National Infant Immunization Week
APRIL 20-27, 2013
NIIW 2013

• Goal:
  • Raise awareness of the importance of immunizing infants

• Objectives:
  • Develop new communication channels to reach pregnant women with information about infant immunizations.
  • Engage new and current partners (including providers) to work towards improving infant immunization rates and on-time immunization.

• Audience:
  • Pregnant women
  • Prenatal providers
Kick-off site

- Representatives from CDC coming to MN
  - Melinda Wharton, M.D., M.P.H., Acting Director of the National Center for Immunization and Respiratory Diseases (NCIRD)
  - Kristine Sheedy, Ph.D., Associate Director of Communication Science, NCIRD
  - Jenny Mullen, Health Communication Specialist, NCIRD
Events and Activities

• Media
  • Appearance on WDIO-TV morning show
  • Media event with Essentia clinic in Duluth
    • Dr. Wharton; Dr. Sheedy; Commissioner of Health; Dr. Tim Zager, pediatrician and clinic president; and local parents
  • Appearance on WCCO morning show
Events and Activities

• Grand Rounds/provider presentations
  • St. Luke’s Hospital
  • Hennepin County Medical Center
  • U of MN Dept. of Family Medicine and Community Health
  • MN Cancer Alliance HPV steering committee
Events and Activities

- Connecting with parents
  - Presentation to pregnant women and new parents at the Amma Parenting Center

- Meeting with leadership of the MN Childhood Immunization Coalition
Events and Activities

- Conference call with local public health
- Meeting with Somali Health Leaders
Additional Activities

• Sending out special edition of GYS News
• Op-eds and MN Medicine article
• Social media messages
• Provider/clinic toolkit on our website
• Announce Minnesota’s CDC Childhood Immunization Champion
Additional Activities

• Diverse media messages

Love them.
Protect them.
Immunize them.

Vaccines protect babies from diseases that can make them very sick.

For more information, visit www.health.state.mn.us/immunize

Hlub lawv.
(Love them.)
Tiv thaiv lawv.
(Protect them.)
Txhaj tshuaj tiv thaiv lawv.
(Immunize them.)

Vaccines protect babies from diseases that can make them very sick.

Ask your doctor or clinic about free or low cost shots.

For more information, visit www.health.state.mn.us/immunize

Jeclow iyaga.
Ilaali iyaga.
Tallaal iyaga.

Tallaallaka ayaa wuxuu carruurta sabiga ah ka ilaaliyaa cudurrada sida daran ay ugu jirroon karaan.

Tallaallo lacag la'aan ama qiime jaban leh ayaa loo heli karaa carruurta u-qalanta Minnesota gudahaada.

Weydi dhakhtarkaaga ama rugtaada caafimaad haddii ilmahaag u-qalmo, ama boogo www.health.state.mn.us/divs/idepc/immunize/howpay
Additional Activities

• Immunization billboards/bus ads
Contact Information

Andrea Ahneman
andrea.ahneman@state.mn.us
651-201-5195
PPHF Grants and Projects

• Prevention and Public Health Fund established by ACA in 2010
• To support efforts to transition immunization programs to new healthcare environment
• Two years of funding availability, 2011 and 2012
• Future funding uncertain
• MDH currently has 7 funded projects
  • Categorical
  • Comprehensive accountability
Project #1: Adult Immunization

• Four main areas:
  • Enhancing pharmacist role
  • Worksite vaccination
  • Improving HCP vaccination rates
  • Enhancing vaccination for adults served at community clinics

• Notable deliverables include:
  • Improved and enhanced training for pharmacists and more MIIC use (new legislative language), strategies/tool kit for effective worksite clinics, FluSafe enhancements in MIIC, adult assessment report and lessons learned with reminder/recall
Project 2#: Vaccine Ordering in MIIC

- Enhance MIIC to allow vaccine ordering, interface with VTrckS
- Notable deliverables: more MIIC use, increased accuracy for order information, decreased data entry, enhanced ability for data analysis
Project #3: Billing

- Evaluate capacity and need for LHDs to bill for immunization services, pilot billing best practices
- Goal: as insured individuals present in public clinics, they are not turned away and services are reimbursed
- Notable deliverables: increased understanding of MN billing environment, tool kit/resources for all immunization providers, increased billing among interested LHDs
Project #4: Interoperability

- To continue to improve and expand electronic data exchange between MIIC and EHRs
- Notable deliverables: ability to accept HL7 2.5.1 messages, more enhanced EHR-IIS electronic interfaces, more transactions, more timely data submissions, improved data quality
Project #5: Vaccine Storage and Handling

• 3 main objectives:
  • Improve temperature monitoring
  • Enhance provider training on S&H
  • Develop integrated database

• Notable deliverables: more continuous temperature monitoring, training program aimed at MnVFC providers, data analysis to identify gaps for provider education
Project #6: Adolescent

- To conduct adolescent reminder/recall with partner clinics
- Notable deliverables: adolescent assessment reports to clinics statewide, frame adolescent vaccination as measure-worthy, pave the way for adolescent reminder/recall by more providers
Project #7: Small Area Analysis

• Working with CDC to test use of MIIC data for estimating local area immunization coverage
• Notable deliverable: improved data quality
Somali Vaccine Hesitancy Update

- 2008 autism data summarizing ECSE enrollment in Minneapolis School District
- Somali Autism Concerns Coalition
- 2011 measles outbreak, disproportionate number of Somali cases
- Continuing drop of MMR and varicella rates among resident births to moms of Somali ethnicity
In the works …..

- Clinic-based assessment, key informant interviews
- Share data with the community
- Further promotion of international travel messages
- Consultation with CDC
- NIHW activities
- New cross division team, lead by Sara Chute
- New hire, joint Imm prog/MCH position
  - Re-engage with community
  - Parent train-the-trainer
VISITING ANOTHER COUNTRY? PROTECT YOUR FAMILY.
THINK MEASLES.

Measles is widespread in places like Europe, Africa, Asia, India, and the Philippines.

BEFORE YOU TRAVEL
Tell your doctor where you are traveling. Babies and children may need measles vaccination at a younger age than usual.

AFTER YOU TRAVEL
Call your doctor if anyone gets a fever and rash within 3 weeks of returning from your trip. Describe where you traveled.

Talk with your doctor if you are planning an international trip.

For more information go to www.cdc.gov/travel.
Adolescent Subgroup Report

Lisa Randall, JD, MPH
April 9th, 2013
Adolescent Vaccination Subgroup

• Group met 2011-2012
• Activities:
  • Literature and statistical review
  • Organizational meetings
  • Strategy-category calls
  • Intervention idea tournament
• Draft report released to members yesterday
# Adolescent Vaccination Subgroup

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Low-R</th>
<th>Higher-R</th>
<th>Winner(s)</th>
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<tbody>
<tr>
<td>Supporting the preventive platform</td>
<td>6</td>
<td>7</td>
<td>Promote HEDIS incentives</td>
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<tr>
<td>Supporting catchup</td>
<td>16</td>
<td>19</td>
<td>Replace Pupil Immunization Record with MIIC-based report</td>
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<tr>
<td>General patient education</td>
<td>8</td>
<td>11</td>
<td>Annual MIIC statements sent to parents</td>
</tr>
<tr>
<td>Provider education</td>
<td>4</td>
<td>1</td>
<td>“The whole enchilada”</td>
</tr>
<tr>
<td>Systemic change</td>
<td>10</td>
<td>16</td>
<td>Retail clinic engagement</td>
</tr>
<tr>
<td>Outreach</td>
<td>NA</td>
<td>11</td>
<td>Provider recall project, School-issued reminder notices</td>
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</table>
## Adolescent Vaccination Subgroup

<table>
<thead>
<tr>
<th>Winning Ideas</th>
<th>Prospects</th>
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<tbody>
<tr>
<td>Promote HEDIS incentives</td>
<td>Uncertain; may start with BHCAG and investigate from there</td>
</tr>
<tr>
<td>Replace Pupil Immunization Record with MIIC-based report</td>
<td>Possible; similar project being considered for childcare population</td>
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<tr>
<td>Annual MIIC statements sent to parents</td>
<td>Technically possible, but expensive, and uncertain address accuracy in MIIC</td>
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<tr>
<td>“The whole enchilada” (provider education)</td>
<td>Possible; need to explore potential partners and presentation venues</td>
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<tr>
<td>Retail clinic engagement</td>
<td>Uncertain; may begin with chain pharmacy contacts or contacts from state filings</td>
</tr>
<tr>
<td>Provider recall project School-issued reminder notices</td>
<td>Recall – Part of PPHF project School reminders – Tabled for now, still interested</td>
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Adolescent Activities

• Doing:
  • PPHF: Adolescent Assessment Report and reminders
  • MIIC wizard update
  • Tdap and MCV4 school requirements
  • Science Museum exhibit

• Done:
  • MDH/MCA letter on HPV
  • Considered universal purchase
  • MSHSL athletic physical form revision
  • Adolescent vaccination web page
  • Offered CHOP booklet to school nurses
Vaccine Hesitancy
Strategic Plan

Lynn Bahta, RN, PHN
April 9, 2013
Process

- Convened June 2011
  - Energetic
  - Impassioned
- Expanded membership beyond MIPAC
- Brainstorming – many issues, many ideas
- Initiated strategic planning process November 2011
  - Goals, visions, strategies and measurable outcomes
- Beginning dissemination
Common Themes Identified

• Clinician education
  • Use communication models that resonate with informed patients
  • Becoming familiar with hot topic issues

• Vaccine hesitant nurses – needs further assessment
  • Continue to use the message of patient safety
  • May be a potential source of misinformation and hesitancy

• Parents who do vaccinate – underutilized resource
  • Growing sentiment that parents who vaccinate do not want unvaccinated children around their children
  • Ripe audience for social media messages and interventions

• School requirement exemption rates – initial data
  • Delve into data more, especially where counties show above average exemption rates
Overarching strategic goal:

• To improve both on-time and up-to-date vaccination rates in Minnesota by addressing vaccine hesitancy.
Visions:

1. We want clinicians and nurses that are strong advocates for vaccination and are able to effectively resolve vaccine hesitancy.

2. We want to teach the general public, especially new and soon-to-be parents, the information they need to choose on-time vaccination.

3. We want an updated MN immunization law which efficiently facilitates the highest up-to-date vaccination rates while permitting purposeful declinations.
Effective and Knowledgeable Communicators

Key Strategies

1. Provide to clinicians succinct, easy-to-access, and usable information to address vaccine hesitancy
2. Assess and develop plans to address misinformation coming from nurses, health care setting staff & non-traditional HCPs
3. Promote a communication framework (C.A.S.E.)
Effective and Knowledgeable Communicators

Actions

• Identify immunization champions among nurses and perinatal providers
• Enhance easy-to-access and succinct resources for providers on MDH website
• Collaborate with MNAAP to promote C.A.S.E.
Effective and Knowledgeable Communicators

Outcomes

- Improved consistency of the positive immunization messages among partners and stakeholders
- Established relationships with perinatal providers (i.e., midwives, FP & OB/GYN clinicians, doulas, childbirth educators, and birth center nurses)
- Improved access to resources that clinicians can use for having conversations about vaccine hesitancy
- CASE is featured in HCP-related events/venues
Effective and Knowledgeable Communicators

Success Indicators

- # of visits to vaccine hesitancy resources on MDH website
- # perinatal HCP champions identified
- # events/venues in which CASE is promoted
Improved Public Confidence
Key Strategies

• Promote the use of storytelling
• Develop a visible and active network of parents (i.e., immunization coalition) that support immunizations
• Conduct outreach to clinicians who work with women during the perinatal period
• Develop and execute informational campaigns
Improved Public Confidence

Actions

• Encourage parents and HCPs to use storytelling and make stories available via web and other venues.

• Work with interested parents to develop a parent-based childhood immunization coalition

• Develop messages that promote immunization as the norm and execute them via public campaigns
Improved Public Confidence Outcomes

- Increased visible support of immunizations by public
- Increased adherence to the recommended schedule
- Independently functioning parent immunization coalition
- Increased use of storytelling on the web, among parents and by health care providers
Improved Public Confidence

Success Indicators

• 3% increase/year in 24 month old childhood rates
• # hits on links from the MDH website to the stories about vaccine preventable diseases
• Conscientious objector rate of <1% for children entering kindergarten
Effective Immunization Law

Key Strategies

• Identify gaps in the implementation of the immunization law

• Monitor for and when necessary provide science-based evidence against anti-vaccine legislation or legislation that weakens current immunization law
Effective Immunization Law

Actions

• Revise the exemption provision so that it adds comparable effort to obtain an exemption as it does to vaccinate a child.

• Maintain a short list of professionals and parents that are willing to be involved in legislative issues
Effective Immunization Law

Outcomes

• Advocates for immunizations are identified
• Leveling and subsequent reduction of conscientious exemption rates
• Childcare providers and schools understand and adhere to immunization requirements
• The law supports the most current vaccine recommendations
Effective Immunization Law

Success Indicators

- 5% increase in school/childcare sites reporting immunization status
- Conscientious objector rate of <1% for children entering kindergarten
- Intact immunization law
<table>
<thead>
<tr>
<th>Audience</th>
<th>Mode/Method</th>
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<tbody>
<tr>
<td>MIPAC</td>
<td>Presentation at April 2013 meeting</td>
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</table>
| MNAAP/Pediatricians              | • Monthly MnAAP Immunization committee call – report from Bob Jacobson, subgroup representative  
|                                  | • Via Kathryn Mitchell to Children’s Clinic Network                       |
|                                  | • Via Mark Schleiss to University-Fairview clinicians                     |
| MAFP                             | Via Kirk Dornfeld, MAFP MIPAC member                                       |
| NAPNAP                           | Via Patsy Stinchfield, subgroup representative                             |
| MMA                              | Via Linda VanEtta, subgroup representative                                |
| Local Health Department Immunization Contact | On monthly conference call                                             |
| Local Public Health Association  | Via Alisa Johnson, subgroup representative                                |
| MCIC (Minnesota Childhood Immunization Coalition) | Via Ashley, subgroup representative                                    |
| MN Council of Health Plans       | Via Patty Graham, MIPAC member                                             |
|                                  | Via Jim Nordin, MIPAC member to Health Partner clinicians                 |
| MCAI (Minnesota Coalition for Adult Immunization) | Via Diane Peterson, subgroup representative                             |
| CDC Project Officer              | At CDC site visit in May                                                  |
| Immunization Program Staff and Internal Executive Office | Email/townhall update                                                 |
MEMBERSHIP

- Bob Jacobson, MD
  - Pediatrician, MNAAP
- Ashley Shelby
  - Mom who vaccinates
  - Writer, Momswhovax.blogspot.com
- Diane Peterson
  - MIPAC member, Minnesota Coalition for Adult Immunization
- Patsy Stinchfield, NP
  - MIPAC member, NAPNAP
- Patty Graham
  - MIPAC member, Health Plans
- Mark Schleiss, MD
  - Pediatric infectious diseases
- Mary Pohl, MD
  - Pediatrician
- Linda VanEtta, MD
  - MMA, MIPAC member
- Aaron DeVries, MD
  - MDH, IDEPC Medical Director
- Lynn Bahta, RN
  - MDH, Subgroup Co-chair
- Sudha Setty
  - MDH, Subgroup Co-chair
- Margo Roddy
  - MDH, Immunization Program Manager
- Pam Gahr
  - MDH, Perinatal Hepatitis B
- Katy Schalla-Lesiak, NP
  - MDH, Child and Teen Checks
Provider Outreach & Education: Current immunization issues
Issue: New Vaccine Uptake
New Vaccine Uptake: Childhood


1 PCV: 2+, 3+, or 4+ doses of pneumococcal conjugate vaccine, depending on age at first dose.
2 Rota: 2+ or 3+ doses of rotavirus vaccine, depending on product type received.
New Vaccine Uptake, Adolescent

National Immunization Survey, Teen, Minnesota, 2009-2011

- ≥ 1 dose Tdap on or after age 10 years
- ≥ 1 MenACWY
- ≥ 1 HPV Females
- ≥ 3 HPV Females only

MN NIS 2009
MN NIS 2010
MN NIS 2011
Clinic interviews

- Identified clinics that haven’t ordered hepatitis A or rotavirus in past 12 months (MnVFC program)
- Telephone interview to identify reasons for not ordering
- 18 clinics
Hepatitis A

- 17 clinics contacted
  - 29.4% do not offer hepatitis A vaccine
  - 41.2% offer but only rarely give the vaccine
  - 29.4% have started to offer
Reasons for not giving/ordering hepatitis A

- It is not required (most common reason)
- Rarely serve children
- Parent refusal
- Don’t see the disease
Rotavirus vaccine

• 19 clinics contacted
  • 31.6 do not serve infants
    • Hospitals or clinics that serve children outside the recommended age for rotavirus
  • 26.3% do not offer
  • 21% offer but rarely give
    • Usually miss age window to catch-up – public health clinics
  • 21% have started to give
Reasons for not giving/ordering Rotavirus

- Out of age range (most common reason)
- Not required
- Parent refusal
- Don’t see the disease
- Provider concern about the product
Additional information learned

• The majority of clinics were located in greater Minnesota
• 100% of clinics not offering newer vaccines were run by family physicians
• Vaccine doses were wasted due to rarely giving the vaccine
• We did not survey clinics that ordered vaccine but not in proportion to the numbers of children served
Issue:
Immunization Practices

Gaps in Best Practice/Standard Practice
Immunization Practices

- Periodic assessment of immunization practice is conducted via site visits conducted by MnVFC staff or LPH contractors, practices issues assessed include:
  - Providing Vaccine Information Statement
  - Storage and handling of vaccine
  - Injection practices
  - Existence of anaphylaxis protocol
  - Incorrect contraindications
Practice Issue: Missed Opportunities

Percentage of Clinics Using False Contraindications
VFC Site Visits to Enrolled Clinics, MN 2011-2012
N=831

A "cold" 8.66%
Fever of 100.4°F or lower 2.40%
Recent exposure to infectious illness 1.44%
Mild diarrhea 2.16%
Convalescing from acute illness 22.50%

Recent exposure to infectious illness refers to recent exposure to an infectious illness, which can be a missed opportunity for vaccination due to potential contraindications.
Reducing gaps through communication

- The majority of clinics are doing well BUT
- Continue to identify gaps in practices –
  - Issues are addressed during site visit
  - Communications via GYS Newfax
  - Development of resources to aid clinics
Reducing gaps through communication

• Despite education efforts, practice gaps reoccur
• Site visits usually only include front line staff
• Direct communication with clinicians difficult
  • Most clinicians do not see monthly GYS news or MnVFC programmatic broadcast faxes and do not participate in site visits
Issue: Health Care Professional Education

Medical school
Nursing school
Physician assistant training
Pharmacy school
Health care workers influence the patient/parent?

- Clinicians: MD, NP, DO, PA – immunization conversation - last opportunity to persuade a parent/patient
- Nurses: sought out for advise in many venues; provide information outside area of expertise
- Other vaccinators: LPN, MA, Lab tech – attitude and knowledge affect parent’s confidence
How well do school curriculums prepare the health professional and clinic staff?

• To what extent are immunizations covered?
• How is communicating about immunizations included in a curriculum – is it included?
• What opportunities exist to incorporate didactic information into practice? Is there didactic content to support practice?
Provider Education and Outreach Issues

- New vaccine uptake
- Gaps in best practices
- Improving avenues to communicate with clinicians
- Identifying gaps in formal education programs
Pregnancy Subgroup: Why?

- New Tdap recommendation
- Influenza uptake unimpressive
- Educational opportunity re: infant vaccines
Pregnancy Subgroup: How?

- New audiences
  - Ob-Gyn
  - Midwives
- New priorities
- New partners
  - WIC
  - Childbirth educators
  - Prematurity groups
- New challenges
Pregnancy Subgroup: What?

- Possible activity goals
  - Research reasons for nonvaccination during pregnancy
  - Establish professional contact network
  - Offer provider education
  - Create MIIC pregnancy assessment report
  - Publish patient education materials
  - Conduct media campaign
  - Write strategic plan

- Possible outcome goals
  - More Ob-Gyns offer vaccines and participate in MIIC
  - More women vaccinated during pregnancy
  - More parents educated about infant immunization during pregnancy
  - Health leaders prioritize pregnancy vaccination

- Others?