




# MIHP COMMUNITY OF PRACTICE

Discussing Immunizations and  
Addressing Vaccine Hesitancy

Thank you for joining us!

*We will start momentarily.*



# **Discussing Immunizations and Addressing Vaccine Hesitancy**

**July 13, 2022**

## **Presenters**

Maria McGinnis, BSN, RN

Veronica McNally, JD



## *Housekeeping*

- **Reminder:** Please check that your microphone is muted.
- This presentation will be posted on the MIHP [Provider Training](#) website.

# Session 2 of 3: MCIR-Related Content

- Community of Practice Sessions:
  - 1. Hearing**
    - Wednesday, June 8th 1:00pm - 2:30pm ✓
  - 2. Immunizations**
    - Wednesday July 13<sup>th</sup> 9:00am – 10:30am ✓
  - 3. Lead**
    - Wednesday August 24<sup>th</sup> 9:00am – 10:30am
- Each session incorporates a parent story
- Register [here!](#)

# Overview of Topics

## Veronica McNally

- Personal Story
- Mission and Advocacy Work
- Tips and Tools for Vaccine Conversations

## Maria McGinnis

- MIHP Cycle 9 Updates and MCIR Tips
- Vaccine Conversations and Talking Points

*Veronica McNally*



# Franny Strong Foundation

Veronica McNally, founder

07.13.2022

# Pertussis PSA with MESSA



Adults are susceptible to pertussis. The vaccine you received as a child wanes after 5-10 years.

<https://youtu.be/f1G5wOY5QCE>





# Our Story

The Franny Strong Foundation was established in 2012 in honor of Francesca Marie, who lost her life to pertussis at just twelve weeks of age.

Francesca's battle with this terrible disease was short but amazingly heroic. Her symptoms began with a mild, almost unnoticeable cough. She died just nine days after first showing symptoms.



# Our Mission

The mission of Franny Strong is to promote pertussis awareness and boost childhood immunization rates for all vaccine-preventable diseases

We want parents to know more about the benefits of vaccination.

That's why we created I Vaccinate and are proud to partner with MDHHS to get parents the information they need to protect their children.

We develop cutting-edge education strategies to help healthcare professionals and the public learn about vaccinations. Our expert team is dedicated to finding better ways to communicate about the benefits of vaccines.



# I Vaccinate

I VACC  NATE

The I Vaccinate campaign aims to create a positive conversation surrounding vaccines and the reasons why most parents choose to fully vaccinate. I Vaccinate helps parents protect their children from vaccine-preventable diseases by providing credible information and tools.

I Vaccinate highlights that medical consensus exists—vaccines are safe and effective at preventing disease and they protect entire communities from outbreaks. When 90–95 percent of a community is protected, it is nearly impossible for a vaccine-preventable disease to spread.



# Tips for discussing vaccines with families

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*Child and adolescent immunization rates continue to be threatened by vaccine hesitancy.*

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To have a productive conversation, it is imperative that the provider identify the specific concerns of the parent and address them.

Providers must seek to increase vaccine confidence through parent education and empowerment using clear and comprehensive communication.

Outside of exam room discussions, combatting this misinformation proactively at the practice level can include sharing evidence-based vaccine information on websites, social media channels, emails/newsletters, and reminder-recall systems.



# Providing the truth about vaccines

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*Vaccination is one of the greatest achievements  
of modern medicine.*

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A survey of first-time expectant moms shows that while 85 percent of respondents have already created a plan by the second trimester for vaccinating their baby, only 6 percent are very satisfied with their current level of knowledge about childhood vaccines.

About a third of parents who initially refuse a vaccine change their minds after educational efforts.





# I Vaccinate Provider Toolkit

Vaccine hesitancy is a complex topic. Research indicates that doctors or other healthcare professionals remain by far parents' most trusted source of information.

The I Vaccinate Provider Toolkit is a customized, evidence-based tool for use in vaccination discussions with parents who have questions about vaccines. There are three ways to use the tool. The first is to learn about the best techniques for conversations with vaccine-hesitant parents; the second is to download easy-to-understand handouts for a practice and families; and the third is to facilitate a conversation with a parent and provide them with a custom takeaway tailored to meet their needs: the "Get PAST Hesitancy" framework.





<https://youtu.be/hdjZUjobQjT0>

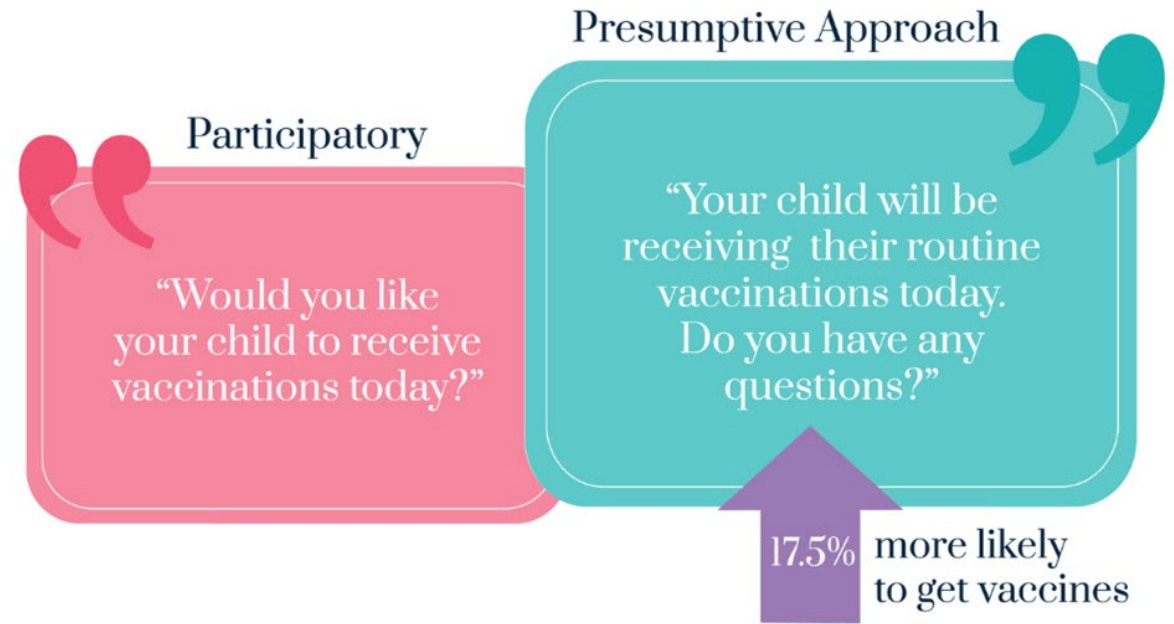
The I Vaccinate Provider Toolkit gives providers a tool to address the questions parents have.



# Technique #1: Presumptive Approach

When a doctor is confident, the family is more likely to be confident as well. The Provider Toolkit focuses on best practices in counseling parents, including use of the Presumptive Approach.

With a presumptive approach, the healthcare provider frames the vaccine as the routine procedure that it is. This approach does not take away the parent's choice to say no.





# Technique #2: The PAST Model

The toolkit also presents a novel approach to communication about vaccines based on a framework — “Get PAST Hesitancy”— that helps providers empower parents to make the best decision to protect their children from vaccine-preventable diseases.

The PAST Model includes a customizable tool for tailored conversations with parents. The tool will more effectively provide relevant, informative, and non-patronizing messages that relay the importance of vaccination and ultimately, increase confidence and vaccine uptake.



# The PAST Model



## Step 1: Pinpoint Questions

The first step in the PAST framework encourages providers to pinpoint parents' specific questions about vaccines. Being a good parent means asking questions about your child's health. Using filters and search functions, providers can identify the specific questions that a parent has about vaccinations.



## Step 2: Address with Science

The next step in the PAST framework is to address the specific questions that a parent has with scientific information. Some parents respond better to personal anecdotes (e.g., stories of vaccine preventable diseases) than scientific information, which is why it is important for providers to complete Step 2 and Step 3. After pinpointing their questions, this step will present with answers that are based upon credible scientific sources.



## Step 3: Share Stories

The third step in the PAST framework allows a provider to share personal stories and recent cases and outbreaks. Personal stories of how vaccine-preventable diseases have impacted other families, and news of recent illnesses demonstrate risk of disease susceptibility. We also encourage providers to use empathy and talk to parents about their own personal stories and experiences with vaccination.



## Step 4: Takeaway

The final step in the "PAST" framework is to provide the family with a customized takeaway. Parents often turn to the internet for answers to questions about vaccines, which is then often filled with misinformation. The customized takeaway developed using this tool directs parents to credible information that answers their specific questions, which will help them become more comfortable with vaccination.





About

News & Alerts

## Help Parents Get PAST Vaccine Hesitancy

About a third of parents who initially refuse a vaccine change their mind after educational efforts, but still take time and resources. Providers need an effective communication tool to increase parents' confidence in vaccines. That's where we come in.



# Sharing Stories

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*Research has shown that highly emotional narratives have a greater impact on vaccine risk perceptions.*

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Vaccination remains an emotionally charged issue for some parents. Conversations must include an emotional element to address vaccine hesitancy.

Storytelling appeals to parents' emotions.

Stories are 22 times more memorable than statistics. To be effective, these personal stories must be framed in a compassionate, empathic way to change vaccination behavior.



# Custom Parent Takeaways

The PAST Model allows providers the ability to search for and select questions that the parent has, in order to create a takeaway that addresses their specific concerns.

The analytics of these takeaways will be evaluated to understand what responses resonate the most with parents. This real-time data will inform the educational efforts of the parent-focused I Vaccinate campaign.

Do vaccines protect for a lifetime? [+ Add Question](#) [i More Info](#)

Can vaccine protection wear off? [+ Add Question](#) [i More Info](#)

Are there any side effects? [+ Added](#) [i More Info](#)

My child is sick right now. Is it OK for my child to still get shots? [+ Add Question](#) [i More Info](#)

Why should I use the recommended schedule? [+ Add Question](#) [i More Info](#)

Why do vaccines start so early? [+ Add Question](#) [i Hide Info](#)

Too early, too soon, too young? Aren't they still protected by mother's immunity this young? Can't we delay or use an alternative schedule?

You have questions, and that's a good thing.

Vaccinating your child is one of the safest and most effective things you can do to protect them. But it's okay to have questions! You're doing your part as a good parent to seek out answers from trustworthy sources.

We're here to help.

**Next steps**

We want you to be comfortable with vaccine decisions you make for your child's health. The personalized website below contains detailed answers to your specific questions.

Explore the resources and bring back any additional questions to our next appointment. This is the start of an ongoing conversation to keep your child safe, happy and healthy.

LEARN MORE & JOIN THE COMMUNITY  
**I VACCINATE** [f](#) [t](#) [i](#) [@iVaccinateMI](#)

**DID YOU KNOW?**

Before vaccines, parents in the U.S. could expect that every year:

- 10,000** children were paralyzed by polio
- 8,000** children were killed by pertussis
- 4 million** children were infected with measles, killing about 500
- 20,000** newborns would suffer birth defects and intellectual disabilities as a result of rubella





\*Username

Enter your I Vaccinate Provider Toolkit username.

\*Password

Enter the password that accompanies your username.

[Forgot password?](#)

**Log in**

Join the I Vaccinate Provider Toolkit to gain access to free tools and information, including a custom toolkit to guide vaccine conversations with parents.

**Request Access**

# How to Request Access

Visit [provider.ivaccinate.org](https://provider.ivaccinate.org)

Click "Request Access" on the login page.

Enter your name, email, organization and title.

Click "Submit."





# Thank you

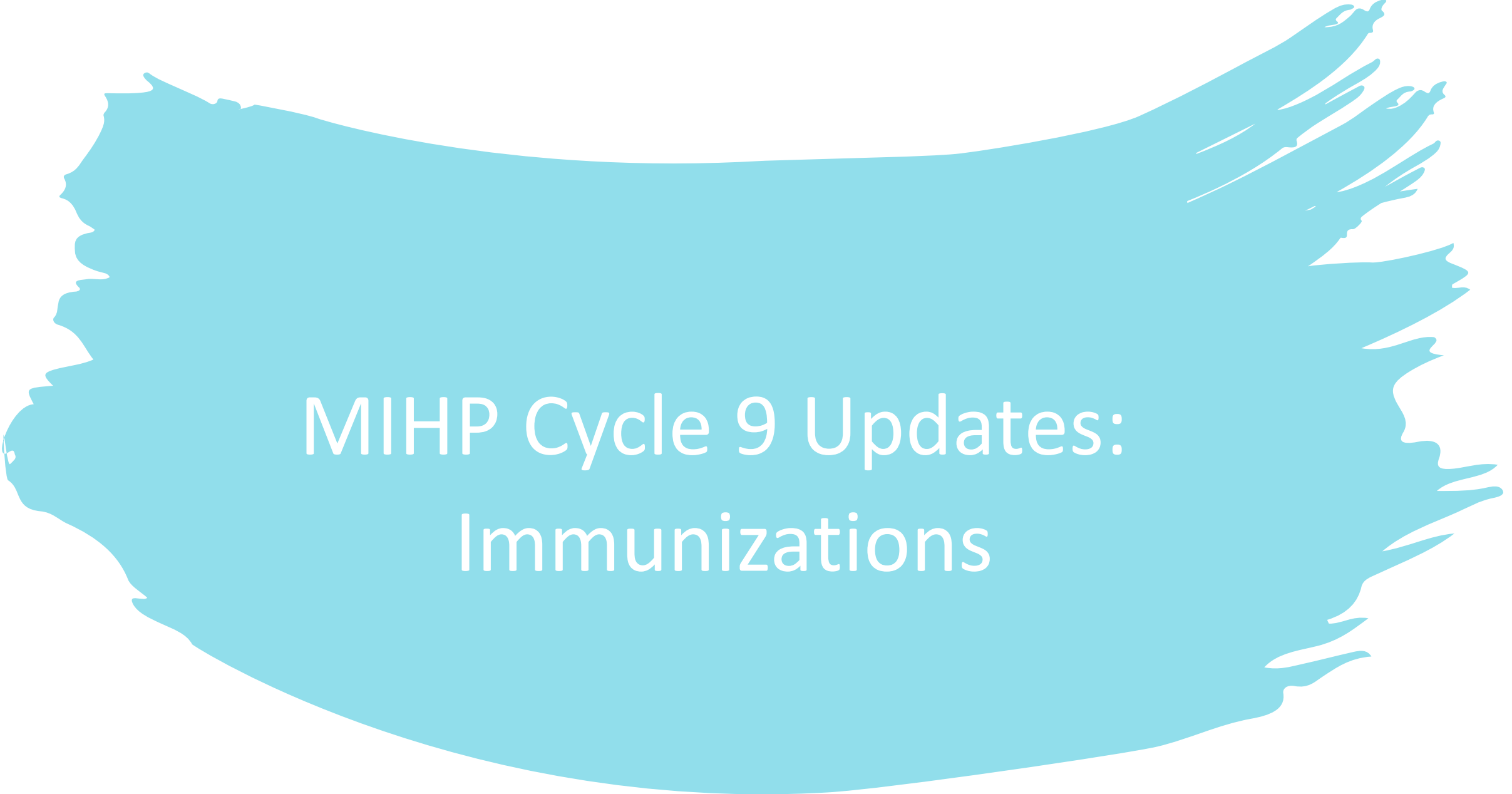
Veronica McNally

[frannystrong@gmail.com](mailto:frannystrong@gmail.com)

# A Little About Me





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# MIHP Cycle 9 Updates: Immunizations

# Immunization Discussions

- **Maternal**

- Discuss the maternal beneficiary's immunization status and infant immunizations **at least once**

- **Infant**

- Discuss the infant beneficiary's immunization status with the caregiver at **every home visit**.
- Discuss caregiver's immunizations **at least once**

- **Document:** The checklist of the PVPN

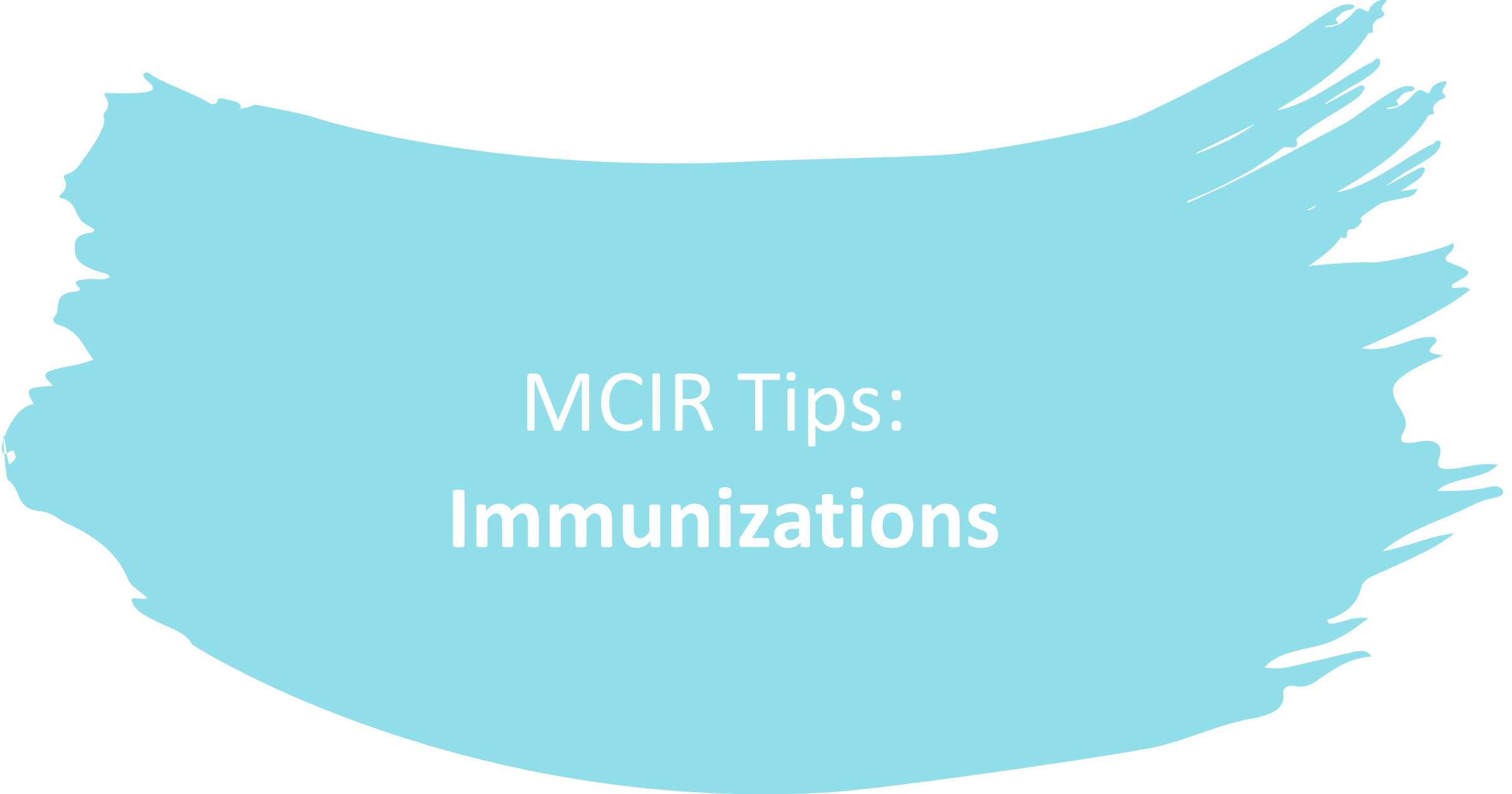
# MIHP MCIR Assessments: Summary

Visits Requiring MCIR Assessment	Maternal MCIR Assessment	Infant MCIR Assessment	Documentation
First visit following enrollment	Immunizations	Immunizations and Hearing, if available in MCIR (if not, see next row)	Imms: Include MCIR in Chart Hearing: PVPN “other visit information” section
As soon as possible following enrollment but no later than the 3 <sup>rd</sup> visit	n/a	Immunizations and Hearing	Imms: Include MCIR in Chart Hearing: PVPN “other visit information” section
First visit following infant turning 5 months*	n/a	Immunizations	Include MCIR in Chart
Visit after infant turns 12 months	n/a	Lead	PVPN “other visit information” section
Visit after infant turns 16 months	n/a	Immunizations	Include MCIR in Chart

\*If the infant is older than 5 months at enrollment, at least 2 separate immunization MCIR reviews are still required – at the first professional visit following enrollment and at least one other professional visit prior to discharge.

# Protocols and Certification

- **Protocol 5.4:** Immunization, Lead Screening, Hearing Screening, and accessing Michigan Care Improvement Registry (MCIR)
- **Certification Indicator 5.11:** MCIR immunization assessment, discussion and documentation

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# MCIR Tips: Immunizations

# Navigating Immunizations Screen in MCIR

- Upon locating the MCIR record, the Immunizations section is default

**General Information**

Person:   
Birth Date:   
Provider: [Up-to-Date](#)

[View](#) [Print Help](#)  
[Home](#) [Exit](#)

Person	Mv Site	Rpts	Oth
<a href="#">Add/Find</a> <a href="#">Information</a> <a href="#">Status</a> <a href="#">History</a>			

If this is not the correct person you may [Search Again](#).

**Person Information** MCIR ID :

Name:

Resp. Party:

Address:

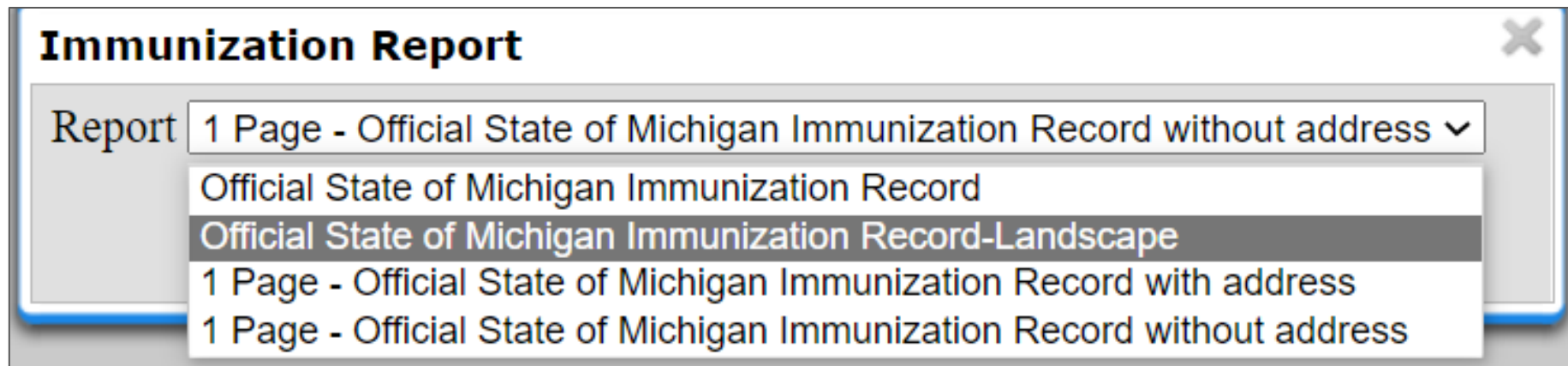
Country:

Immunizations	Lead	Other	EPSDT	Hearing (EHDI)			
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status

Click  
"View"

# Open and View the Record as PDF

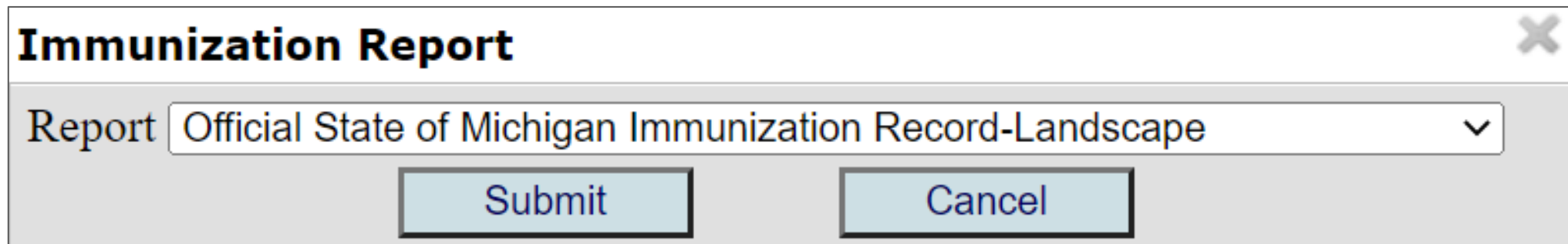
- Select a layout and click “Submit”



**Immunization Report** [Close]

Report: 1 Page - Official State of Michigan Immunization Record without address ▾

- Official State of Michigan Immunization Record
- Official State of Michigan Immunization Record-Landscape**
- 1 Page - Official State of Michigan Immunization Record with address
- 1 Page - Official State of Michigan Immunization Record without address



**Immunization Report** [Close]

Report: Official State of Michigan Immunization Record-Landscape ▾

# Save PDF - Print and Enter in Chart



STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Official State of Michigan Immunization Record

Page 1 of 1

As of: July 09, 2022

MCIR ID#: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

History of Immunizations Given by Series										Status	Accelerated Date	Recommended	Shots Given
DTP/DTaP/DT/Td/Tdap	08/14/92 DTP (historical)	10/23/92 DTP (historical)	11/22/93 DTP (historical)	06/12/97 DTP (historical)	08/08/97 * DTP (historical)	09/02/03 DT (pediatric)	07/18/12 Tdap (adol/adult)	04/27/21 Tdap (adol/adult)	**	Up-To-Date	04/27/2031	04/27/2031	
Hib	06/12/92 Hib (Hib1)	08/14/92 Hib (Hib1)	10/23/92 Hib (Hib1)	07/30/93 Hib (Hib1)									
Polio	06/12/92 OPV (polio)	08/14/92 OPV (polio)	11/22/93 OPV (polio)	08/08/97 OPV (polio)									
MMR	07/30/93 MMR	08/08/97 MMR								COMPLETE			
Hepatitis B	08/08/97 Hep B (historical)	02/10/98 Hep B (historical)	11/05/01 Hep B (ped/adol)							COMPLETE			
Varicella	09/02/03 Varicella (Varivax)	02/14/08 Varicella (Varivax)								COMPLETE			
Hepatitis A	12/07/17 Hep A (adult)	09/13/18 Hep A (adult)								COMPLETE			
Seasonal Influenza	09/13/12 IIV3 (inject)	09/03/13 IIV3 (inject)	09/30/14 IIV4 (inject)	10/12/17 IIV4 (P-free,inject)	09/25/18 IIV4 (P-free,inject)	10/18/19 IIV4 (inject)	09/25/20 IIV4 (P-free,inject)	11/07/21 IIV4 (P-free,inject)		Up-To-Date	09/01/2022	09/01/2022	
Pneumococcal Adult	09/25/18 PCV13 (Pvna13)												
SARS-CoV-2	03/13/21 (Moderna)	04/10/21 (Moderna) 0.5 ml	08/18/21 (Moderna) 0.5 ml	05/05/22 (Moderna) 0.25 ml						COMPLETE			

Landscape



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Official State of Michigan Immunization Record

MCIR ID#: \_\_\_\_\_ Gender: \_\_\_\_\_ Patient ID#: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Responsible Party: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
As of: July 09, 2022  
Provider: Assessment indicates that routine vaccinations are up to date. The next vaccination(s) can be administered on or after 09/01/2022.

History of Vaccinations Given By Series							
Vaccine Series	Date#1	Date#2	Date#3	Date#4	Date#5	Date#6	Date#7
DTP/DTaP/DT/Td/Tdap						3 07/18/2012	04/27/2021
Hib							
Polio							
MMR							
Hepatitis B	08/08/1997	02/10/1998	11/05/2001				
Varicella	09/02/2003	02/14/2008					
Hepatitis A	12/07/2017	09/13/2018					
Seasonal Influenza	09/03/2013	09/30/2014	10/12/2017	09/25/2018	10/18/2019	09/25/2020	11/07/2021
Pneumococcal Adult	09/25/2018						
SARS-CoV-2	03/13/2021	04/10/2021	08/18/2021	05/05/2022			

Portrait

Immunizations Status and Shots Needed				
Vaccine	Next Dose Due	Accelerated Due	Recommended	Overdue Date
Td	9	04/27/2031	04/27/2031	05/27/2031
MMR	3			
Hepatitis B	4			
Varicella	3			
Hepatitis A	3			
Seasonal Influenza	1	09/01/2022	09/01/2022	10/01/2022
COVID-19 Booster(Pfizer/Moderna)	5			

\* Invalid Dose

- The report will appear as a PDF to print/save.
- Save the MCIR record in the beneficiary's chart.





**STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Official State of Michigan Immunization Record**

As of: July 12, 2022

MCIR ID#:

Name:

DOB:

Age:

Gender:

History of Immunizations Given by Series									Status	Accelerated Date	Recommended	Shots Given
DTP/DTaP/DT/Td/Tdap	04/25/22 DTaP-Hib-IPV (Pentacel)								Eligible	05/23/2022	06/25/2022	
Hib	04/25/22 DTaP-Hib-IPV (Pentacel)								Eligible	05/23/2022	06/25/2022	
Polio	04/25/22 DTaP-Hib-IPV (Pentacel)								Eligible	05/23/2022	06/25/2022	
MMR									Up-To-Date	02/18/2023	02/18/2023	
Hepatitis B	02/19/22 Hep B (ped/adol)	04/25/22 Hep B (ped/adol)							Up-To-Date	08/05/2022	08/18/2022	
Varicella									Up-To-Date	02/18/2023	02/18/2023	
Rotavirus	04/25/22 RV5 (Rotateq)								Eligible	05/23/2022	06/18/2022	
Hepatitis A									Up-To-Date	02/18/2023	02/18/2023	
Seasonal Influenza									Up-To-Date	09/01/2022	09/01/2022	
Pneumococcal Conjugate	04/25/22 PCV13 (Prevnar13)								Eligible	05/23/2022	06/25/2022	

# Supporting Families Based on Results: NEW Guidance Document

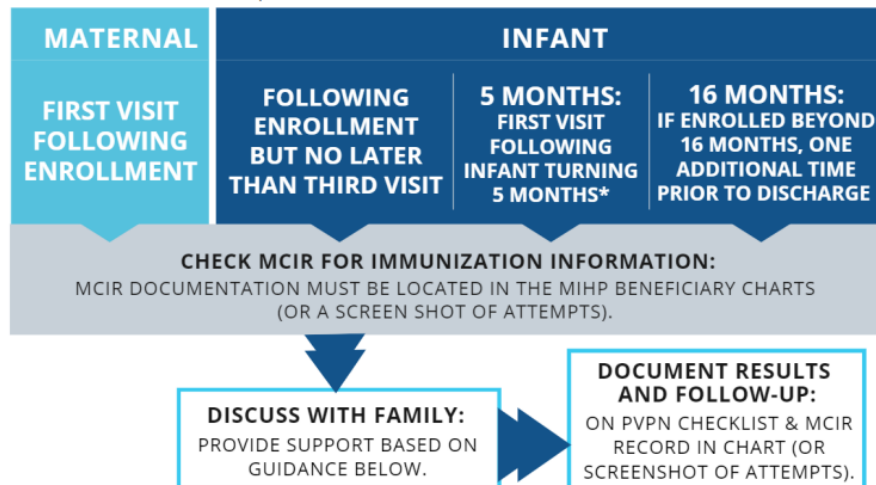
## MIHP MCIR GUIDANCE AND SUPPORT: IMMUNIZATIONS

Maternal Infant Health Program (MIHP) Home Visitors must discuss immunizations, access the Michigan Care Improvement Registry (MCIR), and follow up as appropriate. This document provides **guidance for viewing data in MCIR and supporting families with appropriate resources**. Please note that this document is MCIR-specific and is therefore not all-encompassing for other aspects related to immunizations. For example, this document reviews the timeframes to review immunization records in MCIR, yet *discussion* of immunizations is expected for every infant visit.

*Reminder: Please ensure that appropriate staff have been provided MILogin and MCIR access. The MIHP website has instructions for MIHP how to gain access to MCIR.*

## WHEN IS MCIR IMMUNIZATION ASSESSMENT EXPECTED PER MIHP GUIDELINES?

Home visitors must check MCIR for immunization information and include the record in the chart. MCIR immunization checks are required for both maternal and infant beneficiaries as follows:



\*If the infant is older than 5 months at enrollment, at least 2 separate immunization MCIR reviews are still required (at the first professional visit following enrollment and at least one additional professional visit prior to discharge.)

## Utilization of Michigan Care Improvement Registry (MCIR) in the Maternal Infant Health Program (MIHP) Companion Guide

### Immunization

Immunization assessment, education and documentation in the beneficiary record is a requirement of MIHP Medicaid Policy as documented in section 2.15.

Michigan Care Improvement Registry (MCIR) documentation must be located in the MIHP beneficiary charts (or a screen shot of attempts). A MCIR pulled at or after discharge does not meet the MCIR documentation requirement.

Home Visitor must assess whether immunizations are up to date for the beneficiary and must provide education during care. The parent(s)/caregiver should be encouraged to obtain immunizations and be assisted with appointments and transportation as needed.

### Maternal Immunization Assessment and Discussion:

- Home Visitor must discuss the maternal beneficiary's immunization status and required infant immunizations at least once during the maternal course of care.
- This must be documented on the checklist and the check boxes of the PVPN.
- The MCIR must be pulled and reviewed at the first visit for all Maternal beneficiaries. It is very important that pregnant beneficiaries are up to date on immunizations including Tdap, COVID-19 and annual flu vaccination.
- If either the maternal or infant immunizations are not discussed during the course of care, the reason must be documented on the Contact Log.

### Infant Immunization Assessment and Discussion:

- The MCIR record must be reviewed and included in the chart at least twice during the infant's care as follows:
  - As soon as possible following enrollment but no later than the third professional visit.
    - This promotes not only a current immunization assessment but serves as a trigger to discuss the importance of on-time vaccination and an opportunity to proactively identify and mitigate potential barriers to immunization.

Goal: timely vaccination to achieve “complete” and “up-to-date” statuses.

Use the guidance to provide support based on the vaccine Status column.

IF STATUS FOR A VACCINE SHOWS:	GUIDANCE AND REFERRAL SUPPORT
COMPLETE	<p>All recommended doses in this series have been received. No further doses recommended unless indicated by the healthcare provider (HCP).</p> <ul style="list-style-type: none"> <li>• Discuss other vaccines in the MCIR with non-complete statuses.</li> <li>• Encourage the family to discuss vaccines with their healthcare provider (HCP). Despite MCIR status, HCP may identify additional doses or vaccines needed based on an individual’s needs (medical conditions, occupations, etc.).</li> </ul>
SEASON COMPLETE	<p>Flu vaccination status is per flu season. If “Season Complete,” the person is either younger than 6 months (i.e., ineligible), or received their needed flu dose(s) this season.</p> <ul style="list-style-type: none"> <li>• Promote continued annual flu vaccination: All people should receive a vaccine each year, including pregnant people and infants 6 months of age and older.</li> </ul>
CONSIDER	<ul style="list-style-type: none"> <li>• Encourage family to discuss these vaccines with their HCP. Advise that they be vaccinated on, or as soon as possible following the <b>Recommended Date</b> in MCIR.</li> <li>• Encourage keeping all appointments with HCP; Well-child visits, prenatal visits, postpartum visits and interconception care are key opportunities for vaccination. HCP may also recommend additional vaccines based on individual needs.</li> <li>• Coordinate referrals as needed to support access – transportation, pediatrician coordination, etc. On-time vaccination is key to optimal protection.</li> </ul>
<u>UP-TO-DATE</u>	
DISCUSS/DUE NOW	
ELIGIBLE	
OVERDUE	<ul style="list-style-type: none"> <li>• Encourage the beneficiary discuss these vaccines with their healthcare provider as soon as possible. If vaccination is delayed, this leaves the person vulnerable to vaccine-preventable disease. On-time vaccination is critical for optimal protection.</li> <li>• Discuss barriers to timely immunization.</li> <li>• If a scheduled HCP appointment has been missed, encourage rescheduling as soon as possible. Vaccine-only visits may also be offered at the local health department to get caught up on vaccines sooner: <a href="http://www.Michigan.gov/LHDMAP">www.Michigan.gov/LHDMAP</a></li> <li>• Coordinate referrals as needed to support access – transportation, pediatrician coordination, etc.</li> </ul>
IMMUNE	<p>N/A; Person does not need this vaccine because they already have non-vaccine related immunity to the disease the vaccine prevents.</p>

# Considerations and Key Points

- MCIR “status” is based on CDC recommendations for **routine vaccination of the general public**.
  - Additional vaccines or doses could be indicated for certain individuals based on their needs (medical conditions, **pregnancy**, occupation, etc.).
- MCIR may indicate “up to date” for “DTP/DTaP/DT/Td/Tdap”
  - But pregnant people should receive **Tdap vaccine each pregnancy between weeks 27-36**

# Additional Key Points

- MCIR assessment is a **point-in-time** review.
  - Encourage family to routinely discuss vaccine needs with HCP
- Although the HV reviews a beneficiary's MCIR record, encourage up-to-date vaccination **among family and caregivers.**

# Recommended Resources

## Maternal

### Vaccinations Needed During Pregnancy

The table below shows which vaccinations you may or may not need during your pregnancy.

Vaccine	Do you need it during your pregnancy?
COVID-19	<b>Yes!</b> All adults, including those who are pregnant and people who have had COVID-19 illness, are recommended to be up to date with COVID-19 vaccinations, including boosters. It's safe to get the vaccine at any time during your pregnancy.
Influenza (Flu)	<b>Yes!</b> You need a flu shot every fall (or even as late as winter or spring) for your protection and for the protection of your baby. It's safe to get the vaccine at any time during your pregnancy.
Tetanus, diphtheria, and whooping cough (Tdap; Td)	<b>Yes!</b> Everyone who is pregnant is recommended to get a dose of Tdap vaccine (the adult whooping cough vaccine) during <i>each</i> pregnancy, preferably in the early part of the third trimester. Tdap vaccine during pregnancy will help protect your baby from whooping cough in the first few months after birth. Consult your healthcare professional if you haven't had at least 3 tetanus- and diphtheria-toxoid containing shots sometime in your life or if you have a deep or dirty wound.
Hepatitis B (HepB)	<b>Yes!</b> All adults younger than 60 years, including those who are pregnant, should get HepB vaccine if they are not already immune. If vaccination is needed during pregnancy, Engerix-B, Recombivax HB, or Twinrix (combination with hepatitis A vaccine) may be used. There are not yet enough data on the use of Heplisav-B or PreHevrio brands during pregnancy so these brands are not recommended while pregnant. Any HepB vaccine may be used while breastfeeding. Your newborn should get started on the HepB vaccination series within 24 hours of birth.
Human papillomavirus (HPV)	<b>No.</b> This vaccine is not recommended to be given during pregnancy, but if you inadvertently receive it, this is not a cause for concern. HPV vaccine is recommended for all people age 26 or younger, so if you are in this age group, make sure you are vaccinated before or after your pregnancy. People age 27 through 45 may also be vaccinated against HPV after a discussion with their healthcare professional. The vaccine is given in 2 or 3 doses (depending on the age at which the first dose is given) over a 6-month period.
Measles, mumps, rubella (MMR)	<b>No.</b> MMR vaccine is not recommended during pregnancy, but if you inadvertently receive it, this is not a cause for concern. At least 1 dose of MMR is recommended for you if you were born in 1957 or later. (And you may need a 2nd dose.)* During your prenatal care, your healthcare professional will test your blood to assess your need for MMR following your delivery. It's best for you (and any future baby) to receive the protection vaccination provides before trying to become pregnant.
Chickenpox (varicella; Var)	<b>No.</b> Varicella vaccine is not recommended to be given during pregnancy, but if you inadvertently receive it, this is not a cause for concern. If you've never had chickenpox, never were vaccinated, or were vaccinated but received only 1 dose, it's best for you (and any future baby) to be protected with the vaccine before trying to become pregnant, or after you've completed your pregnancy. The vaccine is given in 2 doses 4–8 weeks apart.
Zoster (shingles)	<b>No.</b> If you are age 50 or older or, if you are younger than 19–49 years and immunocompromised, you are recommended to get the 2-dose series of the Shingrix brand of shingles vaccine. But, since the safety of Shingrix vaccine during pregnancy is unknown, talk with your healthcare professional to determine if the benefits of Shingrix vaccination during pregnancy outweigh the potential risks.
Pneumococcal PPSV23; PCV15; PCV20	<b>Maybe.</b> If you are at increased risk of severe illness from pneumococcal disease, your healthcare professional might recommend pneumococcal vaccination during pregnancy or recommend waiting until after pregnancy. If you inadvertently receive a pneumococcal vaccine during your pregnancy, this is not a cause for concern.
Hepatitis A (HepA)	<b>Maybe.</b> You need this vaccine if you have a specific risk factor for hepatitis A.* The vaccine is usually given in 2 doses, 6–18 months apart. If you need to get or continue the HepA vaccine series, it's safe to do so during pregnancy.

## Infant

### Immunizations for Babies

A Guide for Parents

These are the vaccinations your baby needs!

At birth	HepB
2 months	HepB <sup>1</sup> + DTaP + PCV13 + Hib + Polio + RV
4 months	HepB <sup>2</sup> + DTaP + PCV13 + Hib + Polio + RV
6 months	HepB + DTaP + PCV13 + Hib <sup>3</sup> + Polio + RV <sup>4</sup> + Influenza <sup>5</sup>
12 months and older	MMR + DTaP + PCV13 + Hib + Chickenpox + HepA <sup>6</sup> + Influenza <sup>5</sup>

Check with your doctor or nurse to make sure your baby is receiving all vaccinations on schedule. Many times vaccines are combined to reduce the number of injections. Be sure you ask for a record card with the dates of your baby's vaccinations; bring this with you to every visit.

## Available in:

- English
- Spanish
- Arabic
- Korean
- French
- Russian
- Chinese
- Vietnamese

# Recommended Resources, Cont'd

## Order for Free: Detailed Immunization Schedules

FILTER PUBLICATIONS BY:

**Programs** Immunization and Vaccines (Schedul...  
**Languages** All Languages  
**Material Type** All Material Types  
 Search for Text:  Search

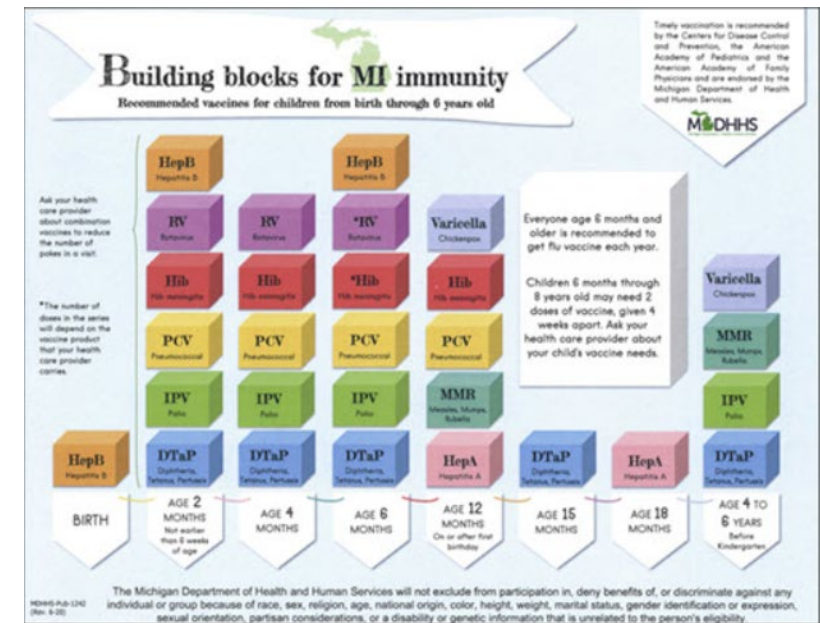
Found 2 Publications that match your search (viewing 1 - 2).

Publications Per Page: 10 Go

	<p><b>Title</b> NEW FORMAT: Recommended Adult Immunization Schedule, 2022</p> <p><b>Pub ID</b> 300766</p> <p><b>Program</b> Immunization and Vaccines (Schedules and Booklets)</p> <p><b>Description</b> Recommended Immunization Schedule for Adults (Age 19 and over) Booklet format: 11x8.5in, landscape layout. Includes 12 pages. Intended for healthcare providers.</p> <p><b>Language</b> English</p> <p><b>Material Type</b> Booklet</p> <p><b>Order Amount</b> 0 Limit: 100 <a href="#">Add to Cart</a> <a href="#">International or Over Max Orders</a></p> <p><b>Download</b> <a href="#">More Information</a></p>
	<p><b>Title</b> NEW FORMAT: Recommended Child and Adolescent Immunization Schedule, 2022</p> <p><b>Pub ID</b> 300767</p> <p><b>Program</b> Immunization and Vaccines (Schedules and Booklets)</p> <p><b>Description</b> Recommended Immunization Schedule for Children and Adolescents (Age 18 years and younger) Booklet format: 11x8.5in, landscape layout. Includes 12 pages. Intended for healthcare providers.</p> <p><b>Language</b> English</p> <p><b>Material Type</b> Booklet</p> <p><b>Order Amount</b> 0 Limit: 100 <a href="#">Add to Cart</a> <a href="#">International or Over Max Orders</a></p> <p><b>Download</b> <a href="#">More Information</a></p>

[CDC-INFO on Demand - Publications](#)

## Order for Free: Parent-Friendly Schedules



[MDHHS Clearinghouse \(healthymichigan.com\)](#)

# The Vaccines for Children (VFC) Program

WORRIED ABOUT THE COST OF SHOTS?



The Michigan Vaccines for Children (VFC)

Children can get VFC vaccine at no cost if they are less than 19 years of age AND one of the following:

MEDICAID-ELIGIBLE

UNINSURED

UNDERINSURED

AMERICAN INDIAN OR ALASKA NATIVE

## WHERE CAN I GET VFC VACCINE?

Ask your healthcare provider if they are a VFC provider or contact your Local Health Department:  
[www.Mi.gov/LHDmap](http://www.Mi.gov/LHDmap).

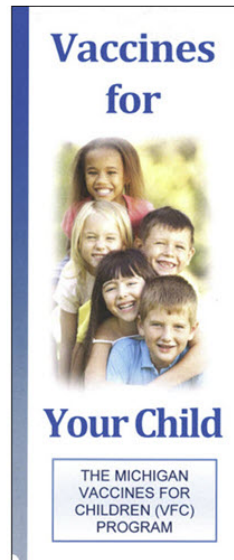
## COULD THERE BE OTHER COSTS?

There is no cost for the vaccine itself. There may be an office visit fee and/or a fee to give each shot. However, **you will not be denied** if you cannot afford the fee per shot.

## Health and Human Services Clearinghouse

[View Cart](#)

Home : Immunizations : Vaccines for Your Child



### Vaccines for Your Child

Item#HP-IM114E

This publication explains the Vaccines for Children program, who may be eligible and how to apply.

- Weekly order limit of 100 pieces
- Rev. 09/20
- 3.75" x 8.5" trifold brochure

Quantity	Price
1	\$0.00

Quantity:

[Add to Cart](#)

- Order free brochures!

[www.HealthyMichigan.com](http://www.HealthyMichigan.com)



# Others Around the Baby



[CDC Whooping Cough Infographic](#)

## Vaccines for Family and Caregivers

[Español \(Spanish\)](#)

A baby's family members and caregivers should be up to date on their vaccinations to help form a circle of disease protection around the baby.

Who can help prevent the spread of disease to babies by getting vaccinated?

- Parents
- Siblings
- Grandparents
- Babysitters and nannies
- And other caregivers

Newborns do not yet have fully developed immune systems, making them particularly vulnerable to infections. Because of this, anyone who is around babies should be up to date on all routine vaccines, including:

- Whooping cough vaccine (DTaP for children and Tdap for preteens, teens, and adults)
- Flu vaccine during flu season

[CDC Vaccines for Family and Caregivers](#)



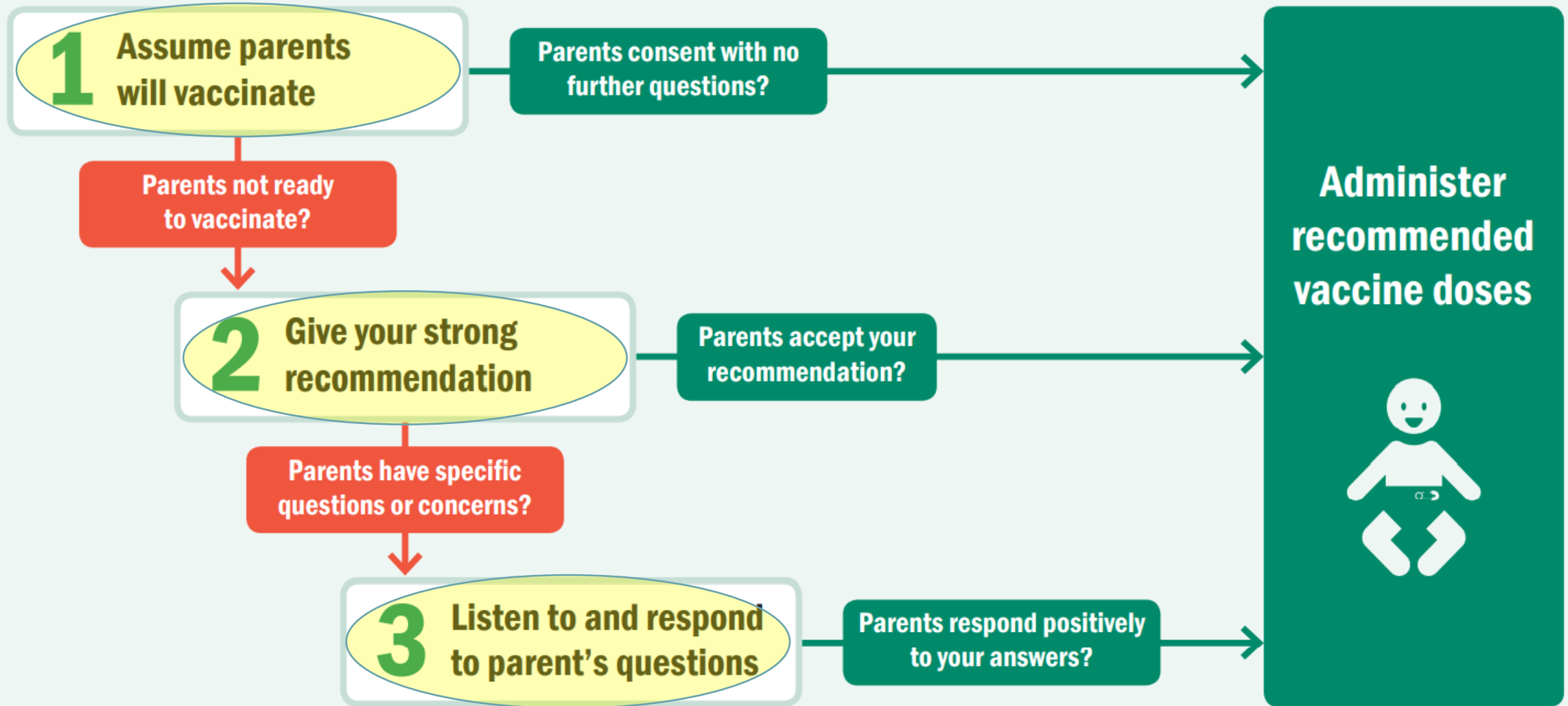
Discussing Vaccines

# Michigan PRAMS Data: Vaccine Intention

Intention to Vaccinate Their Infant	2020	2019
Plan to follow <b>all</b> of their physician's recommendations for infant immunization	80.7%	84.0%
Plan for their infant to get all vaccines <b>but on a modified</b> schedule	4.6%	6.4%
Plan for their infants to get <b>only some</b> vaccines	10.9%	6.7%
Plan that their infants will receive <b>no vaccinations</b>	3.8%	2.9%

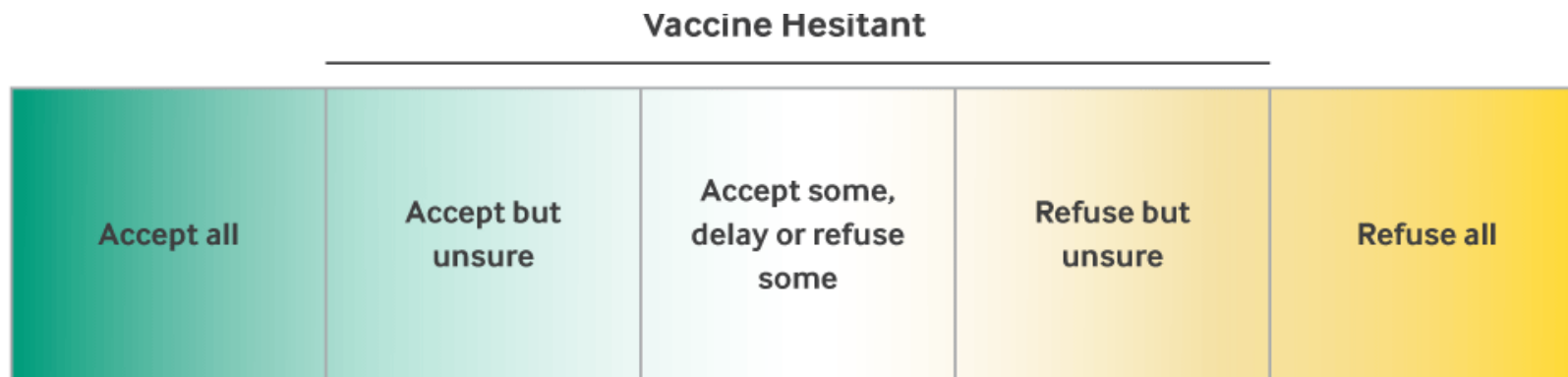
2016:  
87.7%

# Approaching the Vaccine Conversation



# Vaccine Hesitancy

- **Vaccine Hesitancy, defined:** a motivational state of being conflicted about, or opposed to, getting vaccinated;
- No single strategy can address **all aspects** of hesitancy
  - **Motivational interviewing**





*Trust*

Vaccine acceptance  
involves multiple levels  
of trust:

- In the **product (vaccine)**
- In the **provider**
- In the **policy-maker**



# Motivational Interviewing: Ask & Affirm

- **Ask** open-ended questions
  - Pinpoint **their main concern**
  - *What concerns do you have?*
  - *Talk me through how you have decided whether to get a COVID-19 vaccine.*
  - Answer questions and/or encourage HCP discussion
- **Affirmation** helps build trust
  - *I'm glad you've been looking into this.*
  - *It's clear how much you care about your/your baby's health. Many people have reasonable questions about the vaccine.*



# Additional Examples

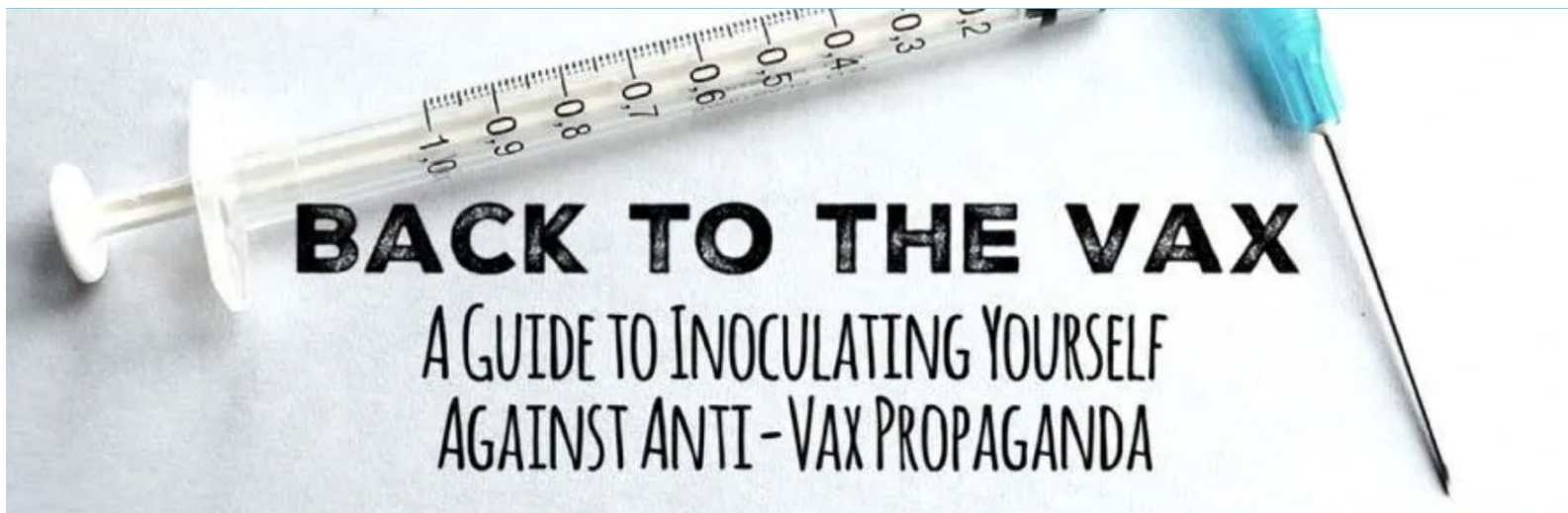
- *On a scale of 1 to 10, how likely are you to get a COVID-19 vaccine? (1 = never; 10 = already have an appointment to get vaccinated).*
  - “Okay, why 4? And why not a lower number?”
  - “What would help you move to a 5 or 6?”
- *I think you know that I feel these vaccines are important. But this is a decision **only you can make.***

# “Former Anti-Vax Moms”: Their Journey Through Hesitancy

- Experience with 2-month vaccines
- Did a few more vaccines but felt “bullied” to vaccinate
- OB/GYN called anti-vaxxers “crazy”
- Losing trust in healthcare
- Social media
  - Sought out support for breastfeeding struggles
    - Joined BF forums, felt supported
  - Entered wellness communities, “crunchy”, “natural parenting”
  - Entered spaces disputing vaccines, using emotional stories
- Delayed more and more vaccines; Then stopped vaccinating

# They Eventually Changed Their Minds

- Having a nurse who was empathetic and listened
- Reading about other moms who changed their minds
- Eventually began vaccinating again and realized their children were okay
- Started a podcast and website



# Keys to success

- Start early (prenatally)
- Be honest (side effects)
- Identify and address the **specific concerns** of the parent
- Meet misinformation with empathy and facts
- Provide reassurance on safety
- Make it personal
- Use stories

# Stories of Vaccine-Preventable Disease

- [Personal Stories - Vaccinate Your Family](#)
- [Personal Stories | Children's Hospital of Philadelphia \(chop.edu\)](#)
- [Alana's Foundation - Alana's Story – YouTube](#)
- [Family Stories About the Effects of Influenza \(familiesfightingflu.org\)](#)
- [Infant and Child Vaccines - Personal Testimonies \(vaccineinformation.org\)](#)
- [Shot By Shot - | Shot By Shot](#)



## GIANNA'S STORY

"If we could go back in time, **we wish we would have gotten Gianna her flu vaccine.** We would like to think that we left no stone unturned... It's a heavy burden to bear wondering if her death might have been preventable."

- **Gianna's mom**

READ GIANNA'S STORY AT  
**SHOTBYSHOT.ORG**  
CA IMMUNIZATION COALITION



A large, horizontal teal brushstroke graphic with a textured, painterly edge, serving as a background for the text.

# COVID-19 Vaccine Updates and Resources

# Now Available: COVID Vaccine for 6 Months+



# Impact of COVID-19 on Children

Among U.S. children **ages 6 months to 4 years**, COVID-19 has caused over:

**2 million** Cases

**20,000** Hospitalizations

**200** Deaths

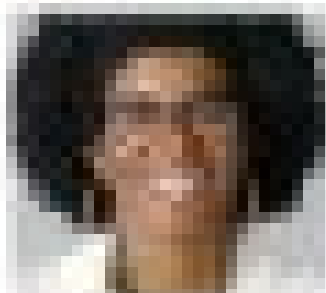
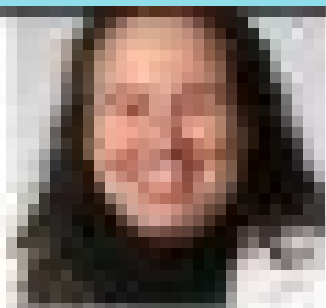


[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

326630-FG

More than half of hospitalized children ages 6 months–4 years had **no underlying conditions**.





# THE CONVERSATION

## KIDS AND THE COVID-19 VACCINES

W. Kamau Bell talks with pediatricians  
about the **COVID vaccines**.

# MDHHS Handout – Great for Parents



## Why vaccinate your child against COVID-19?

Vaccination is an important tool to help protect children from COVID-19.

June 2022

The COVID-19 vaccines help prevent kids from getting severely ill, and protect them from long-term complications or even death. It is likely children will be exposed to COVID-19 at some point. Just like adults, children and teens can:

Get very sick from COVID-19.

Have both short- and long-term health problems.

Spread COVID-19 to others, including at home and school.



**Almost half of children younger than 18 years old hospitalized with COVID-19 have no underlying conditions.** Children who have underlying medical conditions or have a weakened immune system are more likely to get severely ill from COVID-19. These underlying medical conditions include:

- Asthma or chronic lung disease
- Diabetes
- Obesity
- Sickle cell disease

## Children and Teens Can Experience Ongoing Health Problems after COVID-19



After getting COVID-19, whether mild or severe, children and teens can experience a wide range of new, returning or ongoing health problems. Sometimes called Long COVID, these include physical and mental health complications that may occur four or more weeks after initial infection.

Post-COVID (or Long COVID) symptoms can affect quality of life, including:

- Limitations in physical activity.
- Distress about symptoms.
- Mental health challenges.
- Decreased school or daycare attendance.
- Missed opportunities for participation in sports, play dates or other activities.

## COVID-19 Vaccines Are Safe

Vaccines in the U.S. go through strict safety testing. Ongoing safety monitoring shows that COVID-19 vaccination continues to be safe for children and that the benefits of COVID-19 vaccination outweigh known and potential risks.

Some have expressed worries about myocarditis, but the chances of that happening are much higher if the child becomes ill. Myocarditis remains a very rare side effect and one that can be treated with rest or medication.



# COVID Vaccine in Pregnancy


- Misinformation
  - Among women who are pregnant or trying to get pregnant, **72% either believe or are unsure about** at least one of the myths presented.
- Continue engaging


THE CONVERSATION™  
LA CONVERSACIÓN™  
Healthcare Workers On The COVID Vaccines


Search By Topic By Health Care Work


Enter Keywords Pregnancy & Fertility / Embarazo Any

---



5 Things to Know About the COVID-19 Vaccine and Pregnancy 

5 Cosas Que Debes Saber Sobre La Vacuna Contra COVID y El Embarazo 

A large, horizontal teal brushstroke with a textured, painterly appearance, serving as a background for the text. The stroke is wider on the left and tapers towards the right, with visible brush bristles and varying shades of teal.

# Other Vaccines: Talking Points to Enhance Discussions

# PREGNANT PEOPLE ARE DRAMATICALLY UNDERVACCINATED



**1 IN 3**

receive both Tdap  
and Influenza



**1 IN 2**

receive only one



These rates are

**25% LOWER**

for Black and Latina  
populations

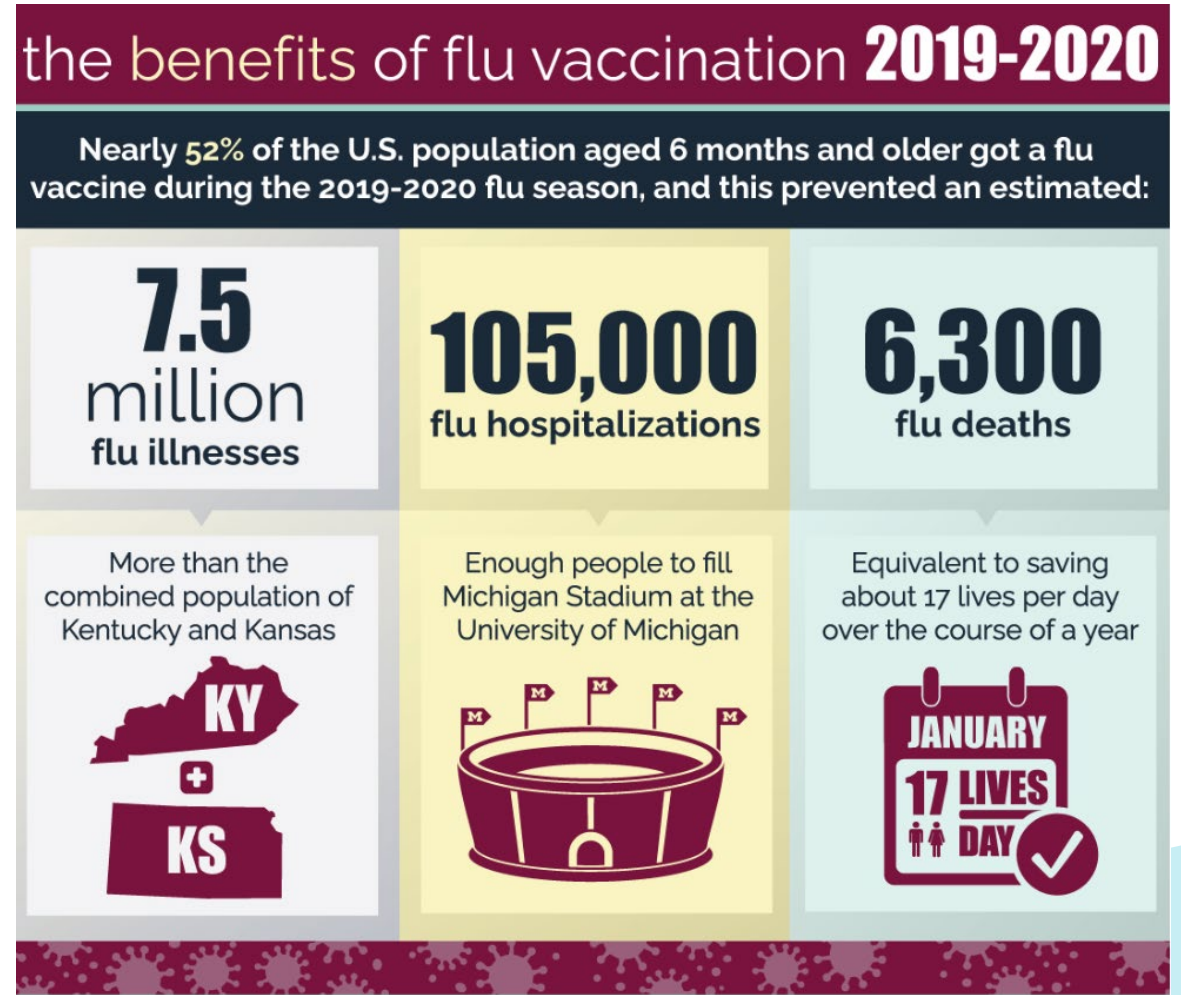
- 38% of pregnant women who didn't get Tdap say **they didn't know** the vaccine was needed in each pregnancy.

# “The Flu Vaccine Gave Me the Flu”

- Acknowledge their experience of feeling ill
- The flu vaccine does not have a live virus in it, so it is **impossible to get the flu from the vaccine.**
- Side effects could include low-grade fever and muscle aches.
  - An **immune response**, not the actual flu.
- It takes 2 weeks to build the antibodies against flu
  - In the meantime, could catch an illness

# Flu Vaccine Effectiveness

- It isn't just about getting the flu or not.
- Prevents other flu-related outcomes
- Estimated Burden **Averted from Flu Vaccination** (2019-2020) →



# Flu Resources – Free to Order!



POSTERS



ONE PAGERS



SPANISH



TOOLKITS



SOCIAL MEDIA



STICKERS/BOOKMARKS



# Delaying/Spacing out Vaccines

- Remind parents that they must start each vaccine series **on time to protect their child as soon as possible (and continue getting each dose of the vaccine series on time)**.
- Extending the time you/your baby are **vulnerable to disease**.
- Alternate schedules are not evidence-based, but the CDC schedule is.



# Ingredients

- All ingredients play **necessary roles either in making the vaccine or in ensuring that the final product is safe and effective.**
- Antigen, preservatives, fats, salts, sugars
- Ingredients in vaccines are also found in:
  - Drinking water, breastmilk and formula (aluminum salts)
  - Jell-o (stabilizers)
  - Our own bodies (formaldehyde)
    - The average newborn has **50–70 times more naturally-produced formaldehyde** in their body than is found in a single vaccine dose.



# FAQs: Handout & Video Series

## 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.

<b>Are vaccines safe for my child?</b>	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.	<b>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.</b>	<b>Is there a link between vaccines and autism?</b>
<b>Can vaccines overload my baby's immune system?</b>	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.	<b>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.</b>	<b>Why do vaccines start so early?</b>
<b>Don't infants have natural immunity? Isn't natural immunity better than the kind from vaccines?</b>	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.	<b>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.</b>	<b>What do you think of delaying some vaccines or following a non-standard schedule?</b>
<b>Do I have to vaccinate my baby on schedule if I'm breastfeeding him?</b>	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.	<b>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.</b>	<b>Why are so many doses needed for each vaccine?</b>
<b>My child is sick right now.</b>	<b>Tell me what's going on. Usually,</b>	<b>Most vaccine side effects are very</b>	<b>What are the side effects</b>

<https://www.cdc.gov/vaccines/hcp/conversations/downloads/recommending-newborn-infant-vaccines-508.pdf>

14		<b>Can Babies' Immune Systems Handle so Many Vaccines?   Fact Check: FAQs on Kids' Vaccines</b> American Academy of Pediatrics
15		<b>How do Vaccines Work?   Fact Check: FAQs on Kids' Vaccines</b> American Academy of Pediatrics
16		<b>Do Vaccines Cause Long-Term Side Effects   Fact Check: FAQs on Kids' Vaccines</b> American Academy of Pediatrics
17		<b>Is it OK to Delay Vaccines?   Fact Check: FAQs on Kids' Vaccines</b> American Academy of Pediatrics
18		<b>Why Vaccinate if I'm Breastfeeding?   Fact Check: FAQs on Kids' Vaccines</b> American Academy of Pediatrics

[Childhood and Adolescent Vaccine Education Series - YouTube](#)

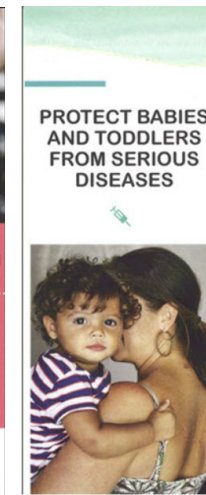
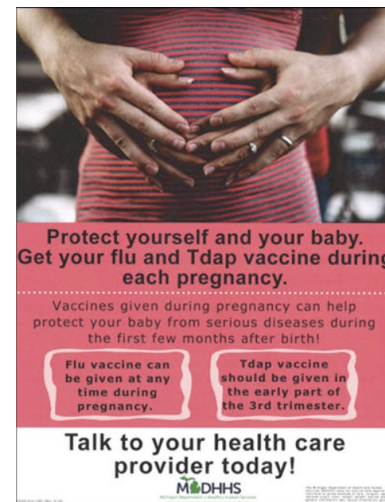


[Why did you get the COVID-19 vaccine while pregnant and/or breastfeeding? - YouTube](#)

[COVID-19 Vaccination — Region 9 Perinatal Quality Collaborative](#)

# Resource List

- [Franny Strong Foundation](#)
- [I Vaccinate \(parent and FAQ website\)](#)
- [Log in | I Vaccinate Provider Toolkit](#)
- [CDC Immunization Schedules for Order](#)
- [MDHHS Clearinghouse](#)
- [Flu-Specific Materials](#)
- [What If You Don't Vaccinate Your Child? \(immunize.org\)](#)
- [COVID-19 and kids: How mRNA vaccines work – YouTube](#)
- [Maternal Health and Inequities](#)



[MDHHS Clearinghouse \(healthymichigan.com\)](http://MDHHS Clearinghouse (healthymichigan.com))

← Order materials for free!

# Resources, Cont'd

- [Handout: Pregnancy and Vaccines](#)
- [Handout: Infant Vaccines](#)
- [Handout: Quick Responses to Infant Vaccine Questions](#)
- [CDC Whooping Cough Infographic](#)
- [AAP FAQ Video Series on Childhood Vaccines](#)
- [How Do Vaccines Work? - YouTube](#)
- [MIHP Companion Guide: Utilization of MCIR in MIHP](#)
- [MIHP MCIR Guidance: Immunizations](#)
- [Maternal Health - Vaccinations \(Trust\)](#)

← Several translations available

Why vaccinate if I'm breastfeeding?|



# COVID Resources

- [Video FAQs: Greater Than COVID](#)
- [6 Things to Know about COVID-19 Vaccination for Children | CDC](#)
- [Resources to Promote the COVID-19 Vaccine for Children & Teens | CDC](#)
- [COVID-19 Vaccines and Pregnancy: Conversation Guide | ACOG](#)
- [COVID-19 Vaccine \(michigan.gov\)](#)
- [Why Vaccinate Your Child \(michigan.gov\)](#)
- [Get the Facts Campaign | National Resource Center for Refugees, Immigrants, and Migrants \(NRC-RIM\)](#)
- [COVID-19 Vaccination — Region 9 Perinatal Quality Collaborative](#)
- [Trusted Voices | World Health Organization](#)

← Several handouts are Available in 40+ languages

*Thank you!*