

THE NATIONAL VACCINE PROGRAM OFFICE

NATIONAL VACCINE PROGRAM OFFICE UPDATE

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Dr. Karin Bok
Senior Vaccine Science Advisor



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

Vaccine Hesitancy

**Vaccination,
Concern, Delays,
and Refusals**

Vaccine-related
Confidence



NVAC Report on Vaccine
Confidence in the U.S.



National Vaccine
Plan, Goal 3



NVP Mid-Course
Review



Input from HHS OpDivs
and Key Partners

DEVELOPMENT OF NVPO'S VACCINE CONFIDENCE STRATEGY

Foster Understanding, Advance Knowledge, Strengthen Confidence
through
Leadership and Coordination



Collaborations
and Partnerships



Research and
Evaluation



Communication,
Community, and
Provider Strategies



Knowledge
Dissemination

NVAC RECOMMENDATIONS VACCINE CONFIDENCE JUNE 2015

- **FOCUS AREA 1:** Measuring and tracking vaccine confidence
- **FOCUS AREA 2:** Communication and community strategies to increase vaccine confidence
- **FOCUS AREA 3:** Health care provider strategies to increase vaccine confidence
- **FOCUS AREA 4:** Policy strategies to increase vaccine confidence
- **FOCUS AREA 5:** Continued support and monitoring of the state of vaccine confidence

THE VACCINE CONFIDENCE MEETING



THE VACCINE CONFIDENCE MEETING

Collaborating to Advance Vaccine Confidence

August 15-16, 2017 at Emory University in Atlanta, Georgia

About the Meeting

The Vaccine Confidence Meeting is the first of its kind to bring together researchers, government agencies, and health care organizations to examine the latest insights from research and practice on increasing vaccine confidence in the United States.

Co-sponsored by the National Vaccine Program Office (NVPO) and Emory University, this meeting joins NVPO's leadership with Emory's academic excellence.

Coming Together for Collaboration

What is vaccine confidence?

The trust that parents, patients, or providers have in:

- recommended vaccines;
- providers who administer vaccines; and
- processes and policies that lead to vaccine development, licensure, and recommendations for use.

MEETING OVERVIEW

- **Who:** researchers, government agencies, and health care organizations
- **What:**
 - Learn more about the work being done to address vaccine confidence, hesitancy, and acceptance
 - Share new research and identify gaps
 - Strengthen the community of professionals working to increase vaccine confidence
 - Meet and speak with leaders in related fields

CDC/NCIRD EFFORTS AROUND SURVEILLANCE OF VACCINE CONFIDENCE

Study 1: 2016 National Poll of Parents

- Most parents surveyed consented to vaccines for their children as suggested
- Most parents considered their child's doctor a trusted source of vaccine knowledge
- Number of vaccines, ingredients, and potential side effects were common apprehensions

Study 2: Mothers Longitudinal Study

- Choices on acceptance made before a child was born and stayed relatively unchanged
- Confidence relatively high and stable, but rose with time and experience
- Commonly spoke with doctor about concerns; conversations common at 2-month visit
- Room for improvement in perceived satisfaction with discussions during office visits

Study 3: Interviews with vaccine-hesitant parents

- Wanted more on potential side effects of vaccines and consequences of not vaccinating
- Discussed vaccines with child's doctor, but trust in that information and advice varied
- Materials well-received

COMMUNICATIONS PLANNING AND IMPLEMENTATION DURING AN OUTBREAK

BY ALISA JOHNSON ATHEN, HENNEPIN COUNTY PUBLIC HEALTH DEPARTMENT , MINNESOTA

Background:

- Unfounded measles vaccinations link to autism
- 13% (of 1.2 million) foreign born; mainly Somali-Minnesotan
- 70 cases showed up; majority in unvaccinated Somali-Minnesotan children.
- MN MMR vaccination 89% vs. just 42% for Somali Americans

Methods:

- Surveillance in coordination with state + county DOH and Health Alert Network System
- State health department issued an accelerated MMR dosing schedule.
- Clinicians advised to assess MMR status among every patient they saw
- Community outreach: 150+ visits by trusted leaders to community locations to facilitate discussion, encourage vaccination, and counter misinformation and reluctance

Results:

- 8-fold increase in vaccination of Somali-Minnesotans in Hennepin County (200 to 1,600)
- 25,000+ vaccines given from 4/2/17 to 7/1/17 (vs. 8,000 in previous 13 weeks)

THE NEW NORMAL: USING DIGITAL AND SOCIAL MEDIA IN SUPPORT OF VACCINE COMMUNICATION

BY AMELIA BURKE-GARCIA, WESTAT

Background:

- *Social norm marketing*: “[delivery of] normative information as a primary tool for changing socially significant behaviors.”
- ~70% of Americans use social media to connect with others, explore news, and disseminate info
- Social media widely used among sociodemographic groups (e.g., members of racial and ethnic minority groups, older adults)

Examples + Results:

- CDC’s Flu Vaccination Program’s digital ambassadors work to increase flu vaccine uptake
 - 13 ambassadors, shared 800+ posts, garnered 127 million+ impressions related to flu vaccination promotion
- CDC blog relays
 - 7 blog posts, 124 social media posts from collaborating partners, and 21.6 million total impressions emphasizing the importance of flu vaccinations.
- #VaxWithMe campaign showcases famous athletes and entertainers receiving flu vaccinations.
 - 575 participants who assisted in generating 866 posts and 19 million impressions

EXAMPLES OF SOCIAL MEDIA IMPACT



FROM STRATEGY TO IMPLEMENTATION: INSIGHTS FROM HPV AND ZOSTER CAMPAIGNS

BY DAVE RAUCH, CONSULTANT/CREATIVE DIRECTOR

HPV “What will you say?” campaign: get people to think differently about products

- Focused on facts, target audience, CDC’s recommendation
- Messaging framed around preventing cancer not STI
- PSAs reverse chronicle lives of young adults who have HPV-caused cancers that could have been prevented by their parent’s choice to vaccinate them
- End with the child asking their parents if they knew they could have prevented their cancer

IMPROVING HEALTHCARE PROVIDERS' COMMUNICATION ABOUT HPV VACCINE

BY MELISSA GILKEY, UNIVERSITY OF NORTH CAROLINA

Studies:

- **Study 1:** To what extent are physicians' HPV vaccine recommendations consistent with national guidelines?
- **Study 2:** What kinds of messages do physicians find effective for persuading parents to vaccinate?
- **Study 3:** Which messages do parents find persuasive?

Key Findings:

- **Study 1:** Half of physicians reported ≥ 2 recommendation practices that likely compromise guideline-consistent delivery of HPV vaccine; Recommendation quality was lower among physicians with negative perceptions of HPV vaccine discussions.
- **Study 2:** Physicians' messages for motivating HPV vaccination were varied; Some messages aimed to heighten perceived risk; Others framed HPV vaccination as unremarkable part of routine care
- **Study 3:** (See graph on subsequent slide)

MODEL FOR EFFECTIVE RECOMMENDATION

Now that Michael is 11, he's due for three shots that are really important for all kids his age: meningitis, HPV, and Tdap. We'll give these at the end of the visit.

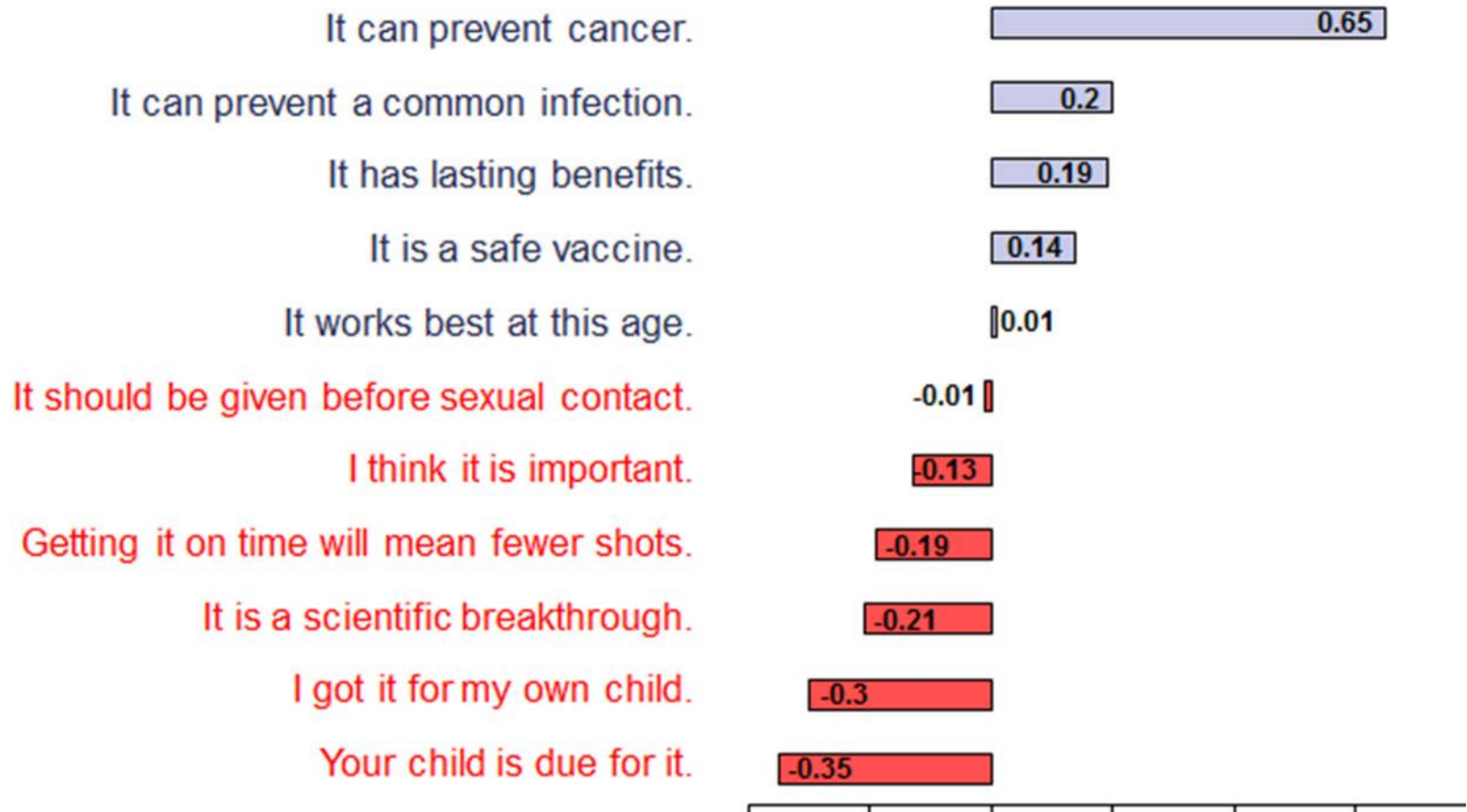
Timeliness

Consistency

Urgency

Endorsement

RELATIVE MESSAGE PERSUASIVENESS



VACCINE LAWS AS BEHAVIORAL INTERVENTIONS

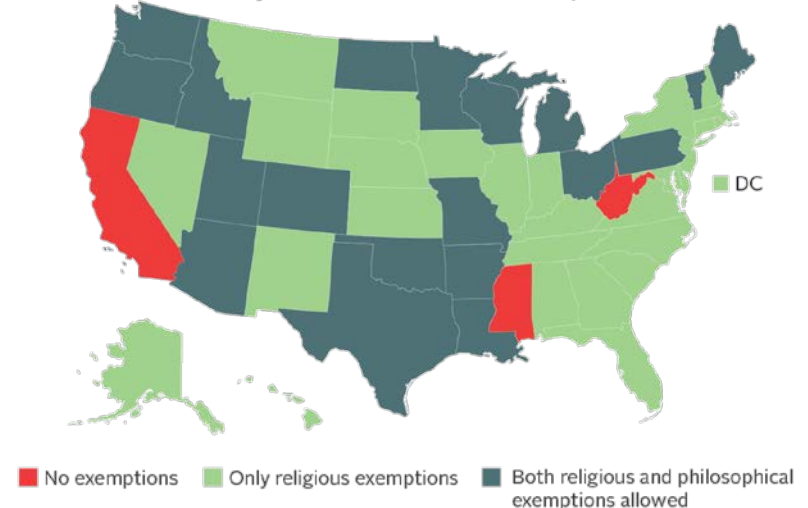
BY SAAD OMER

Overview:

- School immunization requirements state-regulated and aid in low rates of VPDs
- Parents can obtain exemptions: medical, religious, or personal beliefs
 - JAMA article showing between 2000-2015, 69% of non-vaccination due to nonmedical exemptions
- Exemplified how eliminating non-medical exemptions could decrease disease burden

School vaccine exemptions by state

Only 3 states have no vaccine exemptions



Example + Results:

Washington SB5005

- Makes educational counseling a requirement for parents wanting exemption for child, as well as a signed form from a state-licensed health care provider for a nonmedical exemption.
- Since July 22, 2011, exemption rates decreased by 42% and clustering of measles cases also down

THANK YOU

Karin Bok

Karin.Bok@hhs.gov

202-690-1191

<http://www.hhs.gov/nvpo/>

<http://www.vaccines.gov/>