#HowIRecommend Routine Vaccinations – Assisting Healthcare Providers in Having Effective, Fruitful Conversations with their Patients

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Health Communication Science Office, National Center for Immunization and Respiratory Diseases (NCIRD)
The Importance of Vaccines
- Chickenpox (varicella)
- Diphtheria
- Flu (influenza)
- Hepatitis A
- Hepatitis B
- Hib
- Measles
- Mumps
- Pneumococcal
- Polio
- Rotavirus
- Rubella
- Tetanus
- Whooping cough (pertussis)

[Link](https://www.cdc.gov/vaccines/parents/diseases/forgot-14-diseases.html)
## Comparison of 20th Century Annual Morbidity and Current Morbidity: Vaccine-Preventable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>20th Century Annual Morbidity†</th>
<th>2021 Reported Cases † †</th>
<th>Percent Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>29,005</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>21,053</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Measles</td>
<td>530,217</td>
<td>9</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Mumps</td>
<td>162,344</td>
<td>157</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Pertussis</td>
<td>200,752</td>
<td>1,609</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Polio (paralytic)</td>
<td>16,316</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Rubella</td>
<td>47,745</td>
<td>3</td>
<td>&gt; 99%</td>
</tr>
<tr>
<td>Congenital Rubella Syndrome</td>
<td>152</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>580</td>
<td>19</td>
<td>97%</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
<td>20,000</td>
<td>15*</td>
<td>&gt; 99%</td>
</tr>
</tbody>
</table>

† JAMA. 2007;298(18):2155-2163

*Haemophilus influenzae* type b (Hib) < 5 years of age. An additional 7 cases of Hib are estimated to have occurred among the 157 notifications of *Haemophilus influenzae* (< 5 years of age) with unknown serotype.
### Comparison of Pre-Vaccine Era Estimated Annual Morbidity with Current Estimate: Vaccine-Preventable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Pre-Vaccine Era Annual Estimate</th>
<th>2019 Estimate (unless otherwise specified)</th>
<th>Percent Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>117,333 †</td>
<td>37,700 *</td>
<td>68%</td>
</tr>
<tr>
<td>Hepatitis B (acute)</td>
<td>66,232 †</td>
<td>20,700 *</td>
<td>69%</td>
</tr>
<tr>
<td>Pneumococcus (invasive) → all ages</td>
<td>63,067 †</td>
<td>30,300 #</td>
<td>52%</td>
</tr>
<tr>
<td>Pneumococcus (invasive) → under 5 years of age</td>
<td>16,069 †</td>
<td>1,400 #</td>
<td>91%</td>
</tr>
<tr>
<td>Rotavirus (hospitalizations, &lt; 3 years of age)</td>
<td>62,500 ††</td>
<td>16,250 # #</td>
<td>74%</td>
</tr>
<tr>
<td>Varicella</td>
<td>4,085,120 †</td>
<td>78,908 ###</td>
<td>98%</td>
</tr>
</tbody>
</table>

† JAMA. 2007;298(18):2155-2163
†† CDC. MMWR. February 6, 2009 / 58(RR02):1-25
* CDC. Viral Hepatitis Surveillance - United States, 2019
# CDC. Unpublished, Active Bacterial Core Surveillance, 2019
## New Vaccine Surveillance Network 2021 data (unpublished); U.S. rotavirus disease now has biennial pattern
### CDC. Varicella Program 2019 data (unpublished)
Immunization Schedules

Child and Adolescent Schedule
Recommended vaccination schedule for ages 18 years or younger
- Birth to 18 Years

Adult Schedule
Recommended vaccination schedule for ages 19 years or older
- 19 Years or Older

Clinical Vaccination Resources
- Download Schedule App for Healthcare Providers
- Vaccination Resources for Healthcare Providers

Interim COVID-19 Immunization Schedule for Ages 5+
Guidance for COVID-19 vaccination schedules based on age and medical condition
- COVID-19 Vaccination Schedule

Parent-Friendly Schedules

Infants and Children
Recommended vaccinations from birth to 6 years
- Birth to 6 Years

Preteens and Teens
Recommended vaccinations from 7 to 18 years
- 7 to 18 years

https://www.cdc.gov/vaccines/schedules/
Parent-friendly schedule for Birth-6 years old

<table>
<thead>
<tr>
<th>Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19-23 months</th>
<th>2-3 years</th>
<th>4-6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepB</td>
<td>HepB</td>
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<td>RV</td>
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<td>Hib</td>
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<td>PCV13</td>
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<td>IPV</td>
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<td></td>
<td></td>
<td>Influenza (Yearly)*</td>
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<td>IPV</td>
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<td>Varicella</td>
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<td></td>
<td></td>
<td>HepA³</td>
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</table>

*Influenza (Yearly): If the child is less than 6 months of age, they should receive a dose of inactivated influenza vaccine (IIV) if it is indicated. If the child is 6 months of age and older, they should receive a dose of live, attenuated influenza vaccine (LAIV) if it is indicated.

HepA³: Hepatitis A vaccination is recommended for children 2 years of age and older.

https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html
Where we are now
COVID-19’s Impact on Routine Childhood Vaccination

- CDC’s public sector vaccine ordering data show a **14% drop in 2020-2021 compared to 2019**, and orders for measles vaccine is down by more than 20%
  - Many school-aged children missed recommended vaccines over the last year due to disruptions associated with COVID-19
  - Low-income children with public insurance, or no insurance, are more likely to have missed vaccines
  - Black/African American children are disproportionately represented in Medicaid enrollment

"Kids need to get caught up now so that they are protected as they go back to in-person learning.

- CDC Call To Action, March 2021

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12.9M Drop in public-sector vaccine orders

18.5% Drop in orders for measles-containing vaccines

Gaps in routine childhood vaccines since COVID-19:
- Rotavirus vaccine – down **5.7%**
- PCV13 – down **8.1%**
- DTaP-containing vaccines – down **8.7%**
- Tdap – down **17.2%**
- HPV – down **18.1%**
- Meningococcal conjugate vaccine – down **13.9%**

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2 Drop in public-sector vaccine order as of September 7, 2021
Pandemic Effect on Vaccination from 8 Health Systems

- The new surveillance study looked at pre- and post-pandemic vaccination data from eight health systems in the Vaccine Safety Datalink.

Findings:

- There were substantial and persistent decreases in weekly vaccine administration rates across most pediatric age groups during the COVID-19 pandemic.

- The proportion of children up to date (UTD) with vaccinations decreased for infants 7 months and 18 months old, and for adolescents 13 years old.
  - For 7-month-old infants, in Sept. 2020 74% vs 81% in 2019 were UTD.
  - For 18-month-old infants, in Sept. 2020 57% vs. 61% in 2019 were UTD.

- Non-Hispanic Black children had the lowest proportion of up-to-date vaccination for most age groups both during and prior to the pandemic.
  - Disparities were present prior to the pandemic, but the difference increased for 18-month-olds.

- Rebounds in vaccination were not sufficient to make up for the missed vaccinations.

2021 Formative Research Key Findings

In early 2021, 12 virtual focus groups conducted with parents who delayed their child’s (age 0-6) well-child visits and vaccinations during COVID-19

- Threat of COVID-19 changed the way parents made and prioritized health-related decisions
- Parents consider vaccinations to be part of their child’s routine care, captured as part of the well-child visit
- Parents have seen little to no information about childhood vaccinations this year from any source
- Experiences around well-child visits and routine vaccinations were similar across African American and general population groups
  - Differences were more pronounced by income
- Attitudes about positive impact and importance of childhood vaccinations remain high, despite the absence of information and the lower priority given during the pandemic
  - Suggests that after the pandemic, most parents may return to their routine vaccination schedule
- As parents return to their pre-COVID norms, many want their children to get back on the vaccination schedule, especially as their children begin to socialize with other children and return to in-person school and daycare
- Parents mainly rely on the pediatrician’s office to keep them up to date on their child’s vaccination schedule, but many also have their own systems to stay organized
“Let’s Play Catch Up”

Communications Goal:
• Encourage parents (specifically low-income families) to prioritize the need to catch their children up on routine childhood vaccinations
  o *increasing self-efficacy and perceived benefits to be elevated over perceived barriers*

Target Audiences:
• Parents with children ages 0-6 (with an emphasis on ages 3-6) who have delayed doctor visits during the COVID-19 pandemic
  o Specific outreach will be tailored to African American parents
Phase 1: Content for Parents

Assets include social media (carousels, animations, static) across platforms (Facebook, Twitter, Instagram, Pinterest), and an infographic to be leveraged on CDC flagship channels and shared with partners.

https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html
Phase 2: Updated Website Feature for Parents

Catch Up on Well-Child Visits and Recommended Vaccinations

Let’s Play Catch-Up on Routine Vaccines

During the COVID-19 pandemic, families have been doing their part by staying at home as much as possible to help stop the spread of COVID-19. An unfortunate result is that many children missed check-ups and recommended childhood vaccinations. CDC and the American Academy of Pediatrics (AAP) recommend every child continues to receive recommended vaccinations during the COVID-19 pandemic.

These are challenging times, but you have the power to help keep your child healthy.

Making sure that your child sees their doctor for well-child visits and recommended vaccines is one of the best things you can do to protect your child and community from serious diseases that are easily spread.

Well-Child Visits and Recommended Vaccinations Are Essential

Well-child visits and recommended vaccinations are essential and help make sure children stay healthy. Children who are not protected by vaccines are more likely to get diseases like measles and whooping cough. These diseases are extremely contagious and can be very serious, especially for babies and young children. In recent years, there have been outbreaks of these diseases, especially in communities with low vaccination rates.

Well-child visits are essential for many reasons, including:

- Tracking growth and developmental milestones
- Discussing any concerns about your child’s health
- Getting scheduled vaccinations to prevent illnesses like measles and whooping cough (pertussis) and other serious diseases

As children return to in-person learning and care, it’s particularly important for parents to work with their child’s doctor or nurse to make sure they get caught up on missed well-child visits and recommended vaccines.

www.cdc.gov/vaccines/routine
Phase 2: Content for Parents

Assets include social media (carousels, animations, static) across platforms (Facebook, Twitter, Instagram)
Phase 2: Content for Parents

Assets include social media (carousels, animations, static) across platforms (Facebook, Twitter, Instagram)

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As your children catch up on dodgeball, kickball, and tag, make sure they’ve caught up on routine vaccinations.

[cdc.gov/routine/vaccines](http://cdc.gov/routine/vaccines)

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As your children catch up on routine vaccinations? Talk to their doctor today and make sure they’re on schedule.

#VaccinesWork #CDC #ParentingTips #Parents #School
The Importance of a Strong Vaccine Recommendation
CDC Longitudinal Survey of First Time Expectant Moms

- Initial survey showed that over 85% of respondents had already made a plan for vaccinating their baby by their 2nd trimester.
- However, only 6% of women were very satisfied with their current level of knowledge about childhood vaccines.
- Internet search engines were their #1 source of information about childhood vaccines. Only 22.5% cited their ob-gyn or primary care provider.
- Results suggest a need for midwives and ob-gyns to direct expectant women to credible sources of childhood vaccination information.

### Parents of Young Children: Three Most Trusted Sources of Vaccine Information

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Doctor or HCP</td>
<td>93%</td>
</tr>
<tr>
<td>2 Scientific or medical journal</td>
<td>41%</td>
</tr>
<tr>
<td>3 Family members</td>
<td>38%</td>
</tr>
<tr>
<td>4 Prenatal care provider</td>
<td>36%</td>
</tr>
<tr>
<td>5 Internet or social media</td>
<td>18%</td>
</tr>
<tr>
<td>6 Friends</td>
<td>10%</td>
</tr>
<tr>
<td>7 Books</td>
<td>9%</td>
</tr>
<tr>
<td>8 Magazines, newspapers, radio, TV</td>
<td>4%</td>
</tr>
</tbody>
</table>

| 2018 (N = 2,506)                      |         |

Source: CDC National Poll of Parents 2018 (unpublished data)
### Parents of Young Children: Vaccine Questions and Concerns

<table>
<thead>
<tr>
<th>Weighted Frequencies</th>
<th>2018 (N = 2,506)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term side effects from shots</td>
<td>31.7%</td>
</tr>
<tr>
<td>Short-term side effects from shots (e.g., fever, redness, etc.)</td>
<td>25.5%</td>
</tr>
<tr>
<td>What ingredients are in vaccines</td>
<td>22.8%</td>
</tr>
<tr>
<td>Whether vaccine ingredients are safe</td>
<td>24.0%</td>
</tr>
<tr>
<td>The risks of combining vaccines together into one shot</td>
<td>22.9%</td>
</tr>
<tr>
<td>Whether there are too many vaccines/whether vaccines overwhelm the immune system</td>
<td>20.6%</td>
</tr>
<tr>
<td>Whether vaccines cause chronic disease (asthma, arthritis, etc.)</td>
<td>20.8%</td>
</tr>
<tr>
<td>Whether vaccines are safe</td>
<td>19.5%</td>
</tr>
<tr>
<td>Concerns about thimerosal, aluminum, mercury, etc</td>
<td>18.9%</td>
</tr>
<tr>
<td>How vaccines are tested</td>
<td>18.1%</td>
</tr>
<tr>
<td>Whether vaccines cause autism</td>
<td>17.9%</td>
</tr>
<tr>
<td>How you can minimize side effects</td>
<td>16.6%</td>
</tr>
<tr>
<td>Whether there are too many vaccines too soon in life</td>
<td>15.8%</td>
</tr>
<tr>
<td>Whether diseases are still a threat and are dangerous</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

**Source:** CDC National Poll of Parents 2018 (unpublished data)
Actual and Achievable Vaccination Coverage if Missed Opportunities Were Eliminated: Adolescents 13-17 Years, NIS-Teen 2012

Among girls unvaccinated for HPV, 84% had a missed opportunity.
Some clinicians don’t provide a recommendation for HPV vaccine

* Not mutually exclusive.
** Did not know much about HPV or HPV vaccine.

National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012
MMWR 2013; 62(34);685-693.
### Barriers to On-Time HPV Vaccination for all Preteens

<table>
<thead>
<tr>
<th>Parents</th>
<th>Healthcare Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not receiving a healthcare professional’s strong recommendation for the HPV vaccine</td>
<td>• Perceive parents’ attitudes are negative about HPV vaccine and think they have concerns</td>
</tr>
<tr>
<td>• Need more information about the HPV vaccine</td>
<td>• Knowledge gaps when it comes to talking about HPV vaccine</td>
</tr>
<tr>
<td>• May believe that their child is too young to get vaccinated for HPV</td>
<td>• Inadequate insurance coverage and reimbursement</td>
</tr>
<tr>
<td>• May have concerns about vaccine adverse effects, safety, and newness</td>
<td>• May prefer to wait and vaccinate older vs younger adolescents</td>
</tr>
<tr>
<td>• Cost of the HPV vaccine</td>
<td>• Preference for vaccinating girls vs boys</td>
</tr>
</tbody>
</table>

Summary

- Most women make decisions about childhood vaccines while they are pregnant.
- Most parents vaccinate or intend to vaccinate their infants according to the CDC recommended schedule.
- Parents’ attitudes about childhood vaccines have remained consistently positive on a national level.
- Parents do have questions and concerns about vaccines, but questions do not necessarily equal concerns. Parents have questions regardless of their immunization plans.
- HCPs remain parents’ #1 trusted source of vaccine information.
- Provider recommendation plays an important role in uptake of HPV vaccine and other vaccines.
Bolstering Vaccine Confidence with Patients
Defining Vaccine Confidence

Vaccine confidence is the **trust** that patients, parents, or providers have in:

- Recommended **vaccines**;
- **Providers** who administer vaccines; and
- Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use.

https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html
https://www.cdc.gov/vaccines/covid-19/hcp/pediatrician.html
Building and Sustaining Vaccine Confidence

- Every conversation about vaccines impacts vaccine confidence in routine and COVID-19 vaccines
- Be prepared to recommend routine vaccines and support conversations about COVID-19 vaccines
  - Professional and personal settings
Talking with Parents about Infant Vaccines

- Introduce the topic of vaccination well ahead of the 2-month visit (example: during prenatal consultations or at the 1-week visit).

- Use a presumptive approach. Some studies suggest that this results in higher vaccine acceptance rates.
  - Example: Your daughter is going to get three shots today.

- Give your strong recommendation.
  - Example: I strongly recommend your daughter get these vaccines today

- Listen to and respond to parents’ questions.

- Assess the level of information that a parent wants—Some only want the basics, while others want to go in-depth.

- View common parent questions here: https://www.cdc.gov/vaccines/parents/parent-questions.html
More Tips for Talking with Parents

- Acknowledge both the benefits and risks of vaccination—parents want to know about side effects.
- Use a mix of science and personal anecdotes—The right mix will depend on the parent.
- Reduce the stress of shots by teaching parents how to hold, comfort, and distract their children.
- Respect a parent’s desire to work in partnership with you.
- Keep the conversation going – even if a parent chooses not to vaccinate that day.
- Document questions and concerns for future conversations.
- If a parent expresses extreme worry or doubt, follow-up with a phone call or email.
Talking with Parents about Routine Vaccines

1. Assume parents will vaccinate
   - Parents not ready to vaccinate?
     - Parents consent with no further questions?
     - Administer recommended vaccine doses

2. Give your strong recommendation
   - Parents accept your recommendation?
     - Parents respond positively to your answers?
     - Parents have specific questions or concerns?

3. Listen to and respond to parent’s questions

Talking with Parents about Vaccines for Infants-Healthcare Professionals (cdc.gov)
Addressing Misinformation

https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide
#HowIRemember

Use for section headers
What is #HowIRecommend?

#HowIRecommend is a peer-to-peer educational video series developed to inform healthcare providers about best practices and recommendations for improving routine vaccination rates.

- Initially formulated to improve HPV vaccination rates

- Previous research has shown that many healthcare providers could need additional training or information to feel comfortable relaying information to patients and responding effectively to potential concerns

- Potential to assist healthcare providers in making an effective vaccine recommendation
Goals for #HowIRecommend

- To teach healthcare providers, through their peers, the best ways to communicate a vaccination recommendation in a direct and concise manner based on research of how it will best resonate with parents
  - This campaign was also expanded to vaccines for adults and not just for children
- Equipping healthcare providers with easy-to-use tools to improve their practice’s vaccination rates

https://www.cdc.gov/vaccines/howirecommend/index.html
#HowlRecommend Video Series

A series of videos focused on routine vaccines across the lifespan

https://www.cdc.gov/vaccines/howirecommend/index.html
#HowIRecommend Video Series

Flu YouTube #HowIRecommend Videos by Question

By clicking a question below, a YouTube playlist will open that contains videos from each of our clinicians’ expert perspectives.

- How do you recommend flu vaccine to your pediatric patients? Why do you say it that way?
- How do you recommend flu vaccine to your older adult patients? Why do you say it that way?
- How do you recommend flu vaccine to your pregnant patients? Why do you say it that way?
- What do you say to pregnant patients who have vaccine safety concerns about flu or Tdap?
- What do you say about flu vaccine to adults with diabetes?
- How do you address perceived barriers to flu vaccination from adult patients?
- How do you address perceived barriers to flu vaccination to adults with diabetes?
- How can a severe flu season impact the way you approach recommending flu vaccine the following year?
- How do you respond to patient questions about flu vaccine effectiveness?
- How do you address patient misconceptions about flu vaccination?
- How do you foster a culture of vaccination within your practice?

https://www.cdc.gov/vaccines/howirecommend/index.html
#HowIRecommend Video Series

“How do you foster support for immunization within the NICU?”

#HowIRecommend

https://www.cdc.gov/vaccines/howirecommend/index.html
Additional Resources
Other Resources for Vaccine Conversations

- Provider Resources for Vaccine Conversations with Parents
  - https://www.cdc.gov/vaccines/hcp/conversations/

- Communication strategies and tips for addressing questions from parents
  - https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html

- Preparing for Questions Parents May Ask about Vaccines
  - https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html
Toolkit for Clinicians to Encourage Catch-Up

Childhood Vaccination Toolkit for Clinicians
Get Kids Caught Up on Recommended Vaccines for a Safer Return to School

COVID-19 disrupted both in-person learning and routine well-child visits for many children over the last year. As a result, too many children have fallen behind on receiving recommended vaccines.

CDC's public sector vaccine ordering data show a 14% drop in 2020-2021 compared to 2019, and measles vaccine is down by more than 20%.

Children need to get caught up now so that they are protected as they go back to in-person learning and summer camps. Healthcare providers can identify families whose children have missed doses and contact them to schedule appointments. Providers can also let families know what precautions are in place for safe delivery of in-person services.

Call to Action
Help Kids' Safe Return to School – Get Caught Up on Recommended Vaccines

Please see CDC’s Call to Action which highlights ways healthcare systems, health care providers, schools, state and local governments, and families can help get children caught up on vaccinations.

View the PDF

COVID-19 Vaccination Resources

- COVID-19 Vaccines for Children and Teens
- Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit
- Considerations for Planning School-Located Vaccination Clinics
- How Schools Can Support COVID-19 Vaccination

Resources

- Resources for Encouraging Routine Childhood Vaccinations
- Catch-up Immunization Schedule for persons aged 4 months-18 years who start late or who are more than 1 month behind.
- The Vaccines for Children Program offers vaccines at no cost to eligible children through health care providers enrolled in the program. Children who are eligible for the Vaccines for Children (VFC) program can receive vaccines at no cost through a national network of participating health care providers. The VFC Pfizer for Parents provides answers to common questions.
- Reminder & Recall Systems may be one of the most powerful ways to catch up those who are behind and ensure optimal vaccination rates.

https://www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html
Immunization Training for Clinicians

• You Call the Shots: Web-based modules that discuss vaccine-preventable diseases (VPDs) and explain the latest recommendations for vaccine use. CE/CME credit offered.

• Current Issues in Immunization Net Conference (CIINC): Live 1 hour audio and visual presentations with on-demand replays. Offered 4-5 times per year. CE/CME credit offered.

• Pink Book Webinar Series: Online series of 15 1-hour webinars. Provides an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about VPDs and vaccines. CE/CME credit offered.

• Webcasts: Topics include HPV, pertussis, flu, vaccine storage and handling, and more. CE credits offered.

www.cdc.gov/vaccines/ed/index.html
CDC Medscape Expert Commentaries

Travel-Related Measles -- David Sugerman, MD, MPH

Updated Pneumococcal Vaccine Recommendations for Older Adults -- Miwako Kobayashi, MD, MPH

Additional commentaries:
How to use Provider Resources

- Review *Talking to Parents about Vaccines* and *Preparing for Questions Parents May Ask about Vaccines* with your staff.
- Share information with parents ahead of time, like in new parent packets.
- Give parents fact sheets about any diseases/vaccines that they have questions about. Time permitting, talk through the fact sheet together with them.
HPV Vaccine Resources for Clinicians

- Clinical guidance
- HPV vaccination coverage info
- CE courses
- #PreteenVaxScene webinars
- #HowIRecommend videos
- Tips for talking with parents
- Fact sheets for parents

https://www.cdc.gov/hpv/partners/outreach-hcp/clinician-resources.html
https://www.cdc.gov/vaccines/ed/hpv/index.html
Materials to Share with Parents and Parents-To-Be

www.cdc.gov/vaccines/parents/resources
Infant Vaccination FAQs

- Written for parents of children ages 0-2
- English and Spanish

www.cdc.gov/vaccines/parents/FAQs.html
Adolescent Vaccination Materials to Share with Parents

How to Use Communication Resources

- Share with parents and also your peers.
- Syndicate CDC web content on your practice website: https://tools.cdc.gov/medialibrary/index.aspx#/learnmore#gethelp
- Share infographics and listicles via your practice’s social media channels.
- Order posters and hang them in your waiting rooms or exam rooms.
- Give copies of parent-friendly CDC immunization schedules to parents.
- Order or download fact sheets and make them available:
  - Include in information packets for new patients
  - Hang the parent-friendly immunization schedule and the Infant Immunization FAQ documents in exam rooms
  - Print 8.5x11 sized versions of posters and hang them in exam rooms
- All CDC materials are available for free download; certain materials can be ordered from CDC-INFO On Demand: https://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx
Thank you!
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