



[CDC Home](#)

[Search](#)

[A-Z Index](#)

Immunization Works May 2020

May 29, 2020: Content on this page kept for historical reasons.



Top Stories

Maintaining Childhood Immunizations and Well-Child Care During COVID-19 Pandemic: Stay-at-home and shelter-in-place orders have resulted in declines in outpatient pediatric visits and [fewer vaccine doses being administered](#), leaving children at risk for vaccine-preventable diseases. As states develop plans for reopening, health care providers are encouraged to work with families to keep or bring children up to date with their vaccinations. Primary care practices in communities affected by COVID-19 should continue to use [strategies to separate well visits from sick visits](#) [↗](#). Examples might include:

- Scheduling sick visits and well-child visits during different times of the day
- Reducing [crowding in waiting rooms](#) by asking patients to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment, or setting up triage booths to screen patients safely
- Collaborating with health care providers in the community to identify separate locations for providing well visits for children

Health care providers should identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments, starting with newborns, infants up to 24 months, young children and extending through adolescence. State-based immunization information systems and electronic health records may be able to support this work.

All newborns should be seen by a pediatric health care provider shortly after hospital discharge (3 to 5 days of age). Ideally, newborn visits should be done in person during the COVID-19 pandemic to evaluate infants for dehydration and jaundice, ensure all components of newborn screening were completed and appropriate confirmatory testing and follow-up are arranged, and evaluate mothers for postpartum depression. Developmental surveillance and early childhood screenings, including developmental and autism screening, should continue along with referrals for [early intervention services](#) and further evaluation if concerns are identified. Please visit the [COVID-19 web page](#) for additional information.

Immunization Action Coalition (IAC): On May 19, IAC launched the [Repository of Resources for Maintaining Immunizations during the COVID-19 Pandemic](#) [↗](#) to assist in maintaining routine vaccination coverage during the COVID-19 pandemic. Located on the [National Network of Immunization Coalitions website](#) [↗](#), a project of IAC, this repository includes links to both national and state-level policies and guidance; advocacy materials, including talking points, webinars, press releases, articles, and social media posts; and telehealth resources. These resources are intended for health care settings, state and local health departments, professional societies, immunization coalitions, advocacy groups, and the community to use in their efforts to sustain immunizations during the COVID-19 pandemic.

At launch, more than 60 resources appear in the COVID-19 repository and more will be added as they become available. Resources and guidance documents come from the federal government, nationally recognized health care organizations, state health departments, state immunization coalitions, and other organizations devoted to accurate immunization information and advocacy. These resources can be sorted and searched by date, title, geographic area, source, type, category, or setting. If you have a resource that you would like to see in the repository, please send a message to info@immunizationcoalitions.org.



[CDC Home](#)

[Search](#)

[A-Z Index](#)

The #CallYourPediatrician campaign uses empathy and humor to connect with parents whose lives have been upended during the pandemic. Social media graphics, videos, and messages will encourage parents to include a call with the pediatrician on their to-do list for the day.

Earlier this month, CDC published [data](#) showing that from mid-March to mid-April, doctors in the Vaccines for Children program ordered 2.5 million fewer doses of vaccines and 250,000 fewer doses of measles-containing vaccines, compared to the same period in 2019. Another recent CDC [study](#) examined vaccination coverage in Michigan and found coverage for some diseases has dropped to below 50%.

The campaign materials are collected in a [digital toolkit](#) on the [AAP website](#) and will be expanded in the coming weeks. The AAP will be sharing graphics and videos from its social media platforms using #CallYourPediatrician.

MMWR

Decline in Child Vaccination Coverage During the COVID-19 Pandemic—Michigan Care Improvement Registry, May 2016–May 2020: On March 13, 2020, the United States declared a national state of emergency to control the pandemic spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Public health response measures to mitigate the pandemic have centered on social distancing and quarantine policies, including shelter-in-place and stay-at-home orders. Michigan implemented a stay-at-home order on March 23, 2020, to facilitate social distancing. Such strategies might result in decreased accessibility to routine immunization services, leaving children at risk for vaccine-preventable diseases and their complications. To evaluate whether vaccination coverage has changed during the pandemic, data from the Michigan Care Improvement Registry (the state's immunization information system) (MCIR) were analyzed. Changes in vaccine doses administered to children and the effects of those changes on up-to-date status were examined for vaccinations recommended at milestone ages corresponding to the end of an Advisory Committee on Immunization Practices (ACIP) recommendation period for one or more vaccines.

The vaccination status of milestone age cohorts of children at ages 1, 3, 5, 7, 16, 19, and 24 months was assessed, with each cohort including an average sample size of 9,269 for the study period years 2016–2019, and 9,539 for 2020. Up-to-date status for individual vaccines and the recommended age-based vaccine series were assessed at a point in time in May 2020 and compared with 1-month age cohort assessments for points in time in May 2016–May 2019. The number of noninfluenza vaccine doses administered and reported to MCIR for children age 18 years and younger and age 24 months and older also were examined during January–April 2020, compared with averages for the same period in 2018 and 2019.

Vaccination coverage declined in all milestone age cohorts, except for birth-dose hepatitis B coverage, which is typically administered in the hospital setting. Among children age 5 months, up-to-date status for all recommended vaccines declined from approximately two-thirds of children during 2016–2019 (66.6%, 67.4%, 67.3%, 67.9%, respectively) to fewer than half (49.7%) in May 2020. For the 16-month age cohort, coverage with all recommended vaccines declined, with measles-containing vaccination coverage decreasing from 76.1% in May 2019 to 70.9% in May 2020. In addition to a decline in up-to-date status in almost all age cohorts, the number of noninfluenza vaccine doses administered and reported for children younger than age 18 years decreased 21.5%, and the number of doses administered to children younger than age 24 months decreased 15.5% during January–April 2020, compared with the same averaged periods in 2018 and 2019. Please read the [May 22 MMWR](#) for the full report.

Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration in the U.S., 2020: On March 13, 2020, the president of the United States declared a national emergency in response to the coronavirus disease 2019 (COVID-19) pandemic. With reports of laboratory-confirmed cases in all 50 states by that time, disruptions were anticipated in the U.S. health care system's ability to continue providing routine preventive and other nonemergency care. In addition, many states and localities issued shelter-in-place or stay-at-home orders to reduce the spread of COVID-19, limiting movement outside the home to essential activities. On March 24, CDC posted guidance emphasizing the importance of [routine well-child care and immunization](#), particularly for children age 24 months and younger, when many childhood vaccines are recommended. Two data sources were examined to assess the impact of the pandemic on pediatric vaccination in the U.S.: Vaccines for Children (VFC) program provider order data from CDC's Vaccine Tracking System and Vaccine Safety Datalink (VSD) vaccine administration data. Vaccination coverage is the traditional metric used to assess vaccine usage; however, provider orders



[CDC Home](#)

[Search](#)

[A-Z Index](#)

VFC is a national program that provides federally purchased vaccines to approximately 50% of U.S. children age 0–18 years. Cumulative doses of VFC-funded vaccines ordered by health care providers at weekly intervals during two periods (January 7, 2019–April 21, 2019 [period 1] and January 6, 2020–April 19, 2020 [period 2]) were tallied, and differences in cumulative weekly vaccine doses ordered between period 2 and period 1 were calculated for all noninfluenza vaccines that the ACIP recommends for children and, as an example, for measles-containing-vaccines. VSD is a collaborative project between CDC's Immunization Safety Office and eight U.S. health care organizations serving publicly and privately insured patients. Aggregate counts of measles-containing vaccine doses administered each week at VSD sites during period 2 were compared between two pediatric age groups: children age 24 months and younger and those over age 24 months through 18 years.

Vaccine Tracking System data indicate a notable decrease in orders for VFC-funded, ACIP-recommended noninfluenza childhood vaccines and for measles-containing vaccines during period 2 compared with period 1. The decline began the week after the national emergency declaration; similar declines in orders for other vaccines were also observed. VSD data show a corresponding decline in measles-containing vaccine administrations beginning the week of March 16, 2020. The decrease was less prominent among children age 24 months and younger than among older children. The subsequent increase in vaccine administrations observed in late March was more prominent in younger than older children.

The ongoing COVID-19 pandemic is a reminder of the importance of vaccination. The identified declines in routine pediatric vaccine ordering and doses administered might indicate that U.S. children and their communities face increased risks for outbreaks of vaccine-preventable diseases. Parental concerns about potentially exposing their children to COVID-19 during well-child visits might contribute to the declines observed. Because of this, reminding parents of the vital need to protect their children against serious vaccine-preventable diseases, even as the COVID-19 pandemic continues, is critical. As social distancing requirements are relaxed, children who are not protected by vaccines will be more vulnerable to diseases such as measles. In response, continued coordinated efforts between health care providers and public health officials at the local, state, and federal levels will be necessary to achieve rapid catch-up vaccination. Please read the [May 15 MMWR](#) for the full report.

Surveillance to Track Progress Toward Polio Eradication—Worldwide, 2018–2019: Since the Global Polio Eradication Initiative (GPEI) was launched in 1988, the number of polio cases worldwide has declined approximately 99.99%; only two countries (Afghanistan and Pakistan) have never interrupted wild poliovirus (WPV) transmission. The primary means of detecting poliovirus circulation is through surveillance for acute flaccid paralysis (AFP) among children age 15 years and younger with testing of stool specimens for WPV and vaccine-derived polioviruses (VDPVs) (genetically reverted strains of the vaccine virus that regain neurovirulence) in World Health Organization (WHO)-accredited laboratories. In many locations, AFP surveillance is supplemented by environmental surveillance, the regular collection and testing of sewage to provide awareness of the extent and duration of poliovirus circulation. The [May 22 MMWR](#) presents 2018–2019 poliovirus surveillance data, focusing on 40 priority countries with WPV or VDPV outbreaks or at high risk for importation because of their proximity to a country with an outbreak. The number of priority countries rose from 31 in 2018 to 40 in 2019 because of a substantial increase in the number of VDPV outbreaks. In areas with low poliovirus immunity, VDPVs can circulate in the community and cause outbreaks of paralysis; these are known as “circulating vaccine derived polioviruses” (cVDPVs). In 2019, only 25 (63%) of the 40 designated priority countries met AFP surveillance indicators nationally; subnational surveillance performance varied widely and indicated focal weaknesses. High-quality, sensitive surveillance is important to ensure timely detection and response to cVDPV and WPV transmission.

[Top of Page](#)

Resources and Information

Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition (the Pink Book): Published by CDC, NCIRD, and the Public Health Foundation (PHF), the Pink Book provides health care professionals with the most comprehensive information available on vaccines and vaccine-preventable diseases. The Pink Book is available for [purchase from the PHF Learning Resource Center](#) [↗](#), and the [chapters and appendices can be viewed or downloaded](#) from the NCIRD vaccines site.

2019 Pink Book Webinar Series: This 2019 [online series of 15 webinars](#) provides an overview of vaccination principles, general recommendations, immunization strategies, and specific information about vaccine-preventable diseases and the vaccines that prevent them. Each webinar explored a chapter from the 13th edition of the Pink Book. The webinars can be viewed



[CDC Home](#)

[Search](#)

[A-Z Index](#)

and addressing frequently asked questions. Continuing Education (CE) is available.

Vaccine Administration e-Learn: An [e-Learn on vaccine administration](#) is now available. Proper vaccine administration is critical for ensuring that vaccines are both safe and effective. Vaccine administration errors happen more often than you might think. Of the average 36,000 reports received annually by the [Vaccine Adverse Event Reporting System \(VAERS\)](#) [↗](#), about 1,500 are directly related to administration error. Some of the most common vaccine administration errors include:

- Not following the recommended immunization schedule
- Administering improperly stored or expired vaccine and/or diluent
- Administering the wrong vaccine—confusing look-alike or sound-alike vaccines such as DTaP/Tdap or administering products outside age indications

The e-Learn is a free, interactive, online educational program that serves as a useful introductory course or a great refresher on vaccine administration. The self-paced e-Learn provides comprehensive training, using videos, job aids, and other resources to accommodate a variety of learning styles. A certificate of completion and/or Continuing Education (CE) is available for those that complete the training.

Vaccine Storage and Handling Toolkit: The [Vaccine Storage and Handling Toolkit](#) is a comprehensive guide that reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.

Current Issues in Immunization Webinars: These webinars, held several times during the year, are designed to provide clinicians with the most up-to-date information on immunizations. The webinars are live, one-hour events combining an **online visual presentation with simultaneous audio** via telephone conference call, along with a live **question-and-answer** session. Registration, Internet access, and a separate phone line are needed to participate. View the [webinar web page](#) for upcoming and archived webinars and additional information.

You Call the Shots Modules: *You Call the Shots* is a series of interactive, web-based training courses developed through the Project to Enhance Immunization Content in Nursing Education and Training. These courses are ideal for medical or nursing students, new vaccination providers, or seasoned health care providers seeking a review. The “[Rotavirus](#),” “[DTaP](#),” and “[Tdap](#)” modules have recently been updated. Please visit the [You Call the Shots web page](#) to view all the modules. Continuing Education (CE) is available for viewing a module and completing an evaluation.

“Talking to Pregnant Women about Vaccines” Handout: Vaccines are an important part of a healthy pregnancy and pregnant women may have questions or concerns about side effects, safety, and vaccine effectiveness. Addressing their questions and concerns about vaccines in plain and understandable language is key. CDC created the “[Talking to Pregnant Women about Vaccines](#) [📄](#)” handout for prenatal care providers to help address commonly asked questions about vaccines during pregnancy.

Redesigned HPV Vaccine Website for Health Care Professionals: As part of its effort to optimize digital content for use on multiple devices, CDC has redesigned the [HPV vaccine website for health care professionals](#). The new website includes HPV cancer statistics, continuing education resources, tips for answering parents’ questions, and more. It also features a new page on HPV vaccine safety and effectiveness data, which outlines the key data that health care professionals need to know as they address questions from parents. Please share this new resource with colleagues or members of your health care professional association.

CDC and Medscape: This special [series of commentaries](#) [↗](#), part of a collaboration between CDC and Medscape, is designed to deliver CDC’s authoritative guidance directly to Medscape’s physicians, nurses, pharmacists, and other health care providers. In this series, CDC experts offer video commentaries on current topics important to practicing clinicians. NCIRD has contributed to a variety of commentaries. Check out the newest video, titled “[Updated Pneumococcal Vaccine Recommendations for Older Adults](#) [↗](#),” to hear considerations for the shared clinical decision-making recommendation. You will need to sign up and log in as a member to view the commentaries and registration is free.

Health-care-associated Legionnaires’ Disease: Current Strategies for Response and Prevention Webinar: Since more cases of



[CDC Home](#)

[Search](#)

[A-Z Index](#)

Center for Immunization and Respiratory Diseases, will provide an overview of Legionnaires' disease in the U.S. and discuss steps that can be taken to identify cases, collect needed specimens, and reduce the risk for *Legionella* exposure through water management programs. Register for the webinar [here](#).

Immunization Resources: Various publications are available for ordering at [CDC-INFO On Demand](#). You can search for immunization publications by using the "Programs" drop-down menu and selecting "Immunization and Vaccines," or you can search by "Title." Free hard copies of the 2020 [recommended immunization schedules](#) are now available for ordering.

CDC Job Openings: CDC is committed to recruiting and hiring qualified candidates for a wide range of immunization and other positions. Researchers, medical officers, epidemiologists, and other specialists are often needed to fill positions within CDC. For a current listing, including international opportunities, please visit [CDC's employment web page](#).

[Top of Page](#)

Calendar of Events

[ACIP Meeting](#), June 24–25, 2020, Atlanta, GA

Tennessee Immunization Summit, Tennessee Department of Health, August 21, 2020, Franklin, TN

[Vaccine Summit Ohio](#), American Public Health Association, October 5–7, 2020, Columbus, OH

[ACIP Meeting](#), October 28–29, 2020, Atlanta, GA

[NCIRD Calendar of Events](#)

[Immunization Action Coalition \(IAC\) Calendar](#)

Related Pages

[Immunization Works!](#)

[Press Releases](#)

[Top of Page](#)

Page last reviewed: April 28, 2020 (archived document)