The 2017 Association of Immunization Managers (AIM) Annual Survey explored the 64 state, local and territorial immunization program (IP) policies, infrastructure, activities, priorities and the impact of funding changes. The Survey was administered from June – October 2017 and 64 (86%) IP responded.

**CHALLENGES**

- **Funding Cuts**: 38
  - Cut or reduced at least one activity due to funding change
- **Hiring Delays**: 36
  - Had hiring delays
- **Vaccine Hesitancy**: 34
  - View vaccine hesitancy as a burden on IP
- **Outbreaks**: 31
  - Used 317 funds to manage outbreaks
- **Travel Restrictions**: 21
  - Had travel restrictions

**Number of IP receiving non-CDC Funding support:**

- Immunization Information System (IIS): 22
- Vaccine Purchase: 32
- Operations/Infrastructure: 27

**Percentage of IP with Staff to Support Key Program Components:**

- Includes permanent and contract employees (n=55)

"We need a national strategy to address vaccine hesitancy—this is a challenge that is not going away and will only expand as anti-vaccine groups continue to organize and spend more money on the issue. We cannot continue to foster an ‘us versus them’ attitude and culture around vaccines. We have to find common ground and build on it. We all want our kids to be safe and healthy."

— Comment from IP Manager
TOP 3 PRIORITIES IN 2018

ACTIVITY HIGHLIGHTS

For the past few years, increasing HPV vaccination rates has been a top priority for most IPs

#1
Increase HPV Vaccination Rates
46

#2
Identify and Address Low Vaccination Coverage Rates
45

#3
Improve Accountability in the Vaccine for Children (VFC) federal entitlement program
45

Immunization Information Systems

- 38 Assign responsibility for IIS functions to IP
- 35 Use IIS to conduct mass vaccination clinics
- 32 Use IIS to conduct emergency preparedness activities
- 30 Provide HEDIS reports
- 23 Use IIS to conduct provider annual VFC enrollment
- 22 Use IIS to conduct surveillance and outbreak response
- 17 Exchange data with Universities
- 12 Exchange data with other state or region
- 11 Store IIS data in a cloud

Influenza

- 36 Have a policy to distribute influenza vaccine to VFC providers as soon as it is available
- 17 Use both provider and population data for influenza vaccine pre-book
- 23 Use provider-based data only for pre-book
- 13 Use only population-based data for pre-book

HPV Vaccination

- 49 Assess adolescent coverage at AFIx visit
- 49 Meet with stakeholders on a regular basis
- 37 Conduct public education
- 33 Offer provider CME/CNE programs
- 30 Conduct provider educational webinars
- 30 Send public messages on social media
- 19 Conduct centralized reminder recall

Vaccines for Children (VFC) Program

- 47 Conduct compliance site visits for >50% of providers
- 38 Conduct AFIx for >25% of providers
- 37 Require VFC providers report to IIS
- 33 Visit new VFC providers >1 per yr.
- 31 Host state and/or regional conferences
- 15 Work to expand the number of OB/GYN providers enrolled in VFC
- 10 Work to expand pharmacists as VFC providers

Vaccine Hesitancy

- 46 Address with providers during site visits & in person trainings
- 39 Make coverage and exemption reports available to schools
- 38 Collaborate with AAP
- 34 Encourage providers to document vaccine refusal or exemptions in IIS
- 34 Send the public messages via mass media
- 33 Send the public messages via website or social media

“One of our most successful strategies has been collaborating with internal and external partners on HPV initiatives. Many people/organizations are involved in similar initiatives with shared goals, so there was a duplication of efforts. Working collaboratively has been beneficial.”

— Comment from IP Manager