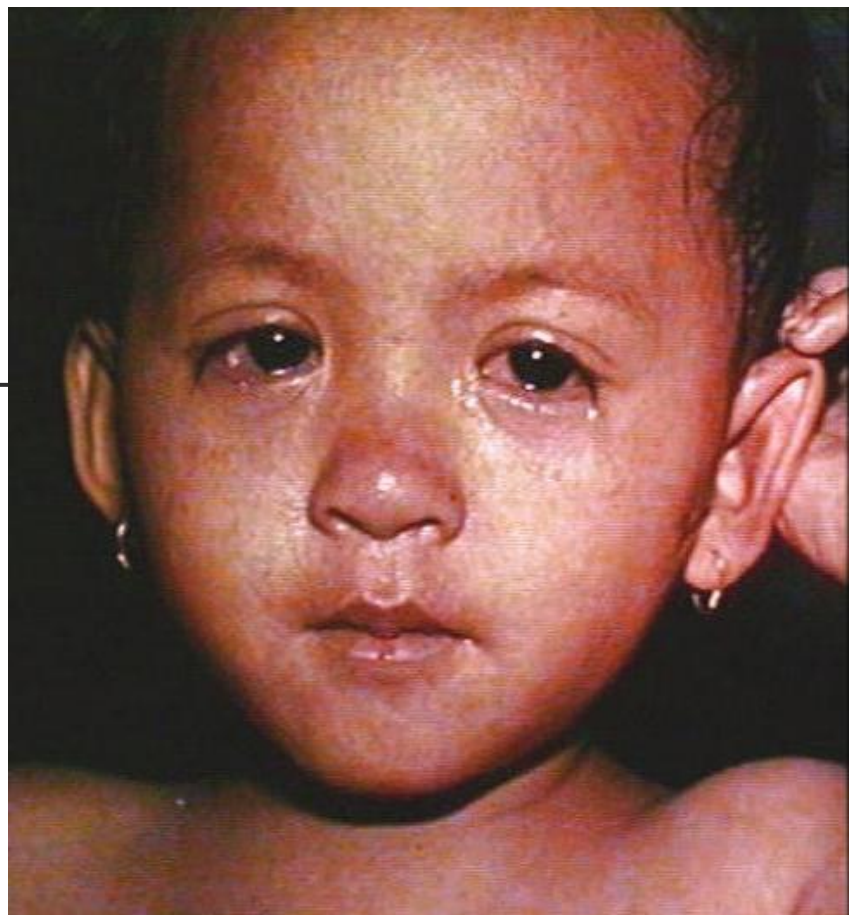


COLLECTIVE IMPACT

IMMUNIZATION SUBGROUP

MCH-Immunization Conference
September 24-25, 2014

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ANTHC Immunization Program



PRE-VACCINE ERA
ESTIMATED ANNUAL
MORBIDITY IN THE U.S.

%

MOST RECENT
REPORTS OF
CASES IN THE U.S.

DECREASE



Measles Cases Surge in U.S., Fueled By Unvaccinated Travelers

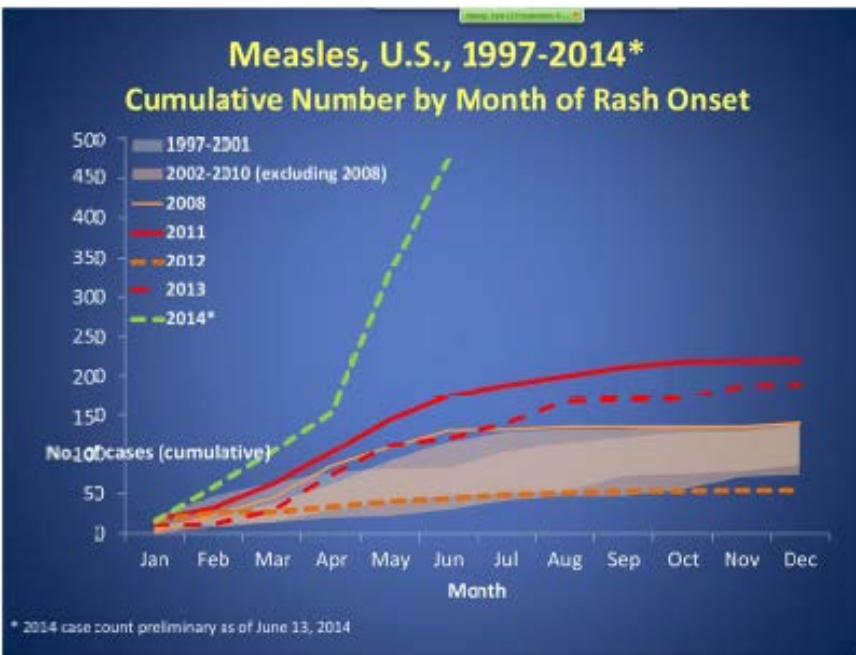
Before a measles vaccine was licensed in the U.S. in 1963, about 500,000 cases occurred nationwide each year, resulting in 48,000 hospitalizations and 500 deaths, the CDC says. Measles is highly contagious; about 90 percent of people who aren't immune will catch the disease if they're exposed.

BY JONEL ALECCIA

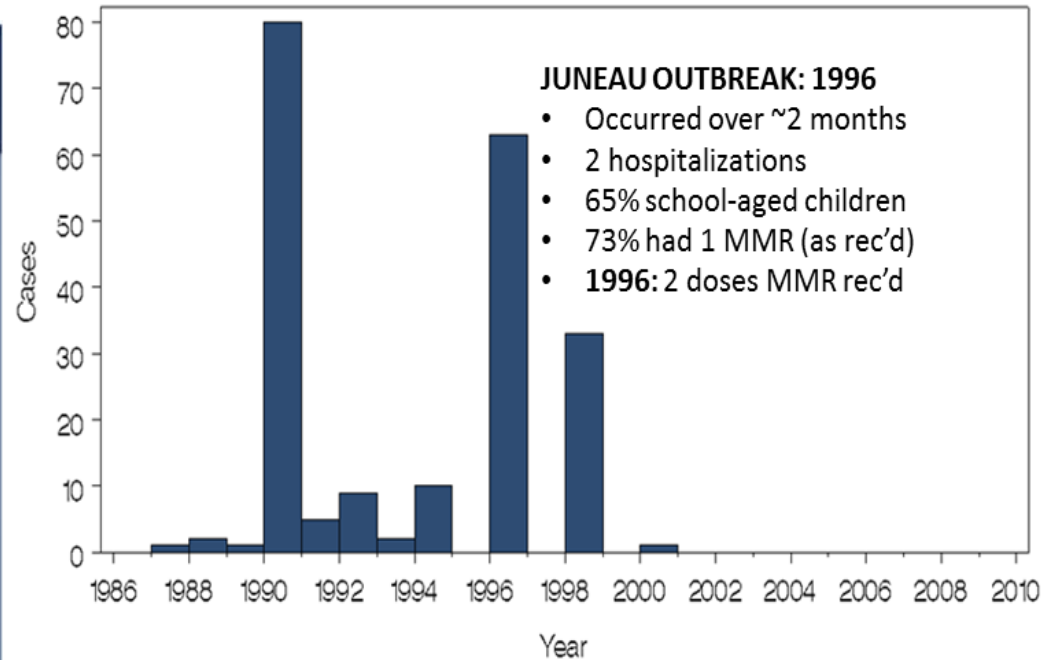
Measles cases in the U.S. are surging at the fastest pace in nearly two decades, fueled mostly by unvaccinated travelers sparking outbreaks from California to New York — and, now, in Ohio, where 13 members of an Amish community may



1997-2014 Measles in the US



1966-2006 Measles in the US



Alaska measles free since 2000 but Sept 12 case on cruise ship in Alaskan waters and several cases passing through SeaTac airport are reminders of the threat of measles outbreaks

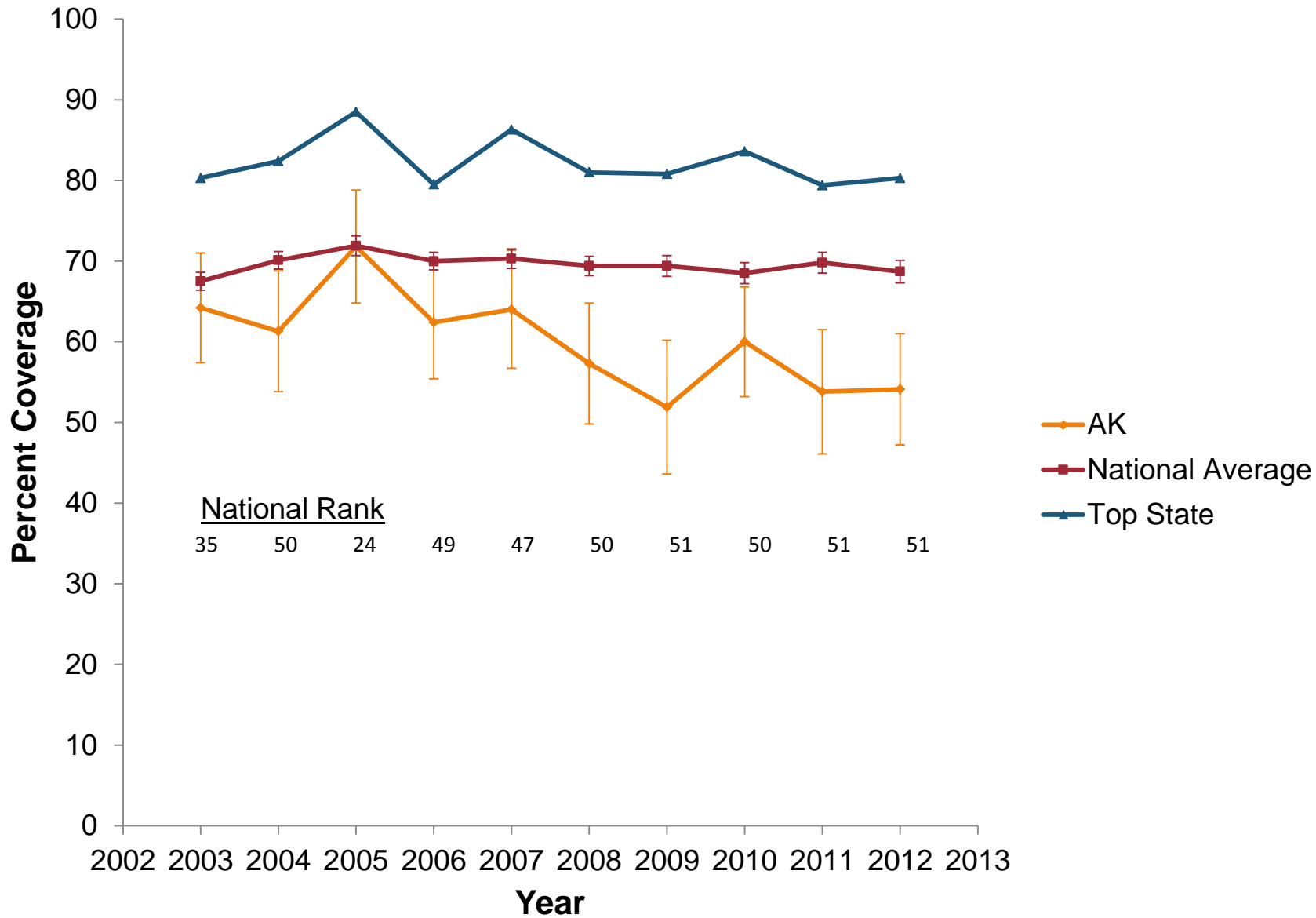
**National, State, and Local Area Vaccination Coverage Among Children
Aged 19–35 Months — United States, 2012**

Vaccination coverage varied by state, with coverage for the combined vaccine series ranging from 59.5% in Alaska to 80.2% in Hawaii (Table 3). Fifteen states had point estimates of (Adjusted rate (for 3 dose Hib) was 65.4%)

**National, State, and Selected Local Area Vaccination Coverage Among
Children Aged 19–35 Months — United States, 2013**

2013 – Alaska’s reported immunization rate is 63.98%
(Adjusted rate is 65.8% 42nd out of 50 states)

4 DTaP by 19 months

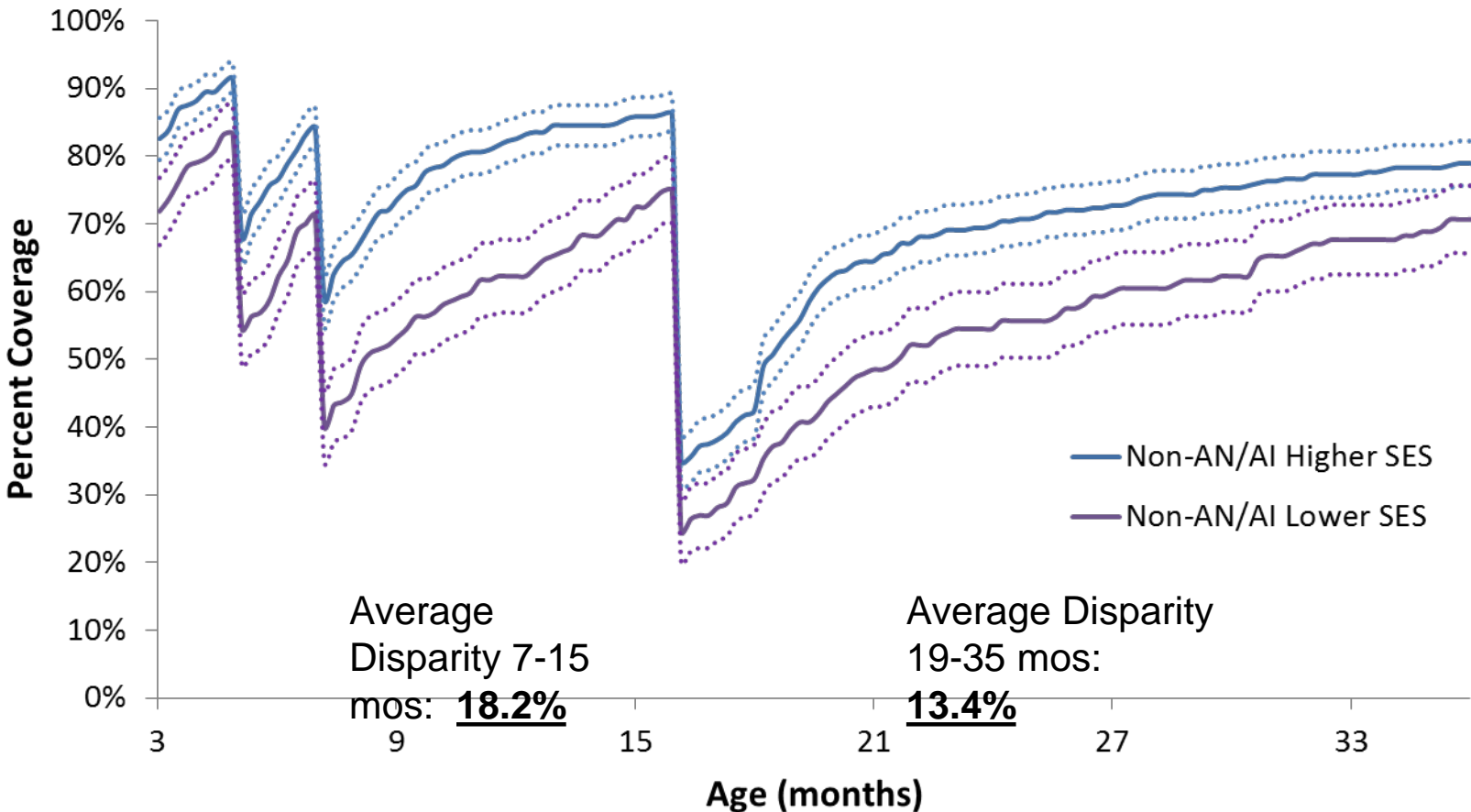


Bottom line — poor on-time vaccination

- Our kids fall behind by 5 months and further behind by 7 months
- The lag remains into mid toddlerhood, and only later do our kids catch up (incompletely)
- This suggests two likely factors
 - Missed opportunities (i.e., lack of effective reminder/recall systems)
 - Inadequate access (defined broadly) to well child care or vaccines

Socioeconomic Disparity in District B

**% Current Non-Native Kindergarteners UTD on DTaP:
Socioeconomic Comparison in District B**



Best practices to promote immunization?

Recommendations Regarding Interventions to Improve Vaccination Coverage in Children, Adolescents, and Adults

Task Force on Community Preventive Services

Medical Subject Headings (MeSH): vaccine-preventable diseases, vaccination coverage, community health services, decision-making, evidence-based medicine, systematic reviews, population-based interventions, practice guidelines, preventive health services, public health practice, task force (Am J Prev Med 2000;18(1S):92–96) © 2000 American Journal of Preventive Medicine

Introduction

This report makes recommendations on the use of interventions to increase vaccine coverage levels. The reviews of evidence on which these recommendations are based are provided in the accompanying article (see Briss et al., page 97). The recom-

ing the information found in these reviews and recommendations (i.e., strategies that work in general) with local contextual information (i.e., ensuring a good match between interventions and local needs and capabilities).

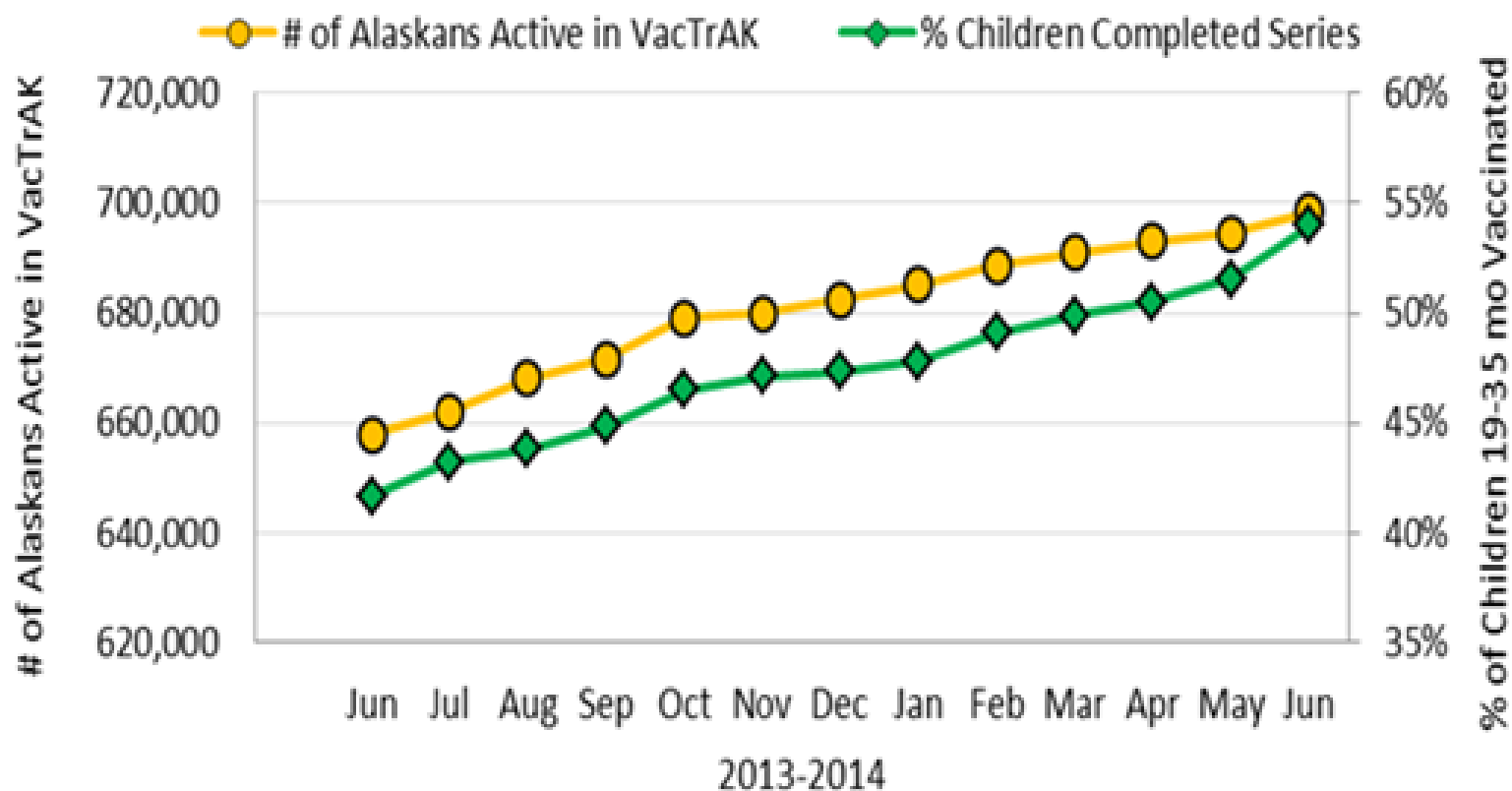
A starting point for addressing vaccine-preventable disease problems in communities is to assess activities

Increasing Community Demand

- **Strongly Recommended/Recommended**
 - Client reminder/recall
 - Multicomponent interventions that include education plus at least one additional activity
 - Vaccination requirements for daycare, school
- **What are we doing?**
 - **State Immunization Program**
 - VacTrAK statewide reminder for 7-13 month olds due for immunizations
 - AFIX - teaching reminder recall to providers
 - **AAP**
 - EQIPP for MOC4 - Encourages reminder-recall systems
 - **Vaccine Coalitions**
 - Seeking grants, outreach events, alternative settings, education

Increased completeness of VacTrAK records

Figure. Number of Alaskans "Active" with Two or More Shots Recorded in VacTrAK and Percentage of AK Children Aged 19-35 Months Fully Vaccinated in VacTrAK



Enhancing Access to Vaccination Services

• Strongly recommended/Recommended

- Reduce out-of-pocket costs
- Expand access in health care settings
 - Reduce distance/Increase hours; Reduce clinic admin barriers (e.g. drop-in)
- Vaccination programs in WIC settings
- Home visits (can also include telephone, mail reminders)

• What are we doing?

- Alaska Vaccine Assessment Program
- Alternative settings (eg. Matsu Hosp, PHN)
- Partnerships with agencies servicing low income (WIC, early Headstart)

Washington DC

-increased

CHIP eligibility

- QI initiative

RESULTS: We found a 16% increase in immunization rates overall and a 14% increase in on-time immunization by 24 months of age. Improvement was achieved at all 6 health centers and maintained beyond 18 months.

Clinic-Based Interventions

- **Strongly recommended/Reminded**
 - Provider reminder/recall (flags for each child to screen for due and past-due vaccines)
 - Assessment and feedback of your coverage rates
 - Standing orders
- **What we are doing?**
 - **State –**
 - AFIX program and outreach to providers
 - **Tribal –**
 - reminder-recall systems, quarterly reports
 - **Collective Impact**
 - Increasing partnerships with providers
 - Healthy People 2000 partnership
 - Encouraging medical home
 - EQIPP for providers

Recommendations for Clinics

- **Assess and remove barriers to care**
 - Think about \$, clinic hours, ease of appts, etc
 - Creative solutions are welcome!
 - Bottom line — it must be easy for kids to get UTD on vaccines
- **Increase demand for vaccines**
 - Talk about well child care and vaccines in pre-natal settings
 - For hesitant families, roll with resistance — each visit is a fresh start
- **Implement effective reminder/ recall and outreach efforts**
 - Use VacTrAK for logging and forecasting
 - Incorporate known best practices into the clinic work flow
 - Measure and reevaluate frequently to identify what's working and continue making improvements

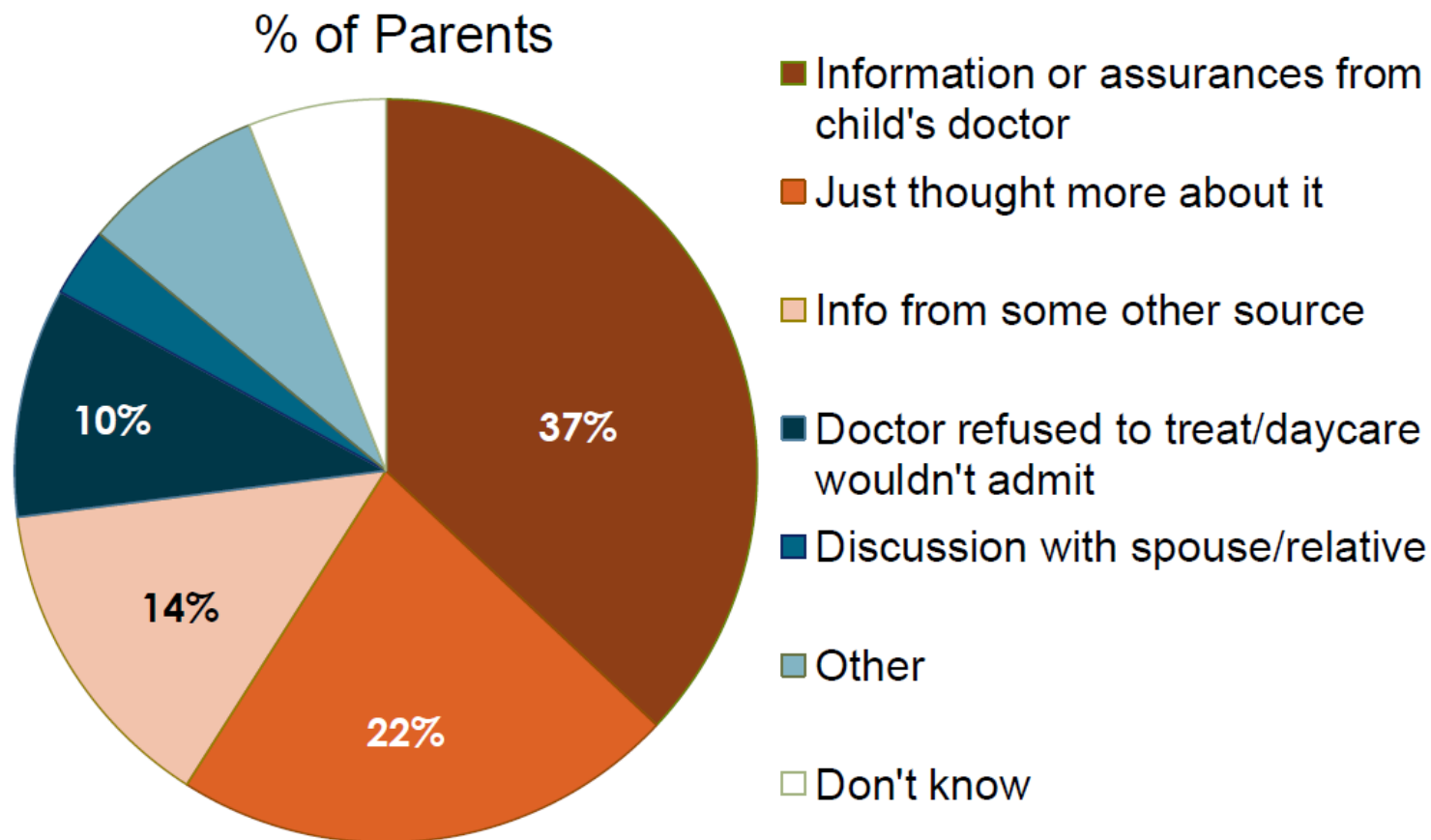
Lessons from **AK Shots Survey**

- **Education is important –**
 - Need to respond to parent questions
 - Training for providers, CHAP, etc...
- **Medical Home is important –**
 - Less delays if the provider knows the child well
- **Vaccine Reminders are important –**
 - Many didn't know that their child was due
 - Due lists and letters and phone calls are critical

Delivery of Vaccine Safety Information

- The source of health information can have an impact on the manner and frequency of its use
- Sources of Perceived Credibility of Vaccine Safety Information
 - **76% of parents endorsed a lot of trust in their child's doctor**
 - 26% other health care providers
 - 23% government vaccine experts/officials
 - 15% family and friends
 - 2% celebrities

Why Parents Change Their Minds



Good Resources for Parents

Websites

Vaccinate Your Baby: www.vaccinateyourbaby.org/

Vaccine Education Center at Children's Hospital of Philadelphia:
www.chop.edu/service/vaccine-education-center/home.html

Parents of Kids with Infectious Diseases: www.pkids.org/

Autism Science Foundation: www.autismsciencefoundation.org

MOMmunizations: www.theimmunizationpartnership.wordpress.com/

Voices for Vaccines: www.voicesforvaccines.org/

Meningitis Angels: www.meningitis-angels.com

YouTube

Change of Heart

http://www.youtube.com/watch?feature=player_embedded&v=4PeME5ZMZLI

Booklet

What to Expect Guide to Immunizations, download PDF online for free

www.gachd.org/What%20to%20Expect%20Guide%20to%20Immunizations.pdf

NOVA program – Calling the Shots – Sept 2014