

Five Practices for Increasing COVID-19 Pediatric Vaccine Coverage Rates: Translating Lessons Learned During the Pandemic to the Current Environment

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Background • In 2023, the Association of Immunization Managers (AIM) received supplemental funding from the Centers for Disease Control and Prevention (CDC) to identify promising practices used during the COVID-19 public health emergency to improve COVID-19 vaccination uptake among children ages 6 months to 11 years. • As part of this work, AIM conducted feasibility, policy, and economic analyses of five prioritized practices, and created materials that equip AIM members, their staff, and partners to implement these five promising practices to improve pediatric COVID-19 immunization rates. Implementation resources include implementation guides, tip sheets, and a technical report that can be found on AIM's website. Targeted outreach: identify and reach out to un/under-vaccinated Medicaid beneficiaries via linking IIS and Medicaid data. Basic needs: connect opportunities to vaccinate children with efforts to help families meet their basic needs, including food, diapers, period products, school supplies, and/or safety net program enrollment assistance. Mobile clinics: provide vaccinations to children in convenient locations, such as parks, flea markets, churches, and supermarkets. **At-home vaccination:** provide vaccinations to children in their homes to serve families that may encounter challenges in obtaining vaccinations for their children at clinics or community locations. Provider support: support vaccine administration through resources such as free or reduced-cost supplies, technical assistance, and/or additional **Methods and Limitations Methods** • AIM conducted feasibility, policy, and economic analyses to assess the five The feasibility analysis examined the potential for implementing and replicating the five practices in jurisdictions across the country. The policy analysis examined how the policy landscape affected implementation of the five practices. The economic analysis examined costs and benefits associated with implementation of the five practices. All analyses used different analytic methods but relied on the same data sources: Information from the grey and white literature review Internal documents and suggestions from CDC project officers' review of COVID-19 immunization progress reports Information from AIM's regional Vaccine Access Cooperative (VAC) meetings Virtual interviews with immunization program managers Promising practices were identified from these data sources and were scored and selected with input from AIM subject matter experts (SMEs). Analytic methods*: The feasibility analysis included data coding and theming in NVivo. The policy analysis included data coding and theming in NVivo and Excelbased tools. The economic analysis included data from the Bureau of Labor Statics (2022) and tested the sensitivity of the practices' benefit cost-ratios and rankings by varying key assumptions. * Additional details on methodology are available in the technical report. Limitations We did not conduct systematic literature reviews for the five promising practices. Limitations for the literature reviews included:

Relied heavily on a small set of articles and on articles that were not specific

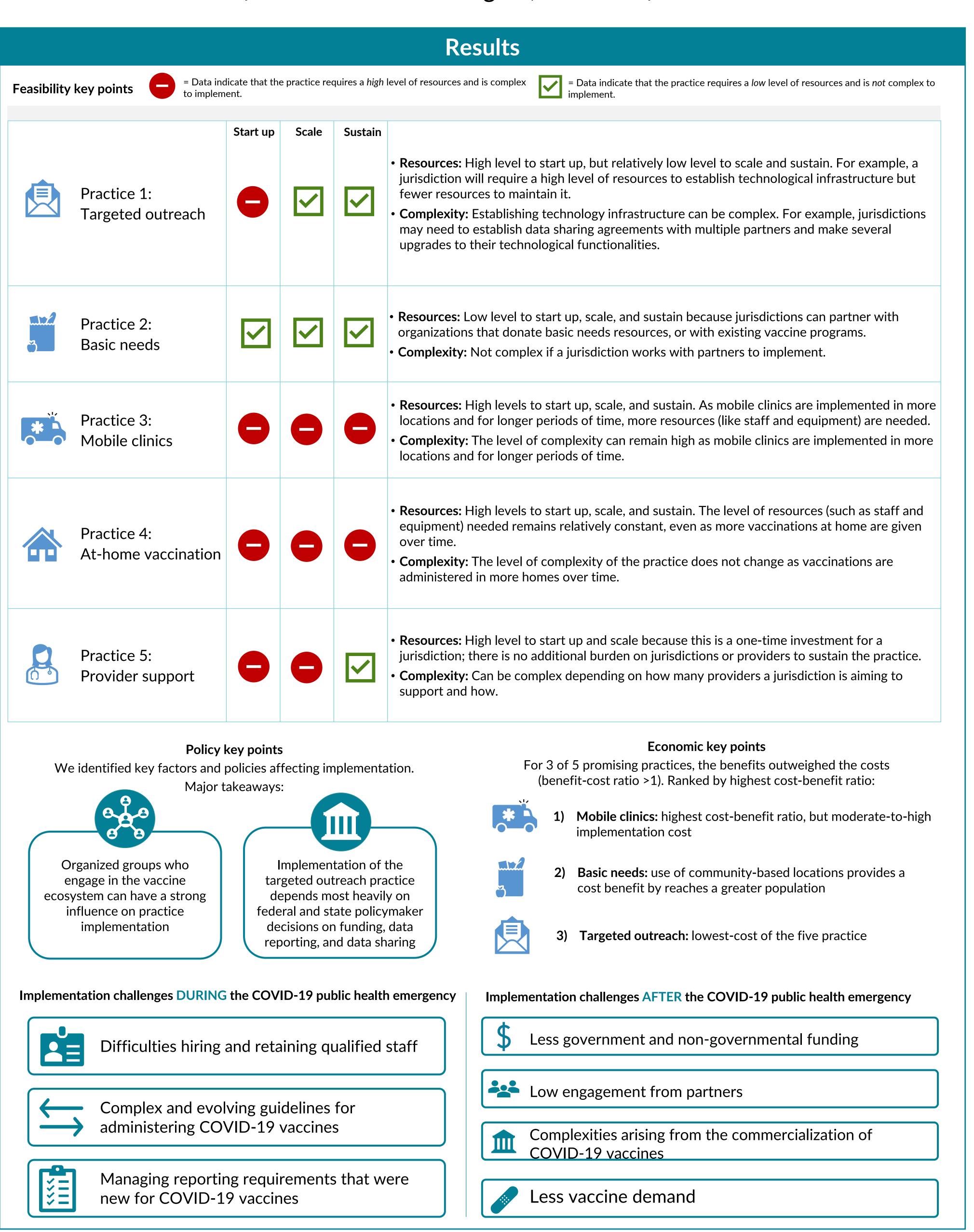
to the pediatric population and COVID-19 vaccination

Did not gather information on or from every jurisdiction in the U.S.

Findings reflect the vaccination landscape during the pandemic and cannot be

Did not reach data saturation

identically replicated in the current environment.



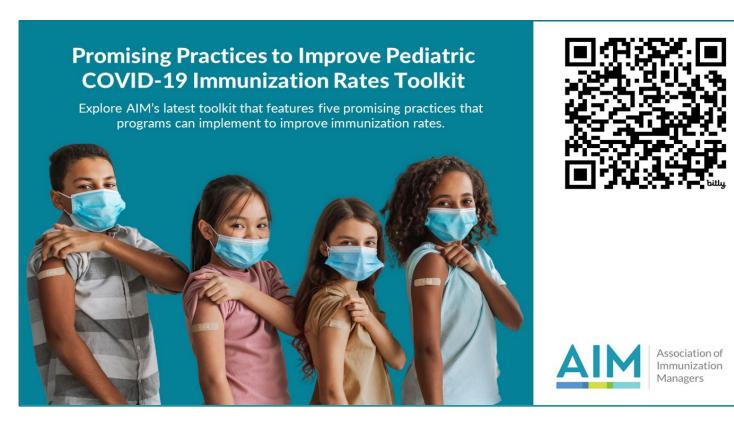
Promising Practice Implementation

Implementation resources

These implementation guides are comprised of chapters that answer the "what," "why," and "how" of implementing these promising practices.

Across these chapters, you will find:

- examples from the field,
- resources and tools,
- considerations for implementation (feasibility, cost, and environmental
- lessons learned to help implement this promising practice in your own jurisdiction.



Considerations

- Use the implementation guides to:
- brainstorm and inform future plans,
- provide the basis for action plans, MOUs, contracts, grant activities, or other proposals to raise or spend funds,
- obtain buy-in and support from leadership or community partners, and
- provide information or justification to media or legislators in support of potential activities.
- Re-engage partnerships formed during the pandemic and expand strategies to other vaccines and ages groups.
- Overcome budget and staffing cuts by building on partnerships formed during pandemic (coalitions, basic needs community organizations, and other heath department agencies).

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The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.

About

The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs. AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests. Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States. For more information on AIM, please visit www.immunizationmanagers.org/.

Questions? Contact AIM at info@immunizationmanagers.org.