

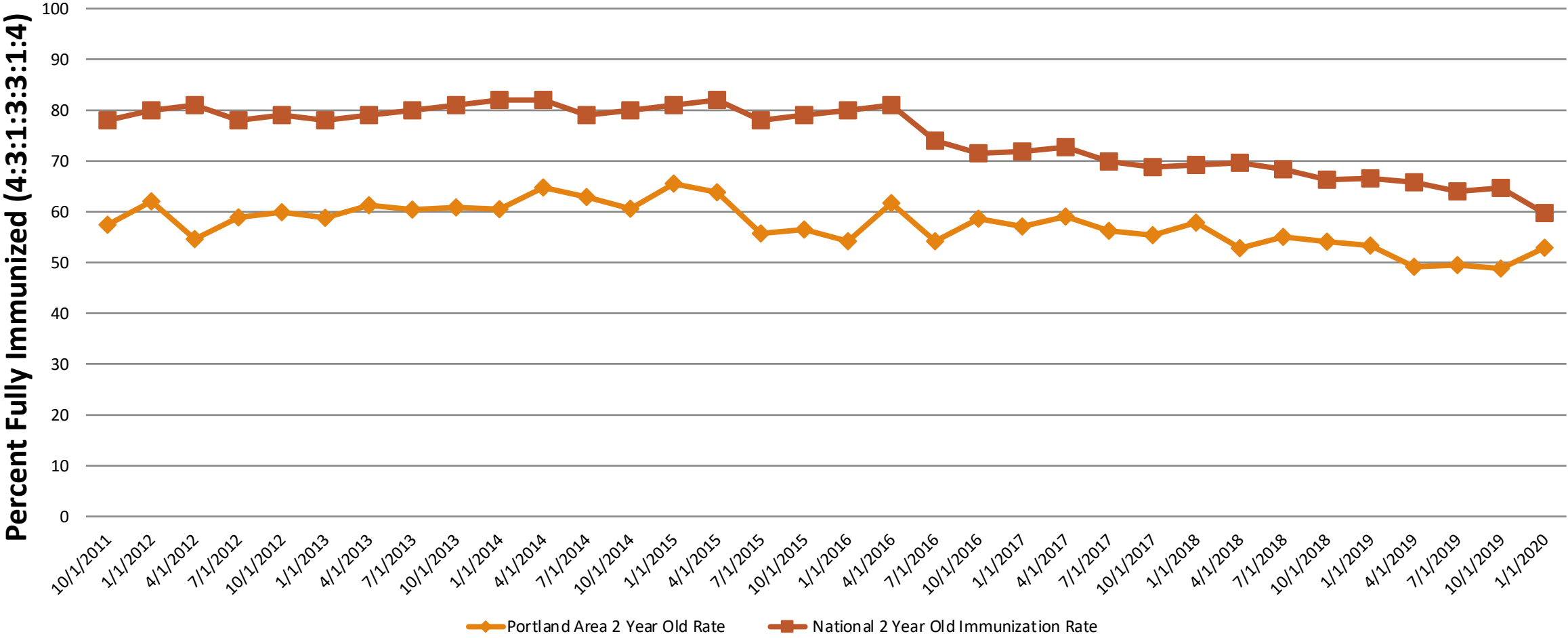
Update on Routine Childhood Immunizations



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2 Year Old Immunization Rate Portland Area and National

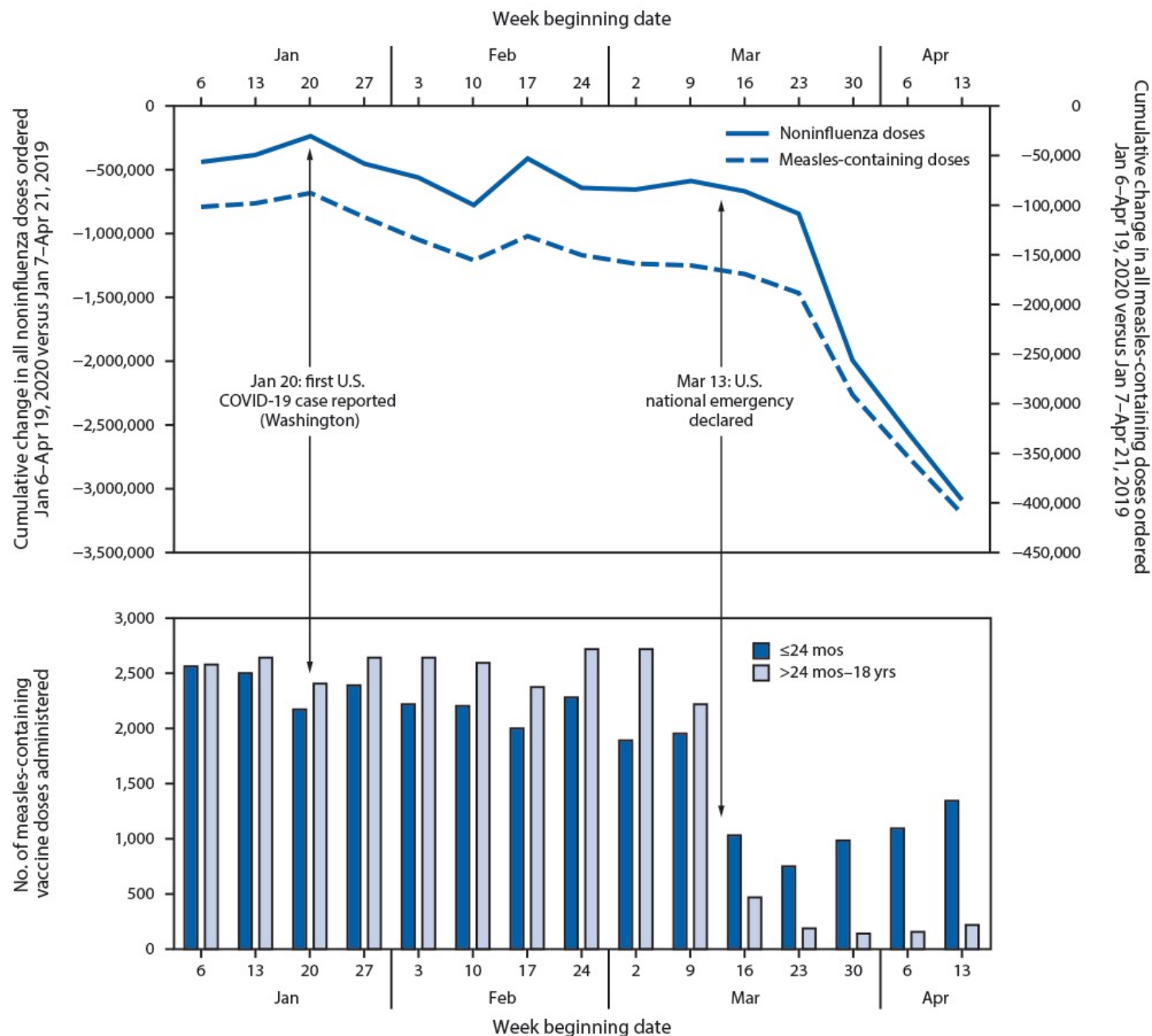


MMWR: Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020



Examined 2 data sources:

- Vaccines for Children (VFC) all vaccines and measles-containing vaccine ordering
- Vaccine Safety Datalink (VSD) total number of vaccines and number of measles-containing vaccines given in 8 participating sites



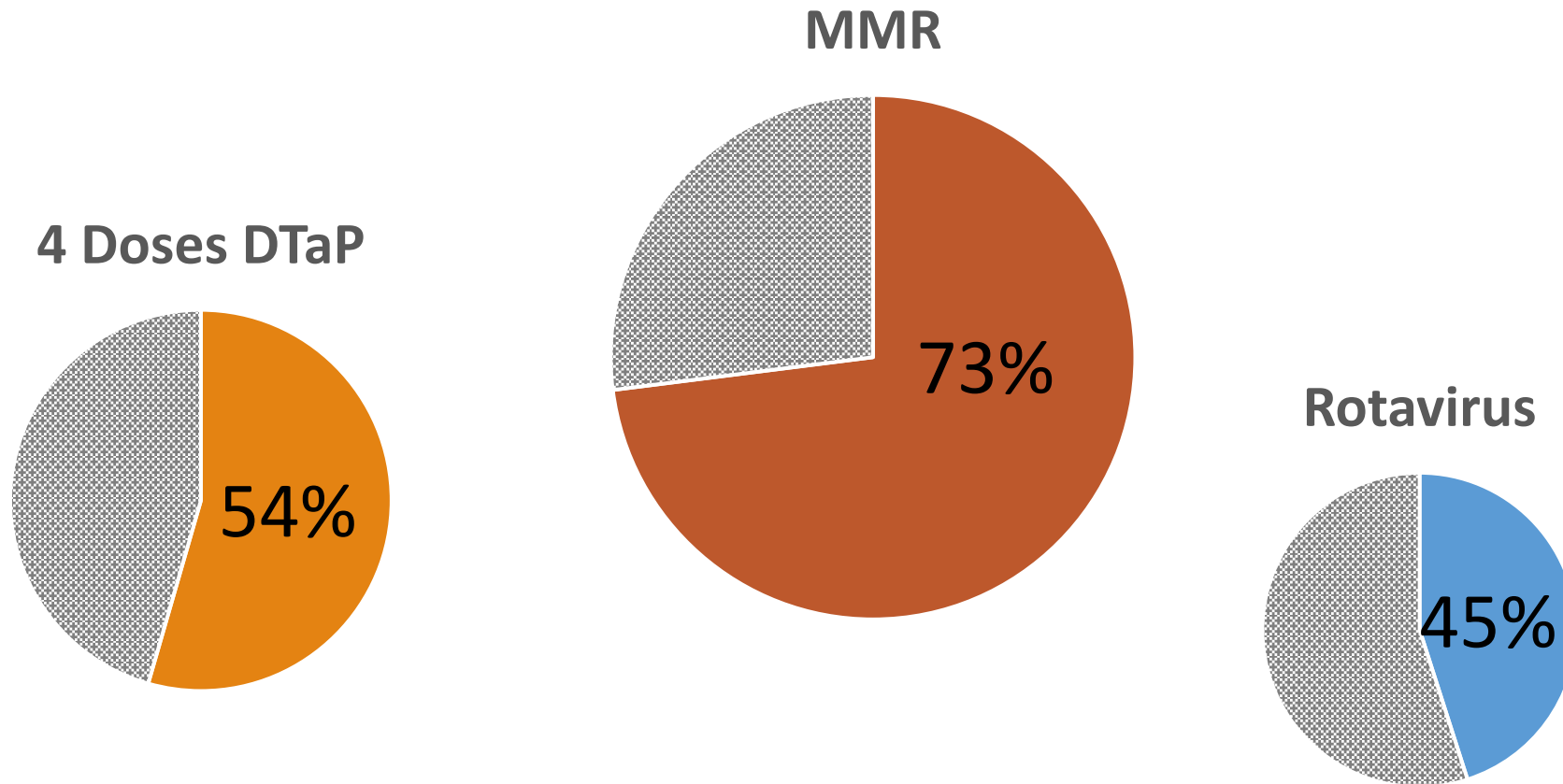
Top : VFC ordering data

- Calculate the cumulative weekly difference in vaccine doses ordered between January—April 2019 and January—April 2020
- A marked decline in vaccine doses is noted 2 weeks after National Emergency declared

Bottom : VSD measles-containing vaccine doses administered

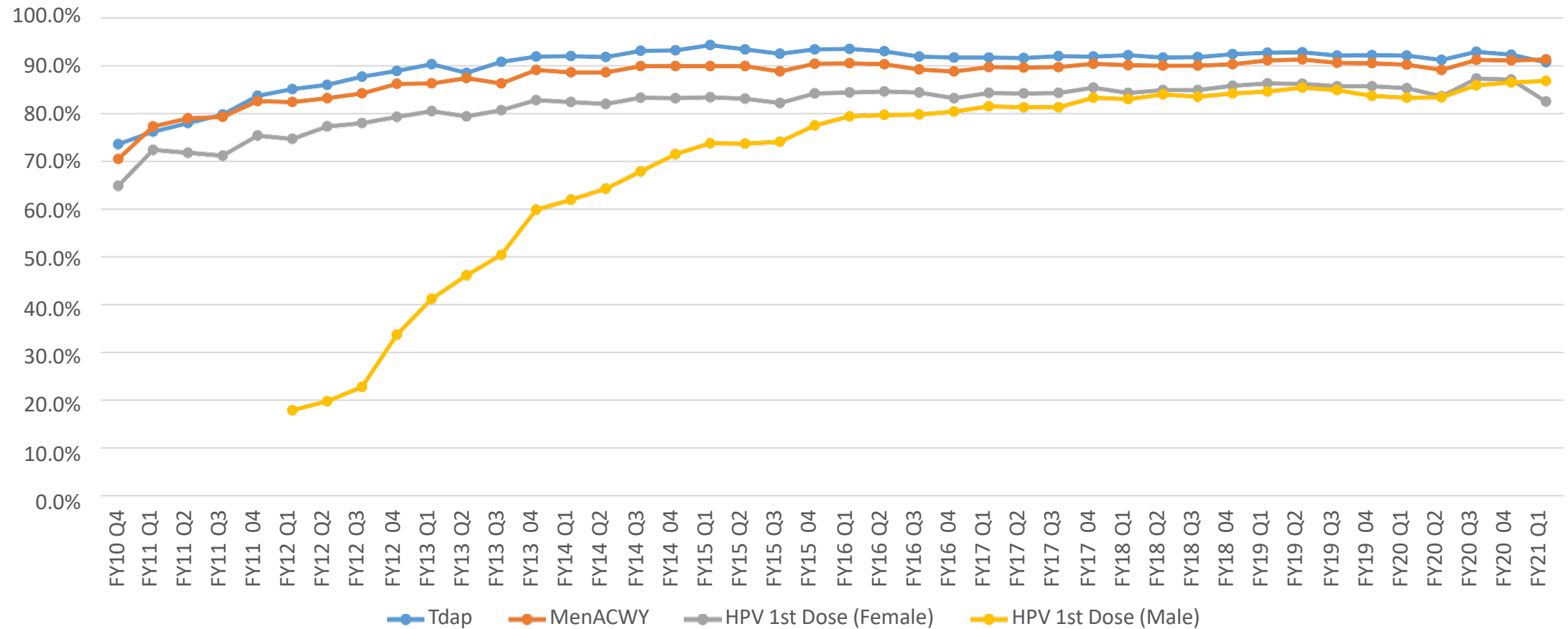
- The decrease in administered doses declined sharply in the week following the declared National Emergency
- Gradual weekly increases seen from March 23 to April 13 for those ≤ 24 months may reflect successful outreach and messaging by medical societies (AAP, AAFP) and CDC

Three vaccines with critically low coverage for children 2 years old and under in Portland Area



2nd quarter, FY2021

Adolescent Vaccine Coverage 13-17 Year Olds, IHS National Data



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

IHS Campaign to Improve Childhood Vaccine Coverage

Next week, IHS will launch a Nation-wide campaign to improve Childhood vaccine coverage for both the pediatric (2 year old and under) and adolescent population.

Key components of the campaign include:

- Provider engagement through Webinars
- Technical assistance for sites needing RPMS and other support
- Blog posts on IHS website for patients and community
- Campaign toolkit

Tips to help improve vaccine coverage

- Offer vaccines at every visit – conduct chart reviews, look-up in State IIS and use reminders to make sure that vaccines are reviewed and offered at every clinic visit
- Establish “Nurse-only” schedule for immunization visits – this can provide “same-day” or “walk-in” availability for patients needing to get caught up on vaccines
- Establish periodic vaccine clinics on select Saturdays or evening that may fit busy parents’ schedules
- Use the “3-27 month” report weekly to identify kids as soon as they are due
- Send reminder/recall letters weekly
- Call parents with valid numbers
- Use texting applications where available (audiocare, other)

A photograph of a man in a light blue shirt holding a young child in a pink jacket. The child is laughing with their eyes closed. They are outdoors with a blurred background of trees and foliage. The text "Addressing Vaccine Hesitancy" is overlaid in white at the bottom.

Addressing Vaccine Hesitancy

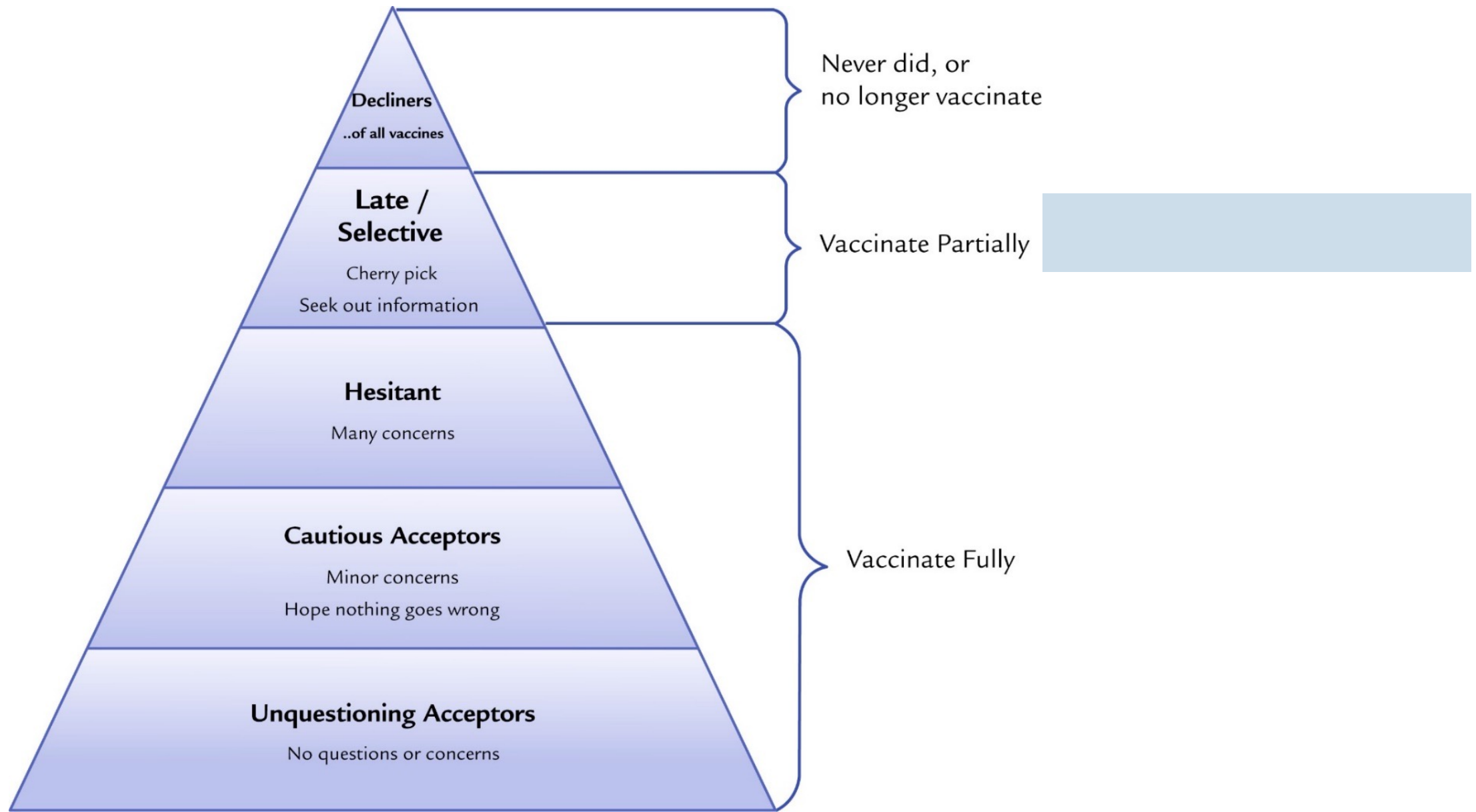
What is vaccine hesitancy?

SAGE Working Group on Vaccine Hesitancy (2014)

Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence.

[Vaccine 2015 Aug 14;33\(34\):4161-4](#)





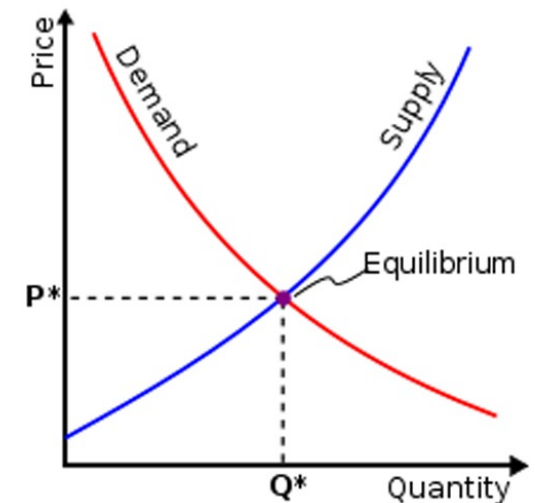
Why should we care about vaccine hesitancy?

Hesitancy undermines demand

- To increase demand for vaccines in the community, hesitancy is one of many factors that need to be addressed
- High rates of hesitancy lead directly to low demand for vaccine services
- Low rates of hesitancy do not necessarily lead to high demand

Drivers of demand include:

- Context
- Community
- Vaccine-specific issues



Tips for communicating

Beware when debunking myths

- Too much time talking about a vaccine myth can actually strengthen the myth in the listener's mind
- Identify the myth as a myth and state that it is false
- Focus on the facts
- State the core facts simply. If the truth seems more complicated than the myth, it remains easier to accept the simple information

Tips for communicating

Disconfirmation bias

- When presented with evidence for and against an existing belief, people more easily accept evidence that supports the existing belief and are critical of evidence that refutes the belief
- Rather than refuting incorrect elements of existing beliefs, try to provide **new information** to replace those elements
- Pivot the conversation to focus on the diseases that vaccines prevent

Tips specific for hesitant patients

Supportive discussion with open-ended questions to elicit concerns

- Keep it conversational—avoid launching into a lecture full of facts about vaccines but address the issues patients and parents raise
- Ask permission to share information and offer to assist them to get information
- Allow time to reflect and consult
- Express that you understand the decision and the burden of responsibility is theirs
- Develop an acceptable plan
- Invite them to follow up for another discussion of their concerns

Native Boost

Strengthening Vaccine Confidence through Communications, Education, and Outreach



DON'T DELAY YOUR CHILD'S VACCINES

Don't let COVID-19
prevent you from
calling your clinic
about your child's
vaccines.

It could be the most
important call you
make today



Native Boost aims to work with parents, community members, healthcare providers and Boost Oregon to develop and utilize approaches and materials that will improve:

- Providers' confidence and ability to address patient/parent concerns about childhood vaccines
- Parents' understanding of the benefits and potential risks of vaccines
- Parents' recognition of the importance of recommended vaccination schedules
- Parent empowerment to make informed decisions to immunize their children

Plans for 2021

Recruit and Maintain a Tribal Advisory Committee

Obtain commitment for participation from new Tribal or urban (I/T/U) AI/AN partners

Continue a partnership with Boost Oregon, a Portland-based community-led organization to provide provider trainings and community workshops to address parental concerns about vaccine safety

Work with Native multi-media experts and in coordination with NPAIHB media team to develop and deliver vaccine safety message and build trust in I/T/U immunization programs

Utilize NWTEC biostatistics expertise to build accessible and trusted online data visualizations on a dashboard

Communication resources

[NEW! Northwest Native American Center of Excellence](#)

<http://www.immunize.org/handouts/>

<https://www.cdc.gov/vaccines/hcp/conversations/index.html>

<https://www.youtube.com/watch?v=s3MCJZ7OGRk>

(Nice, concise introduction to Motivational Interviewing)

www.boostoregon.org

www.vaxnorthwest.org

<https://julieleask.wordpress.com/2015/05/12/improving-communication-about-vaccination-sarah/>

[Motivational Interviewing The Basics](#)

[Motivational Interviewing: Enhancing Motivation to Change ...](#)

Learn more!

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

Search COVID-19 [Advanced Search](#)

Coronavirus Disease 2019 (COVID-19)

[Your Health](#) [Community, Work & School](#) [Healthcare Workers & Labs](#) [Health Depts](#) [Cases & Data](#) [More](#)

Your Health

Things You Need to Know

Symptoms +

Testing +

Vaccines —

- 8 Things to Know
- About COVID-19 Vaccines +
- Facts about COVID-19 Vaccines
- How CDC is Making Vaccine Recommendations
- Ensuring the Safety of Vaccines
- Ensuring COVID-19 Vaccines Work

Vaccines

Updated Nov. 20, 2020 Languages Print

Safety Is a Top Priority
The U.S. vaccine safety system ensures that all vaccines are as safe as possible. [Learn more.](#)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>