Association of Immunization Managers

Combined AIM-AAP Partnership Meeting
February 7-9, 2023
Limited Hotel, Charleston, South Carolina

The Association of Immunization Managers (AIM) hosted a meeting to bring together AIM members, American Academy of Pediatrics (AAP) members and Centers of Disease Control and Prevention Immunization Services Division (ISD) leadership to discuss COVID-19 vaccination in children. The day and a half meeting included a presentation from AAP's Dr. Lynn Olson on the changing demographics of children in America, and current AIM and AAP COVID-19 immunization projects and priorities. There was robust discussion and sharing of opportunities and challenges among the meeting attendees, including 9 AAP members, 15 AIM members, 2 AAP Staff, 11 AIM Staff, and 2 CDC Leaders (see attached attendees list for details).
The notes below are a summary of the discussion and breakout groups conducted on February 8-9, 2023.

- Agenda
- Attendee List

Presentations:

1. Who are America's Children Today? -Dr. Lynn Olsen, AAP
2. AAP presentation of COVID-19 and routine childhood immunization projects - Sunnah Kim and James Baumberger, AAP
3. AIM presentation of COVID-19 and routine childhood immunization projects and overview of regional Vaccine Access Cooperative (VAC) meetings - Claire Hannan, AIM
4. Group discussion of topics recommendations for regional VAC meeting and potential speakers – Michelle Fiscus, MD, AIM

Brainstorming Collaboration Ideas:

Dr. Fiscus lead a discussion to find collaboration opportunities for AIM and AAP. Meeting attendees identified 12 activities for potential collaboration and then voted to determine which should be the focus of AIM and AAP collaborative efforts going forward: ****Bolded** responses have been identified as primary areas of focus.

Collaborative Idea	Number of Votes
1. Work to reduce state specific barriers to VFC enrollment	**18**
2. Strengthen AIM/AAP relationship through an information workgroup to continue conversations	**16**
3. Improving access to childhood vaccines while preserving the medical home	**13**
4. Respond to state-level legislative concerns	**12**
5. Ensuring equitable delivery of private v. VFC stock	**12**
6. Address pediatric vaccine deserts	6
7. *Fill the AAP Chapter Immunization Representative (CIR) Map* (currently 35 out of 64 Jurisdictions) **– *Agreed upon prior to voting as a priority to happen in the short term***	3

8. Help capture unique state/jurisdiction considerations (re: COVID-19 vaccinations)	2
9. CIR/Immunization Program partnership on educational efforts	2
10. Consider alternative vaccination sites, hospital, ED, community centers, specialty clinics	0
11. Discuss economics of COVID-19 vaccine commercialization and coupling with the VFC participation	0
12. Flexibility to allow COVID-19 only VFC providers (like flu only VFC providers)	0

Comments from the brainstorm activity:

- Vaccines drive well-child checks
- The VFC needs to be easy to enroll in and easy to remain in
- In rural areas you have to include family physicians because they are the pediatric doctors in those areas
- There needs to be a requirement to have the vaccine entered in the IIS at the pharmacy as well
- Pharmacies need to be equitably offering vaccines- private and public
- Vaccines need to be payment not a reimbursement. All services associated with vaccination need to be paid for
    - The AAP has a statement on the business case for providing vaccinations that says a vaccine payment needs be at 17-22% above the vaccine cost -this needs to be the case in order for pediatricians to provide sustainable service
- Adults are key – if the adult is vaccinated then the kids are vaccinated

#2 – Workgroup Sign-up *(The list of participants who agreed to be members of the workgroup)*

First Name	Last Name	Email	Organization
Kimberly	Avila-Edwards	KAEdwards@ascenoion.org	AAP
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Heather	Roth	Heather.roth@state.co.us	AIM
Michelle	Fiscus	mfiscus@immunizationmanagers.org	AIM/AAP

Breakout Group Discussions:

The participants rotated through 3 separate breakout group discussions lead by Dr. Fiscus, Katelyn Wells, MD, and Emily Messerli, MD. The discussion groups focused on the following topics:

A. Opportunities and challenges with COVID-19 vaccine commercialization
B. Strategies for routine and COVID-19 immunization catch-up
C. Improving immunization equity and access through partnerships

Breakout Group A: Opportunities and challenges with COVID-19 vaccine commercialization
Below are the discussion group questions with a response summary.

What are the potential benefits of vaccines becoming commercialized?

- From the Public Health view if the vaccine is moved to private then there will be less of a lift for the immunization programs
    - This will take a huge burden off the local health departments
        - There will no longer be two separate programs with VFC and COVID-19
- Commercializing may cause competition for the price
- Adds creditability to the vaccine because it becomes one of the "regular" vaccines.
    - The more we normalize it the more they will be accepted
    - VFC providers do have to offer all ACIP vaccines – this my help VFC providers to be COVID-19 providers
- They won't be able to sell the EUA vaccines so all the vaccines will need to be approved
- Hopefully, this will benefit kids to get vaccinated because there will be VFC access. It will remove the extra appointment at a different location

What are the potential challenges?

- There is no benefit if they are required to have private stock
- "You will lose probably half of the VFC providers"
- What is the down streaming impact on kids if they can't have access to the vaccine?
- If the CFOs are making the decisions for hospitals then peds will be in jeopardy as they are only going to look at the bottom line
- There will be a large loss of providers if the VFC requires private stock at its current price
- The cost will be more than most pediatric practices could handle
- Don't penalize for COVID-19 vaccine for wastage
- Staffing shortages – its already an issue and this is going to only get worse
- You will see a significant delay in uptake from pediatricians until they know what the payment from insurers will be
- Providers want to know if the state can purchase up front and "prime the pump"
- It will be the same for adult programs (the 317 programs) –they may have to pay for it at the expense of purchasing other vaccines

For pediatricians currently providing COVID-19 vaccinations, is commercialization likely to cause a shift in their current practice?

- "There are a lot of folks in the community who don't feel that it will be worth it"
- "The requirement of having to purchase private vaccine stock with the VFC program will be cost prohibitive and will cause some to drop VFC because they cannot afford it"
- What happens with big system hospitals? Would they drop VFC for all their sites if the commercialization of COVID-19 vaccination requires purchase of private stock?
    - The hospitals may stop vaccines altogether for kids
    - Kids don't make hospitals money so they don't invest
- A solution could be to set up state branches to be re-distribution centers just like when COVID-19 launched
- There is a larger concern if we allow an opt out system for COVID-19 vaccine then it will shift away from public health confidence for COVID-19 and potentially other vaccines. Ability to opt-out of COVID-19 vaccines may lead to arguments to opt out of other ACIP recommended vaccines

With commercialization, pharmacies will lose the ability to vaccinate children who qualify to receive vaccines through VFC. What are the considerations for this change?

- Pharmacies gave about 50% for COVID-19 in kids
- Pharmacies are good at motivating those who want to get their vaccine Pharmacies will cause a medical home access issue, especially for Latino/Hispanic communities who are already less likely to seek preventive medicine services

Do you think commercialization will have a positive or negative impact on the VFC program?

- In the short term it could be a problem
- The uptake is going to be slow
- The big barrier is the economical part
- There isn't a good understand of where we are the VFC providers. Over time we have lost a sizable number of providers. Why is this and can we find out using current data?
- The unanswered question of what the cost will be is huge
- "COVID is a different beast to other vaccines – it's a hard one to get people to take or have their children take. The messaging from Public Health is not coming in because of mis/dis-information"
- "The urgency created the want and once it opened up to everyone there was a major drop in up-take of the COID-19 vaccine. This is not going to change with commercialization. People who wanted the vaccine have taken it"

Any other thoughts on the impact of commercialization of pediatric COVID-19 vaccines?

- "Children are just as valuable as adults. Why don't you give the same support?"
- "Could we just federalize vaccines and make them a universal purchase?"
- Bring the people to the table who need to be there
- "We are creating our own barrier to getting our children vaccinated"

Breakout Group B: Strategies for routine and COVID-19 immunization catch-up

Below are the discussion group questions with a response summary.

How do you think we can best integrate COVID-19 vaccination into routine well child care? What are the barriers to success?

- Low rates are not based on a lack of opportunity to get the vaccine but instead a VERY low demand
- Parents do not see COVID-19 as a threat to their children
- First two years of pandemic we told parents the kids were not at high risk
    - How do we change that perception on a dime?
- Utilizing key techniques like motivational interviewing with parents and giving them the strength to ask questions and make decisions
    - Talking about disparities and being culturally competent when talking to parents is very important in getting them comfortable with vaccinating their children
- Counseling of the parent, discussion, etc. takes a lot of time because there is more hesitancy; starting to be like flu in that "I'll take all the other vaccines but not flu"
- Barriers for COVID-19 are very different than those of the other vaccines; the vaccine presentations, brands, etc.
- Sandwich in COVID-19 with other vaccines due at the time of the visit so that it is not an after thought
- Disinformation is prominent
- Need to "normalize" it to the point of being no different than Hib or other vaccines
- Similar to HPV being first marketed as an STD vaccine, a lot of work had to be done to change the message about a cancer prevention vaccine; COVID-19 is way harder because there is so much mis and dis information out
- COVID-19 became so politicized so it will be years before any public perception changes
- Consistent and frequent information helped with COVID-19 to get us where we are
- Public health has restrictions on use of social media so it's hard to curb the mis and disinformation
- "Can't make it part of regular care until we know what the goal is for moving forward; still in the emergency mode but no one knows what next year looks like"
- Until it is on the ACIP vaccine list it will be hard to integrate
- Even in practices that are routinely offering it, there is still a very low uptake
- Original messaging was to not worry about kids but now we're needing to change that messaging

Are there novel approaches you've seen work to improve childhood/COVID-19 vaccine uptake?

- Are conversations about routine vaccines different than for COVID-19?
    - No, but the difference in the parents' perspectives of all vaccines have changed. The conversation stays the same, but now there is a lot more hesitation
- Repeated conversations about the vaccine until they decide to get vaccinated; continue bringing it up and talk about how much you both care about the child

- Parents appreciate when the provider will take the time to talk about the vaccine and address the concerns the parent has. This is incredibly powerful
- Sandwich in COVID-19 with other vaccines due at the time of the visit so that it is not an after thought
- Parents ask "what is required for school" which then leads some parents to say they only want the ones required for school
- Need to "normalize" it to the point of being no different than Hib or other vaccine
- $10 Amazon gift cards
- $25 fuel cards (meet a basic need)
- In MD, they send flu vaccine to ALL VFC providers and that has helped rates, plan to do the same with COVID-19 when it becomes part of VFC; push model
- Mandates worked for awhile
- DC "no shots no school" had to postpone the mandate for schools because of the mayor giving a one year grace which hindered demand
- Buy-in from educators and schools

What about school-located vaccine clinics?

- Parents like when things are "convenient" so this is a good thing
- Need to repeatedly share the information and safety before the clinic to educate parents
- Funded community based organizations allowed for trusted partners to bring vaccine to a trusted space; convenient and trusted; especially in rural areas
- When offering only COVID-19, the clinics were not as successful as when all vaccines were available
- A lot of success in schools when working with athletic departments; get kids up to date who are out of compliance and focus it on sports
- Student champions was very good strategy
- Legal barriers with school boards and education centers
- Some schools under attack and don't want any additional controversy, regardless of who comes in and does the vaccination
- COVID-19 "navigators" in schools did testing also assisted in vaccination (D.C.); will be going away when funding stops
- Trusted messengers
- Electronic consent for parents to choose vaccinations ahead of time and not have to be on-site for vaccination
- Easier with COVID-19 because there is no cost associated at all so no billing needs to be set up
- Trusted place for information; even if not doing a clinic, providing education to parents can be impactful
- School setting allowed for staff and parents to also get vaccinated

For those in practice, how do you approach conversations about COVID-19 and routine childhood immunization catch-up? Are the approaches different?

- Stop the differentiation of primary versus booster; need to decide on one, two, or three doses; monovalent vs. bivalent, etc.
- Hard to make a clear recommendation when things are so different based on COVID-19 presentations. There is a lot of clinical decision factored in so it is difficult for even providers to talk about let alone be confident about the recommendation
- Lack of trust in a vaccine that does not prevent transmission; hard to mandate something that does not stop the spread of the disease
- Going from the individual protection versus herd immunity; herd immunity will not be possible
- Responding to a novel virus; the virus changes and we need to change the tactics too; public health and government was viewed as the ones changing their minds, but it was the virus
- You would think that the presence of a deadly disease and seeing people die would be impactful on vaccination rates
- If a kid comes in and no other vaccines are needed, COVID-19 will be talked about
- In some situations it is approached differently because the reasons for parent's being hesitant are absurd; it's a different conversation entirely
- Providers are feeling repeated moral injury when having these conversations and they are tired of fighting
- High population of medical providers who don't believe in the vaccine, even if they themselves have gotten the vaccine; does not create an environment of promoting vaccine

Any other thoughts on how to approach routine and COVID-19 vaccination catch-up?

- Mobile vans and other pop-up clinics are going away so trying to message the need to go to providers for vaccines
- EHR tools that show care gaps; need to leverage those tools that exist that can help when a kid is in for something else to be able to educate and provide opportunity for vaccination (i.e., Offer a vaccine when they're in for a sprained ankle, not just at the well visit)
- What is the kid due for at the time of a non-traditional visit and how can we capitalize on it at the time
- Screen patients for vaccinations; if you don't ask you don't get them vaccinated; IIS is not always updated so asking those questions every time is important
- Query vaccine registries to fill in gaps and see what is needed; offering the vaccine too at every visit regardless of what the visit is for
- Specialty care providers are seen as "medical home" in some situations; if those providers are not also talking about the vaccine then there are gaps in the information and opportunity
- Framing the conversation and being confident can really help not "do you have questions or concerns" but instead "you child is due today, can we get them caught up while you're here today"
- Dentists and other alternative vaccinators that can still deliver education and vaccinate
- Who are the providers who have previously been non-vaccinators but then changed the rules with COVID-19; how do we leverage them?

- There is so much "bad" information online that makes people more hardened to deaths from COVID-19
- Constant messaging of how things are better now because of vaccines that have been around forever
- Mandates work; even with the decrease in kindergarten rates, we know that mandates work; enforcement varies though so it is only as good as it is enforced
- Too political to mandate COVID-19 and now that momentum is creeping into routine vaccines
- Needs to be ACIP recommended (on the schedule) and not under EUA
- Until it becomes "routine" COVID-19 vaccine uptake won't budge
- Single dose vials are key; the economic impact is catastrophic
- Would it be better to have a combo vaccine? Flu-COVID combined vaccine? Flu-COVID-RSV vaccine (seasonal respiratory vaccine)

Breakout Group C: Improving immunization equity and access through partnerships

Below are the discussion group questions with a response summary.

Do you know of novel partnerships that have been successful in reaching historically marginalized populations to improve equity in vaccine access?

- County executives
- County judges
- School district partnerships
- Vaccines at churches
- Amish country – met with Bishop leadership
- Student champions in school clinics for all vaccines
- Partner with the department of corrections
- Native speaker Spanish translators
- Minority populations vaccinated – start at the church
- HIV prevention programs have successes to share
- Ambassador program – community health workers in the front of the buildings for vaccines
- Family relationships – easier to talk about vaccines rather than expect them to just come in on their own
- Conversations happen right outside where vaccines take place

Given the politicization of COVID-19 vaccines, do you think school-located vaccination is an option in your state?

- Not viable in Texas
    - Mandates not well received
    - Parents need to be there to ask questions
- Kansas
    - Schools are being attacked for curriculum and more, so proposing a school located clinic would be a very hard sell
    - Extremely politically unfavorable
    - Public school funding is in doubt right now
    - All about parents choice
- Hawaii

    - Giving vaccinations in schools primarily for flu, but have added COVID-19
    - Voluntary, nothing mandated
    - COVID-19 upped technology
    - Department of Health did old-school vaccinations, year-round effort
    - Hoping COVID-19 and flu can happen at schools
    - Big question: Availability and funding
- Great success with vaccinating kids in schools because of partnership with the districts
- Norm across Navajo to have school-based vaccination
- School-based vaccinations have better success in areas with underserved kids
- County health department did vaccines at school – superintendent faced tons of backlash

What messaging needs to be done to encourage parents, especially those from historically marginalized communities, to get their children vaccinated against COVID-19? Who should deliver that messaging? How do we get it to them?

- Reframe question to what are the inequities that are present
- You have to ask what people are concerned about and the answers are so different
- We can't underestimate the voice of physicians
- Access is inequitable, but the voice in communities is huge
- Immunize the whole family
- Kids love to see the adults get vaccinated
- Be better at social media – tends to reach parents the most
- Parents plagued by mis/disinformation
- Work collaboratively with other partners so it's an inserted effort
- Anti-vaccine side is very coordinated and send their messages out through social media
- You have to do grassroots communication – face to face
- PTA meetings, assemblies – invites for open discussions. This effort wasn't done as well for COVID-19, but something to consider moving forward
- Deepening partnership with the department of education
- Community health workers work with public health nurses

What do you think is needed to encourage clinicians in vaccine deserts to provide COVID-19 vaccinations for their patients?

- People internalize how hard it was in the beginning, not open to that it's easier now
- Rural communities only have one provider
- Provider education needs to happen
- Now, it's a psychological mountain to overcome to realize they need to do it for their patients
- Need information on commercialization, is it going to become routine and the information on that, VFC enrollment

Incentives

- If the public finds out that you're getting paid, that would face intense backlash
- A kid turned down a vaccine in the office to go half an hour away to get a $100 gift card
- Facebook question asking who the highest paid employee is at the local state and federal level. Most people said Dr. Fauci. Answer is Alabama coach.

Provider Hesitancy

- Politics in physician offices
- We're not the right ones to ask the questions of because we're the super fans of vaccines
- Internalized the difficulty

Meeting Outcomes:

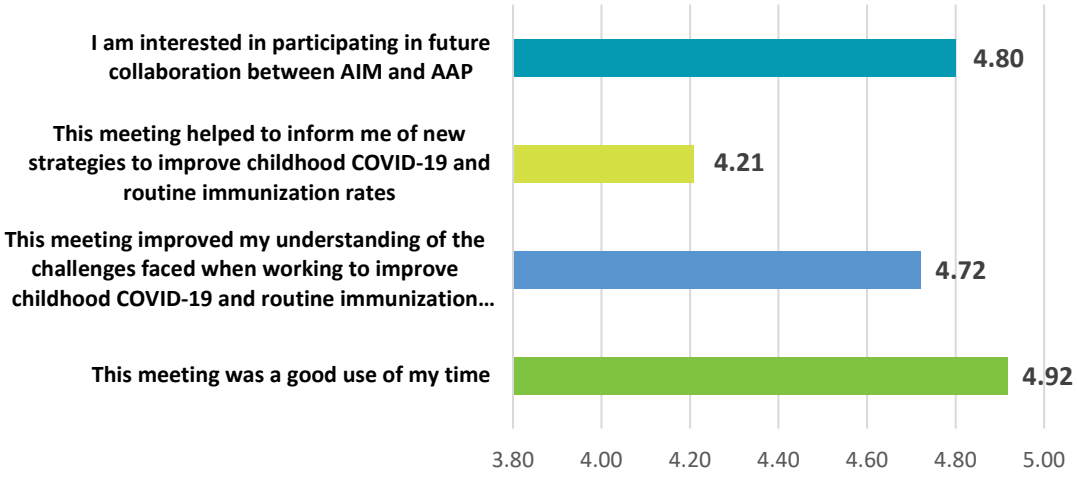
Participants shared respective challenges to vaccinating children against COVID-19 and came away from the meeting with a plan to develop a work group that will continue these conversations and work. On the final day, the meeting attendees developed the following list of proposed activities to continue the collaborative efforts to raise COVID-19 vaccination rates among children:

- Work together to reduce jurisdiction-specific barriers to VFC enrollment
- Strengthen AIM and AAP relationship by creating a workgroup of AIM staff, immunization program managers, and AAP members and staff
- Improve access to childhood vaccines through the use of community-based vaccination sites, (e.g. pharmacies), while preserving the medical home
- Respond to state-level legislative concerns

Meeting Evaluation

Response Rate: 92.85% (26 out of 28 attendees (excluding AIM staff))

Please rate the following using a scale of 1 to 5, with 1 being "strongly disagree" and 5 being "strongly agree"



- Having AAP and CDC present and involved was great! Frustrating to hear docs be so hung up on payment instead of focusing on access to vaccines
- I really appreciate the opportunity for AIM/AAP/CDC to meet and work together to build a better system. Thank you!
- It was very helpful to hear directly from providers about the burdens of being a VFC provider.
- Think pharmacist and nursing leadership representation will be very help to the regional meetings
- Excellent Discussion. Thank you to AIM staff!
- Impressed with the work AIM is doing. Lots of opportunities for collaboration and great discussion of all aspects of a vaccine program
- Appreciate hearing AAP perspective, do believe that other avenues/partners are needed to address some of the fiscal concerns brought up. Would like to see more emphasis on provider engagement (education/communication) as providers are more trusted that government. Good amount of time for meeting and good amount of setting stage for discussion.
- This was really helpful and learned a whole lot from the perspective of pediatricians. Also, helpful to be in a room of passionate people who believe in immunizations. Need more of these meetings so we can work together to solve some problems.
- I don't think we really flushed out new strategies per se, but in a more roundabout way, the path forward is the partnership with pediatricians, and we made some headway on strategies to engage these partners which is fantastic :) This could improve our COVID-19 vax coverage in children. I loved this meeting so much - I think this has been one of the best AIM meetings so far. Thank you so much for doing this. - I am really excited for what's to come out of this meeting.
- Very important collaboration experience to ensure alignment of mission in service to the children we serve
- Excellent brainstorming sessions
- Very interesting group of people - excellent interactive (at least for pediatricians) Suggestions for VAC meeting discussion: How to increase the number of VFC providers. Thanks for including me - hoping I can make the Vaccine Cooperative. Please send the names and contact information for the program managers by state.
- Really great to hear about VACs - glad to help connect with state leaders
- Very important topic - will be helpful to involve other stakeholder in process. However, leadership should come from AIM and AAP
- Thank you for a collaborative meeting