

Generating Reminders/Recalls and Coverage Rate Report in ImpactSIIS

- Last updated : 4/8/2026.

GENERATING A REMINDER/RECALL REPORT IN IMPACTSIIS

Reminder/Recall allows providers to notify patients about upcoming or past due vaccinations. Only the patients last vaccinated in your specific Organization or Facility are included in the Reminder/Recall results.

Notifications can be generated in the following formats:

- **Generate a Patient List** - Generates an HTML file that displays a detailed list of patients, including their vaccination forecast.
- **Print Letters** - Generates a reminder/recall letter for each patient in the patient list.
- **Generate Auto-Dialer Content** - Generates an HTML file that can be used with any external auto-dialer application.
- **Generate Mail-Merge** - Generates a text file that can be used with any external mail merge application.
- **Create Custom Postcards** - Provides the ability to create custom postcards as reminder/recall notifications. You can define the dimensions of the postcard, as well as the message content.
- **Send Email** - Provides the ability to send reminder/recall notifications using patient email addresses.

GENERATING A COVERAGE RATE REPORT IN IMPACTSIIS

The COVERAGE RATE REPORT produces coverage rate data for a provider and displays the following information in a table:

- Complete by vaccine.
- Complete by series.
- Incomplete series.
- One dose away to complete series.
- One visit away from a complete series (multiple doses needed that can be given within one visit to vaccinator).
- Not Yet Due.
- Not Yet Due (Late by Age).
- Missed opportunities.

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Ohio Polling Data & Managing Immunization Schedule Updates

May 5, 2026

Advocacy



Education



Leadership



Engagement



Outcomes



Agenda

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- Ohio Immunization Polling Data Review
- AAP Immunization Schedule
- Resources
- Q & A

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Ohio Immunization Polling Data Review

Poll Details

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- Ohio AAP partnered with BGSU Democracy & Public Policy Research Network
- 800 statewide voters
- Conducted from October 2 to October 14, 2025
- Margin of error of +/- 4.5 percentage points
- Sample's weighting reflects a +10 margin for Trump in the 2024 presidential race.

Poll Summary

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Most Ohioans support childhood vaccines and trust their doctors, but confusion driven by mixed messaging continues to shape public opinion.



87% of Ohioans think that it's very important or important that parents get their kids vaccinated.



86% of Ohioans think routine vaccines are very safe or safe for most children.



89% indicated they were very confident or fairly confident that their pediatrician/family physician provides them with the information they need to make informed decisions about vaccines.



75% of Ohioans believe that parents should be required to have their children vaccinated against preventable diseases.



43% of respondents felt confident or very confident in the safety of the COVID-19 vaccine; whereas **83%** felt confident or very confident in the MMR vaccine, and **85%** in the polio vaccine.



88% of Ohioans think that health insurers, including Medicaid & Medicare, should be required to pay for vaccines that individuals choose for themselves or family members.



82% of Ohioans have heard about
the benefits of vaccinations for
children.



83% of Ohioans do not trust at all or only slightly trust their social media feeds to provide reliable information about vaccines.



AAP Immunization Schedule



“

At a time when parents, pediatricians and the public are looking for clear guidance and accurate information, **this ill-considered decision will sow further chaos and confusion and erode confidence in immunizations.**

This is no way to make our country healthier.

-AAP President Dr. Andrew Racine on HHS' changes to the childhood vaccine schedule





AAP News™



AAP's historic victory in vaccine lawsuit a 'critical step' in restoring science to federal policy

March 16, 2026



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

United States
2026

American Academy of Pediatrics

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

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody	RSV-mAb	Beyfortus Enflonsia
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty mNexspike Spikevax
	1vCOV-aPS	Nuvaxovid
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
<i>Haemophilus influenzae</i> type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Cardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	cclIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/MenB-FHbp	Penbraya
	MenACWY-CRM/MenB-4C	Penmenvay
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prennar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1	Rotarix
	RV5	RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdavax
Varicella vaccine	VAR	Varivax
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and <i>Haemophilus influenzae</i> type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadacel
DTaP, inactivated poliovirus, <i>Haemophilus influenzae</i> type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

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

Updated February 5, 2026

Endorsed by the American Academy of Family Physicians (AAFP), American College of Nurse-Midwives (ACNM), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Pharmacists Association (APhA), Council of Medical Specialty Societies (CMSS), Infectious Diseases Society of America (IDSA), National Association of Pediatric Nurse Practitioners (NAPNAP), National Medical Association (NMA), Pediatric Infectious Diseases Society (PIDS), Pediatric Pharmacy Association (PPA), and Society for Adolescent Health and Medicine (SAHM). (Endorsements)

How to use the child and adolescent immunization schedule

- Determine recommended vaccine by age ([Table 1](#))
- Determine recommended interval for catch-up vaccination ([Table 2](#))
- Assess need for additional recommended vaccines by medical condition or other indication ([Table 3](#))
- Review vaccine types, frequencies, intervals, and considerations for special situations ([Notes](#))
- Review contraindications and precautions for vaccine types ([Appendix](#))
- Review new or updated American Academy of Pediatrics (AAP) guidance ([Addendum](#))

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov (Accessed December 2, 2025) or 800-822-7967
- For RSV-mAb products, clinically significant adverse events to MedWatch Adverse Event Report Program at www.accessdata.fda.gov/scripts/medwatch/index.cfm (Accessed December 2, 2025). If co-administered with other products, then report to VAERS.

Questions or comments

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

Helpful information

- Best practices for immunization (including contraindications and precautions):** www.aap.org/immunization and www.immunize.org
- Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition):** www.aapRedBook.org
- Vaccine information statements:** www.immunize.org/vaccines/vis/about-vis
- Shared decision making:** <https://www.aap.org/en/practice-management/providing-patient-and-family-centered-care/shared-decision-making>

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



AAP Recommended Schedule

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- Provides guidance for routine vaccination of children and adolescents from birth through 18 years
- Grounded in a rigorous review of safety, efficacy, and population health data

AAP Recommended Schedule

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- Broad Medical Support
 - Supported by 230+ organizations
 - Endorsed by 12 major national medical groups
 - Represents over 1 million healthcare professionals
 - Reflects strong scientific consensus

Clinical Rationale

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- Designed to provide protection before peak risk of exposure
- Timing aligns with optimal immune response and disease epidemiology
- Adhering to the schedule minimizes morbidity, mortality, and healthcare utilization

Safety & Administration

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- Vaccines undergo extensive pre-and post-licensure safety monitoring
- The recommended schedule has no evidence supporting alternative or delayed schedules
- Robust surveillance systems support ongoing safety evaluation

Managing Delays & Catch-Up Vaccination



- Catch-up schedules enable timely protection for children who fall behind
- Every healthcare encounter should be used to access vaccination status and administer needed vaccines
- Utilize standing orders, EHR prompts, and reminder/recall systems to improve coverage

Provider Influence & Communication

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- A strong, presumptive provider recommendation is the most influential factor in parental vaccine acceptance
- Providers play a key role in countering misinformation and maintaining public trust

Key Takeaways

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- The AAP immunization schedule is evidence-based and widely endorsed
- On-time vaccination offers the best protection against vaccine-preventable diseases
- Catch-up vaccination is safe and recommended
- Provider recommendation is critical to achieving high vaccination coverage
- Staying current with annual updates ensures optimal patient care and public health impact

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Resources

Ohio AAP Resources

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OHIO AAP PUBLIC OPINION POLL REVEALS OVERWHELMING SUPPORT FOR CHILDHOOD IMMUNIZATIONS



KEY TAKEAWAY

Most Ohioans support childhood vaccines and trust their doctors, but confusion driven by mixed messaging continues to shape public opinion.

POLL RESULTS

87%

of Ohioans think that it's **very important or important** that parents get their kids vaccinated.

86%

of Ohioans think routine vaccines are **very safe or safe** for most children.

89%

indicated they were **very confident or fairly confident** that their pediatrician/family physician provides them with the information they need to make informed decisions about vaccines.

75%

of Ohioans believe that parents **should be required** to have their children vaccinated against preventable diseases. Of those who believed parents should be required to have their children vaccinated:

88%

said a major reason they support routine childhood vaccine requirements is because they think routine childhood vaccines are **effective in protecting most children**

78%

said a major reason is because they believe childhood vaccines have been **proven safe** because they have been around for a decades

85%

said a major reason they support routine childhood vaccine requirements is because they think **diseases like measles will come back** if routine childhood vaccines are no longer required.

83%

indicate they **do not trust at all or only slightly trust their social media feeds** as a reliable source of vaccine information.

43%

of respondents felt **confident or very confident** in the safety of the COVID-19 vaccine; whereas 83 percent felt confident or very confident in the measles, mumps, rubella (MMR) vaccine, and 85 percent in the polio vaccine.

88%

of Ohioans think that health insurers, including **Medicaid & Medicare, should be required to pay for vaccines** that individuals choose for themselves or family members.

About the Poll

- Ohio AAP partnered with BGSU Democracy & Public Policy Research Network
- 800 statewide voters
- 14 questions
- Conducted from October 2 to October 14, 2025
- Margin of error of +/- 4.5 percentage points
- Sample's weighting reflects a +10 margin for Trump in the 2024 presidential race.

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Public Attitudes and Beliefs About Childhood Vaccination in Ohio

Ohio AAP Resources

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VAERS Explained:

Understanding MMR Vaccine Death Reports

? Why am I hearing about 'hundreds of deaths from the MMR vaccine'?



The Vaccine Adverse Event Reporting System (VAERS) is a public database that:

- ✓ ACCEPTS ANY REPORT after vaccination, regardless of cause
- ✓ DOES NOT MEAN the vaccine caused an event (e.g. injury or death)
- Reports can include:
 - Coincidental deaths (e.g. SIDS, underlying illness)
 - Unverified or incomplete information

VAERS Report

✓ "This happened after vaccination"



✓ VAERS Report = "This happened after vaccination"

VAERS Report

✗ "This was caused by the vaccine"



✗ NOT = "This was caused by the vaccine"

! There are **NO** confirmed deaths in the U.S. found to be **CAUSED** by the MMR vaccine in **healthy** people.

A VAERS REPORT ≠ PROOF OF CAUSATION.

Vaccines save lives. Policies that weaken immunization requirements put children at unnecessary risk of disease outbreaks.

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Vaccines: Extremely Rare Risk



Severe Allergic Reaction
≈ 1 in 1,000,000 doses



Typically 1 in a Million



Continuously Monitored for Safety

Vaccines: Very Rare Risk

Vaccine-Preventable Diseases: Common & Serious Harm



Measles

- 1 in 5 Hospitalized
- 1 in 1,000 Brain Swelling
- 1-3 in 1,000 Deaths



Pertussis (Whooping Cough)

- ~50% of Infants Hospitalized
- Pneumonia & Seizures



Hepatitis B

- Up to 90% Chronic Infection
- 1 in 4 Liver Disease / Cancer Deaths

Diseases: Far More Common Risk

The Risk from Diseases is Far Greater and More Dangerous.

AAP Resources

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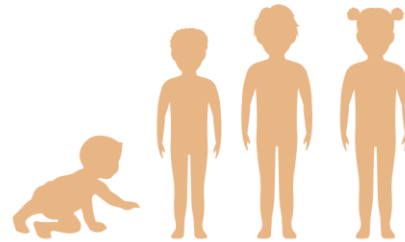
Maternal and Infant Immunization Discussion Guides



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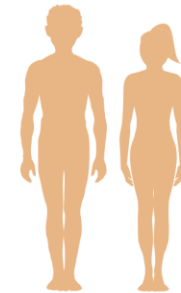
Childhood Immunization Discussion Guides



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Adolescent Immunization Discussion Guides



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Partner Resources

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Key Vaccination Resources for Healthcare Professionals

With so many vaccination training materials available, it can be difficult for providers to determine which ones best suit their needs. The key resources listed below provide a strong foundation for building and sustaining vaccination skills. They also offer tools for staying up to date and references to address specific clinical situations.

Acronym list appears at end of document

The key resources shown below are divided into several helpful categories:

- 1 Foundational content** with which every vaccinators should be familiar,
- 2 Supplemental content** useful after completing foundational training,
- 3 Additional tools** to help providers grow in vaccination expertise, and
- 4 Major organization websites** offering additional vaccination resources.

1 Foundational Content for All Vaccinators

RESOURCE, DESCRIPTION, HYPERLINK	SOURCE	CONTENT
<p>CDC's General Best Practice Guidelines for Immunization (revised regularly)</p> <p>Components include: Timing and spacing of vaccines, contraindications and precautions, preventing and managing adverse events, vaccine administration, storage and handling, altered immunocompetence, vaccination records, and more. (HTML)</p> <p>► www.cdc.gov/vaccines/hcp/imz-best-practices/</p>	CDC	Schedules Storage Screening Technique
<p>U.S. Recommended Immunization Schedules (annual, plus periodic supplements)</p> <p>Different schedules are published by CDC and other professional medical organizations. The Vaccines for Children program follows the CDC schedule.</p> <p>CDC's Advisory Committee on Immunization Practices (ACIP) immunization schedules for children/adolescents and adults. An app is available from CDC for iOS or Android. Both schedules include a table of precautions and contraindications for each vaccine.</p> <p>► www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html ► www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html</p> <p>American Academy of Pediatrics Recommended Child and Adolescent Immunization Schedule for Ages 18 Years and Younger,</p> <p>► https://publications.aap.org/redbook/resources/15585/</p> <p>American Academy of Family Physicians immunization schedules</p> <p>► www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules.html</p>	CDC AAP AAFP	Schedules
<p>CDC's Recommended and Minimum Ages and Intervals Between Vaccine Doses</p> <p>Scroll down to Table 3.2. Easy-to-read table showing ages and intervals. (HTML)</p> <p>► www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html</p>	CDC	Schedules

CONTINUED ON THE NEXT PAGE ►



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p2005.pdf

Item #2005 (11/17/2025)



Scan for PDF

PROVIDERS HAVE NOT CHANGED THEIR IMMUNIZATION GUIDANCE

The federal government has recategorized certain vaccines on the immunization schedule, but these vaccines remain important for you and your family.

The evidence has not changed, and neither have the recommendations of our nation's leading medical societies.

Fast Facts About Immunization Schedule Changes



What changed about the CDC immunization schedule?

The Centers for Disease Control and Prevention (CDC) schedule changed some vaccines from being recommended for all children to only being recommended to high-risk individuals or as being recommended based on a conversation with a healthcare provider, known as shared clinical decision-making (SCDM).



Does this mean these vaccines are not important or safe?

No! The federal government presented no new safety evidence to back these recommendations. These vaccines are safe and continue to remain essential to protect children from dangerous diseases.



Can my children still get these vaccines?

Yes! Providers, like pediatricians represented by the American Academy of Pediatrics (AAP), continue to recommend these vaccines, and these changes will not affect what you pay out-of-pocket for vaccines.

AMERICA'S HEALTHCARE PROVIDERS CONTINUE TO RECOMMEND A COMPREHENSIVE IMMUNIZATION SCHEDULE FOR YOU AND YOUR FAMILY



vaccinateyourfamily.org
February 2026

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Questions & Answers



Additional Questions?

Lory Sheeran Winland

Director of Immunization Programs

Ohio AAP

lwinland@ohioaap.org

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