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# Back to School: Reducing Barriers to a Successful Start in Kindergarten

## Housekeeping Tips

- Please introduce yourself in the Chat box
- All attendees are participating in Listen Only mode
- Post your questions in the Q&A box
- Webinar is being recorded & will be made available
- Webinar is also being live-streamed on Facebook
- All resources linked in the chat will be shared in a follow-up email
- Please take the brief evaluation survey posted during Q&A

# Upcoming GLR Learning Tuesdays Webinars

## GLR LEARNING TUESDAYS, LEARNING LOSS RECOVERY WEBINAR

What's Working to Narrow Academic Achievement Gaps Post-Pandemic: Insights from School Districts  
Tuesday, May 14, 3–4:30 p.m. ET/12–1:30 p.m. PT

## GLR LEARNING TUESDAYS, FUNDER-TO-FUNDER CONVERSATION

Seeding Knowledge: Harnessing Philanthropy to Cultivate Learning in Everyday Spaces  
Tuesday, May 21, 12:30–2 p.m. ET/9–11:30 a.m. PT

## GLR LEARNING TUESDAYS, BIG BETS WORKING WEBINAR

Not Just Nice but Necessary: Family Engagement = A Big Bet That's Paying Off for Kids  
Tuesday, May 21, 3–4:30 p.m. ET/12–1:30 p.m. PT

Please stand by...Webinar will begin momentarily!

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# Back to School: Reducing Barriers to a Successful Start in Kindergarten

May 7, 2024



# Panelists



**Swati Adarkar**  
Deputy Assistant  
Secretary for Policy  
and Learning  
U.S. Department of  
Education



**Kathleen Holmes**  
Senior Public Health Analyst  
Let's RISE Coordinator  
U.S. Centers for Disease  
Control and Prevention

# Panelists



Heidi Schumacher, MD FAAP  
General Pediatrician  
American Academy of  
Pediatrics Council on School  
Health



Jill Sells, MD FAAP  
Physician and Partnerships  
Lead, “Learn the Signs. Act  
Early.” Program  
U.S. Centers for Disease  
Control and Prevention

# Moderator



Chrisanne Gayl  
Chief Strategy and Policy Officer  
Trust for Learning

U.S. Department of Education

*Kindergarten Sturdy Bridge*  
Advancing Early School Success





# Advancing Early School Success



- Expand Access to High Quality Preschool (Encourage use of Title I)
- Build Kindergarten into a Sturdy Bridge Between the Early Years and Early Grades

# Why Kindergarten?

Kindergarten is the **first at-scale early learning opportunity** in a school setting for providing the supports and interventions needed to assure on track development.

Kindergarten is a **key inflection point** for early learning, early school success, and equity.

Kindergarten presents an important **opportunity to partner with parents and families** to build the relationships, routines, and habits that are essential to early school success and every day school attendance.

# Back to School Action Steps



- Catch up on early childhood vaccinations and well-child check ups
- Ensure early and easy kindergarten enrollment
- Support effective transitions and summer programming

# Early School Success Resources

## Dear Colleague Letters

- [Kindergarten Sturdy Bridge](#)
- [Early School Success](#)

## Guidance

- [Serving Preschool Children through Title I, Part A](#)

## Technical Assistance

- [Kindergarten Sturdy Bridge Learning Community](#)
- [Transforming Kindergarten Collaborative](#)

## Cross-Agency Collaboration

- [Dear Colleague Letter on Mixed Delivery Preschool](#)
- [Joint Policy Statement: Inclusion of Children with Disabilities in Early Childhood Programs](#)

# Early School Success Resources

## Grants

- [Teacher Quality Partnerships Program](#)
- [Comprehensive Literacy State Development Program](#)
- [Education Innovation and Research \(EIR\) Program Grants](#)
- [Comprehensive Center Programs](#)
  - The Center for Early School Success
  - The Center on English Learners and Multilingualism

# Kindergarten Readiness: Early Experiences Matter

Heidi Schumacher, MD FAAP

Member, AAP Council on School Health

Assistant Professor of Pediatrics

University of Vermont Larner College of Medicine



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

I have no relevant financial relationships to disclose.

# Kindergarten readiness begins at birth.

**All** of a child's early experiences – at home, in child care, in other preschool settings – are educational.

Positive,  
consistent early  
experiences  
support readiness  
to learn



Higher likelihood  
of academic  
success



Improved social,  
economic and  
health outcomes



Health



Education



Social Factors



# Kindergarten readiness begins at birth.

Research has increasingly demonstrated that a major determinant of school readiness is the health and well-being of children's families and neighborhoods.

- **POVERTY:** 48% of poor children are ready for school at age 5 – vs. 75% of children of moderate- or high-income
- **TRAUMA:** Children who have had two or more Adverse Childhood Experiences (ACEs) are **2.67 times more likely to repeat a grade** in school than peers without adverse experiences.

TABLE 1 | Core Indicators from the National School Readiness Indicators Initiative: A 17-State Partnership

Ready Families
<ul style="list-style-type: none"><li>• <b>Mother's Education Level:</b> Percent of births to mothers with less than a 12th grade education.</li><li>• <b>Births to Teens:</b> Number of births to teens age 15 to 17, per 1,000 girls.</li></ul>

# Core Indicators of School Readiness

Ready Families
<ul style="list-style-type: none"><li>• <b>Mother's Education Level:</b> Percent of births to mothers with less than a 12th grade education.</li><li>• <b>Births to Teens:</b> Number of births to teens age 15 to 17, per 1,000 girls.</li><li>• <b>Child Abuse and Neglect:</b> Rate of substantiated child abuse and neglect among children birth to age six.</li><li>• <b>Children in Foster Care:</b> Percent of children birth to age six in out-of-home placement (foster care) who have no more than two placements in a 24-month period.</li></ul>
Ready Communities
<ul style="list-style-type: none"><li>• <b>Young Children in Poverty:</b> Percent of children under age six living in families with income below the federal poverty threshold.</li><li>• <b>Supports for Families with Infants and Toddlers:</b> Percent of infants and toddlers living in poverty who are enrolled in Early Head Start.</li><li>• <b>Lead Poisoning:</b> Percent of children under age six with blood lead levels at or above 10 micrograms per deciliter.</li></ul>
Ready Services - Health
<ul style="list-style-type: none"><li>• <b>Health Insurance:</b> Percent of children under age six without health insurance.</li><li>• <b>Low Birthweight Infants:</b> Percent of infants born weighing under 2,500 grams (5.5 pounds).</li><li>• <b>Access to Prenatal Care:</b> Percent of births to women who receive late or no prenatal care.</li><li>• <b>Immunizations:</b> Percent of children ages 19 to 35 months who have been fully immunized.</li></ul>

Ready Schools
<ul style="list-style-type: none"><li>• <b>Class Size Average:</b> Teacher/child ratio in K-1 classrooms.</li><li>• <b>Fourth Grade Reading Scores:</b> Percent of children with reading proficiency in fourth grade as measured by the state's proficiency tests.</li></ul>

**SOURCE:** Rhode Island Kids Count. 2005. *Getting ready: Findings from the National School Readiness Indicators Initiative, a 17 state partnership.* Available at: <https://www.rikidscount.org/Portals/0/Uploads/Documents/Early%20Learning/Getting%20Ready/Getting%20Ready%20-%20Full%20Report.pdf> (accessed May 23, 2023).

# Vital Signs for Pediatric Health: School Readiness

A National Academy of Medicine  
Discussion Paper

[nam.edu/Perspectives](https://nam.edu/Perspectives)



TECHNICAL REPORT

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

# School Readiness

P. Gail Williams, MD, FAAP,<sup>a</sup> Marc Alan Lerner, MD, FAAP,<sup>b</sup> COUNCIL ON EARLY CHILDHOOD, COUNCIL ON SCHOOL HEALTH

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



## Bottom Line

- School readiness begins at birth.
- Health and educational outcomes are inextricably linked, and both significantly impacted by poverty and other social factors.
- Public health and health care partners are invested in supporting school readiness for children, families and communities.

# The role of health and health care in supporting school readiness

Emphasis on prevention and early identification!

- Through trusting relationships and regular well child care, health care can help to improve school readiness through:
  - **Screening for psychosocial risks** and connecting families with evidence-based supports
  - **Developmental screening** to identify children with developmental disabilities at an early age and connect families with early interventions
  - Identifying and treating **physical health conditions** that may impact school attendance and success
  - **Providing routine immunizations**

# The role of health and health care in supporting school readiness

Emphasis on prevention and early identification!

## *Individual level:*

- **Helping families to incorporate activities** that strengthen language, cognitive skills and parent-child bonds – *including daily reading at home*
- **Educating parents** about normal child development and behavior and how to positively address behavior concerns
- Emphasizing the importance of **regular attendance**, beginning in the earliest grades

## *At the systems level:*

- **Advocating** for expanded access to quality early childhood education and related benefits



**Please consider your local health care\* and public health players as partners in supporting school readiness!**

- Care coordination
- Data sharing
- Joint advocacy
- Joint messaging

*\*Every state has a chapter of the American Academy of Pediatrics, which can be a great place to start!*

# Thank you!

[Heidi.Schumacher@gmail.com](mailto:Heidi.Schumacher@gmail.com)



American Academy of Pediatrics

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# *Learn the Signs. Act Early.*

## Engaging Families in Developmental Monitoring to Support Kindergarten Success

**Jill M. Sells, MD, FAAP**

Physician and Partnerships Lead

CDC's *Learn the Signs. Act Early.* Program



Centers for Disease  
Control and Prevention

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

1-800-CDC-INFO

*The findings and conclusions in this presentation are those of the authors and do not necessarily reflect the official position of the Centers for Disease Control and Prevention.*

May 7, 2024

# Why Focus on Child Development?



- The early months and years of a child's life form the foundation for future health, development, and learning.
- Young children learn best through nurturing relationships with their families and primary caregivers.
- Families need information and support to understand how children learn and grow, from birth through kindergarten, and beyond.

# A Note About Developmental Screening

- Formal process using a validated screening tool (such as the ASQ<sup>®</sup>, SWYC<sup>™</sup>, M-CHAT-R<sup>™</sup>)
- Done by health care providers and early childhood professionals with special training
- General developmental screening is recommended for all children at 9, 18, & 30 months, with autism-specific screening at 18 & 24 months
- **Developmental monitoring and screening complement each other but are not the same thing**
- **Today we are focusing on developmental monitoring**



# What Are Developmental Milestones?

- Things most children can do by a certain age
- Children reach milestones in how they play, learn, speak, act, and move; tracking milestones offers important information about developmental progress.
- Though all children develop at their own pace, most children reach developmental milestones at or around the same age.



# What is Developmental Monitoring?



- Developmental monitoring looks at how a child grows and changes over time and whether they are meeting typical developmental milestones.
- Families and those who work with them can use a checklist of milestones to see how a child is developing.
- If a child is not meeting a milestone, encourage families to talk with their child's health provider about their concerns and to ask about developmental screening.

# Developmental Disabilities are Common

**Developmental disabilities are common and often not identified before school age**

- **1 in 6** (3–17 years of age) have a developmental disability<sup>1</sup>
- **1 in 36** (8-year-olds) is estimated to have autism spectrum disorder<sup>2</sup>
- Developmental disabilities are even more common among children from low-income households, with **1 in 5 children** experiencing a developmental disability<sup>1</sup>



<sup>1</sup> Zablotsky, et al. *Pediatrics* 144.4 (2019).

<sup>2</sup> Maenner, et al. *MMWR. Surveillance Summaries* 72 (2023).



# Why is Developmental Monitoring Important?



- Ongoing developmental monitoring and developmental screening together help families, communities, and schools identify children with developmental delays or disabilities as early as possible.
- When developmental concerns are identified early, and children and families receive early intervention or other needed services, children have better outcomes.

# CDC's *Milestones in Action* Photo and Video Library



## Milestone Examples:

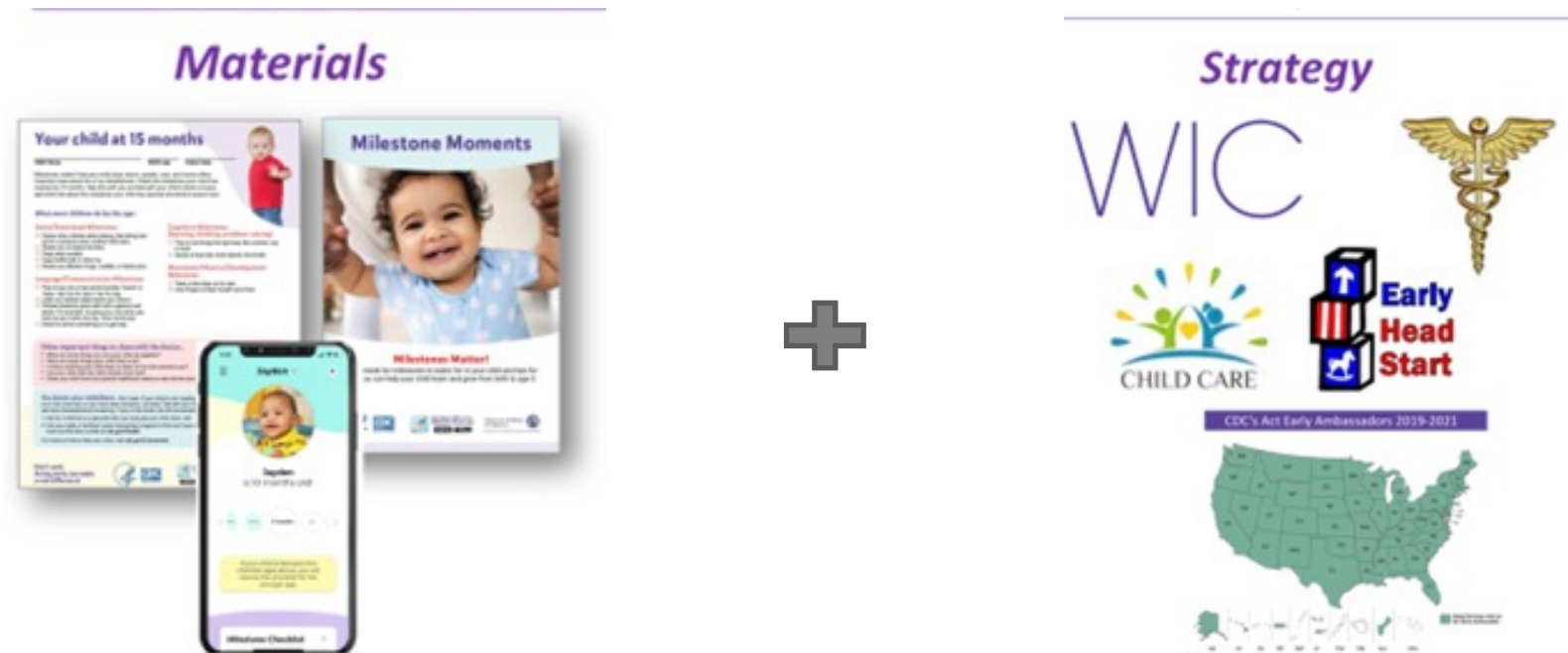
- By 2 months: Smiles when you talk to or smile at him
- By 9 months: Gets to a sitting position by herself
- By 3 years: Draws a circle, when you show them how
- By 5 years: Uses or recognizes simple rhymes (bat-cat, ball-tall)

5-year video: *Sings, dances, or acts for you*

<https://www.cdc.gov/ncbddd/actearly/videos/2022-milestones/5-yr/5-Years-Sings-dances-or-acts-for-you.mp4>

# *Learn the Signs. Act Early. (LTSAE)*

**Mission:** To improve early identification of developmental delays and disabilities by promoting family-engaged developmental monitoring and screening so children and their families can get the services and support they need.



# Learn the Signs. Act Early. Resources for Families, Schools, and Communities

- CDC's *Learn the Signs. Act Early.* program provides **FREE**, high-quality, research-based, tools to engage families and providers in ongoing developmental monitoring through age 5 years.
- Resources help families **learn the signs** of child development and encourage them to **act early** to access screening and additional services when they have questions or concerns.

## Your child at 5 years

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 5. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

**What most children do by this age:**

**Social/Emotional Milestones**

- Follows rules or takes turns when playing games with other children
- Sings, dances, or acts for you
- Does simple chores at home, like matching socks or clearing the table after eating

**Language/Communication Milestones**

- Tells a story she heard or made up with at least two events. For example, a cat was stuck in a tree and a firefighter saved it
- Answers simple questions about a book or story after you read or tell it to him
- Keeps a conversation going with more than three back-and-forth exchanges
- Uses or recognizes simple rhymes (bat-cat, ball-tall)

**Cognitive Milestones (learning, thinking, problem-solving)**

- Counts to 10
- Names some numbers between 1 and 5 when you point to them
- Uses words about time, like "yesterday," "tomorrow," "morning," or "night"
- Pays attention for 5 to 10 minutes during activities. For example, during story time or making arts and crafts (screen time does not count)
- Writes some letters in her name
- Names some letters when you point to them

**Movement/Physical Development Milestones**

- Buttons some buttons
- Hops on one foot

**Other important things to share with the doctor...**

- What are some things you and your child do together?
- What are some things your child likes to do?
- Is there anything your child does or does not do that concerns you?
- Has your child lost any skills he/she once had?
- Does your child have any special healthcare needs or was he/she born prematurely?

**You know your child best.** Don't wait. If your child is not meeting one or more milestones, has lost skills he or she once had, or you have other concerns, act early. Talk with your child's doctor, share your concerns, and ask about developmental screening. If you or the doctor are still concerned:

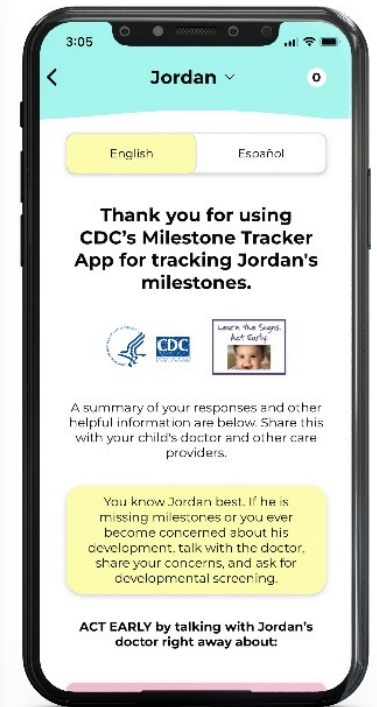
1. Ask for a referral to a specialist who can evaluate your child more; and
2. Call any local public elementary school for a free evaluation to find out if your child can get services to help.

For more on how to help your child, visit [cdc.gov/Concerned](http://cdc.gov/Concerned).

**Don't wait. Acting early can make a real difference!**

Download CDC's Free Milestone Tracker app

American Academy of Pediatrics



# All Materials are Relatable and Accessible



- Written in family-friendly language
- Includes milestones easy to see in a child
- Milestones were tested for understanding with families from diverse backgrounds
- Available in multiple languages and in a variety of formats (paper, online, and app)

# Learn the Signs. Act Early. (LTSAE) Resources

- Encourage parents and caregivers to track and celebrate their children's milestones
- Include milestones **MOST** ( $\geq 75\%$ ) children are expected to achieve by given ages <sup>1</sup>
  - *Any missed milestone or concern is cause for discussion or action*
- Provide clear, concrete guidance about what to do when there is a developmental concern
  - Talk with health care provider
  - Ask about developmental screening
  - Seek support through early intervention (Birth to 3-year-olds) or public schools (3–5-year-olds)



# Learn the Signs. Act Early. Resources

[www.cdc.gov/ActEarly/Materials](http://www.cdc.gov/ActEarly/Materials)

## Your child at 5 years

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

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For more on how to help your child, visit [cdc.gov/Concerned](http://cdc.gov/Concerned).

**Don't wait. Acting early can make a real difference!**

## Amazing Me

A free children's book

[cdc.gov/AmazingMe](http://cdc.gov/AmazingMe)

## Watch Me!

A free training for early educators

[cdc.gov/WatchMeTraining](http://cdc.gov/WatchMeTraining)

## Milestones in Action

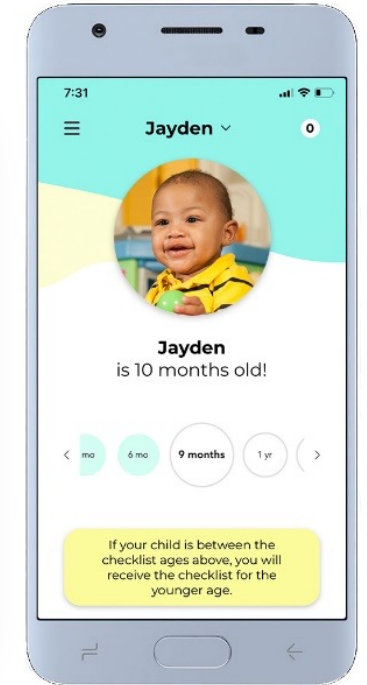
Free photos and videos of developmental milestones

[cdc.gov/MilestonesInAction](http://cdc.gov/MilestonesInAction)

## Milestone Moments

**Milestones Matter!**

Look inside for milestones to watch for in your child and tips for how you can help your child learn and grow from birth to age 5.



## MILESTONES MATTER: LET'S TALK ABOUT THEM!

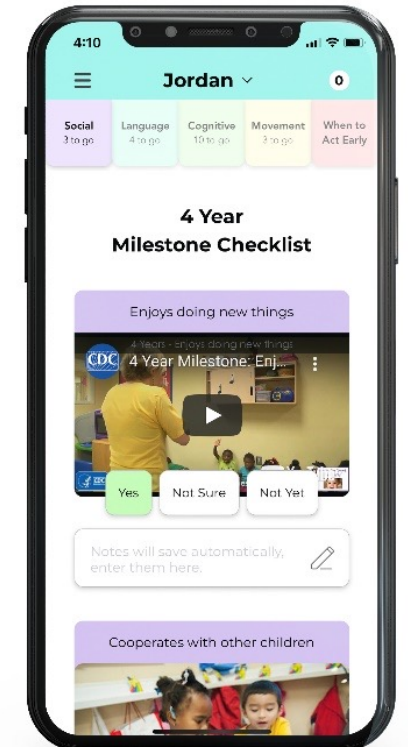
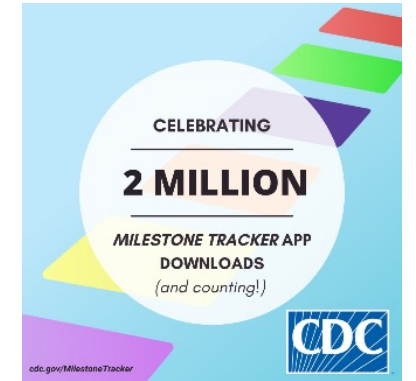
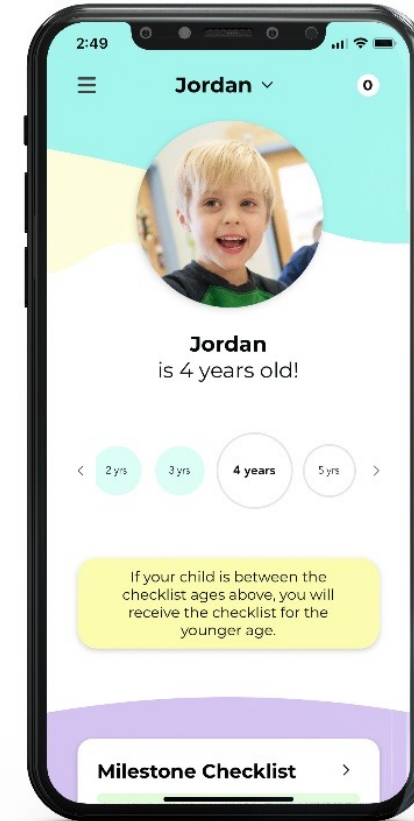
<p><b>Milestones at 4 Months</b></p> <ul style="list-style-type: none"> <li>Brings hands to mouth</li> <li>Holds head steady</li> </ul>	<p><b>Milestones at 9 Months</b></p> <ul style="list-style-type: none"> <li>Sits without support</li> <li>Bangs things together</li> </ul>	<p><b>Milestones at 15 Months</b></p> <ul style="list-style-type: none"> <li>Points to get help</li> <li>Uses fingers to feed themselves</li> </ul>
<p><b>Milestones at 2 Years</b></p> <ul style="list-style-type: none"> <li>Points to body parts</li> <li>Eats with a spoon</li> </ul>	<p><b>Milestones at 3 Years</b></p> <ul style="list-style-type: none"> <li>Uses a fork</li> <li>Asks "who", "what" questions</li> </ul>	<p><b>Milestones at 4 Years</b></p> <ul style="list-style-type: none"> <li>Says sentences with 4 words</li> <li>Serves themselves food</li> </ul>

Get free milestone checklists for these ages and more at [www.cdc.gov/Milestones](http://www.cdc.gov/Milestones) or by calling 800-CDC-INFO (800-232-4636).

**Learn the Signs. Act Early.**

# CDC's Free *Milestone Tracker* App

- Interactive milestone checklists show each milestone with a photo or video from ages 2 months through 5 years
- Available in English and Spanish
- FREE with no ads
- Easy to use
- Download in the App Store or Google Play



Download CDC's free  
*Milestone Tracker* app





# Kindergarten Readiness and Developmental Monitoring

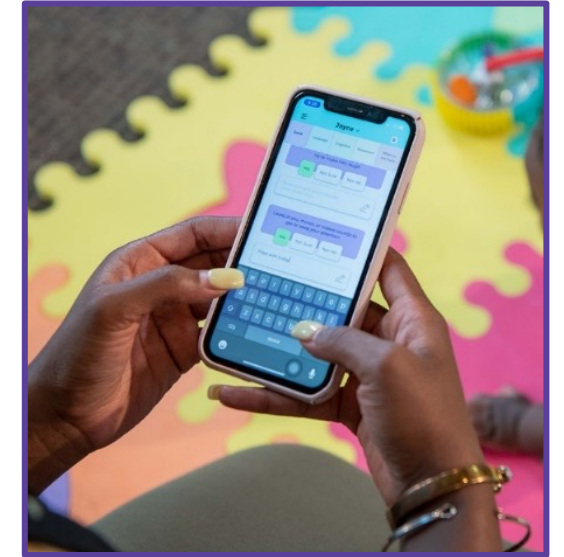
Sharing *Learn the Signs. Act Early.* resources with families can

- Help create trusted relationships
- Help support families with knowledge, skills, and resources
- Help children be ready for school
- Help identify children with possible developmental delays



# What you can do today!

- **Download** “CDC’s *Milestone Tracker*” from your phone’s app store
- **Visit** [cdc.gov/ActEarly](https://cdc.gov/ActEarly) for resources and information
- **Spread the word about *Learn the Signs. Act Early.***
  - Newsletters and other outreach to families
  - School registration and back to school events
  - Early childhood partnerships
  - Year-round, wherever young children and families spend time in your community



# Questions?

[ActEarly@cdc.gov](mailto:ActEarly@cdc.gov)

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

[www.cdc.gov/ActEarly/Materials](http://www.cdc.gov/ActEarly/Materials)



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.



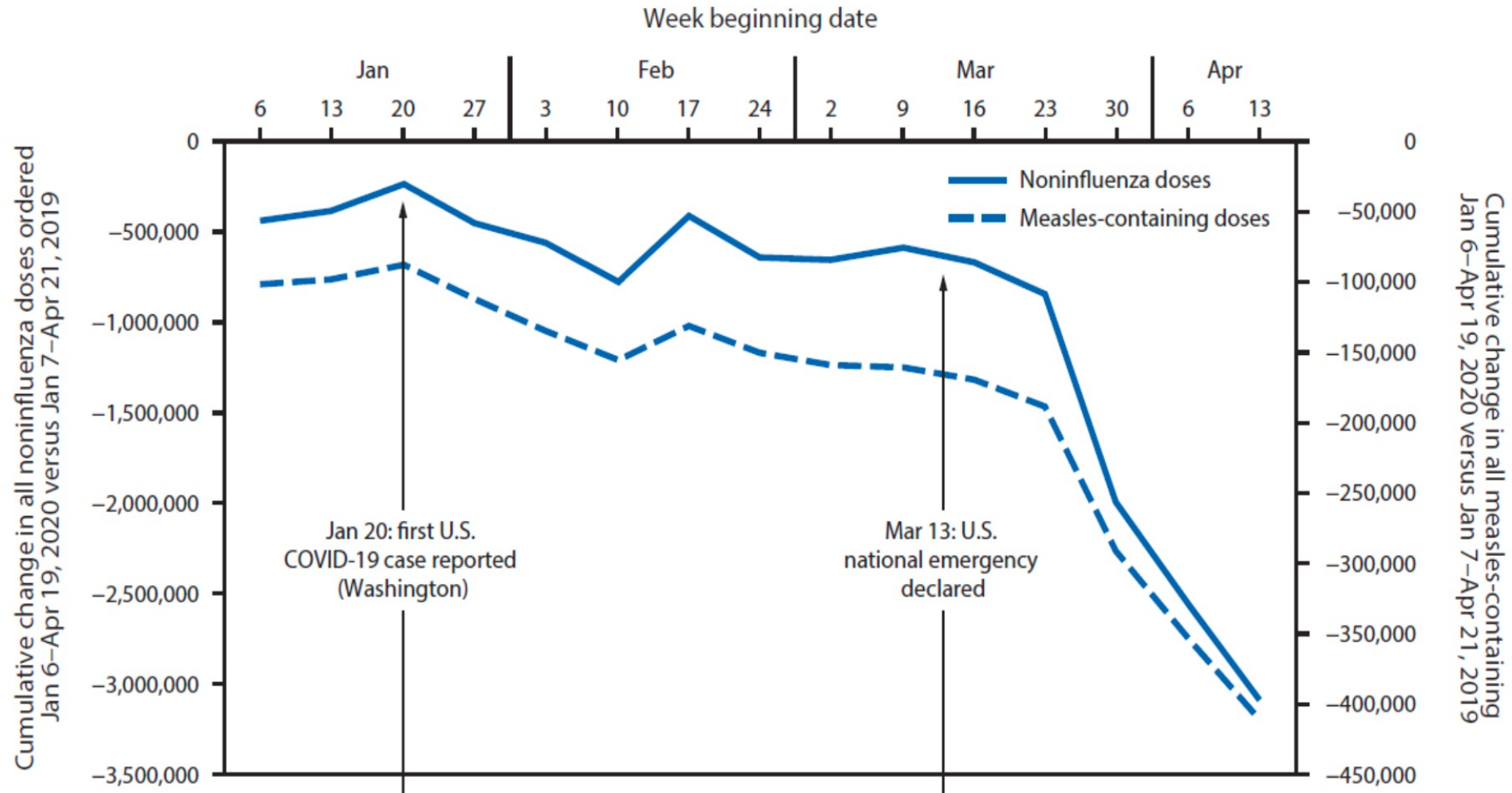
# Let's RISE (Routine Immunizations On-Schedule for Everyone)

Kathleen Holmes, MPH, Let's RISE Coordinator  
Immunization Services Division  
Centers for Disease Control and Prevention

May 7, 2024

# COVID-19 Pandemic Effects on Routine Vaccination

Weekly changes in Vaccines for Children (VFC) program provider orders for pediatric vaccines – United States, January 6-April 19, 2020



Source: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>

# Routine Immunizations on Schedule for Everyone (RISE)



**Initiative to get all Americans back on-schedule with their routine immunizations**

Understand the size, scope and cause of declines in routine vaccinations resulting from COVID-19 pandemic

Devise an evidence-based strategy and operational plan to better direct CDC routine vaccination catch-up activities

Equip partners with evidence-based strategies and resources to get vaccination back on schedule

Share data and insights on trends in routine vaccination rates to find and protect communities that have fallen behind on vaccinations

<https://www.cdc.gov/vaccines/partners/routine-immunizations-lets-rise.html>

# Post-Pandemic Routine Immunization Progress Summary

Compared to children who reached these milestone ages before the pandemic

  
**Birth – 24 months  
7 series**

Living in rural areas

2020-2021

↓ 5%

Living below poverty

↓ 4.2%

2022 Progress Summary

Stabilized

Significant Decline (~1%)

  
**Kindergartners MMR**

↓ 2.2%

Stabilized

  
**Adolescents HPV**

By 13 years old (all)

→ 0%

Progress Stalled\*

# Steady decline in vaccination coverage among kindergarteners during the pandemic

Estimated vaccination coverage among kindergartners by vaccine— United States, 2019–20, 2020–21, 2021–22, and 2022–23 school years

Kindergarten Coverage	2019–20 (pre-pandemic)	2020–21 (pandemic)	2021–22 (pandemic)	2022–23 (pandemic)
MMR	95.2%	93.9%	93.0%	93.1%
DTaP	94.9%	93.6%	92.7%	92.7%
Polio	95.0%	93.9%	93.1%	93.1%
Varicella (UTD)	94.8%	93.6%	92.8%	92.9%

**2% drop in Kindergarten vaccination coverage since the start of the pandemic**



**725,000 children, who entered kindergarten during the pandemic, are susceptible to vaccine preventable disease**



# Lingering pandemic effects on kindergarten vaccination

- **Decrease in reported kindergarten enrollment compared to 2019–20 school year**
  - Decrease of 10% (~400,000 students) in 2020–2021
  - Decrease of 4.7% (~190,000) students) in 2021–2022
  - Decrease of 4.8% (~193,000) students) in 2022–2023
- **Increase in grace period/provisional enrollment**
  - 1.6% in 2019–2020 school year
  - 2.0% in 2020–2021
  - 2.4% in 2021–2022
  - 2.5% in 2022–2023
- **Increase in exemption rates compared to 2019–20 school year**
  - 2.5% in 2019–2020 school year
  - 2.2% in 2020–2021
  - 2.6% in 2021–2022
  - **3.0% in 2022–2023**



# Drops in vaccination coverage put children at greater risk for illness, including serious illness and hospitalization



Distributed via the CDC Health Alert Network  
March 18, 2024, 12:30 PM ET  
CDCHAN-00504

## Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination

[Increase in Global and Domestic Measles Cases and Outbreaks: Ensure Children in the United States and Those Traveling Internationally 6 Months and Older are Current on MMR Vaccination \(cdc.gov\)](#)



## A 30-fold rise of measles cases in 2023 in the WHO European Region warrants urgent action

Français Русский Deutsch

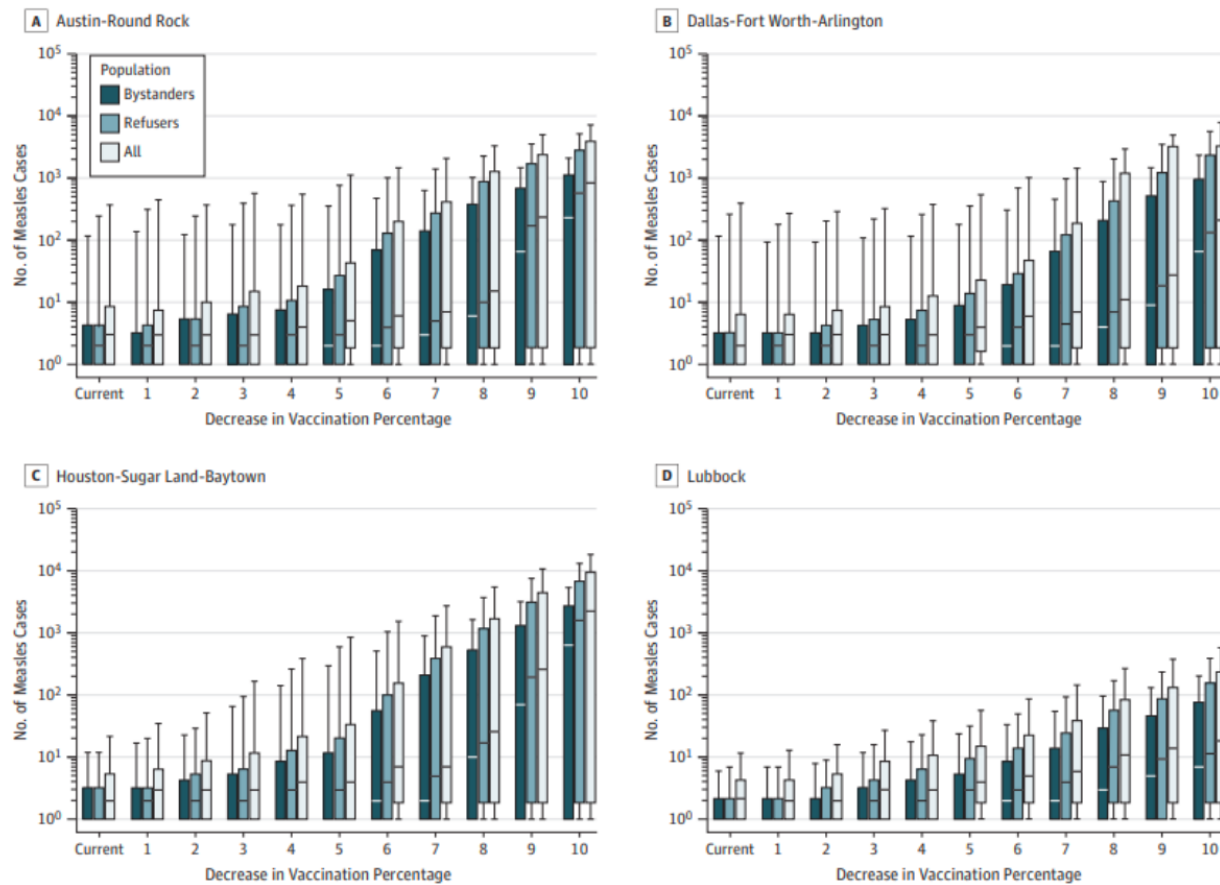


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[A 30-fold rise of measles cases in 2023 in the WHO European Region warrants urgent action](#)

# Drops in vaccine coverage put schools at risk for exponentially larger disease outbreaks

Figure 1. Forecasted Number of Cases From a Single Introduction of Measles



- Schools provide environments in which measles can easily spread
- 5% decrease in vaccination rate was associated with a 40% to 4,000% increase in potential outbreak size
- 5% decrease in vaccination rates has been estimated to cause a tripling of measles cases in children 2 to 11 years old

# Getting routine immunizations back on-track is a goal that we can achieve by working together



## Health Departments

- Leverage IIS to identify individuals behind on their vaccinations
- Facilitate patient return for vaccination
- Make vaccines easy to find and access
- Give strong vaccine recommendations
- Disseminate vaccine-related communications around catch-up
- Partner with schools and community organizations

## Health Care Professional

- Send reminders to families whose children are behind on or due for vaccination
- Improve vaccine-related communications
- Offer vaccination-only appointments or hold vaccination clinics
- Implement systems to review vaccine history at every visit
- Offer strong recommendations
- Have standing orders
- Be prepared to answer questions and address concerns

## Vaccine Champions

- Know where to find accurate information on routine vaccination
- Connect with local public health department, ask how you can help with catch-up
- Help carry messages about importance of catch-up; you are trusted sources who understand your community best
- Engage with community members to address vaccine hesitancy
- Leverage data to focus catch-up efforts on communities that have fallen behind on vaccinations

## Schools

- Share and utilize school vaccination data for catch-up
- Include vaccination information in back-to-school communications
- Help share the facts about vaccines
- Send reminders to families whose children are not up to date on their vaccinations
- Expand access to immunization services (e.g. school-based vaccination clinics)
- Enforce school vaccination requirements

# Let's RISE Activities – Grounded in CDC Data



## Developed [webpage](#) to support partners with catch up efforts

Centralizing information, data, and resources on routine childhood vaccination that can be leveraged by immunization stakeholders for catch up

## Delivered Calls to Action for [healthcare providers](#) and [schools](#)

Encouraging providers and schools to communicate with families about staying up to date on routine vaccinations

## Promoted routine childhood vaccination through multi-media and [multi-channel communications](#)

Developing creative assets and encouraging routine vaccination through social media

## Engaged Immunization Stakeholders

Met with federal, state, and local partners, health care provider, public health and education professional organizations to increase awareness and amplify resources

## Published actionable toolkits for [healthcare providers](#) and [schools](#)

Leveraging routine immunization campaigns with jurisdictions for school vaccinations to get kids caught up

## Provided technical assistance and staffing to jurisdictions

Assisted jurisdictions with strengthening Immunization Information Systems, vaccine confidence, pharmacy pilot, and school vaccination data collection

**Routine vaccinations are a great tool to keep kids healthy, in school, and ready to learn**

# Vaccinations optimize student health

- **Provide immunity and prevent disease outbreaks from beginning**
- **Reduce the spread of disease in school thereby reducing the:**
  - Number of students and teachers that get sick and are absent
  - Probability of an unplanned school closure due to illness
- **Reduce duration of disease and thereby number of school days missed due to poor health**

# Research shows vaccination decreases absenteeism in schools

**TABLE 1.** Summary of Studies Evaluating the Effect of School-Located Influenza Vaccination Programs on Student Absenteeism

Study	Geographic Scope of Vaccination Program (Number of Vaccinated Students)	Influenza Season (Estimated National Severity <sup>a</sup> )	Vaccination Rate (Vaccine Used)	Absenteeism Results			
				Schools With Vaccination Programs Versus Control Schools		Vaccinated Versus Unvaccinated Children	
				Absolute Difference <sup>b</sup>	Relative Difference <sup>b</sup>	Absolute Difference <sup>b</sup>	Relative Difference <sup>b</sup>
Monto et al. (1970)	All schools in 1 town (N = 3159)	1968–1969 (Pandemic)	86% (TIV)	16% absent in control schools vs 8% in intervention schools during peak influenza week	Estimated 50% reduction in absenteeism during peak influenza week	ND	ND
King et al (2005)	1 elementary school (N = 185)	2003–2004 (Severe)	40% (LAIV)	3.6 fewer parent-reported ILI absences per 100 students ( $p = .023$ ) during the peak influenza week; no difference in total absenteeism during the 5-week influenza period	47% reduction in parent-reported ILI absences during the peak influenza week	1.7% decrease in the absenteeism rate during the 5-week influenza period ( $p = .045$ )	66% reduction in the increase in absenteeism during the 5-week influenza period
King et al. (2006)	11 elementary schools (N = 2717)	2004–2005 (Moderate)	47% (LAIV)	2.4 fewer parent-reported ILI absences per 100 students ( $p < .0001$ ) during the peak influenza week; no difference in total absenteeism during the 9- to 11-week influenza period	38% reduction in parent-reported ILI absences during the peak influenza week	0.8% decrease in the absenteeism rate during the 9- to 11-week influenza period ( $p = .006$ )	35% reduction in the increase in absenteeism during the 9- to 11-week influenza period
Wiggs-Stayner et al. (2006)	2 elementary schools (N = 277)	2004–2005 (Moderate)	47% (LAIV)	1.4% reduction in full-year absenteeism rate ( $p < .001$ )	26% reduction in full-year absenteeism rate	ND	ND
Davis et al. (2008)	21 elementary schools, entire county (N = 5,319)	2005–2006 (Moderate)	44% (LAIV)	1.18% decrease in the absenteeism rate during the 12-week influenza period ( $p = .029$ )	66% reduction in the increase in absenteeism during the 12-week influenza period	ND	ND
Cook (2009)	2 elementary schools (N = 391)	2007–2008 (Moderate)	58% (LAIV with TIV for those unable to receive LAIV)	1.77% decrease in mean daily absenteeism rate during the influenza season ( $p < .001$ )	21% reduction in absenteeism during the influenza season	ND	ND
Mears et al (2009)	1 high school (N = 127)	2006–2007 (Mild)	35% (LAIV with TIV for those unable to receive LAIV)	ND	ND	2.5-day reduction in mean absenteeism from January to June among LAIV recipients vs unvaccinated ( $p = .027$ )	31% reduction in mean absenteeism from January through June among LAIV recipients

- 2.4 to 3.6 fewer ILI reported absences per 100 students (regardless of vax status) during peak flu week
- In a large school district of 100,000 kids that is 2,400-3,600 less absences during peak flu week
- 21%-66% relative reduction in absences among vaccinated students during flu season



# Most states can achieve at least 95% MMR vaccine coverage among kindergartners

Potentially achievable coverage\*,†,§ with measles, mumps, and rubella vaccine among kindergartners, by jurisdiction — United States, 2022–23 school year



**Nationwide, 3.9% of kindergarten students were not fully vaccinated and not exempt.**

- 10 states reported that >5% of kindergartners were exempt
- **All but these 10 states could potentially achieve ≥95% MMR coverage if all nonexempt, not up-to-date children were vaccinated, compared with all but four states during the 2021–22 school year**

**Abbreviations:** MMR = measles, mumps, and rubella vaccine; UTD = up to date.

\* Jurisdictions are ranked from lowest to highest potentially achievable coverage. Potentially achievable coverage is estimated as the sum of the percentage of students with UTD MMR and the percentage of students without UTD MMR and without a documented vaccine exemption. Montana did not report kindergarten vaccination coverage for the 2021–22 and 2022–23 school years and is excluded from this analysis.

† The exemptions used to calculate the potential increase in MMR coverage for Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Idaho, Illinois, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming are the number of children with exemptions specifically for MMR. For all other jurisdictions, numbers are based on an exemption for any vaccine.

§ Potentially achievable coverage in Alaska, Arizona, Hawaii, Idaho, Michigan, Nevada, North Dakota, Oregon, Utah, and Wisconsin is <95%.

# Key Takeaways

- Some groups of children fell behind on routine vaccinations in the aftermath of the COVID-19 pandemic
- It's not too late to protect our communities
- Routine immunization catch-up is a goal we can achieve by working together –policy makers, health departments, health care providers, school leaders, and trusted community messengers.

# Disclaimer

***This presentation contains links to non-United States Government websites. We are providing these links because they contain additional information relevant to the topic(s) discussed in this document or that otherwise may be useful to the reader. We cannot attest to the accuracy of information provided on the cited third-party websites or any other linked third-party site. We are providing these links for reference only; linking to a non-United States Government website does not constitute an endorsement by CDC, HHS, or any of their employees.***

# Ways schools can encourage routine vaccinations

- Remind families about school vaccination requirements and staying up to date on well child care
- Help share the facts
- Identify and notify families whose children are behind on immunizations
- Expand access to immunization services for students
- Share and utilize data for action

# Let's RISE resources for education administrators and professionals

## Calls To Action

- [CDC-Call-to-Action-schools.pdf](https://www.cdc.gov/schools/call-to-action-schools.pdf)

## Toolkits

- [Lets RISE School Toolkit.pdf \(phf.org\)](https://www.phf.org/lets-rise-school-toolkit.pdf)
- [Let's RISE Toolkit for Early Care and Education Providers](https://www.phf.org/lets-rise-toolkit-for-early-care-and-education-providers.pdf)

Ways Schools Can Support Routine Vaccination  
Catch-Up Among School-Aged Children:  
A TOOLKIT FOR EDUCATIONAL PROFESSIONALS  
July 2023



# Questions & Discussion

# Upcoming GLR Learning Tuesdays Webinars

## GLR LEARNING TUESDAYS, LEARNING LOSS RECOVERY WEBINAR

What's Working to Narrow Academic Achievement Gaps Post-Pandemic: Insights from School Districts  
Tuesday, May 14, 3–4:30 p.m. ET/12–1:30 p.m. PT

## GLR LEARNING TUESDAYS, FUNDER-TO-FUNDER CONVERSATION

Seeding Knowledge: Harnessing Philanthropy to Cultivate Learning in Everyday Spaces  
Tuesday, May 21, 12:30–2 p.m. ET/9–11:30 a.m. PT

## GLR LEARNING TUESDAYS, BIG BETS WORKING WEBINAR

Not Just Nice but Necessary: Family Engagement = A Big Bet That's Paying Off for Kids  
Tuesday, May 21, 3–4:30 p.m. ET/12–1:30 p.m. PT

