

EARLY CHILDHOOD VACCINES: BEST PRACTICES AND POLICIES

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EARLY CHILDHOOD VACCINES: BEST PRACTICES AND POLICIES

- Practice based strategies
- Policies and practices that work
- Gaps and opportunities for improvements

EARLY CHILDHOOD VACCINES: BEST PRACTICES AND POLICIES

- Family Health Centers- Iroquois
serving South and Southwest Louisville primarily
- About 75% non-English as preferred language:
immigrants and refugees
- 99% Medicaid or uninsured

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- **Practice based strategies**
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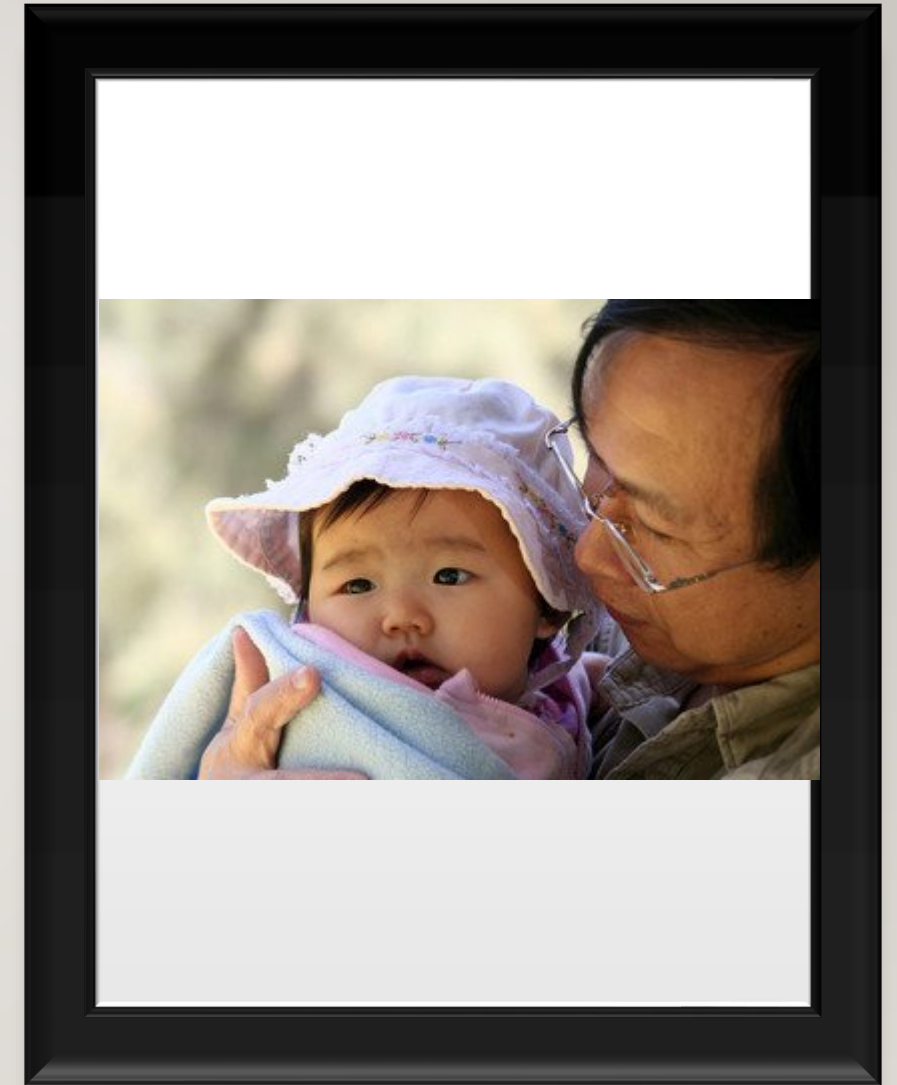
EARLY CHILDHOOD VACCINES: PRACTICE BASED STRATEGIES

Amy is an 7 month infant old brought in by her father for a fever. Her regular doctor is out of the office so I see her for her visit. She is acutely ill, with moderate illness and is given antibiotics and fever and pain reducer for her ear infection. What else?



EARLY CHILDHOOD VACCINES: PRACTICE BASED STRATEGIES

- ✓ She was “worked in” as a sick visit during a very busy day
- ✓ The nurse alerted me that the infant was behind on vaccines
- ✓ I ordered and the nurse administered 4 injections and 1 oral immunization- 10-20 minutes of staff time minimum
- ✓ The nurse gave family immunization record for WIC and daycare
- ✓ The front office scheduled follow-up appointments for flu #2 and her next checkup



EARLY CHILDHOOD VACCINES: PRACTICE BASED STRATEGIES

Strategies from the Immunization Action Coalition (www.immunize.org)- **what went right:**

- ✓ Keep staff up to date with current recommendations.- *pro vaccination culture, nurses know the schedule and monitor during patient intake, as do I during every visit*
- ✓ Maintain complete, up-to-date patient records.- *EHR customized for easy access and documentation*
- ✓ Maintain and protect your vaccine supply.- *incredible administrative burden of monitoring safe storage and VFC data reporting, had sufficient supply of vaccine- even flu which is often in short supply and supply gaps*
- ✓ Avoid “missed opportunities” to vaccinate- *sick visit, not my regular patient; standing orders for flu vaccine*
- ✓ Maintain administration best practices- *screened for medical contraindications, given vaccine information sheets (VIS)*

EARLY CHILDHOOD VACCINES: PRACTICE BASED STRATEGIES

What else went right?

Sufficiently staffed with child health nursing staff knowledgeable in vaccines and not “hesitant” to administer

Child had active Medicaid and we are participants in Vaccines for Children program

MANY things had to be working right in the office for this child to be vaccinated that day.

EARLY CHILDHOOD VACCINES: PRACTICE BASED STRATEGIES

Strategies from the Immunization Action Coalition (www.immunize.org)- **what went wrong:**

- Help your patients anticipate their need for vaccinations.- *family didn't come in for 6 month visit? Why?*
- Improve access to your immunization services.- *Transportation? Accessible hours? Available appointments?*
- Communicate with patients and parents.- *Did we tell them at their 4 month visit to come in at 6 months?*
- Evaluate and improve your practice's performance.- *what practice wide interventions could we afford that would have prevented this? Tracking and recall is costly and not funded, even though this is a HEDIS quality measure for health systems and payers*

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EARLY CHILDHOOD VACCINES: POLICIES AND PRACTICES THAT WORK

- ❑ Eliminate financial barriers- we are not at 100%

Affordable Care Act required vaccine coverage for commercial insurance

Vaccines for Children program implemented in 1994, for vaccine access for children under 19 who are uninsured, have medicaid, or American Indian or Alaskan Native (underinsured can access at FQHC's and RHC's); **opt in** program for providers, federally funded and significant administrative requirements

- ❑ Improve access to vaccines- expand opportunities and locations to access vaccines
- ❑ Address vaccine hesitancy- public health social marketing interventions are vital
- ❑ Review KY exemptions to vaccine requirements for daycare and school attendance

EARLY CHILDHOOD VACCINES: POLICIES AND PRACTICES THAT WORK

HPV	___/___/___	___/___/___	___/___/___
Men B	___/___/___	___/___/___	___/___/___
Pneumococcal (PPSV23)	___/___/___	___/___/___	___/___/___

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³Hib not required at 5 years of age or more.

- This child is current for immunizations until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.
- This child is not up-to-date at this time. This certificate is valid until ___/___/___, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

- Provisional Status** - Child is behind on required immunizations.
- Medical Exemption** - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? No: _____ Yes: _____ Date: ___/___/___

- Religious Objection**

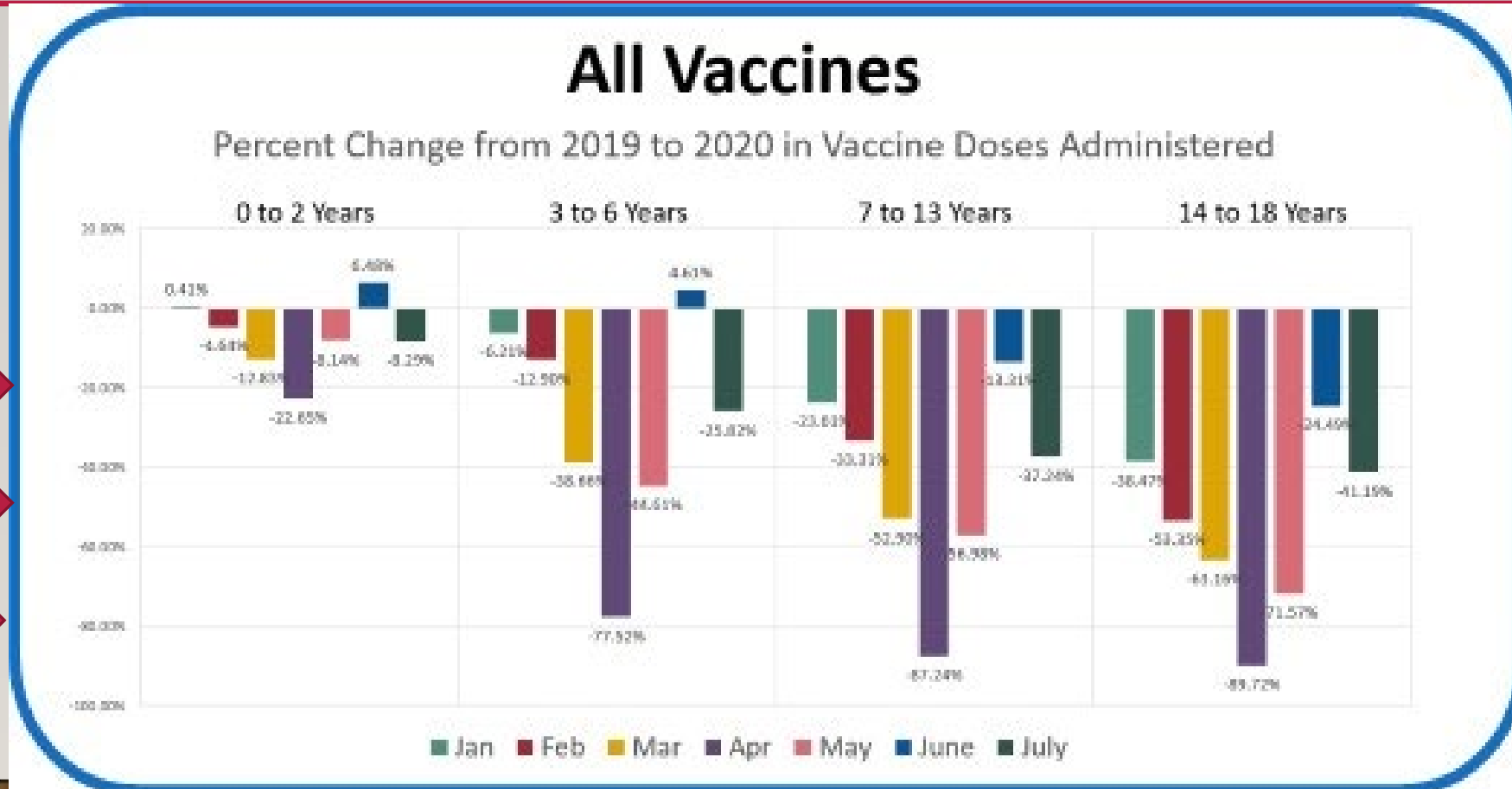
I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.



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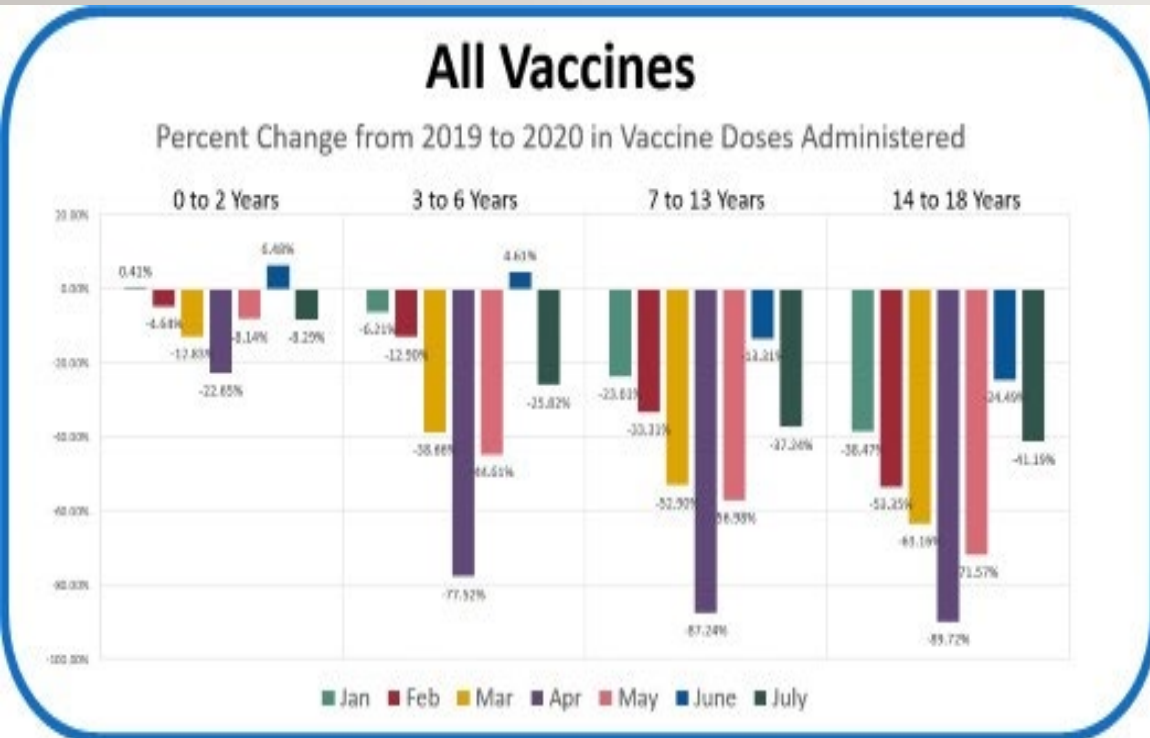
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EARLY CHILDHOOD VACCINES: GAPS AND OPPORTUNITIES FOR IMPROVEMENTS

We need: (especially in the context of current data)

- ✓ Advocates to understand the complexity of office based vaccine administration and VFC administrative burdens, and help mitigate the barriers
- ✓ Communities to pay for effective public education and social marketing strategies for families around vaccines
- ✓ Communities to consider community based access needs, especially for flu vaccine for younger children, especially in medically underserved populations, and for COVID vaccines
- ✓ Partners to continue to maximize functionality of the immunization registry
- ✓ Advocates to consider elimination of all but medical exemptions for vaccines for childcare and school attendance
- ✓ Carefully consider racial justice issues in all of the above.



EARLY CHILDHOOD VACCINES: OPTIMAL OUTCOMES

- ✓ Amy's paperwork for Medicaid was completed during her birth hospitalization.
- ✓ Her parents learned about vaccines and the vaccine schedule from public health social marketing campaigns while at the grocery.
- ✓ She was enrolled in HANDS and her HANDS provider reinforced the vaccine schedule.
- ✓ Her early childcare and WIC provider asked for her UTD vaccine schedule frequently.
- ✓ Her family only has reliable transportation on Wednesday afternoons after 3 pm and the immunization delivery system can meet her needs.
- ✓ Her parents have also been vaccinated for Tdap, flu and COVID because these vaccinations are free to all in the community and accessible in the community.
- ✓ Her health care provider's office tracks and recalls for any missed vaccines and a CHW reaches out to the family to discuss access barriers, and these activities are paid by her Medicaid.

