

Immunizations Update

IHS National Immunization Program

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Routine Vaccines Across the Lifespan

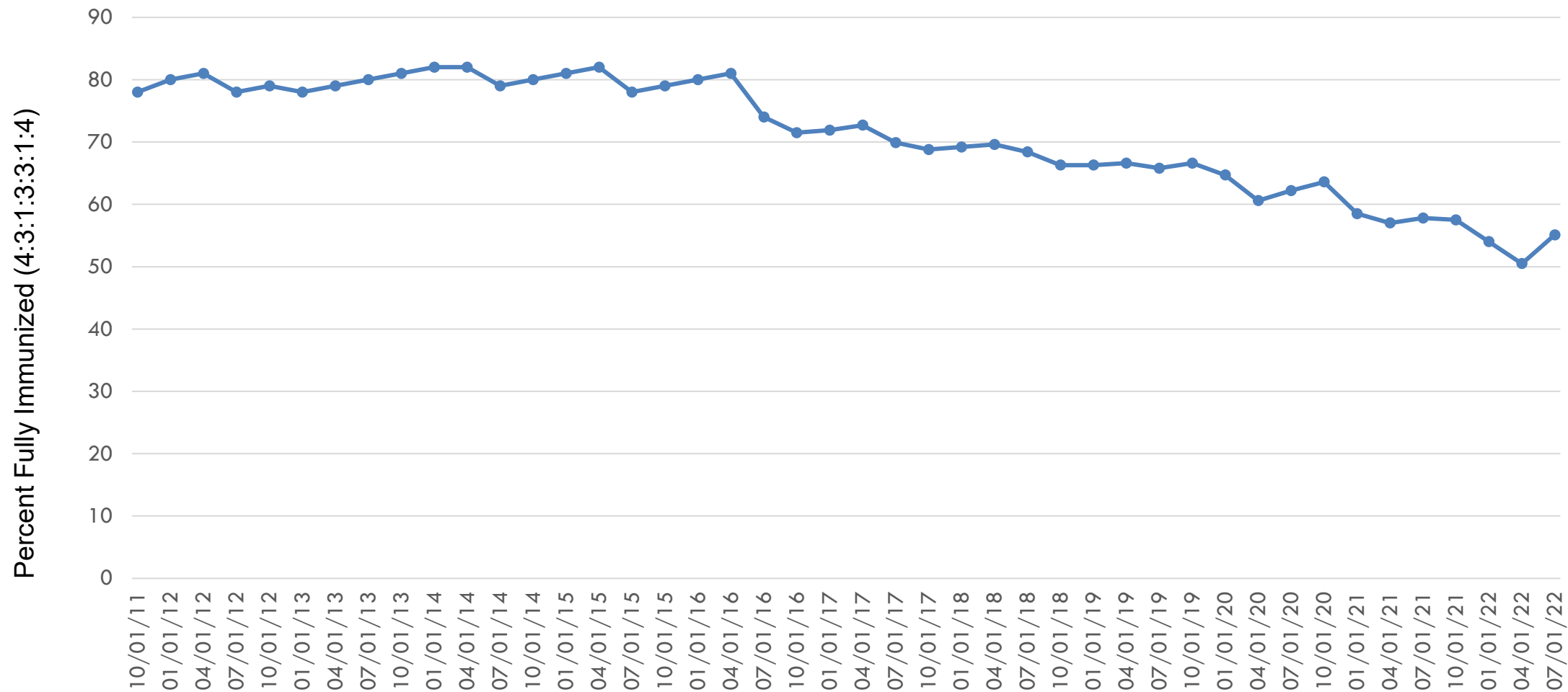
- Coverage Rates
 - NIRS
 - NIS
 - COVID-19
- Campaigns – HHS and IHS
- Call to Action
 - Routine vaccines and Back to School
 - COVID-19



NIRS

National Immunization Reporting System

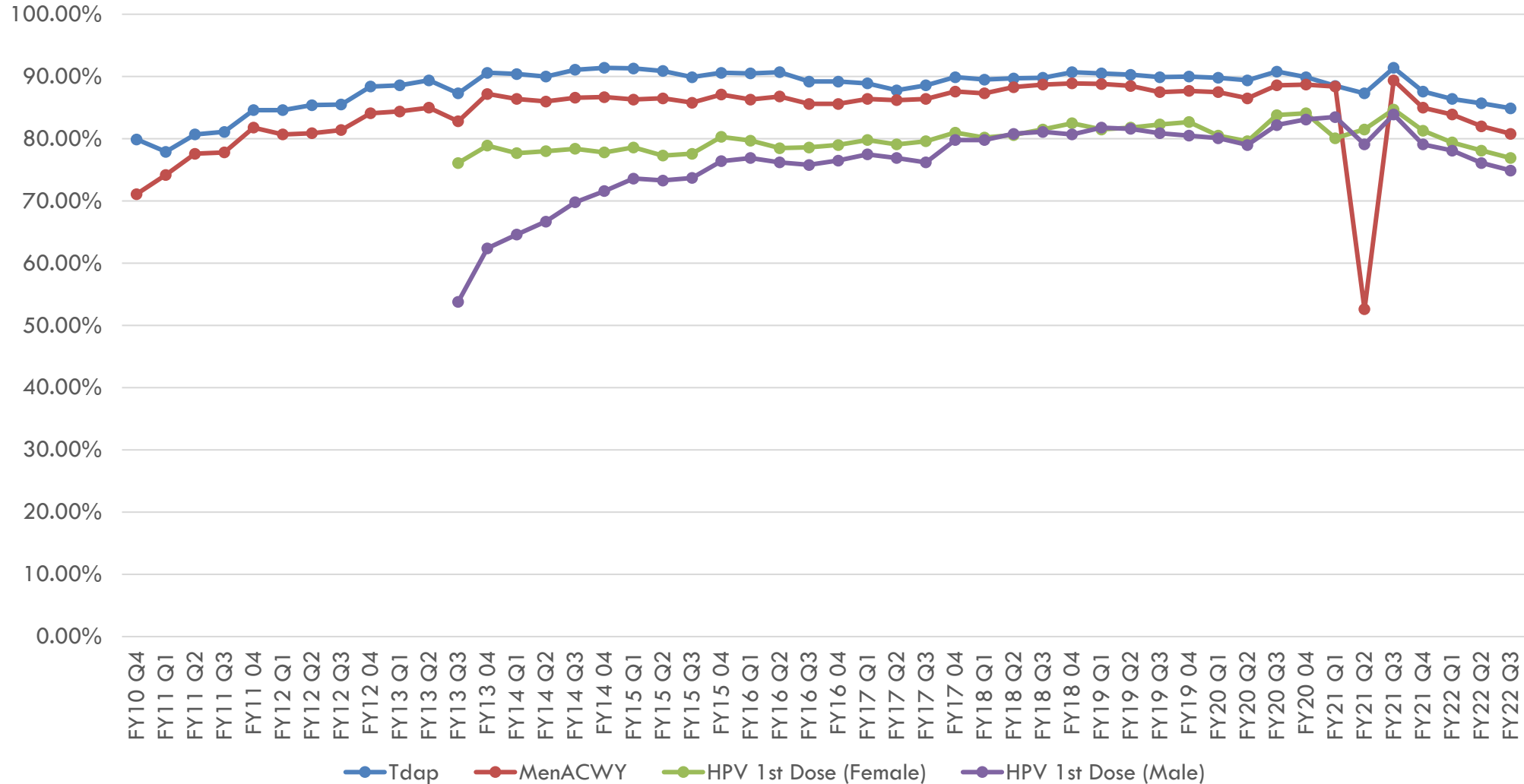
Percent Fully Immunized 2 Year Olds IHS National



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

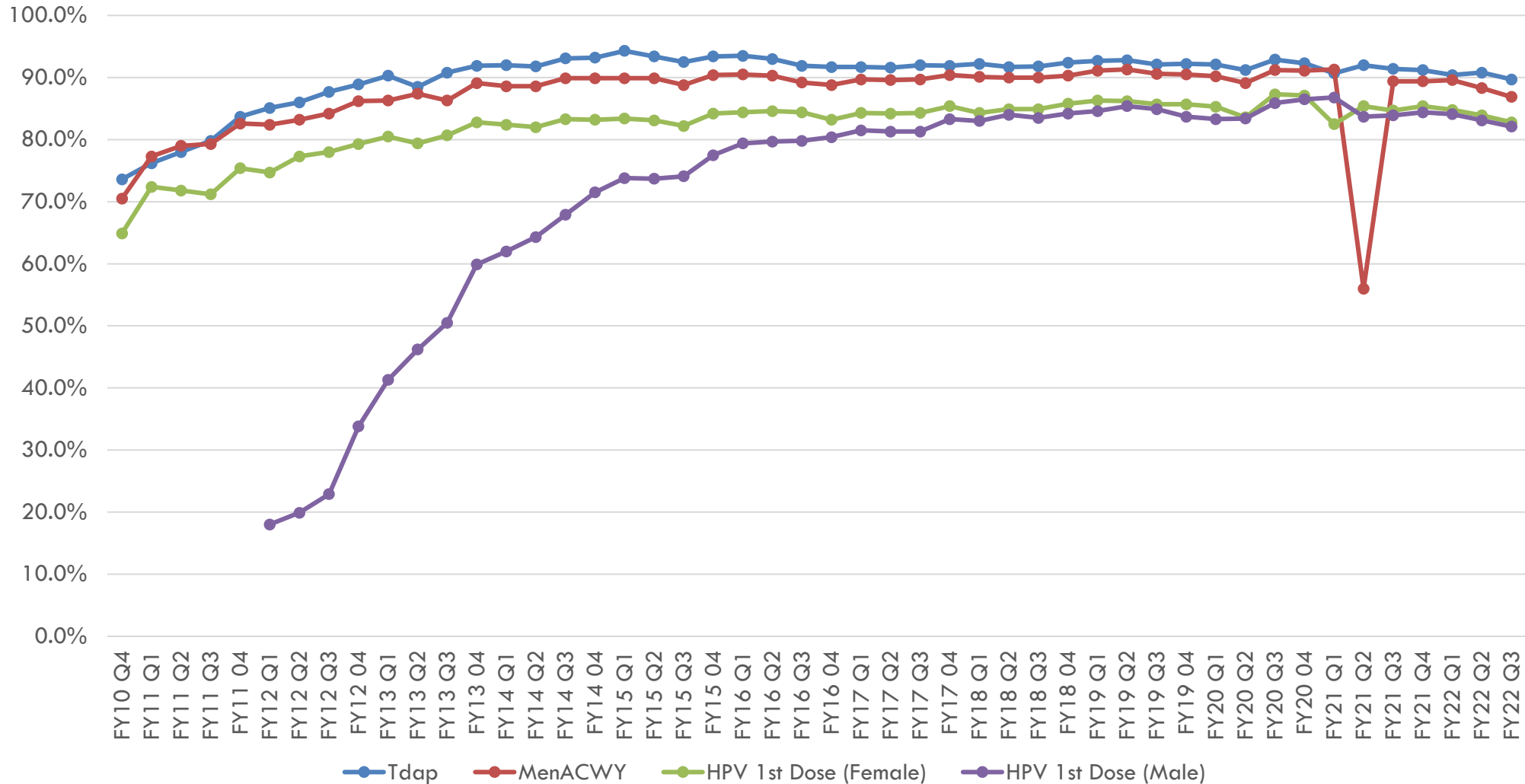
Adolescent Vaccine Coverage 13 Year Olds IHS National



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

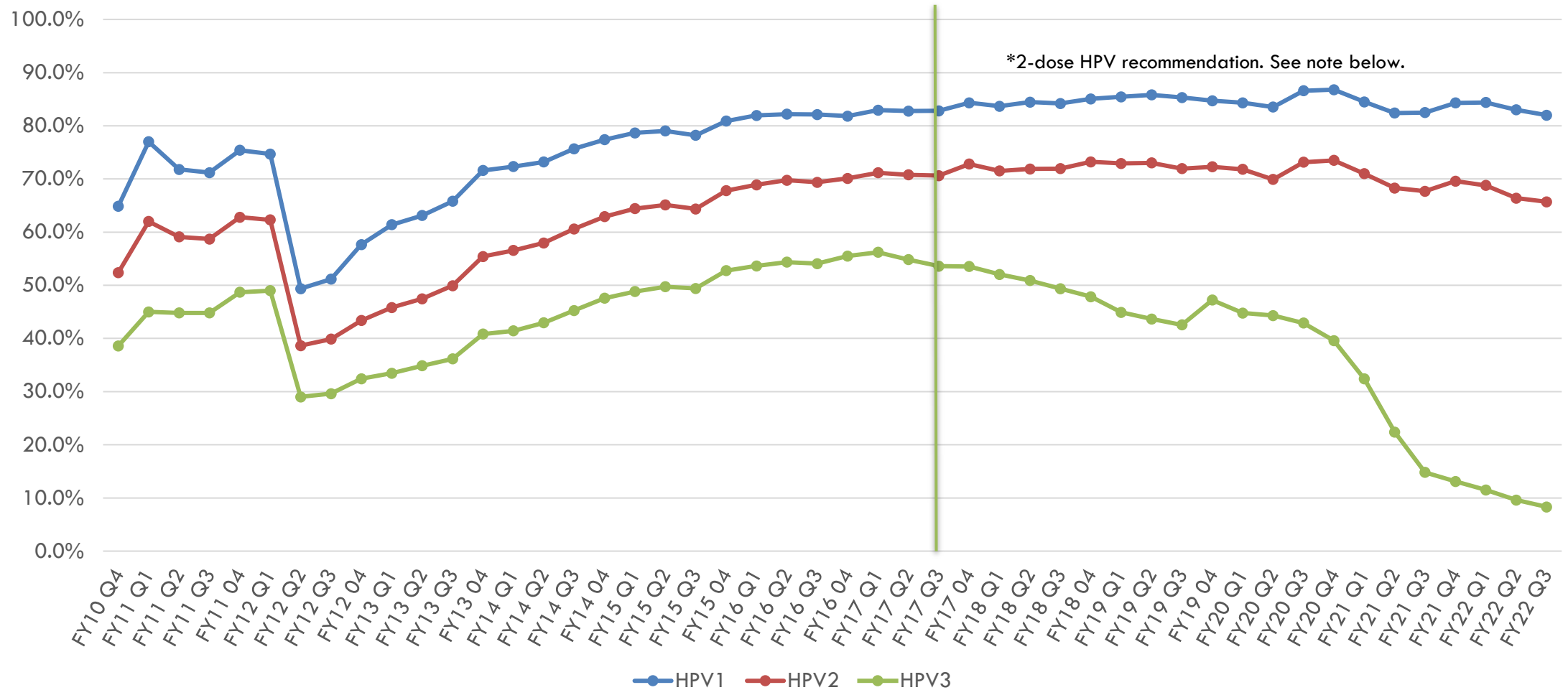
Adolescent Vaccine Coverage 13-17 Year Olds IHS National



Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

HPV Vaccine Coverage 13 - 17 years (Males and Females Combined) IHS National

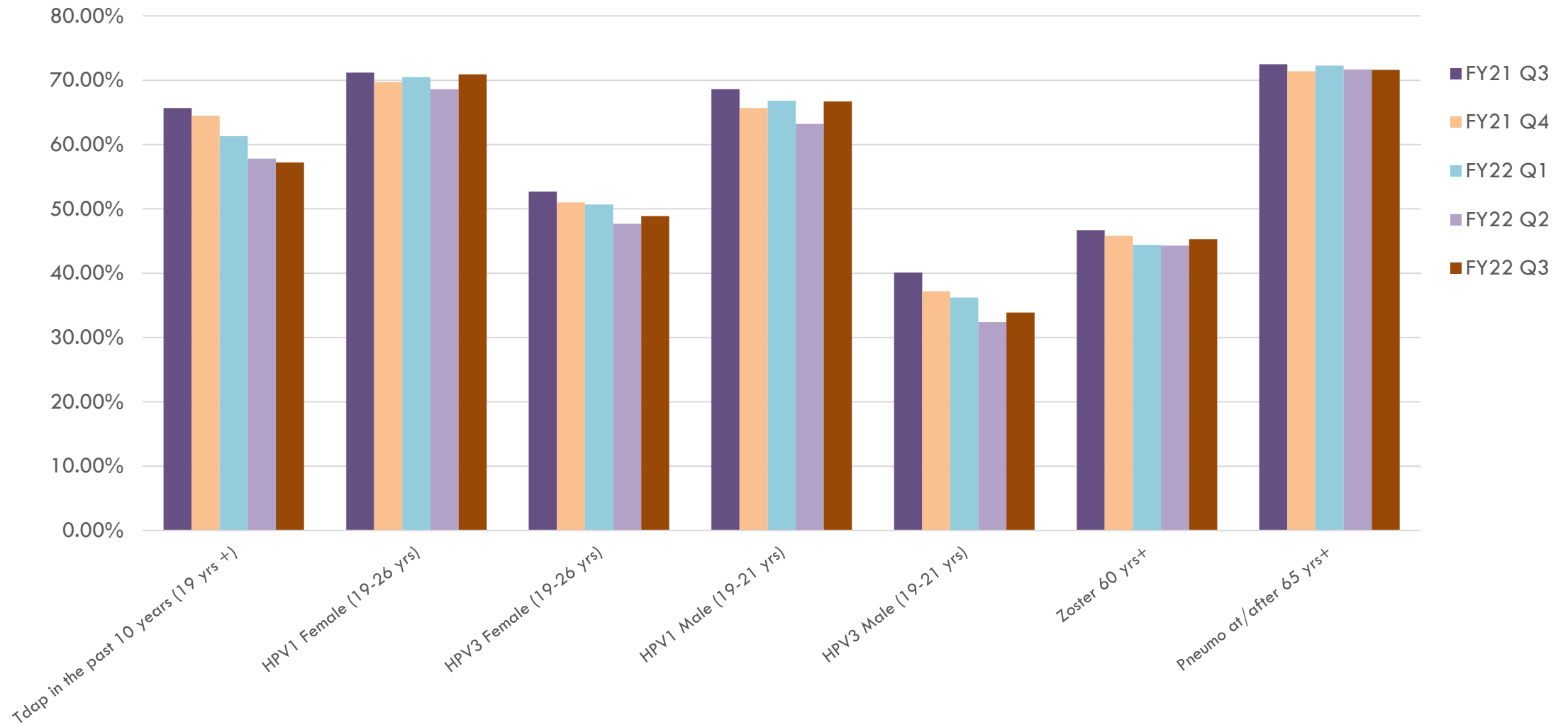


* NOTE: IHS implemented the 2-dose HPV schedule into the clinical decision support, however it is not reflected in the reports. Therefore, the HPV 2nd and 3rd dose coverage currently do not reflect the true coverage.

Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

Adult Vaccine Coverage IHS National



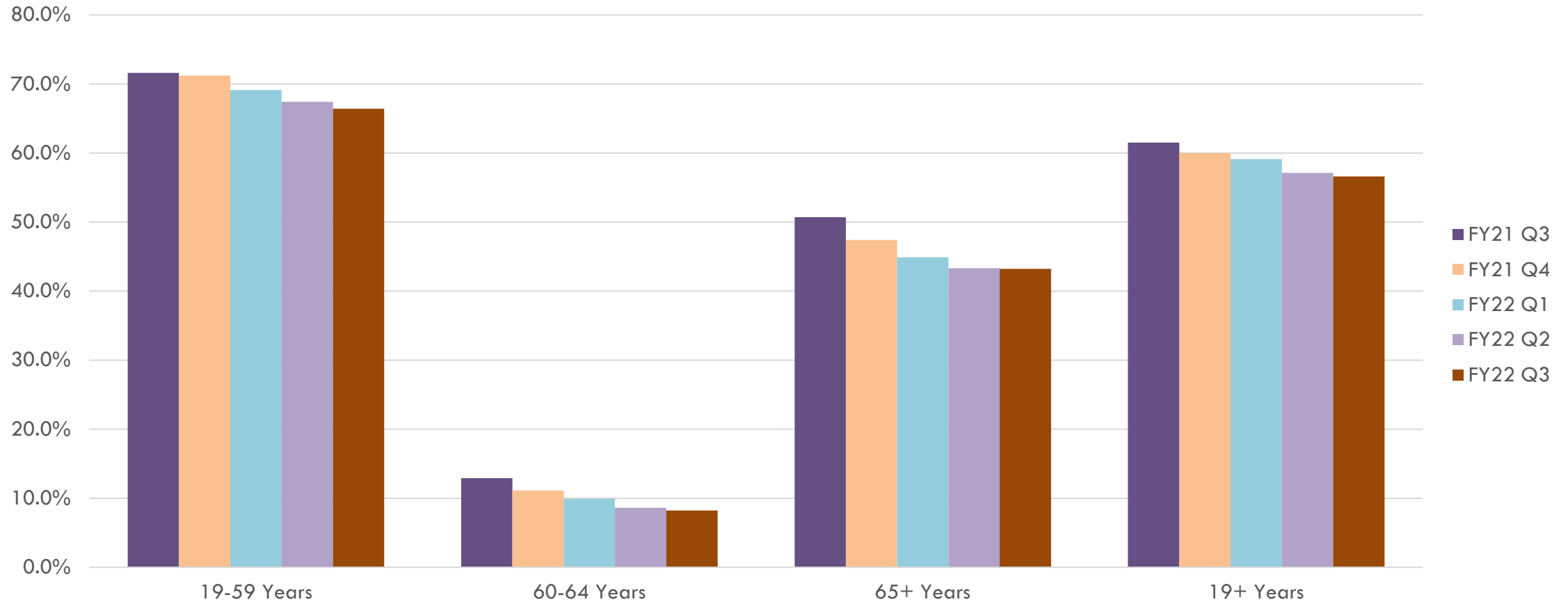
Data source: National Immunization Reporting System (NIRS):

<https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=home>

Adult Immunization Composite Measures *

Appropriately Vaccinated Per Age Recommendations

IHS National



* 19-59 years with Tdap ever and Tdap/Td <10 years; 60-64 years with Tdap ever and Tdap/Td <10 years and Zoster; 65+ years with Tdap ever and Tdap/Td <10 years and Zoster and Pneumo; and 19 years and older with appropriately vaccinated per age recommendation

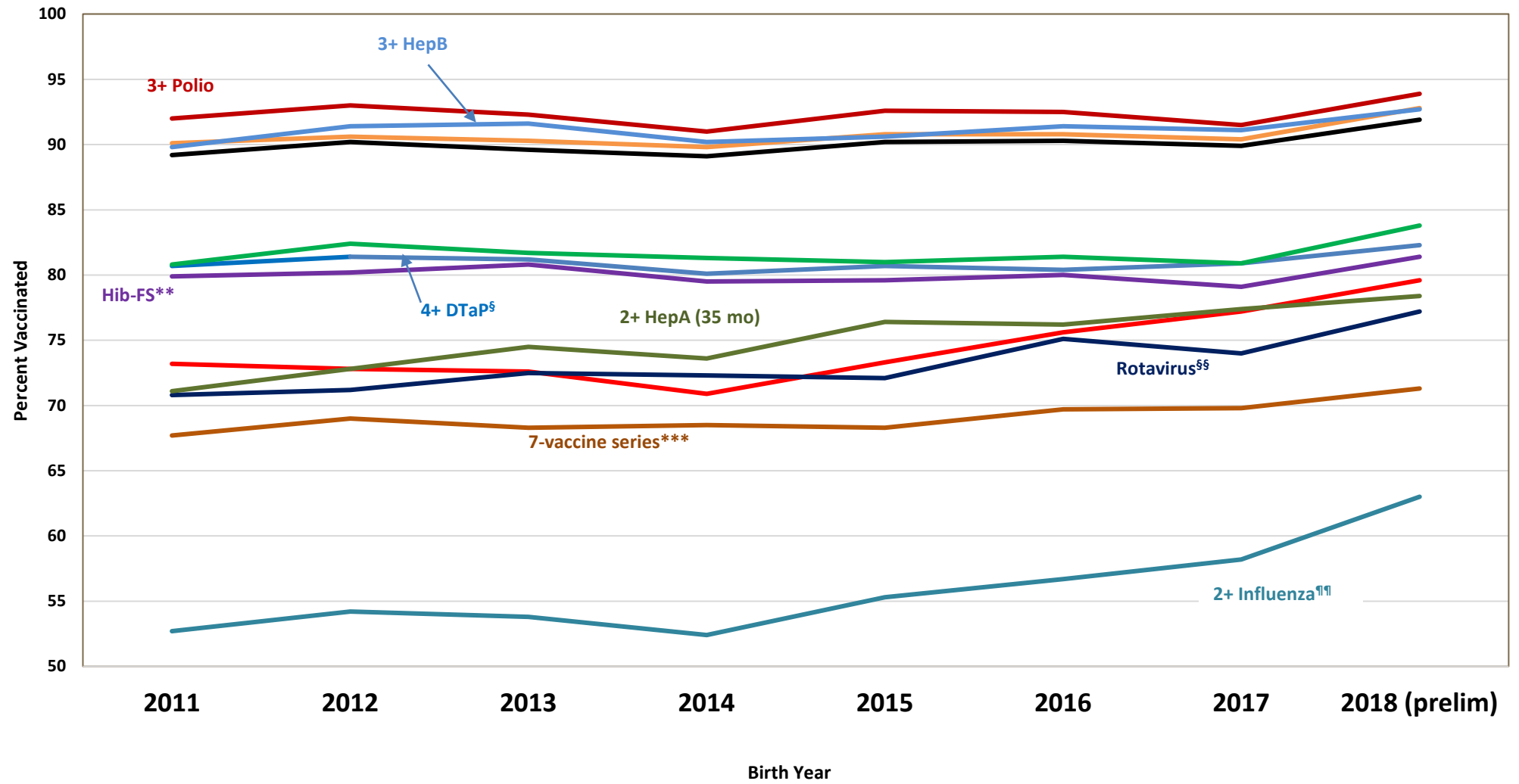
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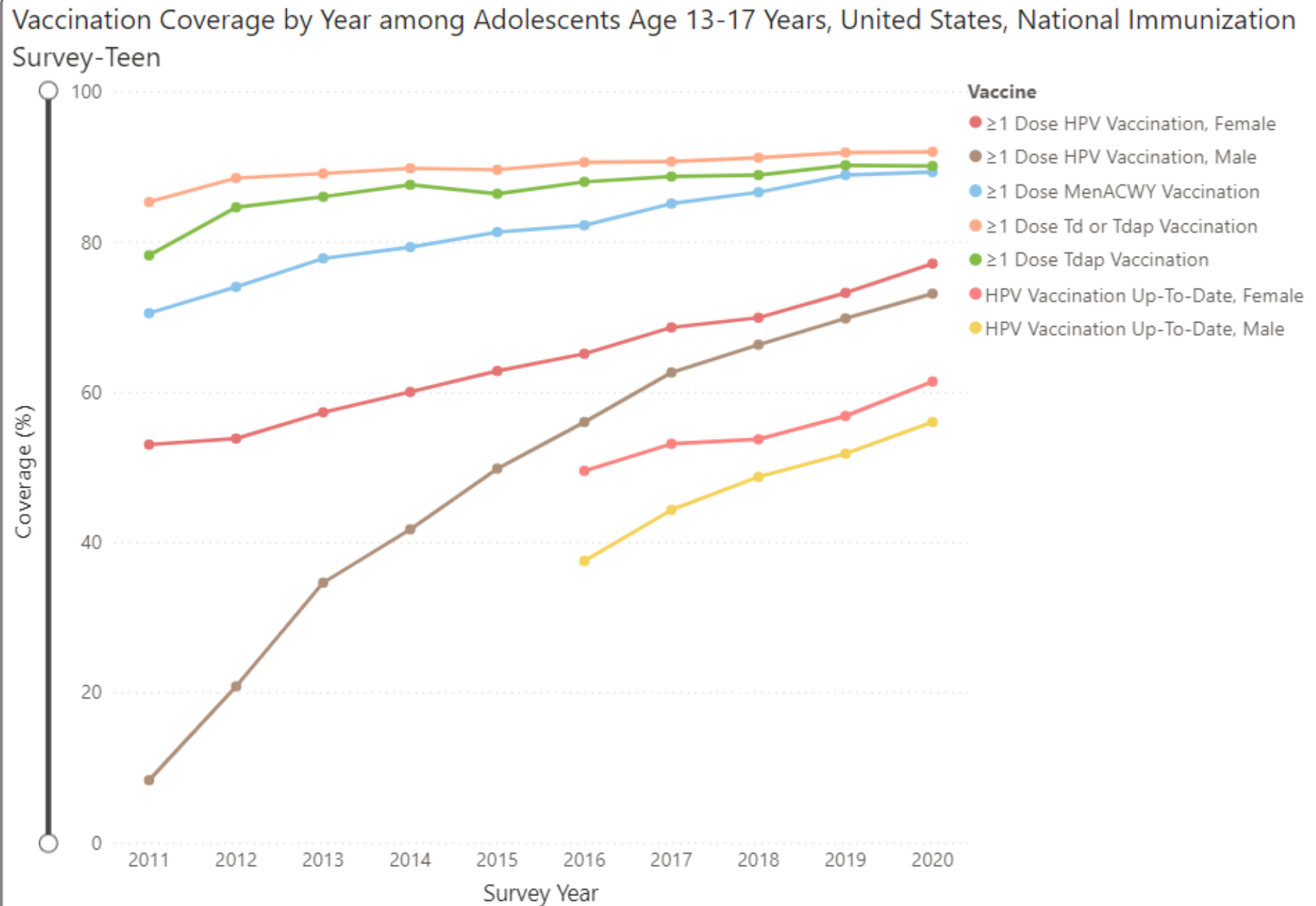
NIS

National Immunization Survey

NIS Child



Vaccine/Dose	Race/Ethnicity						
	White, non-Hispanic (referent)	Black, non-Hispanic	Hispanic	American Indian/Alaska Native, non- Hispanic	Asian, non- Hispanic	Native Hawaiian or other Pacific Islander, non- Hispanic	Multiple Race, non-Hispanic
	(n = 17,236)	(n = 2,126)	(n = 5,731)	(n = 338)	(n = 1,275)	(n = 111)	(n = 2,297)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
DTaP[¶]							
≥3 doses	95.0 (94.4-95.6)	91.3 (89.2-93.1)**	92.8 (91.3-94.1)**	87.0 (79.1-92.9)**	96.3 (94.3-97.7)	85.8 (74.9-93.6)	92.2 (89.3-94.5)**
≥4 doses	84.4 (83.3-85.5)	76.1 (72.9-79.1)**	79.1 (76.7-81.3)**	77.1 (68.3-84.8)	86.0 (82.1-89.4)	—††	80.1 (76.6-83.5)**
Poliovirus (≥3 doses)	93.8 (93.1-94.5)	90.4 (88.2-92.3)**	91.9 (90.4-93.3)**	87.0 (79.0-93.0)	96.1 (94.1-97.6)**	85.8 (74.9-93.6)	91.3 (88.4-93.7)
MMR (≥1 dose)^{§§}	93.2 (92.5-93.9)	89.1 (86.8-91.1)**	89.5 (87.5-91.2)**	87.4 (80.2-92.9)	94.6 (92.5-96.3)	88.0 (79.8-94.0)	91.3 (88.6-93.7)
Hib^{¶¶}							
Primary series	94.0 (93.2-94.7)	91.0 (88.9-92.9)**	92.0 (90.5-93.4)**	86.0 (78.1-92.2)**	96.2 (94.3-97.6)**	87.2 (76.6-94.6)	91.9 (89.0-94.2)
Full series	83.7 (82.5-84.8)	75.4 (72.3-78.4)**	76.3 (73.9-78.7)**	77.7 (68.5-85.8)	85.6 (81.3-89.3)	—††	77.9 (74.0-81.6)**
HepB							
Birth dose***	77.2 (75.9-78.5)	75.8 (72.6-78.8)	81.1 (78.9-83.1)**	—††	82.9 (78.2-86.8)**	—††	78.1 (74.3-81.5)
≥3 doses	92.8 (92.0-93.5)	91.3 (89.3-93.0)	90.6 (88.9-92.2)**	84.2 (75.5-91.1)**	94.3 (92.0-96.1)	89.1 (78.9-95.8)	91.5 (88.8-93.8)
VAR (≥1 dose)^{§§}	92.2 (91.3-92.9)	89.3 (87.1-91.3)**	89.2 (87.3-90.9)**	86.8 (79.2-92.7)	94.2 (91.5-96.3)	89.0 (81.1-94.6)	90.2 (87.3-92.7)
PCV							
≥3 doses	93.6 (92.8-94.3)	89.9 (87.8-91.9)**	91.6 (90.1-92.9)**	86.5 (78.7-92.5)	95.4 (93.4-97.0)	85.8 (74.9-93.6)	91.6 (88.7-94.0)
≥4 doses	85.5 (84.4-86.5)	76.4 (73.3-79.3)**	79.6 (77.3-81.8)**	77.8 (69.1-85.4)	85.1 (80.7-88.9)	—††	81.5 (78.0-84.7)**
HepA							
≥1 dose	87.3 (86.2-88.4)	84.9 (82.1-87.4)	87.3 (85.5-89.0)	—††	91.0 (87.9-93.6)**	—††	86.6 (83.3-89.5)
≥2 doses (by 35 months)	77.6 (75.7-79.4)	75.7 (71.2-80.0)	78.5 (74.9-81.8)	—††	84.9 (79.3-89.6)**	—††	74.3 (69.4-79.0)
Rotavirus (by 8 months)^{†††}	79.4 (78.1-80.7)	66.6 (63.1-69.8)**	72.9 (70.4-75.2)**	—††	80.7 (76.2-84.4)	—††	76.5 (72.7-80.0)
Influenza ≥2 doses^{§§§}	66.1 (64.6-67.5)	45.5 (41.9-49.1)**	56.9 (54.2-59.7)**	—††	74.7 (70.2-79.0)**	—††	57.3 (53.0-61.6)**
Combined 7-vaccine series^{¶¶¶}	74.7 (73.3-76.0)	64.7 (61.3-68.1)**	66.3 (63.6-68.9)**	—††	74.2 (69.5-78.7)	—††	68.8 (64.8-72.7)**
No vaccinations	1.0 (0.8-1.3)	1.2 (0.7-1.9)	0.7 (0.4-1.0)**	—††	—††	—††	—††



	Race/Ethnicity, % (95% CI) [§]					
	White only, non-Hispanic (n = 12,582)	Black only, non-Hispanic (n = 1,671)	Hispanic (n = 3,410)	American Indian/Alaska Native only, non-Hispanic (n = 252)	Asian, non-Hispanic (n = 808)	Multiracial, non-Hispanic (n = 1,367)
Vaccines						
Tdap[¶] ≥ 1 dose	91.5 (90.6 to 92.4)	89.0 (86.3 to 91.2)	87.6 (84.9 to 89.9) **	88.7 (76.9 to 94.9)	90.8 (87.0 to 93.6)	90.6 (87.5 to 93.0)
MenACWY^{††}						
≥1 dose	89.3 (88.2 to 90.3)	89.4 (87.0 to 91.4)	89.2 (86.4 to 91.4)	93.3 (88.3 to 96.3)	89.2 (84.2 to 92.7)	89.9 (87.1 to 92.2)
≥2 doses ^{§§}	58.0 (54.6 to 61.4)	46.8 (38.2 to 55.5) **	52.5 (44.1 to 60.8)	63.8 (42.9 to 80.6)	51.9 (34.1 to 69.2)	47.5 (36.4 to 58.8)
HPV^{¶¶} vaccine coverage by doses						
All Adolescents						
≥1 dose	71.1 (69.7 to 72.5)	78.1 (74.7 to 81.2) **	80.0 (77.0 to 82.7) **	85.3 (78.4 to 90.3) **	77.2 (71.4 to 82.0) **	77.9 (73.1 to 82.1) **
HPV UTD ^{***}	55.4 (53.9 to 56.9)	60.7 (56.9 to 64.4) **	62.7 (59.3 to 66.1) **	66.4 (52.8 to 77.7)	60.9 (54.2 to 67.2)	60.7 (55.7 to 65.5) **
FEMALES						
≥1 dose	72.4 (70.3 to 74.4)	80.0 (75.3 to 84.0) **	84.0 (80.1 to 87.3) **	91.8 (82.5 to 96.4) **	77.0 (68.8 to 83.5)	79.3 (71.2 to 85.6)
HPV UTD	57.1 (54.8 to 59.3)	63.9 (58.4 to 69.0) **	67.9 (62.9 to 72.5) **	71.8 (47.0 to 88.0)	62.6 (53.5 to 70.8)	62.8 (55.1 to 69.9)
MALES						
≥1 dose	69.9 (67.9 to 71.8)	76.1 (71.1 to 80.5) **	76.5 (72.1 to 80.4) **	77.1 (66.7 to 85.0)	77.4 (68.8 to 84.1)	76.3 (70.9 to 80.9) **
HPV UTD	53.8 (51.7 to 55.9)	57.4 (52.0 to 62.6)	58.3 (53.6 to 63.0)	59.5 (47.2 to 70.7)	59.2 (49.2 to 68.5)	58.2 (51.9 to 64.2)
MMR ≥2 doses	93.6 (92.7 to 94.3)	92.7 (90.7 to 94.4)	89.5 (86.9 to 91.7) **	98.3 (95.5 to 99.4) **	91.2 (84.4 to 95.3)	94.3 (92.0 to 96.0)
Hepatitis A vaccine ≥2 doses^{†††}	79.9 (78.6 to 81.0)	80.7 (77.7 to 83.4)	85.4 (82.7 to 87.8) **	94.8 (90.5 to 97.2) **	85.6 (79.2 to 90.3) **	85.4 (81.9 to 88.4) **
Hepatitis B vaccine ≥3	93.9 (93.1 to 94.6)	92.2 (90.3 to 93.8)	89.6 (87.2 to 91.7) **	94.5 (84.9 to 98.1)	92.1 (85.6 to 95.8)	94.9 (92.8 to 96.5)
Among adolescents with no history of varicella:						
≥1 dose vaccine	96.3 (95.6 to 96.9)	95.6 (94.1 to 96.7)	93.7 (91.3 to 95.4) **	99.2 (96.6 to 99.8) **	96.2 (93.5 to 97.8)	96.8 (95.1 to 98.0)
≥2 doses vaccine	93.0 (92.0 to 93.8)	91.0 (88.8 to 92.8)	89.8 (87.0 to 92.0) **	97.6 (94.6 to 98.9) **	90.2 (82.7 to 94.6)	94.6 (92.4 to 96.1)
History of varicella or received ≥2	93.6 (92.7 to 94.4)	91.5 (89.4 to 93.2)	90.7 (88.2 to 92.8) **	97.8 (95.0 to 99.0) **	91.1 (84.2 to 95.2)	94.9 (92.9 to 96.4)

Kindergarten Survey

A lower percentage of kindergartners received required vaccines for the 2020–2021 school year*

Received DTaP/MMR/Varicella Vaccines



Schools and providers can protect students by following up with undervaccinated students



bit.ly/mm7116a1

APRIL 21, 2022

*Compared to 2019–2020 school year

MMWR

1% = 35,000 children



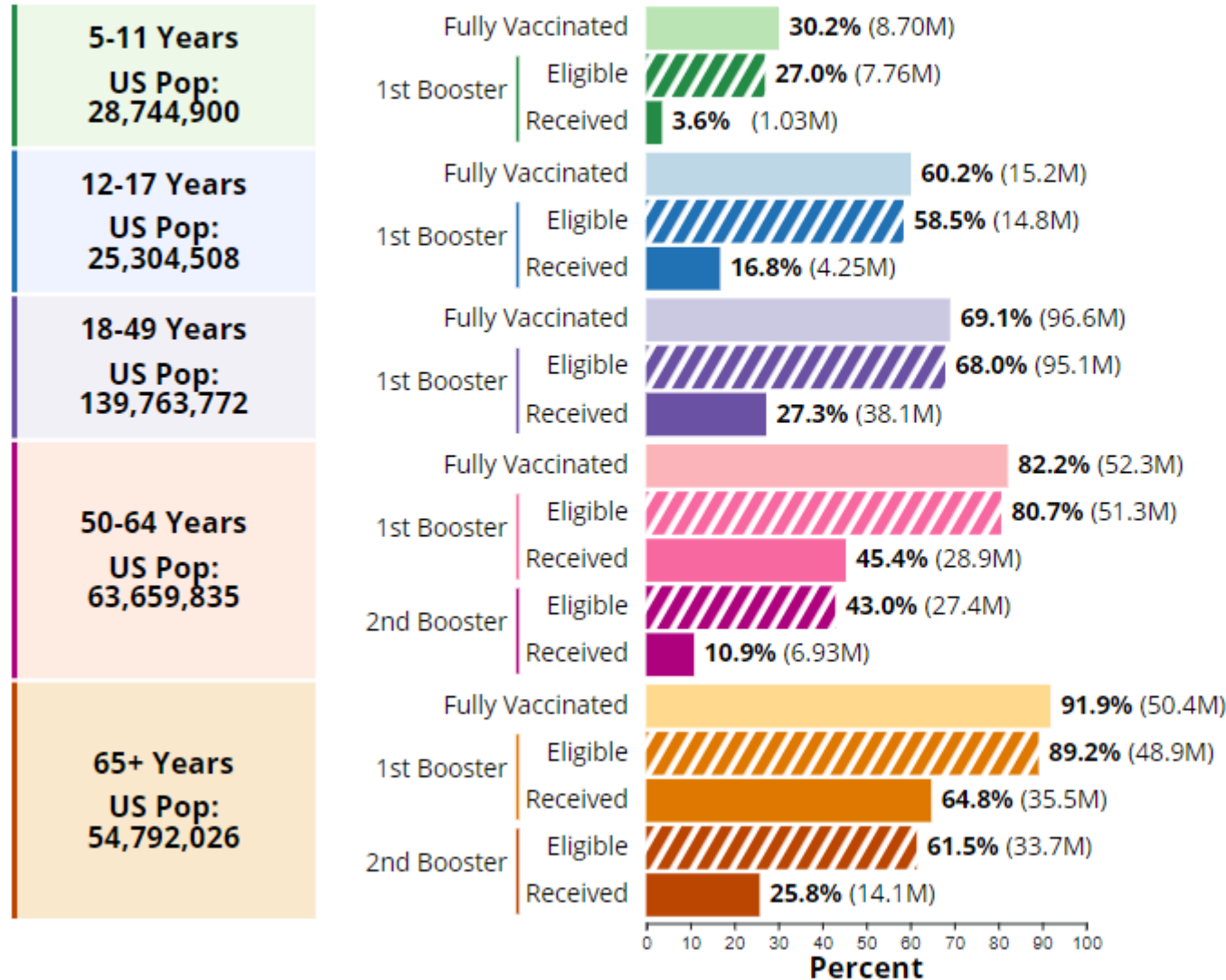
COVID-19

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated July 28, 2022 [Print](#)

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.8x	1.1x	1.5x
Hospitalization ²	2.8x	0.8x	2.2x	2.1x
Death ^{3, 4}	2.1x	0.8x	1.7x	1.8x

Primary Series Completion, Booster Dose Eligibility, and Booster Dose Receipt by Age, United States



Let's Celebrate... Week 88!

- **COVID-19 vaccine available to all!**
 - More than 800 million doses delivered
 - More than 607 million doses administered
- **Total COVID-19 vaccine doses administered: 607 million**
 - 261.9 million people have had at least one vaccine dose
 - 29.6 million children (ages <18) have had at least one dose
 - 862+ thousand children <5 years of age have had at least one dose
 - 223.5 million people *fully vaccinated*
 - 199.3 million adults (ages 18+) *fully vaccinated*
- **Boosters administered**
 - 108 million first boosters
 - 22.3 million second boosters

American Indian/Alaska Native Vaccination Rates

Data reflective of 8/9/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Who Received (3 rd & Any Booster) Doses
Age 65+	90.3% (133,729)	70.9% (105,026)	60.8% (63,888)
Age 18+	75.8% (646,080)	56.8% (484,658)	46% (223,019)
Age 12-17	51.6% (75,393)	36.5% (53,293)	29% (15,452)
Age 5-11	23% (41,632)	17% (30,816)	10.3% (3,181)
Age <5	2.3% (2,604)	0	N/A

- Rates are gradually increasing in all categories and age ranges
- Notable increases in past 30 days:
 - Adolescents 12-17 yrs
 - 1st doses ↑ 1.2% (~1,800 doses)
 - Boosters ↑ 4.2% (~2,200 doses)
 - Pediatrics 5-11 yrs
 - 1st doses ↑ 1.4% (~2,400 doses)
 - Boosters ↑ 5.7% (~1,800 doses)
 - Pediatrics 0-4 yrs
 - 1st doses ↑ 2% (~2100 doses)

Data Considerations: All data is from the IHS COVID-19 Dashboard

- Second boosters are not yet displayed separately in the IHS COVID-19 Dashboard
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.



IHS Vaccine Task Force Activity

Two FDA & CDC Fully Approved COVID-19 Vaccines

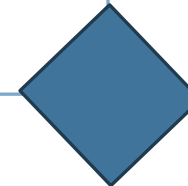
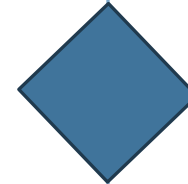
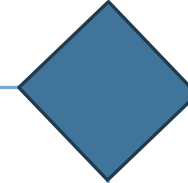
- Pfizer (Comirnaty®) vaccine fully approved age 16+
- Moderna (Spikevax®) vaccine fully approved age 18+
- Boosters, additional doses and doses for children under the FDA licensed ages are available under an Emergency Use Authorization (EUA)

Vaccination Rates and Boosters

- Vaccination rates continue to incrementally increase
- Vaccination is recommended for EVERYONE 6 months+
- Boosters are recommended for EVERYONE 5 years+
- NEW FALL BOOSTERS - Expected early September

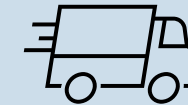
Distribution

- Vaccines are widely available across Indian Country
- Ample supply available of Pfizer, Moderna, Janssen/J&J and Novavax



357

I/T/Us receiving vaccine from IHS



3.28 million

Doses Delivered



Over 2.26 Million Doses Administered!



Fall Boosters: Variant Formulations

- Pfizer/Moderna have developed COVID-19 bivalent boosters that include an Omicron BA.4 and BA.5 valence.
 - Pfizer/FDA EUA is pending; doses for people ages 12+ (Pfizer) and 18+ (Moderna)
 - At least one vaccine for the younger pediatric populations will follow
 - Roll out in September will align with seasonal influenza vaccine administration
 - These will be new vaccine products and are expected to be widely recommended
- Will replace all current boosters
- Maintain primary series footprint! Need that before receiving booster
- Spacing and timing between boosters not yet known



Call to action

NATIONAL IMMUNIZATION AWARENESS MONTH

HHS Catch-up to Get Ahead

- Launched August 2020
- Focused on childhood 7-series
- Resources include social media toolkits
- Impactful activities:
 - Use EHR and IIS to assess coverage
 - Expand access to vaccines
 - Increase communication to parents

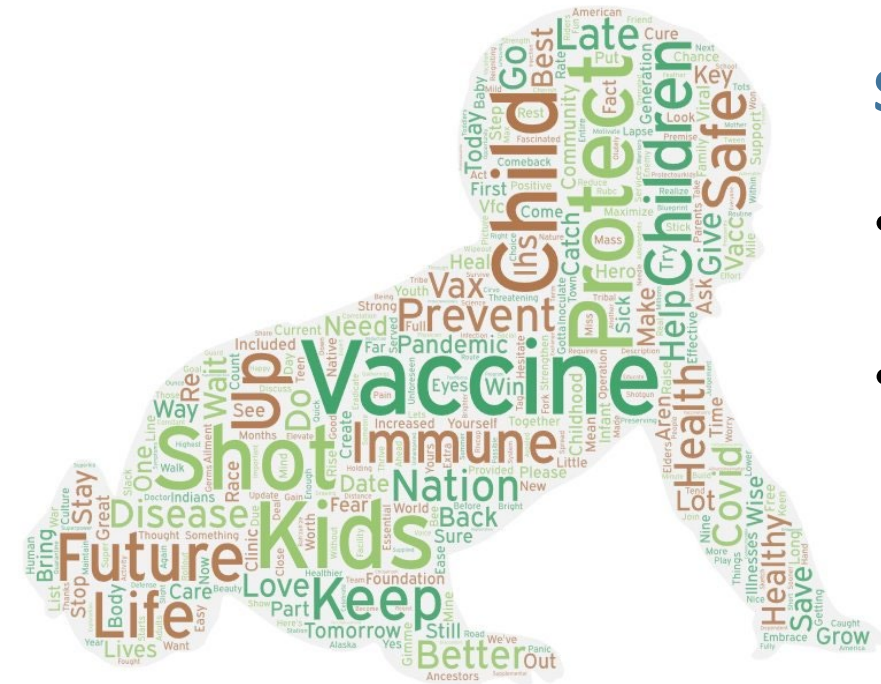


[Twitter](#) | [Facebook](#) | [Instagram](#)



<https://www.hhs.gov/immunization/catch-up/index.html>

IHS Pediatric Immunization Improvement Initiative



Safeguard our Future: Protect Tomorrow, Vaccinate Today

- QI initiative
- Focused on improving childhood rates & coordinating teen vaccines with COVID-19 vaccines



Call to Action



- Routine vaccines + COVID-19 vaccines/boosters
- Excellent opportunity to address all childhood vaccines
 - Vaccine rates for routine vaccines are still lagging from the effects of the pandemic
 - Leverage back-to-school to update due or overdue vaccines during routine care
 - Sports Physicals and Headstart physicals
 - Annual check-ups and well child visits
 - Utilize targeted and widespread outreach to families



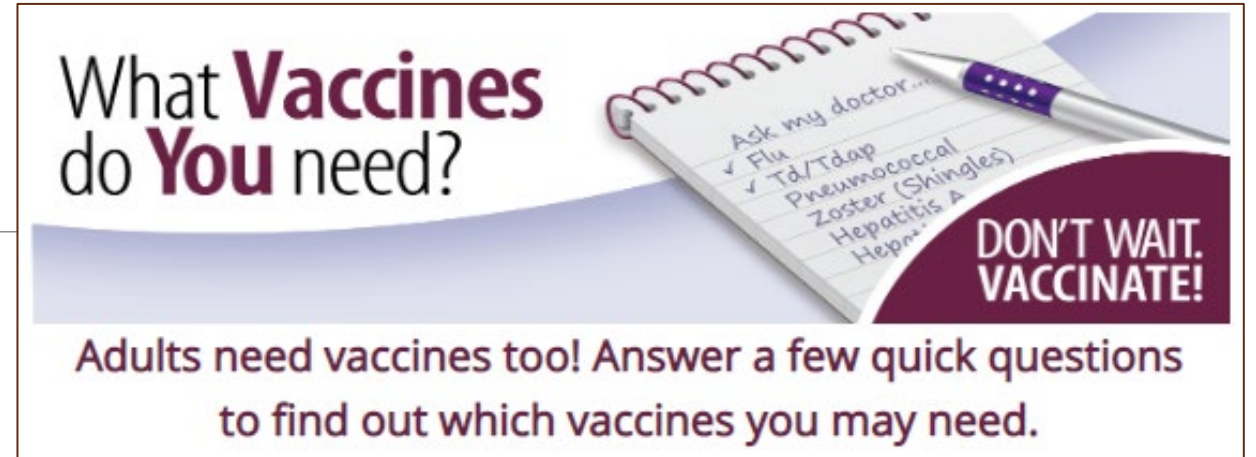
Call to Action

- Seasonal Vaccines

- Influenza vaccine each fall
- NEW COVID-19 variant booster

- Routine Vaccines

- Hepatitis B vaccine recommended for every adult <60 yrs now and certain individuals > 60 yrs
- Pneumococcal vaccines - new recommendations are in place
- Tetanus boosters are due every 10 years
- Shingles vaccine is recommended for EVERY adult ≥ 50 yrs and certain individuals with weakened immune systems that are 18-49 yrs



Call to Action:


Add Routine & COVID-19 Vaccinations to the Back-to-School Checklist

- Send reminders to families whose children are behind on well-child visits and routine vaccination.
- Notify families when children are eligible for COVID-19 vaccines. Tell them where they can find COVID-19 vaccines for their children if they're not offered in the office or clinic.
- Offer vaccination-only appointments or hold vaccination clinics.
- Administer COVID-19 vaccines at the same time as other routinely recommended vaccines, if recommended and appropriate.



Photo Sources: <https://www.today.com/health/covid-19-vaccine-health-care-workers-share-photos-t204282>, <https://www.dailynews.com/2020/12/14/first-wave-of-coronavirus-vaccines-arriving-across-southern-california/photos> sent by people who received vaccine including Naomi Tepper and Dana Meaney-Delman

IHS Resources



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

[A to Z Index](#)[Employee Resources](#)[Feedback](#)

The Indian Health Service continues to work closely with our tribal partners to coordinate a comprehensive public health response to COVID-19. [Read the latest info.](#)

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Announcements

[Announcements](#)[Congressional Testimony](#)[Fact Sheets](#)[Director's Speeches](#)[IHS Blog](#)[Press Releases](#)[Reports to Congress](#)[Urban Leader Letters](#)[Tribal Leader Letters](#)

COVID-19 Vaccine Update

Who should get vaccinated against COVID-19?

Everyone ages 6 months and older

Parents and caregivers [can now get their children 6 months and older vaccinated](#) to help protect against COVID-19 and its complications. All children, including those who have already had COVID-19, should get vaccinated. This step to increase vaccine eligibility across the age spectrum is especially important in Indian Country, where the toll from serious disease, including hospitalization and death, has been more significant than in any other racial or ethnic group in the U.S., regardless of age.

Through continued safety monitoring, COVID-19 vaccination has been found safe for over 10 million children and teens who have already received at least one vaccine dose. Help protect children from severe disease, hospitalization, or death by getting them vaccinated against COVID-19 today. [Find contact information](#) for IHS, tribal, and urban Indian health programs. You can also find vaccines outside of the Indian health system by searching [vaccines.gov](#), texting your ZIP code to 438829, or calling 1-800-232-0233. COVID-19 vaccines are available at no cost.

LET'S REACH COMMUNITY IMMUNITY!

PROTECT YOURSELF, YOUR FAMILY, YOUR ELDERS.

GET VACCINATED

Myths about the COVID Vaccine

MYTH: Getting the vaccine will give you COVID.

FACT: This is absolutely false. To become ill with COVID, there must be contact with the coronavirus. None of the vaccines available contain coronaviruses so they don't have what is needed to cause infection. Building up immunity takes time and so it is possible to contract the virus either before you get the vaccine or while your body is still building protection from the vaccine. That's why wearing a mask is so important.

MYTH: You don't need a vaccine if you've had COVID.

FACT: We don't know how long immunity lasts once you recover from the virus, but there is a possibility of catching the virus a second time, so the vaccine is still important. If you've had COVID, you may receive the vaccine after your symptoms have gone away and you have finished your isolation period. If you received certain medicines when you had COVID, you may need to wait to be vaccinated. Talk to your provider about what's right for you.

MYTH: The vaccine will change my DNA.

FACT: Your DNA is the blueprint for your body and is very difficult to change. The Pfizer and Moderna vaccines contain a different type of genetic material called messenger RNA, or mRNA. Your cells break down the mRNA after a short period of time. And mRNA does not affect or interact with your DNA in any way.

MYTH: I can't get the vaccine if I want to have a baby.

FACT: There is no evidence the vaccine does anything to a baby during pregnancy, nor that it does anything to the mother's body to prevent pregnancy in the future. For men, there is no evidence to suggest it affects the sperm or male reproductive organs either, meaning it won't prevent someone from becoming a father. Your provider can help answer any specific questions.

For more information on vaccine safety, community support, and continued protection against COVID, visit <https://www.ihs.gov/vaccine>

Together, we can reach community immunity.

Facts based on the CDC page Myths and Facts about COVID-19 vaccines.

GET VACCINATED

The COVID-19 pandemic is not over, and it may not be over for a while. There are three easy ways to help your community reach immunity.

- 1. Get vaccinated.**
 - No matter which vaccine you get, all available COVID-19 vaccines are effective at preventing serious and potentially deadly effects from COVID-19 while also lowering your chances of infection with the virus.
 - Most clinics are now able to provide vaccines for everyone 12 years of age and older.
- 2. Get the second dose.**
 - If you receive the Pfizer or Moderna vaccine, you need to get a second dose a few weeks later. The second shot is especially important, as it provides the full protection you want from a vaccine.
- 3. Continue to protect yourself and your loved ones.**

COVID-19 vaccines are effective at protecting you from getting sick. Based on what we know about COVID-19 vaccines, people who have been fully vaccinated can start to do some things that they had stopped doing because of the pandemic.

You are not considered fully vaccinated until two weeks after you receive the 2nd dose of the Pfizer or Moderna vaccine, or 2 weeks after receiving the single dose Johnson & Johnson's Janssen vaccine.

Until then, there are three easy steps to stay safe:

- Wear a mask.
- Wash your hands.
- Watch your distance (6 feet or more).

Protecting yourself will help to protect those around you who may not be able to get vaccinated.

For more information on vaccine safety, community support, and continued protection against COVID, visit <https://www.ihs.gov/vaccine>

Together, we can reach community immunity.

Emergency Responses

There's more than COVID!

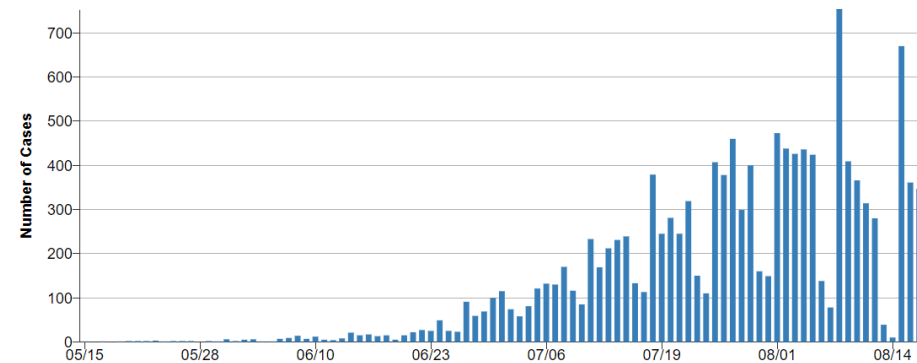
➤ Monkeypox

- Risk-based recommendation
- Not routinely recommended

➤ Polio

- Routine recommendation
- Check your vaccination status!

U.S. Monkeypox Case Trends Reported to CDC



Cases Reported in 2022



<https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html>

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