

NACCHO Webinar:

Talking About Vaccines: Lessons Learned from
CDC Research with Parents and Healthcare
Professionals



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Housekeeping

- All participants will be placed in listen-only mode for the duration of this webinar.
- We will take questions at the end of all presentations today. You may submit your questions as we go along through the online platform using the Q&A feature at any time.
- The webinar will be recorded and available online after today. We will also share the slides from today's presentations as permitted by the speakers.

Before We Begin...

- Please take a moment to answer our poll.



Talking About Vaccines: Lessons Learned from CDC Research with Parents and Healthcare Professionals

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NACCHO Webinar

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Disclosure

- Presenters have no conflict of interest.
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- The use of trade names is for identification purposes only and does not imply endorsement.
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Learning objectives

By the end of this webinar, participants will be able to:

- Describe different types of communications research conducted by CDC.
- Discuss key CDC communication research findings.
- Describe guidance for communicating about vaccines.
- Find maternal, childhood and adolescent immunization resources on the CDC website.

CDC Communication Research

Understanding vaccine knowledge, attitudes and beliefs

- CDC conducts ongoing research with parents and healthcare professionals in order to inform its maternal, childhood, and adolescent immunization education campaigns.
- This research helps CDC to better understand audiences' knowledge of diseases and vaccines. It also helps CDC develop and refine educational messages and materials.



Recent research with parents and pregnant women

■ Pregnant women

- Mixed methods research with pregnant women—survey, focus groups, in-depth interviews (2014)
- Online survey/message testing with ~250 pregnant women (2016)
- Longitudinal study of 200 first time expectant mothers from 2nd trimester of pregnancy to child's 19th month of life (2016)

■ Parents of infants and young children

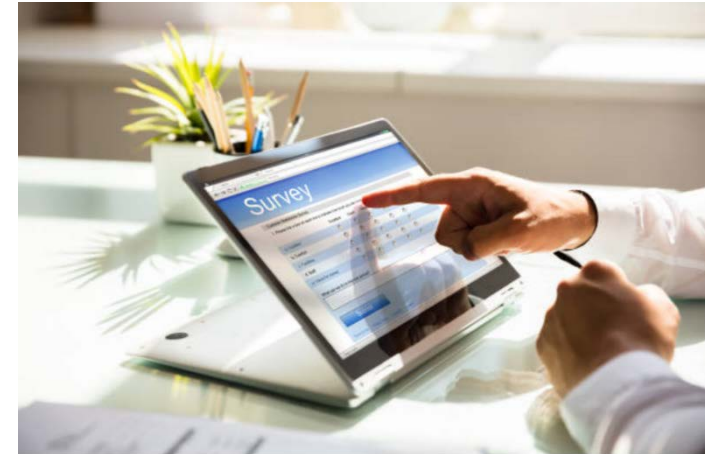
- National online poll of ~2,500 parents of children ages 0-7 years (2018, 2016, 2014)
- 24 focus groups with mothers of children 0-23 months in 3 cities in English and more clear to Spanish (2018)
- 24 cognitive interviews with vaccine-hesitant parents of children 0-23 months (2017)

■ Parents of adolescents

- Online surveys of ~1000 parents of children 9-16 about HPV vaccine (2015, 2016)

Recent research with healthcare professionals

- Evaluation of CDC childhood and preteen campaign materials in the pediatric office setting (2019)
 - Phase 1: Key informant interviews with practice and system-level decision makers who develop and select health education materials
 - Phase 2: Surveys and interviews with practicing physicians before and after incorporating NCIRD materials into their practices
- In-depth interviews with 16 ob/gyns and 8 certified nurse midwives (2016)
- Online surveys of ~700 pediatricians to assess HPV vaccine KABPs (baseline 2015, follow-up 2016)
- 2019: In-depth interviews with certified nurse midwives (not yet conducted)



Key Findings: Pregnant Women and Parents

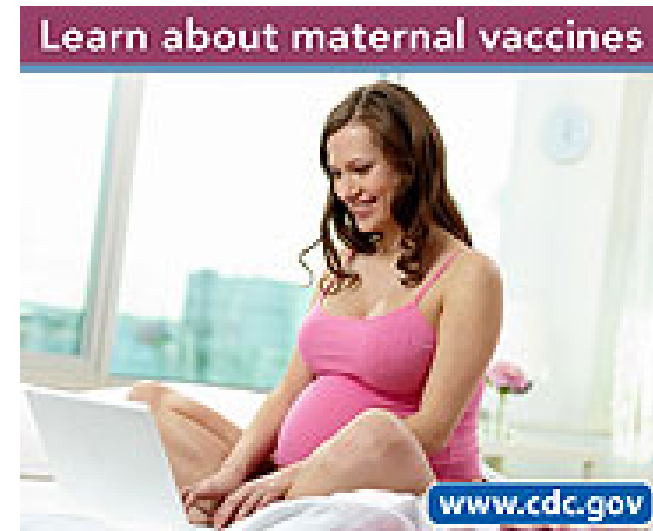
Pregnant women: Knowledge of vaccines

- Low awareness about diseases (pertussis and flu) and vaccines.
- 69% reported receiving a flu vaccine recommendation; 41% reported receiving a Tdap vaccine recommendation.
- Cited provider recommendation and belief that diseases could cause death as reasons for getting both vaccines; more likely to cite recommendation of family/friends as reason for getting flu vaccine; more likely to cite local disease cases as reason for getting Tdap.
- Cited safety concerns as reason for not receiving both vaccines; also cited low effectiveness as a reason for not receiving flu vaccine.
- Motivated by idea of protecting their babies.



Pregnant women: Information seeking

- High information seekers, but not actively seeking information about pregnancy vaccines.
- However, 85% had made vaccine plans for their babies by 2nd trimester.
- Internet is #1 source of vaccine information during pregnancy, but want to receive it from prenatal care provider.



Common questions pregnant women have about maternal vaccination



- Are these diseases really dangerous?
- Is vaccination safe for me and my baby?
- Can't I just get it after my baby is born?
- Why is vaccination needed every pregnancy?
- Why hasn't my doctor talked to me about this?
- Isn't it enough to make sure everyone around my baby is vaccinated (or stay away from sick people?)

Parents of infants/young children: Vaccine KABPs

- Make vaccination decisions before pregnancy, during pregnancy or before the 2 month visit. Once parents start vaccinating at 2 mos, there is very little change later to delay or refuse.
- In 2018 national online poll of parents:
 - 89% of parents reported that their child received all vaccines at the time they were recommended.
 - 15% of parents reported being somewhat or very hesitant about childhood vaccines.
 - 8% reported not vaccinating according to the recommended schedule.
- Recognize that vaccinations are an important part of a child's overall health and are aware of CDC's childhood immunization schedule.



What motivates parents of infants/young children

- Values-based statements that resonated most:
 - Every child deserves a happy, healthy life (English/Spanish)
 - I want the freedom to choose what's best for my child (English/Spanish)
 - Protecting children from harm (English)
 - I want my children to grow up in a better world (Spanish)
 - I want my children to grow up free from the threat of VPDs (Spanish)
- Parents motivated by messages mentioning:
 - local occurrences of vaccine-preventable diseases
 - risk of not vaccinating on schedule
 - comparison of risks and benefits of vaccines.
- Messages focused on vaccinating children to avoid sickening others did not resonate as highly.



Questions/concerns and trusted information sources

- Many parents have at least some vaccine questions, but questions do not necessarily equal concerns. Most common questions include:
 - Ingredients
 - Side effects
 - Number and timing of vaccines
- Most trusted sources of vaccine information:
 - Child's doctor/HCP (93%)
 - Scientific or medical journal (41%)
 - Family (38%)
 - Prenatal care provider (36%)
 - Internet/social media (18%)
 - Search engine (71%)
 - WebMD (45%)
 - CDC (40%)
 - AAP (36%)
 - Mayo Clinic (31%)



Attitudes of vaccine-hesitant parents of infants/young children

- Questions/concerns did not differ by sex, race/ethnicity, geographic region or parental experience.
- Some considered themselves as vaccinating on time as long as they get caught up by a certain time (e.g. by age 2, or before starting school).
- Some were unable to cite which specific vaccines they have delayed.
- Had concerns about both short-term and long-term side effects.
- Level of trust in doctor's advice varied. Some felt HCPs were pushing them to vaccinate or withholding information.
- Had not thought about vaccinating their child as a way to protect others in their community.

Parents of adolescents: HPV vaccine attitudes

- Believe that Tdap and meningitis vaccines are more important than HPV and flu vaccines.
- Very motivated by cancer prevention.
- Common reasons for not accepting HPV vaccine:
 - Concern about safety/side effects (ex: infertility, death)
 - Not needed/necessary
 - Lack of knowledge
 - Child is not sexually active
 - Not recommended by child's doctor
- More likely to accept HPV vaccine if provider recommends it.
- Parents of boys are twice as likely to say that HPV vaccine was not recommended by child's doctor as parents of girls.



Key Findings: Healthcare Professionals

Prenatal care providers: Vaccine KABPs

- 1/3 provided Tdap vaccination on site in their practice.
- Main consideration in deciding whether to provide vaccines was cost.
 - Billing, reimbursement, obtaining vaccine stock, patient costs
- Discussed Tdap and flu vaccines during initial pregnancy visit, with a focus on Tdap in the 3rd trimester.
- Certified nurse midwives and ob/gyns differed in their approach to discussing vaccines.
 - CNMs less comfortable making a strong personal recommendation.
- Felt patients were concerned about safety of vaccine ingredients for their babies and getting sick from flu vaccine.
- Only half used written handouts with patients.



Pediatricians and family physicians: Vaccination barriers

- Cite the lack of training in medical school on how to communicate with parents about vaccines as a barrier.
- Receive the most pushback about HPV vaccine. Flu vaccine and MMR vaccine also mentioned.
- Worried about overwhelming parents with too much information.
- Believe that office staff can play important role in supporting, or undermining, a strong vaccine recommendation.



HCP use of educational materials

- Most likely to use educational materials with new parents or parents who are “on the fence” about vaccines.
- Commonly requested topics:
 - Information about the latest myths circulating online
 - Updated statistics on VPDs relevant to the region/state
 - Data on vaccine efficacy for any schedule changes
 - Talking points for vaccine schedule changes
 - Information to share with parents about “how vaccines work”
 - Information to answer parent questions about ingredients
- Few are sharing materials with parents electronically—prefer hard copies.
- Cost of printing educational materials is a barrier in private practices.
- However, do request many formats, including print, posters, scripts, videos, and content for practice websites



Pediatrician attitudes towards HPV vaccine

- Perceive the HPV vaccine to be less important to parents than Tdap and meningococcal vaccines.
- Between 15% and 25% of physicians believe the HPV vaccine is not necessary for their 11-12 year old patients.
- Many reported that they anticipate having an uncomfortable conversation when it comes to discussing the HPV vaccine with parents of adolescent patients.
- Believe that parental hesitancy is the biggest contributing factor in vaccine delay or refusal.
- 80% or more reported that bundling vaccine recommendations is important to HPV vaccination uptake.
- Even though pediatricians report providing high quality recommendations, there is a disconnect in HPV vaccination rates.

Communication Guidance

Encourage HCPs to create a culture of immunization

- Identify an office immunization champion.
- Get the entire practice on board with communicating positively about vaccines.
- Empower support staff to discuss vaccines before provider enters the room.
- Use educational materials to supplement the conversation and help save time.
 - Fact sheets that answer common questions about vaccines
 - Posters that are rich in factual information
 - CDC's parent-friendly immunization schedules
- Share resources before the vaccine visit.
 - Put information in welcome packets.

Share effective ways for HCPs to introduce vaccines

- Start the vaccine discussion early.
 - Early in pregnancy for maternal vaccines
 - During pregnancy for childhood vaccines
 - At age 9 for HPV vaccine
- Present maternal immunizations as a routine part of obstetric care.
- Use a presumptive approach that assumes the woman/parent will accept vaccines.
 - Ex: You are due for a Tdap shot and a flu shot today.
 - NOTE: This does NOT mean pushing or pressuring to vaccinate
- Talk about cancer prevention when introducing HPV vaccine.
- Make a strong recommendation for on-time vaccination.
- Listen to and be prepared to respond to common questions.

www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html

Help HCPs make effective recommendations for HPV vaccine

- An effective recommendation from a clinician is the main reason parents decide to vaccinate.
- Parents value the HPV vaccine and clinicians underestimate the value that parents place on HPV vaccine.
- Recommend HPV vaccination the **same way** and on the **same day** you recommend meningococcal and Tdap vaccines.
- Give a bundled recommendation grouping all of the vaccines together:

“Now that your child is 11/12, he/she is due for three vaccines today. These will help protect him/her from the infections that can cause meningitis, HPV cancers, and pertussis. We’ll give those shots at the end of the visit. Do you have any questions for me?”

Support HCPs in responding to parent questions

- Questions don't necessarily mean that parents will refuse to vaccinate.
- Try to understand the concerns behind questions.
- If you don't know the answer, share what you *do know*.
- Acknowledge both the benefits and risks of vaccination—parents want to know about side effects.
- Document questions and concerns for future conversations.

<https://www.cdc.gov/vaccines/hcp/conversations/preparing-for-parent-vaccine-questions.html>

<https://www.cdc.gov/hpv/hcp/answering-questions.html>

CDC Resources for Healthcare Professionals

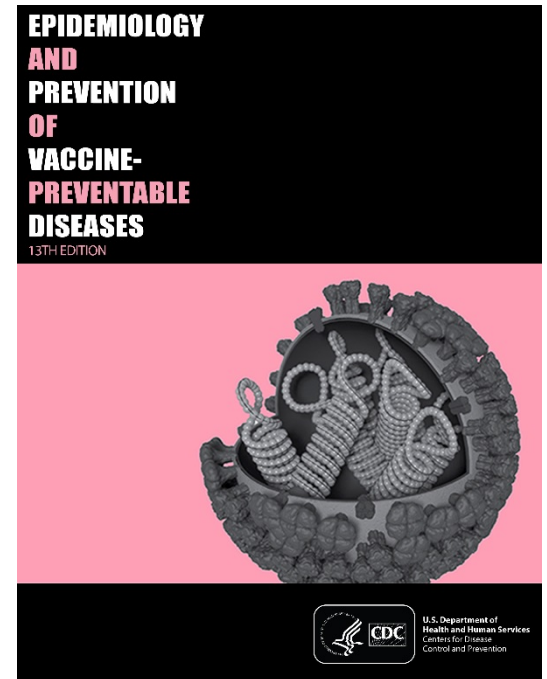
#HowIRecommend videos



www.cdc.gov/vaccines/howirecommend

Immunization training resources

- **You Call the Shots:** Web-based modules that discuss vaccine-preventable diseases (VPDs) and explain the latest recommendations for vaccine use. CE/CME credit offered.
- **Current Issues in Immunization Net Conference (CIINC):** Live 1-hour audio and visual presentations with on-demand replays. Offered 4-5 times per year. CE/CME credit offered.
- **Pink Book Webinar Series:** Online series of 15 1-hour webinars. Provides an overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about VPDs and vaccines. CE/CME credit offered.
- **Webcasts:** Topics include HPV, pertussis, flu, vaccine storage and handling, and more. CE credits offered.



www.cdc.gov/vaccines/ed/index.html

CDC-Medscape CME programs

- Making the Case: Championing for HPV Cancer Prevention in Your Practice
<https://www.medscape.org/viewarticle/898084>
- Medscape CME: Pediatric Immunization: Navigating Difficult Conversations with Parents
<https://www.medscape.org/viewarticle/907254>



Slide Deck: How to create a culture of immunization

- Content geared for nurses, medical assistants and non-clinical office staff.
- Intended for use by physicians or vaccine coordinators during staff meetings or lunch-and-learn presentations.
- Can be customized with an organization's slide template and logo.
- Health departments can also modify and use during HCP training.



www.cdc.gov/vaccines/partners/childhood/professionals.html

Maternal immunization resources

Making a strong vaccine referral to pregnant women

Strategies for healthcare professionals



Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at: <http://vaccine.healthmap.org>.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, is less important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Stocking and administering vaccines in your office may not be feasible for all prenatal healthcare professionals, often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended influenza (flu) and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines even if you are unable to administer them in your office. The strategies outlined are based on research with healthcare professionals and pregnant women. The goal is to strengthen vaccine referrals to increase the likelihood of patient follow through.

Vaccines Routinely Recommended for Pregnant Women

It is safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transplacentally transferred to her unborn baby. Third trimester administration optimizes neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

February 2018

Toolkit for Prenatal Care Providers

Increasing the Use of Maternal Vaccines by Ob-gyns, Nurse-Midwives, and Other Healthcare Professionals



This comprehensive toolkit is intended to help prenatal care providers increase the rates of maternal immunization. Ob-gyns, nurse-midwives, and other healthcare professionals who serve pregnant women can all use this toolkit. The resources here include recommendations from CDC and other relevant details about vaccinating pregnant women.

We want your feedback for this toolkit! What do you find to be most helpful? Is something missing? Your input is important! Please email feedback to adultvaccines@cdc.gov.



Why Maternal Vaccines Are Important

- Tdap (Pertussis) Vaccine
- Rationale: Why Vaccinate Pregnant Women? (Tdap)
- Influenza (Flu) Vaccine and Pregnancy
- ACIP Recommendations and Pregnancy (Flu)

Implementation Resources

- Standards for Adult Immunization Practice
- Strategies for Increasing Adult Vaccination Rates

Maternal Vaccination Information

- Guidelines for Vaccinating Pregnant Women
- Recommended Immunization Schedules for Adults



Summary of Maternal Immunization Recommendations

Resources for health care professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated December 2018

Vaccine*	Indicated During Every Pregnancy	May Be Given During Pregnancy in Certain Populations	Contraindicated During Pregnancy	Can Be Initiated Postpartum or When Breastfeeding or Both
Inactivated influenza	X ^{1,2}			X [‡]
Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap)	X ^{1,3,4}			X [‡]
Pneumococcal vaccines		X ^{5,6}		X ^{5,6}
Meningococcal conjugate (MenACWY) and Meningococcal serogroup B		X ⁷		X ⁷
Hepatitis A		X ⁸		X ⁸
Hepatitis B		X ^{8,10}		X ^{8,10}
Human papillomavirus (HPV)**				X ^{**,11,12}
Measles, mumps, and rubella			X ^{††,13,14}	X ^{††}
Varicella			X ^{††,13,15,16}	X ^{††}

www.cdc.gov/vaccines/pregnancy

Provider Resources for Vaccine Conversations with Parents

- Talking to Parents about Vaccines for Infants
- Preparing for Questions Parents May Ask about Vaccines
- Understanding Vaccines and Vaccine Safety
 - How Vaccines Work
 - The Recommended Childhood Immunization Schedule
 - Ensuring the Safety of U.S. Vaccines
 - The Advisory Committee on Immunization Practices
- Diseases and the Vaccines that Prevent Them
- If You Choose Not to Vaccinate, Understand the Risk and Your Responsibilities

The screenshot shows the CDC website page for 'Provider Resources for Vaccine Conversations with Parents'. The page features a navigation menu on the left with categories like 'Conversations Home', 'Understanding Vaccines and Vaccine Safety', and 'About Vaccine Conversations with Parents'. The main content area includes a 'Vaccines Home' section with a 'Vaccines & Immunizations' logo, a 'Print page' button, and a 'Get email updates' form. Below this, there are two main sections: 'For You and Your Practice' and 'To Share With Parents'. The 'For You and Your Practice' section includes a photo of a doctor and a parent with a child, and a list of resources to help strengthen communication. The 'To Share With Parents' section includes a photo of a doctor and a parent with a child, and a list of resources to help parents understand vaccine benefits and risks. At the bottom, there is a 'Spread the Word' section with multimedia tools for sharing immunization information and a 'Keep in Touch' section with a sign-up form for e-mail updates.

www.cdc.gov/vaccines/conversations

HPV vaccine resources

- Clinical guidance
- Tips for boosting vaccination rates
- CE courses
- #PreteenVaxScene webinars
- Tips for talking with parents
- Fact sheets for parents

www.cdc.gov/hpv/hcp



Talking to Parents about HPV Vaccine

Recommend HPV vaccination in the same way and on the same day as all adolescent vaccines. You can say, "Now that your son is 11, he is still in a vulnerable time to help protect him from meningitis, HPV cancer, and other things. Do you have any questions?" Reassure parents of the follow-up shots their child will need and ask them to make appointments before they leave.

Why does my child need HPV vaccine? HPV vaccine is important because it prevents infections that can cause cancer. There's only one time to start the shot series today.

How do you know the vaccine works? Studies continue to prove HPV vaccination works extremely well, decreasing the number of infections and HPV precancers in young people since they were vaccinated.

Why do they need HPV vaccine at such a young age? Like all vaccines, we want to give HPV vaccine earlier rather than later. Getting the vaccine now prevents your child from getting these infections before they are even infected. If you wait until your child is older, he/she may end up needing three shots instead of two.

Why do boys need the HPV vaccine? HPV vaccination can help prevent future infections that can lead to cancers of the penis, anus, and base of the throat in men.

Are all of these vaccines actually required? I strongly recommend most of these vaccines and to do so, experts at the CDC and major medical organizations. School entry requirements are developed for public health and safety, but don't always reflect the most current medical recommendations for your child's health.

Would you get HPV vaccine to your child? Yes, I give HPV vaccine to my child (or grandson, etc.) when he was 11. I was just happy to help protect him from cancer in the future.

Some HPV infections can cause cancer—the cancer of the cervix is at the back of the throat—but we can protect your child from these cancers in the future by getting the first HPV shot today.

HPV is a very common infection in women and men that can cause cancer. Starting the vaccine series today will help protect your child from the cancers and diseases caused by HPV.

Yes, HPV vaccination is very safe. Like any medication, vaccines can cause side effects, including sore swelling or redness where the shot was given. That's normal for HPV vaccine too and should go away in a day or two. Sometimes kids faint after they get shots and they should be insured if they fall from fainting. Just have your child stay seated after the shot to help protect them.

There is no evidence to suggest that getting HPV vaccine will have an effect on future fertility. However, women who develop an HPV precancer or cancer should require treatment that could limit their ability to have children.

What diseases are caused by HPV?

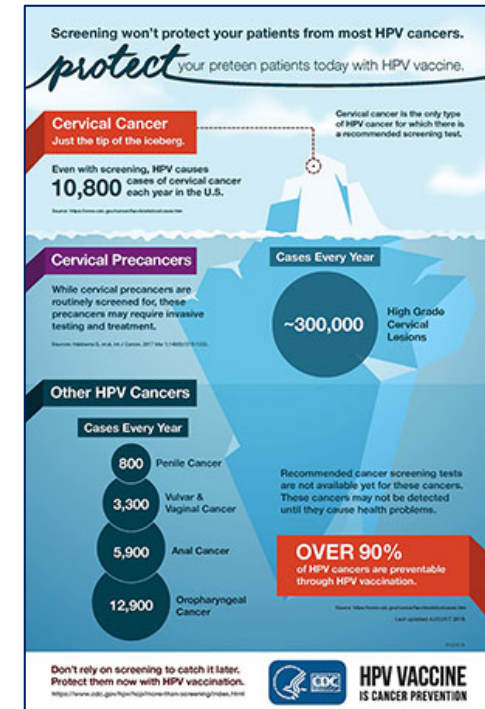
Can HPV vaccine cause infertility in my child?

Is my child really at risk for HPV?

I'm worried my child will think that getting the vaccine makes it OK to have sex.

I'm worried about the safety of HPV vaccines. Do you think it's safe?

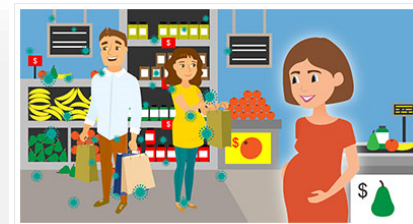
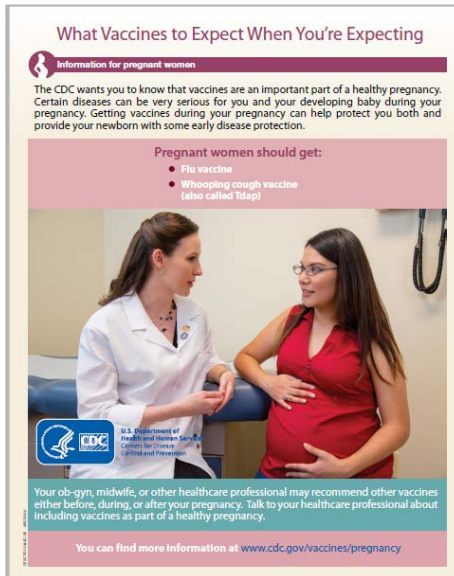
HPV VACCINE IS CANCER PREVENTION



CDC Resources for Parents

Maternal immunization resources

- Quiz
- Video
- Listicle
- Fact sheets (English and Spanish)



#1. You aren't just protecting yourself - vaccines during pregnancy give your baby some early protection too!

You know that vaccines are meant to protect the person getting the shot against a disease, but during pregnancy, you and your baby are sharing *everything*, and that even includes disease protection. When you get some vaccines while you are pregnant, your body will create protective antibodies (proteins produced by the body to fight off diseases) and pass on some of those antibodies to your baby. These antibodies will give your baby some short-term protection against whooping cough and the flu (the 2 vaccines recommended during pregnancy) early in life.

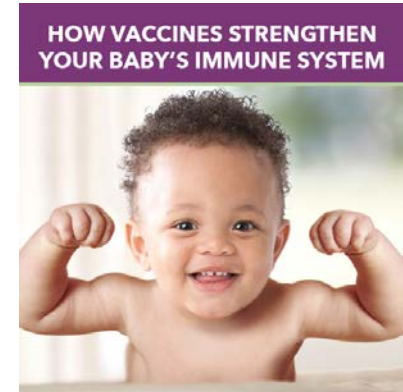
www.cdc.gov/vaccines/pregnancy

Infant immunization resources

Immunizations and Developmental Milestones for Your Child from Birth Through 6 Years Old

	Birth	12 MONTHS	2 YEARS	4 YEARS	6 YEARS
Hepatitis B	C HepB	C HepB			C HepB
Rubella			C RV	C RV	C RV
Diphtheria, Tetanus, Pertussis			C DTaP	C DTaP	C DTaP
Pneumococcal conjugate type 6			C Hib	C Hib	C Hib
Pneumococcal			C PCV	C PCV	C PCV
Inactivated Poliovirus			C IPV	C IPV	C IPV
Influenza (flu)					C Influenza, not your own

Developmental Milestones: Milestones should be achieved by the age indicated. Talk to your child's doctor about age-appropriate milestones your child can learn personally. At each well-child visit, enter data, length, weight, and general information to keep track of your child's progress.



Your child is exposed to thousands of germs every day in his environment. This happens through the food he eats, air he breathes and things he puts in his mouth.

Babies are born with immune systems that can fight most germs, but there are some deadly diseases they can't handle. That's why they need vaccines to strengthen their immune system.

Vaccines use very small amounts of antigens to help your child's immune system recognize and learn to fight serious diseases. Antigens are parts of germs that cause the body's immune system to go to work.



Vaccines help strengthen your baby's immune system and keep him safe from vaccine-preventable diseases. **IMMUNIZATION. POWER TO PROTECT.**

INFORMATION FOR PARENTS (DISEASES and the VACCINES THAT PREVENT THEM)

Measles and the Vaccine (Shot) to Prevent It

The best way to protect against measles is to get the measles-mumps-rubella shot (called the MMR shot). Doctors recommend that all children get the MMR shot.

Why should my child get the MMR shot?
The MMR shot:

- Protects your child from measles, a potentially serious disease, as well as mumps and rubella.
- Prevents your child from getting an uncomfortable rash and high fever from measles.
- Keeps you from missing school or childcare (and keeps you from missing work to care for your sick child).

What are the symptoms of measles?
Measles starts with a fever that can get very high. Some of the other symptoms that may occur are:

- Cough, runny nose, and red eyes
- Rash of tiny, red spots that start at the head and spread to the rest of the body
- Stomach
- Ear infection

What are the side effects?
Most children do not have any side effects from the shot. The side effects that do occur are usually very mild, such as a fever, rash, soreness or swelling where the shot was given, or temporary pain and stiffness in the joints (mostly in teens and adults). More serious side effects are rare. These may include high fever that could cause a seizure.

Is there a link between the MMR shot and autism?
No. Scientists in the United States and other countries have carefully studied the MMR shot. None has found a link between autism and the MMR shot.

Doctors recommend that your child get 2 doses of the MMR shot for best protection. Your child will need one dose at each of the following ages:

- 12 through 15 months
- 4 through 6 years

 Infants 6 months to 11 months old should have 1 dose of MMR shot before traveling to another country.




Infant immunization FAQs

- Written for parents of children ages 0-2
- English and Spanish
- HTML and PDF
- Co-branded with AAP and AAFP

The image shows a page from an English-language FAQ document titled "Infant Immunizations FAQs". The page features a header with the title and a photograph of a woman smiling at a baby. The text is organized into several sections, each starting with a question in bold. The questions cover topics such as: "Do vaccines make you sick?", "What are the risks of not getting your child vaccinated?", "What are the risks and benefits of vaccines?", "Do I have to get my child vaccinated and why?", "Can vaccines ever be harmful to my child?", "How do I know if my child has a severe allergic reaction to a vaccine?", "What are the risks of not getting my child vaccinated?", "What are the risks and benefits of vaccines?", "Do I have to get my child vaccinated and why?", "Can vaccines ever be harmful to my child?", "How do I know if my child has a severe allergic reaction to a vaccine?" The page concludes with logos for the CDC, American Academy of Family Physicians, and American Academy of Pediatrics.

The image shows a page from a Spanish-language FAQ document titled "Preguntas comunes sobre la vacunación de los bebés". The page features a header with the title and a photograph of a woman smiling at a baby. The text is organized into several sections, each starting with a question in bold. The questions cover topics such as: "¿Son seguras las vacunas?", "¿Cuáles son los efectos secundarios de las vacunas? ¿Cómo se tratan?", "¿Cuáles son los riesgos y los beneficios de las vacunas?", "¿Por qué los bebés necesitan tantas vacunas diferentes?", "¿Cómo puedo obtener ayuda para pagar las vacunas de mi niño?", "¿Cuáles son los riesgos y los beneficios de las vacunas?" The page concludes with logos for the CDC, American Academy of Family Physicians, and American Academy of Pediatrics.

Adolescent immunization resources



HPV Vaccine for Preteens and Teens

HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Why does my child need HPV vaccine?
Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection. HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause genital warts in both men and women.

When should my child be vaccinated?
All kids who are 11 or 12 years apart. Getting vaccinated on time. People get HPV from another person. Some children may need three shots less than five months apart. Vaccines start on or after their 11th birthday. The best way to remember to get for the remaining shots before you.


Is HPV vaccine safe for my child?
HPV vaccination provides safety. HPV vaccine has a reassuring safety record. Like any vaccine or medicine, HPV vaccine may cause pain, redness, or soreness. Fainting after any vaccine. To prevent fainting and injuries, vaccination and remain in that position for outweight any potential. It is important to tell the doctor or nurse if your child has any allergies to yeast. HPV vaccine is not recommended for children with severe allergic reactions to any component of the vaccine.

How can I get help paying for these vaccines?
The Vaccines for Children (VFC) program provides free or low-cost vaccines for children 18 years and younger who are uninsured, Medicaid-eligible, or American Indian, Alaska Native, or Native Hawaiian. Learn more at www.cdc.gov/vaccines/imz/parents/

Where can I get my child vaccinated?
Talk to your child's doctor or nurse to learn more about HPV vaccine. You can also find out more at www.cdc.gov/vaccines/imz/parents/

Vaccines for Preteens and Teens: What Parents Should Know

All boys and girls need three vaccines at ages 11-12 to protect against serious diseases. Preteens and teens should also get a yearly flu vaccine, as well as any vaccines they missed when they were younger.



What vaccines does my child need?

- Meningococcal vaccine** protects against a type of bacteria that can cause serious illnesses. The two most common types of illnesses include infections of the lining of the brain and spinal cord (meningitis) and bloodstream. All preteens should get the meningococcal conjugate vaccine (MenACWY). Teens may also receive a serogroup B meningococcal vaccine (MenB), preferably at 16 through 18 years old.
- HPV vaccine** protects both girls and boys from future infections that can lead to certain types of cancer. Children who get their first dose on or after their 15th birthday will need three doses.
- Tdap vaccine** protects against three serious diseases: tetanus, diphtheria, and pertussis (whooping cough).
- Flu vaccine** helps protect against seasonal flu. Even healthy preteens and teens can get very sick from flu and spread it to others. The best time to get an annual flu vaccine is before flu begins causing illness in your community, ideally before the end of October. Flu vaccination is beneficial as long as flu viruses are circulating, even in January or later.

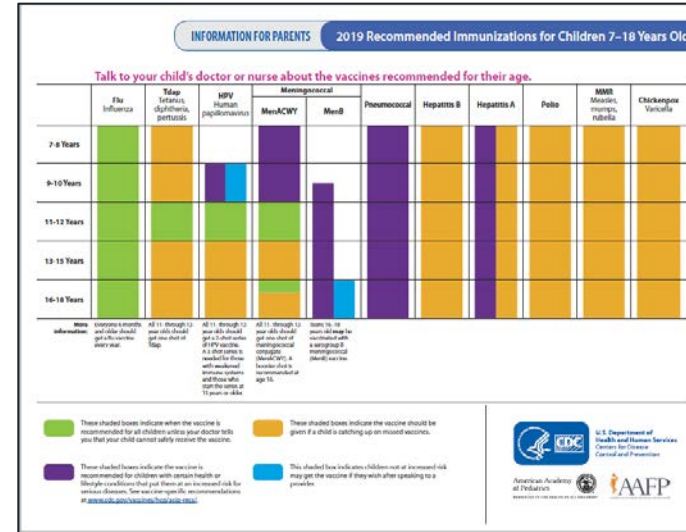
When should my child be vaccinated?
A good time to get these vaccines is during a yearly wellness check. Your child can also get these vaccines at a physical exam required for school, sports, or camp. **If your child missed any dose of recommended vaccine, ask your doctor or nurse about getting them now.**

Are these vaccines safe?
These vaccines have been studied very carefully and are very safe. They can cause mild side effects, like soreness or redness in the part of the arm where the shot is given. Some preteens or teens might faint after getting a shot. Sitting or lying down when getting a shot, and then for about 15 minutes after the shot, can help prevent fainting. Serious side effects are rare. It is very important to tell the doctor or nurse if your child has any serious allergies, including allergies to yeast, latex, or chicken eggs, before they receive any vaccines.

Can I get help paying for these vaccines?
Most health insurance plans cover routine vaccinations. The Vaccines for Children (VFC) program also provides vaccines for children 18 years and younger who are uninsured, Medicaid-eligible, American Indian, or Alaska Native. Learn more at www.cdc.gov/vaccines/imz/parents/

Talk to your child's doctor or nurse about the vaccines your child needs or visit www.cdc.gov/vaccines/parents

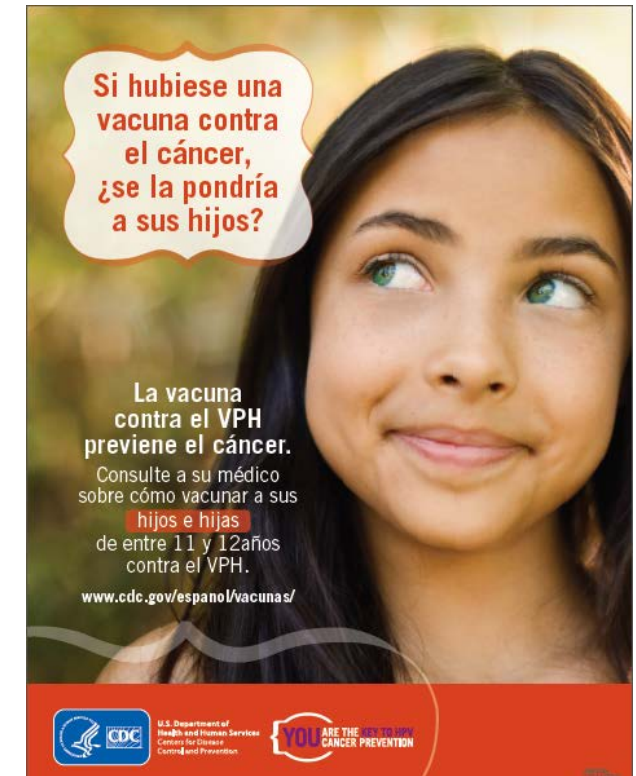
Last updated: 03/17/2019




Can I Ask you a question? with Dr. Rodriguez

Play (k) 0:03 / 0:53

HPV VACCINE IS CANCER PREVENTION



Si hubiese una vacuna contra el cáncer, ¿se la pondría a sus hijos?

La vacuna contra el VPH previene el cáncer.
 Consulte a su médico sobre cómo vacunar a sus hijos e hijas de entre 11 y 12 años contra el VPH.

www.cdc.gov/espanol/vacunas/

YOU ARE THE KEY TO HPV CANCER PREVENTION

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

www.cdc.gov/vaccines/partners/teens/index.html

Questions?

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TTY: 1-888-232-6348 www.cdc.gov

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Thank you!

- For more information please visit the NACCHO Immunization Program website - <https://www.naccho.org/programs/community-health/infectious-disease/immunization>
- Please complete our online evaluation that will appear in a new browser window on your computer once you have exited the webinar. We will also distribute the evaluation via email.