Session D4

0094_0174_000110

Trends in how the 64 State, Local and Territorial Immunization Programs view Vaccine Hesitancy and address Vaccine Confidence
Katelyn Wells, Anu Bhatt

Background:
Little is known if Immunization Programs (IPs) view vaccine hesitancy (VH) as a burden, how IPs prioritize and implement Vaccine Confidence (VC) activities, and if this has changed over time.

Objectives:
1) Understand if IPs view VH as a burden and how prioritize VC activities; 2) Describe funding mechanisms and VC activities; 3) Understand if IPs conduct research and if they evaluate VC interventions; 4) determine change over 2 ½ to 3 years.

Methods:
The 2017 AIM Annual survey (administered online June – October 2017), which asked about last 12 months and 2015 Survey (administered online April – June 2015), which asked about CY 2014.

Results:
Seventy-eight percent of IPs (53 of 64) responded to 2017 survey and 98% (63 of 64) to the 2015 survey. The burden of VH varies across the country; 37% of IPs reported not a burden, 37% slight burden, 27% substantial burden. Seventy percent prioritized addressing VC as a moderate to essential priority, a 17% decrease from 2015. The most common VC activities included: promote during provider AFIX/VFC visits (90%), a 23% increase; in-person provider trainings (86%), a 15% increase; collaborate with an immunization coalition (76%), a 25% increase, and collaborate with the American Academy of Pediatrics (72%), a 26% increase. In 2017, 12% conducted research to identify the VH population(s) and 10% evaluated or assessed the impact of activities, which was similar in 2015. Funding sources used to support 2017 VC activities included PPHF funding (72%), a 72% increase from 2015, Section 317 funding (60%), a 22% decrease; and VFC/AFIX (34%), a 26% decrease.

Conclusion:
The burden of VH on IPs varies across the country, more IPs are conducting VC activities, but most continue to not evaluate efforts.
Trends in how the 64 State, Local and Territorial Immunization Programs view Vaccine Hesitancy and address Vaccine Confidence
Katelyn Wells, Anu Bhatt

Background:
Little is known if Immunization Programs (IPs) view vaccine hesitancy (VH) as a burden, how IPs prioritize and implement Vaccine Confidence (VC) activities, and if this has changed over time.

Objectives:
1) Understand if IPs view VH as a burden and how prioritize VC activities; 2) Describe funding mechanisms and VC activities; 3) Understand if IPs conduct research and if they evaluate VC interventions; 4) determine change over 2 ½ to 3 years.

Methods:
The 2017 Aim Annual survey (administered online June – October 2017), which asked about last 12 months and 2015 Survey (administered online April – June 2015), which asked about CY 2014.

Results:
Seventy-eight percent of IPs (53 of 64) responded to 2017 survey and 98% (63 of 64) to the 2015 survey. The burden of VH varies across the country; 37% of IPs reported not a burden, 37% slight burden, 27% substantial burden. Seventy percent prioritized addressing VC as a moderate to essential priority, a 17% decrease from 2015. The most common VC activities included: promote during provider AFIX/VFC visits (90%), a 23% increase; in-person provider trainings (86%), a 15% increase; collaborate with an immunization coalition (76%), a 25% increase, and collaborate with the American Academy of Pediatrics (72%), a 26% increase. In 2017, 12% conducted research to identify the VH population(s) and 10% evaluated or assessed the impact of activities, which was similar in 2015. Funding sources used to support 2017 VC activities included PPHF funding (72%), a 72% increase from 2015, Section 317 funding (60%), a 22% decrease; and VFC/AFIX (34%), a 26% decrease.

Conclusion:
The burden of VH on IPs varies across the country, more IPs are conducting VC activities, but most continue to not evaluate efforts.
THE USE OF STANDING ORDERS FOR VACCINATION IN PEDIATRIC PRACTICE

Allison Kempe, Sean O'Leary, Mandy Allison, Laura Hurley, Lori Crane, Michaela Brtnikova, Brenda Beaty, Erin McBurney, Megan Lindley

Background:
Standing orders (SOs) are one of the most effective methods of increasing vaccination rates. Current information on pediatricians’ use and barriers to use of SOs is limited.

Objectives:
To assess among a national network of pediatricians representative of the American Academy of Pediatrics: 1) current use of SOs for childhood vaccines, 2) perceived barriers to use of SOs and 3) factors associated with the use of SOs.

Methods:
We surveyed a nationally representative sample of pediatricians by internet and mail from June to September 2017.

Results:
The response rate was 79% (372/471). 36% reported they use SOs for all routinely recommended vaccines, 23% for some vaccines, and 41% do not use SOs. The most commonly perceived barriers to use were concern that patients might receive the wrong vaccine (40%), belief that it is important for physician to be person recommending vaccines (35%), and concern that patients prefer to speak with provider about vaccines (39%). Characteristics associated with using SOs included practices in which decisions are made at a system as opposed to practice level [Odds Ratio 1.97 (95% Confidence Interval 1.07-3.63)] and practices with ≥10 providers [1.93 (1.02-3.65)]. Barriers associated with lower use included: concern that patients would prefer to speak with physician about a vaccine [0.41 (0.24-0.70)], belief that it is important for the physician to be the person recommending [0.47 (0.25-0.90)], concern that patients might receive the wrong vaccine [0.21 (0.12-0.37)] and belief that having SOs is less efficient [0.28 (0.10-0.77)].

Conclusion:
Although a majority of pediatricians report using SOs for at least some vaccines, a significant proportion do not, especially those in smaller practices that are not part of a system. Reported barriers suggest the need for better systems for implementing SOs to improve efficiency and addressing providers' lack of trust that SOs can be safe and effective.