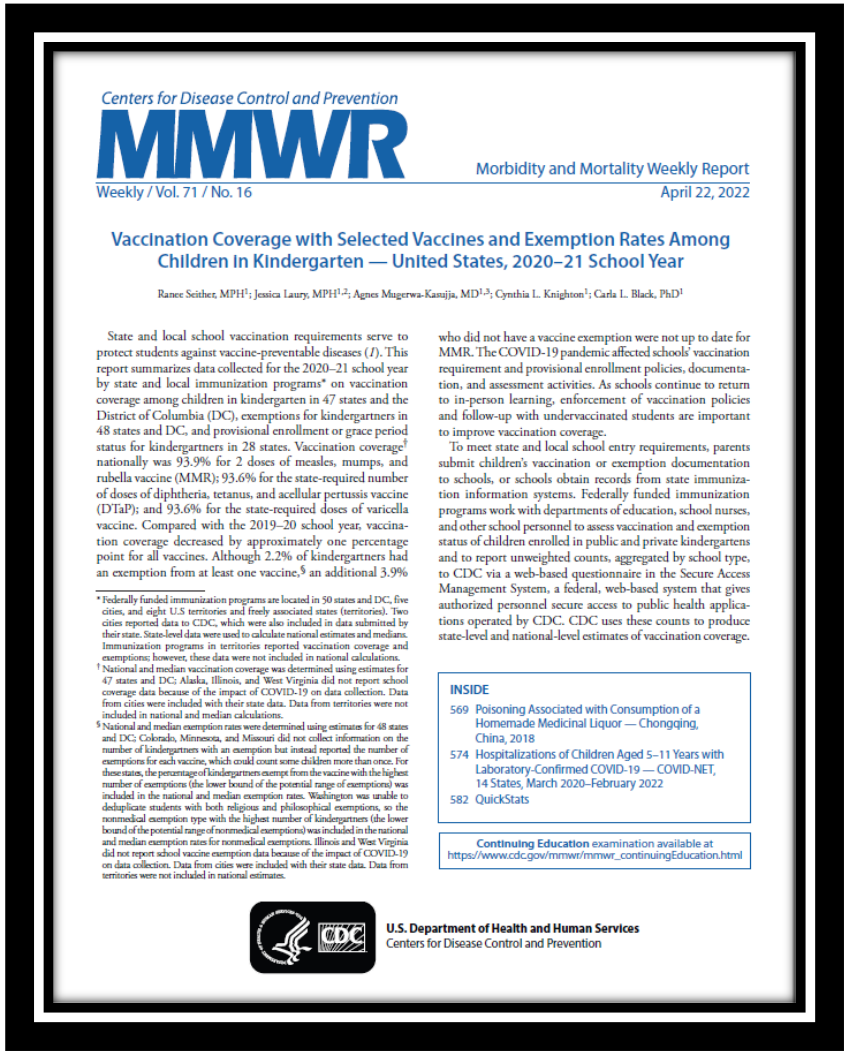
Impact of COVID Pandemic on Routine Vaccination

2020-2021 Kindergarten Vaccination Assessment

- Decrease in reported kindergarten enrollment ≈ 10%, 400,000 students
- Decreased response rates from schools
- Easing of vaccination requirements, especially for remote learning
- Formal/informal expansion of grace period /provisional enrollment
- Reduced access to well-child appointments & parental reluctance
- Reduced submission of documentation by parents
- Less time for school nurses to follow-up with students
- Fewer staff to work on assessment & reporting
- Changes to kindergarten vaccination coverage data collection schedules



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Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States, 2020–21 School Year

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State and local school vaccination requirements serve to protect students against vaccine-preventable diseases (*1*). This report summarizes data collected for the 2020–21 school year by state and local immunization programs* on vaccination coverage among children in kindergarten in 47 states and the District of Columbia (DC), exemptions for kindergartners in 48 states and DC, and provisional enrollment or grace period status for kindergartners in 28 states. Vaccination coverage† nationally was 93.9% for 2 doses of measles, mumps, and rubella vaccine (MMR); 93.6% for the state-required number of doses of diphtheria, tetanus, and acellular pertussis vaccine (DTaP); and 93.6% for the state-required doses of varicella vaccine. Compared with the 2019–20 school year, vaccination coverage decreased by approximately one percentage point for all vaccines. Although 2.2% of kindergartners had an exemption from at least one vaccine,§ an additional 3.9% who did not have a vaccine exemption were not up to date for MMR. The COVID-19 pandemic affected schools' vaccination requirement and provisional enrollment policies, documentation, and assessment activities. As schools continue to return to in-person learning, enforcement of vaccination policies and follow-up with undervaccinated students are important to improve vaccination coverage.

To meet state and local school entry requirements, parents submit children's vaccination or exemption documentation to schools, or schools obtain records from state immunization information systems. Federally funded immunization programs work with departments of education, school nurses, and other school personnel to assess vaccination and exemption status of children enrolled in public and private kindergartens and to report unweighted counts, aggregated by school type, to CDC via a web-based questionnaire in the Secure Access Management System, a federal, web-based system that gives authorized personnel secure access to public health applications operated by CDC. CDC uses these counts to produce state-level and national-level estimates of vaccination coverage.

* Federally funded immunization programs are located in 50 states and DC, five cities, and eight U.S territories and freely associated states (territories). Two cities reported data to CDC, which were also included in data submitted by their state. State-level data were used to calculate national estimates and medians. Immunization programs in territories reported vaccination coverage and exemptions; however, these data were not included in national calculations.

† National and median vaccination coverage was determined using estimates for 47 states and DC; Alaska, Illinois, and West Virginia did not report school coverage data because of the impact of COVID-19 on data collection. Data from cities were included with their state data. Data from territories were not included in national and median calculations.

§ National and median exemption rates were determined using estimates for 48 states and DC; Colorado, Minnesota, and Missouri did not collect information on the number of kindergartners with an exemption but instead reported the number of exemptions for each vaccine, which could count some children more than once. For these states, the percentage of kindergartners exempt from the vaccine with the highest number of exemptions (the lower bound of the potential range of exemptions) was included in the national and median exemption rates. Washington was unable to deduplicate students with both religious and philosophical exemptions, so the nonmedical exemption type with the highest number of kindergartners (the lower bound of the potential range of nonmedical exemptions) was included in the national and median exemption rates for nonmedical exemptions. Illinois and West Virginia did not report school vaccine exemption data because of the impact of COVID-19 on data collection. Data from cities were included with their state data. Data from territories were not included in national estimates.

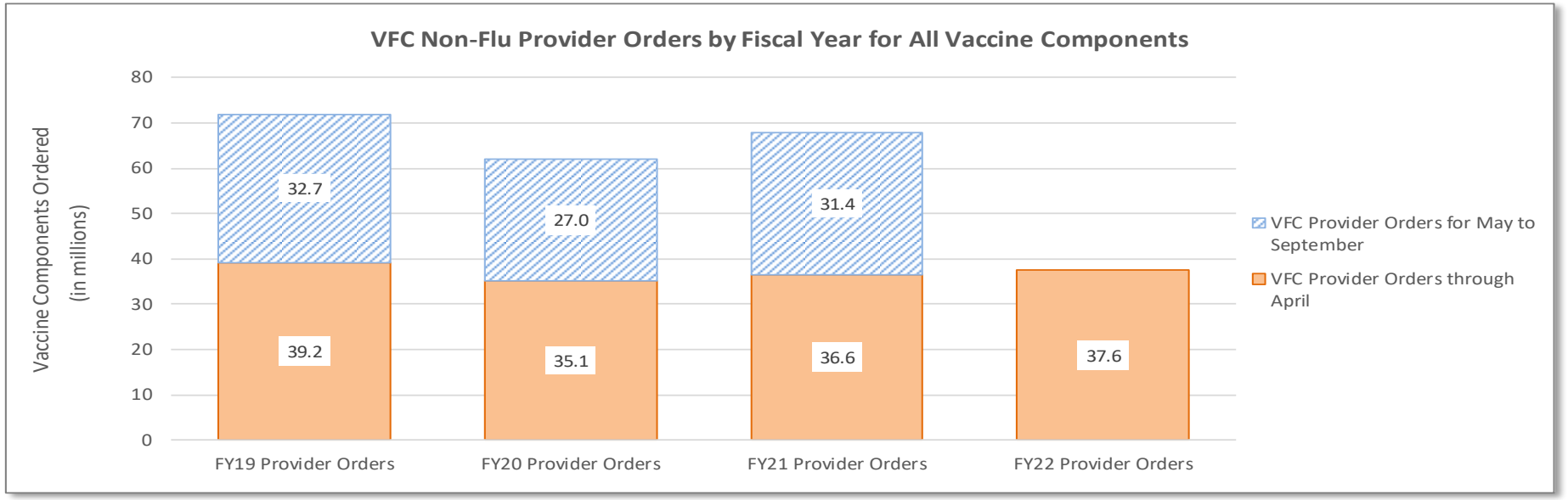
INSIDE
569 Poisoning Associated with Consumption of a Homemade Medicinal Liquor — Chongqing, China, 2018
574 Hospitalizations of Children Aged 5–11 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 2020–February 2022
582 QuickStats

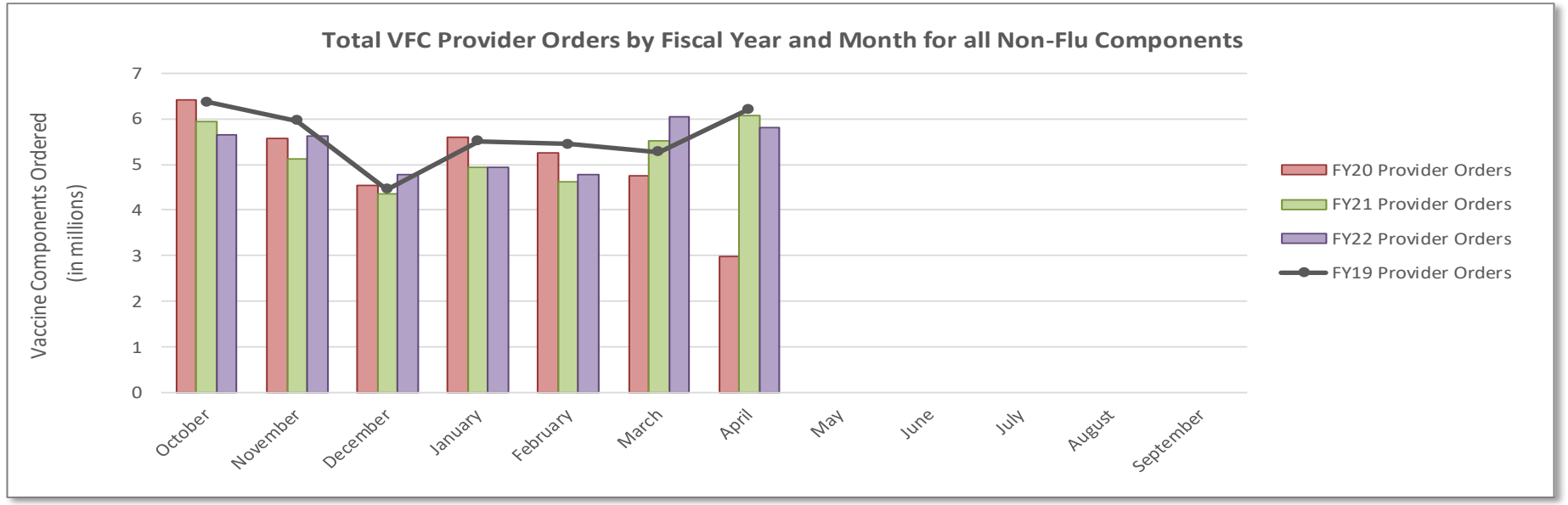
Continuing Education examination available at https://www.cdc.gov/mmwr/mmwr_continuingEducation.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm

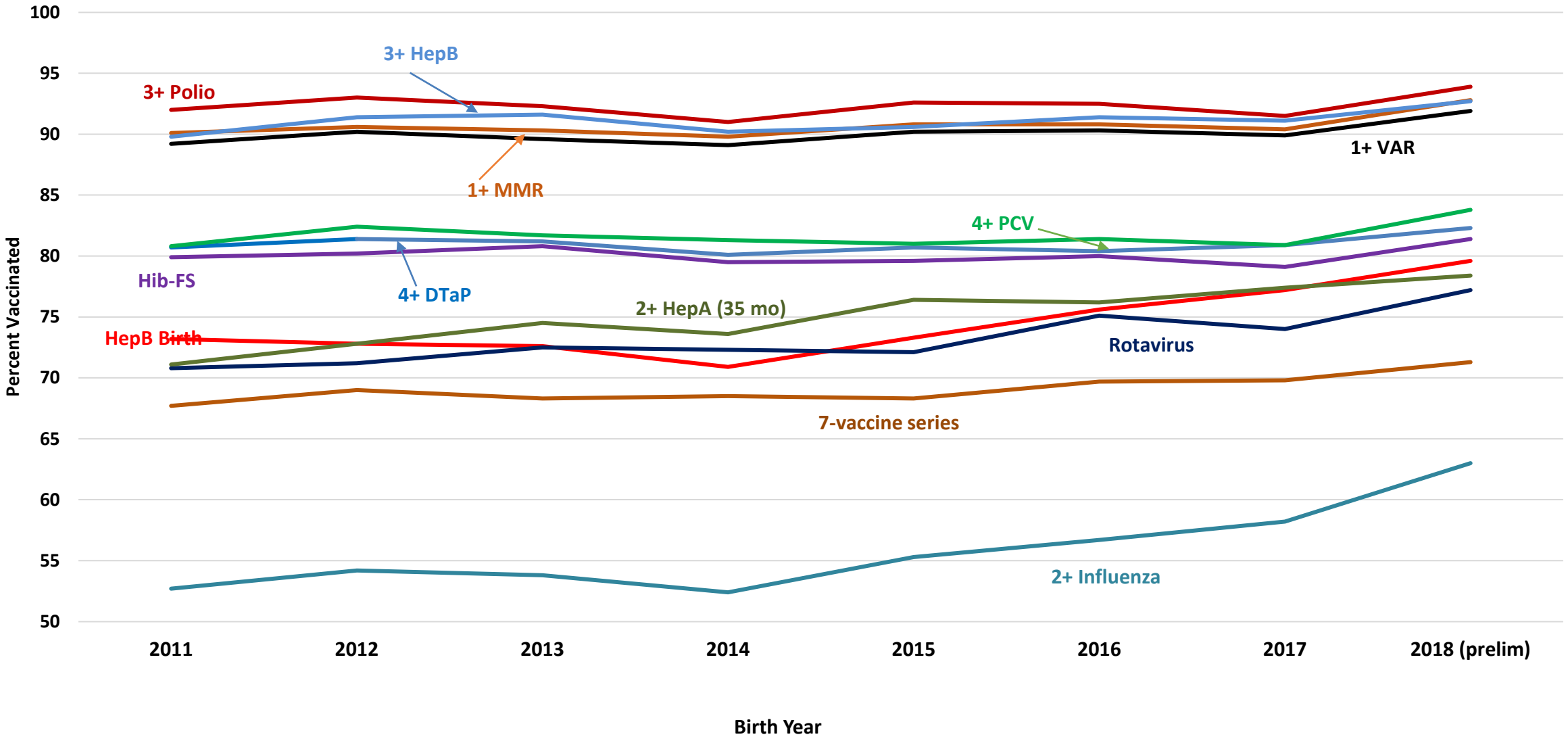
Vaccines For Children Provider Orders for All Non-Flu Vaccine Components by Fiscal Year*



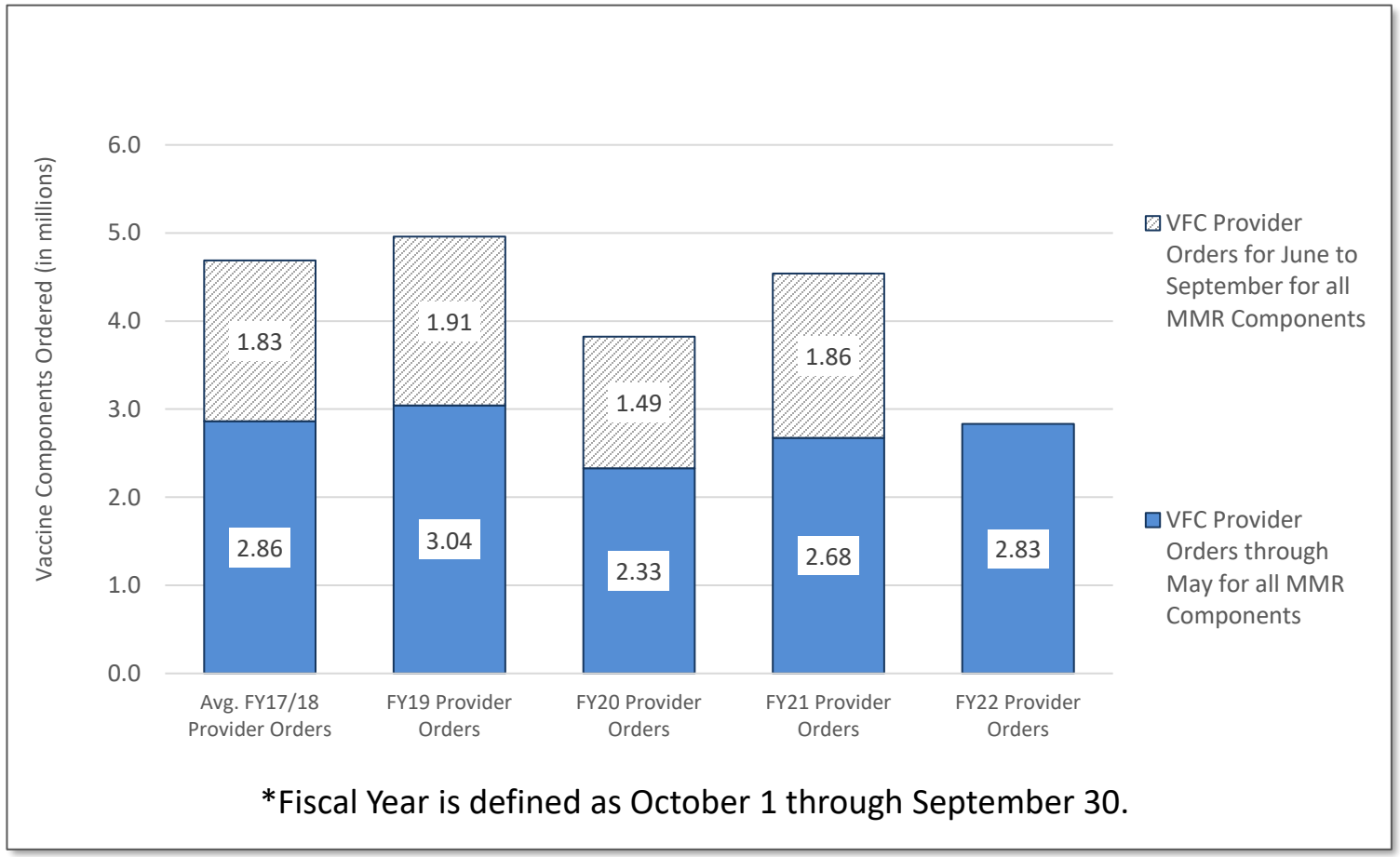


*Fiscal Years are from October 1 through September 30. FY2022 is from October 1, 2021 through April 30, 2022.

Estimated Vaccination Coverage by Age 24 Months, by Birth Year, National Immunization Survey-Child, United States, 2012-2020



Comparison of VFC Provider Orders for All Measles Components by Fiscal Year*



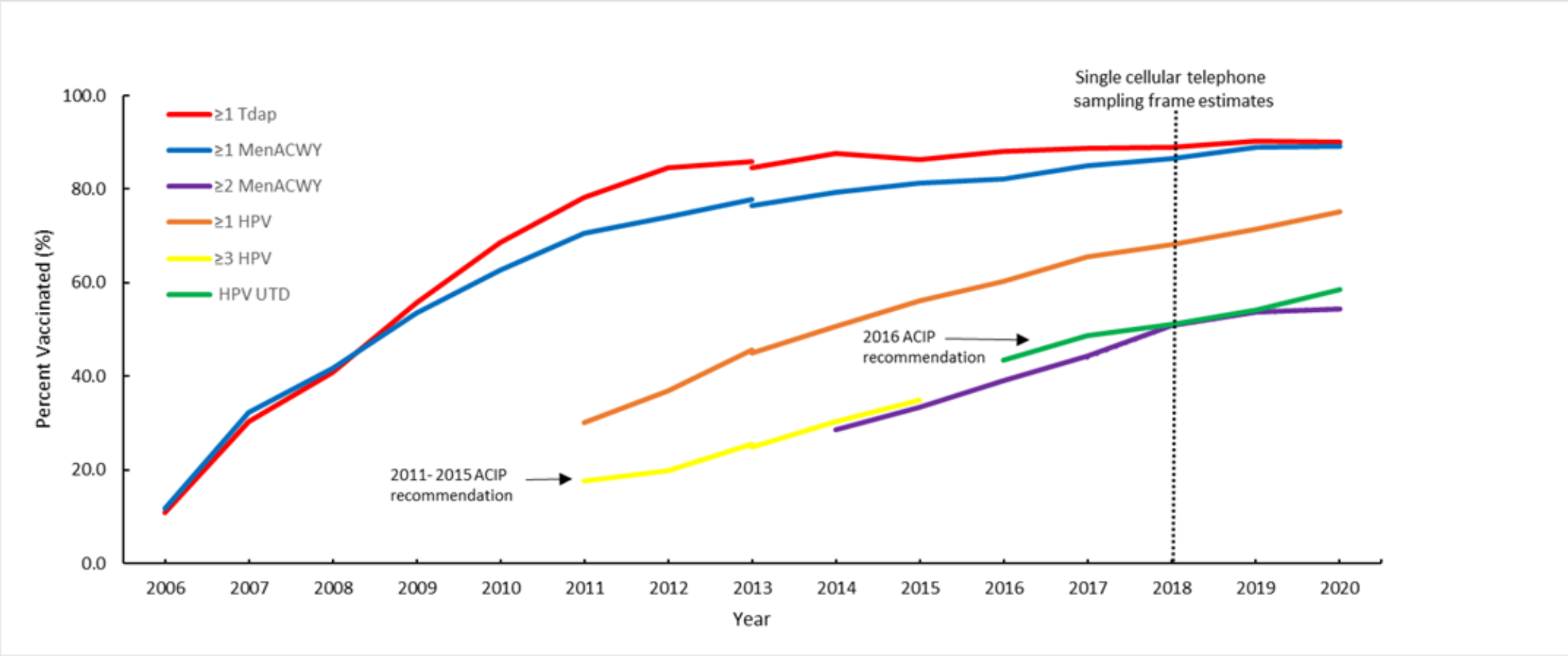
*Fiscal Year is defined as October 1 through September 30.

Compared to FY17/18

- FY2020: Total vaccine orders decreased 18%
- FY2021: Total vaccine orders decreased 3%
- FY2022: year to date (May 2022) orders are similar

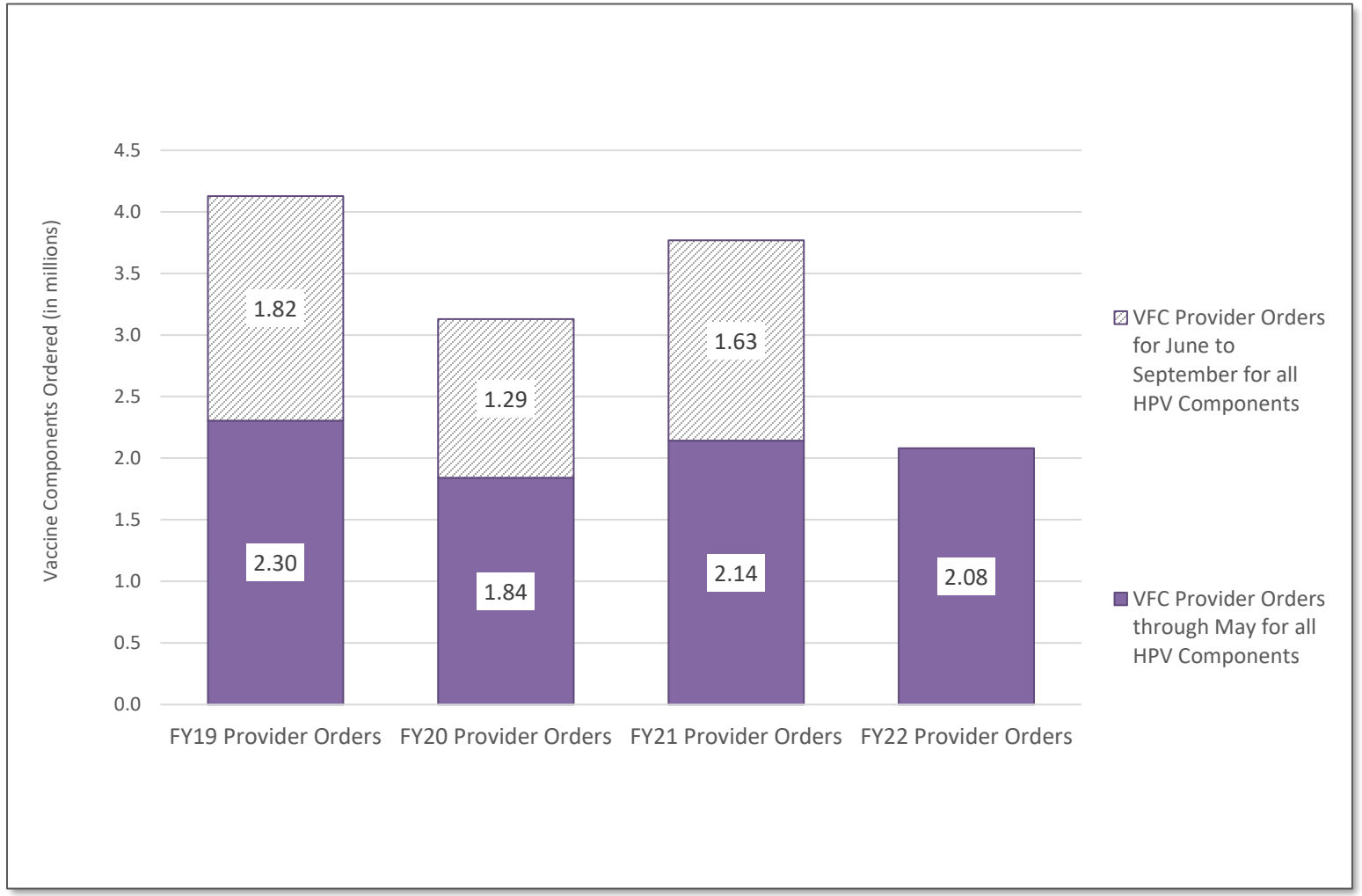
* The Measles containing provider orders for FY19 were adjusted to represent the average number of total doses ordered in FY17 and FY18. This is due to provider orders in FY19 being larger than normal as a result of Measles outbreaks that fiscal year.

Estimated vaccination coverage among adolescents aged 13-17 years, by survey year—National Immunization Survey-Teen United States, 2006-2020



Abbreviations: Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; HPV = human papillomavirus; ACIP = Advisory Committee on Immunization Practices.

Comparison of VFC Provider Orders for All HPV Components by Fiscal Year*



<u>Compared to FY2019</u>

- FY2020: Total vaccine orders **decreased 24%**
- FY2021: Total vaccine orders **decreased 9%**
- FY2022: year to date (May 2022) orders are **down 10%**

*Fiscal Year is defined as October 1 through September 30.

Routine Childhood Immunization Catch-Up

Continued impact of the COVID-19 pandemic on routine childhood immunization

- During the 2020-2021 school year, national vaccination coverage among kindergarten children dropped from 95 percent to below 94 percent
  - Amounts to at least 35,000 more children across the U.S. that entered kindergarten without documentation of complete vaccination against common diseases (measles, whooping cough, chickenpox)
- Enrollment in kindergarten dropped by 10%
  - 400,000 fewer children entered kindergarten than expected—might not be up to date on their routine vaccinations
- Good news: routine vaccination coverage remains high, and we can recover ground lost during the pandemic.
- CDC is focusing on rebuilding and reconnecting with communities and partners.

NCSL State Public Health Symposium
Considerations for Routine Child Vaccination

Joseph M. Kanter, MD, MPH
State Health Officer, Louisiana Department of Health

7/1/2022

Louisiana Vaccination Rates Pre vs Post School Entry

≥1 dose MMR among children before they go to school (2 yo)

Louisiana ranks **40th**

- Louisiana coverage: 89.8%
- U.S. coverage: 92.8%

≥2 dose MMR among children after they go to school (13-17 yo)

Louisiana ranks **24th**

- Louisiana coverage: 94.0%
- U.S. coverage: 91.9%

Vaccination coverage by age 24 months among children of different races/ethnicities (2014-2017)

7 series

	Louisiana	U.S.
White	66.9%	71.2%
Black	68.6%	64.2%
Hispanic	70.6%	70.2%

Flu (2 doses)

	Louisiana	U.S.
White	47.9%	59.1%
Black	34.1%	43.4%
Hispanic	45.7%	53.5%

Louisiana Shots for Tots

- LA Shots for Tots is a 501(c)3 nonprofit, statewide organization comprised of a **network of public and private entities working to educate parents and providers** to achieve the highest level of immunizations for children in Louisiana

- **Shared goal: 90% of all Louisiana children** are immunized with their primary series by age two

- Specific focus on HPV vaccine

HPV Vaccination coverage among adolescents ages 13-17 (2015-2019)

HPV

	LA	U.S.
White	36.9%	44.1%
Black	62.2%	48.7%
Hispanic	45.5%	53.7%

Health Heroes School Partnership program

- Mobile Vaccination Contracts with Health Heroes and other contract vaccination teams across the state

- Vaccinate students (and staff) at schools for flu, COVID-19 and other routine immunizations

HEALTH HERO
You Keep Them Smart
We Keep Them Healthy

- Since March 2021, LDH has tasked contract teams to **507 School Located Vaccination events** administering **13,497 vaccine doses to students and staff**

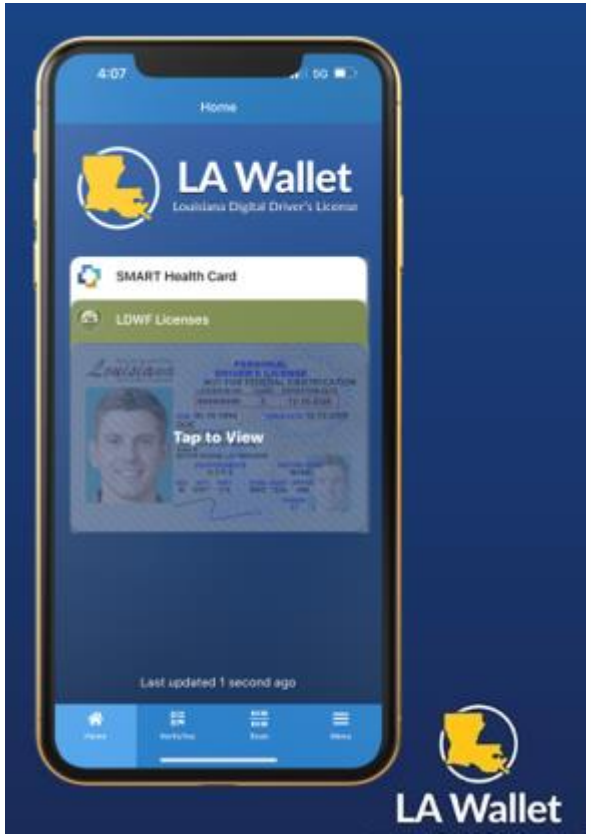
Direct to Family Outreach

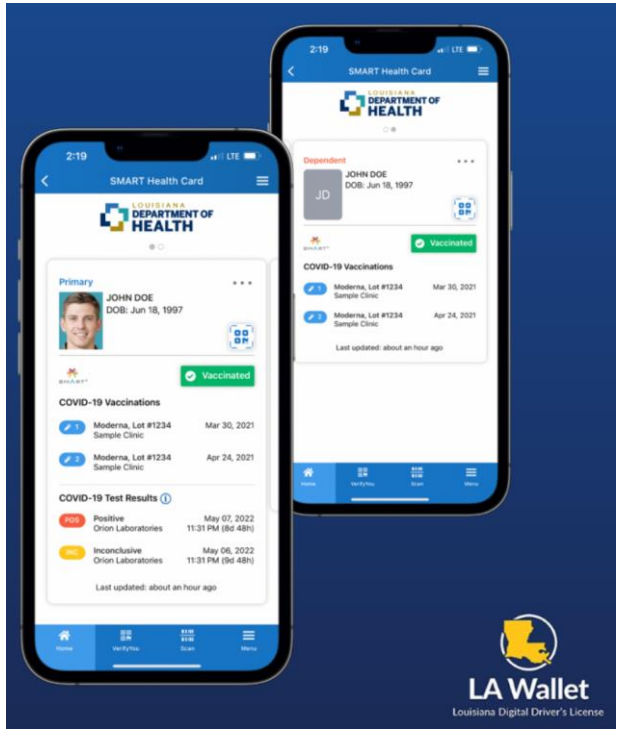
- Utilization of Immunization Information System (ISS) to send targeted mailings and text messages to families
- Useful for back-to-school vaccine drives and other periodic reminders
- Can be targeted to specific gap regions or populations

Digital Health ID- LA Wallet

All of your credentials in one place

- Driver's License or State ID
- Wildlife & Fisheries Licenses
- SMART Health Card
- Dependent SMART Health Cards
- Organ Donor Status
- Vehicle Registration *(Coming Soon)*
- Concealed firearm Permit *(Coming Soon)*





Learned lessons

- Empower local trusted messengers
- Identify and enlist confidential experts
- Constantly ask yourself: Who is not being served currently?
- For hearings and organized public events, anti-vax showing is increasingly likely: Have a plan, be strategic, and do not allow your event to inadvertently aid in the propagation of disinformation
- Prevention (pre-bunking) is more effective than treatment (de-bunking)
- Despite the loudest voices, overwhelming majority of the public remains very pro-vaccine
- Be careful of opening Pandora's box

Legislative Respondents

Senator Michael Kennedy

Utah, District 14

Delegate Ariana Kelly

Maryland, District 16