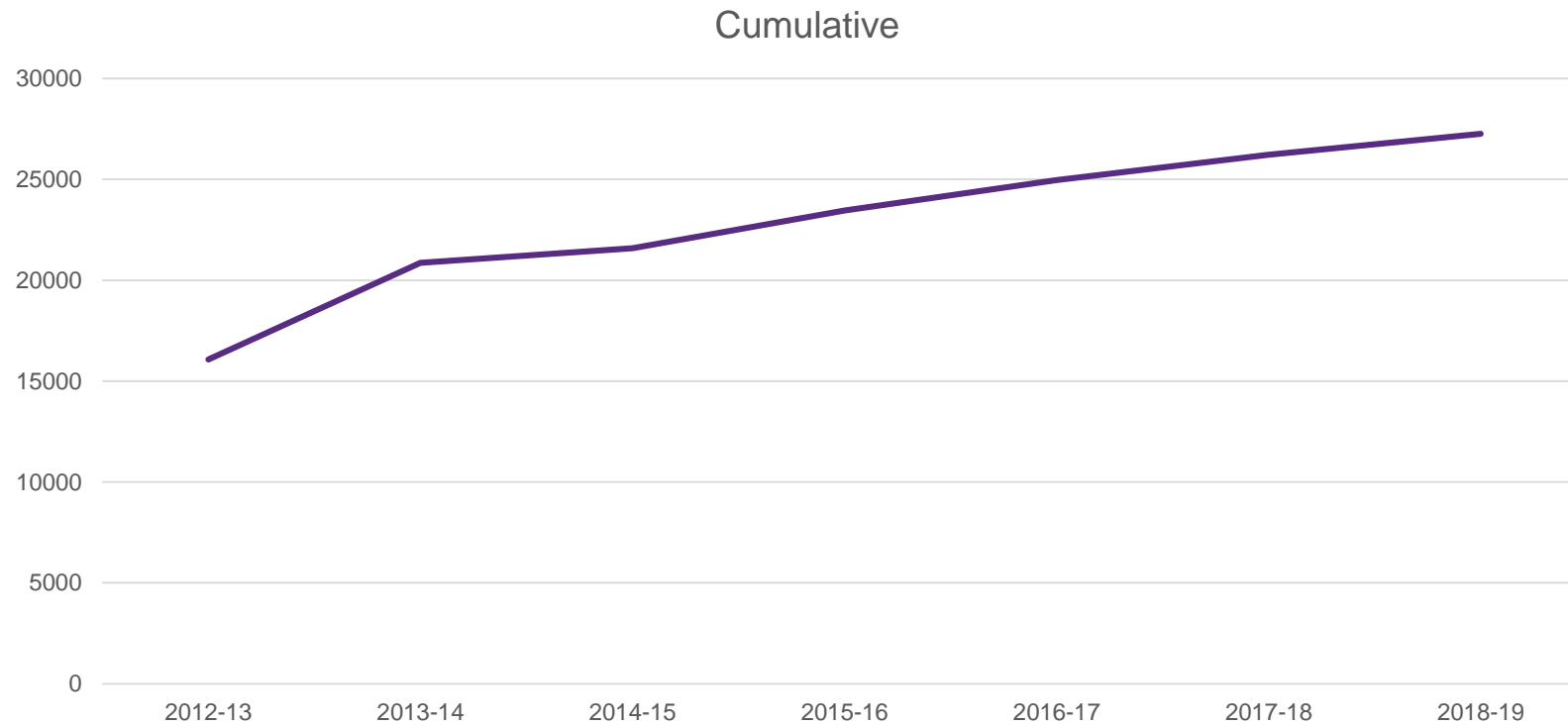
Overview of ISIP

- 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



Cumulative vaccine administered 2012-2019



Changes in compliance for participating schools 2018-2019

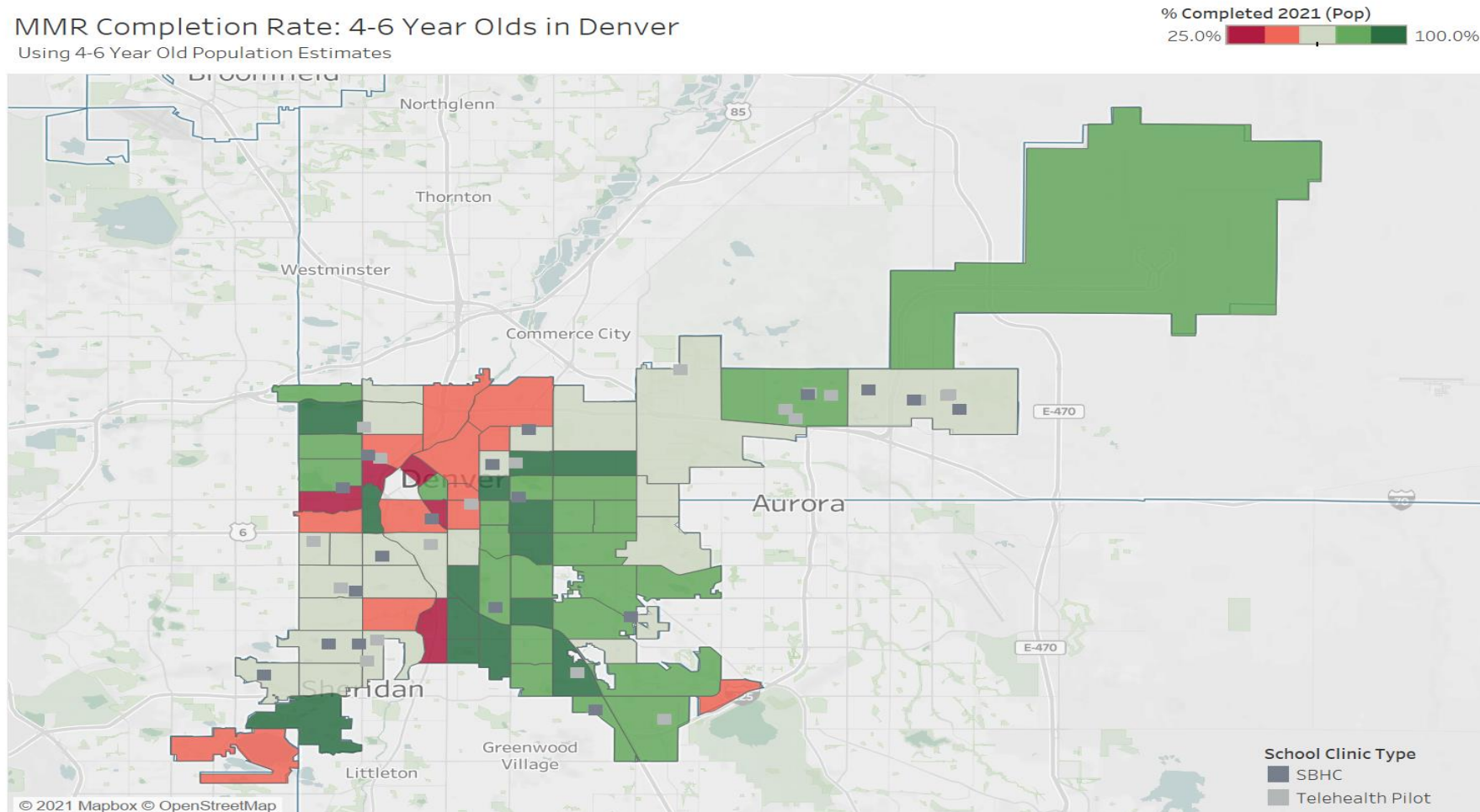
School	Population	Overall % Compliant			% Increase in Compliance
		Before Clinics	After Clinic 1	After Clinic 2	
School 1 MS	405	75%	85%	96%	21%
School 2 MS	808	74%	75%	81%	7%
School 3 MS	583	84%	93%	96%	12%
School 4 MS	869	79%	83%	89%	10%
School 5 MS	297	64%	75%	79%	15%
School 6 MS	260	68%	85%	94%	26%
School 6 ES	501	92%	96%	98%	6%
School 7 ES	285	88%	92%	No clinic 2	4%
School 8 ES	429	85%	88%	No clinic 2	3%
School 9 ES	443	87%	89%	No clinic 2	3%
School 10 ES	318	89%	95%	No clinic 2	6%

Plans for the 2021-2022 school year

- 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

MMR Completion Rate: 4-6 Year Olds in Denver
Using 4-6 Year Old Population Estimates



© 2021 Public Health

The numerator is based on the number of 4-6 year olds in the June 2021 CIIS 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 CIIS 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

PHIDenverHealth.org |  [@PHIDenverHealth](https://www.facebook.com/PHIDenverHealth) |  [@PHIDenverHealth](https://twitter.com/PHIDenverHealth)

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



UNITY

United for adolescent vaccination

Duke-Margolis AIM Symposium

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

September 17, 2021



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

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



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

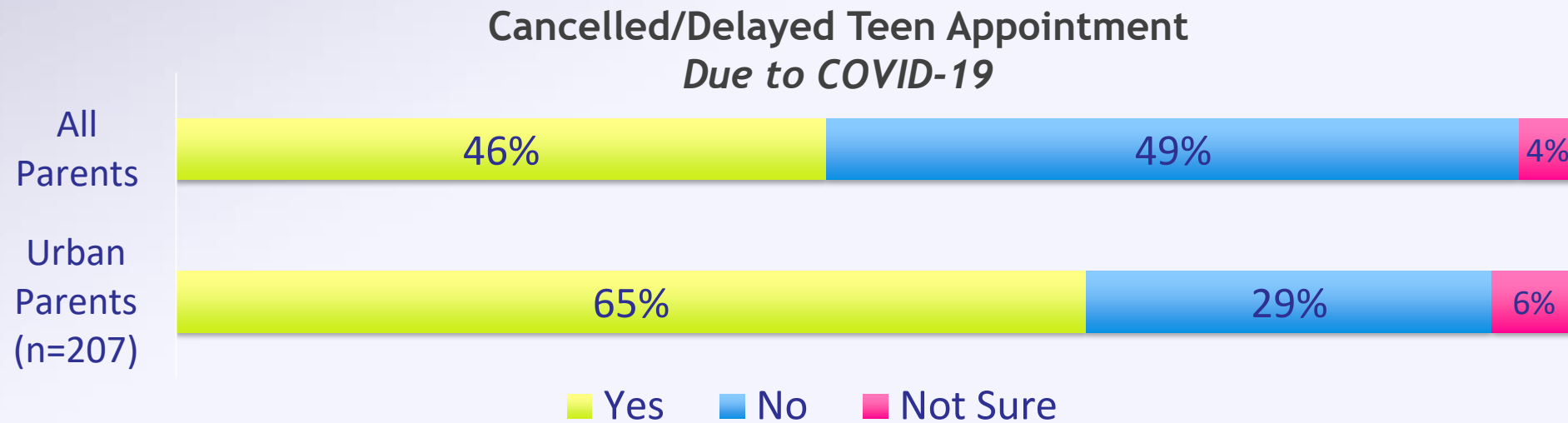


Participants*
- Parents/Guardians of At Least One Child Aged 13-18
- Teens Aged 13-18

* 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

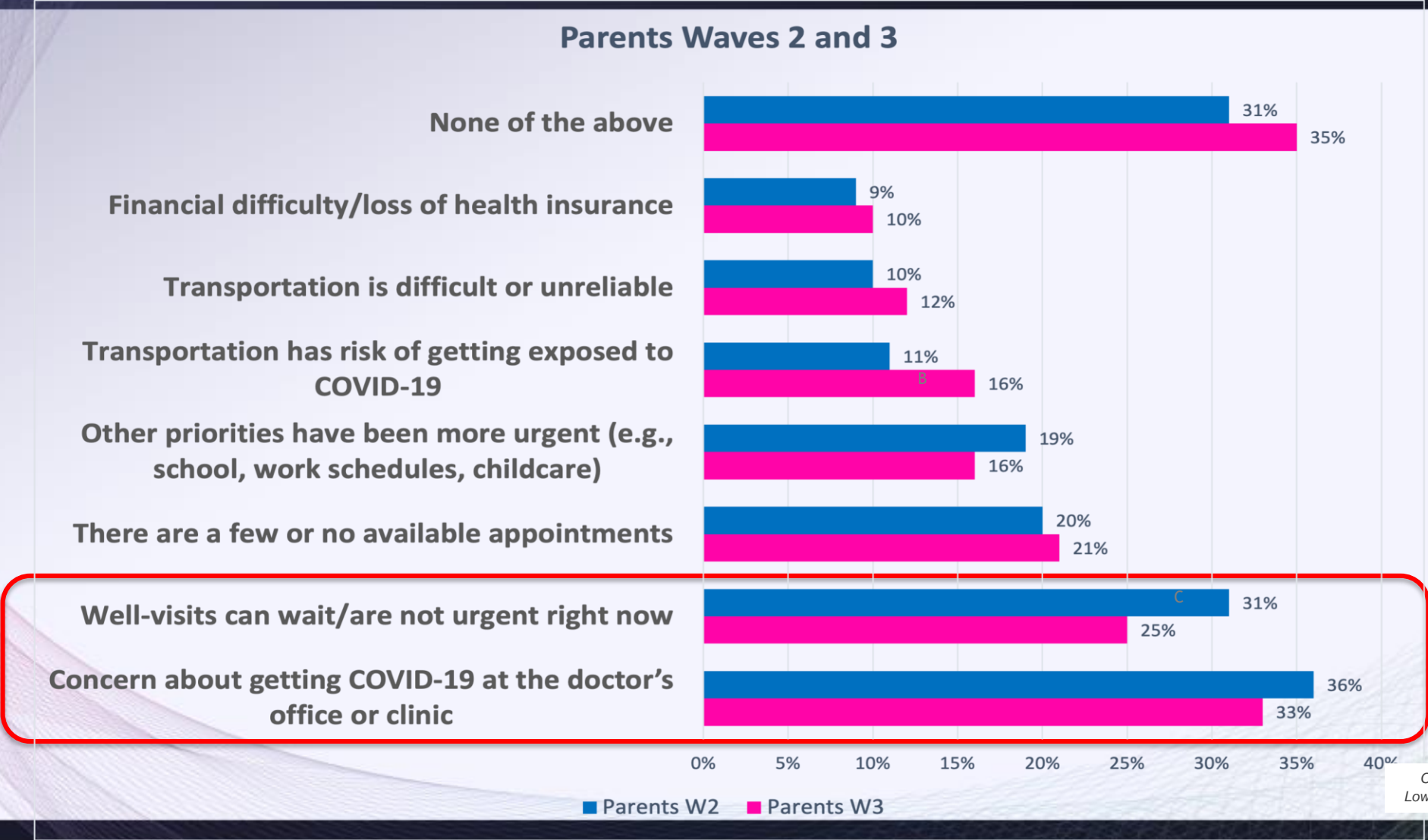
Parents in urban areas reported more missed visits for their teens compared to those in suburban and rural areas.



Of the 46% who had their teen's appointment delayed or cancelled, **93% were able to reschedule**



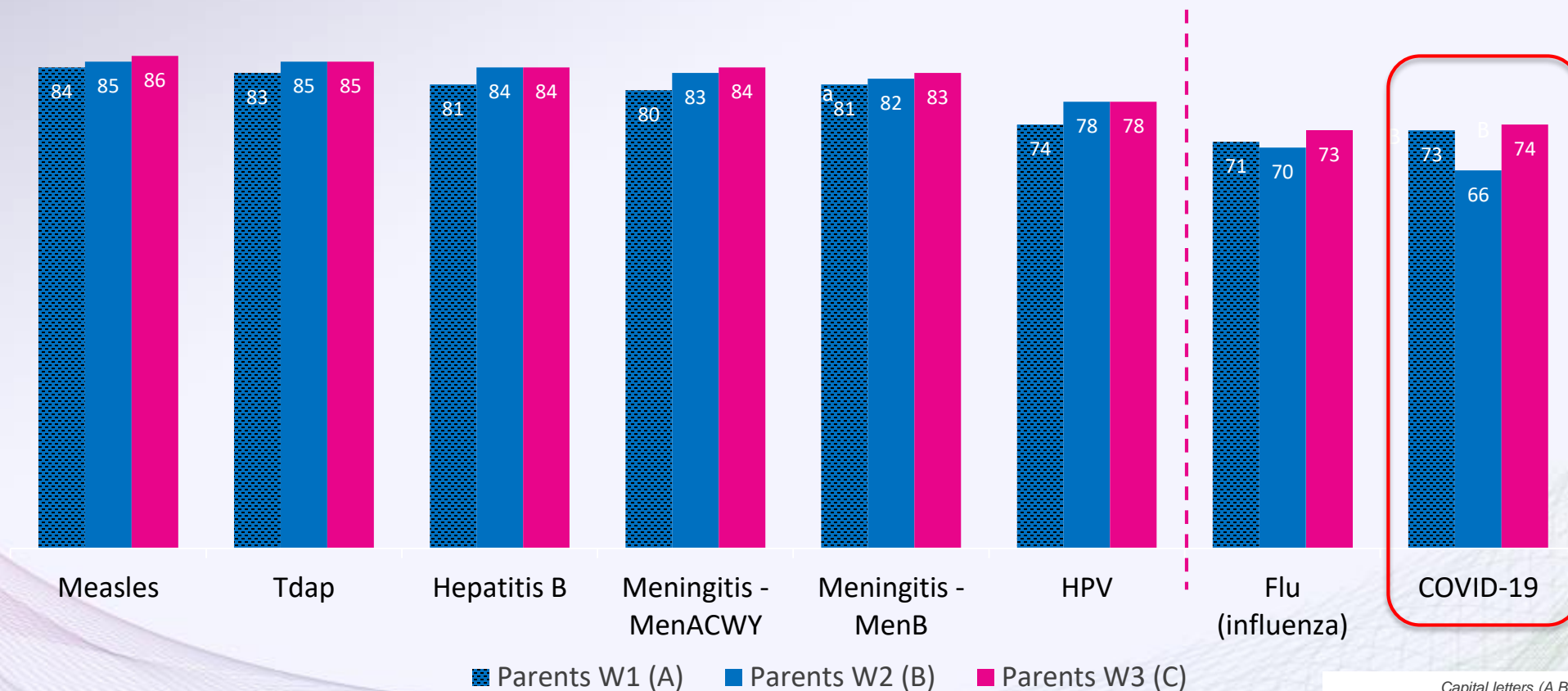
Though down significantly, fear about getting COVID-19 and lack of urgency remain leading reasons to not schedule teen well visits





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)

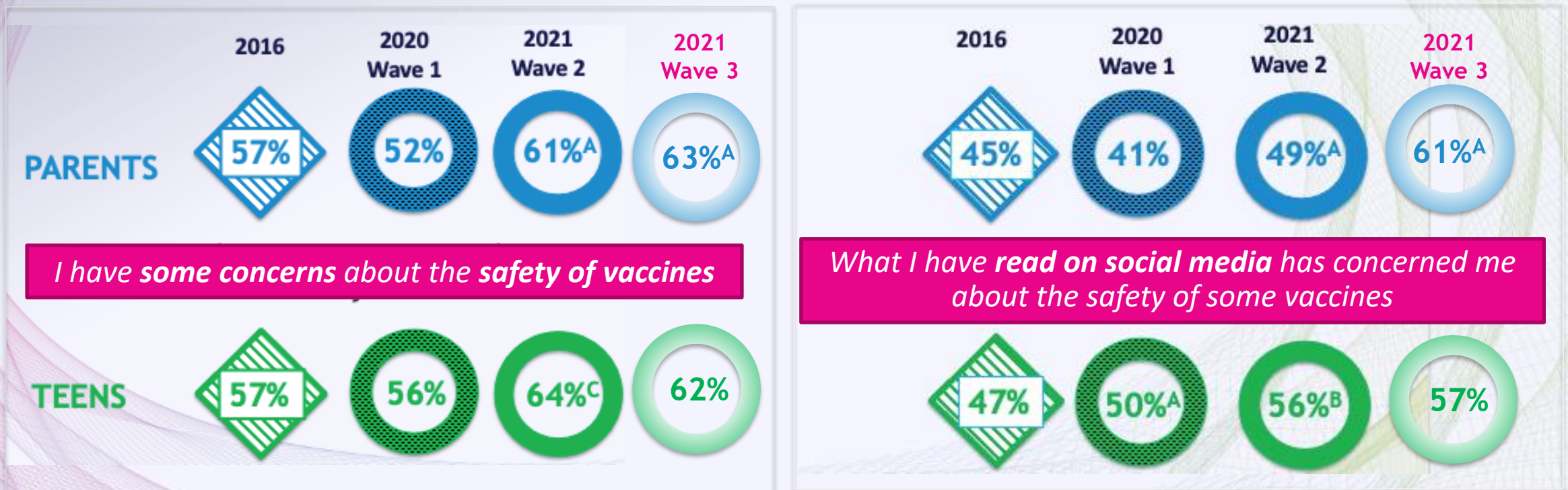


Capital letters (A,B,C,D) indicate significance at the 95 CL.
Lowercase letters (a,b,c,d) indicate significance at the 90 CL.



Parent and teen concern about vaccine safety continues to rise

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

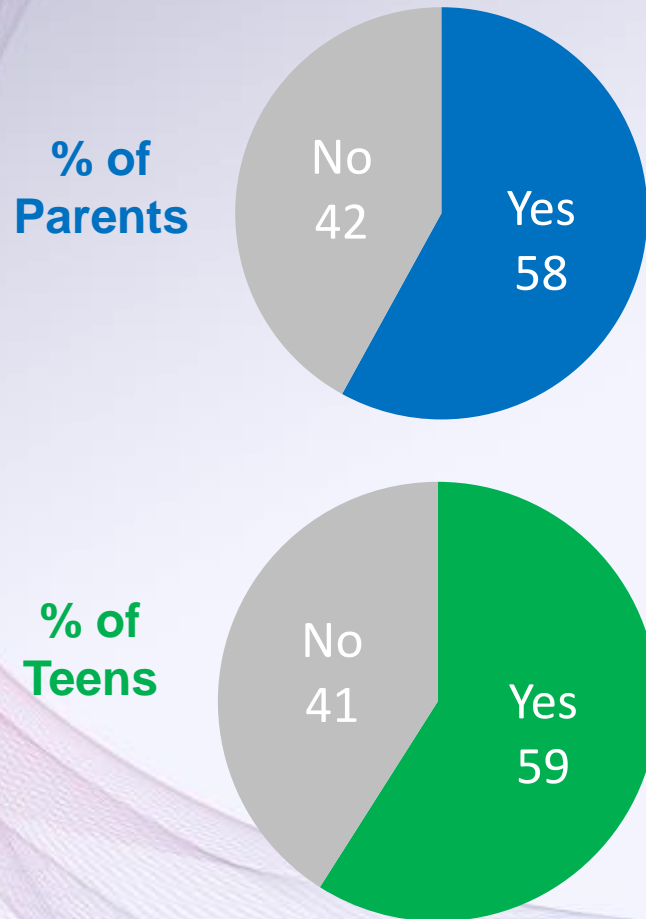


Capital letters (A,B,C,D) indicate significance at the 95 CL.
Lowercase letters (a,b,c,d) indicate significance at the 90 CL.

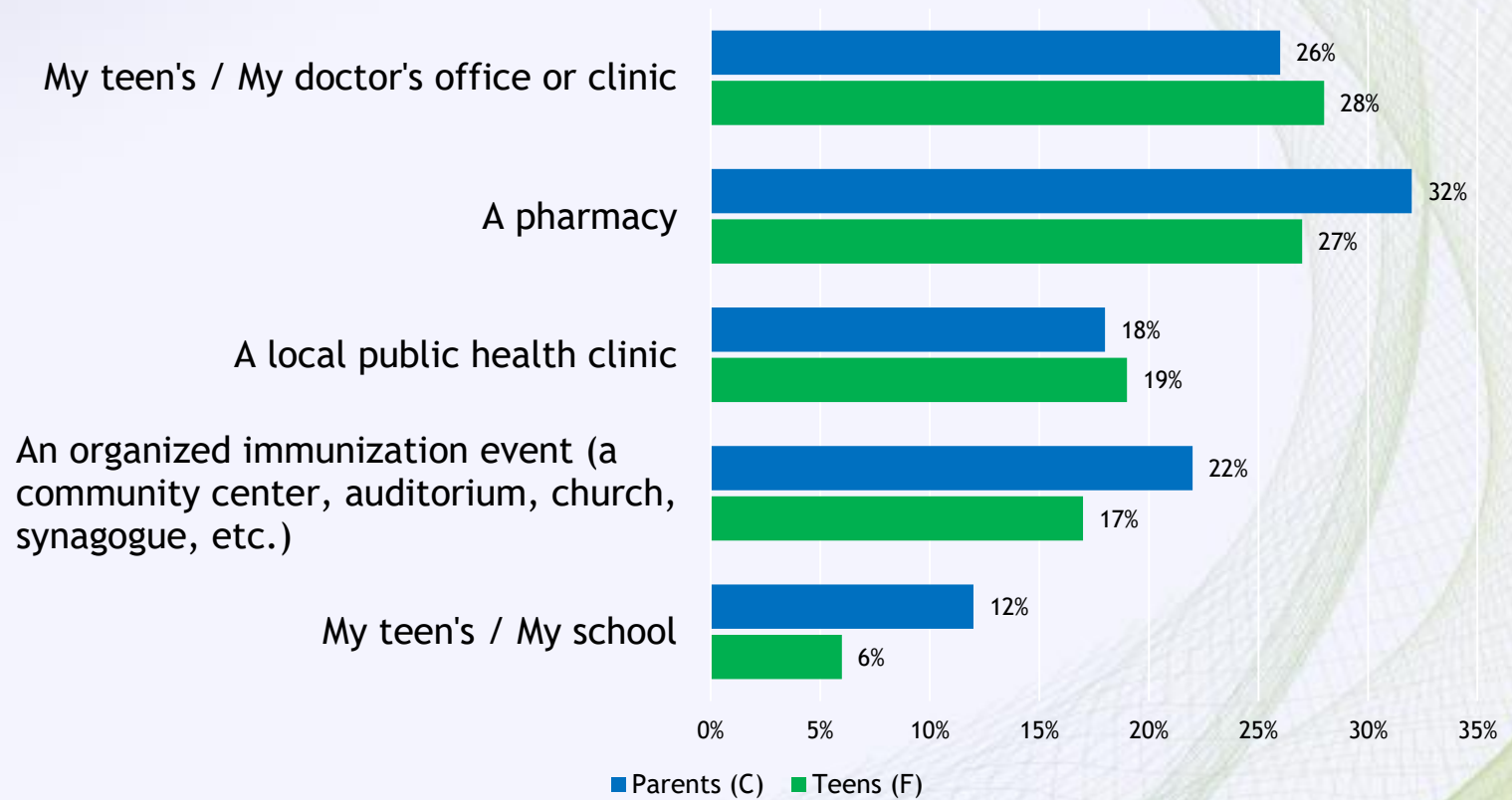


Nearly 6 in 10 parents and teens report receiving COVID-19 vaccine, most often at a pharmacy or doctor's office

COVID-19 Vaccinated



COVID-19 Vaccination Location



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



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

	Wave 1 (A)	Wave 2 (B)	Wave 3 (C)	Wave 1 (A)	Wave 2 (B)	Wave 3 (C)
PARENTS	Sources			Matters Most		
% Shown						
Our doctor or other healthcare providers	70 ^c	71 ^C	65	43 ^C	38	35
Public health or government agencies	48	57 ^A	53	11	14	14
Internet	42	50 ^A	46	6	9 ^C	4
The vaccine manufacturer	36	42 ^A	41 ^a	5	5	9 ^{AB}
Our pharmacist	34	41 ^A	38	3	3	3
News sources (newspapers, TV, radio, etc.)	35	40	42 ^A	5	4	6
Family members	27	39 ^A	39 ^A	4	5	6 ^a
Friends / other parents	27	36 ^A	39 ^A	2	3	3
School / school nurse	22	28 ^A	30 ^A	2	2	3
Social media	19	27 ^A	31 ^A	4	2	3
Other sources	2	3	3	1	1	1
None of the above	10	10	8	15	14	13

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



Self/family protection continues to lead motivation for getting the COVID-19 vaccine

PARENTS (%)			Reasons <u>for</u> Getting the COVID-19 Vaccine	TEENS (%)		
W1 (A)	W2 (B)	W3 (C)		W1 (D)	W2 (E)	W3 (F)
51	55	54	I want to <u>protect my teen/myself</u>	53	49	51
51	50	47	I want to protect <u>everyone in my family</u> with a COVID-19 vaccine, including my teen/myself	47	52	44
39	40	43	Vaccination is the best way for my teen/me to avoid a potentially serious illness	37	38	38
38	39	35	Life won't <u>go back to normal</u> until most people are vaccinated, incl. teens	37	35	34
39	39	36	I want to help <u>protect my community</u>	35	36	34
34	36	41 ^{Ab}	My teen/I would feel safe around other people	38	39	37
34	36 ^C	29	A family or household member is at high risk for serious illness from COVID-19 because of a health condition	31	35	30
33	30 ^e	32	My healthcare provider recommended COVID-19 vaccine for my teen / me	32 ^E	23	27
10 ^D	12 ^e	12	None of the above	4	8 ^d	8

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

Q20. Parent: Which of the following are reasons you would get a COVID-19 vaccine for your teen?/
Teen: If you were making the decision with your parents/guardian, which of the following are reasons you would get a COVID-19 vaccine? Select all that apply.



Concern about side effects is top reason for not getting COVID-19 vaccine, rising to 6 in 10 of parents and teens

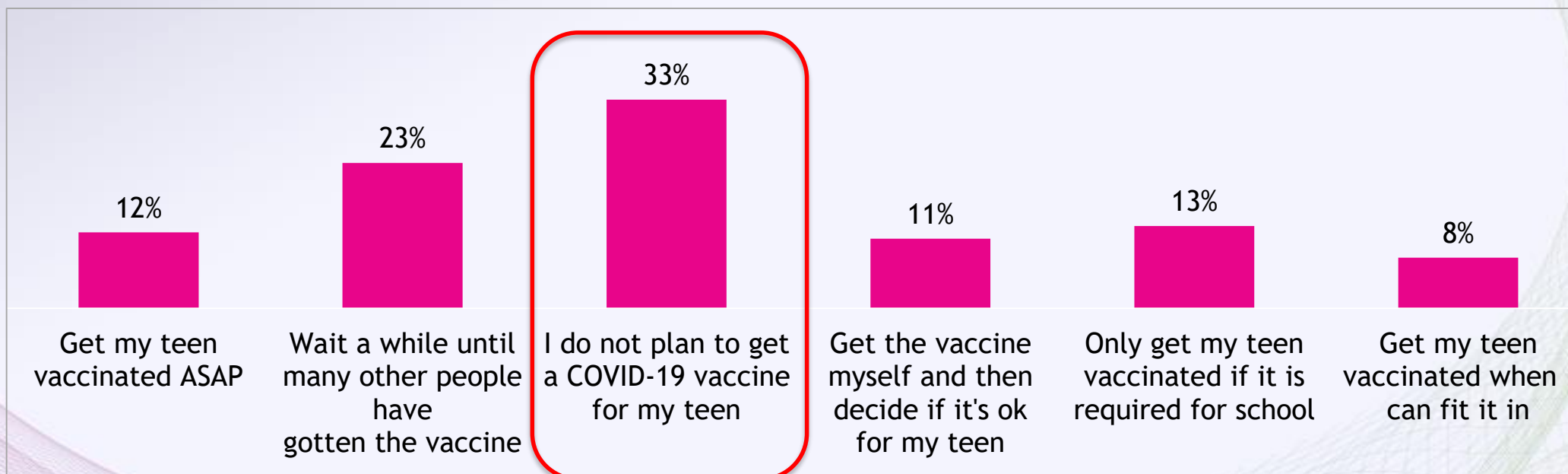
PARENTS (%)			Reasons for <u>NOT</u> Getting the COVID-19 Vaccine	TEENS (%)		
W1 (A)	W2 (B)	W3 (C)		W1 (D)	W2 (E)	W3 (F)
41	54 ^{Ae}	62 ^{AB}	I'm concerned about possible side effects	40	47	58 ^{DE}
20	22	22	I'm concerned my teen / I could get COVID-19 from the vaccine	23	20	15
21	20	18	I don't think the COVID-19 vaccine will work very well	17	20	22
12 ^B	8	13 ^B	My teen doesn't / I don't like getting shots/needles	20 ^A	20 ^B	21 ^c
16 ^B	11	14	I think the COVID-19 outbreak is not as serious as some say it is	12	14	14
11 ^{BC}	7	4	I'm worried I / my parent might have to pay for it	18 ^{AF}	15 ^{BF}	6
10	10	17 ^{AB}	I think teens don't get seriously ill from COVID-19	11	16 ^B	19 ^d
13 ^{Bd}	9	10	My teen / I cannot get vaccines because of an allergy or a serious medical condition	8	12	7
23 ^C	21 ^C	10	None of the above	19 ^f	18 ^f	10

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



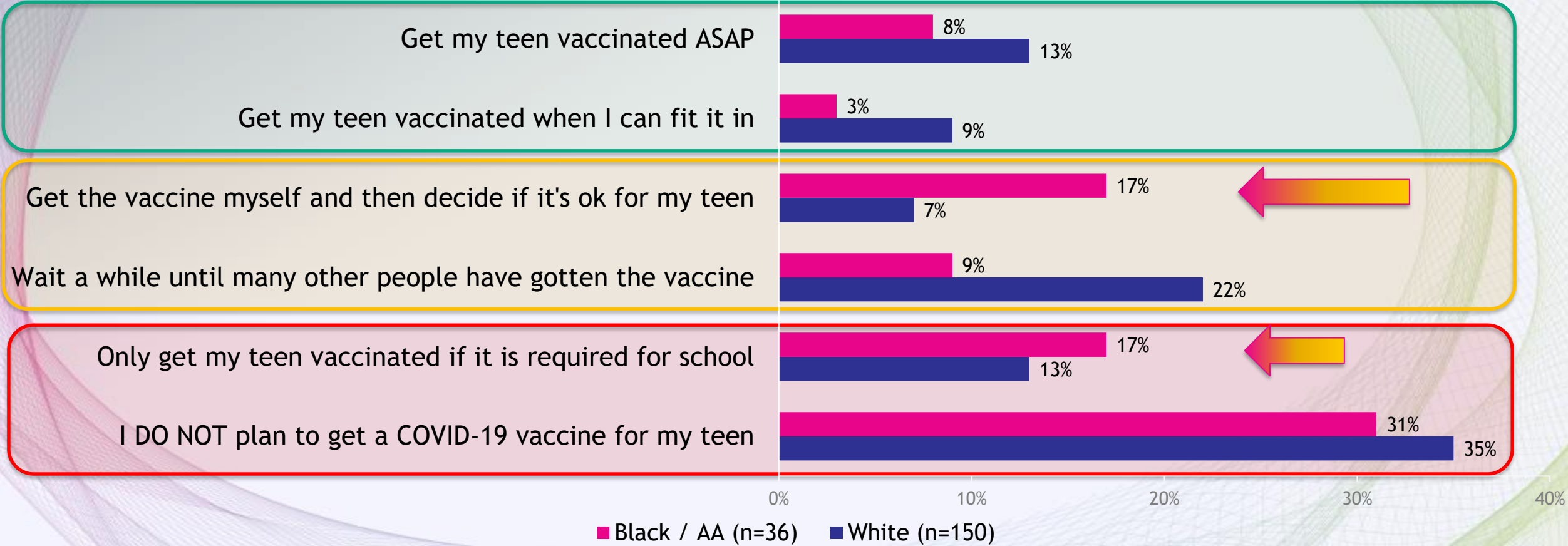
Wave 3 - Reduced base, n=212; Includes only parents who reported not yet having gotten their teen COVID-19 vaccine



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

Parents' views on their teen getting a COVID-19 vaccine: by Race



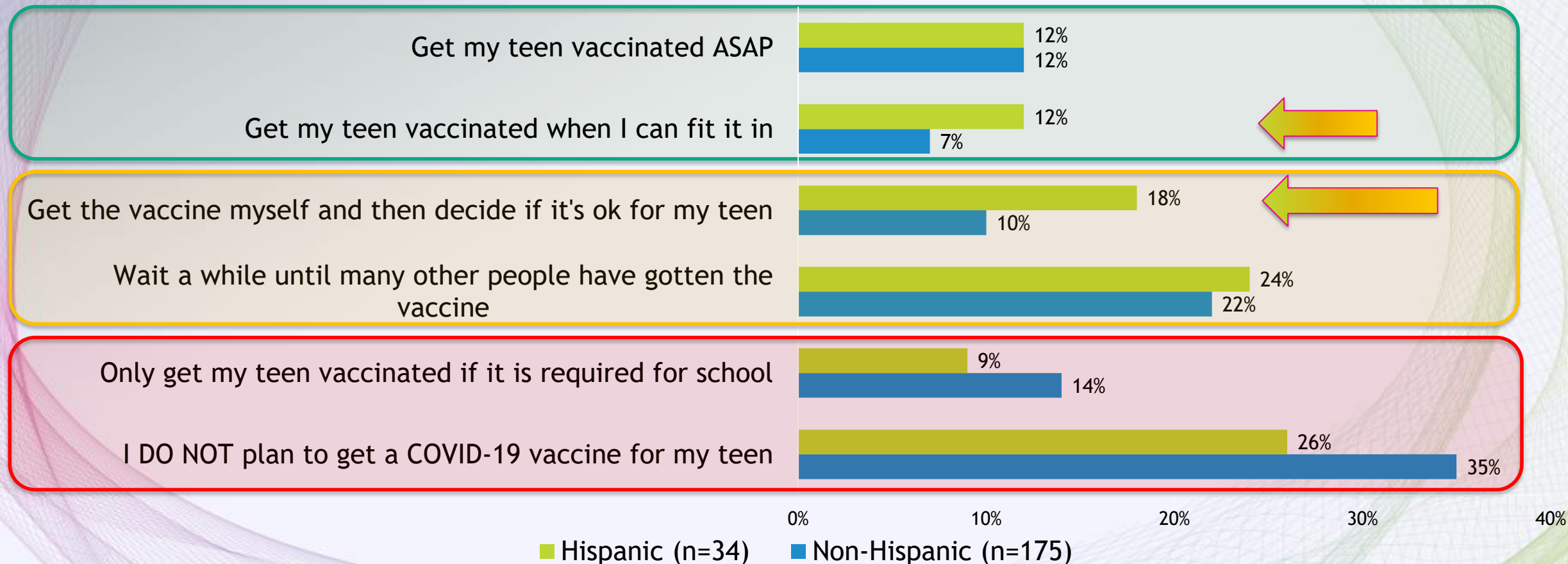
Q23. Now that a COVID-19 vaccine is authorized recommended, which statement most closely represents what you will do for your teen?
Wave 3: *Parents, n=212; reduced base = teen has not gotten vaccine yet; additional responses were collected for of other races,, those identifying as mixed race and those who declined to specify race.



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

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



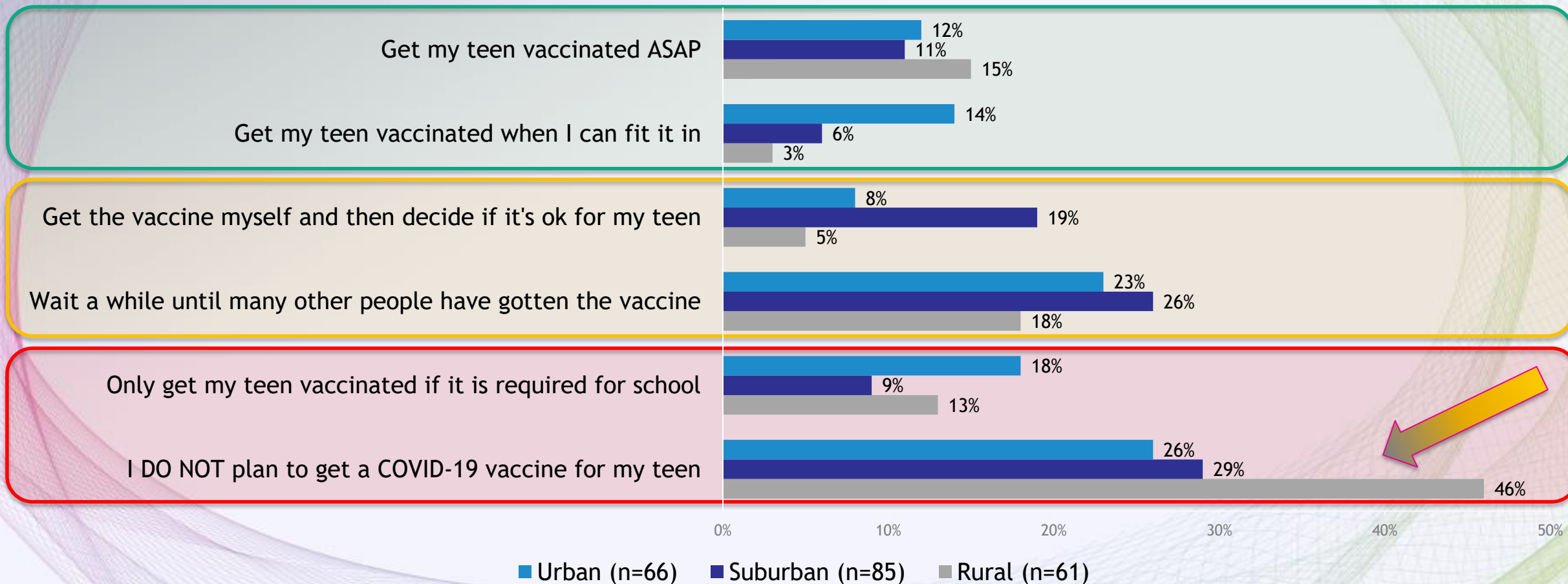


For teens not yet COVID-19 vaccinated, more parents in rural areas DO NOT plan to vaccinate

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

Covid-19
Vaccination

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

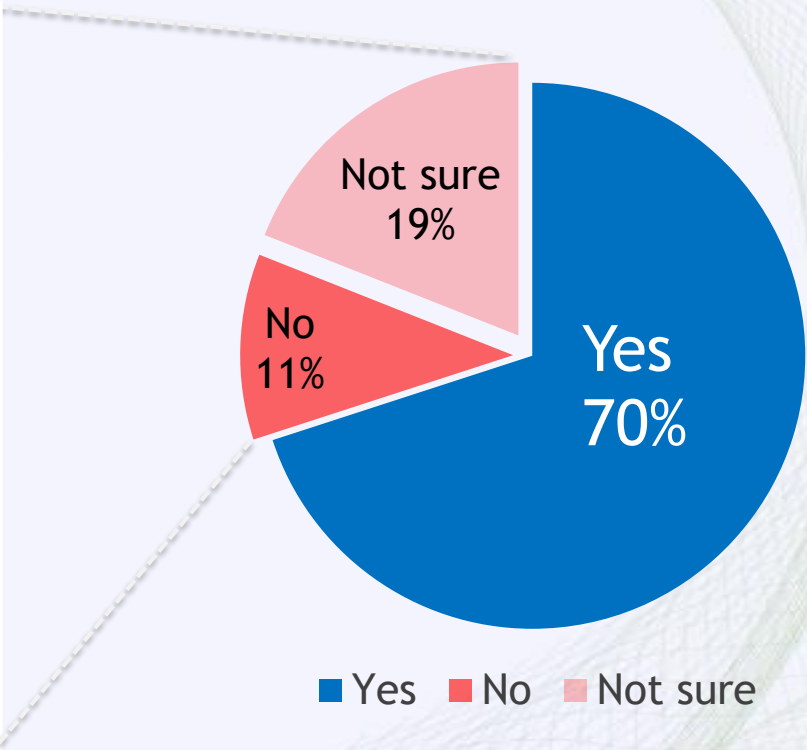




Majority of parents are willing to have their teen receive COVID-19 and routine vaccines together

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

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





Survey takeaways

- ✓ 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



Notes on Reading this Report

- 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

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

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

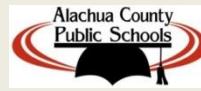
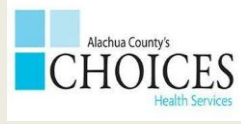
Dr. Kathleen Ryan | Clinical Associate Professor, Infectious Diseases
Department of Pediatrics; Emerging Pathogens Institute
University of Florida



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

Program Overview

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

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



- 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

Year	Men B (%)	HPV (%)	MCV (%)	Hep A (%)	Total (%)
2018	147 (37.3)	81 (20.6)	101 (25.6)	65 (16.5)	394 (100)
2019	298 (50.6)	130 (22.1)	98 (16.6)	63 (10.7)	589 (100)

Table 2 - Clinic Dates

Year	Date
2018	April
	May
2019	January
	February

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

Year	Men B (%)	HPV (%)	MCV (%)	Hep A (%)	Total (%)
2018	147	81	101	65	394
N=3996	(3.7)	(2.0)	(2.5)	(1.6)	(9.9)
2019	298	130	98	63	589
N=3207	(9.3)	(4.1)	(3.1)	(2.0)	(18.4)

COVID Vaccination

	First dose/Clinic	Second dose/Clinic
Middle Schools	708	980
High Schools	1090	914

Wrap up and Next Steps

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



Thank You!

Duke

MARGOLIS CENTER
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Association of
Immunization
Managers



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This event is sponsored in part by The Rockefeller Foundation.