The Immunization Partnership

Immunization Stakeholder Meeting
San Antonio, Texas
July 12, 2012
Overview

- Immunization Updates
- Affordable Care Act and Funding Updates
- National/state policy issues
- Legislative accomplishments
- Listening Session
- Advocacy Primer
Advisory Committee on Immunization Practices (ACIP)

2012 Recommendations
- ACIP provisional recommendations for adults aged 65 years and older on use of Tdap

2011 Recommendations
- Hepatitis B vaccine in adults with diabetes mellitus (type 1 and type 2)
- Use of quadrivalent HPV4 in males 11 or 12 years of age
- Updated use of Tdap in pregnant women and persons who anticipate having close contact with an infant <12 months
- Use of quadrivalent meningococcal conjugate vaccine among children 9-23 months at increased risk of invasive meningococcal disease
- Licensure of a meningococcal conjugate vaccine for children aged 2 through 10 years and updated booster dose guidance for adolescents (routine vaccination of adolescents 11-12 years of age, with a booster dose at 16 years)
# 2012 Child and Adolescent Immunization Schedule

**FIGURE 1:** Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

<table>
<thead>
<tr>
<th>Vaccine ▼ Age ▼ Birth</th>
<th>1 month</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>9 months</th>
<th>12 months</th>
<th>15 months</th>
<th>18 months</th>
<th>19–23 months</th>
<th>2–3 years</th>
<th>4–6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Hep B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rotavirus</td>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Haemophilus influenza type b</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV</td>
<td>PCV</td>
<td>PCV</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
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<tr>
<td>Influenza</td>
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<td></td>
<td></td>
<td></td>
<td>Influenza (Yearly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MMR</td>
<td>MMR</td>
<td></td>
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<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Dose 1</td>
<td>HepA Series</td>
<td>MCV4</td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Meningococcal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 2:** Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule [Figure 3])

<table>
<thead>
<tr>
<th>Vaccine ▼ Age ▼ 7–10 years</th>
<th>11–12 years</th>
<th>13–18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>1 dose (if indicated)</td>
<td>1 dose</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>See footnote 2</td>
<td>Complete 3-dose series</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>See footnote 3</td>
<td>Influenza (yearly)</td>
</tr>
<tr>
<td>Influenza</td>
<td>See footnote 4</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td>Complete 2-dose series</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td>Complete 2-dose series</td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td></td>
<td>Complete 3-dose series</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
<td>Complete 2-dose series</td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td>Complete 2-dose series</td>
</tr>
</tbody>
</table>
# 2012 Adult Immunization Schedule

**FIGURE 1.** Recommended adult immunization schedule, by vaccine and age group[^1] — United States, 2012

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19–21 years</th>
<th>22–26 years</th>
<th>27–49 years</th>
<th>50–59 years</th>
<th>60–64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza[^2]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, diphtheria, pertussis (Td/Tdap)[^3]</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Varicella[^4]</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Human papillomavirus (HPV)[^5]</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Zoster[^6]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella (MMR)[^7]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal (polysaccharide)[^8][^9]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal[^10]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A[^11]</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B[^12]</strong></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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[^1]: See footnotes for details.

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* Covered by the Vaccine Injury Compensation Program

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For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection

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Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

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Td/p recommended for ≥65 if contact with <12 month old child. Either Td or Td/p can be used if no infant contact

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No recommendation
Patient Protection and Affordable Care Act (PPACA)

- **Coverage and Affordability**
  - Extend dependent coverage to age 26
  - Cover ACIP-recommended vaccines with no cost-sharing
    > 190 million privately-insured will have access to ACIP-recommended vaccinations
  - Implement new ACIP-recommendations within a year of CDC adoption

- **Medicaid/Medicare**
  - Expanded Medicaid eligibility to all non-elderly persons with incomes up to 133% FPL
  - Improves access to immunizations under Part B of Medicare

**Immunize. Prevent What’s Preventable.**
Patient Protection and Affordable Care Act (PPACA)

- Federal Funding
  - Section 317 program was reauthorized
  - States permitted to purchase adult vaccines with state funds at CDC-negotiated rates
  - Demonstration programs to improve immunization coverage through evidence-based interventions

- Prevention and Health Promotion
  - Appropriates a Prevention and Public Health Fund

- Research and Evaluation

- Community Health Centers
  - Federal govt to invest $11 billion to expand CHCs
Vaccine Funding
Vaccine Budgets

Federal

- VFC
  - Entitlement program
  - Distributes all ACIP recommended vaccines at no cost to providers
  - VFC Eligible: Medicaid, AI/AN, un/underinsured
  - Non-VFC eligible: CHIP, insured, underinsured not seen at FQHC and RHC

- 317
  - Purchase of vaccines for non-VFC eligible children and adults
  - Inadequate funding support; not kept pace with the need

State

- GR
  - Combination of funds received from legislation, Medicaid billing, Medicare, Rabies or other sources.

- CHIP
  - Vaccines reimbursed from the CHIP for vaccinating eligible children

Immunize. Prevent What’s Preventable.
• Prior to January 2012, TVFC covered:
  – Underinsured unable to pay copay/deductibles
  – Privately insured children who access public VFC sites
  – CHIP enrollees
  – Underinsured not seen in FQHC/RHC
  – Children who started a vaccine series while VFC eligible and are now 19; complete series at ASN site
The Underinsured in Texas
Policy Changes to TVFC Program
Effective January 1, 2012

- Privately insured children no longer eligible for vaccines in public health departments
- Underinsured must receive care at FQHC/RHC; DSHS will pursue delegation agreements
- DSHS will adopt the federal criteria for "underinsured"
- Individuals who begin a series while age 18 or younger (and TVFC-eligible), may finish series at public health clinics that are Adult Safety Net (ASN) providers, provided the series is completed prior to their 20th birthday
Adult Safety Net Program

Immunize. Prevent What’s Preventable.
Electronic Health Record (EHR)
Electronic Health Record (EHR)

- Texas one of top three states receiving most incentive money and with active registrations
- Over 17,000 EHR registrations by Medicaid and Medicare providers
- Over $500M in incentive payments already made to eligible professionals
ImmTrac

- Enhanced to accept batch files of HL7 messages from healthcare providers
- Allows providers to extract data necessary for submitting immunizations to ImmTrac
- Increase the accuracy and timeliness of reporting
- Increase the number of reported events in ImmTrac in 30 days
Adult Immunizations

Immunize. Prevent What’s Preventable.
# Adult Immunization Rates
(National Health Interview Survey, 2010)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Coverage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>66.6%</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>59.7%</td>
</tr>
<tr>
<td>Tetanus</td>
<td>53.4%</td>
</tr>
<tr>
<td>Zoster</td>
<td>14.4% **</td>
</tr>
</tbody>
</table>

** Statistically higher than 2009 coverage rates
## Main Reason for Non-Vaccination
### Adults 18 to 64 years: NIS-Adult 2007

<table>
<thead>
<tr>
<th>Main Reason</th>
<th>Flu</th>
<th>Pneumococcal</th>
<th>Tetanus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine cost</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Not needed</td>
<td>28%</td>
<td>19%</td>
<td>41%</td>
</tr>
<tr>
<td>Did not know</td>
<td>4%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>Doctor did not</td>
<td>7%</td>
<td>30%</td>
<td>17%</td>
</tr>
<tr>
<td>recommend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side-effects</td>
<td>21%</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>
The Good News - Adult Immunizations
Influenza

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, Selected Seasons

†There was no week 53 during these seasons, so the week 53 data point is an average of weeks 52 and 1.
Influenza vaccination coverage estimates by age group and season, March National Immunization Survey (children) and National Flu Survey (adults), United States

Figure 1

- All persons (≥ 6 months)
  - 2010-11 season: 43.2%
  - 2011-12 season: 46.4%

- Children (6 mos-17 yrs)
  - 2010-11 season: 49.7%
  - 2011-12 season: 49.4%

- Adults (≥ 18 yrs)
  - 2010-11 season: 41.1%
  - 2011-12 season: 45.5%

Immunize. Prevent What’s Preventable.
Influenza Vaccination among Healthcare Workers (HCW)
Adolescent Immunizations
(NIS – Teen, 2006-2010)

Percent of Adolescents
Survey Year

Tdap  MenACWY  HPV-1  HPV-3

2006†  68.9  62.7  48.7  32
2007  66.2  62.7  48.7  32
2008  68.9  62.7  48.7  32
2009  71.6  62.7  48.7  32
2010  74.3  62.7  48.7  32

Immunize. Prevent What’s Preventable.
Human Papillomavirus Vaccine
ACIP Recommendations for Human Papillomavirus Vaccine

Quadrivalent Routine, females 11 or 12 yrs*
Catch-up, 13-26 yrs

Quadrivalent or Bivalent Routine, females 11 or 12 yrs*
Catch-up, 13-26 yrs

Quadrivalent Routine, males 11 or 12 yrs*
May be given, males 9-26 yrs

Quadrivalent Routine, males 11 or 12 yrs*
Catch-up, 13-21 yrs

June, October
Coverage of 1 or More Doses of HPV* Female Adolescents Aged 13-17 Years Old, 2010

Note 1: *Human Papillomavirus Vaccine, either quadrivalent or bivalent. Percentages reported among females only.
Source: National Immunization Survey - Teen (NIS - Teen)

Immunize. Prevent What’s Preventable.
HPV Vaccination Coverage among Females and Males, 13-17 Years (NIS-Teen, 2010)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 48.7% initiated the series</td>
<td>• 1.4% initiated the series</td>
</tr>
<tr>
<td></td>
<td>• 32.0% received 3 doses</td>
<td>• 0.1% received 3 doses</td>
</tr>
<tr>
<td></td>
<td>• 69.9% completion rate</td>
<td>• 41.6% completion rate</td>
</tr>
<tr>
<td></td>
<td>(those who initiated the series and</td>
<td>(those who initiated the series and</td>
</tr>
<tr>
<td></td>
<td>had enough time to finish received</td>
<td>had enough time to finish</td>
</tr>
<tr>
<td></td>
<td>3 doses)</td>
<td>3 doses)</td>
</tr>
</tbody>
</table>

Immunize. Prevent What’s Preventable.
Main parent-reported reasons for intent not to receive the HPV vaccine within the next 12 months among females, 13-17 years, NIS-Teen, United States, 2008-2009

<table>
<thead>
<tr>
<th>Reasons for not intending to receive the HPV vaccine</th>
<th>% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge</td>
<td>19.4 (17.3-21.8)</td>
</tr>
<tr>
<td>Not needed or not necessary</td>
<td>18.8 (17.0-20.7)</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>18.3 (16.6-20.2)</td>
</tr>
<tr>
<td>Did not receive provider recommendation</td>
<td>13.1 (11.6-14.8)</td>
</tr>
<tr>
<td>Not appropriate age</td>
<td>7.3 (6.2-8.5)</td>
</tr>
<tr>
<td>Safety concern/side effects</td>
<td>7.3 (6.3-8.5)</td>
</tr>
<tr>
<td>More information /new vaccine</td>
<td>4.2 (3.5-5.1)</td>
</tr>
</tbody>
</table>
Meningitis
Vaccine Safety
Vaccine Exemptions – Policy Changes

- **Vermont**: Recent bill attempted to eliminate philosophical exemptions
- **Washington state**: Exemption form now requires a signature from a health care practitioner and parent counseling
- **California**: Bill similar to Washington legislation introduced in Feb. 2012
Map 1. Number of Conscientious Exemptions Reported by Schools

Independent School Districts and Accredited Private Schools Reporting Conscientious Exemptions by County, School Year 2010-2011

Conscientious Exemptions

- 0
- 1 - 90
- 91 - 634
- 635 - 1529
- 1530 - 2855

Disclaimer: Data are self-reported

Immunize. Prevent What’s Preventable.
Pertussis

Incidence Rates of Pertussis Cases in Texas, 2010

Incidence Rate per 100,000 population
- > 25
- 10.1 - 25.0
- 5.1 - 10.0
- 0.1 - 5.0
- No Cases Reported

Source: Texas Department of State Health Services, Infectious Disease Control Unit.
Prepared: August, 2011
Legislative Accomplishments

Meningitis Vaccination for College Students (SB 1107)
*Sen. Wendy Davis (D - Ft. Worth) and Rep. Charlie Howard (R - Pearland)*
The Jamie Schanbaum and Nicolis Williams Act requires all college students under 30 to be vaccinated against meningitis prior to school entry.

Pertussis Education for New Parents (HB 3336)
*Rep. Garnet Coleman (D - Houston) and Sen. Bob Deuell (R – Greenville)*
Parents of newborn children will receive information about the dangers of pertussis and about the importance of vaccinations against pertussis for anyone coming into contact with newborn children.
Legislative Accomplishments

Healthcare Worker Vaccination (SB 7)
*Sen. Jane Nelson (R - Flower Mound) and Rep. John Zerwas (R - Simonton)*
Ensures that all Texas healthcare facilities have a policy in place regarding healthcare worker vaccination.

Exciting Progress on Immunization Registry Reform (HB 574)
*Representative Donna Howard (D - Austin),*
Aimed to improve data quality and increase the privacy of the data stored in ImmTrac, received strong bi-partisan support, and was voted favorably from the Public Health Committee. Did not reach the floor.
Listening Session – Summary of Topics

- ACIP Updates
- Immunization Schedules
- Patient Protection and Affordable Care Act
- Vaccine Funding
- Electronic Health Records (EHR)
- EHR-IIS Interoperability
- Immunization Registries (ImmTrac)
- Adult Immunizations
- Influenza
- Healthcare Worker Vaccination
- Adolescent Immunizations
- Human Papillomavirus (HPV)
- Meningitis
- Vaccine Safety
- Vaccine Exemptions
- Pertussis
San Antonio Notes - 1

Meningococcal legislation
- **Recommendation**: when parents call re: exemptions, encourage them to watch Voices of Meningitis video and have never received a call back.
- Voices of Meningitis available through youtube/texas children’s/vaccine-preventable.

Provider Errors
- Vaccines given incorrectly; **recommendation**: want to see specific requirements in medical school/nursing school about dosing, administration, schedule.

Visitors
- Do we look at their immunization status? If they are trying to get into school, vaccines are monitored.
- Many vaccine-preventable diseases are transmitted through travelers.
- Council of state and territorial epidemiologists make recommendations for visitors/travelers.
ImmTrac

- Replacement project update: many delays with respect to funding; have selected a system; once they have transitioned, they will have the capacity to do bi-directional data sharing.

- Consent process: Have there been any studies that show unnecessary doses being given as a result of the existing consent process? Has there been a cost-benefit analysis conducted?
  - Empirical evidence that children are over-immunized and that millions of $\$\$\$ are spent immunized children who don’t need the vaccine.
ImmTrac (continued)

• Data quality: information not being entered quickly enough; need to improve efficiencies

Child Protective Services Interaction

• Health plans have ensured that immunizations are up-to-date before a child leaves CPS; Are there policies in place re: consent? CPS would act as guardian on their behalf.

Hepatitis B at birth

• SA hospitals have standing orders to give the Hep B vaccine at birth; however, providers may opt-out of giving it.

Provider Education

• Concerns about vaccine administration etc.; **recommendation**: working with medical boards to make sure that providers are required to get CE credits on vaccine storage, administration etc.

• VFC education geared toward this type of training.
ImmTrac (continued)

– Are there other examples opt-out? Texas is one of five states that has opt-in consent. Can look at many other states; New York state just went from opt-in to opt-out system; provide information to Representative Farias’ office.

– Arguments concerning privacy/confidentiality of information; large anti-vaccine movement to fight.

– Education issue: doctors office may not relay/present information appropriately; important to highlight benefits of tracking information and how critical information is for schools.

• Affordable Care Act

– Vaccinating adult population is a challenge; what is coming to improve adult immunizations? All ACIP-required vaccines will have to be covered. What is the vehicle to cover adult vaccines under Medicare Part B?
Importance of education:
- personal stories have a powerful impact; importance of vaccinating all members of the household to protect children/infants.

Meningitis
- Price: Merck has vaccine assistance program (merckvaccines.com, merck.com, gardasil.com) for those who qualify; $40,000 or less of annual household income (who have no coverage for vaccines)

HPV
- Recommendation: focused education to promote immunization; indicate that vaccine is given solely to protect against specific strains of human papillomavirus.
Education

• Recommendation: connecting across different sectors of health; looking for opportunities (not usually the norm) to educate and provide new information/angles/perspectives; dispel myths and misperceptions.

• Communication: ensure that education is communicated appropriately and effectively, taking into consideration literacy level, importance of benefits and risks; get creative with talking points and looking through different lenses/perspectives (e.g. encouraging parents to understand that HPV is not just about women, but also men; take into consideration partners); don’t take diseases serious enough until a group advises/educates the community about the potential implications.
HPV education recommendations
- 70% transmitted through first encounter; fist encounter not always consensual.
- Studies showing link between HPV and heart disease.

Health insurance
- Everybody has car insurance, why are people upset about getting car insurance?
- “Buying insurance to protect the body against disease”
Immunization Advocacy?  
Who?  Me!?!?
Overview

• Why advocate for systemic change?
• What is advocacy and who advocates?
• But I thought I wasn’t allowed...
• Steps for Effective Advocacy
• The 2013 Texas Legislature and Immunizations
Why advocate for systemic change?

• You are not just AN expert, you are THE expert.
• Your work is impacted by all levels of government. Public systems demand and need constant feedback.
• Policy makers need and want to hear your thoughts – both to improve your community and to get your support.
• Because the opposition is advocating effectively already (albeit in a fact-challenged manner).
What is advocacy and who are these “advocates”?

• Advocacy is the art of making other people understand that you are right (but also making them understand why and how to help).
• Advocacy is SO MUCH MORE than passing a bill or getting a city appropriation.
• Advocates can be lobbyists, public employees, nonprofits, professionals, and regular folks.
• YOU are an advocate, regardless of who you are and who pays your salary.
• Don’t forget MEDIA ADVOCACY and the power of social media.
But I thought I wasn’t allowed...

• Every individual must determine for themselves how far and how fast to proceed with your advocacy strategy.

• Public sector employees CAN STILL ADVOCATE but may perhaps need to re-conceptualize what advocacy is.

• Nonprofit organizations are legally allowed to engage in all levels of advocacy.
Steps for Effective Advocacy

• FOCUS FOCUS FOCUS
• Have Good Numbers and Use Them Well
• Find your Unusual Suspects
• Maximize the Political Process to your Benefit
• Follow-Up AFTER your work Gathering Votes is Done
Immunization and the 2013 Texas Legislature

• Language matters. Be mindful of how we talk about immunization and the implementation of legislation related to increasing immunization rates and access.

• Meningitis vaccination mandate will likely be reviewed and modifications are possible.

• Ongoing Medicaid funding crisis will continue to put budget pressures on state support for vaccine purchasing, state administrative support, and other critical immunization supports.

• More important than ever to reflect IMMEDIATE savings generated by immunizations.
For More Information

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Next Steps

• TIP Summer Webinar Series
  – June 12 from 11am-12:30pm CT
    *Vaccine Safety Concerns and How to Respond to Vaccine Hesitant Parents*
  – July 19 from 11am-12:30pm CT
    *Tools for Effectively Engaging Members and Stakeholders*

• Update to publication:
  “An Ounce of Prevention: Texans Speak Up for Immunization”
Next Steps

• 4th Texas Immunization Summit
  – September 27-28, 2012
  – The Westin Galleria Hotel, Houston, TX
  – Registration is open!

• TIP Legislative Day at the Capitol (TBD)
  – www.immunizeUSA.org

• Be ready to write letters, make phone calls, testify and tell your story!
Please complete your evaluation!

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Immunize. Prevent What’s Preventable.