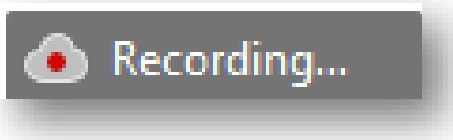
Improving Routine, Influenza, and COVID-19 Vaccination This Winter

December 6, 2021, 2-3pm

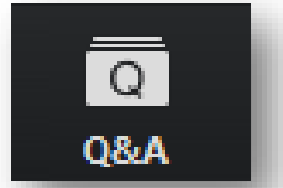
National Influenza Vaccination Week

Housekeeping Items for Today

Attendees are muted.



This presentation is being recorded and will be made available at phf.org/immunization.



Enter questions for the hosts or the panelists into the Q&A box.

Today's Presenters

Bess Davenport, MPH
Health Communication Specialist, Influenza Division
National Center for Immunization and Respiratory Diseases
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Amanda Carnes, MPH
Health Communication Specialist, Office of the Director
National Center for Immunization and Respiratory Diseases
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(currently deployed as the Pediatric Communications Lead, CDC COVID-19 Vaccine Task Force)

Polls: Tell us a little about yourself!

2021-2022 Influenza Vaccination Campaign: National Influenza Vaccination Week

Bess Davenport, MPH

Health Communication Specialist, Influenza Division

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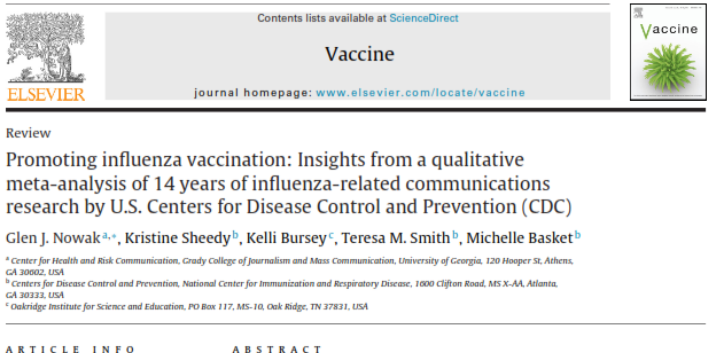
December 6, 2021

CDC's Flu Communication Objectives

- Provide timely, accurate, and plain language flu information to the public.
- Provide clear, consistent, and timely scientific, technical and programmatic information and communication resources to partners in support of their flu prevention and control activities
- Increase the number of healthcare providers making a strong flu vaccine recommendation
- Support healthcare providers that are already making flu vaccine recommendations to patients across the lifespan



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Review

Promoting influenza vaccination: Insights from a qualitative meta-analysis of 14 years of influenza-related communications research by U.S. Centers for Disease Control and Prevention (CDC)

Glen J. Nowak[a,*], Kristine Sheedy[b], Kelli Bursey[c], Teresa M. Smith[b], Michelle Basket[b]

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ARTICLE INFO ABSTRACT

[Promoting influenza vaccination: insights from a qualitative meta-analysis of 14 years of influenza-related communications research by U.S. Centers for Disease Control and Prevention (CDC)]

Barriers

- Flu is not serious, or flu is “manageable”
  - Personal experience with mild illness
- Not aware of recommendation or “doesn’t apply to me”
- Effectiveness (“flu vaccine doesn’t work”)
- Safety or “can cause flu”
- Other measures are better (preventive actions, vitamins, natural infection is better)

Facilitators

- Flu is serious and I am susceptible (or “my __ is susceptible”)
  - Past bad experience with flu
- Aware of recommendation/high risk condition
- Vaccination is protective – e.g., prevent flu or reduce severity of the illness
- Believe vaccination is safe

Lifespan Campaign - Messages

6 months and older

Children 6 months-11 years | Teens & Young Adults | Pregnant Women | Adults w/ Chronic Conditions | Adults (Otherwise Healthy) | Aging Adults 50-64 | Older Adults 65+ | Health Care Providers

Flu vaccine is lifesaving in children.

A flu vaccine protects you and your baby.

Annual flu vaccination is an important part of managing your chronic disease.

A flu vaccine is part of your healthy lifestyle.

CDC Recommends You Take 3 to Fight Flu

- **First, take time to get a flu vaccine.**
  - Flu vaccines have many benefits.
- **Take recommended everyday preventive actions**
  - These may vary based on local circumstances and COVID-19 activity.
- **Take antiviral drugs to treat flu if prescribed.**
  - These medications work best if started early.

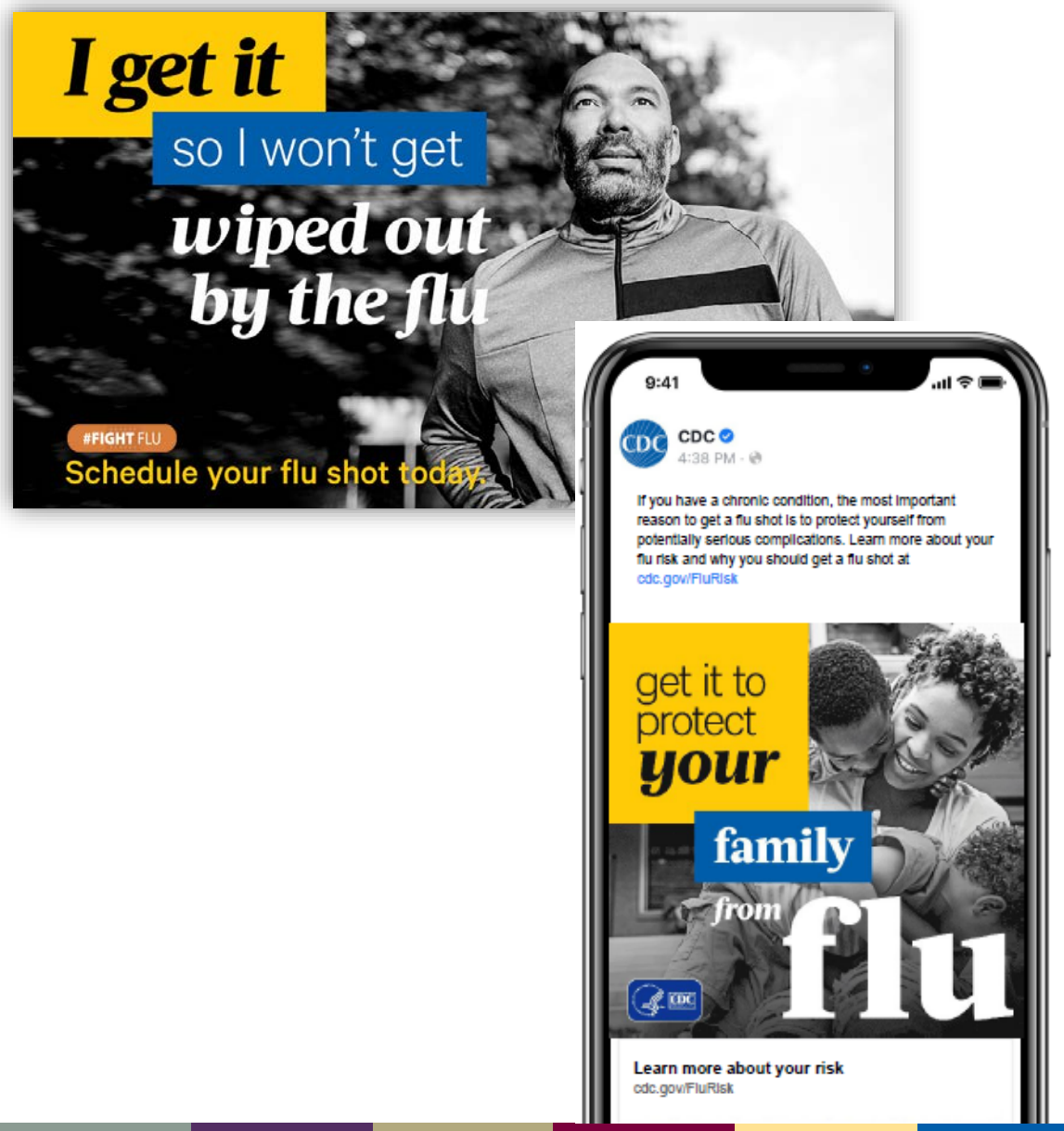
2021-2022 Flu Vaccine Campaigns

- "I Get It" digital media campaign (collaboration with Weber-Shandwick) targeting people 40-64 with a chronic medical condition. Secondary audiences: pregnant people, children, adults 65+

- Year 2 of "No Time For Flu" comprehensive TV, digital, OOH campaign (collaboration with Ad Council, AMA) aimed at the general population, with additional focus on Black/Hispanic audiences 25-54 years.
  - New secondary social media campaign "Flu FOMO"

MESSAGE/CREATIVE CONCEPT TESTING

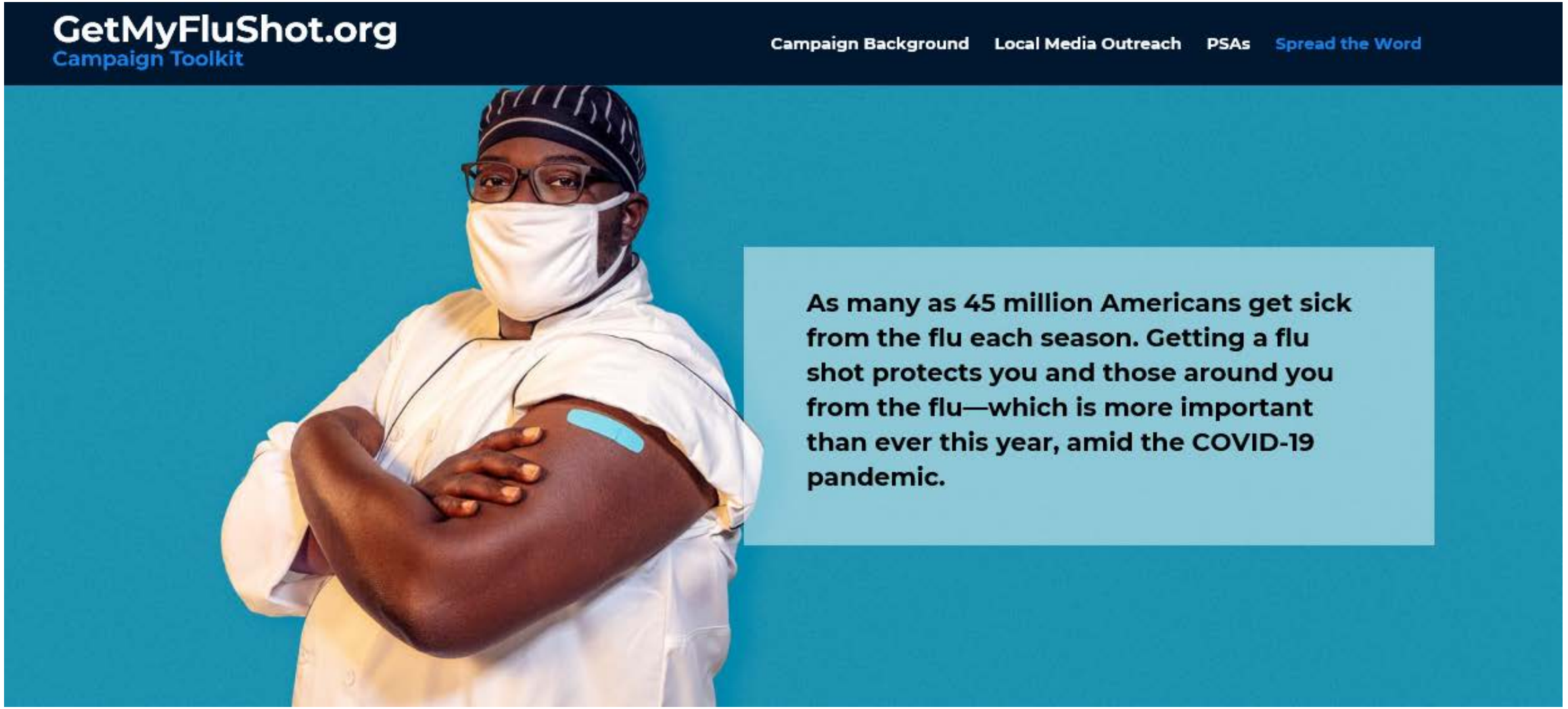
- Conducted six virtual focus groups
  - Participants included adults (ages 40-64) with at least one chronic health condition and who were undecided about flu vaccination this season
- Facilitated discussion around flu, flu vaccines, and how COVID-19 may play a role in their decision to get vaccinated
- Tested four creative campaign concepts to gauge reactions and feelings towards each ad/concept
- "I Get It" (shown right) was the most compelling and well-received concept across groups, earning the highest scores and most often selected as overall favorite for its direct call to action and clear message about protection



DIGITAL CAMPAIGN

Animated Banners

“NO TIME FOR FLU” CAMPAIGN: AD COUNCIL, AMA, CDC



BACKGROUND & OBJECTIVES

For the 2021-2022 flu season, the Ad Council and Fluent360, supported by the CDC and AMA, launched PSAs to encourage Americans to get a flu vaccine, particularly the vaccine hesitant, with a focus on African-American and Hispanic populations.

CDC data on flu vaccine coverage during the 2019-2020 flu season found that non-Hispanic white and Asian Americans were much more likely to have been vaccinated (53% and 52% respectively) than Hispanic (38%) and Black (41%) Americans, so the research and campaign focus on Hispanic and Black populations.

Research objectives included:

- Segmenting the public by flu vaccine attitudes
- Developing a profile of the 'vaccine hesitant' population
- Identifying core barriers and motivators around flu vaccination

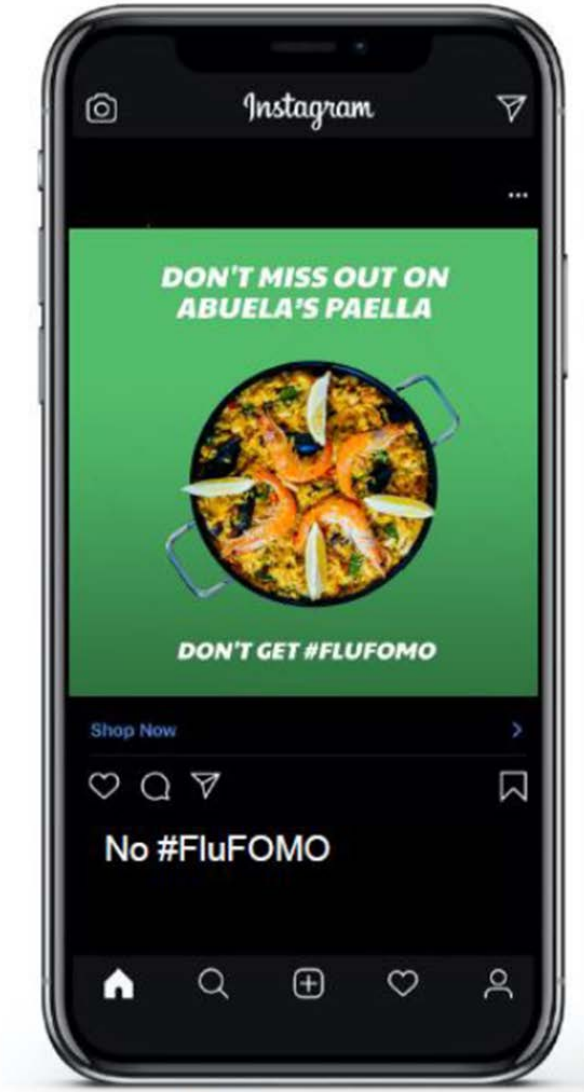
SUMMARY OF FINDINGS

- The number of vaccine hesitant Black and Latino/Hispanic Americans is shrinking.
- Lack of salience, plus some safety concerns, lead the list of barriers.
- Protecting family remains a key reason to get a flu shot. Recognition of what their racial/ethnic community has gone through with COVID-19 was also important to respondents.
- The flu is perceived as "inconvenient," not deadly, especially by those who are vaccine hesitant.
- People who are flu vaccine hesitant are less likely to have been vaccinated against COVID-19.

New Ad Council “sub-campaign” Flu FOMO

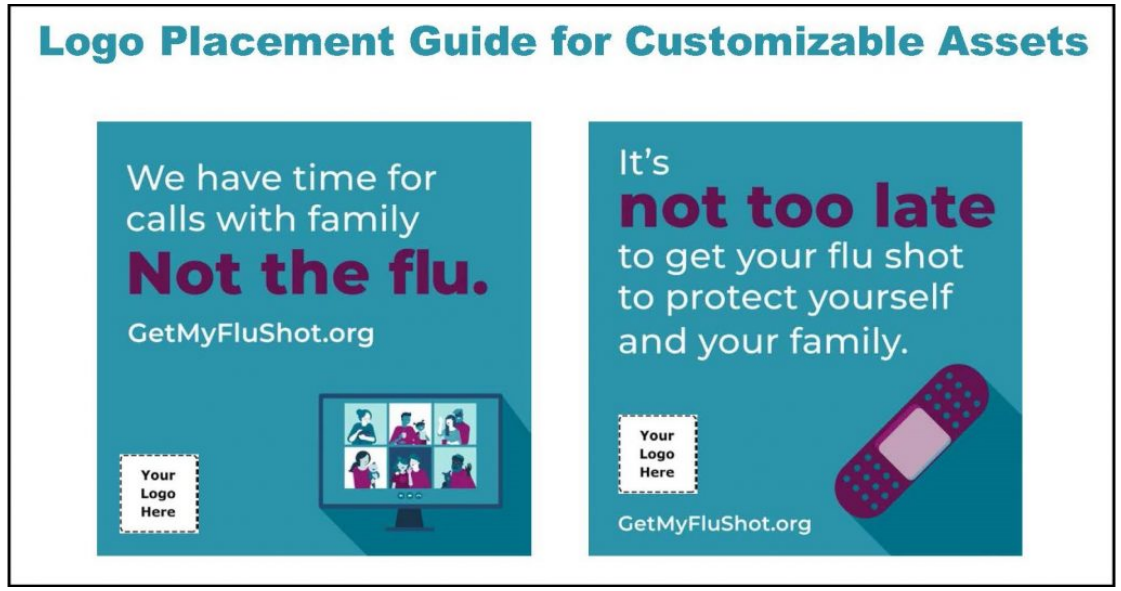
social media

Copy: Don’t get #FluFOMO. The time is now to get a flu shot and you can even get it at the same time as your COVID-19 vaccine if you want. Get your flu shot today so the flu doesn’t keep you away from your loved ones this season.



Ad Council Toolkit

- **Campaign Toolkit**
  - Radio, TV, Out of Home, and Web PSAs
  - Key Messages & Social Media Graphics
- **English web site:** https://getmyflushot.org/
- **Spanish web site:** https://vacunatecontralainfluenza.org/



Seasonal Flu Vaccination Campaign Timeline

	August	September	October	November	December	January
Media/social media outreach and key points distribution	**ONGOING**					
Annual R&R Publication	**Aug. 27**					
CDC Digital Media Campaign Soft Launch		**Mid-September**				
NFID Press Conference			**Oct. 7**			
Ad Council Campaign Launch			**Oct. 12**			
Weekly FluView Reports w/social and media outreach			**Oct. 15**			
Web spotlight/media outreach on start of "flu season"				TBD		
Communications roll-outs: Key studies & Data releases	**ONGOING**					
National Influenza Vaccination Week					**Dec. 5- Dec. 11**	

National Influenza Vaccination Week

National Influenza Vaccination Week (NIVW) is a national awareness week focused on highlighting the importance of influenza vaccination.

Flu vaccination is important as we approach the winter months.

- *NIVW is an annual observance in early December to remind everyone 6 months and older that there's still time to get vaccinated against flu to be protected during the upcoming holidays and winter months.*
- *While overall influenza (flu) activity is still low nationally, CDC surveillance systems continue to detect increases in activity that could mark the beginning of the flu season.*
  - *The majority of flu viruses reported this season so far have been influenza A(H3N2) viruses. Approximately 80% of these have been detected in children and young adults.*
  - *H3N2 predominant seasons have been associated with more severe flu seasons, especially among older adults and children.*
  - *While current flu vaccines provide belter protection against influenza A(H1N1) and influenza B viruses than H3N2 viruses, vaccination can still offer important protection.*
  - *Some preliminary, limited data suggest vaccine effectiveness against currently circulating H3N2 may be reduced, vaccination is still likely to protect against severe flu.*

NIVW Key Points Continued

- *On November 24, CDC issued a Health Alert Network advisory to clinicians encouraging influenza vaccination, use of influenza antiviral drugs as recommended and appropriate everyday preventive actions to help control the spread of flu.*
- *As of November 19, 2021, 166.9M doses of flu vaccine have been distributed in the US, but preliminary in-season estimates of flu vaccine coverage suggest that flu vaccine uptake is lower this season than last.*
    - *These preliminary estimates show drops in vaccine coverage among children and pregnant people—6 and 17 percentage-point decreases respectively.*
- *With flu activity just picking up, there is still time to benefit from a flu vaccine this season.*
- *Influenza vaccine can be given at the same time as COVID-19 vaccine for patients who are eligible, including everyone 5 years and older. Everyone 6 months and older can get a flu vaccine.*
- *Both COVID-19 and influenza vaccines are needed this winter.*

LEVERAGING NIVW TO REACH CORE AUDIENCES

Building on momentum from current campaign efforts, we are leveraging National Influenza Vaccination Week (NIVW) starting on December 5 as a moment to elevate flu as a significant public health concern and make a critical push for vaccination by driving home that "there's still time" to get a flu vaccine.

Goal: Re-focus public attention on the importance of flu vaccination through earned and owned activations with opportunities to engage key partners

Core campaign audience: Adults 40-64 with chronic conditions that put them at higher risk for flu-related complications

Secondary audiences: Parents of young children (≤5 years old), pregnant people, and adults 65 and older

Earned Media

- Distribute **mat release** reiterating critical messaging around flu vaccination for people with chronic conditions, and encouraging people to get their flu shot this holiday season
- Continue **proactive, targeted outreach** to key publications

Social Media

- Post **organic social content and graphics** to CDC flagship handles (including Twitter, Facebook, and Instagram)*

Partner Activations

- Host **"flu-etting" social activation on Instagram Reels,** engaging key advocacy groups*
- Launch refreshed **NIVW landing page and partner toolkit,** including:
  - Updated landing page imagery
  - Sample social media content and graphics*
  - Customizable, shareable assets (photo frames, Instagram story)
  - Template patient reminder communications
  - Mat release content to repurpose for newsletters, etc.

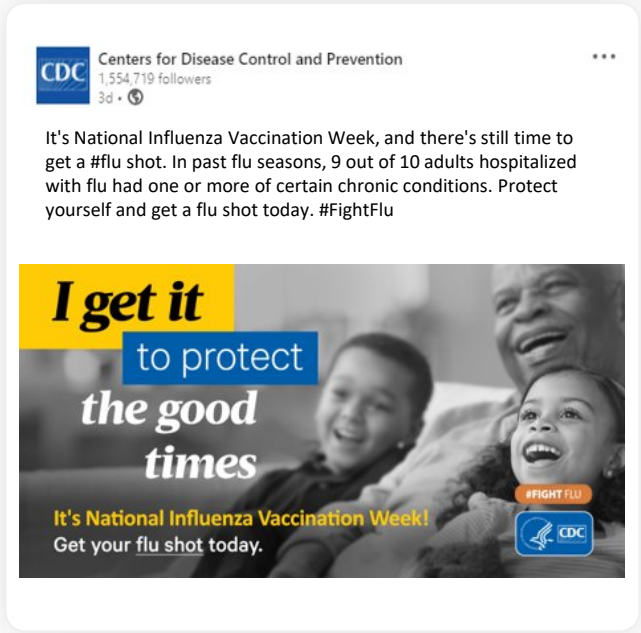
*Denotes activities that will account for both core campaign and secondary audience(s)

DRIVING CONVERSATION ON OWNED CHANNELS

Throughout NIVW, **owned content is being deployed across flagship CDC channels**. All social graphics were developed within the “I Get It” campaign branding and align with NIVW content shared with partners to extend messaging reach.

Twitter

Facebook and Instagram



LinkedIn

ENGAGING PARTNER NETWORKS

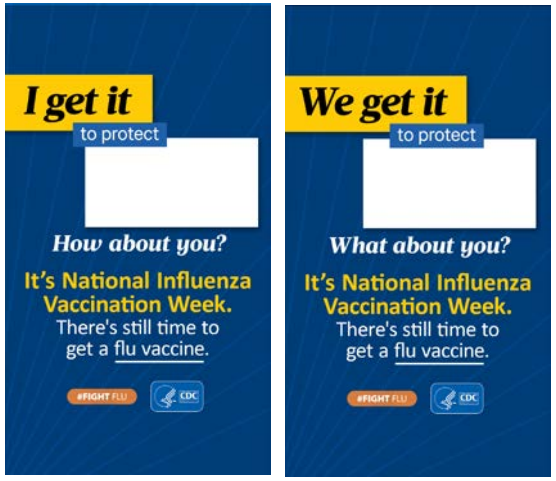
To spotlight the urgency of flu and flu vaccination amid NIVW, we **developed digital tools and activations to equip partner organizations with key flu messages** leading up to and throughout the week of NIVW.

Digital Toolkit

Twitter, Facebook, Instagram and LinkedIn Content

Posters and Flyers

Frames for Twitter, Facebook and Instagram



Instagram Story Frames

Additional Toolkit Assets:

- Template Mat Release
- Sample Newsletter Content
- Patient Reminder Messages
- Twitter Chat with Coalition to Stop Flu

Healthcare Provider and Partner Resources

- HAN: Increasing Seasonal Influenza A (H3N2) Activity, Especially Among Young Adults and in College and University Settings, During SARS-CoV-2 Co-Circulation
- Seasonal Influenza Vaccination Resources for Health Professionals
- Vaccination Guidance During a Pandemic
- Weekly National Flu Vaccination Dashboard
- CDC Fight Flu Toolkit
    - Make a Strong Flu Vaccine Recommendation Fact Sheets
    - #HowIRecommend Videos
    - Appointment Reminder Email Template
    - Materials for Patients
    - Pharmacist Guide and Talking Points
    - Maintaining Childhood Immunizations and Well-Child Care During COVID-19 Pandemic

Additional Factsheets

- Preparing for Questions Parents May Ask about Vaccines
- Talking with Parents about Vaccines for Infants
- Free print materials

Where to find CDC Resources

- Campaign and Social Media Toolkits:
  - Campaign Toolkit
  - 'I Get It' Campaign Resources
  - Social Media Toolkit
  - National Influenza Vaccination Week (NIVW)
- Key Consumer Web Resources
  - Know Your Flu Risk: Adults with Chronic Health Conditions
  - What You Need to Know for 2021-22 Flu Season
  - The Difference between Flu and COVID-19
- Videos
  - No Time for Flu
  - Roll Up Your Sleeve for Your Annual Flu Vaccine
  - Flu Can Be Very Serious – Flu Vaccine Protects
- Multi-Language Resources:
  - Multi-Language Factsheets
  - Spanish Communication Resources

People with asthma, heart disease, diabetes, and a number of other chronic health conditions are at higher risk of developing serious flu complications, that can result in hospitalization or even death. In fact, during recent flu seasons, 9 out of 10 people hospitalized with flu had at least one underlying health condition – that's why getting an annual flu vaccine is especially important for people with certain chronic health conditions.

Coadministration of COVID-19 and Flu Vaccines: Current guidance for the use of COVID-19 vaccines indicates that the vaccines can be coadministered with other vaccines, including flu vaccines.

Facts to Know about Flu and Chronic Conditions

Thank you!

- Bess Davenport - moy9@cdc.gov

Promoting Routine Childhood Immunization

Amanda Carnes, MPH

Health Communication Specialist

Health Communication Science Office, NCIRD

Pediatric COVID-19 Communications Lead

CDC COVID-19 Response

COVID-19's Impact on Routine Childhood Vaccination

- CDC's public sector vaccine ordering data show a **14% drop in 2020-2021 compared to 2019**
- Many school-aged children missed recommended vaccines due to COVID-19
- Implications on vaccine and health equity

> "Kids need to get caught up now so that they are protected as they go back to in-person learning.
>
> **- CDC Call To Action, March 2021**

12.9M Drop in public-sector vaccine orders

18.5% Drop in orders for measles-containing vaccines

Gaps in routine childhood vaccines since COVID-19:

- Rotavirus vaccine – down **5.7%**
- PCV13 – down **8.1%**
- DTaP-containing vaccines – down **8.7%**
- Tdap – down **17.2%**
- HPV – down **18.1%**
- Meningococcal conjugate vaccine – down **13.9%**

"The Gap in the Childhood Immunization in the Time of COVID-19," by Melinda Wharton. Data through week ending July 11, 2021

Drop in public-sector vaccine order as of September 7, 2021

Promoting Routine Childhood Vaccination

Communications Goal:

- Encourage parents (specifically low-income families) to prioritize the need to catch their children up on routine childhood vaccinations
  - *Increasing self-efficacy and perceived benefits to be elevated over perceived barriers*

Target Audiences:

- Parents with children ages 0-6 (with an emphasis on ages 3-6) who have delayed doctor visits during the COVID-19 pandemic
  - Specific outreach will be tailored to African American parents

Communication Approach:

- Formative research to inform message and creative development

- Multi-media and multi-channel approach, both paid and earned
  - Channels include news media, digital and social media, partner engagement

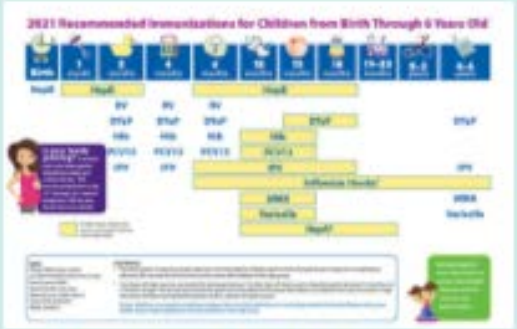
- Resources and materials developed
  - Website feature for parents: www.cdc.gov/vaccines/routine
  - Partner resource center: https://www.cdc.gov/vaccines/partners/childhood/stayingontrack.html
  - Toolkit for Clinicians: https://www.cdc.gov/vaccines/hcp/childhood-vaccination-toolkit.html

Immunization Schedules

Child and Adolescent Immunization Schedule (birth through 18 years)

Adult Immunization Schedule (19 years and older)

For Parents



Parent-Friendly Schedule for Infants and Children (birth-6 years)

Parent-Friendly Schedule for Preteens and Teens (7-18 years)

https://www.cdc.gov/vaccines/schedules/

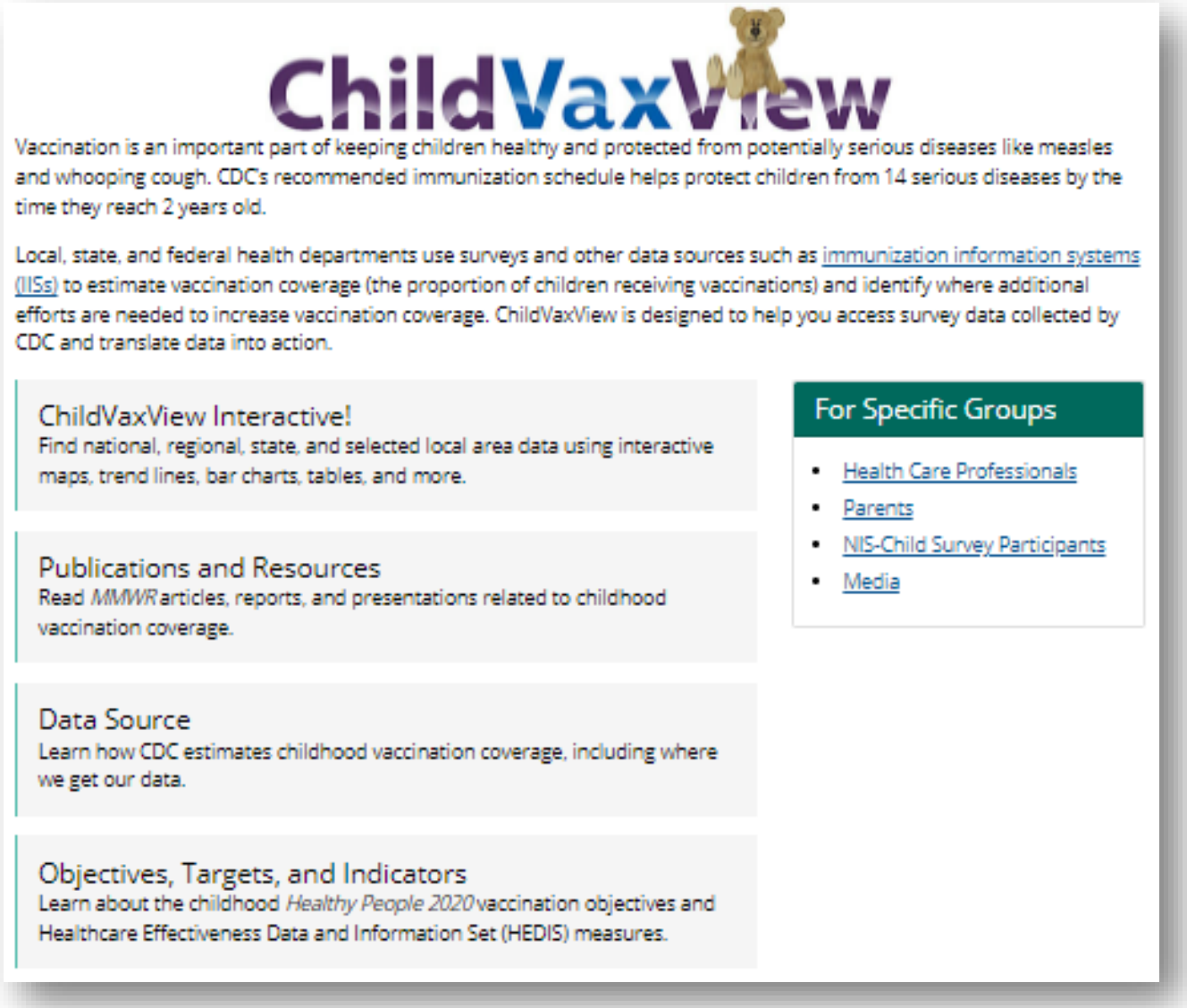
Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 month Behind, United States, 2021

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.** Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older. **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) ***and*** were administered before the 1st birthday.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after.	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older. **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old. **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years. **6 months (as final dose)** if current age is 4 years or older.	**6 months** (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday. **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	**6 months** if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older.			

https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Data on Routine Childhood Vaccination Coverage

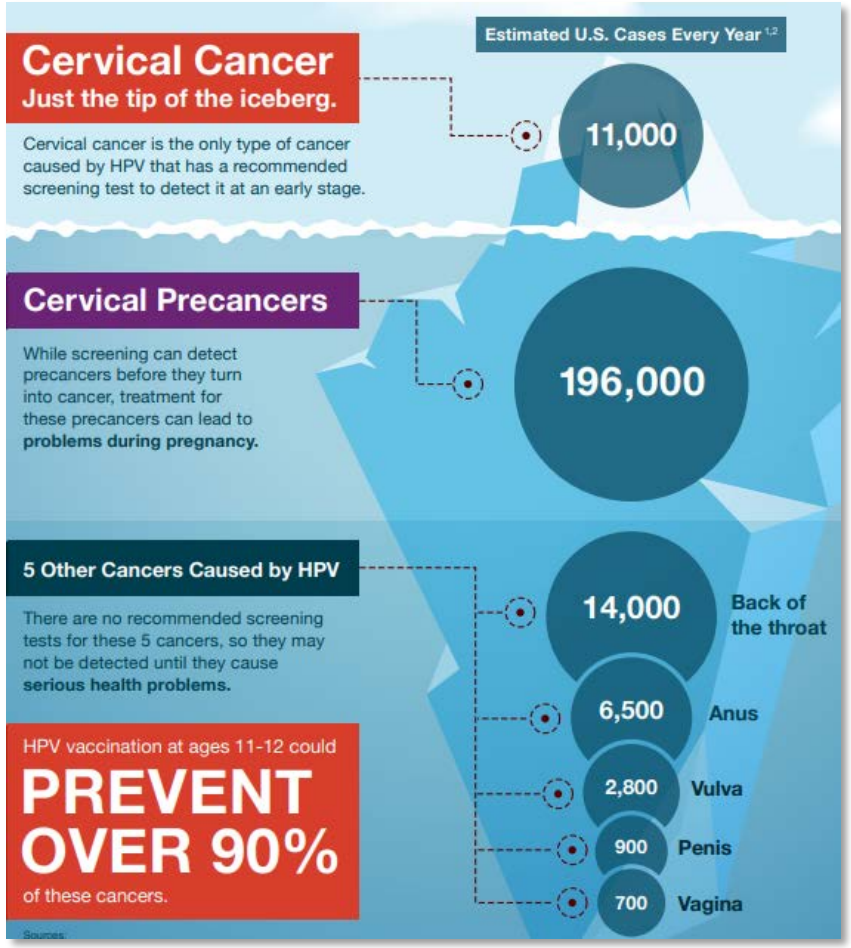


https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/index.html

HPV Vaccination

Make an Effective Recommendation: SAME DAY, SAME WAY

- Provider Resources for HPV Vaccination
  - https://www.cdc.gov/hpv/hcp/index.html
  - HPV vaccine is cancer prevention—tip of the iceberg poster
  - Tips for boosting your vaccination rates
  - Continuing education courses
  - How I Recommend videos



https://www.cdc.gov/hpv/hcp/hpv-important/infographic-hpv-screening-508.pdf

Resources for Vaccine Conversations

- Provider Resources for Vaccine Conversations with Parents
  - https://www.cdc.gov/vaccines/hcp/conversations/

- Communication strategies and tips for addressing questions from parents
  - https://www.cdc.gov/vaccines/hcp/conversations/conv-materials.html

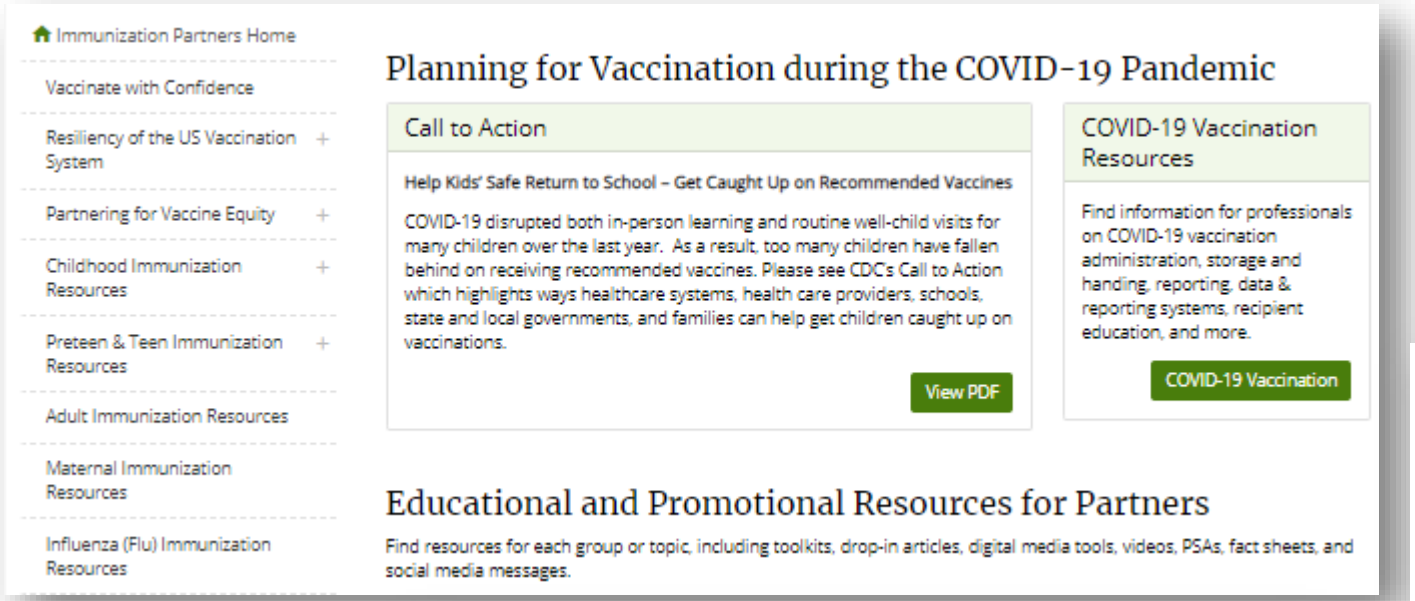
https://www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf

Fostering Immunization Culture

- Foster Support for Vaccination in Your Practice
- Immunization Course: How Nurses, Medical Assistants Can Foster Immunization Culture

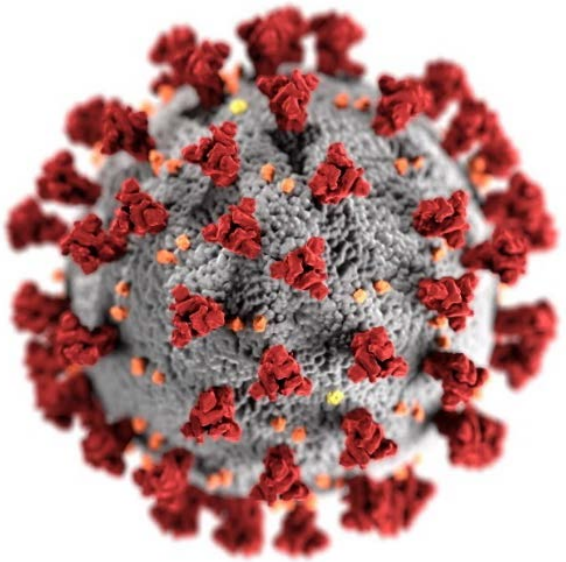
https://www.cdc.gov/vaccines/hcp/conversations/downloads/foster-support-vaccination-8.5x11-508.pdf

Additional Educational Resources for Immunization Partners



https://www.cdc.gov/vaccines/partners/

Encouraging Pediatric COVID-19 Vaccination



cdc.gov/coronavirus

Impact of COVID-19 on Children

Direct

- **Children are at least as likely to get COVID-19 as adults**
  - **1.9 million** cases
  - Children ages 5-11 years are at risk of severe illness from COVID-19
  - **8,300** hospitalizations
  - **2,316** MIS-C cases
  - **94** deaths
  - Post-COVID conditions
- **Secondary transmission from younger school-aged children occurs in households and schools**

Indirect

- **Worsening of mental or emotional health**
- **Widening of existing education gaps**
- **Decreased physical activity and increased body mass index (BMI)**
- **Decreased healthcare utilization**
- **Decreased routine immunizations**
- **Increase in Adverse Childhood Experiences (ACEs)**
- **Loss of caregivers**

Data from November 2, 2021 ACIP Presentations

Priority Audiences

- **Vaccine providers and other healthcare professionals**
  - Clinicians, nurse practitioners, nurses, and physician assistants
  - Other healthcare staff, including medical assistants
  - Pharmacists
  - School nurses
  - Social workers
- **Partners**
  - Traditional immunization and public health partners
  - Schools and childcare providers
  - Parent and youth-based organizations
  - Community partners
- **Parents and caregivers of children ages 5 through 11, including:**
  - Families and caregivers of children with disabilities or special healthcare needs
  - Families and caregivers with lower incomes

Communication Strategies and Tactics

- **Formative research**
  - Use existing and new research to understand knowledge, attitudes, and intentions
  - Test messages and materials to ensure that they are motivational, easy to understand, and culturally appropriate
- **Education and outreach to vaccine providers**
  - Increase the capacity of vaccine providers and other healthcare professionals to effectively communicate with parents and caregivers
- **Educating parents and caregivers**
  - Provide parents with credible information on vaccination of children ages 5 through 11
- **Partner engagement and content collaboration**
  - Conduct listening sessions with partners
  - Leverage and support partners in their role as trusted messengers
  - Support school-led vaccination clinics

Ideas for Partners to Increase Vaccine Confidence

Identify trusted messengers who can speak to parents online or in-person about their decision to get their child vaccinated.

Conduct Q&A or training sessions with pediatric providers and school staff to educate on how to communicate effectively about COVID-19 vaccines.

Engage with faith-based organizations, community organizations, youth groups, and school systems to communicate with children and families.

Provide guidance for how organizations can make vaccination events appealing to parents and how they can provide safe spaces for parents to ask questions.

Message Frames

- **Impact of COVID-19 among children**
- **Safety and monitoring**
  - Risk of adverse events
  - Provide information on processes used to monitor safety of vaccine for children
- **Vaccine information**
  - Provide information on product, dosage and administration
  - Increase understanding of how vaccination works
- **Accessibility of vaccine**
  - Build awareness of how vaccines can be accessed
- **Benefits of vaccination**
  - Highlight overall benefits (health and social)
  - Build awareness of effectiveness
  - Educate how benefits of vaccination outweigh risks
- **Address misinformation**
  - Reduced risk of COVID-19 infection among children
  - Vaccine safety concerns
    - Speed of recommendation process
    - Fertility concerns
  - Infection-acquired vs. vaccine induced immunity

Available Resources & Activities in Process

Partners and vaccine providers

- Resources to Promote the COVID-19 Vaccine for Children & Teens
- COVID-19 Vaccination for Children 5-11
  - Pfizer-Pediatric-Reference-Planning.pdf
- How to Talk with Parents and Caregivers about COVID-19 Vaccination
  - Quick Conversation Guide on COVID-19 Vaccines for Children
- COVID-19 Vaccine Conversations Tool
- CDC Recommends Pediatric COVID-19 Vaccine for Children 5 to 11 Years
- COVID-19 Vaccine Confidence
- COVID-19 Vaccination Clinical Resources
- ACIP November 2-3, 2021 Presentation Slides
- Resources About COVID-19 Vaccinations for Children Ages 5+ | WECANDOTHIS.HHS.GOV
- Vaccines for Children | National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

Parents and caregivers

- COVID-19 Vaccines for Children and Teens
- Frequently Asked Questions about COVID-19 Vaccination in Children
- Myths and Facts about COVID-19 Vaccines for Children
- Key Things to Know About COVID-19 Vaccines
- Benefits of Getting a COVID-19 Vaccine
- Organic and paid social media posts

Resources Supporting School Led-Vaccination Clinics

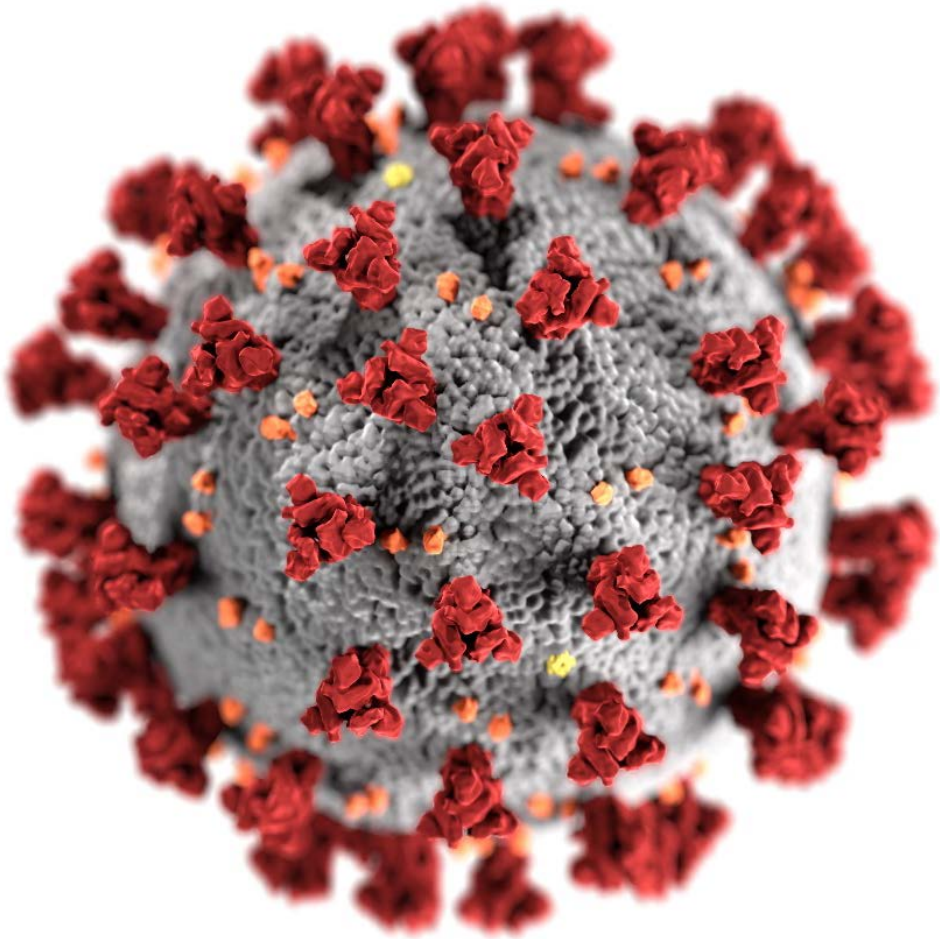
- Considerations for Planning School-Located Vaccination Clinics
  - 6 Ways Schools Can Promote COVID-19 Vaccines
  - School-Located Vaccination Clinics: Best Practices for School Districts
  - Customizable Content for School-Located Vaccination Clinics
  - How to Request a COVID-19 Vaccination Clinic On-Site or in a Retail Pharmacy Location

Resources In-Development & Planned Activities

- **Partners and vaccine providers**
  - Resources to promote equity in childhood COVID-19 vaccination
  - Website highlighting *Community Childhood COVID-19 Vaccination Strategies in Action*
  - FAQs on vaccine and administration codes
  - Tips for administering vaccine to younger children and those with fear of needles
- **Parents and caregivers**
  - Printable one page fact sheet and fact sheet for audiences with lower literacy
    - Available in multiple languages
  - Information for children with developmental disabilities
  - Infographic and motion graphics
  - Digital outreach (video, audio, podcasts, display, mobile, etc.)
  - Additional message and material testing with parents/caregivers

Thank you!

Questions: ccarnes@cdc.gov



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Questions?

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Thank You!

Webinar archive will be available at:

www.phf.org/immunization

Questions or comments?

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