Youth Vaccination Plan

June 2022
What's Included

This document contains goals, strategies and sample actions in place and on the horizon to increase youth vaccination rates and strengthen child, youth, and family health in Washington, D.C. as we prepare for enforcement of No Shots, No School in SY 22-23. This plan represents the efforts of many agencies, community-based partners, and health providers in the District. DME's role is to support coordination and communication between DC Health, OSSE, LEAs, and schools and support our District-wide efforts to ensure that all eligible youth receive immunization against vaccine-preventable diseases, including COVID-19.

In this presentation:
• Introduction & Overview
• Routine Pediatric Immunizations
• COVID-19 Vaccine for Youth Ages 5-17
• In Review - On the Horizon
• Implementation and Enforcement
Introduction & Overview
The Why

Our most effective disease prevention strategy for our young people is to have every eligible student vaccinated. Enforcement of No Shots, No School is the best way to prevent a future city-wide or school-wide outbreak and to promote youth health and safety. Vaccinations save lives.

What we know:

• **Currently, the District has the lowest compliance of any state in the U.S.** for key pediatric immunizations for Kindergarten (DC = 78.0-78.9% vs. national average = 93.6-93.8%), per a [recent CDC study](https://www.cdc.gov).

• **This places the District at a public health risk** for an outbreak of a serious vaccine-preventable illness such as measles or whooping cough (pertussis).

• **Enforcement is an effective immunization strategy:** case studies from LEAs that have enforced immunization attendance policies demonstrate that enforcement works to increase immunization coverage.

• Enforcement of No Shots, No School and the COVID-19 vaccination for age-eligible students is **the law**.
**Big Goals**

The District has taken **bold, consistent action to expand access to immunizations** and thereby combat the spread of preventable diseases in order to keep our residents safe. All our efforts related to youth vaccination are designed to build confidence in vaccinations and provide widespread information and access to routine pediatric immunizations and the COVID-19 vaccine.

This work may start with the simple prick of a shot, but is part of a larger, **comprehensive plan to strengthen health and wellbeing for children and families** and promote community health.

<table>
<thead>
<tr>
<th>Routine Pediatric Immunizations</th>
<th>COVID-19 Vaccine Children Ages 5-11</th>
<th>COVID-19 Vaccine Children Ages 12-15</th>
<th>COVID-19 Vaccine Youth Ages 16-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of School Age Children*</td>
<td>60% by 8/31/22</td>
<td>80% by 8/31/22</td>
<td>95% by 8/31/22*</td>
</tr>
</tbody>
</table>

*This is based on national best practice and does not include exempted students and students on track for completion of required immunizations.*
Guiding Principles and Approach

In alignment with the CDC’s recommendations and strategies to build vaccine confidence, we have anchored our youth vaccination efforts in the following core principles and are utilizing all the CDC’s 12 recommended strategies to build confidence and boost vaccination participation by families and children.

Education: Provide accurate research and data about the vaccine and dispel misinformation; leverage trusted partners to convey key messages and core ideas.

Access: Ensure all residents, particularly children and parents, can get a COVID-19 shot and routine pediatric immunizations and the surrounding family care needed to stay protected and safe. Locations are free, in all wards, and across a range of settings to meet residents where they are.

Outreach: Partner with hundreds of schools, churches, and community-based organizations (CBOs) to offer clinics through the vaccine exchange and to sponsor community-led conversations, discussions, and grassroots campaigns.

Trust Building: Equip trusted messengers with the tools they need to connect with neighbors, friends, and community members and share accurate information about vaccines.
Routine Pediatric Immunizations
Overview

The COVID-19 vaccine is one immunization among many and ties into larger efforts and initiatives around Routine Pediatric Immunizations (RPIs) required for school attendance. The following slides provide information about RPIs for school attendance in DC, referred to as No Shots, No School. In this work, we incorporate guidance from DC Health and the Centers for Disease Control and Prevention.

For context, as of mid-June, over 28,000 students (26.8%) across DCPS, public charter, private, parochial, and independent schools had incomplete or missing paperwork for routine pediatric immunization requirements (not including COVID-19), including over 22,000 (24%) DCPS and public charter school students.
### Required RPIs in the District of Columbia

#### 2-3 years old (Preschool to Head Start)
- 4 doses of Diphtheria/Tetanus/Pertussis (DTaP)
- 3 doses of Polio
- 1 dose of Measles, Mumps, Rubella (MMR)
- 3 doses of Hepatitis B
- 2 doses of Hepatitis A
- 3 or 4 doses depending on the brand of Hib (Hemophilus Influenza Type B)
- 4 doses of PCV (Pneumococcal)

#### 4-6 years old (Kindergarten to 1st Grade)
- Vaccine above AND
  - 1 dose of Diphtheria/Tetanus/Pertussis (DTaP)
  - 1 dose of Polio
  - 1 dose of Varicella if no history of chickenpox
  - 1 dose of Measles/Mumps/Rubella (MMR)

#### 11+ years old (6th Grade to High School)
- Vaccine above AND
  - 1 dose of Tdap
  - 2 doses of Meningococcal (Men ACWY)
  - 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

#### 16+ years old (High School)
- Vaccines above AND
  - COVID-19 Vaccine

**Full detail available here**
SY21-22 Non-Compliance Rate per Ward (All School Types)

<table>
<thead>
<tr>
<th>Ward*</th>
<th># Non-Compliant</th>
<th>% Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>3,756</td>
<td>28.5%</td>
</tr>
<tr>
<td>Ward 2</td>
<td>1,337</td>
<td>23.4%</td>
</tr>
<tr>
<td>Ward 3</td>
<td>5,418</td>
<td>32.1%</td>
</tr>
<tr>
<td>Ward 4</td>
<td>5,183</td>
<td>28.3%</td>
</tr>
<tr>
<td>Ward 5</td>
<td>3,623</td>
<td>26.5%</td>
</tr>
<tr>
<td>Ward 6</td>
<td>2,050</td>
<td>23.1%</td>
</tr>
<tr>
<td>Ward 7</td>
<td>3,462</td>
<td>26.7%</td>
</tr>
<tr>
<td>Ward 8</td>
<td>3,249</td>
<td>24.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28,078</strong></td>
<td><strong>27.2%</strong></td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DOCIIS). Non-compliance represents the number of students 5 years and above who do not meet the school immunization requirements. Data current as of 6/14/2022.

*Ward represents the school location
## SY21-22 Non-Compliance Rate per Ward (DCPS)

### Routine Pediatric Immunizations (non-COVID)

<table>
<thead>
<tr>
<th>Ward*</th>
<th># of Schools</th>
<th># Non-Compliant</th>
<th>% Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>1,802</td>
<td>29.0%</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>630</td>
<td>21.4%</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>1,539</td>
<td>20.4%</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>2,162</td>
<td>24.9%</td>
</tr>
<tr>
<td>5</td>
<td>14</td>
<td>1,420</td>
<td>29.0%</td>
</tr>
<tr>
<td>6</td>
<td>19</td>
<td>1,693</td>
<td>21.5%</td>
</tr>
<tr>
<td>7</td>
<td>18</td>
<td>1,259</td>
<td>24.0%</td>
</tr>
<tr>
<td>8</td>
<td>19</td>
<td>1,756</td>
<td>26.6%</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>12,261</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DOCIIS). Non-compliance represents the number of students 5 years and above who do not meet the school immunization requirements. Data current as of 6/14/2022.

*Ward represents the school location.*
### Routine Pediatric Immunizations (non-COVID)

<table>
<thead>
<tr>
<th>Ward*</th>
<th># of Schools</th>
<th># Non-Compliant</th>
<th>% Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>1,247</td>
<td>22.6%</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>557</td>
<td>24.3%</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>1,976</td>
<td>26.4%</td>
</tr>
<tr>
<td>5</td>
<td>30</td>
<td>2,163</td>
<td>24.8%</td>
</tr>
<tr>
<td>6</td>
<td>15</td>
<td>757</td>
<td>23.8%</td>
</tr>
<tr>
<td>7</td>
<td>24</td>
<td>2,153</td>
<td>28.5%</td>
</tr>
<tr>
<td>8</td>
<td>23</td>
<td>1,455</td>
<td>21.8%</td>
</tr>
<tr>
<td>Total</td>
<td>133</td>
<td>10,308</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DCIIS). Non-compliance represents the number of students 5 years and above who do not meet the school immunization requirements. Data current as of 6/14/2022.

*Ward represents the school location
### Routine Pediatric Immunizations (non-COVID)

<table>
<thead>
<tr>
<th>Ward*</th>
<th># of Schools</th>
<th># Non-Compliant</th>
<th>% Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>93</td>
<td>59.2%</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>150</td>
<td>31.4%</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>2,309</td>
<td>37.2%</td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>802</td>
<td>47.0%</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>36</td>
<td>92.3%</td>
</tr>
<tr>
<td>6</td>
<td>9</td>
<td>223</td>
<td>39.7%</td>
</tr>
<tr>
<td>7</td>
<td>5</td>
<td>50</td>
<td>27.3%</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>35</td>
<td>31.8%</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>3,698</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DOCIIS). Non-compliance represents the number of students 5 years and above who do not meet the school immunization requirements. Data current as of 6/14/2022.

*Ward represents the school location*
# SY21-22 Non-Compliance Rate per Ward (Parochial)

## Routine Pediatric Immunizations (non-COVID)

<table>
<thead>
<tr>
<th>Ward *</th>
<th># of Schools</th>
<th># Non-Compliant</th>
<th>% Non-Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>614</td>
<td>51.1%</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>1,570</td>
<td>49.8%</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>243</td>
<td>38.2%</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>288</td>
<td>44.4%</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>119</td>
<td>71%</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>119</td>
<td>55.6%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>2,953</td>
<td>50.5%</td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DOCIIS). Non-compliance represents the number of students 5 years and above who do not meet the school immunization requirements. Data current as of 6/14/2022.

*Ward represents the school location*
Education Highlights – 2021

• In 2019, OSSE released the OSSE Immunization Attendance Policy to prepare for uniform attendance enforcement (originally slated for SY 2020-21, delayed until SY 2022-23 due to COVID-19)
• OSSE offered schools and LEAs training, guides, resources, templates, and access to data, and 1:1 coaching in preparation for uniform enforcement
• DC Health led an annual routine pediatric immunization public health campaign with ads on public transportation, local newspapers, radio, and television
• OSSE, DC Health, PCSB, DCPS, DHCF, DME, and DMHHS met on bi-weekly basis to discuss school health immunization compliance and develop strategies to improve coordination
• Based on the OSSE Immunization Attendance Policy and in alignment with DC Health recommendations, DCPS worked with schools and agency partners to develop a process to achieve immunization compliance and an immunization engagement plan for School Health Teams

DCPS engaged in a number of outreach initiatives, including robo calls to families, immunization pop-up clinics at meal sites, targeted calls to families, and Central Office support for schools in the form of progress monitoring, trainings, and compliance efforts
• DCPS partnered with Children’s Mobile Clinic to increase access to immunizations for DCPS students
• Several charter LEAs, including Friendship PCS and KIPP DC, led enforcement efforts targeting students who were behind on their immunizations and connecting families to incentives and resources
• In summer 2021, DC Health supported a direct public communications campaign and mailed postcards to non-compliant families through a partnership with the Association of Immunization Managers (AIM)
Access, Outreach & Trust Building Highlights – 2021

- **DC Health** established 37 temporary pediatric immunization sites in schools across the District to boost opportunities to secure the necessary immunizations, including school-based health centers (open access to any students 4 years and above)
  - More than 3,180 students and families participated in the RPI clinics in summer 2021, which allowed students to receive routine pediatric immunizations and the COVID-19 vaccine for age eligible students (48% scheduled appointments, 52% walk-ups)
  - DC Health sponsored a city-wide campaign around the importance of all childhood immunizations
- **Schools** messaged the importance of immunizations to families through the summer and into the Fall as part of their overall health and wellness plans
- **OSSE** released FAQs and fliers translated into six primary languages for schools to distribute to families
In spring 2022, OSSE released revised guidance, training, and materials and reengaged with community partners and LEA and school leaders on immunization compliance. OSSE undertook the following immunization activities in spring 2022:

- **Jan. 1-Present:** Provided 1:1 technical assistance and coaching to LEA and school leaders on immunization attendance policy
- **Jan. 25:** Presented the immunization attendance policy to the ImmunizeDC Coalition
- **Feb. 28:** Presented information on new COVID-19 vaccine requirements for students to LEA and school leaders
- **April 1-Present:** Included immunization/health reminders to parents and guardians as part of the My School DC school lottery. LEAs encouraged to include Universal Health Certificates, Oral Health Assessments, and immunization reminders with enrollment packets
- **April 1-Present:** Partnered with the ImmunizeDC Coalition to establish a Youth Vaccination Working Group
- **April 6:** Presented the immunization attendance policy to Managed Care Organizations (MCOs)
- **April 24-30:** Promoted National Infant Immunization Week to schools and childcare facilities
- **April 25:** Released the revised immunization attendance policy, recorded trainings, and materials for SY 22-23
- **April 25:** Hosted a dedicated COVID-19 health and safety call on immunizations with LEA and school leaders
- **May 5-Present:** Communicated revised policy, expectations, and resources in weekly LEA Look Forward newsletter
- **May 10:** Hosted a training for LEAs and schools on accessing immunization data ahead of SY 22-23
- **May 12:** Re-released the Early Access to Immunization Data Application for SY 22-23
- **May 12:** Presented immunization enforcement on the Superintendent’s monthly call with LEA leaders
- **May 13:** Connected with CFSA Educational Neglect Triage Unit to discuss immunization attendance policy and SY 22-23 impact
- **May 16:** Hosted a dedicated community of practice (CoP) call on promoting immunizations with LEA and school leaders
- **May 18:** Presented the immunization attendance policy to the Healthy Youth and Schools Commission
- **May 19:** Presented the immunization attendance policy to new public charter LEAs for SY 22-23
- **May 24:** Immunization attendance policy included in the ImmunizeDC Coalition newsletter
- **May 26:** Presented the immunization attendance policy to LEA data managers
- **June 6:** Mayoral press conference on increasing immunization access and enforcing immunizations for school attendance in SY 22-23
- **June 16:** Presented again on immunization enforcement on the Superintendent’s monthly call with LEA leaders
No Shots, No School: Spring 2022 DC Health Updates

- DC Health and DCPS began School-Based Health Center Vaccine Clinic planning. This is designed to open sites to all DC students from July 5th to August 26th for routine childhood vaccinations (incl. COVID-19)
- DC Health coordinated with Children's School Services (CSS) to have health suite staff participate on DCPS Enrollment Day. Health suite staff conducted immunization outreach and education for families on-site
- DC Health held weekly meetings to strategically coordinate and merge program resources to plan and expand reach of immunization compliance and outreach activities
- DC Health held quarterly education partner meetings with representatives from Public Charter School Board (PCSB), DCPS, and CSS to discuss planning and coordination activities for immunization compliance
- DC Health held individual monthly check-ins with representatives from DCPS and PCSB to monitor progress on activities related to the logistics and planning of health and immunization efforts to support schools
- DC Health held bi-weekly check-ins with CSS for program planning and implementation of strategies for school health and expanded immunization activities
- DC Health expanded access to its electronic school health record system to additional schools that do not participate in the School Health Services Program (SHSP). This will provide schools an opportunity to document and capture students’ medical files and support streamlined immunization compliance activities
- DC Health is establishing a bidirectional data feed from the electronic school health record system to DOCIIS
No Shots, No School: Prioritized Summer Work

Expanded Access to Vaccination Services

- DC Health and DCPS will provide open access to School-Based Health Centers (SBHC) to all students age 4+ regardless of school of enrollment (July 5th - August 26th)
- DC Health Vaccine Exchange – Schools can request and coordinate on-site vaccination clinics with COVID-19 and Vaccines for Children (VFC) enrolled providers (Ongoing)
- District mobile medical provider coordination targeting schools with lowest compliance (July 5th – September 29th)
- Pharmacy VFC enrollment for administration at select retail pharmacies, to support the Vaccine Exchange, and for other procured vaccination opportunities (In Process)
- Encouragement of immunization-only visits in primary care settings (July – October)
- DC Health-procured, immediate walk-in vaccination opportunities (Immediately prior to and during school exclusion window)

Support for LEA and School Leaders

- OSSE, DME, DCPS, and PCSB will continue outreach, training, reminders and technical assistance with LEA and school leaders throughout the summer on the immunization attendance policy, with a focus on schools with the lowest compliance
- OSSE will continue community of practice opportunities for schools to share best practices
Communications and Outreach to Families

- DC Health public communications campaign on well-child visits and immunizations
- DC Health representatives and CSS staff are calling families who are not up to date with immunizations and connecting them with service providers
- DC Health robo/reminder automated calls to families as SY 22-23 approaches
- DC Health personalized non-compliance letters mailed to families
- DC Health (partnering with CSS) placing 40 health aides in schools to support clerical work and outreach to families
- DC Health postcards with vaccination information, including No Shots No School and District Immunization events, and school health forms (Universal Health Certificates, etc.) mailed to student homes
- DC Health Memo to LEAs including action items for outreach campaign kickoff, involving school nurses and processing records to reflect accurate number of students out of compliance
- LEAs and schools continue to include immunization and health reminders as part of enrollment packets and activities for SY 22-23
- LEAs and schools continue targeted outreach and messaging to non-compliant families before school starts. Schools may use OSSE template letters, flyers, and FAQs for engaging families
COVID-19 Vaccine for Youth Ages 5-17
Overview

We have worked to ensure easy and universal access to the COVID-19 vaccine for youth ages 5-17 years. We have engaged in tiered strategies to promote education and community conversations about the COVID-19 vaccines and have leveraged partnerships with community organizations and health care providers. We have engaged in a robust social media-based strategy to spread the word about COVID-19 vaccine, dispel misinformation, and provide a platform for District youth to advocate with their peers about the importance of vaccination.

We have invested in ease of access through a wide range of available sites across each ward, including school-based pop-up sites and walk-up sites, as well as incentives to increase vaccine uptake among our youth. We targeted additional youth-based sites in wards with the lowest vaccination rates to combat systemic inequities and make sure residents had greater access to community-based sites. We also initiated a phased mandate of the vaccine, starting with student athletes, to ensure that athletics, important for health, wellness, and engagement, could continue safely.
As we work to strengthen COVID-19 vaccination rates for children and youth, we have concentrated our efforts on education, outreach and family health as well as broad access for younger children and their family members.

We know that strengthening family confidence in the vaccine for young children is an essential step; parents and guardians have expressed greater hesitation, are prepared to wait to see how the vaccination rollout goes in the earliest phases before getting their own children vaccinated, are eager to have conversations about the vaccine with a trusted medical professional, and in many cases want the vaccine administered by their own child's pediatrician.

Our plan takes this into account, ensuring our pediatric providers have ample doses, and we remain close partners with Children's National. We have also maintained a strong access plan – offering the vaccine at more than 60 sites including 40+ school locations.
• Beginning in the 2022-23 school year, the COVID-19 vaccine is required for school enrollment and attendance in the District of Columbia for all students who are of an age for which there is a COVID-19 vaccination fully approved by the FDA

• As of June 2022, all students ages 16 and older are required to receive the primary series or be proceeding in accordance with the series treatment of the COVID-19 vaccination for the start of the 2022-23 school year

• Any student who turns 16 after the start of the 2022-23 school year shall have 70 calendar days from their birthday to receive the COVID-19 vaccination

• If a COVID-19 vaccination receives full FDA approval for individuals younger than age 16, then students of those ages shall have 70 calendar days from the date of full FDA approval to receive the COVID-19 vaccination
As of 6/14/2022:

- **42% of youth ages 5-11 years** are fully (Primary Series Complete) or partially (Primary Series Initiated) vaccinated
- **79% of youth ages 12-15 years** have completed or initiated their primary series
- **75% of youth ages 16-17 years** have completed or initiated their primary series
- **25% of students ages 16 and older** remain out of compliance with full vaccination for COVID-19
- Almost 15,000 individuals (youth and guardians) received the vaccine from one of the DC Health incentive sites, which launched in August 2021
### COVID-19 Vaccine Coverage by Ward (DCPS)

<table>
<thead>
<tr>
<th>Ward*</th>
<th>Fully Vaccinated</th>
<th>Boosted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>47.2%</td>
<td>9.1%</td>
</tr>
<tr>
<td>2</td>
<td>45.4%</td>
<td>11.6%</td>
</tr>
<tr>
<td>3</td>
<td>59.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>4</td>
<td>34.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>5</td>
<td>27.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td>6</td>
<td>31.8%</td>
<td>4.6%</td>
</tr>
<tr>
<td>7</td>
<td>20.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>8</td>
<td>15.1%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

*Ward represents the school location.*

Data source: District of Columbia Immunization Information System (DOCIIS). This data includes students 5 years and above. Data updated 6/14/22.
## COVID-19 Vaccine Coverage by Ward (DCPCS)

<table>
<thead>
<tr>
<th>Ward*</th>
<th>Fully Vaccinated</th>
<th>Boosted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>46.2%</td>
<td>14.6%</td>
</tr>
<tr>
<td>2</td>
<td>36.8%</td>
<td>12.6%</td>
</tr>
<tr>
<td>3</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4</td>
<td>43.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>5</td>
<td>31.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>6</td>
<td>27.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>7</td>
<td>21.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>8</td>
<td>20.1%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Data source: District of Columbia Immunization Information System (DOCIIS). This data includes students 5 years and above. Data updated 6/14/22.

*Ward represents the school location.*
## COVID-19 Vaccine Coverage by Ward (Private)

<table>
<thead>
<tr>
<th>Ward*</th>
<th>Fully Vaccinated</th>
<th>Boosted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23.9%</td>
<td>9.3%</td>
</tr>
<tr>
<td>2</td>
<td>26.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>3</td>
<td>43.0%</td>
<td>14.2%</td>
</tr>
<tr>
<td>4</td>
<td>28.6%</td>
<td>7.4%</td>
</tr>
<tr>
<td>5</td>
<td>7.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>6</td>
<td>24.8%</td>
<td>8.1%</td>
</tr>
<tr>
<td>7</td>
<td>14.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>8</td>
<td>49.5%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

*Data source: District of Columbia Immunization Information System (DOCIIS). This data includes students 5 years and above. Data updated 6/14/22.*

*Ward represents the school location*
## COVID-19 Vaccine Coverage by Ward (Parochial)

<table>
<thead>
<tr>
<th>Ward*</th>
<th>Fully Vaccinated</th>
<th>Boosted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33.3%</td>
<td>7.3%</td>
</tr>
<tr>
<td>2</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>3</td>
<td>36.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>4</td>
<td>40.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>5</td>
<td>31.7%</td>
<td>8.4%</td>
</tr>
<tr>
<td>6</td>
<td>23.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>7</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>8</td>
<td>14.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

*Ward represents the school location*

Data source: District of Columbia Immunization Information System (DOCIIS). This data includes students 5 years and above. Data updated 6/14/22.
Youth 5-11: Outreach, Education & Trust Building Highlights - 2021

Key Initiatives

• Ongoing community conversations, partnerships with pediatric providers and information sharing with families through DC Health social media and CBO and school outreach
• Tailoring information and campaigns to parents and guardians who are making the vaccination choice for their children and designing kid-friendly materials to complement the education and outreach work
• Worked with partners to add Trusted Party Consent and Verification Forms so parents can work with a trusted party to get their children vaccinated; process and forms were available before the first public health clinic for children

Examples of Our Work

• DC Health designed "The Day I Got My Vaccine" coloring books; 60,000 were distributed to elementary schools before the Winter holiday
• Townhall Series with Howard University College of Medicine on 12/15/21 specifically on the 5-11 Pfizer vaccine
• Let’s Talk About it conversations on the COVID vaccine for youth
Youth 12-17: Education, Outreach & Trust Building Highlights - 2021

Key Initiatives

- **Coronavirus.dc.gov/get-vaccinated** offers an easy-to-use and regularly updated guide for students and families on how to get easy access to vaccines in their areas

- **Outreach efforts** provided vaccine information and education through multiple channels, including text, email, and social media

- Through DME's Back to School Campaign, we engaged in a series of **phone banking** sessions to gather family insight on the return to school and provide them with information about the nearest vaccine access option

- We leveraged **COVID-19 Ambassadors** at the launch of all youth incentive sites to inform families of options in their community

- Phased **mandate for student athletes ages 12-18**; announced in September, with compliance deadline of 12/1/21 (ended with public health emergency)

- **Conversations with coaches and Athletic Directors** who are trusted community leaders and student advocates

Examples of Our Work

- To date, more than 40 schools and community partners have used the **Vaccine Exchange** to schedule vaccine clinics for students and families

- **The DC COVID Clinicians Champions program** brings medical experts to city groups

- **Social media campaigns**, including photos and **videos** highlighting parent perspectives on vaccinations for their children

- **DCPS and the Howard University College of Medicine** launched a partnership to provide vaccine outreach and education to students ages 12-17 and their parents/guardians. This included a "chat & chew" series with 3 Middle Schools and 3 High Schools

- **Vaccine clinics** at high schools with large % of unvaccinated student athlete populations
Key Initiatives & Highlights

- Children ages 5-11 could access the COVID vaccine at **60+ sites**, including through partnerships with schools, DPR, CBOs, pharmacies and pediatric providers.

- In the first wave of the roll out, we focused on creating an **ACCESS map with locations throughout the city** and with more than **35 school pop-up partners** who could promote the vaccine with their student communities.

- We facilitated **pop-up clinics**, through the Vaccine Exchange and at sites with strong early vaccination participation.

- Effective **10/29/21**, **schedules** for pop-up location sites were released in 2-4 week blocks, and daily graphics were posted online and through social media.

- Beginning **12/15/21**, at "purple" sites, **youth ages 5-17 and their accompanying adult** could get their 1st/2nd dose or booster, offering **all vaccine options in one location** for convenience.

- The COVID-19 vaccine can be administered to residents in their own homes – Call **1-855-363-0333** and we'll come to you!
Youth 12-17: Access Highlights - 2021

Key Initiatives

- **The Vaccine Exchange Program** connects organizations with vaccine providers to schedule vaccine clinics at specific locations. School leaders conduct direct outreach, engagement, and promotion with their families to increase uptake.
- **A combination of location types** provide COVID-19 vaccines and routine pediatric immunizations, with daytime, evening and weekend hours.
- **Walk-up and appointment-based options** were available at more than 30 sites for youth in the summer of 2021.
- **Data was utilized to target new location options** and ensure sites were easily reached by Metro and had available parking. Data review helped shift incentive sites to CHEC in September, as an example.

This table highlights the range of vaccine locations focused on COVID vaccines for youth 12-17 and routine pediatric immunizations during the summer and fall of 2021.
Youth 12-17: Incentives - 2021

Our youth vaccine plan included a robust incentive program that was launched in the weeks leading up to the start of SY 20-21 school year. The youth program incorporated lessons learned and successes from the adult program and was designed to reach communities with lower vaccination rates.

- DME partnered with DC Health's Youth Advisory Corps to get feedback on incentive types and youth perspectives on vaccine hesitancy
- On Site Incentives were given to students and their parents at 3-4 locations every week
- Incentives & vaccines were available at summer community events (Back to School fair, Banneker Ribbon Cutting)
- Raffle launched in September 2021, with 8 college scholarships and 28 iPads awarded
- More than 1,400 students were vaccinated at a DC Health incentive site
- Students from Ward 8 had the highest rates of participation in our community incentive sites
- Youth 5-11 incentives included 8 college scholarships, 32 iPads, and a $51 gift card for the guardian of every child vaccinated at incentive locations
Spring Updates

Implementation of Immunization Attendance Policy and Support for LEAs and Schools

- OSSE released guidance materials specific to enforcing the COVID-19 vaccine for school attendance in SY 22-23
- OSSE presented information on the new student COVID-19 vaccine requirement to school and LEA leaders during multiple engagements
- DME hosted and co-hosted several youth events during out of school time, offering programming that provided vaccination opportunities
- DME organized an art contest asking students to submit art that demonstrated how they participate in and promote wellness practices
- DC Health met with LEAs and discussed process for submitting forms from registrar to health suite personnel for proper entry
- DC Health advised Children's School Services (CSS) health suite personnel to increase frequency of generating non-compliance lists and letters sent to families of non-compliant students
- DC Health coordinated with LEAs, to increase awareness of DOCIIS data entry and trainings and provide technical assistance
- DC PCSB hosted webinar for charter registrars on updating immunization information in DOCIIS
Spring Updates (cont.)

Access to Vaccines

- Between November 7, 2021 - February 12, 2022, DCPS hosted COVID-19 pediatric pop-up clinics (5-17 year olds) at 30 sites
- Ongoing access to COVID vaccines at COVID centers in all 8 wards
- DME coordinated with DOH and DPR to provide access to COVID-19 vaccines at spring break camps and other DPR events
- School-based health center open access Summer 2022 will include both routine pediatric immunizations and the COVID vaccine
- School-located mobile vaccination teams will carry routine pediatric immunizations and COVID-19 vaccines
Summer Priorities

Prioritized Work for the Next 3 Months

• DC Health is calling and mailing information and action items for families to get ready for school and ensure students can comply with “No Shots, No School” in order to attend in-person learning
• DC Health will generate mass mailing of letters at multiple intervals to families of students out of compliance with routine pediatric vaccinations
• DC Health (in coordination with DCPS) has arranged open access to SBHC vaccination clinics from July 5, 2022 until August 26, 2022 at all 7 SBHCs. Appointments can be made by contacting the SBHC directly: https://dchealth.dc.gov/service/school-based-health-centers
• DC Health is working with primary care providers in the District to expand vaccine-only appointment availability
• DC Health is working with vaccine providers in the city to procure on-demand vaccine access (RPIs and COVID) for students during the school enforcement window
In Review - On the Horizon
Continuing Efforts

Moving forward, our guiding principles, data-driven analysis, community feedback, and evolving scientific guidance will inform our efforts to get our youth vaccinated. Increasing vaccinations is a District priority, and we will continue to strengthen and diversify our efforts. We plan to continue the following signature efforts, described in previous slides, including:

- Communications and PR campaigns
- Community conversations to build trust
- Partnerships with schools, CBOs, and health providers
- FREE access sites in all wards
- Vaccine Exchange
- Trusted party consent
- Incentives -- including onesies, diaper bags, and plushies for children 6 months to 5 years
- Leveraging DOCIIS 2.0 to facilitate targeted immunization access activities
Key Strategies

Additionally, our key strategies moving through the summer include:

Facilitating Access

• School-Based Health Center Open Access for all students 4+ regardless of enrollment status
• District mobile medical provider coordination targeting schools with lowest coverage
• Pharmacy VFC enrollment for administration at select retail pharmacies, to support the Vaccine Exchange, and Mass Vaccination opportunities
• Expansion of immunization only visits in primary care setting—supported by DC Health
• DC Health-procured, immediate walk-in vaccination opportunities, located close to where people are

Outreach/Engagement

• Live, robocalls, text messages, letters and/or postcards to families of children identified as non-compliant from: DC Health, Education Stakeholders, Primary Care Providers, and Medicaid Managed Care Organizations
• DC Health-led communications campaign
• Townhalls
DOCIIS

• The District of Columbia Immunization Information System (DOCIIS) is the District's primary source for vaccination data and a key resource for tracking individual and population health via immunization data

• DOCIIS collects immunization records and allows users to monitor the vaccination status of individuals and groups in DC. DOCIIS data is used to support surveillance and guide public health interventions to reduce vaccine-preventable diseases. Additionally, DOCIIS is used to manage vaccine program operations, such as inventory and ordering, assist with school assessment and management of immunization compliance, and support provider quality improvement

• DOCIIS underwent critical upgrades and enhancements to its population-level database to monitor vaccine coverage in the District. In February 2022, a major milestone related to vaccine data migration was achieved. DOCIIS 2.0 went live for all vaccinations and for all user types

• DC Health offered extensive offering of training sessions, office hours, and technical assistance for Immunization Points of Contact/LEAs

• Integration of DOCIIS 2.0 and School Health Management is nearing completion (bi-directional information exchange)

• School nurses and in some cases other identified school staff use DOCIIS for accessing or entering necessary immunization certification data. However, immunization points of contact at schools must collect, verify, or interpret data that is otherwise missing or possibly inaccurate. DOCIIS is an important tool. However, data in DOCIIS is incomplete because not all health care providers report data to it. For some students, DOCIIS data must be supplemented or verified
Implementation and Enforcement
Approach

We believe the best way to increase immunization is proactive, frequent communication to families and ongoing technical assistance and support to LEAs

OSSE has released the revised Immunization Attendance Policy and subsequent guidance, materials and trainings for LEAs to support with enforcement. These materials include clear steps, recommendations and best practices for enforcement. These materials have been presented to LEA and school leaders throughout spring 2022. Schools and LEAs are encouraged to tailor the guidance to meet the needs of their specific communities, while ensuring all requirements are met under District law and regulation

Ongoing technical assistance and support

- OSSE will continue to host technical assistance webinars and communities of practice and provide individual school consultations
- OSSE has provided schools with templated communications to use with families
- OSSE (for charter schools) and DCPS will hire 1 Patient Care Technician per school, with supervisory nurses, to support COVID-19 work in schools. The Patient Care Technicians will be available to also support schools with immunization compliance

Proactive, robust communications and outreach to students and families around immunizations

Proactive communication to CFSA-involved youth and parents and a review of CFSA guidance in alignment with OSSE's

Exclusion is the last of many steps
Approach

The Immunization Attendance Policy outlines six steps for schools to take for enforcement:

**Step 1:** Establish School-Level Responsibilities and a School Health Team
- Designate an Immunization Point of Contact
- Assemble a School Health Team

**Step 2:** Disseminate Immunization Information to Families and Establish Communications Protocols
- Regularly Disseminate Information to All Families
- Establish Communication Record-Keeping Protocols

**Step 3:** Conduct Frequent Reviews of School-level Immunization Compliance

**Step 4:** Actions Taken for Non-Compliant Students Prior to Removal from School
- Double-Check Records to Ensure Certification Does Not Exist
- Send Initial and Subsequent Notifications to the Parent/Guardian or Adult Student
- Connect to Opportunities for Securing the Missing Immunizations
- Send Final Notification to the Parent/Guardian or Adult Student Prior to Day 20

**Step 5:** Actions Taken for Non-Compliant Students after the 20-School Day Period Has Passed
- Remove Non-Compliant Student from School and Activities
- Use Appropriate Attendance Codes for the Missed School Days (Unexcused Absence – Immunization)

**Step 6:** Actions Taken When a Student is Allowed to Return to School after Previously Being Removed from School and Activities
- Confirm Receipt of Immunization Certification
- Reclassify Immunization Attendance Code for Previously Removed Student (Excused Absence – Immunization)

For full details, please refer to the Immunization Attendance Policy and materials available on the OSSE website.
OSSE has developed and revised the following resources to support schools with implementing the Immunization Attendance Policy:

- Immunization Attendance Policy
- One-Pager: Six Steps to a Fully Immunized School
- One-Pager: School Health Team
- One-Pager: Immunization Decision Tree
- FAQs for Schools
- Best Practices for School Leaders
- Immunization Attendance Policy Training
- Early Access to Immunization Data Application Training
- One-Pager: Coronavirus (COVID-19) Vaccine Requirements for DC Schools
- One-Pager: COVID-19 Vaccination Compliance Steps
- Sample Notification Letters and Packet for Non-Compliant Students
- Immunization Education
- Flyer for Families
- Kindergarten Flyer for Families
Communications and Outreach

DC Health’s summer outreach plan includes:

- DC Health Contact Trace Force staff calling families who are not up to date with immunizations and connecting them with service providers
- Robo/reminder automated calls to the same families as SY 2022-2023 approaches
- Personalized non-compliant letters mailed to families
- Placing 40 health aides (through CSS) in schools to support clerical work and outreach to families

Outreach from schools will include:

- School nurses and school health teams will continue direct outreach (e.g., phone calls, emails, letters sent home, home visits, parent-teacher conferences) to non-compliant families
  - Front office and other staff may also be leveraged as they engage with families for back to school
- Patient Care Technicians will be available to support schools with additional outreach to families, as needed
- OSSE has distributed and will continue to emphasize templated letters, flyers, and FAQs

DCPS and public charter schools will engage families through their schools and at the LEA level:

School Level Examples (DCPS):

- Weekly phone calls and robocalls
- Personalized letters and emails
- Parking lot outreach to families during arrival and dismissal

LEA Level Examples (DCPS):

- HPV vaccine phone campaign (22% of non-compliant students)
- Centrally-produced postcards from schools
- Registrars will be provided with resources to pass along to their school communities during immunization policy trainings
Out of Compliance Schools

• LEAs are expected to use the Immunization Attendance Policy to develop implementation plans for the first 20 days of the school year and continued enforcement throughout the school year

• LEAs are expected to develop implementation plans for the COVID vaccine that meet the 70-day window for when new students become eligible either through birthday or further FDA approval

• OSSE and DC Health will closely monitor compliance with immunization and attendance requirements for all students. DC Health will utilize DOCIIS for identifying schools that continue to have low compliance for prioritized technical support, communications, resources, and expanded access to vaccinations

• OSSE will monitor LEA compliance with the Immunization Attendance Policy via DOCIIS and validated attendance data. Schools are required to validate enrollment and attendance data, and OSSE will monitor validated immunization attendance coding. If a school is not implementing, or incorrectly implementing, enrollment and attendance policies, the school will be required to share a plan with OSSE detailing how they will come into compliance in the next validation cycle

• If OSSE identifies a school that is failing to exclude noncompliant students, OSSE will provide outreach, technical assistance, and support to ensure the school understands its responsibilities and is connected to resources for bringing students into compliance

• OSSE will release a complaint portal for the public to notify OSSE if a school is not following the Immunization Attendance Policy. Schools are expected to review complaints, acknowledge them, and take necessary corrective action. OSSE will provide direct outreach and technical assistance to schools with multiple complaints or complaints that are not acknowledged by the school