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https://journals.lww.com/jphmp/Abstract/publishahead/Public_Health_Opportunities_to_Improve.99504.aspx

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Title: Public Health Opportunities to Improve Late-Adolescent Immunization

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Abstract

Seven state/local immunization program managers were convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18 years). The Centers for Disease Control and Prevention’s revised childhood immunization schedule for 2017 and a recently proposed preventive care platform at 16 years of age provide a unique opportunity to focus on increasing adolescent immunization rates in this population. Public health officials discussed challenges to immunizing this population and suggested key strategies for supporting late-adolescent immunization, including partnerships between public health and immunization providers; nationally supported public information campaigns; and using immunization data specific to this population to track progress.

KEY WORDS: adolescents, immunization, preventative care, public health programs

Word Count: excluding abstract, tables, figures, references, Implications for Policy & Practice: 1173
Introduction

Vaccination rates for several adolescent vaccines are below national targets, reflecting challenges for both health care providers and public health officials. In February 2017, the Centers for Disease Control and Prevention (CDC) released an updated childhood/adolescent vaccination schedule. The same week, a group of immunization program managers, representing seven city/state public health programs, was convened to discuss how public health immunization programs could enhance their efforts to promote adolescent vaccination, with an emphasis on late adolescence (ages 16-18).

Clarification of late-adolescent vaccine recommendations

Strategies to promote late-adolescent immunization

Methods (if applicable)

Results (if applicable)
**Figure-Flowchart**

Cite figures consecutively in your manuscript

*Note:* Figures should be submitted as separate files

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**FIGURE 1** New York State ExPS Pilot Project Outcomes Abbreviations: ExPS, Expanded Partner Services; NYS, New York State; PLWH, persons living with diagnosed HIV infection

*This subset of out-of-jurisdiction cases constitute the “not eligible for ExPS Intervention” comparison group.*

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Find this figure in the open-access research full report at [https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx](https://journals.lww.com/jphmp/Fulltext/2017/11000/Implementation_of_a_Legionella_Ordinance_for.10.aspx)
FIGURE 1 Number and Percentage of Cooling Towers From Multifamily Housing Units That Tested Positive for Legionella Over Time in Garland, Texas

Abbreviation: HVAC, heating, ventilating, and air-conditioning.

*Between 2005 and 2007, there were 18 cooling towers. The number of cooling towers decreased over time as multifamily housing units replaced aging HVAC systems; 17 cooling towers in 2008, 16 cooling towers in 2009, 15 cooling towers in 2011, and 14 cooling towers in 2012-2015. Since the number of cooling towers in 2010 is unknown, a value of 15.5 was assigned.

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In the survey, “Don't know” was described as: “I haven't used the report yet, but I might use it in the future.”

In the survey, “Don't use” was described as: “I don't need to use the report at all.”

**Figure 1** Usefulness Rating by Surveillance Report

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If \( P \geq 0.01 \), express \( P \) values to 2 digits, regardless of whether it’s significant or not.

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Can leave \( P \) value to 3 digits if rounding to 2 digits would make it nonsignificant.

Below table, put abbreviations.

If superscripts are used within table, specify what they represent.

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Implications for Policy & Practice

- A small group of state/city immunization program managers was convened to discuss ideas for and challenges to promoting adolescent vaccination, particularly for older adolescents.
- The CDC’s revised childhood immunization schedule for 2017 and a proposed preventive care platform at 16 years of age provide a unique opportunity to increase adolescent immunization rates.
- Key strategies discussed for promoting a late-adolescent platform included:
  • Partnerships between public health and immunization providers, including medical professional organizations, to educate providers on the new platform and explore options for expanded vaccination settings;
  • National public information campaigns on late-adolescent immunization; and
  • Ensuring the availability of data for tracking progress on late-adolescent immunization rates.

Discussion and Conclusion (if applicable)

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Supplemental Digital Content

…and by phone (n=16) (see Figure 1 Supplemental Digital Content, available at http://links.lww.com/JPHMP/A280).

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