



Recommendations for Increasing Vaccination Rates in Children and Adults **June 2020**

Background

Since COVID-19 distancing restrictions and business closures were implemented, early childhood immunization rates have [dropped considerably](#) due to fears of contracting the virus. **During the week of April 5, the administration of MMR vaccines dropped 50 percent; diphtheria and pertussis vaccines dropped 42 percent; and HPV vaccines dropped 73 percent.** Doses distributed under the Vaccines for Children program, which provides vaccines for uninsured and particularly vulnerable children, have steeply declined as well; **doses in Massachusetts were down 68 percent in the first two weeks of April, and MMR doses in Minnesota were down 71 percent toward the end of March.** Practices and clinics have had to reduce hours or temporarily close in light of fewer visits, and national immunization programs in more than two dozen countries have been [suspended](#).

U.S. public health experts are predicting a second wave of COVID-19 this fall, in conjunction with the start of flu season. The steep decline in vaccination rates may lead to outbreaks of vaccine-preventable diseases, including measles, whooping cough and influenza, among others. CDC [provides guidance](#) for and emphasizes the importance of obtaining routine vaccinations during the pandemic.

Boosting immunization rates is essential to preventing these outbreaks that could cause severe illness and death, overwhelm health care facilities and deplete supplies of medications, personal protective equipment and critical care equipment.

Policy Recommendations

IDSA, HIVMA, SHEA & PIDS support the following policy solutions to increase immunization rates:

- **Increased funding for state and local health departments:** Support outreach to patients and families who are due or overdue for vaccinations, and funding for measures to provide additional community health workers and increase the safety of vaccine administration during the COVID-19 pandemic.
 - Methods to safely bring vaccines into communities could include:
 - House calls
 - Drive-up and drive-through clinics
 - Specific time slots for routine vaccination visits
 - Mobile vaccination units in neighborhoods
 - Prioritization should be given to high-risk touchpoints, including correctional settings, homeless shelters, and harm reduction service centers.

- Widely publicized “vaccination days” should be held at community landmarks, including public schools, churches and local meeting halls, with incentives provided to individuals and families to attend.
- **Increased federal vaccine purchasing:** Providers are purchasing fewer vaccines to accommodate fewer patient visits, resulting in limited availability. Federal purchasing of vaccines can set up a system by which providers can obtain vaccines at a lower cost in order to catch their patients up on missed doses.
- **Medicaid coverage for vaccines:** Ensure that all vaccines are covered at no cost under Medicaid for all populations, including children, adults and pregnant women.
- ***Protecting Seniors Through Immunization Act (H.R.5076/S.1872)*:** Eliminate cost-sharing for vaccines under Medicare Part D, including Tdap and shingles, increasing access to these vaccines for Medicare beneficiaries and improving vaccination rates in this population.
- ***VACCINES Act (H.R.2862/S.1619)*:** Improve surveillance of vaccine uptake, helping public health authorities to more rapidly and effectively target at-risk communities and prevent outbreaks of vaccine preventable diseases.
- **Primary Care Support:** Increased financial support for primary care providers, including Medicaid providers. Financial challenges leading to layoffs and practice closures continue to threaten primary care providers and, in turn, threaten patients’ access to medically necessary and time-sensitive care during and after the pandemic. Access challenges will result in fewer patients receiving necessary immunizations.
- **Increased funding for federal vaccine communications:**
 - Communicating information about the **Vaccines for Children** program and **Medicaid** eligibility, particularly in medically underserved communities, can improve coverage rates and provide critical access to vaccines. COVID-19 related job losses have led to a spike in uninsured individuals and families.
 - Funding for activities at CDC’s **National Center for Immunization and Respiratory Diseases** to support outreach to high-risk communities through flu season messaging and campaigns like **Vaccinate with Confidence**, which aims to protect communities, empower families, and stop myths around immunizations.
- **Immunization Information Systems (IIS) enhancements:** IIS help track individuals’ vaccinations and are important tools in identifying and notifying individuals who are due or overdue for recommended immunizations, both pediatric and adult. Assess and provide resources necessary for accelerated and expanded IIS enhancements, including:
 - Provide guidance on relaxing data restrictions and consent requirements that hinder timely reporting of immunity evidence (through approved serological

testing confirmation or history of disease from a positive lab result) or record of immunization by state/local/tribal/territorial entities.

- Implement CDC's HL7 reporting standards and coding for recording and exchanging immunization information and include the ability to collect and store evidence of immunity and lab results data in IIS standards.
- Assess and address IIS infrastructure needs and resources necessary through a landscape analysis of current capabilities and functionality to establish standards-based interoperable data exchange connections to aid communication between state/local/tribal/territorial IIS systems, immunization providers and health systems, and CDC.
- Develop process for rapid post-marketing surveillance and an effective means of regularly communicating results to the public and establish an interagency HHS task force to provide updates to the National Vaccine Advisory Committee (NVAC).