

# NCSL State Public Health Symposium

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**Brent Ewig, MHS**

Association of Immunization Managers  
Chief of Policy & Government Relations



Association of  
Immunization  
Managers

# About AIM – Who We Represent

- The **Association of Immunization Managers (AIM)** represents the 64 immunization programs that receive funding from CDC's National Center for Immunization and Respiratory Diseases (NCIRD)
- 50 states, 6 major cities, 8 territories/federated states
- AIM works to:
  - Collaborate with partners
  - Promote efficient allocation of resources
  - Promote development/implementation of policies and programs
  - Provide a forum for information sharing and leadership development



# Childhood Vaccine Trends and Considerations

# Recommended Childhood Vaccines

## 2023 Recommended Immunizations for Children from Birth Through 6 Years Old

VACCINE	Birth	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
<b>HepB</b> Hepatitis B	HepB	HepB			HepB						
<b>RV*</b> Rotavirus			RV	RV	RV*						
<b>DTaP</b> Diphtheria, Pertussis, & Tetanus			DTaP	DTaP	DTaP		DTaP				DTaP
<b>Hib*</b> Haemophilus influenzae type b			Hib	Hib	Hib*	Hib					
<b>PCV13, PCV15</b> Pneumococcal disease			PCV	PCV	PCV	PCV					
<b>IPV</b> Polio			IPV	IPV	IPV						IPV
<b>COVID-19**</b> Coronavirus disease 2019					COVID-19**						
<b>Flu*</b> Influenza					Flu (One or Two Doses Yearly)*						
<b>MMR</b> Measles, Mumps, & Rubella						MMR					MMR
<b>Varicella</b> Chickenpox						Varicella					Varicella
<b>HepA*</b> Hepatitis A						HepA*		HepA*			

### FOOTNOTES

**RV\*** **Hib\***  
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

**COVID-19\*\*** Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

**Flu\*** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

**HepA\*** Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

### ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

**Talk with your child's doctor if you have questions about any shot recommended for your child.**

# Childhood Vaccination Trends

- During the 2020-21 school year, kindergarten student vaccine rates for state-required vaccines declined from 95% to 94% (MMR, DTaP, Polio, Varicella)
- During the 2021-22 school year, kindergarten student vaccine rates declined again to 93%.
- The exemption rate remained at 2.6% from 2020-2022.
- An additional 4.4% without an exemption were not up to date with measles, mumps and rubella vaccinations (MMR).
- Nationally, more than 9 in 10 kindergarten children are receiving recommended routine vaccines, but at least 250,000 kindergartners are not vaccinated against measles.

# Recent Disruptions & Barriers

- Interruptions in pediatric care due to pandemic closures
- Safety net vaccine providers, such as public health departments, working on pandemic mitigation
- Postponement of required vaccination for school entry and delayed record keeping due to school closures

# Implications

- Increased risk for outbreaks of vaccine-preventable diseases
  - Case of Polio in New York
  - Measles outbreaks in Ohio (85 cases/36 hospitalizations) and recent cases in Maine and Washington
- Economic and societal costs
  - Lost productivity due to missed workdays (parents and teachers)
  - Societal costs including children hospitalizations and children infecting vulnerable populations

# Childhood Vaccine Disparities

- Disparities in vaccination coverage existed prior to the pandemic by income and race/ethnicity but did not worsen during the pandemic
  - Vaccine coverage was lower among children living below poverty level, than those living at or above poverty level
  - Compared to white non-Hispanic children, coverage of a majority of vaccines was lower among non-Hispanic Black or African American children and Hispanic or Latino children
- Vaccination disparities for young children living in rural areas did worsen during the pandemic

Source: Vaccination Coverage by Age 24 Months Among Children Born During 2018-2019 – National Immunization Survey-Child, U.S. 2019-2021, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR), January 13, 2023, 72(2);33-38;  
[https://www.cdc.gov/mmwr/volumes/72/wr/mm7202a3.htm?s\\_cid=mm7202a3\\_w](https://www.cdc.gov/mmwr/volumes/72/wr/mm7202a3.htm?s_cid=mm7202a3_w)



# Policy Considerations

- Reduce barriers to access
  - Lack of vaccination locations in rural areas
  - Changes to certain providers' scope of practice
- Affordability
  - Support Vaccines for Children Program (VFC) and state immunization programs
  - Continued access for children with Medicaid or CHIP
- Workforce Shortages
  - Public health staffs
  - Health care workforce