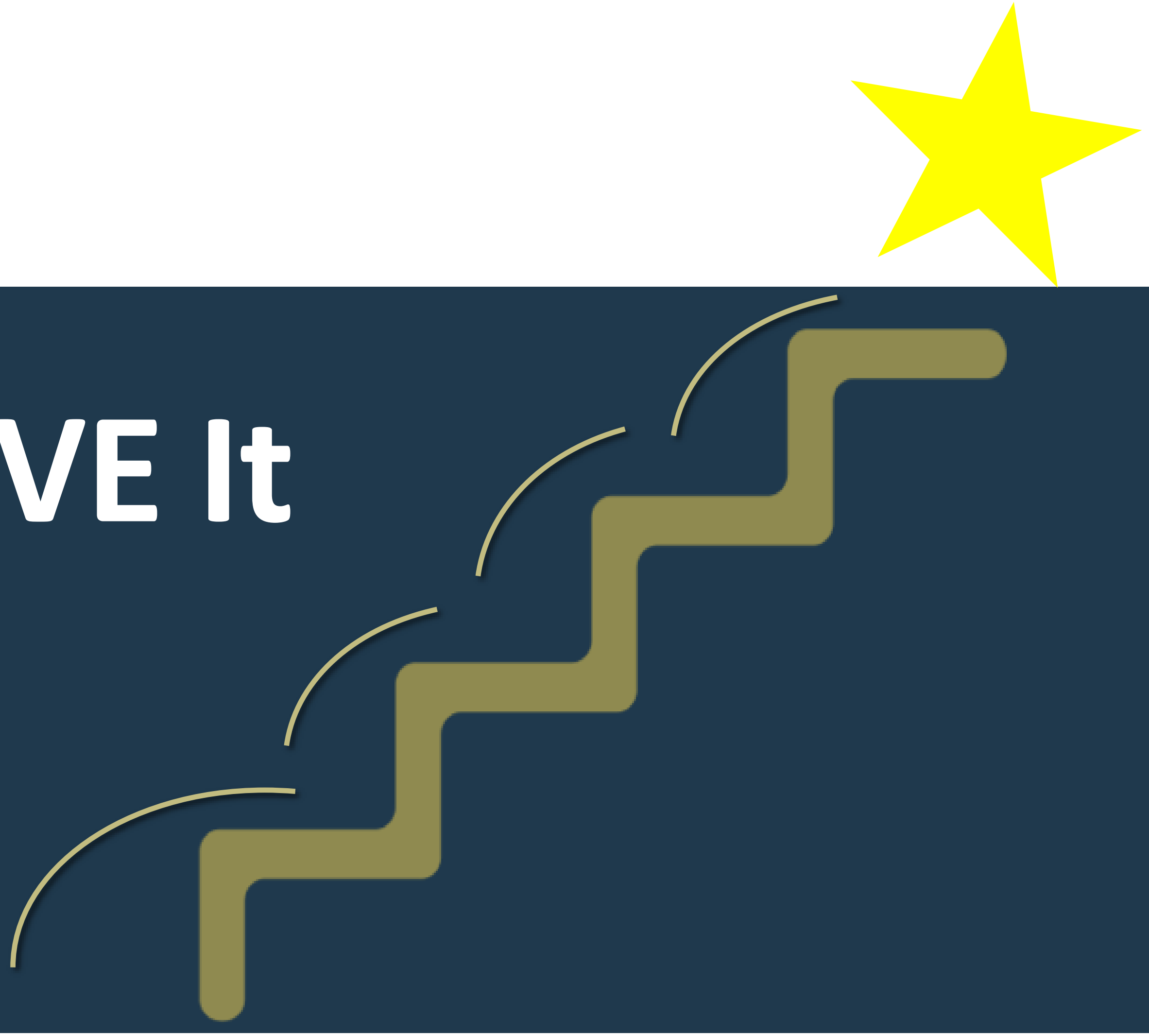
Michigan Immunization Update:
Moving It Forward—To Your Office and Beyond

Heidi Loynes BSN, RN
Immunization Nurse Educator
Division of Immunization
Michigan Department of Health & Human Services

How Do We MOVE It Forward?



~Develop Your Office Immunization Culture~

Our Biggest Challenge—Building Vaccine Confidence

Developing a Positive Vaccine Environment

- Creating a culture of immunization means including every member of the team
- Consistent messaging at all levels of the practice, about the importance of vaccines and effectiveness and safety of the vaccine
- Adherence to proper vaccine storage, handling, and administration
- Implementation of effective workflow processes to not miss an opportunity
- Practice fostering support for vaccination
- Who is your office immunization champion?

Suggestions to Improve Your Immunization Services

Looking for clear-cut ways to improve your practice's efficiency in administering vaccines and increase your immunization rates?

Here are the basics:

- Keep staff up to date with current recommendations.
- Maintain complete, up-to-date patient records.
- Maintain and protect your vaccine supply.
- Help your patients anticipate their need for vaccinations.
- Avoid "missed opportunities" to vaccinate.
- Maintain administration best practices.
- Improve access to your immunization services.
- Communicate with patients and parents.
- Evaluate and improve your practice's performance.

Use the handy checklist that follows to help you implement or reinforce these suggestions. Mark areas that "need attention" or are "done"… and congratulate yourself for those items that have been completed!

Yes = We already do this.
No = We don't like this idea, or it couldn't work in our practice setting.
Partly = We do some of this (or do it sometimes); we will consider it.

yes no partly

Keep staff up to date with current recommendations

	yes	no	partly
1 We post the current, official CDC U.S. immunization schedules (or the official schedule of our medical association or state health department) in all exam rooms.	☐	☐	☐
2 We use the official "catch-up" schedule for bringing children and adolescents up to date on their vaccinations when they have fallen behind.	☐	☐	☐
3 We understand and implement the routine vaccination schedule, as well as special vaccination recommendations for high-risk patients(e.g., certain groups who need hepatitis A, hepatitis B, meningococcal, pneumococcal vaccines).	☐	☐	☐
4 We routinely receive, read, and share updates on vaccines and other immunization issues from government agencies (e.g., CDC), our state or local health department, the Immunization Action Coalition, or other trusted organizations.	☐	☐	☐

Maintain complete, up-to-date patient records

	yes	no	partly
1 We participate in our local/regional/state immunization registry (Immunization Information System or "IIS").	☐	☐	☐
2 When scheduling appointments, we remind patients/parents to bring along their (or their child's) record of immunizations, and we confirm the address and phone number in case we need to contact them.	☐	☐	☐
3 We maintain a comprehensive immunization record in a highly visible location in each patient's chart or electronic medical record.	☐	☐	☐
4 EVERY TIME a patient comes in (e.g., acute or chronic care visit, physical exam), we ask if they have received vaccinations elsewhere. If they have, we check the IIS (registry) or request written documentation, and we record confirmed vaccination dates and places in the patient's medical record. If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone or the IIS, we give the vaccinations we determine are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release allowing us to obtain vaccination records from previous providers. If no prior records can be located, we treat the patient as if unvaccinated.	☐	☐	☐
5 During each patient visit, we document in the patient's chart that the vaccination status was reviewed. If a recommended vaccine was not administered, we document the reason why.	☐	☐	☐

CONTINUED ON THE NEXT PAGE ▶

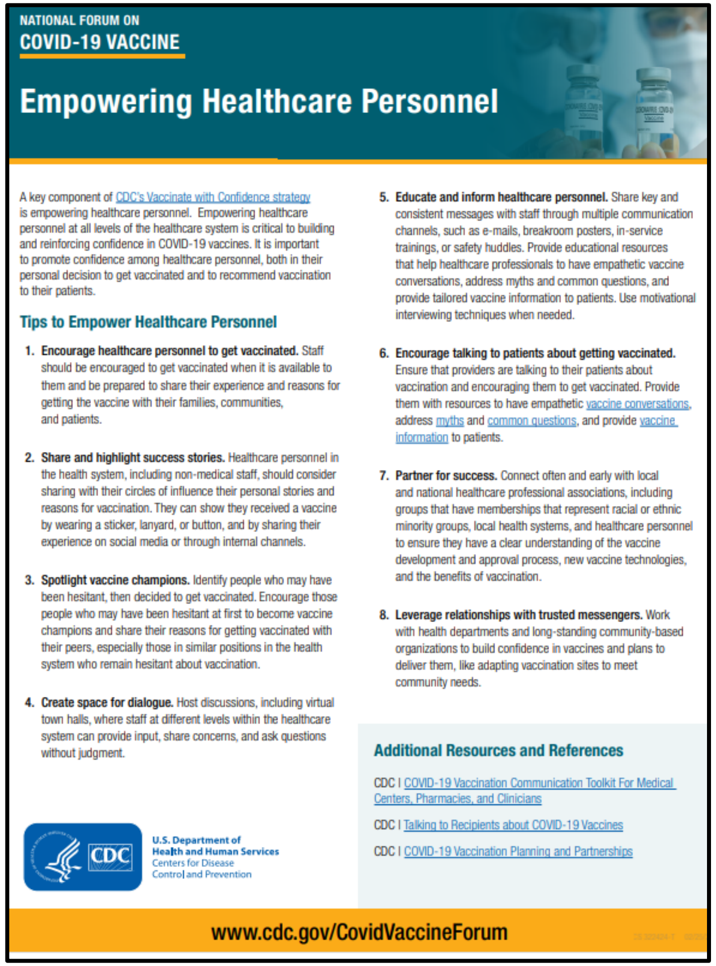
immunization action coalition
Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

https://www.immunize.org/catg.d/p2045.pdf

Save time, Save money, Empower families

Empower: Vaccine Confidence Starts With You

- Promote confidence in vaccines among healthcare personnel and in their decision to get vaccinated and recommend
- Educate and inform healthcare personnel through consistent messages about vaccines
  - Provide resources to help have conversations and answer questions
- Give a strong vaccine recommendation—share your story about being vaccinated
- Show pride and let others know you received the vaccine (wear a button, sticker, etc.)



NATIONAL FORUM ON
COVID-19 VACCINE

Empowering Healthcare Personnel

A key component of CDC's Vaccinate with Confidence strategy is empowering healthcare personnel. Empowering healthcare personnel at all levels of the healthcare system is critical to building and reinforcing confidence in COVID-19 vaccines. It is important to promote confidence among healthcare personnel, both in their personal decision to get vaccinated and to recommend vaccination to their patients.

Tips to Empower Healthcare Personnel

1. **Encourage healthcare personnel to get vaccinated.** Staff should be encouraged to get vaccinated when it is available to them and be prepared to share their experience and reasons for getting the vaccine with their families, communities, and patients.
2. **Share and highlight success stories.** Healthcare personnel in the health system, including non-medical staff, should consider sharing with their circles of influence their personal stories and reasons for vaccination. They can show they received a vaccine by wearing a sticker, lanyard, or button, and by sharing their experience on social media or through internal channels.
3. **Spotlight vaccine champions.** Identify people who may have been hesitant, then decided to get vaccinated. Encourage those people who may have been hesitant at first to become vaccine champions and share their reasons for getting vaccinated with their peers, especially those in similar positions in the health system who remain hesitant about vaccination.
4. **Create space for dialogue.** Host discussions, including virtual town halls, where staff at different levels within the healthcare system can provide input, share concerns, and ask questions without judgment.
5. **Educate and inform healthcare personnel.** Share key and consistent messages with staff through multiple communication channels, such as e-mails, breakroom posters, in-service trainings, or safety huddles. Provide educational resources that help healthcare professionals to have empathetic vaccine conversations, address myths and common questions, and provide tailored vaccine information to patients. Use motivational interviewing techniques when needed.
6. **Encourage talking to patients about getting vaccinated.** Ensure that providers are talking to their patients about vaccination and encouraging them to get vaccinated. Provide them with resources to have empathetic vaccine conversations, address myths and common questions, and provide vaccine information to patients.
7. **Partner for success.** Connect often and early with local and national healthcare professional associations, including groups that have memberships that represent racial or ethnic minority groups, local health systems, and healthcare personnel to ensure they have a clear understanding of the vaccine development and approval process, new vaccine technologies, and the benefits of vaccination.
8. **Leverage relationships with trusted messengers.** Work with health departments and long-standing community-based organizations to build confidence in vaccines and plans to deliver them, like adapting vaccination sites to meet community needs.

Additional Resources and References

CDC | COVID-19 Vaccination Communication Toolkit For Medical Centers, Pharmacies, and Clinicians

CDC | Talking to Recipients about COVID-19 Vaccines

CDC | COVID-19 Vaccination Planning and Partnerships

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

www.cdc.gov/CovidVaccineForum

Everyone in the Office Needs a Vaccine Voice

- Whole office should be on board—staff buy in
- Have a daily team huddle—to ensure staff know their role
- Have staff meeting(s) to train everyone--Provide information on effective communication and educational materials
- Team training for building positive vaccine communication
  - Affirm agreements to find common ground
  - Don’t lie; acknowledge risks to vaccine decisions
  - Use a combination of facts and personal stories/anecdotes
    - Some families prefer to hear facts and figures
    - While stories are more powerful for others

The Office Culture

- Building a pro-vaccine culture in your office starts with
  - The front desk
  - Reaches every exam room
  - Touches every area of your office (all the way to the back of the office)

Creating Your Office Immunization Culture

- Have an office Immunization Champion
- State your immunization philosophy and let your patients and parents know (vaccine policy)
- Give a strong provider recommendation and assess at every visit to avoid a missed opportunity
- Talk about vaccines and welcome questions
- Schedule follow-up immunization appointments before the patient leaves the office
- ALWAYS remind patients and parents/guardians about upcoming immunization appointments and contact those who miss appointments

Developing an Immunization Culture in Your Office

Building a pro-vaccination culture in your practice starts at the front desk, reaches into every exam room, and extends to the back office. Team-based strategies can help promote an atmosphere in which complete and timely immunizations are expected and welcomed.

Educate and Motivate Your Staff to Become Vaccine Advocates

- **Provide appropriate training** so that everyone on staff – both clinical and business personnel – understands the importance of immunization and has an awareness of the diseases that vaccines are designed to prevent.
- **Keep staff updated on changes in vaccine recommendations** made by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).
- Consider designating a staff member as the "vaccine champion" who is responsible for all aspects of vaccination in the office, including administration, record-keeping, and storage.
- All staff should be knowledgeable and comfortable in the **role of vaccine advocate** in all interactions with parents and patients.
- **Lead by example** – make sure everyone on staff is up to date on his/her own immunizations.

Capture Every Opportunity to Immunize

- **Use state and regional immunization registries** and your own record-keeping system to identify patients who are not up to date on their vaccinations.
- **Assess immunization status** at every visit, vaccinate according to the immunization schedule recommended by CDC, AAP, and AAFP, and update records accordingly. Both well and sick visits provide opportunities, as vaccines can be administered safely to almost all children with mild illnesses.
- **Maximize opportunities to vaccinate** not only by reviewing immunization records at every visit, but also by reminding parents of the importance of on-time immunization during parent telephone calls and other points of contact.
- **Schedule annual examinations** for patients, including during the adolescent years. Sports and camp physicals provide additional opportunities to immunize on schedule.
- **Administer al**
- **Train both yo** ... ot ordered or administered
- **Offer additio** ... er-hours and weekend clini ... visits.

Handout available at:
www.give2menacwy.org/pdfs/immunization-culture.pdf

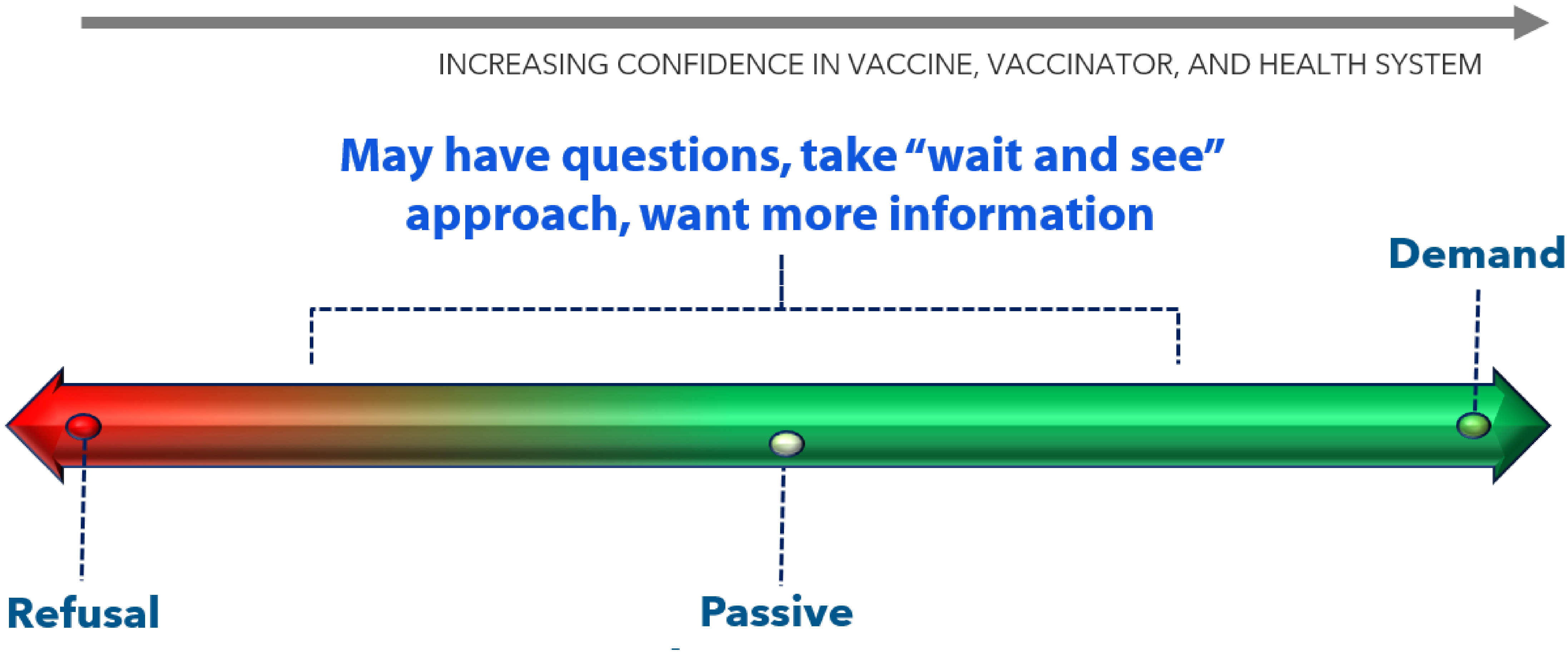
For additional resources on how to improve adolescent immunization coverage for MCV4 and other recommended vaccines, see www.Give2MCV4.org.

MCV4 YOU'RE NOT DONE IF YOU GIVE JUST ONE
GIVE 2 DOSES to Strengthen Protection

Now It's Time for You to Share Your Knowledge and Build Vaccine Confidence!

Building trust and vaccine confidence is critical to increasing timely vaccination

You can address information gaps and build vaccine confidence through clear, consistent communication



Willingness to Accept a Vaccine Falls on a Continuum

Vaccines are Victims of Their Own Success

- Many physicians have not seen cases of VPDs
- Parents are a generation removed from polio, rubella, and other serious VPDs
  - Because of this, VPDs are felt by some to be a harmless right of passage for children and less dangerous than vaccination

Smith, T. C. (2017, July). Vaccine rejection and hesitancy: a review and call to action. In *Open forum infectious diseases* (Vol. 4, No. 3). Oxford University Press.

Impact of Vaccines in the 20th & 21st Centuries

Comparison of 20th Century Annual Morbidity & Current Morbidity: Vaccine-Preventable Diseases

Disease	20th Century Annual Morbidity*	2017 Reported Cases†	% Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Pertussis	200,752	18,975	91%
Tetanus	580	33	94%
Polio (paralytic)	16,316	0	100%
Measles	530,217	120	>99%
Mumps	162,344	6,109	96%
Rubella	47,745	7	>99%
CRS	152	5	97%
Haemophilus influenzae	20,000 (est.)	33§	>99%

* *JAMA*. 2007;298(18):2155-2163

† CDC. *National Notifiable Diseases Surveillance System, 2017 Annual Tables of Infectious Disease Data*. Atlanta, GA. CDC Division of Health Informatics and Surveillance, 2018. Available at: www.cdc.gov/nndss/infectious-tables.html. Accessed on December 3, 2018. NNDSS finalized annual data as of November 28, 2018.

§ *Haemophilus influenzae* type b (Hib) <5 years of age. An additional 10 cases of Hib are estimated to have occurred among the 203 notifications of Hi (<5 years of age) with unknown serotype.

Know the Elements of Effective Vaccine Conversations

- Start from a place of empathy and understanding
- Assume patients will want to be vaccinated but be prepared for questions
- Give your strong recommendation
- Address misinformation by sharing key facts
- Listen to and respond to patient questions (with empathy)
- Proactively explain side effects

"I strongly recommend you get a flu vaccine once it is widely available…"

"…This shot is important for you because of your [job or underlying health condition]."

CDC—Talking to Parents

https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html

Talking to Parents
About Infant Vaccines

Parents consider you their most trusted source of information when it comes to vaccines. When talking to parents about vaccines, make a strong, effective recommendation and allow time for parents to ask questions. Hearing your answers to their questions can help parents feel more confident vaccinating their child according to CDC's recommended immunization schedule.

Are vaccines safe for my child?
Yes. Millions of children safely receive vaccines each year. The U.S. has a long-standing vaccine safety system that ensures vaccines are as safe as possible.

Is there a link between vaccines and autism?
No. Many people want answers about the causes of autism — including me. But well designed and conducted studies that I can share with you show that MMR vaccine is not a cause of autism.

Can vaccines overload my baby's immune system?
No. Vaccines help babies fight infections by introducing a small number of antigens into their bodies. Antigens are parts of germs that cause babies' immune systems to go to work. Vaccines contain only a tiny fraction of the antigens that babies encounter in their environment every day.

Why do vaccines start so early?
We vaccinate children early because they are susceptible to diseases at a young age. Young children also have the highest risks of complications that could lead to hospitalization or death.

What do you think of delaying some vaccines or following a non-standard schedule?
There is no data to support that spacing out vaccines offers safe or effective protection from these diseases. Any time you delay a vaccine, you leave your baby vulnerable to disease. It's really best to stay on schedule.

Don't infants have natural immunity? Isn't natural immunity better than the kind from vaccines?
Babies may get some temporary immunity from mom during pregnancy, but these antibodies do not last long, leaving your baby vulnerable to disease if you don't vaccinate him/her.

Why are so many doses needed for each vaccine?
Getting every dose of each vaccine provides your child with the best protection. Depending on the vaccine, he/she may need more than one dose to build high enough immunity to prevent disease or to boost immunity that fades over time.

Do I have to vaccinate my baby on schedule if I'm breastfeeding him?
Yes. Breast milk provides important protection from some infections as your baby's immune system is developing, but breast milk does not protect children against all diseases.

My child is sick right now. Is it okay for her to still get shots?
Tell me what's going on. Usually, children can get vaccinated even if they have a mild illness like a cold, earache, mild fever, or diarrhea.

What are the side effects of the vaccines?
Most vaccine side effects are very minor, like soreness where the shot was given, fussiness, or a low-grade fever. These typically only last a couple of days and are treatable. Serious reactions are very rare. If your child experiences any reactions that concern you, call us.

For more information, visit
cdc.gov/vaccines/conversations

Last updated JULY 2019

Talking to Parents about HPV Vaccine

HPV VACCINE IS CANCER PREVENTION

Recommend HPV vaccination in the **same way** and on the **same day** as all adolescent vaccines. You can say, "Now that your son is 11, he is due for vaccinations today to help protect him from meningitis, HPV cancers, and whooping cough. Do you have any questions?" Taking the time to listen and understand parents' concerns can help you respond to their concerns more effectively.

Why does my child need HPV vaccine?
HPV vaccine is important because it prevents infections that can cause cancer. That's why we need to start the shot series today.

What diseases are caused by HPV?
Some HPV infections can cause cancer—like cancer of the cervix or in the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

How do you know the vaccine works?
Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since it has been available.

Is my child really at risk for HPV?
HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Why do they need HPV vaccine at such a young age?
Vaccines protect your child before they are exposed to a disease. That's why we give the HPV vaccine earlier rather than later, to protect them long before they are ever exposed.

Also, if your child gets the shot now, they will only need two doses. If you wait until your child is older, they may end up needing three shots.

I'm worried my child will think that getting this vaccine makes it OK to have sex.
Studies tell us that getting HPV vaccine doesn't make kids more likely to start having sex. I made sure my child (or grandchild, etc.) got HPV vaccine, and I recommend we give your child her first HPV shot today.

Why do boys need the HPV vaccine?
HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and back of the throat in men.

I'm worried about the safety of HPV vaccine. Do you think it's safe?
Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including pain, swelling, or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they could be injured if they fall from fainting. We'll have your child stay seated after the shot to help protect him/her.

Are all of these vaccines actually required?
I strongly recommend each of these vaccines and so do experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

Can HPV vaccine cause infertility in my child?
There is no evidence available to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop an HPV precancer or cancer could require treatment that would limit their ability to have children.

For more information, visit
cdc.gov/vaccines/conversations

Last updated JULY 2019

Vaccine- and Vaccine Safety-Related Q&A Sheets

The Q&A sheets developed by the Vaccine Education Center can be viewed online, printed, or photocopied. Healthcare professionals can order these materials for their practice.

The information provided on each sheet addresses commonly asked questions and is meant to be informative; however, it should not be considered a replacement for actual medical advice.

Vaccine Q&A sheets

Chickenpox
English [PDF, 579KB]
Spanish [PDF, 595KB]

COVID-19
English [PDF, 370KB]
Spanish [PDF, 370KB]

Hepatitis A
English [PDF, 586KB]
Spanish [PDF, 604KB]

Hepatitis B
English [PDF, 217KB]
Spanish [PDF, 217KB]

Influenza Fact Sheet

Influenza
English - Revised!

Vaccine Education Center— Children's Hospital of Philadelphia (CHOP)

Vaccinations Are Safe: Explaining Why

SCIENCE IS KEY

Vaccines are remarkable scientific achievements that have greatly reduced rates of death and disease around the world. This document begins to explain the science underpinning public confidence in today's vaccines. Each segment provides part of the total picture. Together, the accumulated scientific evidence explains the prudence of routine vaccination policies.

Vaccines are the safest of all medications.

- Before FDA licensing, vaccines are studied in larger populations than are other drugs.
- Once licensed and put to use, multiple layers of safety surveillance continue as long as the vaccines are distributed.

Every scientific authority recommends routine vaccination. This includes the Centers for Disease Control and Prevention, Food and Drug Administration, American Academy of Pediatrics, American Academy of Family Practitioners, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, American Pharmacists Association, National Academy of Medicine, and World Health Organization, plus every state health department, every city health department, and every children's hospital.

DISCUSSION POINTS

Vaccines do not cause autism.

BACKGROUND

A 1998 British journal article making a claim of a connection between the measles vaccine and the development of autism was retracted by the journal's editors, who said they had been deceived. The author was found guilty by the United Kingdom General Medical Council of dishonesty and flouting ethics protocols. As a result, they revoked his license to practice medicine.[1,2] In spite of these rebukes, the erroneous belief that vaccination causes autism took hold with a small group.

SCIENCE

- Vaccinated children develop autism at the same rate as unvaccinated children.[3,4]
- A litany of well-controlled studies show that vaccines do not cause autism.[3-8]
- Properly designed studies involving over 1.2 million children established no links between vaccines and autism or autism spectrum disorder.[4,8]
- Scientists agree: Vaccines do not cause autism.

CONTINUED ON THE NEXT PAGE ▶

1 Dyer C. *Lancet* retracts Wakefield's MMR paper. *BMJ* 2010, 340: c696. www.bmj.com/content/340/bmj.c696
2 Boseley S. *Lancet* retracts 'utterly false' MMR paper. *The Guardian*. 2010 Feb 02, London.
3 Hviid A, Stellfeld M, Wohlfahrt J, Melbye M. Association between thimerosal-containing vaccine and autism. *JAMA*. 2003;290:1763–6.
4 Taylor L, Swerdfeger AL, Eslick GD. Vaccines are not associated with autism: An evidence-based meta-analysis of case-control and cohort studies. Vaccine 2014;32(29):3623–29.
5 DeStefano F, Price CS, Weintraub ES. Increasing exposure to antibody-stimulating proteins and polysaccharides in vaccines is not associated with risk of autism. *J Pediatr*. 2013;163:561-7.
6 CDC. Science Summary: CDC Studies on Thimerosal in Vaccines. www.cdc.gov/vaccinesafety/pdf/cdcstudiesonvaccinesandautism.pdf
7 Committee to Review Adverse Effects of Vaccines. Adverse Effects of Vaccines: Evidence and Causality. Washington, DC: Institute of Medicine, 2011. www.nap.edu/catalog/13164/adverse-effects-of-vaccines-evidence-and-causality
8 Madsen KM, Hviid A, Vestergaard M, et al. A population-based study of measles, mumps, and rubella vaccination and autism. *N Engl J Med*. 2002;347:1477–82.

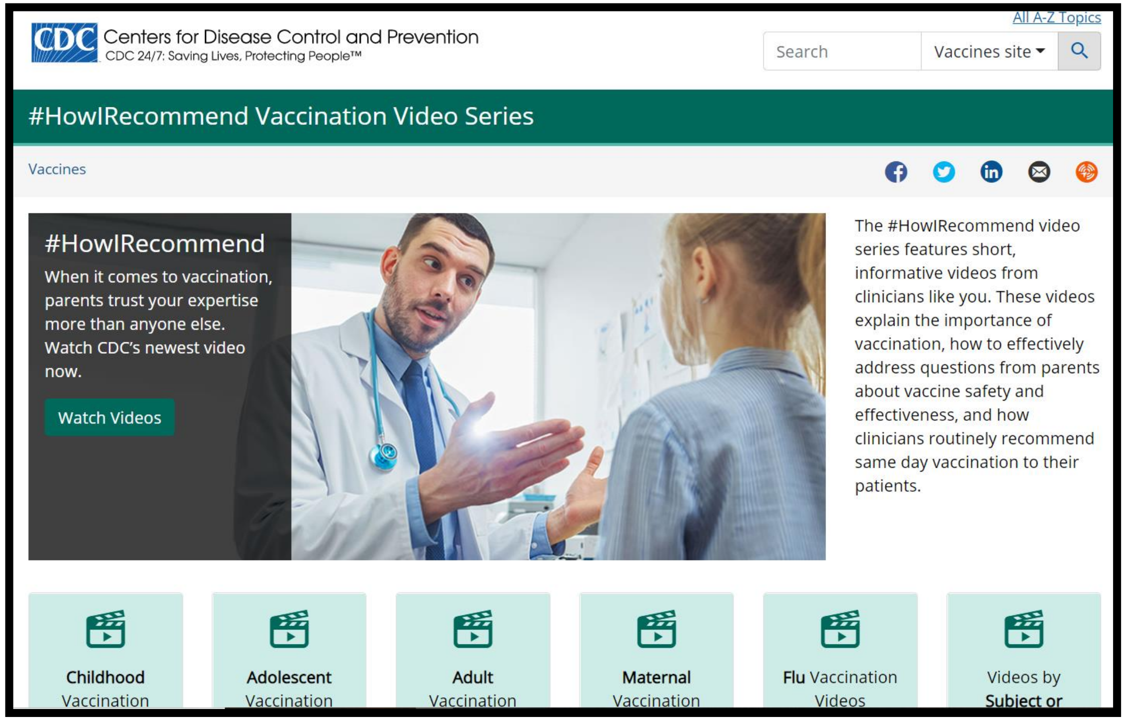
immunization action coalition
IAC
immunize.org

#P2073 (7/21)

Immunization Action Coalition (IAC)

Provider to Provider—CDC Communication

- Part of education is having a conversation about immunizations
- Use resources to help give guidance and gain confidence with communication strategies



CDC's #HowIRecommend Video Series:

- Short, informative videos from clinicians like you
- Explain the importance of vaccination, how to effectively address questions from parents about vaccine safety and effectiveness, and how clinicians routinely recommend same day vaccination to their patients.

www.cdc.gov/vaccines/howirecommend/index.html

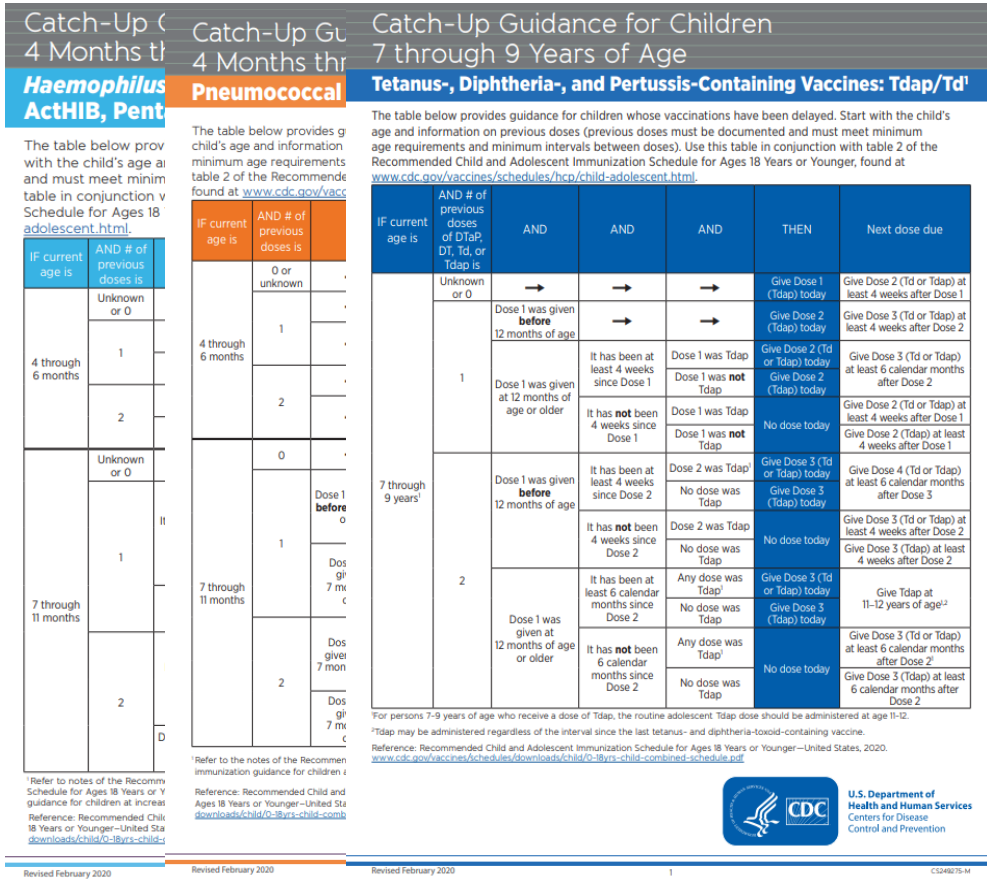
10 Ways to Create a Culture of Immunization

1. Share your office immunization philosophy and policy
2. Keep current on CDC vaccine recommendations
3. Ensure clinical resources are available to staff
4. Assess for immunizations at **every** visit
5. Give a strong recommendation for vaccination
6. Acknowledge, welcome and respond to vaccine questions
7. Provide Vaccine Information Statements (VIS) and handouts to answer specific questions
8. Make immunization resources easy for parents to find.
9. Before the child leaves the office schedule their next immunization appointment
10. Remind about upcoming immunization appointments and contact those who miss appointments

Next Steps

Image Courtesy of CDC

Unsure of How to Catch a Child Up?



Catch-Up Guidance for Children 7 through 9 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td[1]

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years[1]	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				Dose 1 was not Tdap	Give Dose 2 (Tdap) today	
			It has not been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
				Dose 1 was not Tdap		Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 4 weeks since Dose 2	Dose 2 was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
				No dose was Tdap		Give Dose 3 (Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 6 calendar months since Dose 2	Any dose was Tdap[1]	Give Dose 3 (Td or Tdap) today	Give Tdap at 11–12 years of age[1,2]
				No dose was Tdap	Give Dose 3 (Tdap) today	
			It has not been 6 calendar months since Dose 2	Any dose was Tdap[1]	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2[1]
				No dose was Tdap		Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

[1]For persons 7–9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11–12.

[2]Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2020. www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

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

Revised February 2020

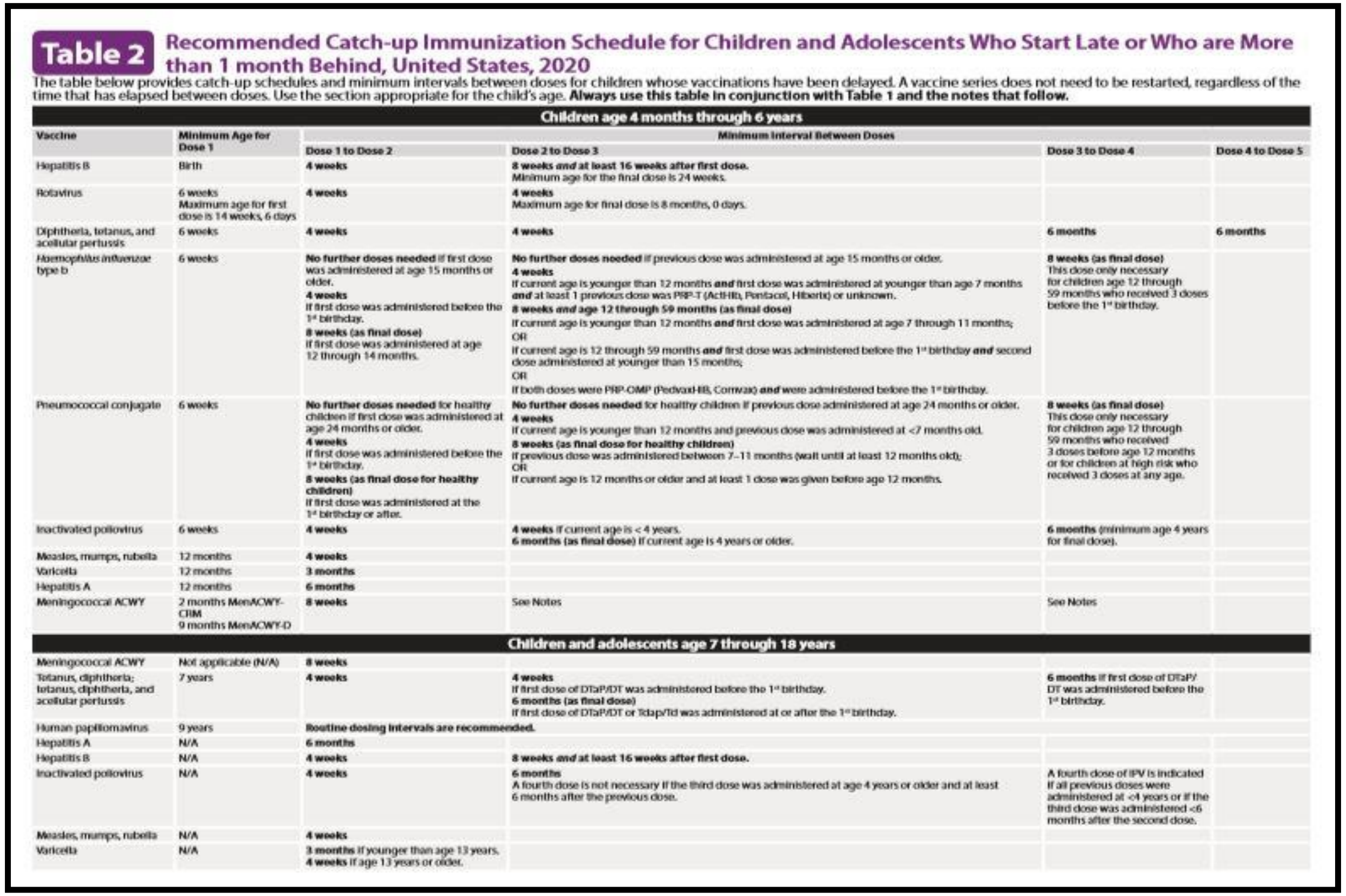


Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks. Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks. Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
Haemophilus influenzae type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1st birthday and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) and were administered before the 1st birthday.	8 weeks (as final dose). This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after.	No further doses needed for healthy children if previous dose was administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose). This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM; 9 months MenACWY-D	8 weeks	See Notes	See Notes	

Children and adolescents age 7 through 18 years

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	6 months if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus	N/A	4 weeks	6 months. A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

CDC Has Some Great Catch-Up Resources!

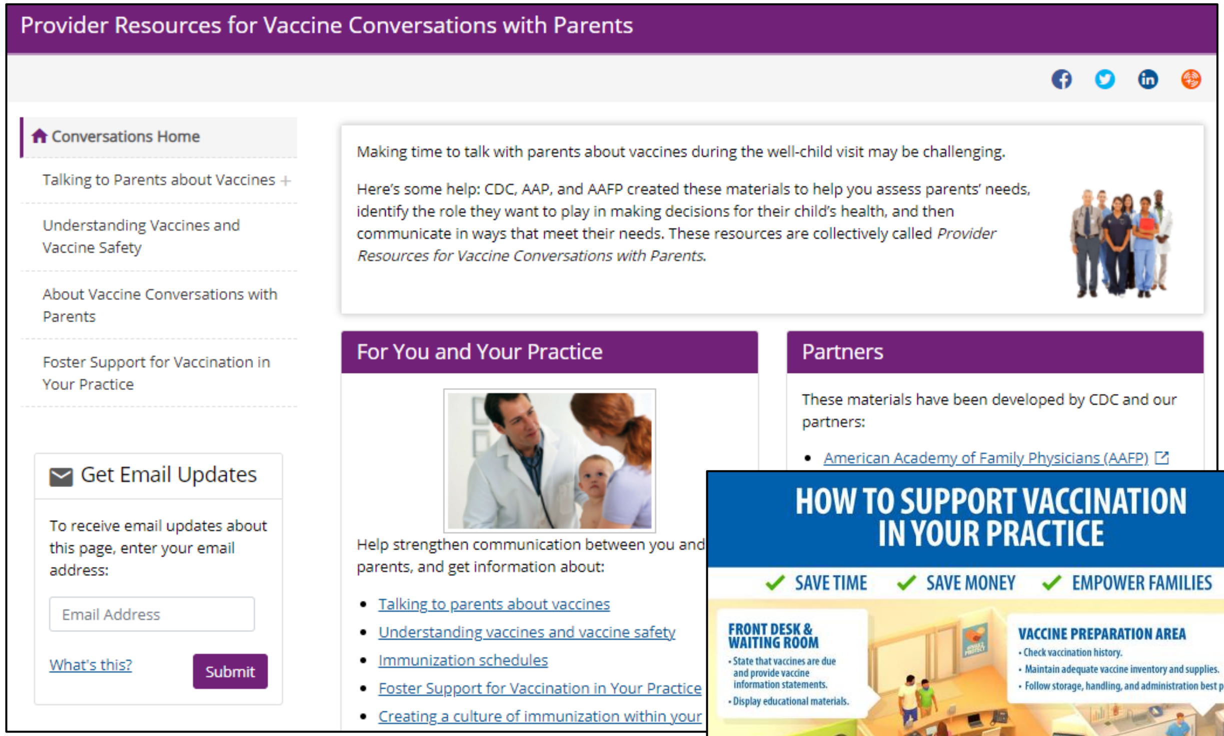
Immunization Resources: www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#guidance

Coadministration with Other Vaccines

- COVID-19 vaccines and other vaccines **may now be administered without regard to timing**
  - COVID-19 vaccines can be administered simultaneous with other vaccines on the same day, as well as within 14 days
- It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines
  - Consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

Resources



CDC Vaccine Education

- [Provider Resources for Vaccine Conversations with Parents]
- [Understanding Vaccines and Vaccine Safety]

CDC Vaccinate with Confidence Resources

Vaccinate with Confidence

Strategy to Reinforce Confidence in Covid-19 Vaccines

Vaccinate with Confidence COVID-19 Vaccines Strategy

Build Trust

Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

Action Steps:

- Communicate transparently about the process for authorizing, approving, making recommendations for, monitoring the safety of, distributing, allocating, and administering COVID-19 vaccines, including data handling.
- Provide regular updates on: benefits, safety, side effects and effectiveness; clearly communicate what is not known.
- Proactively address and mitigate the spread and harm of misinformation via social media platforms, partners, and trusted messengers.

https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/strategy.html

How to talk about COVID-19 vaccines with friends and family

Updated Apr. 27, 2021 Languages Print

Listen to their questions with empathy

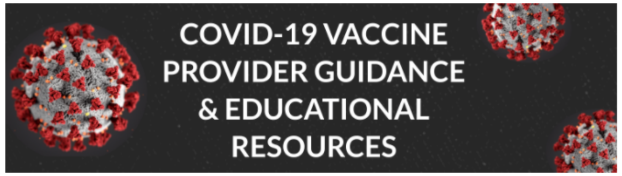
COVID-19 vaccines are new, and it's normal to for people to have questions about them. The sheer amount of information—and misinformation—about COVID-19 vaccines can be overwhelming to anyone. You can help by listening without judgement and identifying the root of their concerns.

Acknowledge their emotions so they know they have been heard. For example, you can say, "It sounds like you are stressed at work and home, and concerns about the vaccine are another source of stress. That's really tough."

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/talk-about-vaccines.html

MDHHS / ADULT & CHILDREN'S SERVICES / CHILDREN & FAMILIES / IMMUNIZATION INFO FOR FAMILIES & PROVIDERS

COVID-19 Vaccine Provider Guidance and Educational Resources



This webpage will house materials to support COVID-19 Vaccine Providers in successful implementation of the COVID-19 Vaccination Program. Be sure to "bookmark" this page and check back frequently for updates!

GENERAL COVID-19 VACCINE RESOURCES

- Clinical Guidance for Michigan Providers Regarding Additional Dose of an mRNA COVID-19 Vaccine
- Increasing Access to Vaccine Opportunities: Recommendations for Health Care Providers - *Updated 6/18/21*
- COVID-19 Vaccines During Hospital Stays and Medical Appointments - *Updated 6/14/21*
- COVID-19 Vaccination Clinic Preparation Checklist & Resource Toolkit - *Updated 5/28/21*
- ACIP Recommendations for COVID-19 Vaccine
- Interim Clinical Considerations for COVID-19 Vaccine
- CDC COVID-19 Vaccine Resources for Healthcare Professionals
  - Vaccine administration, storage and handing, reporting, and patient education for each specific vaccine
- COVID-19 Vaccine Training Module
  - Self-paced module with certificate of completion (no CE)
  - MDHHS strongly recommends that all COVID-19 Vaccine Providers complete this training.
- CDC HCP Vaccine Administration Resource Library

CONTENT-SPECIFIC COVID-19 RESOURCES

Webinars

www.michigan.gov/covidvaccineprovider

In Summary

- Despite the success of vaccines, vaccine hesitancy is a common barrier to vaccination
- Factors that affect vaccine confidence include concerns about safety, vaccine effectiveness, social media and news influences, and the perception of disease risk
- Majority of patients/parents choose to vaccinate
- **Catch-up children who are behind and strongly recommend Flu vaccine**
- **Implement strategies such as:**
  - Having a consistent office immunization message, provide credible resources, listen and use the AIMS method, and give a strong recommendation

~We Have the Power to Turn Our Immunization Rates Around~

So We Can Work to Prevent This!

We Don’t Have To Fear What Keeps Us Up At Night…

Another Vaccine Preventable Disease Outbreak

Let's MOVE Our Immunization Rates Up!

Thank-You For All That You Do!!