Please note this meeting will be recorded

This recording and all paper and electronic copies of materials presented or shared on the screen will be subject to Vermont's public records act, 1 V.S.A. §§ 315 et seq., and will be made available to the general public upon request.

Participants are responsible for ensuring that no confidential or proprietary information is presented or discussed in the meeting and associated materials.

VERMONT
DEPARTMENT OF HEALTH

Vaccines, Science & Program Updates: Quarterly Vaccine Provider Call

Katie Mahuron, RN – *Adult Nurse Coordinator*
Meghan Carey, RN – *Child & Adolescent Nurse Coordinator*

January 15, 2026

VERMONT
DEPARTMENT OF HEALTH

Today's Agenda

- Program Updates
  - Re-enrollment Updates – Samantha Madison, VFC Coordinator
- Vaccine History
- Childhood Immunization Schedule

Reminder: RSV Vaccine Administration Timeline

- Last day to administer Abrysvo vaccine to pregnant individuals is January 31.
- Infants who do not receive protection through maternal vaccination (Abrysvo) should receive a RSV monoclonal antibody product.

Re-Enrollment

Samantha Madison, VFC Coordinator

Important to remember.

Re-enrollment is due every January, this year is a full enrollment

- Medical Directors sign the provider agreements
- List of all prescribing doctors at the practice.
- In addition to the provider profile which includes items like patient numbers.

Friday January 30th, 2026

Update your Patient Population

Provider Population

Provider population is based on patients seen during the previous 12 months. Report the number of children by age group who received vaccinations at your facility. Count a child only once based on the age/eligibility categories at the last immunization visit, regardless of the number of visits made. The following table details the number of children who received VFC vaccine and non-VFC vaccine by eligibility category.

VFC vaccine eligibility categories: # of children by age and category who received VFC vaccine

VFC Eligibility Categories	< 1 year	1-6 years	7-18 years	Total 0-18 years
Medicaid				0
No Insurance				0
American Indian/Alaskan Native				0
Underinsured FQHC/RHC or Deputized Facility*				0
Total VFC	0	0	0	0

Non-VFC vaccine eligibility categories: # of children by age and category who received non-VFC vaccine

Non-VFC Eligibility Categories	< 1 year	1-6 years	7-18 years	Total 0-18 years
Patients covered fully through health insurance (covered by state universal vaccine plan)				0
Other Underinsured**				0
Patients covered by Children's Health Insurance Program (CHIP)***				0
Total Non-VFC	0	0	0	0

Total Patients	< 1 year	1-6 years	7-18 years	Total 0-18 years
Total (sum of Total VFC + Total non-VFC)	0	0	0	0

The numbers in there are from last year and need to be updated

Adult Population Served

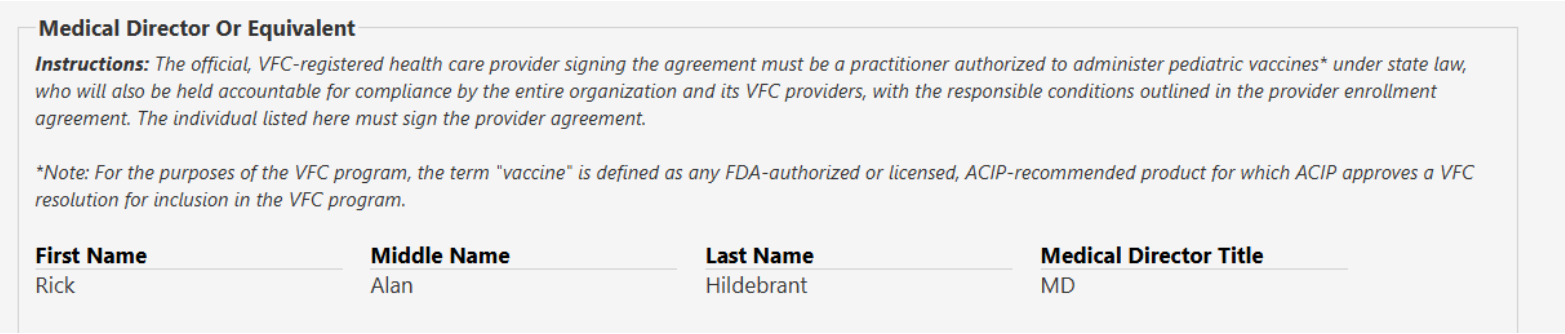
Insurance Type, Ages	19-34 Years	35-49 Years	50-64 Years	65+ Years	Total
No Health Insurance					0
Underinsured*					0
Fully Insured					0
Total	0	0	0	0	0

** A person who has health insurance, but the insurance does not include any vaccines; a person whose insurance cover only selected vaccines; a person whose insurance does not provide first-dollar coverage for vaccines.*

Common Issues

Medical Director needs to match EXACTLY

Facility Form:



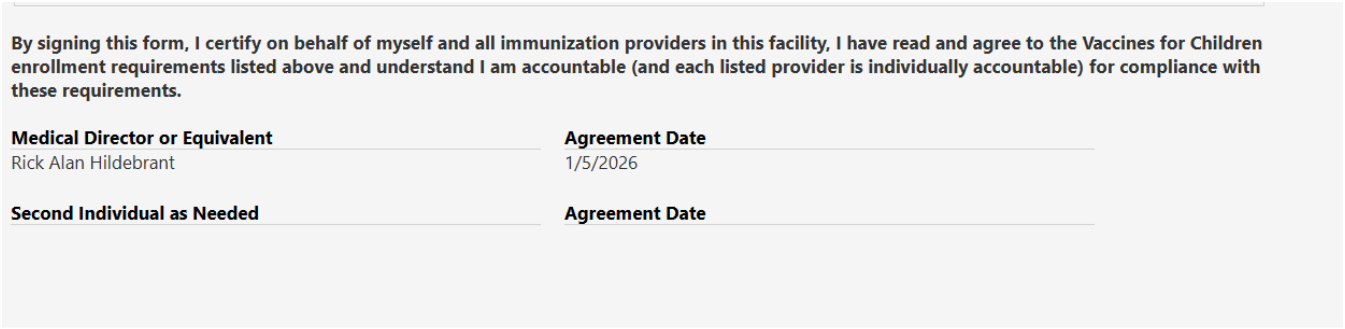
Medical Director Or Equivalent

Instructions: *The official, VFC-registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines* under state law, who will also be held accountable for compliance by the entire organization and its VFC providers, with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

**Note: For the purposes of the VFC program, the term "vaccine" is defined as any FDA-authorized or licensed, ACIP-recommended product for which ACIP approves a VFC resolution for inclusion in the VFC program.*

First Name	Middle Name	Last Name	Medical Director Title
Rick	Alan	Hildebrant	MD

Agreements:



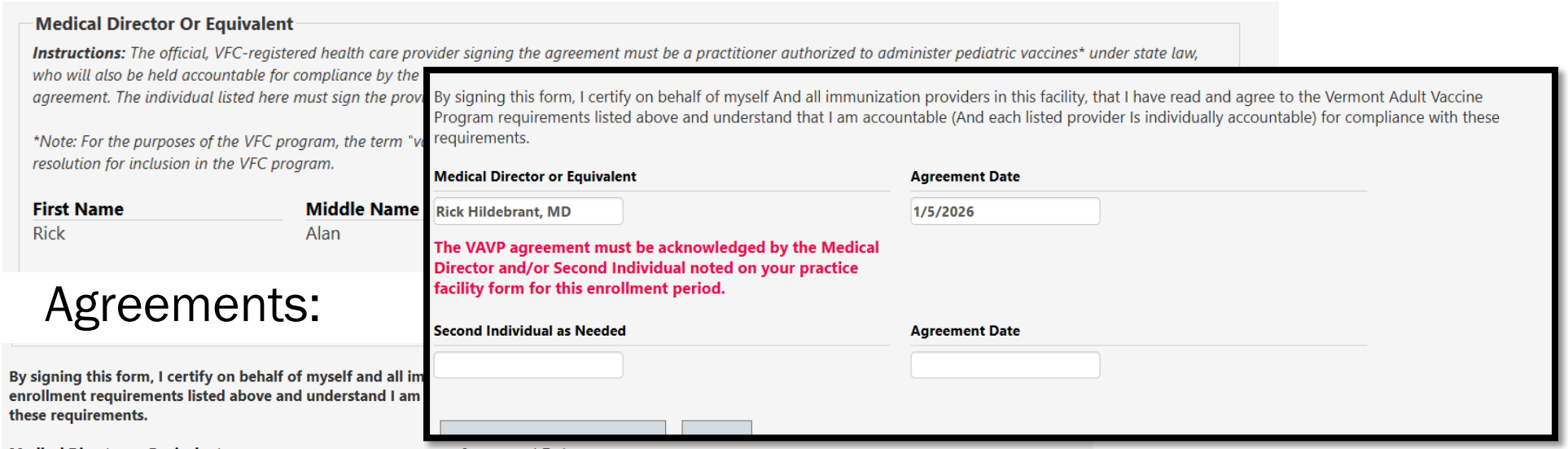
By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.

Medical Director or Equivalent	Agreement Date
Rick Alan Hildebrant	1/5/2026
Second Individual as Needed	**Agreement Date**

Common Issues

Medical Director needs to match EXACTLY

Facility Form:



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**Note: For the purposes of the VFC program, the term "v resolution for inclusion in the VFC program.*

First Name
Rick

Middle Name
Alan

By signing this form, I certify on behalf of myself And all immunization providers in this facility, that I have read and agree to the Vermont Adult Vaccine Program requirements listed above and understand that I am accountable (And each listed provider Is individually accountable) for compliance with these requirements.

Medical Director or Equivalent
Rick Hildebrant, MD

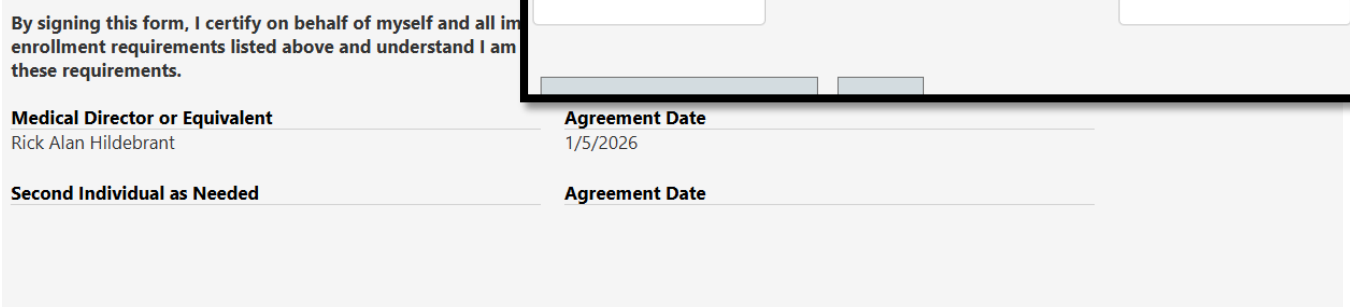
Agreement Date
1/5/2026

The VAVP agreement must be acknowledged by the Medical Director and/or Second Individual noted on your practice facility form for this enrollment period.

Second Individual as Needed

Agreement Date

Agreements:



By signing this form, I certify on behalf of myself and all im enrollment requirements listed above and understand I am these requirements.

Medical Director or Equivalent
Rick Alan Hildebrant

Agreement Date
1/5/2026

Second Individual as Needed

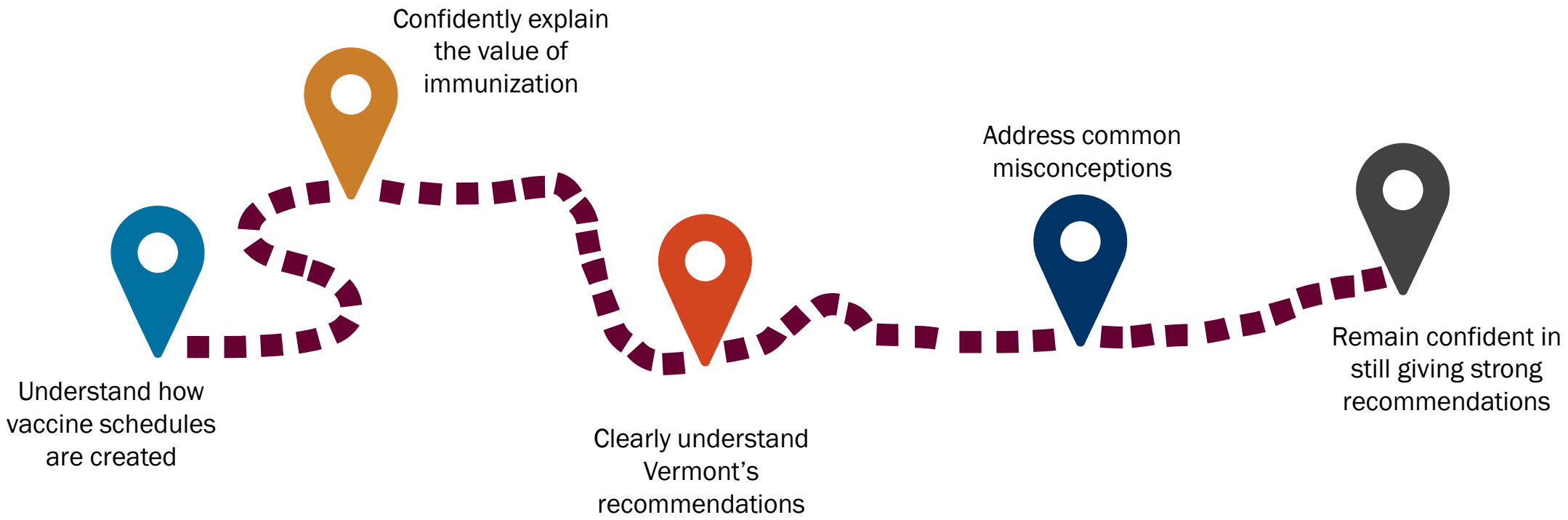
Agreement Date

Purpose

Recap: February 2025 – January 2026

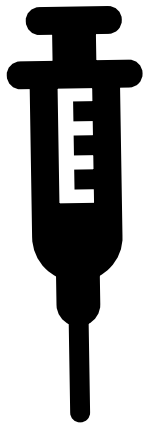
- **Feb**: HHS stops vaccine education campaigns; ACIP meeting postponed
- **March**: FDA announces strains for Flu vaccine (usually made in Feb)
- **April**: HHS announces study questioning vaccines and autism; ACIP meets
- **May**: FDA limits COVID-19 vaccine to select groups; HHS removes COVID-19 vaccine recommendation for healthy children and pregnant individuals
- **June**: HHS Secretary removes all ACIP members and appoints new panel; ACIP meets
- **July**: HHS Secretary approved the removal of thimerosal from all vaccines
- **Aug**: HHS cancels $500M in vaccine research funding
- **Sep**: CDC Director fired
- **Oct**: CDC removed the universal recommendation for COVID-19 vaccines; ACIP meets, announces new workgroup to examine childhood vaccine schedule
- **Dec**: ACIP meets, votes to eliminate universal Hepatitis B vaccine birth dose
- **Jan**: HHS announces complete overhaul of childhood vaccine schedule

Responding to Immunization Changes: Our Goals



Immunization History

Timeline of Routine Vaccine Availability: Building Trust Through History



1796

Smallpox vaccine- the start of modern vaccination

Iron lung: a reminder of the devastating impact of polio pre-vaccination

1914-1955

Pertussis
Tetanus
Influenza
Inactivated polio

1962-1998

Measles, mumps, rubella and varicella
Hepatitis B
Hib
Hepatitis A
Rotavirus

2000-2023

Rotavirus
MenACWY
HPV
MenB
COVID-19
RSV monoclonal antibodies

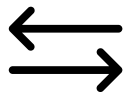
[Vaccine History: Vaccine Availability Timeline | Children's Hospital of Philadelphia]

Development of Childhood Immunization Schedules & Current Landscape

1940's – American Academy of Pediatrics Committee on Infectious Diseases published early vaccine guidance and schedules

1964 – U.S. Surgeon General establishes ACIP

1995 – First harmonized childhood immunization schedule published by ACIP, AAP & AAFP



Now –Two schedules are available (AAP & CDC/ACIP)

[How Vaccine Schedules Changed Over Time & Why - HealthyChildren.org]

Routine Childhood Immunization Schedules Today

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

17 Routine Immunizations

- Designed for U.S. specific disease risk
- Aligns with routine well-child visits
- Timed doses to protect children before potential exposure to infection
- Recommended at ages when the immune system responds most effectively

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

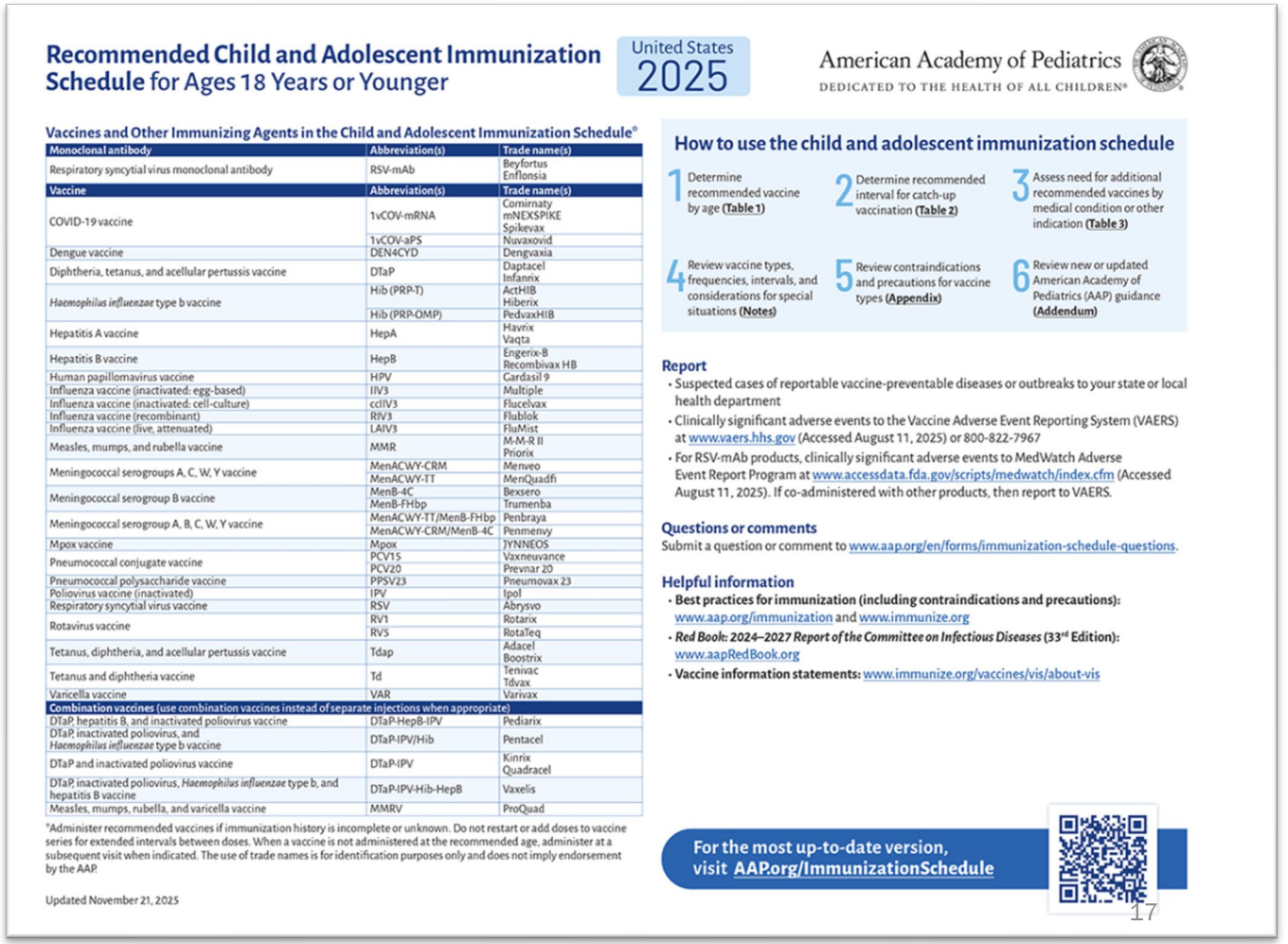
11 Routine Immunizations

- Developed based on review of other countries
- Reduces the number of routinely recommended vaccines

American Academy of Pediatrics

Vermont is following the AAP Childhood Immunization Schedule

[AAP-Immunization-Schedule.pdf]



Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

United States 2025

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonsia
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNEXSPIKE Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated; egg-based)	IIV3	Multiple
Influenza vaccine (inactivated; cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvy
Mpox vaccine	Mpox	JYNNEOS
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit when indicated. The use of trade names is for identification purposes only and does not imply endorsement by the AAP.

Updated November 21, 2025

How to use the child and adolescent immunization schedule

1 Determine recommended vaccine by age (**Table 1**)

2 Determine recommended interval for catch-up vaccination (**Table 2**)

3 Assess need for additional recommended vaccines by medical condition or other indication (**Table 3**)

4 Review vaccine types, frequencies, intervals, and considerations for special situations (**Notes**)

5 Review contraindications and precautions for vaccine types (**Appendix**)

6 Review new or updated American Academy of Pediatrics (AAP) guidance (**Addendum**)

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed August 11, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed August 11, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

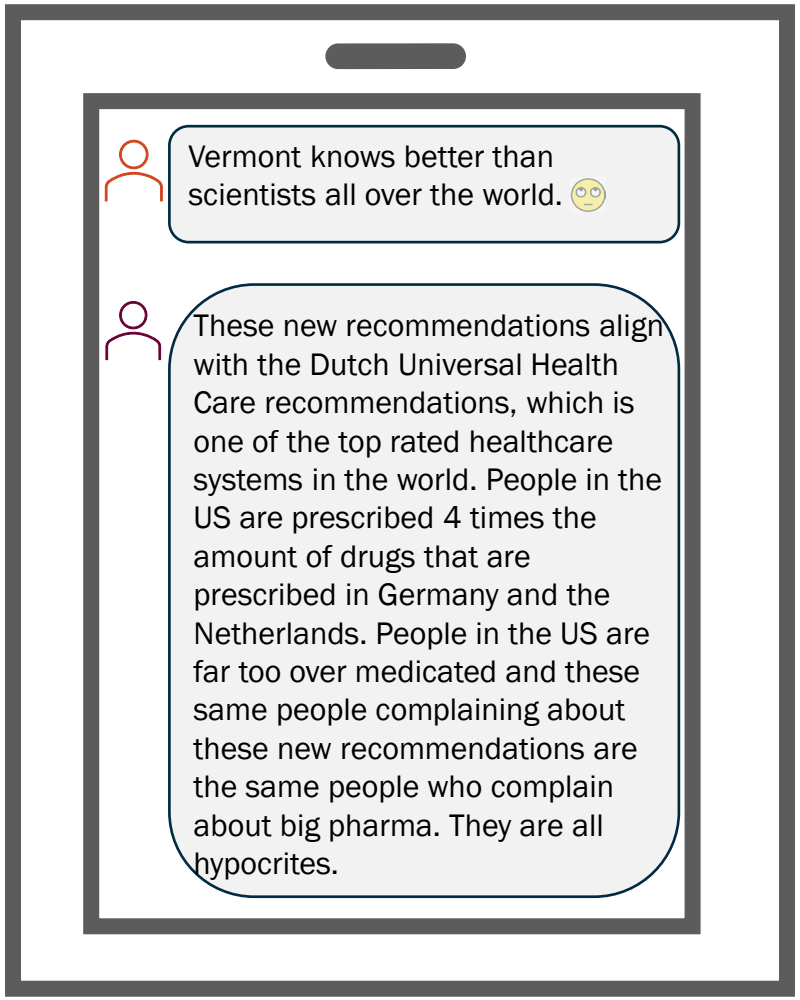
Submit a question or comment to www.aap.org/en/forms/immunization-schedule-questions.

Helpful information

- **Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- ***Red Book: 2024–2027 Report of the Committee on Infectious Diseases* (33rd Edition):** www.aapRedBook.org
- **Vaccine information statements:** www.immunize.org/vaccines/vis/about-vis

For the most up-to-date version, visit AAP.org/ImmunizationSchedule

Debunking Common Misconceptions



Misconception: Peer countries, such as Denmark, recommend children receive fewer vaccines.

Fact 1: Denmark is the outlier.

Fact 2: The United States is not Denmark; vaccine recommendations are made based on individual countries' unique disease patterns, healthcare system and public health priorities.

- The AAP schedule (17) is similar to Australia (15), Canada (16), France (15) and Germany (15).
- Our "peer" countries have different healthcare systems and social infrastructures that impact their recommendations.

United States vs. Denmark

	Denmark	United States
	6 million	340 million
	Mainland Denmark: 16,639 sq mi Kingdom of Denmark: 2.2 million sq mi	3,794,080 sq mi
	Universal (free) health care	8% of population uninsured 5-6% of children uninsured
	Highly integrated health information system with linkage across data sources.	Complex series of individual data registries and electronic health systems with limited communication across systems
	46 weeks of paid parental leave	Up to 12 weeks unpaid parental leave through FMLA
	Free college education	Limited federal income-based grants and loans

Vermont's Path Forward

Vermont Clinical Guidance and Implementation

No changes to Vermont's current clinical practice.

State aligns with AAP immunization schedule

No changes to vaccine ordering

No changes to childcare/school vaccine requirements.

Vermont Child Care and School Requirements

- Immunization requirements for Vermont childcare providers and schools **remain the same**
- Children must be up-to-date on all age-appropriate immunizations as outlined in the Vermont vaccination schedule
- No changes to provisional admittance, medical, and religious exemptions

Age When Enrolling:	Immunizations Required:
2-3 months	1 each of DTaP, Hep B, Polio, Hib, PCV
4-5 months	2 each of DTaP, Hep B, Polio, Hib, PCV
6-14 months	3 each of DTaP, Hep B, Polio, Hib, PCV
15-17 months	3 each of DTaP, Hep B, Polio 1–4 doses each of Hib and PCV 1 each of MMR and Varicella
18 months- 4 years	4 DTaP, 3 each of Hep B and Polio 1–4 doses each of Hib and PCV 1 each of MMR and Varicella

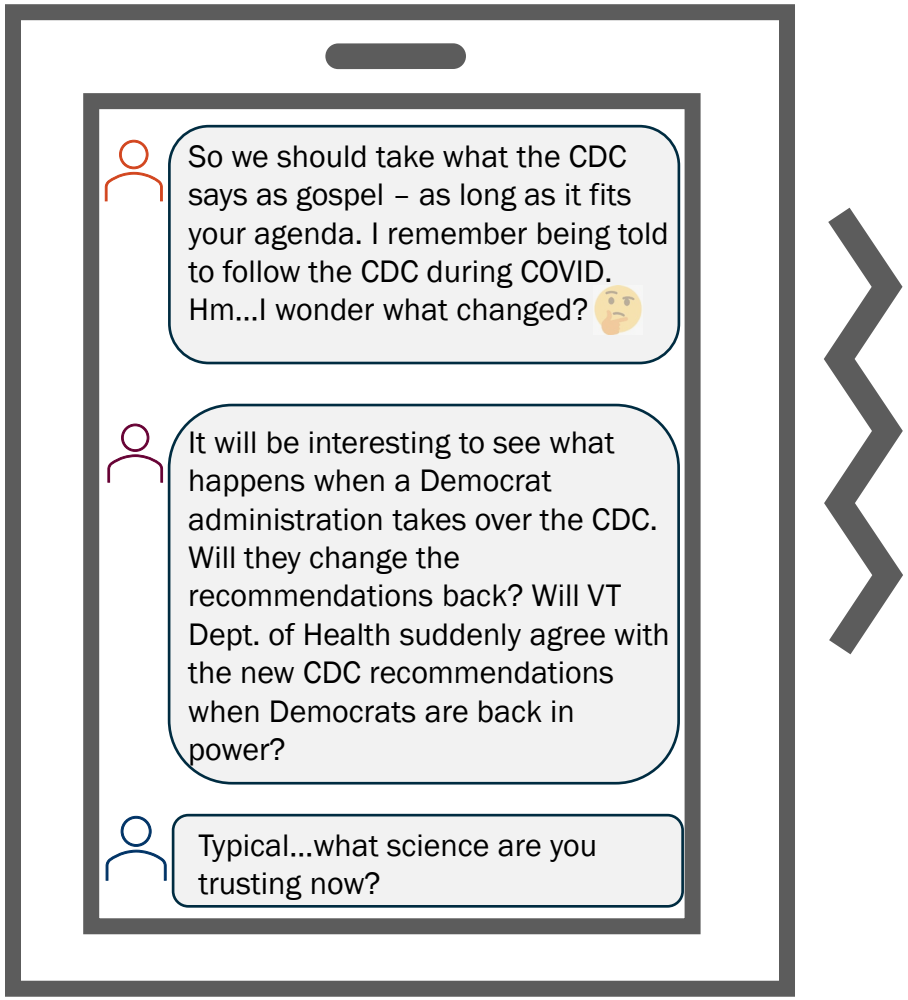
DTaP: diphtheria, tetanus, pertussis • Hep B: hepatitis B • Polio • Hib: Haemophilus influenzae b PCV: pneumococcal • MMR: measles, mumps, rubella • Varicella: chickenpox

Hepatitis A, COVID-19, rotavirus, and influenza vaccines are also strongly recommended, but are not required.

Immunization Information for Child Care and School Providers | Vermont Department of Health

2025-2026 School Year Immunization Requirements

Debunking Common Misconceptions



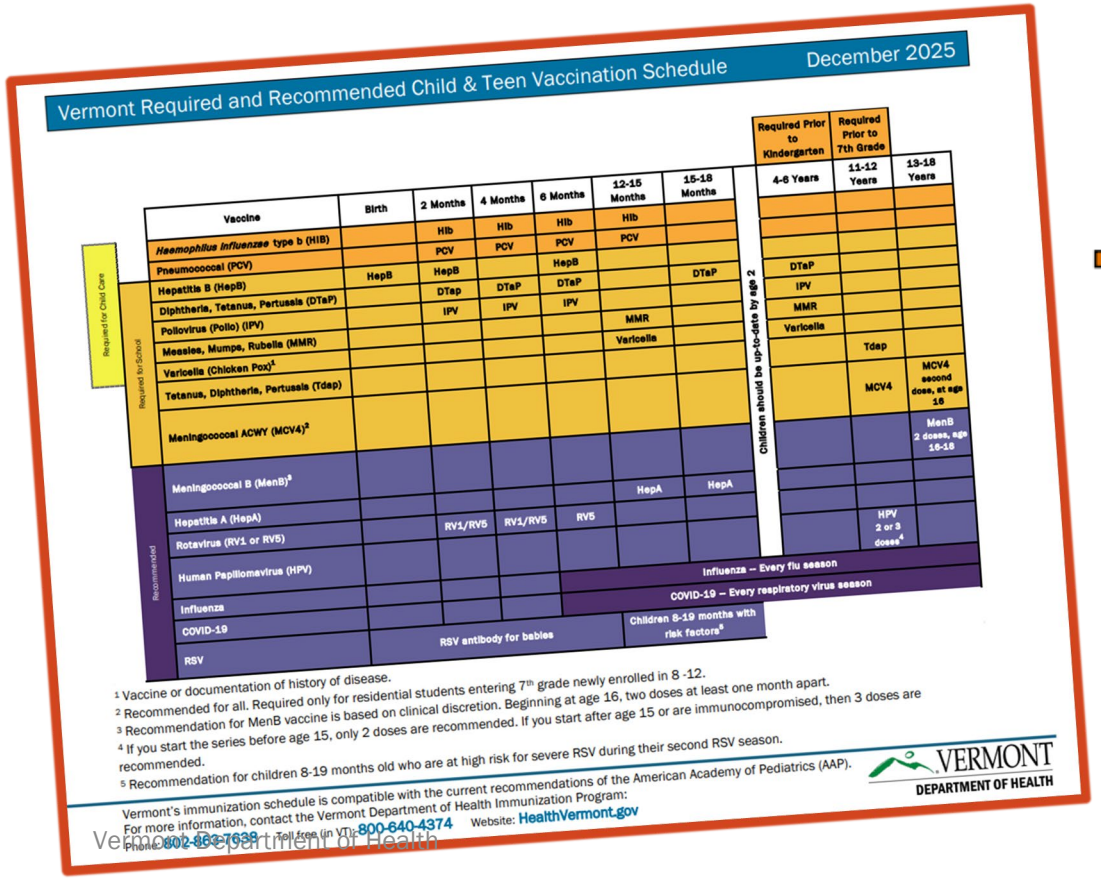
Misconception: Vermont is taking a new approach around the way immunizations are recommended

Fact: Vermont is following science

- Vermont has *not* changed its approach.
- The CDC recommendations have diverged from the traditional process and approach.
  - CDC recommendations changed without any new scientific evidence on vaccine safety or public benefit.
  - No re-evaluation of disease burden, morbidity/mortality trends or cost-effectiveness published.
- **Disease risk has not changed.**

Identifying & Responding to the Gaps

[Vermont Required and Recommended Child and Teen Vaccination Schedule]



Vermont Required and Recommended Child & Teen Vaccination Schedule — December 2025

Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	4-6 Years	11-12 Years	13-18 Years
Haemophilus influenzae type b (HIB)		Hib	Hib	Hib	Hib				
Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
Hepatitis B (HepB)	HepB	HepB		HepB					
Diphtheria, Tetanus, Pertussis (DTaP)		DTap	DTaP	DTaP		DTaP	DTaP		
Poliovirus (Polio) (IPV)		IPV	IPV	IPV			IPV		
Measles, Mumps, Rubella (MMR)					MMR		MMR		
Varicella (Chicken Pox)[1]					Varicella		Varicella		
Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
Meningococcal ACWY (MCV4)[2]								MCV4	MCV4 second dose, at age 16
Meningococcal B (MenB)[3]									MenB 2 doses, age 16-18
Hepatitis A (HepA)					HepA	HepA			
Rotavirus (RV1 or RV5)		RV1/RV5	RV1/RV5	RV5					
Human Papillomavirus (HPV)								HPV 2 or 3 doses[4]	
Influenza		Influenza -- Every flu season							
COVID-19		COVID-19 -- Every respiratory virus season							
RSV		RSV antibody for babies			Children 8-19 months with risk factors[5]				

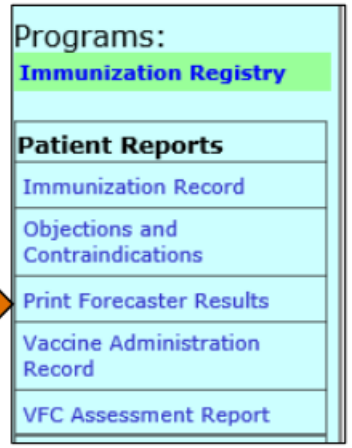
Required for Child Care; Required for School; Recommended; Children should be up-to-date by age 2; Required Prior to Kindergarten; Required Prior to 7th Grade

[1] Vaccine or documentation of history of disease.
[2] Recommended for all. Required only for residential students entering 7th grade newly enrolled in 8 -12.
[3] Recommendation for MenB vaccine is based on clinical discretion. Beginning at age 16, two doses at least one month apart.
[4] If you start the series before age 15, only 2 doses are recommended. If you start after age 15 or are immunocompromised, then 3 doses are recommended.
[5] Recommendation for children 8-19 months old who are at high risk for severe RSV during their second RSV season.

Vermont's immunization schedule is compatible with the current recommendations of the American Academy of Pediatrics (AAP).
For more information, contact the Vermont Department of Health Immunization Program:
Phone: 802-863-7638 Toll free (in VT): 800-640-4374 Website: HealthVermont.gov

VERMONT DEPARTMENT OF HEALTH

Immunization Registry (IMR) Forecaster



- Plan is to align Forecaster with Vermont/AAP recommendations.
- Collaborating with national partners who utilize same Forecaster base coding
  - Commitment has been made to maintain universal recommendation for Hep B birth dose

Legislation is in Process

The way we fund and purchase vaccines through the Immunization Program is written in statute

There is a need for statutory change to:

- Create a clear and transparent process for issuing immunization recommendations that follows the science
- Allow for flexibility to purchase recommended immunizations from any source
- Ensure private health insurers continue to cover recommended immunizations
- Address potential barriers faced by health care providers to prescribe and administer recommended immunizations

Impacts of H. 545

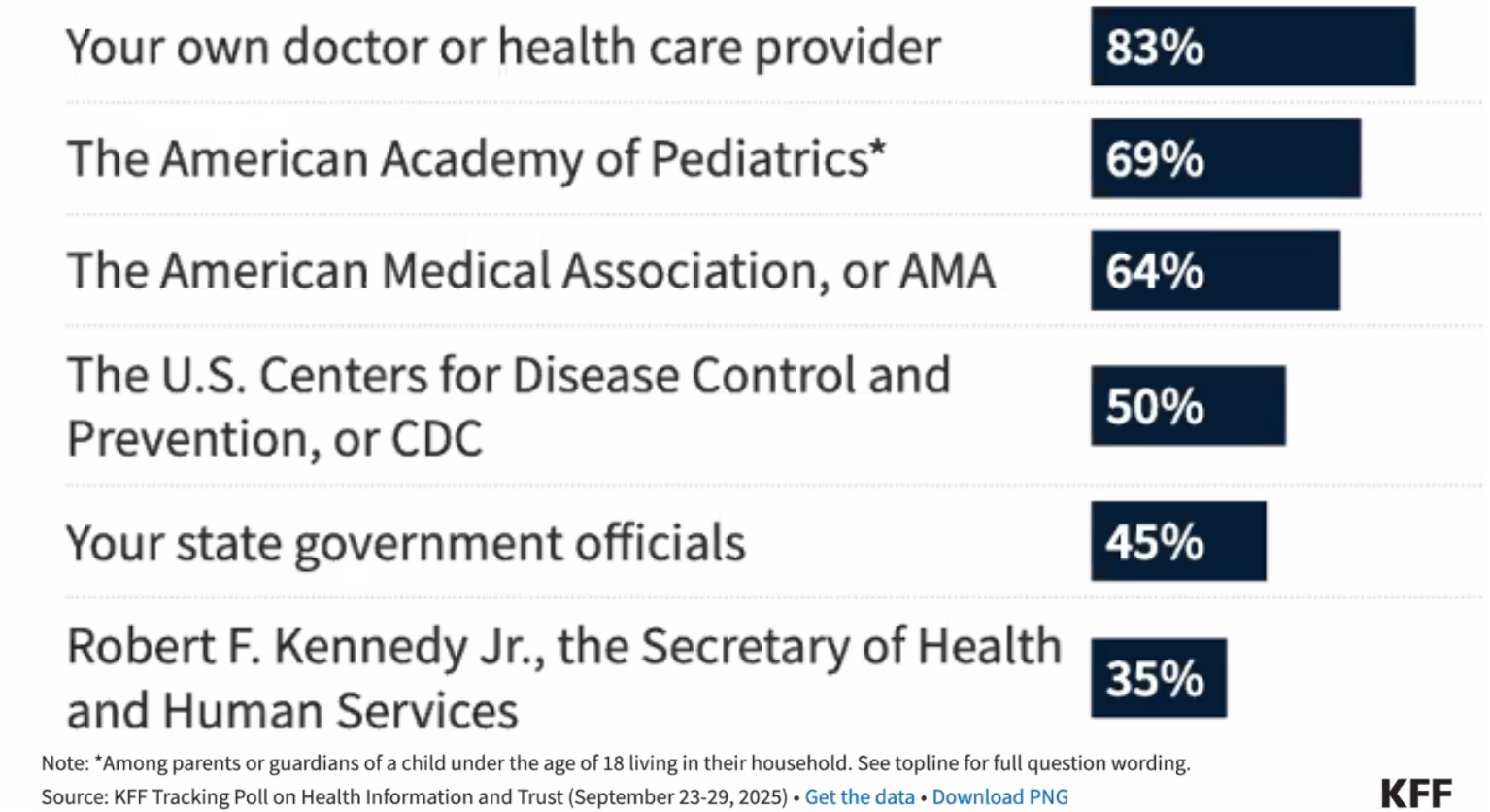
- Vermont will have flexibility to follow vaccination schedules from CDC & ACIP and/or professional medical organizations like AAP, AAFP, ACOG
- Immunization Program will continue to purchase recommended vaccines at the lowest available cost and have flexibility to select the vendor
- Insurers will continue to cover recommended vaccines at no cost
- Pharmacists and pharmacy techs will be able to administer recommended vaccines
- Commissioner of Health will be able to issue a standing order that health care professionals can rely on to administer recommended vaccines
- Health care providers will have liability protection for administering recommended vaccines

H-0545 As Introduced.pdf

Childhood Immunization Recommendations

Strong Recommendations

Percent who say they have a great deal or a fair amount of trust in the following to provide reliable information about vaccines:



Rotavirus

- Spread through direct contact with an infected person or contaminated surfaces

- Symptoms can last 3-8 days

Severe Diarrhea	Vomiting
Dehydration	Stomach Pain
Fever	Electrolyte Imbalance

55,000-70,000

before vaccines

80%

11,000-14,000

after vaccines

Source: [Rotavirus: The Disease & Vaccines]

Rotavirus Immunization Recommendation

Two or Three-dose series (oral)

- Rotarix: 2-dose series at 2 and 4 months of age
- RotaTeq: 3-dose series at 2, 4 and 6 months of age

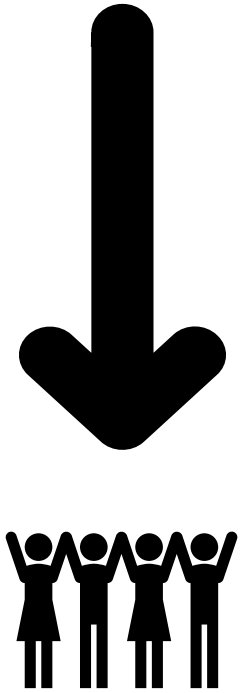
Side effects:

- Fussiness
- Diarrhea
- Vomiting

Hepatitis B

- Spread through contact with infected blood and bodily fluids
- Symptoms are often silent. When present, may include:

Fatigue	Abdominal Pain
Appetite loss	Nausea
Vomiting	Jaundice



Childhood infections decreased

99%

after universal recommendation

Source: Hepatitis B Vaccine Frequently Asked Questions

Hepatitis B Recommendations

All infants should receive the Hepatitis B birth dose and complete series

- Recommendations are dependent on the birth parent's HBsAg status
  - Generally 3 or 4-dose series at 0,1-2 and 6-18 months

Influenza

- Spread through respiratory droplets when an infected person sneezes, coughs or talks

- Symptoms last about a week- but can be longer

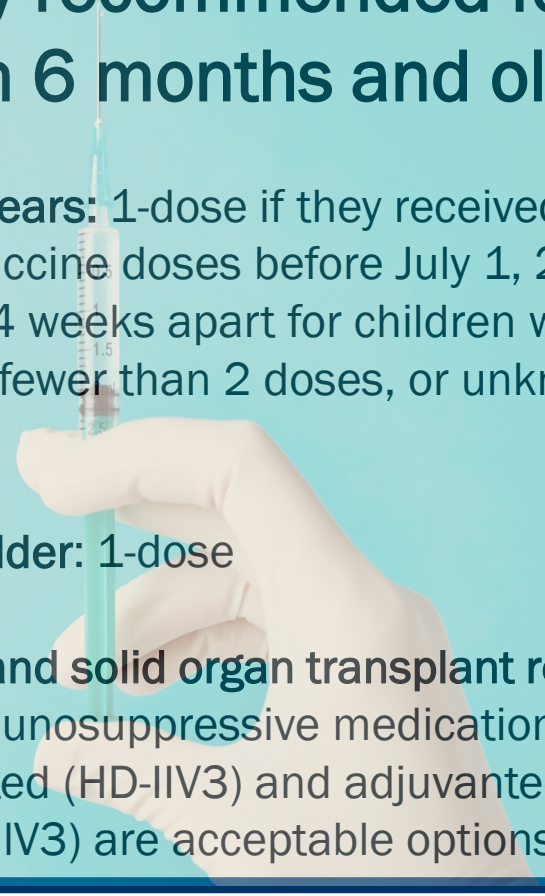
Fever	Cough
Sore Throat	Body Aches
Fatigue	Headache

Influenza Recommendation

Side effects:

- Soreness or redness at injection site
- Mild fever
- Headache

Routinely recommended for all children 6 months and older



- **6 months- 8 years:** 1-dose if they received at least 2 influenza vaccine doses before July 1, 2025.
  - 2-doses 4 weeks apart for children who have received fewer than 2 doses, or unknown history
- **9 years and older:** 1-dose
- **18 years old and solid organ transplant recipients** receiving immunosuppressive medications: high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) are acceptable options

HPV Recommendation

2 or 3-dose series (depending on initial vaccination)

- Age 9-14 years at initial vaccination: 2-dose series at 0, 6-12 months
- Age 15 years or older at initial vaccination: 3-dose series at 0, 1-2 months, 6 months

Side effects:

- Headache
- Tiredness
- Muscle or Joint Pain
- Dizziness
- Fainting

Hepatitis A

- Spread by person-to-person contact or through contaminated food/water.

- Symptoms can last for several months:

Nausea	Jaundice
Fever	Loss of appetite
Vomiting	Inflammation of the liver

30,000 cases/year

95%

1,000 - 17,500 cases/year

Source: Hepatitis A | Let's Get Real

Hepatitis A Immunization Recommendation

Two-dose series:

- Dose 1: 12-23 months
- Dose 2: At least 6 months after the first dose

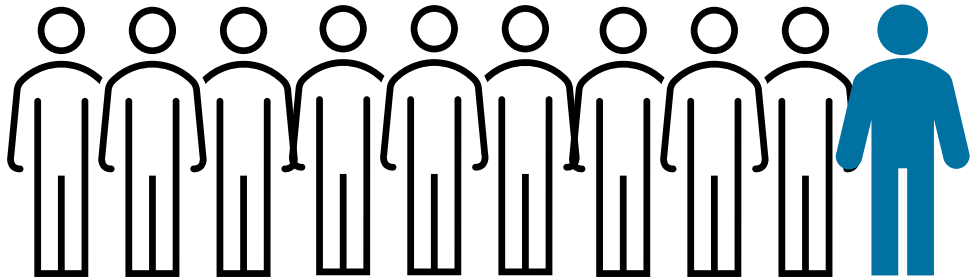
Side effects:

- Soreness or redness at injection site
- Mild fever
- Headache
- Feeling tired

MenACWY

Meningococcal disease is uncommon but dangerous

- Can result in hearing loss, brain damage, learning disabilities, limb amputations, kidney damage, death.



1 in 10 who develop meningitis die

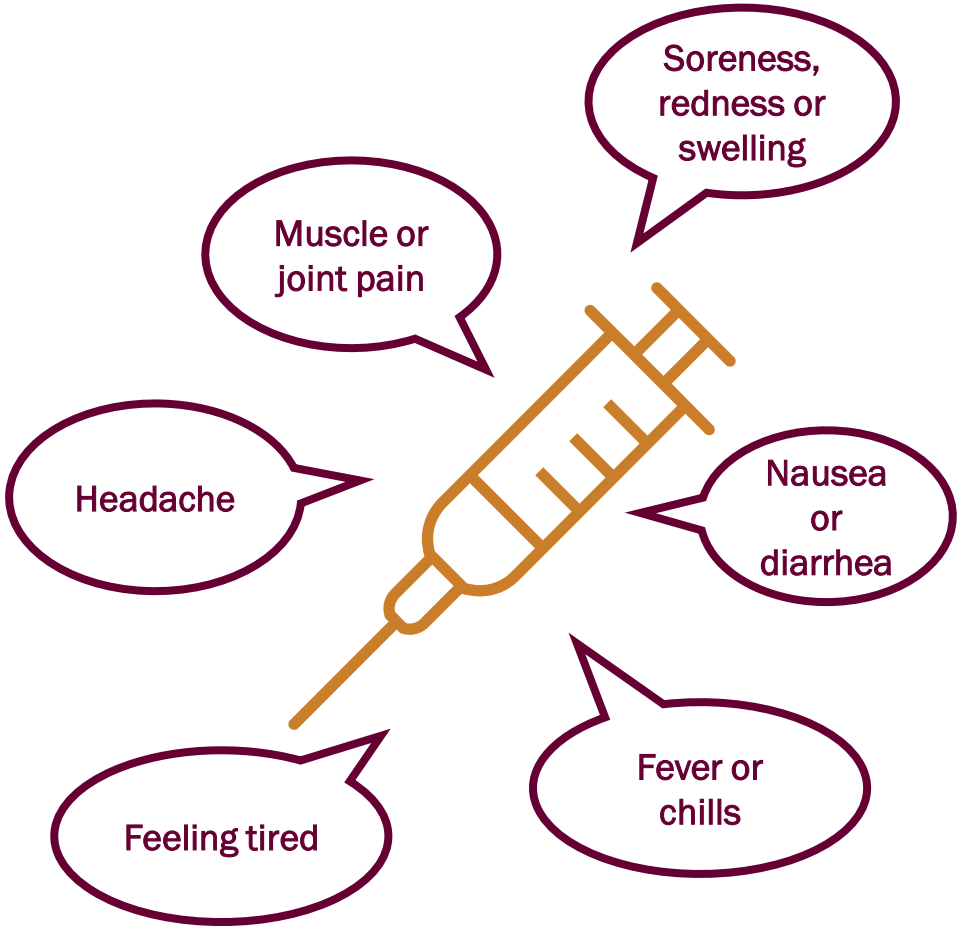
Mbaeyi S, Stokley S. Meningococcal Conjugate Vaccine in the United States: Remaining Challenges for Adolescent Vaccination. J Adolesc Health. 2019 Jul;65(1):11-12. doi: https://doi.org/10.1016/j.jadohealth.2019.04.021

MacNeil JR, Blain AE, Wang X, Cohn AC. Current epidemiology and trends in meningococcal disease-United States, 1996–2015. Clin Infect Dis 2018;66: 1276–81. https://doi.org/10.1093/cid/cix993

MenACWY Vaccine: The Recommendation

11 - 12 years

16 years



Sources:
https://www.give2menacwy.org/pdfs/menacwy-factsheet.pdf

Meningococcal: The Disease & Vaccines | Children's Hospital of Philadelphia

RSV

- Infants, especially those under 6 months, are more likely have severe RSV disease.
- RSV is the leading cause of hospitalization in infants and toddlers.
  - Up to 80,000 babies in the U.S. are hospitalized with RSV each year.
- Severe RSV can cause permanent lung damage.
- 100 to 300 children die each year from RSV and its complications

80 - 90%

effective at protecting infants from hospitalization

Sources:
Respiratory Syncytial Virus (RSV)
Respiratory Syncytial Virus Infection (RSV) | Let's Get Real

RSV Monoclonal Antibody Recommendation

The Recommendation:

- A monoclonal antibody product (either nirsevimab or clesrovimab) is recommended for all infants less than 8 months old born during or entering their first RSV season if:
  - The birth parent did not receive vaccine during pregnancy
  - Birth parents' vaccination status is unknown
  - The infant was born within 14 days of maternal RSV vaccination

  *October through March

Side effects:

- Pain, redness or swelling at injection site.
- Hypersensitivity reactions are a rare side effect that have been reported with similar products.

Resources

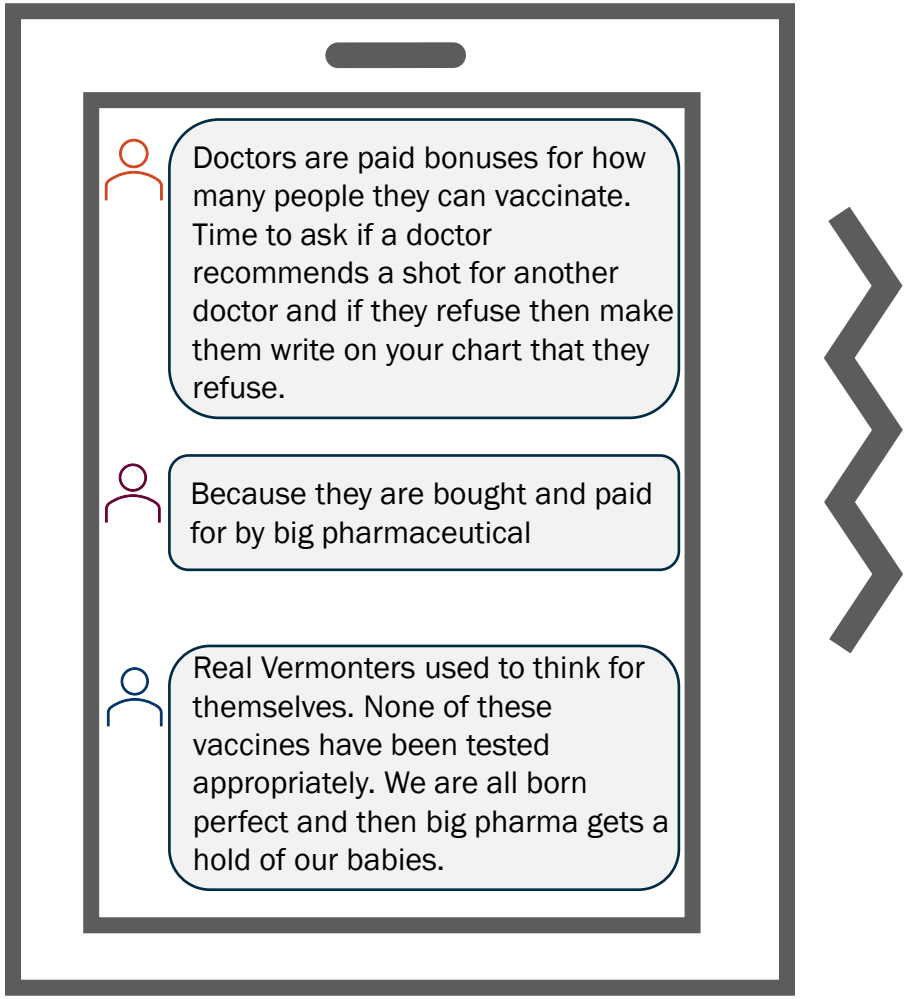
	Vaccine preventable disease images available on Immunize.org
National Foundation for Infectious Diseases	NFID offers information about vaccine-preventable diseases, vaccines, webinars and other resources
Children's Hospital of Philadelphia Vaccine Education Center	CHOP offers extensive resources for providers and families.
healthychildren.org Powered by pediatricians. Trusted by parents. from the American Academy of Pediatrics	Public facing website with accessible and engaging information.
VACCINATE YOUR FAMILY	Website with engaging information and resources, including personal stories.
VaccineInformation.org	Public facing website from Immunize.org that presents straightforward information about vaccine-preventable diseases and their vaccines
Immunize.org	Provides clinical guidance and tools for implementation and education.

Resources

THE EVIDENCE COLLECTIVE Science & Medicine Creators Uniting for Public Health.	The Evidence Collective provides briefs and resources where public health information is translated by trained health communicators to deliver clear, evidence-based information.
American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN® FACT CHECKED	AAP's Fact Checked series provides facts, evidence and expert comments on circulating misconceptions.
LET'S GET REAL from Immunize.org	A campaign built on a research informed approach based on extensive parent and expert interviews and focus groups that offers information for providers and families on vaccine misconceptions, risks versus benefits and more.
CIDRAP Center for Infectious Disease Research and Policy	Source of updated infectious disease news and analysis.
UNBIASED SCIENCE	Site offers analysis and assistance with public health communications through podcasts, social media posts and more; has a free vaccine education module.

Making the Case and Navigating the Changes

Debunking Common Misconceptions



Misconception: Doctors make a lot of money off vaccines.

Fact 1: Vaccines are not a significant source of income for provider offices.

Fact 2: Providers make recommendations to protect your child based on decades of medical evidence.

- Physicians (and scientists) are required by law to disclose potential financial conflicts of interest.
  - Home | OpenPayments -- can search by provider, teaching hospital or company
- Reimbursement for vaccine administration varies by payer.
  - In Vermont, $21.22 is the administration fee cap through VVPP.
- Performance incentives cover a broad collection of best practices.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

FACT CHECKED

Trusted Messengers: Social Media Recommendations

Dr. Mona Amin, MD, FAAP
Pediatrician/Certified Lactation Consultant (IBCLC) in Florida

Dr. Ari Brown, MD, FAAP
Pediatrician in Texas

Dr. Tommy Martin, MD, FAAP
Internal Medicine/Pediatric Physician in Massachusetts

Dr. Alok Patel, MD, FAAP
Pediatric Hospitalist in California

Dr. Zachary Rubin, MD, FAAP
Pediatrician/Allergist and Immunologist in Illinois

Dr. Rebecca Bell, MD
Pediatric Critical Care Physician at UVM

Dr. Tracy Tyson, MD
Pediatric Critical Care Physician at Monarch Maples Pediatrics

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Childhood Immunizations Matter

Over the last 3 decades, childhood immunizations prevented:

500+ million
lifetime illnesses

1.13 million
deaths

32 million
hospitalizations

$540 Billion
Direct Savings

$3,000,000,000
Societal savings

Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023 | MMWR

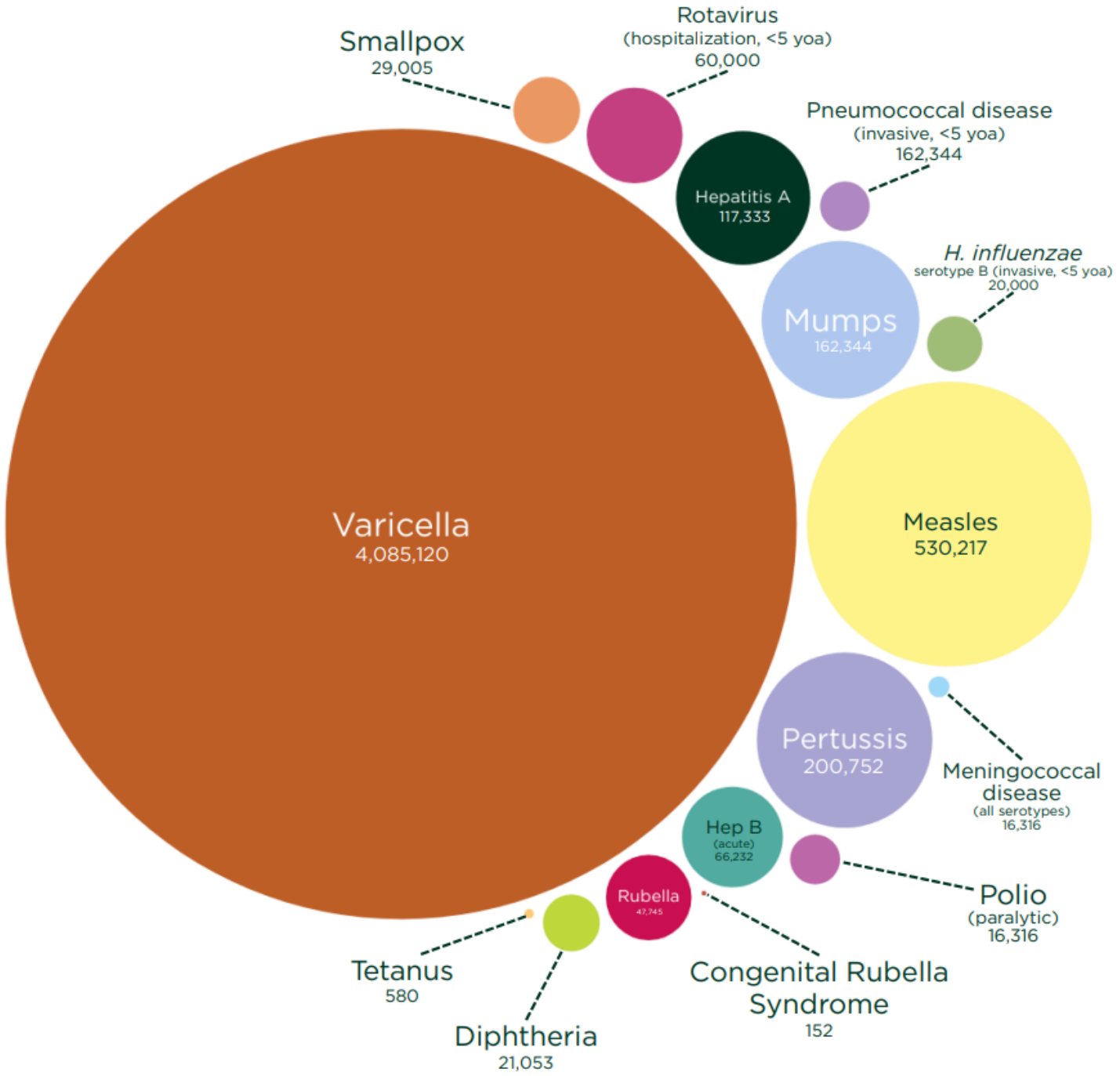
Vaccines Work!

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY
Diphtheria	21,053[1]
H. influenzae serotype B (invasive, <5 years of age)	20,000[1]
Hepatitis A	117,333[1]
Hepatitis B (acute)	66,232[1]
Measles	530,217[1]
Meningococcal disease (all serotypes)	2,886[4]
Mumps	162,344[1]
Pertussis	200,752[1]
Pneumococcal disease (invasive, <5 years of age)	16,069[1]
Polio (paralytic)	16,316[1]
Rotavirus (hospitalizations, <5 years of age)	60,000[5,**]
Rubella	47,745[1]
Congenital Rubella Syndrome	152[1]
Smallpox	29,005[1]
Tetanus	580[1]
Varicella	4,085,120[1]

[Vaccines Work!]

Image from [NDSU CIRE].

Vermont Department of Health

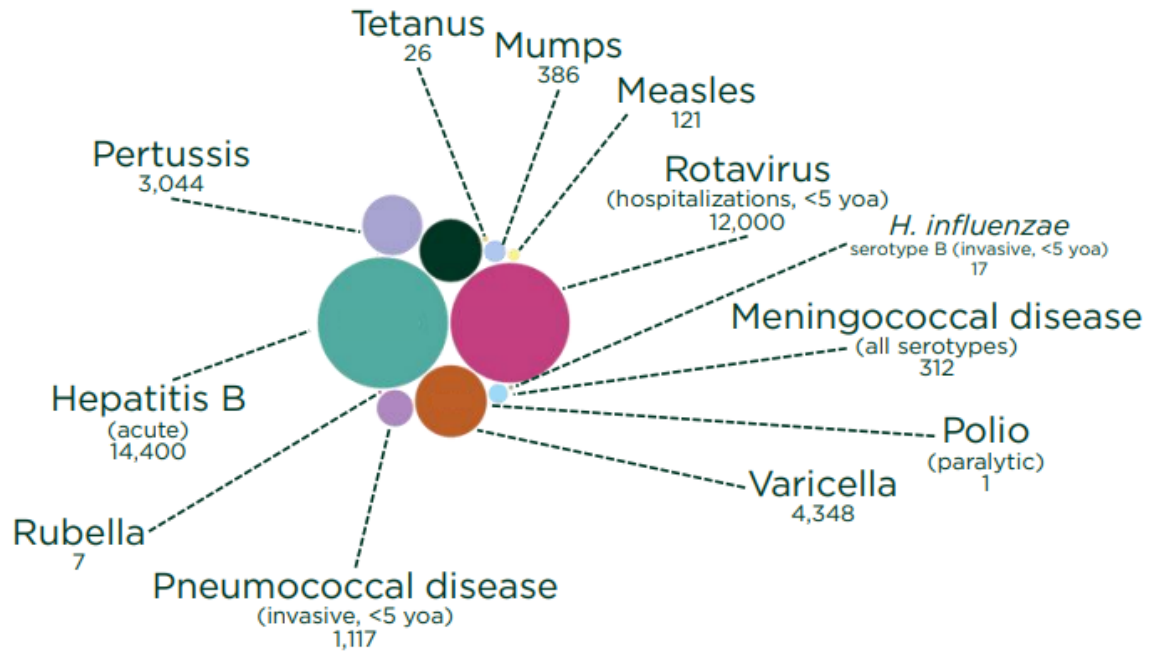


Vaccines Work!

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY	MOST RECENT REPORTS OR ESTIMATES OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053[1]	1[2]	>99%
H. influenzae serotype B (invasive, <5 years of age)	20,000[1]	17[2]	>99%
Hepatitis A	117,333[1]	(est) 3,300[3]	97%
Hepatitis B (acute)	66,232[1]	(est) 14,400[3]	78%
Measles	530,217[1]	121[2,*]	>99%
Meningococcal disease (all serotypes)	2,886[4]	312[2]	89%
Mumps	162,344[1]	386[2]	>99%
Pertussis	200,752[1]	3,044[2]	98%
Pneumococcal disease (invasive, <5 years of age)	16,069[1]	1,117[2]	93%
Polio (paralytic)	16,316[1]	1[2]	100%
Rotavirus (hospitalizations, <5 years of age)	60,000[5,**]	(est) 12,000[6,**]	80%[**]
Rubella	47,745[1]	7[2]	>99%
Congenital Rubella Syndrome	152[1]	0[2]	>99%
Smallpox	29,005[1]	0[2]	100%
Tetanus	580[1]	26[2]	96%
Varicella	4,085,120[1]	4,348[2]	>99%

[Vaccines Work!]

Image from [NDSU CIRE].

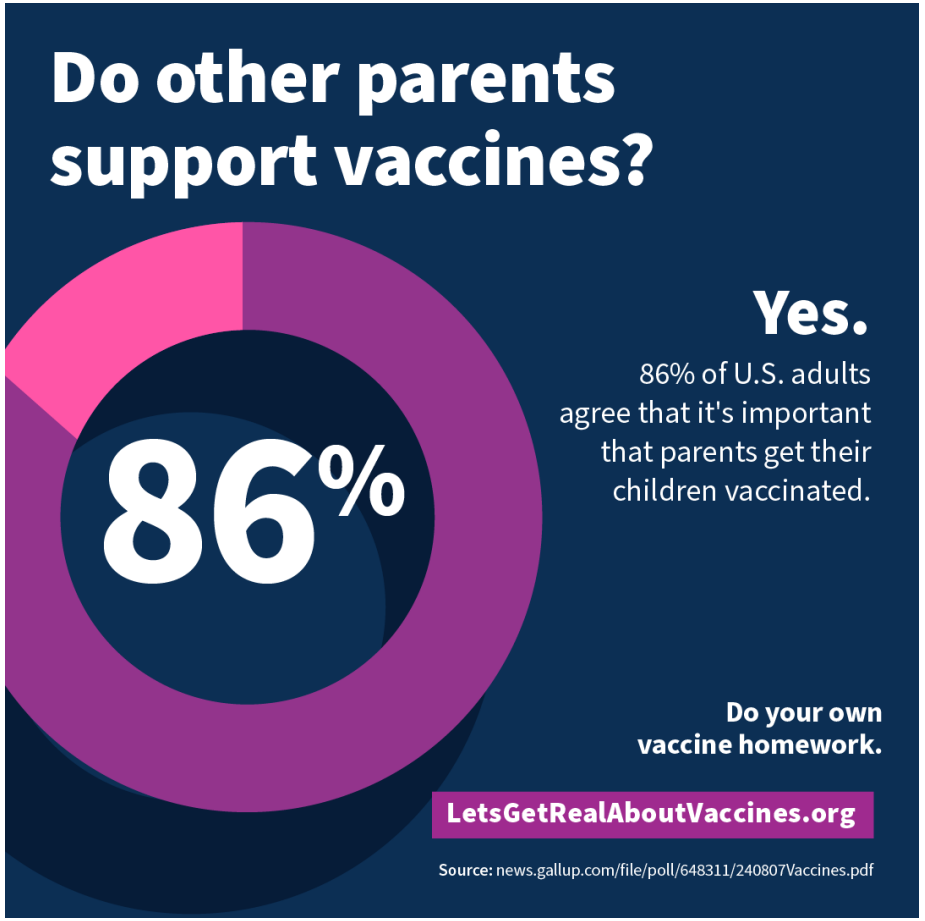


Smallpox: 0
Congenital Rubella Syndrome: 0

Gratitude


Thank you VT DOH !
Vermont👏
👏👏👏
Exactly the correct science based, historical and evidence based decision. Well done Vermont Department of Health!
Great to hear!
Thank you for advocating for us and science!
Thank you!!!
👏👏👏
Thank you, Vermont! 💚
Thank you🙏
Thank you, Vermont, for staying sane…
🙌🔥❤️
Vermont👏
Thank you Vermont !
Thank you!
Another reason we love our brave little state
❤️👏❤️
Soo thankful for this

Vaccines are still the social norm



- State-level immunization coverage in Vermont for MMR vaccination is above national levels.
- Vermont immunization coverage is regularly higher than national averages and other states.
  - Vermont's up-to-date HPV coverage for 13-17 years is 71.7% compared to the national rate of 62.9%
  - For the 2024-2025 season, Vermont ranked 3rd for nirsevimab administration.

What's Next?

1. **Consider posting a public communication to your webpage**
2. **Maintain strong recommendations in alignment with Vermont/AAP recommendations**
3. **Build an immunization culture in your office**
4. **Communicate with VDH and partners as needs arise**

Questions

VERMONT
DEPARTMENT OF HEALTH

Thank you!

Let's stay in touch

Email: AHS.VDHImmunizationProgram@vermont.gov

Web: healthvermont.gov

Social: @healthvermont