

2019 ANNUAL SURVEY SNAPSHOT

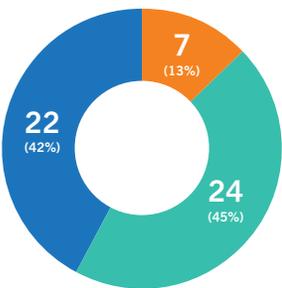
The 2019 Association of Immunization Managers (AIM) Annual Survey explored the 64 state, local, and territorial immunization programs' (IP) policies, infrastructure, activities, priorities, and the impact of funding changes. The Survey was administered from October 2019–February 2020 and 53 (83%) IPs responded.



An overview of trends among the nation's 64 state, city, and territorial immunization programs.

FUNDING AND STAFFING

Number of IPs that provide funding to state or local immunization coalitions, 2019 (n=53)



Includes overall funding, funding for specific deliverables, and/or staff

“The erosion of vaccine confidence needs to be approached at the local, state, and national levels in collaboration with national organizations, such as AAP, AAFP, ACOG, ACS, etc.”

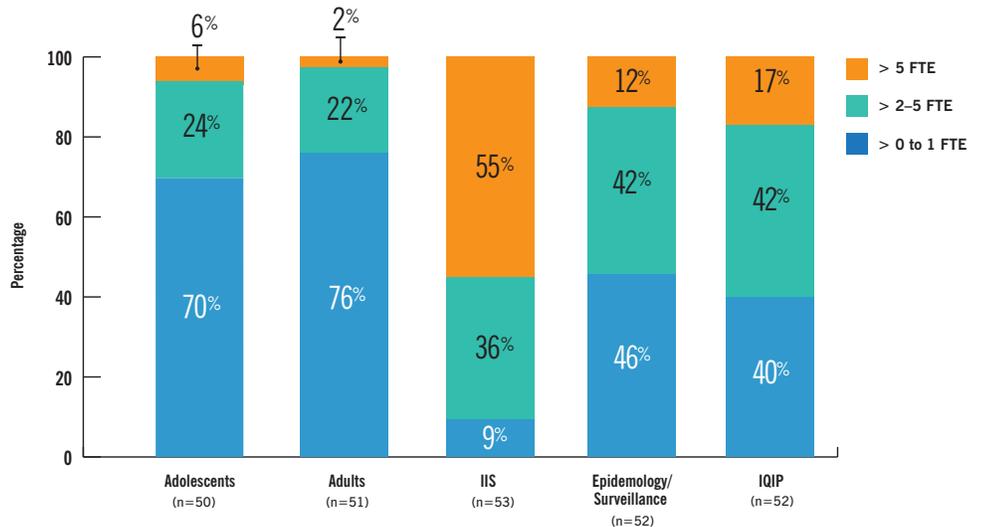
— Comment from IP manager

Number of IPs receiving non-CDC funding support:



Percentage of IPs with staff to support key program components:

Includes permanent and contract employees



CHALLENGES



Vaccine Hesitancy

37

View vaccine hesitancy as a burden on IPs



Outbreaks

37

Used 317 funds to manage outbreaks



Hiring Delays

31

Had hiring delays



IIS

18

Are currently or plan to replace/upgrade aging technology



Travel Restrictions

14

Had travel restrictions

TOP 3 PRIORITIES IN 2020

Before the COVID-19 pandemic emerged, IPs planned to prioritize activities that will now be crucial to a successful COVID-19 vaccination campaign.



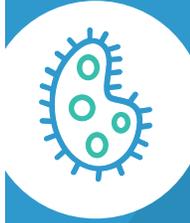
TIED FOR #1

Meet IIS functional standards



TIED FOR #1

Identify and address low vaccination coverage rates for children



#2

Respond to/prepare for outbreaks

ACTIVITY HIGHLIGHTS

Immunization Information Systems

46
Support patient look-up and vaccine tracking for mass vaccination

41
Use IIS to conduct emergency preparedness activities

35
Have decision-making authority over IIS functions

34
Provide HEDIS reports to health plans

24
Exchange data with Medicaid program

22
Assess coverage by geographic region

20
Conduct centralized reminder/recall

16
Give public access to IIS portal

11
Exchange data with other state or region

Vaccine Hesitancy

44
Make coverage and exemption reports available to schools

42
Address vaccine hesitancy with providers during site visits and in-person trainings

41
Send the public messages via website or social media

34
Encourage providers to document vaccine refusal or exemptions in IIS

29
Send the public messages via mass media (print, TV, radio, billboards)

23
Conduct interventions at schools with high exemptions

Influenza

24
Provide flu vaccine for school-located vaccination clinics

18
Support late season flu vaccination campaigns for children

15
Give providers report cards on flu progress

13
Have provider recognition/incentive for childhood flu

15
Focus on flu rates within quality improvement activities in VFC

Social Media

45
Use Facebook to communicate with public

37
Use Twitter to communicate with public

13
Reply to comments on Facebook

11
Don't reply to mentions on Twitter

10
Don't reply to comments on Facebook

9
Hide or delete comments on Facebook

3
Reply to mentions on Twitter

Pharmacies

13
Have MOU with pharmacies for pandemics

11
Enroll pharmacies in the VFC program

4
Conduct school-located vaccination with pharmacies

“We’ve worked with our Health Plan Partnership (public/private collaborative) to educate healthcare providers about offering/promoting flu vaccination and are planning to change our measures to include flu vaccination (Combo 10 metric).”

— Comment from IP manager