

Pediatric vaccination gap - highlighting school immunization data

The 2020-21 school immunization data showed a troubling drop in the percentage of kindergarten and seventh grade students fully vaccinated. Coverage for kindergarten students dropped by 3 percentage points for MMR, Varicella, DTaP, and Polio, when comparing the 2019-20 kindergarten cohort to the 2020-21 cohort. We saw larger decreases in coverage for the vaccines required for seventh grade students. Tdap and meningococcal coverage dropped by 8 percentage points and 7 percentage points, respectively. These data highlight that we still are seeing a gap in pediatric vaccination coverage during the pandemic.

Now is a good time to get started on back-to-school vaccinations!

Providers will likely have a larger than usual amount of vaccinations to do before sending kids back to school this fall. It's important to keep up with routine vaccinations during the pandemic to prevent a future outbreak of a vaccine-preventable disease. School vaccination requirements are still in place to help ensure kids are safe and healthy in school. Consider sending reminders, or calling families into the clinic, earlier this year to avoid a rush later this summer. Below are some strategies to get kids back on tracks for immunizations:

Measure your rates

Use the Minnesota Immunization Information Connection (MIIC) to assess immunization rates for your patient population. Run MIIC's Childhood Immunization Summary Report to identify children who are behind on vaccinations and call them to the clinic for vaccination. Find more information at Immunization Assessment (www.health.state.mn.us/people/immunize/miic/train/assess.html).

Conduct reminder/recall

Reminder/recall is a process for reaching out to patients due (reminder) or overdue (recall) for immunizations. You can send reminder/recall notices by mail, email, phone call, or text message.

MIIC's "client follow-up" feature supports reminder/recall efforts by helping you identify patients due or overdue for immunizations and providing several tools that can help you follow up. Find more information about this feature at Client Follow-Up (www.health.state.mn.us/people/immunize/miic/train/followup.html).

Provide walk-in or immunization-only visits.

Parents may be juggling return to work and school. Consider holding immunization-only clinics to streamline vaccination and save time for parents. Walk-in or immunization-only visits offered in the late afternoon, evening, and weekend hours allow families to fit quick, unplanned appointments into their busy schedules. These appointments often result in lower out-of-pocket costs than regular clinic appointments.

Don't miss an opportunity to immunize! Assess for all recommended immunizations at every visit.

The COVID-19 pandemic has changed the landscape for how families access health care. If you are a Minnesota Vaccines for Children (MnVFC) provider, promote the MnVFC program to families, especially those who may be newly eligible.

Get more information about these and other strategies at American Academy of Pediatrics' Strategies to Improve Immunization Rates (www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/Strategies-to-Improve-Immunization-Rates.aspx).

For more information, visit Vaccination During COVID-19 (www.health.state.mn.us/people/immunize/hcp/vaxpan.html).

Adolescent vaccination and COVID-19 vaccine

It's additionally important to get needed routine vaccines in now, since we expect that the Pfizer COVID-19 vaccine could be authorized for adolescents ages 12-15 years sometime soon. There are no data regarding the safety or impact on effectiveness when COVID-19 vaccine is given concurrently with routinely recommended adolescent vaccines such as Tdap, meningococcal, or influenza vaccines. CDC recommends that COVID-19 vaccine should be administered at least 14 days between other vaccines. Getting routine vaccines in now will ensure that providers do not run into conflicts with COVID-19 vaccine administration in the future.

Enroll as a COVID-19 vaccine provider

In anticipation of changes to the Pfizer emergency use authorization to include authorization down to the age 12, please consider registering to be a COVID-19 vaccine provider if you haven't already. Learn how to enroll at COVID-19 Vaccine Provider Registration (www.health.state.mn.us/diseases/coronavirus/vaccine/vaxreg.html).

Consider testing for pertussis

Syndromic surveillance indicates pertussis may be going underdiagnosed in patients with coughing attacks and/or post-tussive vomiting. However, testing for pertussis is lacking. It is important to consider pertussis in patients with persistent coughs, and to collect specimens for PCR testing within the first 21 days of cough. This is especially important given the gap we are seeing in pediatric vaccines. For more guidance, visit Managing Pertussis: Think, Test, Treat & Stop Transmission (www.health.state.mn.us/diseases/pertussis/hcp/managepert.html).

2021-22 MnVFC and UUAV flu prebook timelines

MnVFC and UUAV 2021-22 influenza prebook will take place in early June 2021. Stay tuned to MnVFC Announcements in mid-May for more information about how to place your flu vaccine prebook order.

MnVFC: New Meningococcal Vaccine Product Available: MenQuadfi (MenACWY-TT)

An additional Sanofi Pasteur meningococcal (groups ACWY) vaccine product is available. MenQuadfi is approved for people ages 2 years and older, including people older than 55 years of age. Find information on dosing, administration, contraindications, warnings and precautions, storage and handling, etc. in FDA's Package Insert - MenQuadfi (www.fda.gov/media/137306/download).