

# 2017 AIM ANNUAL SURVEY SNAPSHOT

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.



## FUNDING AND STAFFING



### Immunization Programs (IP)

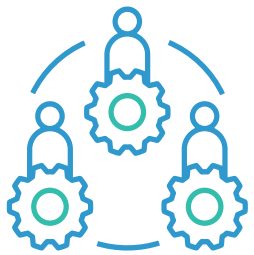
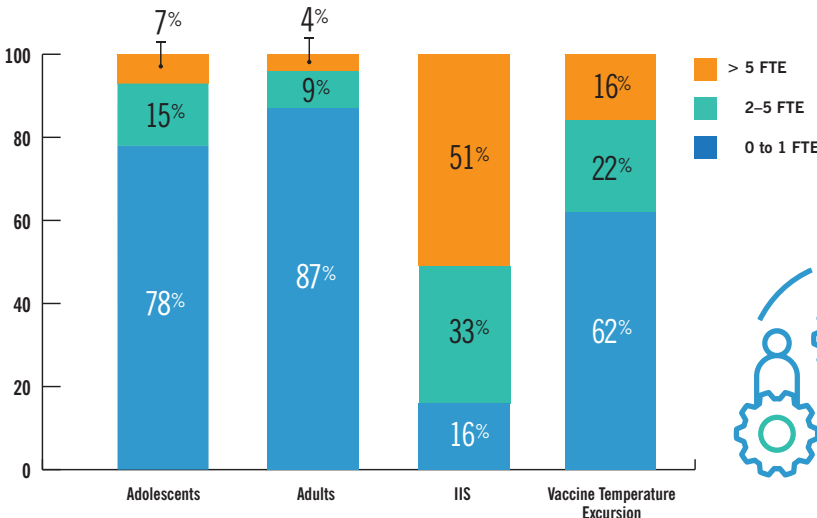
“We need a national strategy to address vaccine hesitancy—this is a challenge that is not going away and will only expand as anti-vaccine groups continue to organize and spend more money on the issue. We cannot continue to foster an ‘us versus them’ attitude and culture around vaccines. We have to find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

— Comment from IP Manager

### Number of IP receiving non-CDC Funding support: Vaccine Purchase, IIS & Operations/Infrastructure



### Percentage of IP with Staff to Support Key Program Components: Includes permanent and contract employees (n=55)



## CHALLENGES

**Funding Cuts**  
**38**  
Cut or reduced at least one activity due to funding change

**Hiring Delays**  
**36**  
Had hiring delays

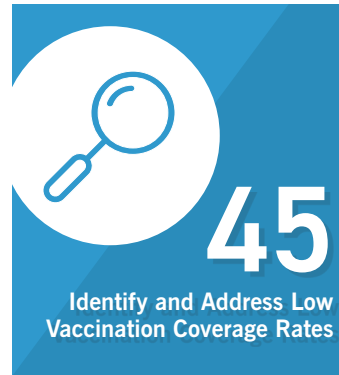
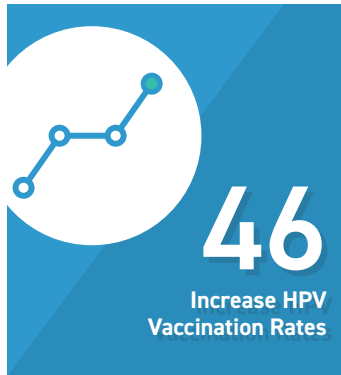
**Vaccine Hesitancy**  
**34**  
View vaccine hesitancy as a burden on IP

**Outbreaks**  
**31**  
Used 317 funds to manage outbreaks

**Travel Restrictions**  
**21**  
Had travel restrictions

## TOP 3 PRIORITIES IN 2018

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



## ACTIVITY HIGHLIGHTS

### 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