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Topple Meningococcal: A Vaccination Education Campaign

**Assessment, Compliance, and Epidemiology (ACE) Branch
Texas Department of State Health Services (DSHS)
Immunization Section**

Topple Meningococcal: A Vaccination Education Campaign

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Agenda

- Meningococcal Disease and Vaccine
- Vaccination Tracking and Registry
- Project Overview
- Provider Recommendations



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Meningococcal Disease and Vaccine

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Meningococcal Disease Information (Pathogenesis)

- Bacteria called *Neisseria meningitidis* causes meningococcal disease.
- Meningococcal disease is not very common in the United States, but teens and young adults are at increased risk.
- Meningococcal bacteria spreads from person to person through respiratory droplets and throat secretions like saliva.
- With meningococcal meningitis, the lining of the brain and spinal cord becomes infected and swells. Symptoms include sudden onset of fever, headache, and stiff neck.



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Meningococcal Disease Information (Epidemiology)

- In 2021, there were about 210 total cases of meningococcal disease in the US.
- Thirteen meningococcal disease cases occurred in Texas in 2021. Fifteen meningococcal disease cases occurred in Texas in 2022, including two deaths in Texas.*
- Even with antibiotic treatment, 10 percent to 15 percent of people with meningococcal disease will die.
- Up to one in five survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, and brain damage.



*Licensed MenACYW vaccine products include:
MenACWY-D: Menactra, Sanofi Pasteur
MenACWY-CRM: Menveo, GlaxoSmithKline
MenACWY-TT: MenQuadfi, Sanofi Pasteur



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Meningococcal Vaccination (MenACYW)

- Since the introduction of the MenACYW vaccine, rates of meningococcal disease in teens caused by serogroups C, Y, and W have decreased by more than 90 percent.
- ACIP recommends routine administration of the MenACWY vaccine for all persons aged 11 to 18.
 - **Primary vaccination:** One dose at age 11 to 12 years.
 - **Booster:** One dose at age 16 if first dose is administered before the 16th birthday.
 - **Catch-up vaccination:** Although routine vaccination is only recommended for adolescents aged 11 to 18 years, MenACWY may be administered to persons aged 19 to 21 years who have not received a dose after their 16th birthday.
 - **Note:** MenACWY vaccines* are interchangeable.



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MenACWY-D: Menactra, Sanofi Pasteur
MenACWY-CRM: Menveo, GlaxoSmithKline
MenACWY-TT: MenQuadfi, Sanofi Pastuer

Meningococcal Vaccination (MenB)

- Approximately 60 percent of meningococcal disease cases among those under 24 years of age are caused by serogroup B.
- College students have more than three times the risk of serogroup B meningococcal disease as similarly aged persons not attending college.
 - **Primary vaccination:** MenB series at age 16 to 23 years on basis of shared clinical decision-making (preferred age 16 to 18 years).
 - MenB-FHbp*: two doses six months or more apart.
 - MenB-4C**: two doses a one month or more apart.
 - **Booster:** Not routinely recommended unless the person becomes at increased risk for meningococcal disease.
 - **Note:** MenB-FHbp* and MenB-4C** are not interchangeable.



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*MenB-FHbp: Trumenba, Pfizer

**MenB-4C: Bexsero, GlaxoSmithKline

Vaccination in 16- to 18-year-olds

Vaccine series completion

- The 2023 projected population for 16- to 18-year-olds in Texas will be around 1.3 million.*
- Texas Immunization Registry (ImmTrac2) data shows**:
 - Only 19.9 percent received both doses of MCV4.
 - Only 6.0 percent were administered both doses of MenB.



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*Data source - Texas Demographic Center

**Data as of March 2023

Vaccination in 16- to 18-year-olds

Vaccine series initiation

- According to Texas Immunization Registry (ImmTrac2)*:
 - Only 51.8 percent received one dose of MCV4.
 - Only 10.9 percent had one dose of MenB.
- Without both doses, adolescents are not fully protected against meningococcal disease.



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*Data as of March 2023



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Questions and Answers

For questions, please email gerardo.dominguez1@dshs.texas.gov.



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Vaccination Tracking and Registry

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Why Enroll in the Texas Immunization Registry (ImmTrac2)?

- You may need your immunization records for multiple reasons:
 - Reduced risk of over or under vaccination
 - College entrance requirements
 - School requirements
 - Travel
 - Living abroad
 - Military enlistment
 - Employment in health and safety fields
 - Change in doctors



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What to Know About ImmTrac2

- All vaccine records are stored in one place.
- Authorized healthcare providers can verify vaccine records.
- Schools and universities can verify vaccine records.
- It is a free, secure, and confidential service.
- Texas state law requires written consent to store immunization information in the registry.
- It is a tool for monitoring vaccination coverage.



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Sending the Completed Form and Best Practices

Fill out and sign the completed ImmTrac2 Minor or Adult Consent Form. Send it to:

- Your local doctor's office
- Your Local Health Department
- The Texas Immunization Registry

Best practices:

- Have clients sign both a standard consent form and a disaster consent form.
- If the client does not sign an adult consent form before the age of 26, their childhood immunizations will be deleted from the Registry. That is why it is important for adults who were consented as minors to sign the adult consent before 26.



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Questions and Answers

For questions, please email immtrac2@dshs.texas.gov.



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Topple Meningococcal: A Vaccination Education Campaign Project Overview

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Topple Meningococcal: A Vaccination Education Campaign

DSHS received funding from the CDC to develop Topple Meningococcal: A Vaccination Education Campaign focused on increasing meningococcal immunization rates amongst 16- to 18-year-olds in Texas.

To reach the target audience, DSHS is establishing relationships with Texas Vaccines for Children (TVFC) providers, high schools (administrators, staff, parents, students), colleges, universities, and post high school work programs.



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Topple Meningococcal: A Vaccination Education Campaign

TVFC provider reports:

- Resemble HPV and Flu provider reports.
- Allow providers to see their coverage rates and how they compare with others.
- Will include data focused on MCV4 and MenB vaccinations.
- Also feature education materials for providers to share with their adolescent patients or their parents and guardians.

Webinars and trainings:

- TVFC providers and high schools
- Colleges, universities, and post-high school work programs
- Public Health Regions (PHRs) and Local Health Departments (LHDs)



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Topple Meningococcal: A Vaccination Education Campaign

Education and outreach materials:

- Topple Meningococcal Toolkit
- DSHS anticipates the toolkit will be available in the spring.
- A survey will be administered upon the release of the toolkit.



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Provider Recommendations

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Provider Recommendations

Step 1: Understanding your audience

Step 2: Presumptive communication to initiate vaccination

Step 3: Motivational interviewing

Step 4: Bundled approach

Step 5: Addressing vaccine hesitancy and misinformation



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Provider Recommendations

To improve vaccination rates, the CDC suggest three steps to frame messages and materials for a given audience.

Step 1: Understanding your audience

- Their knowledge, perceptions, beliefs, motivations, and barriers related to vaccines
- Their communication preferences
- Their socio-cultural context



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Provider Recommendations

To improve vaccination rates, the CDC suggest three steps to frame messages and materials for a given audience.

Step 2: Create tailored messages and materials.

- Focus on your audience's "why" or motivations for getting vaccinated.
- Incorporate values that resonate with your audience.
- Invite people to have conversations with their healthcare professionals.
- Provide details on how to get vaccinated.



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To improve vaccination rates, the CDC suggest three steps to frame messages and materials for a given audience.

Step 3: Get audience input and feedback

- Include audience members in the design process.
- Test materials with the intended audience.



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Provider Recommendations

Presumptive communication

- Presumptive style of communication is associated with higher levels of meningococcal vaccination compared to other styles of communication as well as addresses parental vaccine hesitancy.
- Addressing parental hesitancy with persistence and continued use of presumptive communication tends to lead to same-day vaccination.



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Provider Recommendations

Presumptive communication

- Examples:
 - Instead of saying, "What do you want to do about shots?" say, "Your child needs three shots today."
 - To offer your recommendation, say, "I strongly recommend your child get these vaccines today."
 - "...These shots are very important to protect them from serious diseases."



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Provider Recommendations

Motivational interviewing

- “A collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual’s motivation for, and movement toward, a specific goal by eliciting and exploring the person’s own arguments for change” (American Psychological Association, n.d.).
- Remember “**OARS**” to strategize motivational interviewing!



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Four Principles of Motivational Interviewing The “OARS”

Open Ended Questions

Affirmations

Reflective Listening

Summary Statements

5

(Miller & Rollinick, 2002)

Provider Recommendations

Motivational interviewing

Open-ended questions

- Involves descriptive information.
- Requires patient to elaborate on response instead of “yes” or “no.”
- Empowers patient to speak more.
- Allows provider to avoid premature judgements.
- Keeps communication moving forward.



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Provider Recommendations

Motivational interviewing

Affirmations

- Promotes self-efficacy.
- Acknowledges any concerns the patient may have.
- Validates patient's experience and feelings.
- Emphasizes past experiences to highlight strengths and prevent discouragement.



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Provider Recommendations

Motivational interviewing

Reflective listening

- An opportunity to check in with the patient
- Shows you have genuine interest and respect for what the patient is stating to you.
- Demonstrates that you accurately heard and understood the patient.
- Allows further exploration of concerns and feelings.



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Provider Recommendations

Motivational interviewing

Summarize

- Reinforces points the patient stated.
- Shows you were listening to the patient throughout the conversation.
- Allows you to position the patient in the direction of change.



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Provider Recommendations

Motivational interviewing

- O**pen-ended questions
- A**ffirmations
- R**eflective listening
- S**ummarize

Now let's brainstorm examples of each related to meningococcal vaccination!



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Provider Recommendations

Bundled approach

- The bundled approach involves a patient receiving more than one vaccine at a time based on suggestions from the provider.
- Research demonstrates **presumptive recommendation** combined with **bundled approach** is associated with higher levels of vaccination for 11-12-year-olds (Brewer et al., 2017).



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Provider Recommendations

Addressing vaccine hesitancy and misinformation

- The spread of **misinformation** on social media and through other channels may impact vaccine confidence.
- **Misinformation** typically occurs when there is information gaps or unsettled science determined by human nature to make better sense of the situation.
- In your own words, provide a definition of **misinformation**.
- In your own words, provide a definition of **disinformation**.



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Questions and Answers

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**Thank you for your time and
attention!**
