Rise to Immunize™
Monthly Webinar
Coadministration of COVID-19 and Routine Vaccinations
Featuring Dr. Jon McCullers
Today’s Agenda

Campaign Updates
• Zoom Events platform
• Data Submission
• Enrollment Update
• Resource of the Month
• Annual Conference 2022

Coadministration of COVID-19 and Routine Immunizations
• Featuring Dr. Jon McCullers

Q&A Session
Webinar Reminders

Today’s webinar recording will be available the week of Jan. 24

- Will be sent via email
- Will be available on website

(RiseToImmunize.org → “Resources” → “Webinars”)

Ask questions during the webinar using the Q&A feature

- Questions will be answered at the end of the presentation
Zoom Events

Registration is required for each webinar you want to attend

Only email addresses on our approved users list may register, so make sure to use your email address associated with your organization

To invite colleagues, send their names and email addresses to RiseToImmunize@amga.org

For help, view “Monthly Campaign Webinar Registration Instructions” (RiseToImmunize.org → “Resources” → “Webinars”)
Data Submission

Reminder:
First Data Report due Feb. 15

RiseToImmunize.org → “Measurements” → “Data Submission”
Follow these steps:

1. Enter your organization name in cell E4 of the Data Entry tab

2. Enter your Track (Basic or Core) in cell E5 of the Data Entry tab
Campaign Participants
Resource of the Month

Social Media Toolkit
Located in Library of RIZE Community Page

Social Media Toolkit
Rise to Immunize™ Participating Groups

The following social media toolkit provides Rise to Immunize AMGA member group participants with content to promote their involvement in the campaign. Participants are welcome to customize content as they see fit. The Rise to Immunize promotional video (link below) may be uploaded to accompany any LinkedIn post, Facebook post, or tweet.
2022 AMGA ANNUAL CONFERENCE

Hear from featured keynotes, including:

Guy Kawasaki
Chief Evangelist at Canva; Former Brand Ambassador for Mercedes-Benz; and Former Chief Evangelist at Apple

Robyn Benincasa
World Champion Eco-Challenge Adventure Racer, and New York Times Bestselling Author

Gen. Stanley McChrystal
Bestselling Author of Team of Teams and Risk: A User’s Guide; Co-founder of the McChrystal Group; Former Commander of U.S. and International Forces in Afghanistan

Craig E. Samitt, M.D., M.B.A.
Founder and CEO, ITO Advisors, LLC; Former President & CEO of Blue Cross Blue Shield of Minnesota

The Dr. Scott Hayworth and the Honorable Dr. Nan Hayworth Lecture

LAS VEGAS
March 9-12, 2022

REGISTER
AMGA.ORG/AC22
Today’s Speaker

Jon McCullers, M.D.

Le Bonheur Children’s Hospital and College of Medicine for the University of Tennessee Health Science Center
Countering Vaccine Hesitancy: Co-administration of Routine Adult Immunizations with the COVID-19 Vaccine

Jon McCullers, MD
Senior Executive Associate Dean of Clinical Affairs
University of Tennessee Health Science Center College of Medicine
Pediatrician-in-Chief
Le Bonheur Children’s Hospital

On behalf of the AMGA Rise to Immunize™ Program
New reported cases per day

At least 67,844,928 have been reported since Feb. 29, 2020.

Wed. Jan. 19, 2022
148,128 reported cases
753,576 7-day avg.
Current COVID-19 Status - US

New reported cases per day
At least 67,844,928 have been reported since Feb. 29, 2020.

Reported covid-19 hospitalizations per 100,000 residents
- Currently hospitalized
- Filled ICU beds
Current COVID-19 Status - US

New reported cases per day
At least 67,844,928 have been reported since Feb. 29, 2020.

New deaths reported per day
At least 851,267 have been reported since Feb. 29, 2020.
Fully Vaccinated by State

**US data:**
- **Fully vaccinated:** 62% of eligible
- **Boosted:** 24% of eligible
US: Share of the population fully vaccinated against COVID-19

Share of the total population that have received all doses prescribed by the vaccination protocol.

- Massachusetts: 75%
- Tennessee: 52%

Our world in data.org
Vaccine uptake by age

Fullly Vaccinated by Age Group - Tennessee

- 0 - 4
- 5 - 11
- 12 - 15
- 16 - 20
- 21 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- 71 - 80
- 81+

Fullly Vaccinated by Age Group - Massachusetts

- 0 - 4
- 5 - 11
- 12 - 15
- 16 - 20
- 21 - 30
- 31 - 40
- 41 - 50
- 51 - 60
- 61 - 70
- 71 - 80
- 81+

37% Boosted

43% Boosted
COVID-19 Vaccines

mRNA Vaccines
- Pfizer
- Moderna

Adenovirus-vectored Vaccine
- Janssen (Johnson & Johnson)

Protein Vaccine
- Novavax
Effectiveness vs. Omicron

Vaccine effectiveness against hospitalization with Omicron at 4 weeks (all vaccine brands)

- 1 Dose: 52%
- 2 Doses: 72%
- 3 Doses: 88%

Effectiveness vs. symptomatic infection


UK Health Security Agency December briefing
Early 19th century – anti-vaccine societies form in opposition to Jenner’s cowpox vaccine
Vaccine Resistance

Pamphlet circulated by anti-vaccine societies in response to the Jennerian cowpox vaccine against smallpox.
Early 19th century – anti-vaccine societies form in opposition to Jenner’s cowpox vaccine

1850s – anti-vaccine societies form in the US resulting in numerous lawsuits against States mandating smallpox vaccine
In 1885 rioters in Montreal protested mandatory smallpox vaccination by storming the health department and City Hall and burning them to the ground.
History of Vaccine Refusal

Early 19th century – anti-vaccine societies form in opposition to Jenner’s cowpox vaccine

1850s – anti-vaccine societies form in the US resulting in numerous lawsuits against States mandating smallpox vaccine

1905 – Supreme Court decision upheld State’s right to mandate vaccination as a public health tool

1998 – Wakefield Hoax crystallizes vaccine opposition under a single narrative – that vaccines cause unsuspected, long-term damage that has been missed by scientists
Vaccine Hesitancy

2004 – Institute of Medicine issues a report debunking Wakefield Hoax and declares vaccines safe

Last 15 years – groups aimed at serious vaccine opposition splinter without a central platform, leading to plethora of new conspiracy theories

Last 10 years – social media amplifies minor theories in small subsets of people; patients are regularly exposed to fringe theories

New term is coined – Vaccine Hesitancy – to describe groups of people who need education and reassurance to counter concern and confusion
COVID Vaccine Hesitancy by County

Hesitant = “probably not” or “definitely not” getting a vaccine

CDC
## Top Reasons for Vaccine Hesitancy - US

<table>
<thead>
<tr>
<th>Reasons to refuse the vaccine:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerned about side effects</td>
<td>79%</td>
</tr>
<tr>
<td>Other reasons*</td>
<td>49%</td>
</tr>
<tr>
<td>Think vaccines are not effective</td>
<td>47%</td>
</tr>
<tr>
<td>Not concerned about becoming ill</td>
<td>39%</td>
</tr>
<tr>
<td>Believes in a conspiracy theory</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reasons to accept the vaccine:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal protection</td>
<td>94%</td>
</tr>
<tr>
<td>Protect family</td>
<td>92%</td>
</tr>
<tr>
<td>Protect community</td>
<td>89%</td>
</tr>
</tbody>
</table>


*Access was the most common other reason*
Top Reasons for Vaccine Hesitancy - US

Reasons to refuse the vaccine:
- Concerned about side effects: 49%
- Don’t trust the government: 42%
- Not concerned about becoming ill: 38%
- Worried about allergic reaction: 24%
- Think vaccines are not effective: 22%
- Worried it will impact my health condition: 12%
- Doctor has not recommended: 9%
- Against religious beliefs: 8%
- Plan to be pregnant or breast-feeding: 6%
- Other (cost, access): 19%

King WC, Rubinstein M, Reinhart A, Mejia R. *PLOS One* doi.org/10.1371/journal.pone.0260731, 2021
New Forms of Vaccine Resistance

Vaccine protests in the US, England, the Netherlands, Austria, and France
## Adult Vaccination Rates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age Groups</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza</strong></td>
<td>&gt; 18 years</td>
<td>50.2%</td>
</tr>
<tr>
<td></td>
<td>&gt; 65 years</td>
<td>75.2%</td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td>&gt; 65 years</td>
<td>69.0%</td>
</tr>
<tr>
<td><strong>Tdap</strong></td>
<td>19-64 years (F)</td>
<td>58.3%</td>
</tr>
<tr>
<td></td>
<td>&gt; 65 years</td>
<td>22.2%</td>
</tr>
<tr>
<td></td>
<td>19-64 years (M)</td>
<td>26.3%</td>
</tr>
<tr>
<td><strong>Shingles</strong></td>
<td>&gt; 60 years</td>
<td>34.5%</td>
</tr>
</tbody>
</table>

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**Citations:**

Adult Vaccination Rates

**Influenza:**
- > 18 years: 50.2%
- > 65 years: 75.2%

**Pneumococcal**
- > 65 years: 69.0%

**HPV**
- 19-26 years (F): 58.3%
- 19-26 years (M): 26.3%

**Tdap**
- 19-64 years: 33.5%
- > 65 years: 22.2%

**Shingles**
- > 60 years: 34.5%

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CDC
Countering Vaccine Hesitancy

Ask for and listen to the patient’s individual concerns, respecting the heterogeneity of opinions on this topic

Educate on their specific concerns
- Clearly state vaccines are safe and effective and thoroughly tested
- Address specific myths and misconceptions; tailor your message

Address their personal protection, and protection of family and other loved ones

Tell patients they need to receive the vaccine – physicians are the most trusted information source

Prepare your staff to answer questions

Henry T, AMA News Brief, Feb 1 2021.
Countering Vaccine Hesitancy - SHARE

• **Share** the tailored reasons why the recommended vaccine is right for the patient based on his or her age, health status, lifestyle, occupation, or other risk factors.

• **Highlight** positive experiences with vaccines (personal or in the practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

• **Address** patient questions and concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

• **Remind** patients that vaccines protect them and their loved ones from many common and serious diseases.

• **Explain** the potential costs of getting the disease, including serious health effects, time lost (missing work or family obligations), and financial costs.
One method to improve uptake of adult vaccines is through co-administration with annual vaccines such as influenza or COVID.

Great opportunity at present to “catch-up” many adults on important vaccines while they are getting the COVID vaccine.

Most data on safety and efficacy of vaccine combinations and on effectiveness of this strategy comes from pediatric studies.
COVID and Flu Vaccines study

Toback S, Galiza E, Cosgrove C, et al. medRxiv preprint
Co-administration of COVID vaccines

CDC Statement:
“COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.”

AMA Statement:
“COVID-19 vaccines may be administered without regard to timing of other vaccines. This means COVID-19 vaccines can be co-administered with the influenza vaccine during the same visit. Giving all vaccines for which a person is eligible at the same visit is a best practice as it increases the probability people will be up to date on recommended vaccines.”

Some mis-conceptions about co-administration:

- Vaccines will interfere with each other
- Live virus vaccines must be given a month apart from each other and from other vaccines
- Side effects will be worse
- My immune system can’t handle 2 or more vaccines at once
Practical considerations

Best practices for multiple injections:

- Label each syringe before preparing the vaccines
- Do not pull vaccines up together into the same syringe
- Separate injection sites by 1 inch or more if at same anatomic site (e.g., deltoid)
- Administer vaccines in different limbs if both are highly reactogenic (e.g., COVID and Tdap)
- If giving multiple vaccines, give them in ascending order of pain of injection (e.g., HPV last)
Vaccine hesitancy and refusal are deep-rooted issues in society at present.

The underlying reasons are heterogeneous and complex:
- Often rooted in exposure to fringe theories on social media
- Tend to cluster geographically in like-minded groups

Tailored messaging from medical personnel can make an impact on vaccine uptake.

Co-administration of routine adult immunizations with COVID-19 vaccines is a great opportunity to improve uptake:
- Expert opinion suggests this is safe and effective
- Strongly recommended by public health officials
Questions?
Upcoming Webinar

“Influenza 101”

Thursday, Feb. 17 at 2pm ET

Featuring Carrie Regnier, BSN, RN, M.P.H. of Norton Medical Group