Roll Up Your Sleeves and Roll Out Your Messages: CDC Key Activities and Resources to Promote Immunizations Across the Lifespan

Kristine M. Sheedy, Ph.D.
Associate Director for Communication for Science

NPHIC Symposium
September 2012
Objectives

- Provide a high-level overview of CDC’s efforts to promote immunization across the lifespan
  - Childhood, adolescent, adult and influenza immunization communication
    - Priorities
    - Activities and resources
  - Outbreak communication support and technical assistance
“We spend the first twelve months of our children's lives teaching them to walk and talk and the next twelve telling them to sit down and shut up”

- Phyllis Diller
Reinforcing the Social Norm Around Childhood Immunizations

• Continued work related to parental acceptance of infant immunizations
  – National vaccine coverage rates high; less than 1% of our nations’ children are zero-dose kids
  – Substantial conflicting and concerning information available to parents about the safety and necessity of immunizations
  – Full and complex immunization schedule
  – Lack of disease awareness
  – VPDs such as measles and whooping cough remain a threat
  – Children who are unvaccinated are at risk
Provider Resources for Vaccine Conversations with Parents

- Information to help healthcare professionals talk to parents about:
  - Vaccines
  - Vaccine-preventable diseases
  - Vaccine safety

- Resources healthcare professionals can give parents

www.cdc.gov/vaccines/conversations
CDC Childhood Immunization Campaign

• Direct-to-parent campaign
• Based on input from parents
• **English: Immunization. Power to Protect.**
  • 1 30 second TV PSA
  • 2 Radio ads in 30 and 60 seconds
  • 2 Print ads
• **Spanish: Con salud, todo es posible. Vacune a sus hijos.**
  • 1 30 second TV PSA
  • 2 Radio ads in 30 and 60 seconds
  • 2 Print ads
• **Downloadable from:**
  www.cdc.gov/vaccines/cdcmediaresources
  www.cdc.gov/vaccines/events/niiw/print-materials.html
Parent Friendly Website

• Designed based on parent input

• Risk communication approach: balanced presentation of risks & benefits

• Layers of information so parents can get as little or as much information as they need

www.cdc.gov/vaccines/parents
More Parent-Targeted Resources

- Video
- Well Child Visit Tracker
- Parent-friendly schedules

Get the Picture: childhood immunizations

Grow Up Healthy!

2011 Recommended Immunizations for Babies

Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

2011 Recommended Immunizations for Children from Birth Through 6 Years Old
CDC Childhood Immunization Champions Award

- Annual award started in 2012
- Honors individuals who make significant contributions to public health through work in childhood immunizations
- Up to 1 *Champion* per state and DC
- Recipients announced during NIIW
  - 2013 Proposed NIIW/VWA Date: April 20-27, 2013

[www.cdc.gov/vaccines/events/niiw/champions/childhood.html](http://www.cdc.gov/vaccines/events/niiw/champions/childhood.html)
Pre-Teens and Teens

“As a teenager you are at the last stage in your life when you will be happy to hear that the phone is for you.” - Fran Lebowitz
Priority for Pre-teens and Teens: HPV Vaccine Coverage Among Girls

• Increasing HPV vaccine coverage and series completion among girls
  – CDC recommends four vaccine for pre-teens and teens: tetanus-diphtheria-pertussis (Tdap) vaccine, meningococcal conjugate vaccine (MCV4), human papillomavirus (HPV) vaccine, and an annual influenza vaccine
  – 2010 vaccine coverage data show overall improvement for the tetanus-diphtheria-pertussis (Tdap) vaccine, as well as for the meningococcal conjugate vaccine (MCV4) among adolescents
  – However, far too few U.S. girls are getting the HPV vaccine, a life-saving vaccine that can protect them against cervical cancer
  – “perfect storm” of barriers
Estimated Vaccination Coverage, Adolescents 13-15 years, 2006-2011
NIS-Teen

* Target is 90% for 2 doses of varicella; ≥1 HPV is not an HP 2020 objective.
** Baseline for HP 2020.
Evidence-Based Communication Campaign

- Developing messages, content, and materials based on audience research
  - Focus groups with moms
  - IDIs with immunization providers
  - Online surveys of parents
  - Message testing with parents and providers
What's available right now

Resources for providers

Free PSAs for TV!

In-depth HPV fact sheet!

Cool posters in Spanish and English
**NEWS AND FEATURES**

Copyright © 2012, The American Academy of Pediatrics

**HPV vaccine can’t wait**
Immunization of younger teens is critical to preventing serious cancers later in life

Anne Schuchat, M.D. and Michael T. Brady, M.D., FAAP

---

**Increasing HPV Vaccine Coverage**
Providers can take steps to ensure that cervical cancer does not develop in this generation of girls at the rates of their mothers and grandmothers.

*CDC Expert Commentary, December 2011*

---

**HPV Vaccine Now Recommended for Boys and Young Men**
Help parents understand why boys should start the HPV vaccine series at age 11-12 years.

*CDC Expert Commentary, March 2012*
Looking Ahead

- Working with nurses
- Making the cancer connection
- Resources for provider conversations/recommendations
- Message testing with preteens and teens
- New materials
- Increasing digital reach
Adults

“Gray hair is God's graffiti.” ~ Bill Cosby

“You know you're getting old when the candles cost more than the cake.” ~ Bob Hope
Adult Immunizations

• High burden of VPDs among adults
• Vaccines are recommended for adults to prevent diseases such as influenza, shingles, pneumonia, whooping cough and even cancer.
• Vaccinating adults can prevent illness in the vaccinated adult, but can also prevent the spread of illness to others (e.g. Tdap and flu vaccines).
• However, far too few adults are receiving the vaccines recommended by CDC:
  – Tdap vaccination coverage for persons aged 19-64 years = 8%
  – Pneumococcal Vaccine coverage among high-risk adults aged 19-64 years = 19%
# Coverage Estimates for Adult Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Healthy People 2020 Targets</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal adults</td>
<td>90%</td>
<td>59.7%</td>
</tr>
<tr>
<td>Non-institutionalized adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>30%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Influenza adults ≥ 18</td>
<td>80%</td>
<td>41.1%</td>
</tr>
<tr>
<td>High risk adults age 18-49</td>
<td>90%</td>
<td>35.4%</td>
</tr>
</tbody>
</table>
Barriers to Adult Immunization

- Lack of awareness of vaccine recommendations for adults among patients and providers

- Wide array of sources of medical care
  - Some of whom may not see themselves as vaccine providers

- Preventive care may not be priority, especially among specialists

- Much competition among health issues...
  - For limited physician time
  - For consumer attention

- Many uninsured adults 18-64 years old
Barriers to Adult Immunization

- **Adult vaccine schedule is complex**
  - Especially for certain occupational and medical target groups
  - Risk and age-based

- **Multiple products**
  - An “immunization schedule” and individual vaccinations
  - Some vaccines more known than others (e.g., flu vaccine)
  - Vary on many dimensions (e.g., cost, timing, dosing, perceptions)

- **Limited public health resources for adult immunization**
  - Pediatric purchases on federal contracts in Dec 2010-Dec 2011: $3,535 billion (includes both Vaccines for Children (VFC) and 317 program funds)
  - Adult vaccine purchases by states using 317 program federal funds: $44 million
Selected Adult Immunization Program Opportunities

- Affordable Care Act emphasizes preventive services and coverage for ACIP recommended vaccines
- Increasing access and opportunities to vaccinate adults
  - E.g., pharmacies, other retail locations, work sites
- Opportunities to expand communications/outreach to adults and adult providers
- Bundling medical/preventive services to improve integration of vaccination with other patient care
- Many interventions known to increase vaccination rates
Strategies to Improve Adult Vaccination Uptake

- **Strong recommendation from trusted healthcare provider**
- **Convenient access** (e.g., clinician offices, pharmacies, schools, workplaces)
- Reduce barriers for billing and receiving reimbursement for all vaccine providers
- Enhance partnerships with community groups and coalitions to vaccinate hard-to-reach populations
Establishing an Adult Immunization Communication Program

• Planning and implementation of a formal campaign to promote adult immunizations
  – Strong focus on at risk adults age 40 and older
    • Including addressing racial/ethnic disparities
  – Will also work with partners to target pregnant women
  – Emphasis on reaching the healthcare providers who serve these populations (including pharmacists)
• Desired Outcome: To make immunizations part of the standard of preventive care for adults like recommended cancer screenings, maintaining a healthy weight, and getting regular exercise
Resources

- Some available now at
  - [www.cdc.gov/vaccine](http://www.cdc.gov/vaccine)
  - Print, video, digital
  - Immunization scheduler tool

- More to come!
Influenza Vaccination for People of All Ages

Protect the Circle of Life

Your Flu Vaccine Protects Me
My Flu Vaccine Protects You

- The flu vaccine is safe. You can't get the flu from a flu vaccine.
- The flu is the fourth leading cause of death among American Indians.
Influenza Vaccination Communication Plans for the 2012-13 Flu Season

Goals and Messages:
• Steady increases in vaccination over time
• Promote vaccination throughout the flu season
• Universal vaccination recommendation for everyone 6 months and older
• Special focus on people at high-risk for complications from flu
• Address disparities in vaccination coverage
• Vaccine safety

General Audience – multi sector national partners
• Phased Approach (fall, NIVW, winter/spring)
• Promotion and materials distribution

Underserved Populations – multi sector grassroots partners
• Continuous flu promotion, culturally relevant materials distribution, and flu clinic activities to address health disparate populations
General Audience Campaign: Special Events

- **NFID Flu Season Kickoff**
  - September 27, 2012 Press Briefing

- **National Influenza Vaccination Week (NIVW)**
  - December 2 - 8, 2012
  - [http://www.cdc.gov/flu/nivw](http://www.cdc.gov/flu/nivw)
  - Partners are encouraged to submit flu events on CDC’s website
Partner Resources

New!
Partner’s Page on CDC’s Influenza Website

http://www.cdc.gov/flu/partners/
http://www.cdc.gov/flu/freeresources/index.htm
http://espanol.cdc.gov/enes/flu/freeresources/index.htm
Outbreak Communication Support

- During outbreaks states often reach out to us for materials (PSAs, posters, etc.) and other communications assistance
  - Don’t miss Wednesday afternoon’s session on pertussis!
- We plan to develop a library of resources that state and local partners can utilize during outbreaks of VPDs.
- We want your input!
THANK YOU!

Brothers who get immunized together, stay together
Utah Measles Outbreak

Tom Hudachko
Utah Department of Health
Measles - Background

- Caused by a virus
- Vaccine preventable (MMR)
- Highly contagious – 90% of unvaccinated exposures will get disease

Transmission: respiratory
  - Coughing
  - Talking
  - Breathing
Measles - Background

- Incubation: 7-18 days
  - From exposure to onset of symptoms
- Infectious period: Four days prior through four days after rash onset
- U.S. Incidence:
  - 50 cases/year
- Worldwide Incidence:
  - 10 million cases/year (200,000 deaths)
- 2011 U.S. Cases: 224
Measles - Prevention

• Vaccination!
  • 1st dose 12-15 months
  • 2nd dose 4-6 years

• Utah Vaccine Statute
  • Must have both doses prior to entering school (k-12)
  • Statute allows for exemptions: medical, religious, philosophical
  • Exclusion of exempt students

• Utah MMR Vaccine Rates
  • 96.4% adequately immunized
  • 3.1% exempt
2011 Utah Outbreak

- Last known cases: two in 2002
- 2011 Outbreak:
  - 15 total cases in three counties
  - 2-48 years old
  - Mean age: 19 years old
  - 1 hospitalization, no deaths
- Epi investigation:
  - Contacted 14,400 known exposures
  - Asked 197 people to “isolate” themselves for 21 days
2011 Utah Outbreak

• April 5, 2011, first positive case reported
  • No travel reported, unknown origin
  • Begin searching for index case

• April 8, index case identified
  • Recent travel to eastern Europe
  • Unvaccinated
  • Ended up infecting 5 additional cases

• Additional cases identified, but no known exposure to index case
Communication Efforts

• Primarily limited to news releases and media briefings
  • 4 total news releases, briefings as warranted

• Moms and MMR
  • Seize on the outbreak to proactively message in other areas

• “Measles Mary”
  • Attended two large community events during infectious period potentially exposing thousands
  • Partnered with Poison Control Center on contact investigation
Communication Challenges

- Coordinating message with schools
- Isolate v.s. quarantine and how long
- Social Media & Highschoolers
- Adhering to HIPAA when info is already out
- Keeping front-line staff updated
- Vaccination status – not 100%
Opportunities

• Increase vaccination rates
• Strengthen statutes
• PH emergency fund
  • At least $300k ($20,000 per confirmed case)
  • Staff time
  • Vaccine
  • Lab tests
Tom Hudachko
thudachko@utah.gov
Utah Measles Outbreak

Tom Hudachko
Utah Department of Health
Measles - Background

- Caused by a virus
- Vaccine preventable (MMR)
- Highly contagious – 90% of unvaccinated exposures will get disease
- Transmission: respiratory
  - Coughing
  - Talking
  - Breathing
Measles - Background

• Incubation: 7-18 days
  • From exposure to onset of symptoms

• Infectious period: Four days prior through four days after rash onset

• U.S. Incidence:
  • 50 cases/year

• Worldwide Incidence:
  • 10 million cases/year (200,000 deaths)

• 2011 U.S. Cases: 224
Measles - Prevention

• Vaccination!
  • 1\textsuperscript{st} dose 12-15 months
  • 2\textsuperscript{nd} dose 4-6 years

• Utah Vaccine Statute
  • Must have both doses prior to entering school (k-12)
  • Statute allows for exemptions: medical, religious, philosophical
  • Exclusion of exempt students

• Utah MMR Vaccine Rates
  • 96.4% adequately immunized
  • 3.1% exempt
2011 Utah Outbreak

- Last known cases: two in 2002
- 2011 Outbreak:
  - 15 total cases in three counties
  - 2-48 years old
  - Mean age: 19 years old
  - 1 hospitalization, no deaths
- Epi investigation:
  - Contacted 14,400 known exposures
  - Asked 197 people to “isolate” themselves for 21 days
2011 Utah Outbreak

- April 5, 2011, first positive case reported
  - No travel reported, unknown origin
  - Begin searching for index case

- April 8, index case identified
  - Recent travel to eastern Europe
  - Unvaccinated
  - Ended up infecting 5 additional cases

- Additional cases identified, but no known exposure to index case
Communication Efforts

• Primarily limited to news releases and media briefings
  • 4 total news releases, briefings as warranted

• Moms and MMR
  • Seize on the outbreak to proactively message in other areas

• “Measles Mary”
  • Attended two large community events during infectious period potentially exposing thousands
  • Partnered with Poison Control Center on contact investigation
Communication Challenges

- Coordinating message with schools
- Isolate v.s. quarantine and how long
- Social Media & Highschoolers
- Adhering to HIPAA when info is already out
- Keeping front-line staff updated
- Vaccination status – not 100%
Opportunities

• Increase vaccination rates
• Strengthen statutes
• PH emergency fund
  • At least $300k ($20,000 per confirmed case)
  • Staff time
  • Vaccine
  • Lab tests
Roll Up Your Sleeves…
Roll Out the Message!

NPHIC/CDC Joining Forces for Effective Immunization Communication

Tim Church, Director,
Office of Communications
Washington State Department of Health

October 2, 2012
NPHIC Symposium - Washington, DC
LITTLE MAN, WHAT NOW?
Yep, a measles shot! One of our "mini" protesters goes down to defeat . . . fighting! (See pages 4 & 5)
Working Together for Healthier Communities

- Foster collaboration
- Enhance immunization communication and media outreach capacity among partners
- Apply best practices and science-based research to immunization communication
- Develop capacity to respond to everyday situations and emerging issues
- Increase awareness and skills
- Get more people vaccinated
Key Activities for the Coming Year

- More Virtual Immunization Communication VICNetwork webinars
- Expanded online resources
- Training and technical assistance
- Promote National Immunization Awareness Month
VICNetwork Webinars

- Four scheduled, and possibly two more on emerging issues
- Coordinated by California Immunization Coalition
- Focusing on timely and critical immunization issues
- Current network consists of more than 3,000 PIOs, immunization managers and others
- www.vicnetwork.org
Expanded online resources from NPHIC

- Pandemic Flu library to include seasonal flu resources
- Immunization site expanding to include information about immunization through the lifespan
- NPHIC members and partners will be encouraged to submit items for these online resources
- Expanded resources will be widely promoted
Training and Technical Assistance

• New media toolkit will be online soon
• Additional modules will be developed:
  — Outbreak communication
  — Ethnic media outreach
  — Adult immunization
• Media training will be offered at existing events
• Targeted to PIOs, immunization program mgrs. and coalition partners
National Immunization Awareness Month

• Observed every August to increase awareness of importance of immunization through the lifespan
• New resources will be developed to build media outreach capacity
• National virtual press event may also be held
What’s Next?

• Survey Monkey survey launched in October to assess communication, education and resource needs of:
  — NPHIC members
  — Immunization program managers
  — Immunization coalition partners

• Survey results will inform planning

• Watch for an announcement soon!
What Next?

• New NPHIC Immunization Committee being formed now (to be chaired by Yours Truly!)

• Committee will assist with planning, implementation and evaluation of NPHIC/CDC immunization communication activities

• Members will help shape national immunization communications (and have some fun doing it!)
Contacts

Tim Church, timothy.church@doh.wa.gov
John Stieger, jstieger@nphic.org