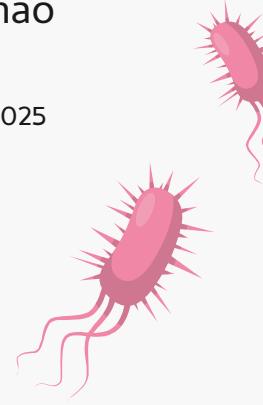


CDC National Notifiable Disease Surveillance System (NNDSS) on Childhood Vaccine Preventable Diseases in the U.S.

By Katherine Thao

November 20th, 2025



About me

- BA in Biology at Gustavus Adolphus College
- Current MPH student at Saint Catherine University and data analyst trainee
- Experience in state level governmental public health in refugee health programing, rural health equity qualitative research, and clinical patient care.
- Interest in infectious disease and aspirations to be an epidemiologist in global health serving marginalized communities.



Overview

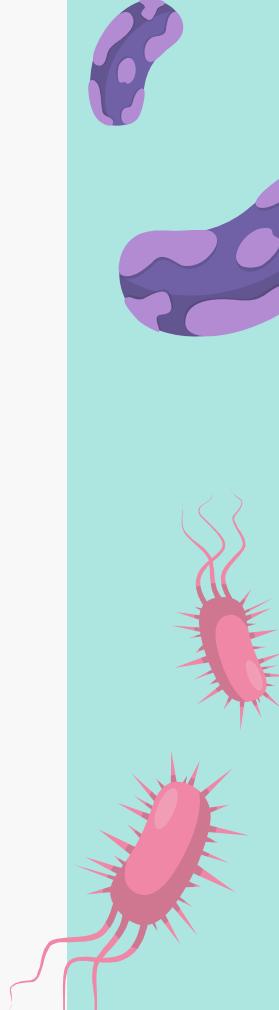
O1 Background

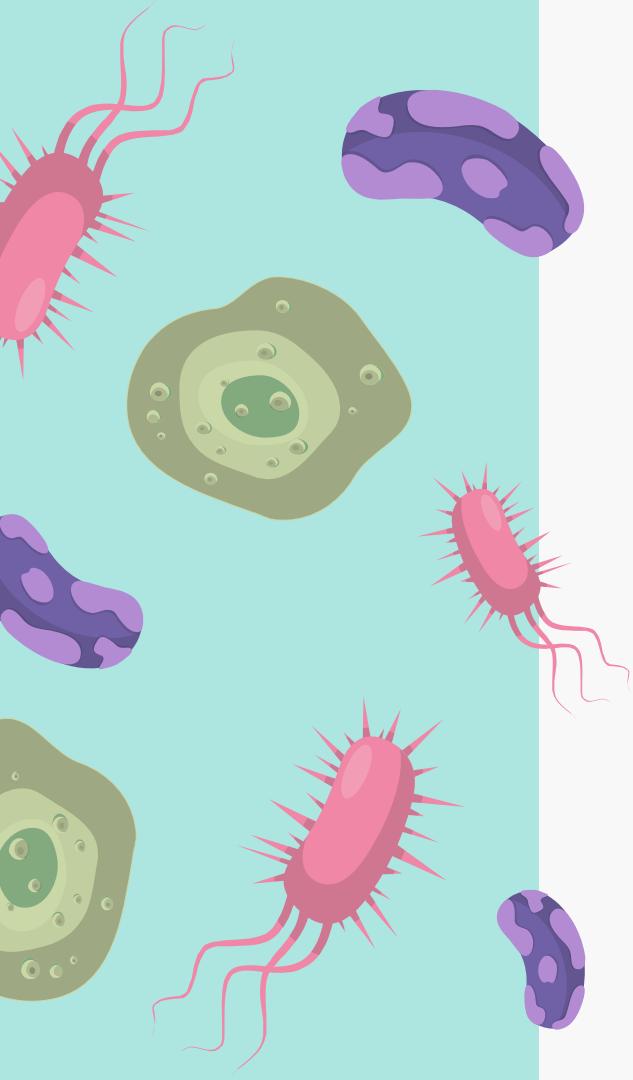
O2 Objective and Goals

O3 Data cleaning and manipulation

O4 Data analysis

O5 Conclusions





Background

Childhood Vaccine Preventable Diseases and Vaccine Hesitancy

Why vaccines matter?

Immune system

- The body's defense system that fights harmful germs.
- Remembers germs it has seen before by making antibodies.
- These help the body respond faster if the same germ appears again.

Vaccines

- Contain safe parts of a germ that help the body create antibodies.
- They train and strengthen the immune system so it can quickly recognize and fight the real germ.



References

<https://www.cdc.gov/vaccines-children/reasons/index.html>

Childhood vaccine preventable diseases (CVPDs)

- Children's developing immune systems put them at risk for serious illnesses
- Some of these illnesses can be prevented with routine childhood vaccines
- Vaccines help protect children by teaching their bodies recognize and fight germs before they cause serious harm



References

<https://www.cdc.gov/vaccines-children/reasons/index.html>

Childhood vaccine preventable diseases (CVPDs)

As of 2025, the CDC recognizes 17 diseases that can be prevented by routine childhood vaccines.

| | | |
|---|--|---|
| RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact | Hib (<i>Haemophilus influenzae</i> type b) Contagious bacterial infection of the lungs, brain and spinal cord, or bloodstream; spread through air and direct contact | Measles (Rubeola) [†] Contagious viral infection that causes high fever, cough, red eyes, runny nose, and rash; spread through air and direct contact |
| Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen | Pneumococcal Bacterial infections of ears, sinuses, lungs, or bloodstream; spread through direct contact with respiratory droplets like saliva or mucus | Mumps [†] Contagious viral infection that causes fever, tiredness, swollen cheeks, and tender swollen jaw; spread through air and direct contact |
| Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool | Polio Contagious viral infection of nerves and brain; spread through the mouth from stool on contaminated hands, food or liquid, and by air and direct contact | Rubella (German Measles) [†] Contagious viral infection that causes low-grade fever, sore throat, and rash; spread through air and direct contact |
| Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin. | COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact | Chickenpox (Varicella) Contagious viral infection that causes fever, headache, and an itchy, blistering rash; spread through air and direct contact |
| Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact | Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact | Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person |
| Tetanus (Lockjaw)* Bacterial infection of brain and nerves caused by spores found in soil and dust everywhere; spores enter the body through wounds or broken skin | | |

Reference: <https://www.cdc.gov/vaccines/imz-schedules/child-easyread.html>.

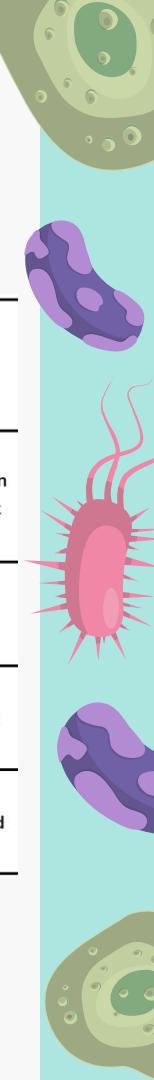


Table 1. CDC Recommended Vaccine Schedule: Birth to 6 Years (U.S.)

| | ALL children should be immunized at this age | SOME children should get this dose of vaccine or preventive antibody at this age | Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child | | | | | | | | | | | |
|--------------------------------|--|--|---|----------|---|----------|----------------------------------|-----------|-----------|-----------|-----------|--------------|-----------|-----------|
| Vaccine or Preventive Antibody | Birth | 1 Month | 2 Months | 4 Months | 6 Months | 7 Months | 8 Months | 12 Months | 15 Months | 18 Months | 19 Months | 20–23 Months | 2–3 Years | 4–6 Years |
| RSV antibody | | Depends on mother's RSV vaccine status | | | | | Depends on child's health status | | | | | | | |
| Hepatitis B | Dose 1 | Dose 2 | | | Dose 3 | | | | | | | | | |
| Rotavirus | | Dose 1 | Dose 2 | Dose 3 | | | | | | | | | | |
| DTaP | | Dose 1 | Dose 2 | Dose 3 | | | | | Dose 4 | | | | Dose 5 | |
| Hib | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | | | |
| Pneumococcal | | Dose 1 | Dose 2 | Dose 3 | | | | Dose 4 | | | | | | |
| Polio | | Dose 1 | Dose 2 | | Dose 3 | | | | | | | | Dose 4 | |
| COVID-19 | | | | | Every year. Two doses for some children | | | | | | | | | |
| Influenza/Flu | | | | | Every year. Two doses for some children | | | | | | | | | |
| MMR | | | | | | | Dose 1 | | | | | | Dose 2 | |
| Chickenpox | | | | | | | Dose 1 | | | | | | Dose 2 | |
| Hepatitis A | | | | | | | 2 doses separated by 6 months | | | | | | | |

*DTaP protects against tetanus, diphtheria, and pertussis

†MMR protects against measles, mumps, and rubella

Vaccine hesitancy in the U.S.

- Vaccine hesitancy has existed for centuries, often due to religious or personal beliefs.
- Growth of internet and social media access → increased exposure to vaccine misinformation → heightened concerns about vaccine safety and, in some cases, distrust in the healthcare system
- These factors contributed to a stronger and more visible anti-vaccine movement, particularly during the 2000s–2020s

REPORT JAN 8, 2020

Childhood Vaccination Has Saved Millions of Lives, but Rising Hesitancy Could Reverse Decades of Progress

Growing vaccine hesitancy, driven by misinformation and disinformation, threatens the health of American children and communities.



Patients with polio are seen in iron lung units in the Rancho Los Amigos Respiratory Institute.

AUTHORS

Steven Woolf Jill Rosenthal

Strengthening Health, COVID-19, Health, >3 More

[Twitter](#) [Facebook](#) [LinkedIn](#) [Email](#)

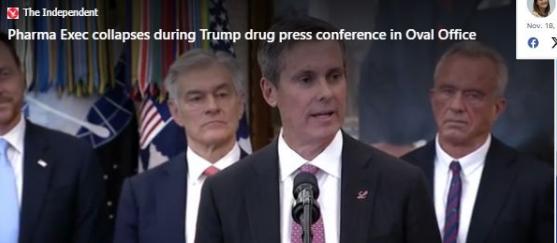
News Source:
<https://www.americanprogress.org/article/childhood-vaccination-has-saved-millions-of-lives-but-rising-hesitancy-could-reverse-decades-of-progress/>

Reference: <https://www.cdc.gov/vaccines-children/reasons/index.html>

Destabilization of vaccine health infrastructure

RFK Jr. allies declared 'God is an anti-vaxxer' at Texas conference

Story by Brendan Rascius • Tw • 3 min read [Summarize](#)

The Independent
Pharma Exec collapses during Trump drug press conference in Oval Office

Under RFK Jr., the CDC is scrutinizing the childhood vaccine schedule

NOVEMBER 7, 2025 - 7:00 AM ET
HEARD ON ALL THINGS CONSIDERED

WBAL NEWSRADIO 1010 AM / 95.7 FM
HOME SHOWS NEWS WEATHER TRAFFIC ORIOLES RAVENS
SUBSCRIBE TO EMAIL REQUEST A FREE ESTIMATE

RFK Jr. suggests vaccines linked to peanut allergies. What the science says.

Adrianna Rodriguez
USA TODAY
Nov. 18, 2025, 11:06 a.m. ET
[Facebook](#) [Twitter](#) [Email](#)

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC panel to review childhood vaccine schedules

(The Hill) — The vaccine advisory panel for the Centers for Disease Control and Prevention (CDC) is planning to look into the timing of other childhood vaccine schedules, soon after it voted to delay the measles, mumps, rubella and chickenpox vaccine.

San Angelo couple pleads guilty to child endangerment and death case

The CDC's Advisory Committee on Immunization Practices (ACIP) shared it would be establishing a Childhood and Adolescent Immunization Schedule Workgroup in documents updated on Wednesday.

News Source:

<https://www.independent.co.uk/news/world/americas/us-politics/rfk-jr-god-anti-vaxxer-texas-b2862191.html>
<https://www.npr.org/sections/shots-health-news/2025/11/07/nx-81-5576321/childhood-vaccine-schedule-rfk-cdc>
<https://www.usatoday.com/story/life/health-wellness/2025/11/18/rfk-jr-peanut-allergies-vaccines-aluminum/87333853007/>
<https://wgno.com/news/nrw/cdc-panel-to-review-childhood-vaccine-schedules/>
<https://www.wptv.com/news/state/floridas-plan-to-eliminate-vaccine-requirements-remains-unclear-nearly-a-month-after-announcement>

Decline in U.S. childhood vaccine coverage

- U.S. vaccine rates now lag behind many other high-income countries.
- Vaccines work so well that people often forget the diseases they prevent.
- Vaccines aren't 100% effective, but they greatly reduce illness and spread.
- Lower vaccination makes it easier for germs to spread and cause outbreaks.

The AOL news article features a yellow header with the AOL logo and a search bar. The main headline reads "Childhood vaccine rates are backsliding — and exemptions are getting easier". Below the headline is a photo of a child playing with a hula hoop in a park. To the right, there's a sidebar with the text "Across the U.S., Childhood Vaccination Rates Continue to Decline" and a photo of a classroom full of children. At the bottom, there's a paragraph about the increasing number of vulnerable children due to declining vaccination rates, followed by a note from the CDC.

Childhood vaccine rates are backsliding — and exemptions are getting easier

NBC NEWS ERIKA EDWARDS September 16, 2020 at 4:00 PM

Across the U.S., Childhood Vaccination Rates Continue to Decline

As we prepare for a new school year, an increasing number of children may be vulnerable to vaccine-preventable diseases, including measles, pertussis, polio, and more.

New data reported by the Centers for Disease Control and Prevention (CDC) show that childhood vaccination rates in the United States are continuing to decrease , with vaccination exemptions reaching an all-time high.

References:

<https://publichealth.jhu.edu/ivac/2025/across-the-us-childhood-vaccination-rates-continue-to-decline>

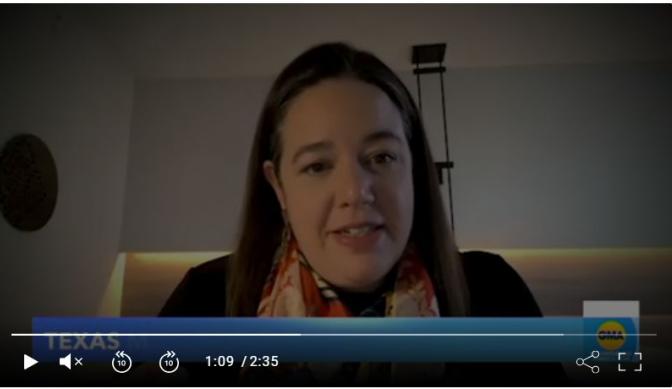
Recent rise of measles in the U.S.

abcNEWS Live Video Shows ▾ Shop ⋮ ⋯

Measles death of unvaccinated child in Texas outbreak is 1st fatality in US in a decade

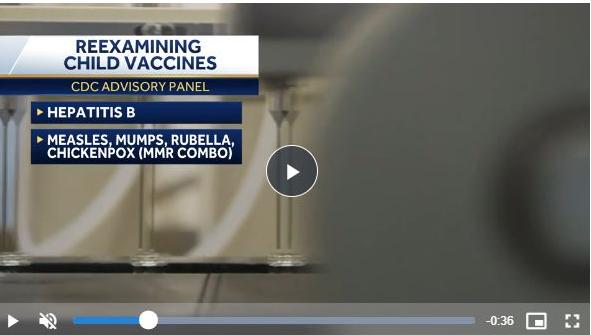
The majority of cases have occurred among unvaccinated people.

By [Mary Kekatos](#)
February 26, 2025, 3:30 PM



Unvaccinated child dies of measles amid Texas outbreak. An unvaccinated school-aged child in Texas has died of measles in what the CDC says is the first fatality of the disease in the U.S. in a decade.

Measles outbreaks across the US continue to add to record case count



CNN | Updated: 6:54 AM CDT Oct 10, 2025 | [Editorial Standards](#)

By Deidre McPhillips,
CNN

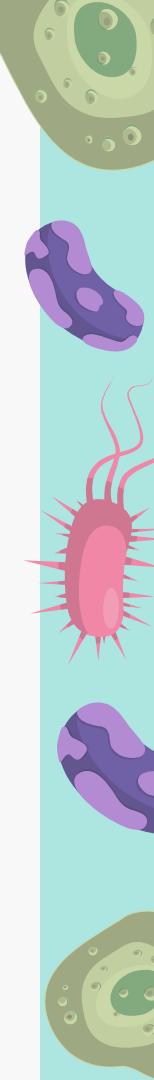
A deadly measles outbreak in Texas ended in August, but outbreaks in other parts of the United States continue to add hundreds of new measles cases to this year's record national total.

There have been an average of 27 new measles cases reported each week since the end of August, according to [data](#) from the Centers for Disease Control and Prevention. The annual total – now up to 1,563 cases since January – is the highest by a significant margin since measles was declared eliminated in the US a quarter-century ago.

News Sources

<https://abcnews.go.com/Health/1st-measles-death-linked-outbreak-texas-confirmed-child/story?id=119208967>

<https://www.ketv.com/article/measles-outbreak-us-record-cases-2025/68997567>



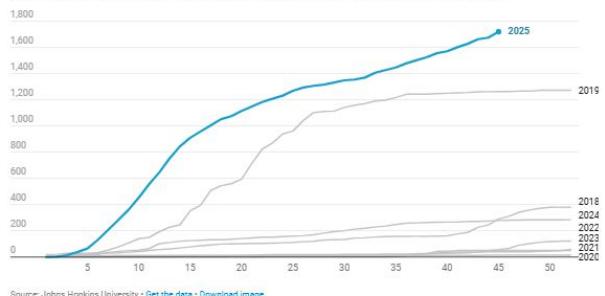
Recent rise of measles in the U.S.

U.S. Measles Cases Hit Highest Level Since Declared Eliminated in 2000

The United States surpassed a milestone in reported measles cases, with 2025 now having the most cases since the disease was declared eliminated in the U.S. in 2000 and the most cases in more than three decades.

As of July 7, 2025, 1,281 cases have been reported, more than the 1,274 measles cases reported in all of 2019, according to a [U.S. Measles Tracker](#) hosted by the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health and developed in collaboration with the Center for Systems Science and Engineering (CSSE) at the Whiting School of Engineering.

Cumulative measles cases reported in the United States by year



This interactive dashboard maps the total (in 2025) and recent (in the past two weeks) number of reported measles cases at the county level to provide real-time data. The data are made freely available for use by health officials, researchers, and the public in a [Github repository](#).

Reference:

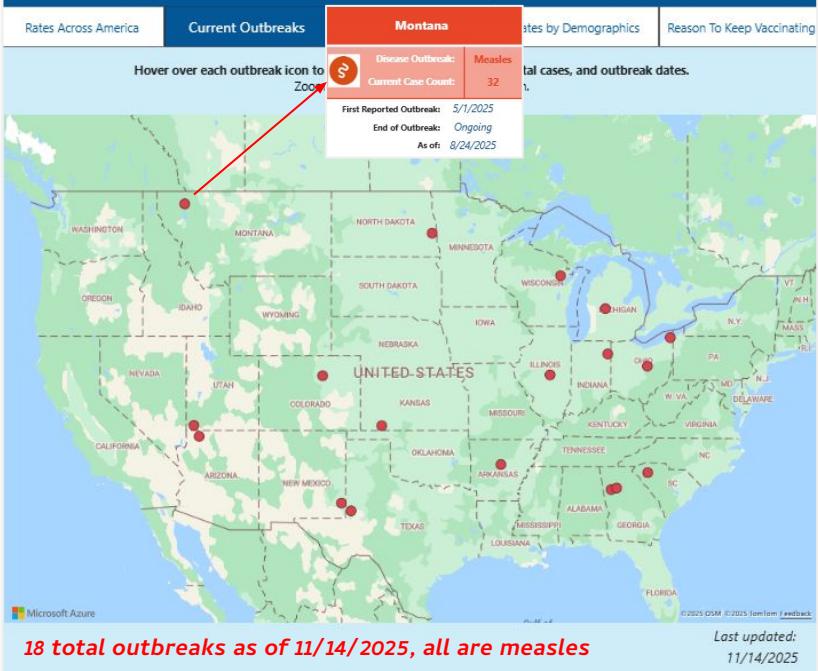
<https://publichealth.jhu.edu/ivac/2025/us-measles-cases-hit-highest-level-since-declared-eliminated-in-2000>

Current Childhood Disease Outbreaks Across America

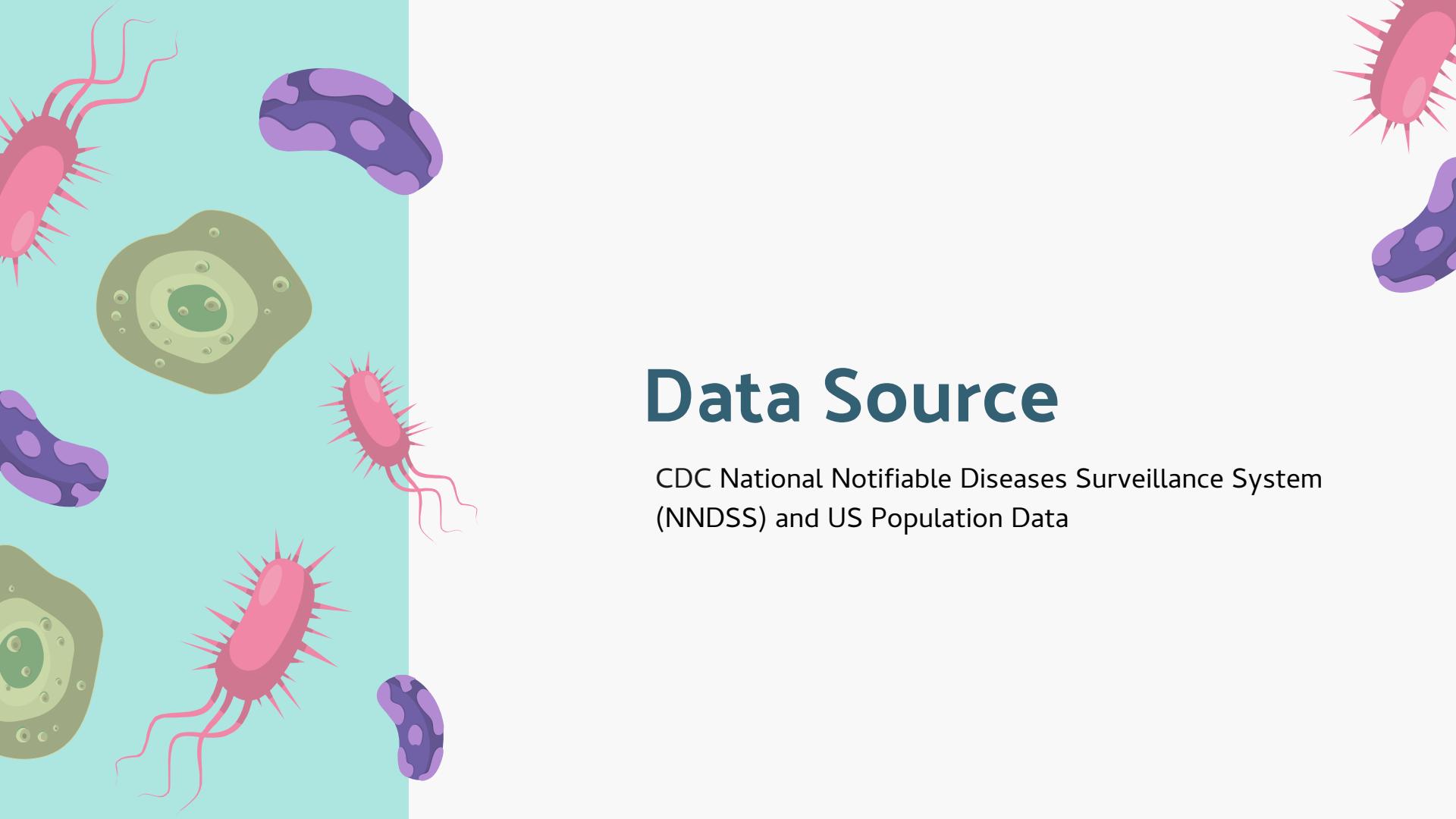
Declining immunization rates, travel, and close community contact can reintroduce diseases previously lessened or declared eliminated. "Community immunity" is achieved only when high percentages of a population are immunized. Without community immunity, outbreaks of deadly diseases continue to occur.

This section is updated regularly to reflect the latest information on disease outbreaks across the United States. Generally, data is taken from the local jurisdiction's public health department. These updates allow you to monitor changing patterns in vaccine-preventable illnesses.

Outbreak case counts come from local jurisdiction reporting. The Centers for Disease Control and Prevention defines a measles outbreak as 3 or more related cases. Jurisdictions may be reporting total cases in their jurisdiction or only cases related to the outbreak.



Reference: <https://www.aap.org/en/patient-care/immunizations/immunizations-across-america/>

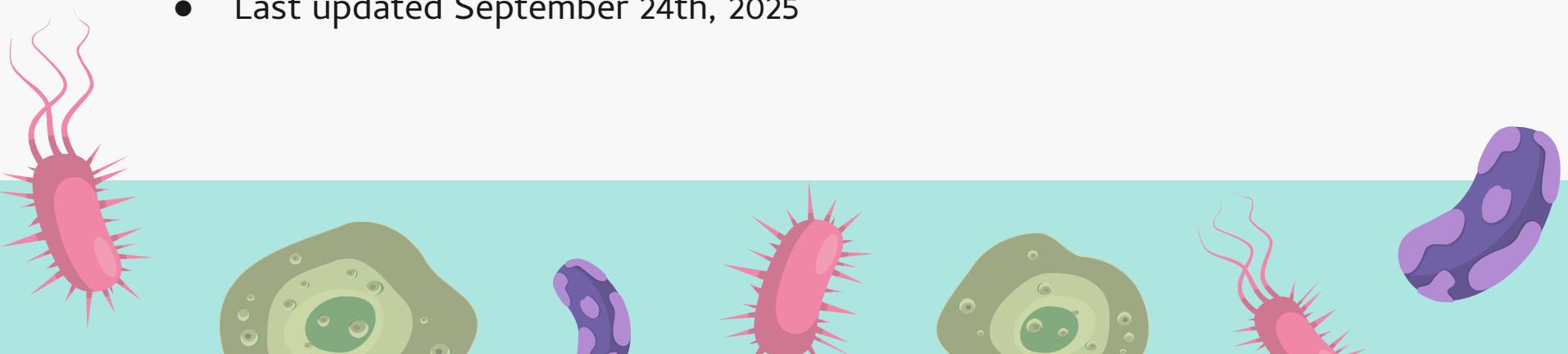


Data Source

CDC National Notifiable Diseases Surveillance System
(NNDSS) and US Population Data

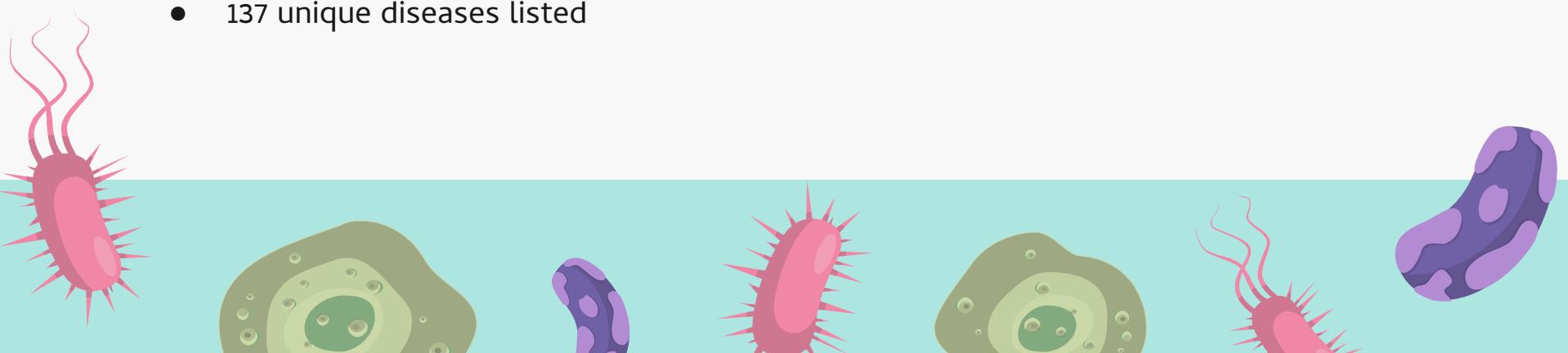
CDC National Notifiable Disease Surveillance System (NNDSS) Dataset

- “A weekly case dataset of selected infectious national notifiable diseases reported by all US states, New York City, the District of Columbia, and the U.S. territories.”
- Cases are voluntarily reported by state health departments to CDC for weekly publication.
- Last updated September 24th, 2025



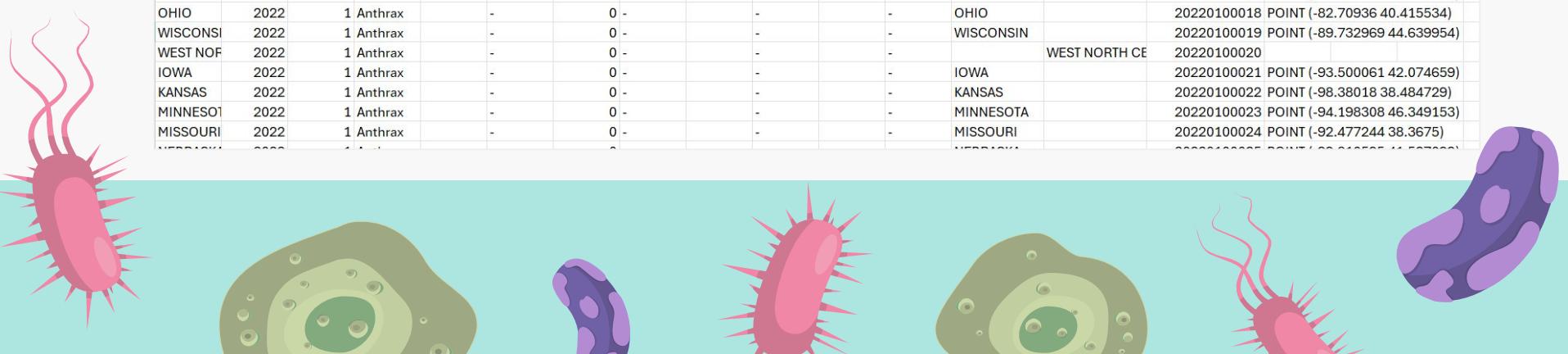
NNDSS Dataset characteristics

- Reporting dates between 2022 - 2025. ***NOTE: Case counts for reporting years 2024 and 2025 are provisional.***
- *Morbidity and Mortality Weekly Reporting (MMWR)* calendar, 52 total weeks = one fiscal disease reporting year
- Long data format
- 16 total columns
- 1,546,980 total rows
- 137 unique diseases listed



NNDSS Dataset

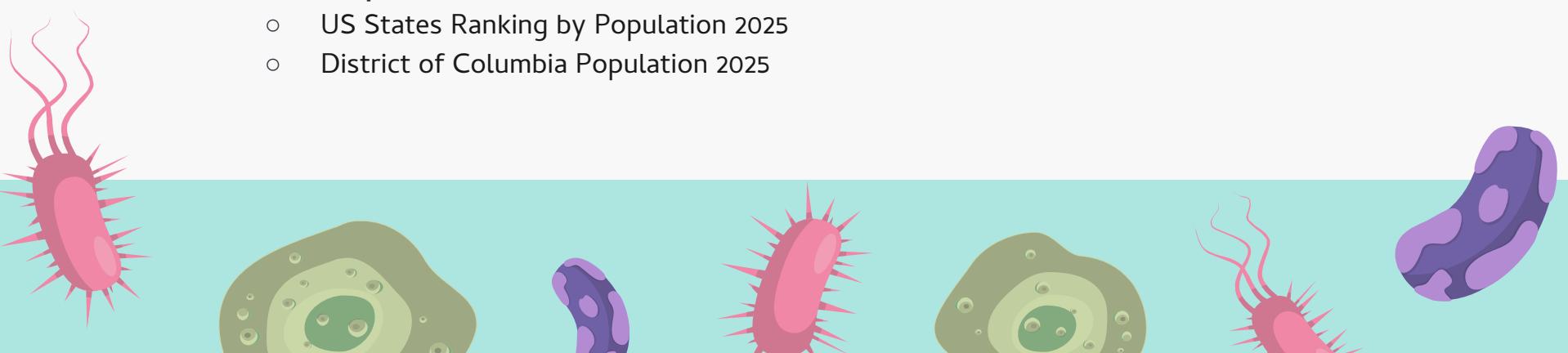
| Reporting | Current M | MMWR WE Label | Current w/e | Current w/e Previous 5 | Previous 5 Cumulative | Cumulative | Cumulative | LOCATION1 | LOCATION2 | sort_order | geocode | |
|------------|-----------|---------------|-------------|------------------------|-----------------------|------------|------------|--------------------|-------------|------------------------------|---------|--|
| US RESIDE | 2022 | 1 Anthrax | - | 0 - | - | - | - | US RESIDENTS | 20220100001 | | | |
| NEW ENGL | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEW ENGLAND | 20220100002 | | | |
| CONNECT | 2022 | 1 Anthrax | - | 0 - | - | - | - | CONNECTICUT | 20220100003 | POINT (-72.738288 41.575155) | | |
| MAINE | 2022 | 1 Anthrax | - | 0 - | - | - | - | MAINE | 20220100004 | POINT (-69.0613745.117911) | | |
| MASSACHI | 2022 | 1 Anthrax | - | 0 - | - | - | - | MASSACHUSETTS | 20220100005 | POINT (-71.48110442.151077) | | |
| NEW HAMPI | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEW HAMPSHIRE | 20220100006 | POINT (-71.5713943.680429) | | |
| RHODE ISI | 2022 | 1 Anthrax | - | 0 - | - | - | - | RHODE ISLAND | 20220100007 | POINT (-71.53463741.572574) | | |
| VERMONT | 2022 | 1 Anthrax | - | 0 - | - | - | - | VERMONT | 20220100008 | POINT (-72.66269544.075252) | | |
| MIDDLE ATL | 2022 | 1 Anthrax | - | 0 - | - | - | - | MIDDLE ATLANTIC | 20220100009 | | | |
| NEW JERSI | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEW JERSEY | 20220100010 | POINT (-74.65551440.110253) | | |
| NEW YORKE | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEW YORK | 20220100011 | POINT (-75.5965542.921241) | | |
| NEW YORKC | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEW YORK CITY | 20220100012 | | | |
| PENNSYLV | 2022 | 1 Anthrax | - | 0 - | - | - | - | PENNSYLVANIA | 20220100013 | POINT (-77.83888640.896694) | | |
| EAST NORW | 2022 | 1 Anthrax | - | 0 - | - | - | - | EAST NORTH CENTRAL | 20220100014 | | | |
| ILLINOIS | 2022 | 1 Anthrax | - | 0 - | - | - | - | ILLINOIS | 20220100015 | POINT (-89.14863240.124144) | | |
| INDIANA | 2022 | 1 Anthrax | - | 0 - | - | - | - | INDIANA | 20220100016 | POINT (-86.281839.919991) | | |
| MICHIGAN | 2022 | 1 Anthrax | - | 0 - | - | - | - | MICHIGAN | 20220100017 | POINT (-85.73097744.874798) | | |
| OHIO | 2022 | 1 Anthrax | - | 0 - | - | - | - | OHIO | 20220100018 | POINT (-82.7093640.415534) | | |
| WISCONSIN | 2022 | 1 Anthrax | - | 0 - | - | - | - | WISCONSIN | 20220100019 | POINT (-89.73296944.639954) | | |
| WEST NOF | 2022 | 1 Anthrax | - | 0 - | - | - | - | WEST NORTH CENTRAL | 20220100020 | | | |
| IOWA | 2022 | 1 Anthrax | - | 0 - | - | - | - | IOWA | 20220100021 | POINT (-93.50006142.074659) | | |
| KANSAS | 2022 | 1 Anthrax | - | 0 - | - | - | - | KANSAS | 20220100022 | POINT (-98.3801838.484729) | | |
| MINNESOT | 2022 | 1 Anthrax | - | 0 - | - | - | - | MINNESOTA | 20220100023 | POINT (-94.19830846.349153) | | |
| MISSOURI | 2022 | 1 Anthrax | - | 0 - | - | - | - | MISSOURI | 20220100024 | POINT (-92.47724438.3675) | | |
| NEBRASKA | 2022 | 1 Anthrax | - | 0 - | - | - | - | NEBRASKA | 20220100025 | POINT (-97.56160144.950201) | | |



U.S. Population Datasets

Created a state and national U.S. population dataset between 2022-2025, includes data from

- **U.S. Census Bureau**
 - *Annual Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for the United States, States, District of Columbia, and Puerto Rico: April 1, 2020 to July 1, 2024 (NST-EST2024-ALLDATA)*
 - U.S. and World Population Clock, for a 2025 National US population data point
- **World Population Review**
 - US States Ranking by Population 2025
 - District of Columbia Population 2025



U.S. Population by State Dataset

U.S. Census Bureau, NST-EST2024-ALLDATA

| SUMLEV | REGION | DIVISION | STATE | NAME | ESTIMATES | POPESTIM | POPESTIM | POPESTIM | POPESTIM | POPESTIM | POPESTIM |
|---|--------|------------|-------|-------------|-----------|----------|----------|------------|-----------|-----------|-----------|
| 10 | 0 | 0 | 0 | United Sta | 3.32E+08 | 3.32E+08 | 3.32E+08 | 3.34E+08 | 3.37E+08 | 3.4E+08 | |
| 20 | 1 | 0 | 0 | Northeast | 57617706 | 57431458 | 57252533 | 57159597 | 57398303 | 57832935 | |
| 30 | 1 | 1 | 0 | New Engla | 15122011 | 15057350 | 15118145 | 15175633 | 15263573 | 15386085 | |
| 30 | 1 | 2 | 0 | Middle Atla | 42495695 | 42374108 | 42134388 | 41983964 | 42134730 | 42446850 | |
| 20 | 2 | 0 | 0 | Midwest R | 68998970 | 68984258 | 68872831 | 68903297 | 69186401 | 69596584 | |
| 30 | 2 | 3 | 0 | East North | 47381362 | 47358568 | 47206851 | 47199092 | 47360185 | 47619171 | |
| 30 | 2 | 4 | 0 | West Nortl | 21617608 | 21625690 | 21665980 | 21704205 | 21826216 | 21977413 | |
| 20 | 3 | 0 | 0 | South Regi | 1.26E+08 | 1.26E+08 | 1.27E+08 | 1.29E+08 | 1.31E+08 | 1.33E+08 | |
| 30 | 3 | state | code | fips | pop2020 | pop2024 | pop2025 | population | growthRat | growthRat | densityMi |
| 30 | 3 | Alabama | AL | 1 | 5033090 | 5157700 | 5197720 | 0.00776 | 0.00654 | 102.6305 | 24 |
| 30 | 3 | Alaska | AK | 2 | 733017 | 740133 | 743756 | 0.0049 | 0.00293 | 1.30337 | 48 |
| 20 | 4 | Arizona | AZ | 4 | 7187140 | 7582380 | 7691740 | 0.01442 | 0.01404 | 67.71256 | 14 |
| 30 | 4 | Arkansas | AR | 5 | 3014550 | 3088350 | 3107240 | 0.00612 | 0.00615 | 59.71442 | 33 |
| 30 | 4 | California | CA | 6 | 39522000 | 39431300 | 39663800 | 0.0059 | 0.00782 | 254.6158 | 1 |
| 30 | 4 | Colorado | CO | 8 | 5787130 | 5957490 | 6013650 | 0.00943 | 0.00783 | 58.02329 | 20 |
| 40 | 3 | Connectic | CT | 9 | 3579920 | 3675070 | 3707120 | 0.00872 | 0.00711 | 765.6175 | 29 |
| 40 | 4 | Delaware | DE | 10 | 991928 | 1051920 | 1067410 | 0.01473 | 0.01522 | 547.6706 | 45 |
| 40 | 4 | Florida | FL | 12 | 21592000 | 23372200 | 23839600 | 0.02 | 0.02082 | 444.5613 | 3 |
| 40 | 4 | Georgia | GA | 13 | 10732900 | 11180900 | 11297300 | 0.01041 | 0.01052 | 196.4304 | 8 |
| 40 | 3 | Hawaii | HI | 15 | 1451250 | 1446150 | 1450900 | 0.00328 | -0.00005 | 225.8913 | 40 |
| WORLD POPULATION REVIEW | | | | | | | | | | | |
| Data by Location | | | | | | | | | | | |
| States > District of Columbia | | | | | | | | | | | |
|  District of Columbia Area (mi²): 68 Abbreviation: DC | | | | | | | | | | | |
| 717,176 Total Population | | | | | | | | | | | |
| 10,547 Population Density (mi²) | | | | | | | | | | | |
| Worlds Review Population, U.S. States Ranking by Population 2025 | | | | | | | | | | | |

World Review Population, District of Columbia
Population 2025

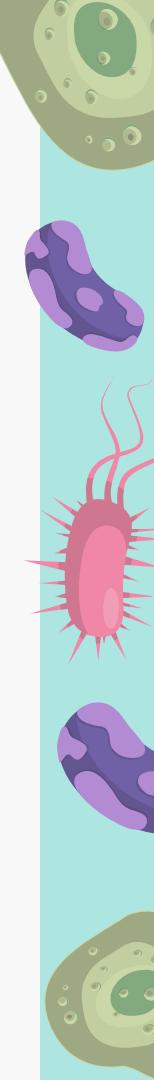
U.S. State Population Dataset

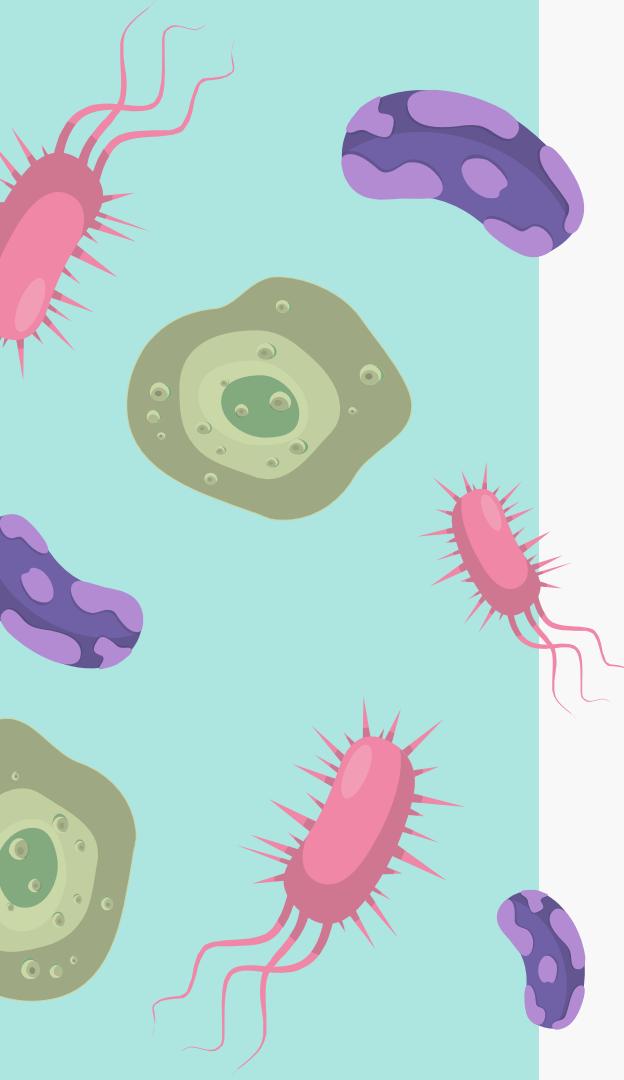
| Reporting Area | Current MMWR Year | Population |
|----------------------|-------------------|------------|
| Alabama | 2022 | 5076181 |
| Alaska | 2022 | 734442 |
| Arizona | 2022 | 7377566 |
| Arkansas | 2022 | 3047704 |
| California | 2022 | 39142414 |
| Colorado | 2022 | 5850935 |
| Connecticut | 2022 | 3617925 |
| Delaware | 2022 | 1020625 |
| District of Columbia | 2022 | 676725 |
| Florida | 2022 | 22379312 |
| Georgia | 2022 | 10931805 |
| Hawaii | 2022 | 1440359 |
| Idaho | 2022 | 1944299 |
| Illinois | 2022 | 12621821 |
| Indiana | 2022 | 6844545 |
| Iowa | 2022 | 3202820 |
| Kansas | 2022 | 2937324 |
| Kentucky | 2022 | 4519233 |
| Louisiana | 2022 | 4593687 |
| Maine | 2022 | 1390922 |
| Maryland | 2022 | 6192440 |

*2025 U.S. population estimates are provisional and reflects data as of Nov. 17, 2025.

Dataset characteristics:

Year 2022-2025, long data format, 3 columns total, and 205 total rows





Objectives and Goals

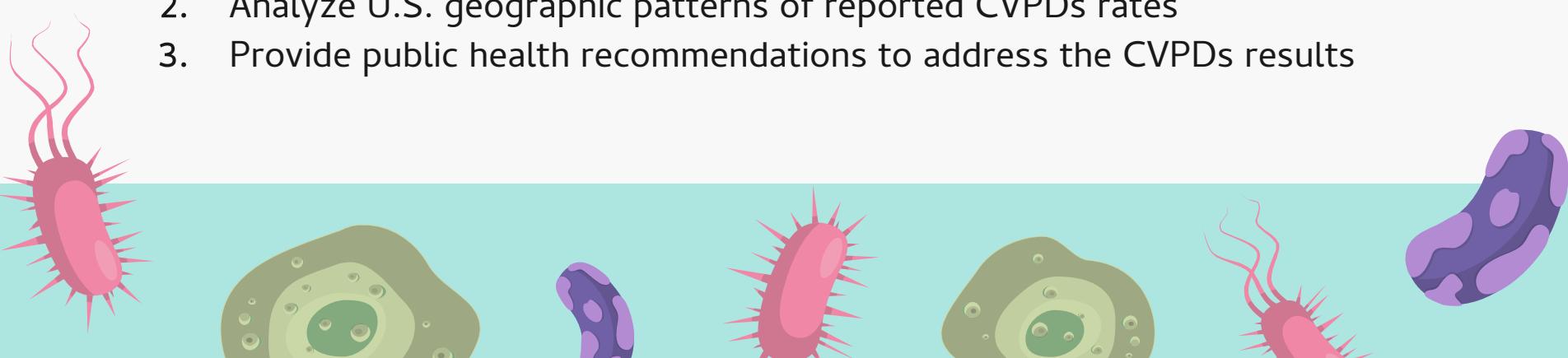


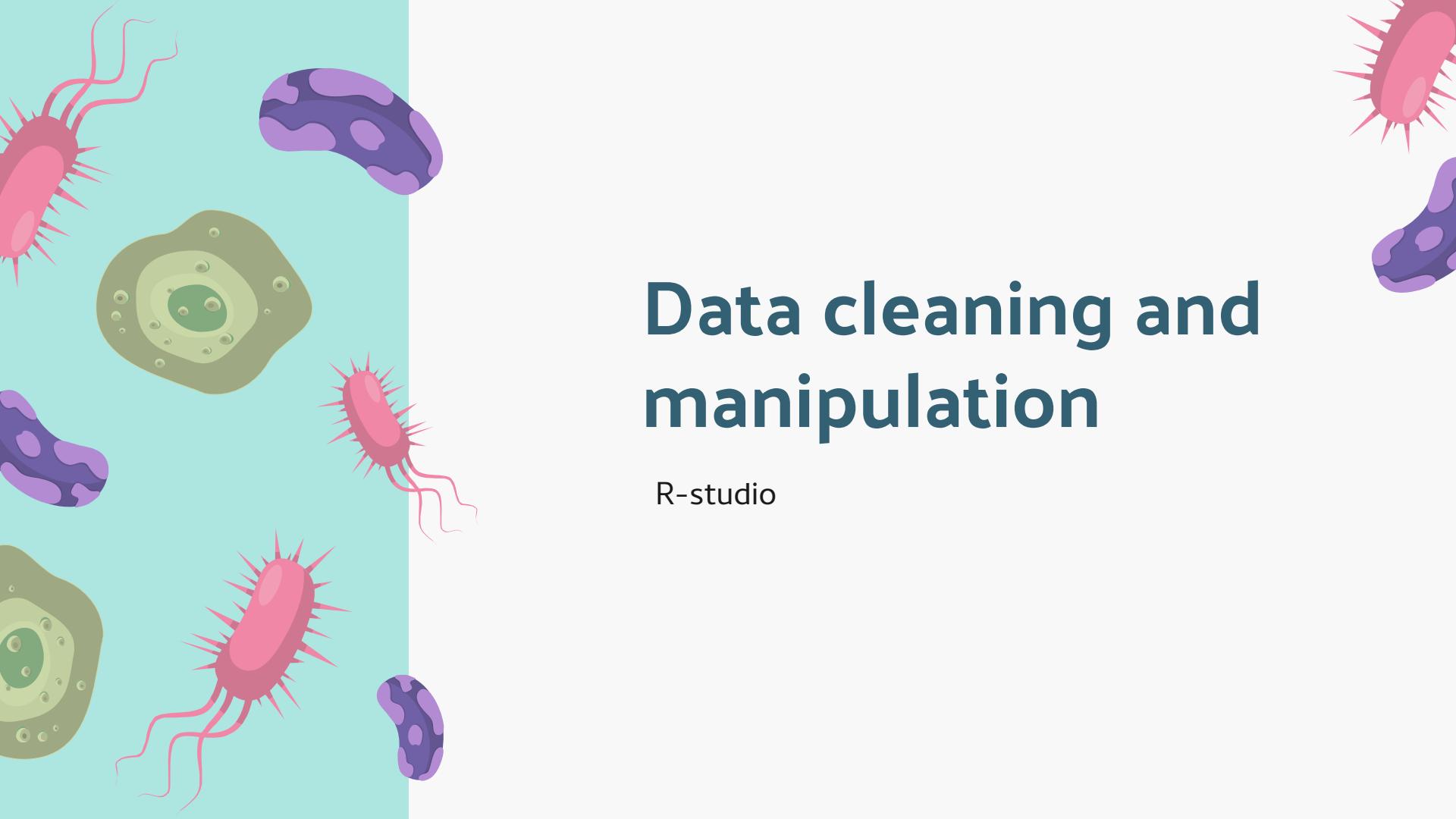
Objective and goals

Objective: To determine whether there has been an increase in CVPD cases in the U.S. from 2022–2025, in relation to the rise of vaccine hesitancy.

Goals:

1. Describe temporal trends in reported CVPDs cases and disease incident rates in the U.S.
2. Analyze U.S. geographic patterns of reported CVPDs rates
3. Provide public health recommendations to address the CVPDs results





Data cleaning and manipulation

R-studio

Data cleaning and manipulation

1. Installing R Packages & Importing Datasets

```
#Installing R packages
library(tidyverse)
library(dplyr)
library(janitor)
library(stringr)

#Importing Datasets
##CDC Disease Reporting
rawdata_disease_reports <- read_csv(
  "C:\\\\Users\\\\kaths\\\\Downloads\\\\NNDSS_Weekly_Data_20251030.csv")

disease_reports <- read_csv(
  "C:\\\\Users\\\\kaths\\\\Downloads\\\\NNDSS_Weekly_Data_20251030.csv")
head(disease_reports) #Short summary of the data

##U.S. State Populations
statepopulation <- read_csv(
  "C:\\\\Users\\\\kaths\\\\Downloads\\\\population_dataset.csv") #Raw data
head(statepopulation) #Short summary of the data

##Creating a National US Population data frame
uspopulation <- data.frame(
  `Reporting Area` = c("US Residents",
                       "US Residents",
                       "US Residents",
                       "US Residents"),
  `Current MMWR Year` = c(2022, 2023, 2024, 2025),
  Population = c(334017321, 336806231, 340110988, 347956170))
```

2. Understanding the NNDSS Dataset

```
> glimpse(rawdata_disease_reports)
Rows: 1,547,980
Columns: 16
$ `Reporting Area`
$ `Current MMWR Year`
$ `MMWR WEEK`
$ Label
$ `Current week`
$ `Current week, flag`
$ `Previous 52 week Max`
$ `Previous 52 weeks Max, flag`
$ `Cumulative YTD Current MMWR Year`
$ `Cumulative YTD Current MMWR Year, flag`
$ `Cumulative YTD Previous MMWR Year`
$ `Cumulative YTD Previous MMWR Year, flag`
$ LOCATION1
$ LOCATION2
$ sort_order
$ geocode

<chr> "US RESIDENTS", "NEW ENGLAN...
<dbl> 2022, 2022, 2022, 2022, 202...
<dbl> 1, 1, 1, 1, 1, 1, 1, 1, ...
<chr> "Anthrax", "Anthrax", "Anth...
<dbl> NA, NA, NA, NA, NA, NA, NA, ...
<chr> "-", "-", "-", "-", "-", ...
<dbl> 0, 0, 0, 0, 0, 0, 0, 0, ...
<chr> "-", "-", "-", "-", "-", ...
<dbl> NA, NA, NA, NA, NA, NA, NA, ...
<chr> "-", "-", "-", "-", "-", ...
<dbl> NA, NA, NA, NA, NA, NA, NA, ...
<chr> "-", "-", "-", "-", "-", ...
<chr> "MAINE", "MAINE", "MAINE", ...
<chr> "CONNECTICUT", "MAINE", "MA...
<chr> "US RESIDENTS", "NEW ENGLAN...
<dbl> 20220100001, 20220100002, 2...
<chr> NA, NA, "POINT (-72.738288 ...
```

Identifying unique values in each column, especially qualitative values

```
##Disease list
rawdata_diseaseslist <- sort(unique(rawdata_disease_reports$Label))
length(rawdata_diseaseslist) #Total count of all unique reported di...

##Temporal lists
year <- sort(unique(disease_reports$`Current MMWR Year`)) #List of all
week <- sort(unique(disease_reports$`MMWR WEEK`)) #List of all

##Reporting location list
raw_reportlocations <- sort(unique(rawdata_disease_reports$`Reporting Area`))
```

Data cleaning and manipulation

3. Combine all CVPDs into one group

```
80 Meningococcal disease, All serogroups
81 Meningococcal disease, Other serogroups
82 Meningococcal disease, Serogroup B
83 Meningococcal disease, Serogroups ACWY
84 Meningococcal disease, Unknown serogroup
85 Mpox
86 Mumps
87 Novel Influenza A virus infections
88 Novel Influenza A virus infections, Confirmed
89 Novel Influenza A virus infections, Probable
90 Novel Influenza A virus infections, Total
91 Pertussis
92 Plague
93 Poliomyelitis, paralytic
94 Poliovirus infection, nonparalytic
95 Psittacosis
```

```
###Subgrouping diseases together; NOTE: Some disease Listed are distinct b
hepatitisB <- c("Hepatitis B, acute, Confirmed",
              "Hepatitis B, acute, Probable",
              "Hepatitis B, chronic, Confirmed",
              "Hepatitis B, chronic, Probable",
              "Hepatitis B, perinatal infection",
              "Hepatitis B, perinatal, Confirmed") #Group all Hepatitis

measles <- c("Measles, Imported",
            "Measles, Indigenous") #Group all measles

pneumococcal <- c("Invasive pneumococcal disease, all ages, Confirmed",
                   "Invasive pneumococcal disease, all ages, Probable") #Gr

polio <- c("Poliomyelitis, paralytic",
          "Poliovirus infection, nonparalytic") #Group all polio cases

rubella <- c("Rubella",
            "Rubella, congenital syndrome") #Group all rubellas

varicella <- c("Varicella disease",
               "Varicella morbidity") #Group all varicella

influenza <- c("Haemophilus influenzae, invasive d",
               "Influenza-associated pediatric mor

CVPD_list <- c(hepatitisB,
               measles,
               pneumococcal,
               polio,
               rubella,
               varicella,
               influenza,
               "Hepatitis A, Confirmed",
               "Meningococcal disease, All serogroups",
               "Mumps",
               "Pertussis")
```

*Identify all CVPDs from 137 diseases list,
**Some diseases multiple labels that specify the age range individuals infected, disease severity (acute or chronic), disease variants, etc.

*Finalised 22 total CVPDs

Data cleaning and manipulation

4. Group all U.S states from the reporting area column

| x |
|-------------------------|
| 1 Alabama |
| 2 ALABAMA |
| 3 Alaska |
| 4 ALASKA |
| 5 American Samoa |
| 6 AMERICAN SAMOA |
| 7 Arizona |
| 8 ARIZONA |
| 9 Arkansas |
| 10 ARKANSAS |
| 11 California |
| 12 CALIFORNIA |
| 117 U.S. Residents |
| 118 U.S. Territories |
| 119 U.S. Virgin Islands |
| 120 U.S. VIRGIN ISLANDS |
| 121 US RESIDENTS |
| 122 US TERRITORIES |



```
disease_reports <- disease_reports %>% #Standardizing val  
  mutate(`Reporting Area` = `Reporting Area` %>%  
        str_trim() %>%  
        str_replace_all("(?i)u\\.|.?\\s*s\\.|.?", "US") %>%  
        str_to_title() %>%  
        str_replace_all("\\bUs\\b", "US")) #Fix title-ca
```

| x |
|---------------|
| 1 Alabama |
| 2 Alaska |
| 3 Arizona |
| 4 Arkansas |
| 5 California |
| 6 Colorado |
| 7 Connecticut |
| 8 Delaware |
| 9 Florida |
| 10 Georgia |
| 11 Hawaii |
| 12 Idaho |

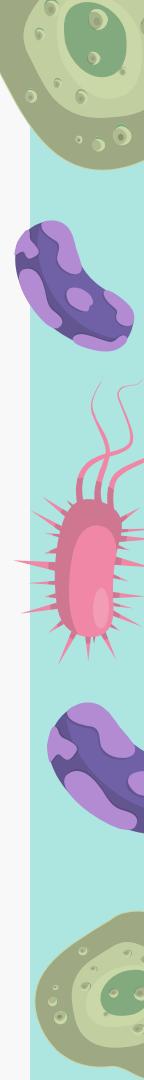


```
US_states <- c(state.name, "District of Columbia")
```

All U.S states & District of Columbia List

| x |
|--|
| 1 Alabama |
| 2 Alaska |
| 3 American Samoa |
| 4 Arizona |
| 5 Arkansas |
| 6 California |
| 7 Colorado |
| 8 Commonwealth Of Northern Mariana Islands |
| 9 Connecticut |
| 10 Delaware |
| 11 District Of Columbia |

Condensed to 71 locations



Data cleaning and manipulation

5. Create national and state U.S. CPVDs tables

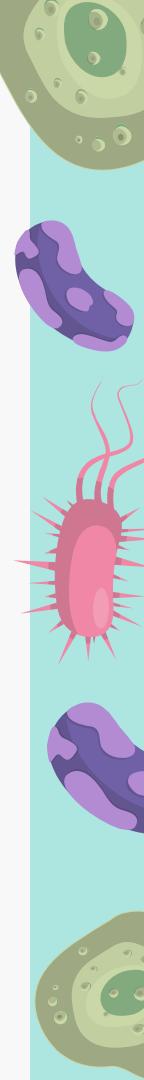
```
#Filtering and sorting
disease_reports <- disease_reports %>% #Filter
  select(`Reporting Area`,
         `Current MMWR Year`,
         `MMWR WEEK`,
         `Yearly Quarter`,
         `Season`,
         `Label`,
         `Current week`,
         `Cumulative YTD Current MMWR Year`,
         `sort_order`)
```

```
##ONLY US States and CVPDs
CVPD_data <- disease_reports %>%
  filter(`Reporting Area` %in% US_states,
         `Label` %in% CVPD_list,
         `MMWR WEEK` == 52)
```

```
##National US cases
CVPD_USresident <- disease_reports %>% #Filter
  filter(`Reporting Area` == "US Residents",
         `Label` %in% CVPD_list,
         `MMWR WEEK` == 52)
```

6. Adding disease category to U.S. CPVDs tables

```
CVPD_data <- CVPD_data %>% #Add disease category column
  mutate(
    Disease_Category = case_when(
      Label %in% hepatitisB ~ "Hepatitis B",
      Label %in% measles ~ "Measles",
      Label %in% pneumococcal ~ "Pneumococcal",
      Label %in% polio ~ "Polio",
      Label %in% rubella ~ "Rubella",
      Label %in% varicella ~ "Varicella",
      Label %in% influenza ~ "Influenza",
      Label == "Mumps" ~ "Mumps",
      Label == "Pertussis" ~ "Pertussis",
      Label == "Hepatitis A, Confirmed" ~ "Hepatitis A",
      Label == "Meningococcal disease, All serogroups" ~ "Meningococcal"))
```



Data cleaning and manipulation

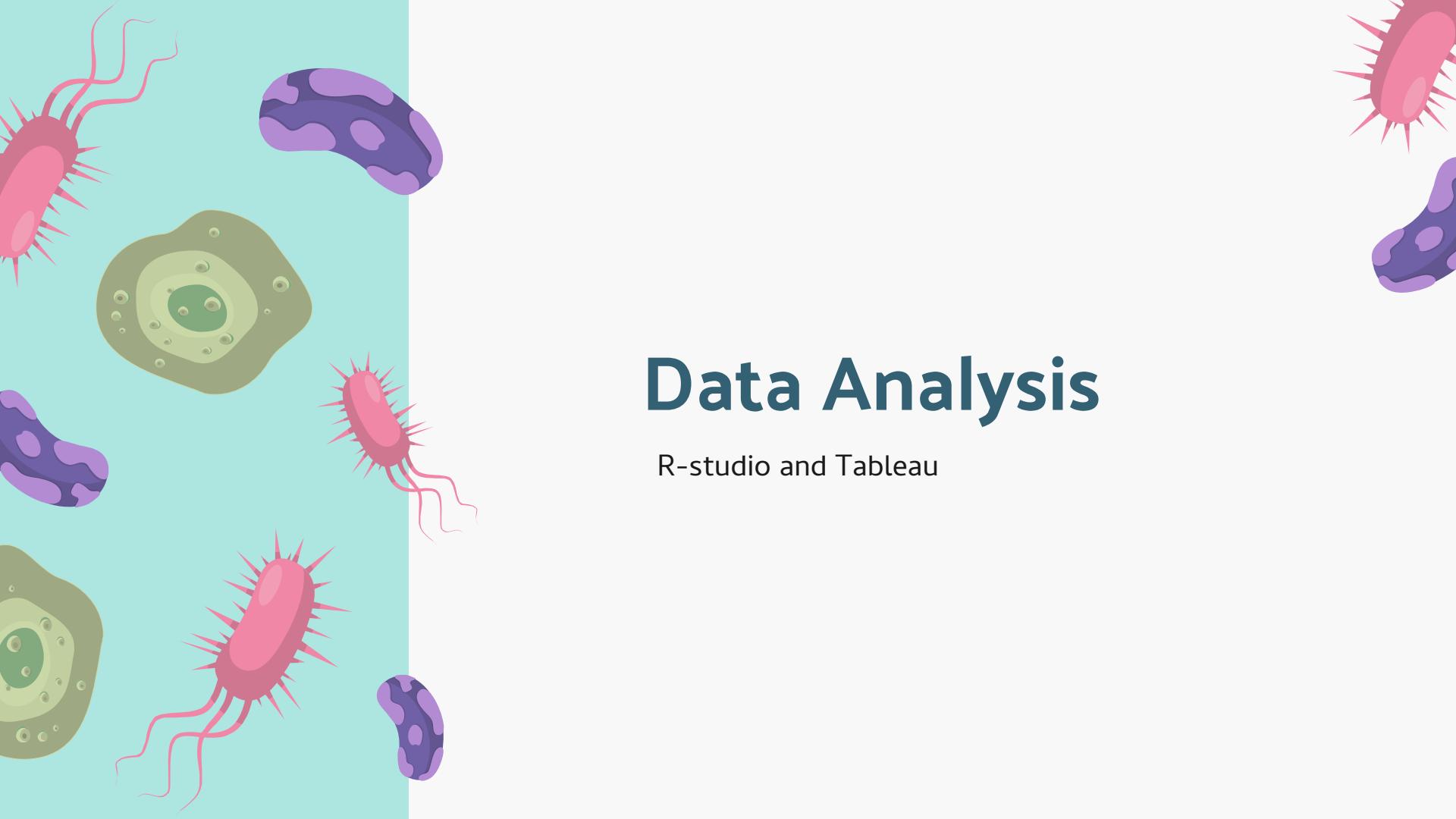
7. Calculating national and state disease incident rates

```
##State Disease Incidents Prevalence
CVPD_staterates <- CVPD_data %>% #Sum all total cases by Disease Category
  group_by(`Reporting Area`, `Current MMWR Year`, Disease_Category) %>%
  summarise(total_cases = sum(`Cumulative YTD Current MMWR Year`, na.rm =
  ungroup()

CVPD_staterates <- CVPD_staterates %>% #Merge in the U.S. population by state
  left_join(
    statepopulation, by = c("Reporting Area",
    "Current MMWR Year"))

CVPD_staterates <- CVPD_staterates %>%
  mutate(incidence_rate = (total_cases / Population) * 100000) #Calculation

CVPD_staterates <- CVPD_staterates %>%
  mutate(incidence_rate = round(incidence_rate, 2)) #Round the state incidence rate
```



Data Analysis

R-studio and Tableau

What are the total number of reported CVPD cases by year in the U.S.?

Total reported childhood vaccine-preventable disease cases in the U.S.
(2022-2024)

National annual case totals based on CDC National Notifiable Diseases Surveillance System (NNDSS)



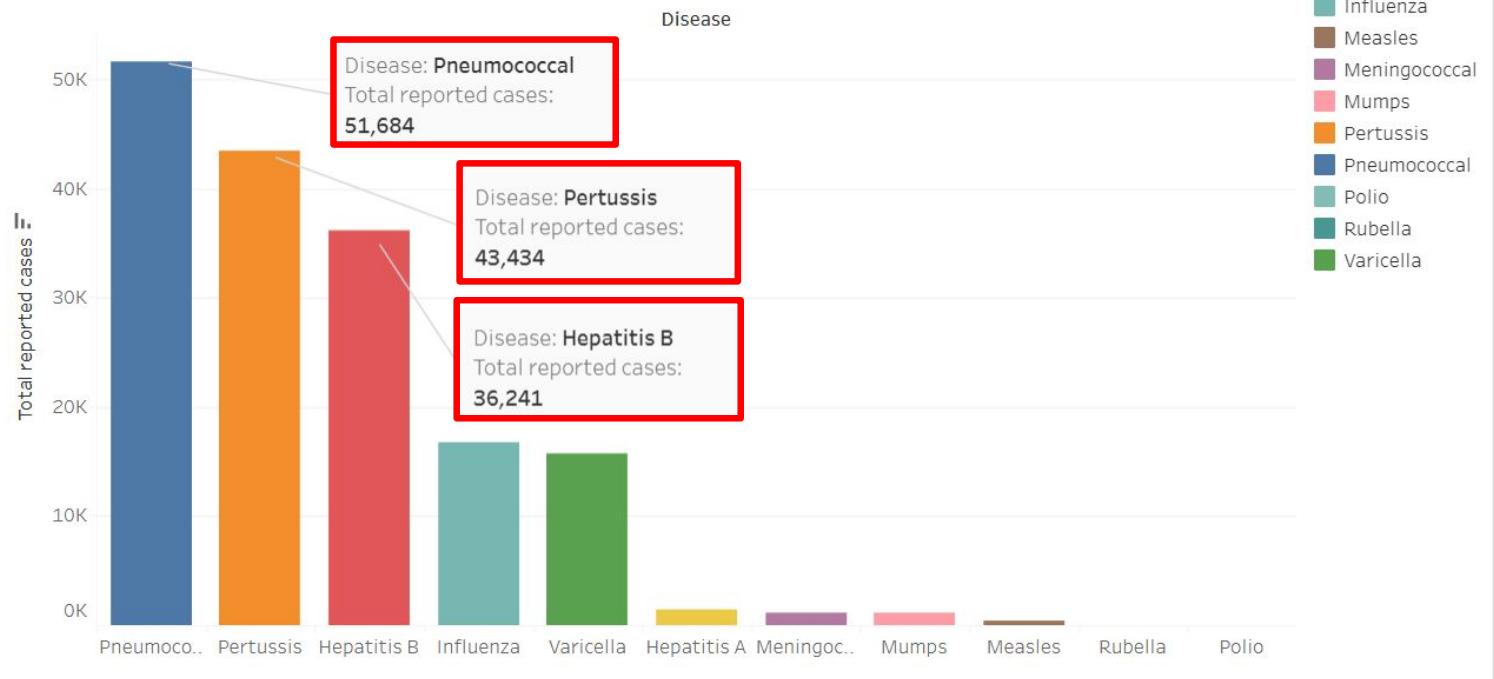
*2024 data are provisional and subjected to change

168,086 total reported cases

What CVPDs make up most of the cases in the U.S.?

Total reported cases by childhood vaccine-preventable disease in the U.S. (2022-24)

National case totals based on CDC National Notifiable Diseases Surveillance System (NNDSS)



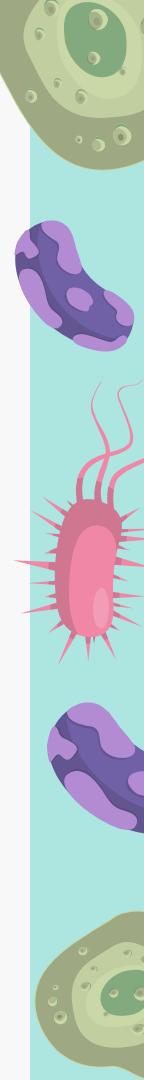
*2024 data are provisional and subjected to change

168,086 total reported cases

Total case counts can be misleading

- Populations size differences across states and years.
- Case counts do not measure risk or how common a disease is.
- Reporting varies by disease and U.S. state.
- Higher case totals can reflect better reporting, not higher disease burden
- Diseases have different characteristics and baseline levels
 - Some diseases naturally produce high (e.g., varicella) or low (e.g., measles, meningococcal) case numbers.
 - Case totals alone can make severe but rare diseases look unimportant.
- Outbreaks distort totals. Sudden spikes can inflate raw counts.

Use disease incidence rates (new cases per 100,000 people) to standardize disease comparisons



What is the annual incidence rate of each CPVDs in the U.S.?

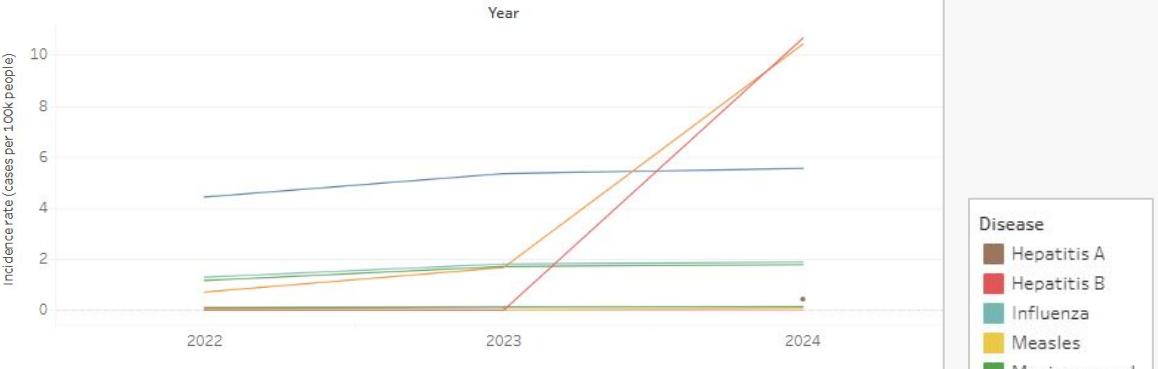
- Top visual:** Clustered and ONLY displays incident rates > 1 case per 100k people
- Bottom visual:** Adjusted y-axis to logarithmic values to displays incident rates < 1 case per 100k people

| | Disease Category | 2022 | 2023 | 2024 |
|----|------------------|------|------|-------|
| 2 | Hepatitis B | 0.00 | 0.00 | 10.65 |
| 7 | Pertussis | 0.71 | 1.67 | 10.42 |
| 8 | Pneumococcal | 4.43 | 5.35 | 5.55 |
| 3 | Influenza | 1.29 | 1.81 | 1.88 |
| 11 | Varicella | 1.16 | 1.71 | 1.78 |
| 1 | Hepatitis A | NA | NA | 0.43 |
| 5 | Meningococcal | 0.08 | 0.11 | 0.14 |
| 6 | Mumps | 0.10 | 0.13 | 0.11 |
| 4 | Measles | 0.04 | 0.01 | 0.08 |
| 9 | Polio | 0.00 | 0.00 | 0.00 |
| 10 | Rubella | 0.01 | 0.00 | 0.00 |

Table 3. National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

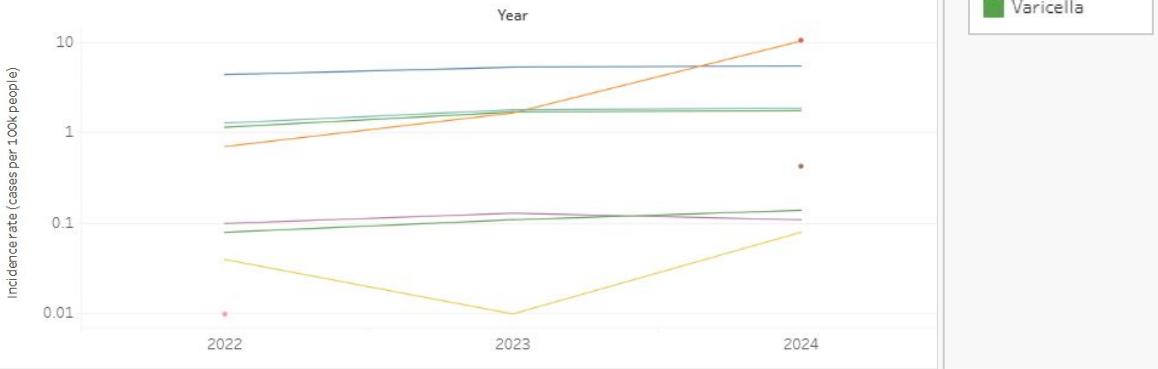
National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

Derived from CDC NNDSS weekly reports and U.S. Census Bureau population estimate data



National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

Derived from CDC NNDSS weekly reports and U.S. Census Bureau population estimate data



| Disease |
|---------------|
| Hepatitis A |
| Hepatitis B |
| Influenza |
| Measles |
| Meningococcal |
| Mumps |
| Pertussis |
| Pneumococcal |
| Rubella |
| Varicella |

What is the annual incidence rate of each CPVDs in the U.S.?

Notable Outliers: *Single points for Hepatitis A (2024) and Rubella (2022)*

Compared to other national databases:

- Hepatitis A (2024) rate is typically lower than expected.
- Rubella rate aligns with the normal expected disease incidence.

There are under-reporting in cases and very low disease incidence can appear as zero when rates are rounded.

| Disease Category | 2022 | 2023 | 2024 |
|------------------|------|------|-------|
| 2 Hepatitis B | 0.00 | 0.00 | 10.65 |
| 7 Pertussis | 0.71 | 1.67 | 10.42 |
| 8 Pneumococcal | 4.43 | 5.35 | 5.55 |
| 3 Influenza | 1.29 | 1.81 | 1.88 |
| 11 Varicella | 1.16 | 1.71 | 1.78 |
| 1 Hepatitis A | NA | NA | 0.43 |
| 5 Meningococcal | 0.08 | 0.11 | 0.14 |
| 6 Mumps | 0.10 | 0.13 | 0.11 |
| 4 Measles | 0.04 | 0.01 | 0.08 |
| 9 Polio | 0.00 | 0.00 | 0.00 |
| 10 Rubella | 0.01 | 0.00 | 0.00 |

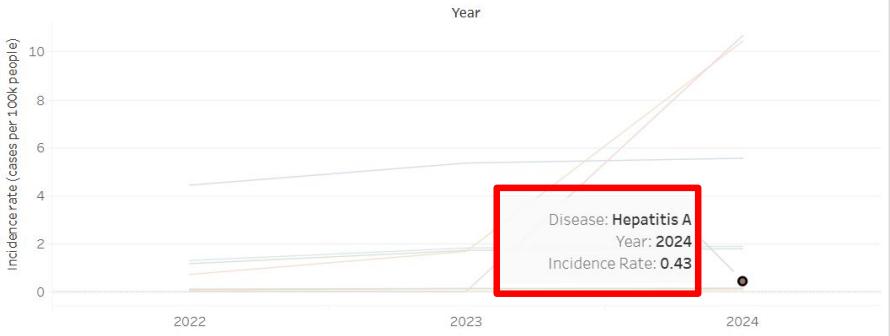
Table 3. National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

References

- <https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-a/table-1-1.html>
- <https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html>
- <https://ourworldindata.org/grapher/rubella-cases-in-the-united-states>

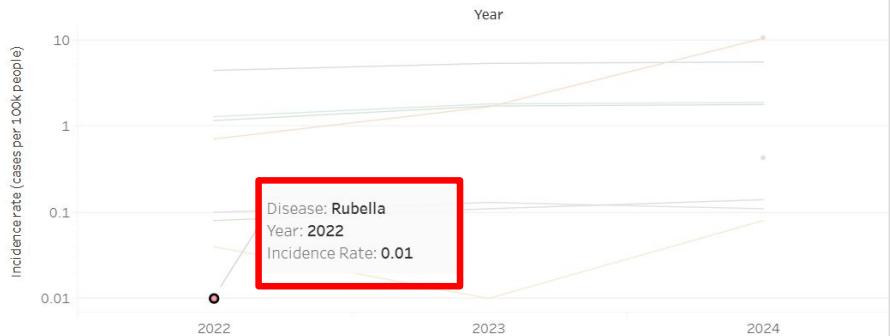
National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

Derived from CDC NNDSS weekly reports and U.S. Census Bureau population estimate data



National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

Derived from CDC NNDSS weekly reports and U.S. Census Bureau population estimate data



*2024 data are provisional and subjected to change

| Disease | Hepatitis A | Influenza | Meningococcal | Pertussis | Rubella |
|---------|-------------|-----------|---------------|--------------|-----------|
| | Hepatitis B | Pertussis | Mumps | Pneumococcal | Varicella |
| | | | | | |
| | | | | | |

What is the annual incidence rate of each CPVDs in the U.S.?

Notable Outliers: *Hepatitis B rate significantly increased between 2023 and 2024* (NOTE: Hepatitis B rate includes both acute and chronic conditions).

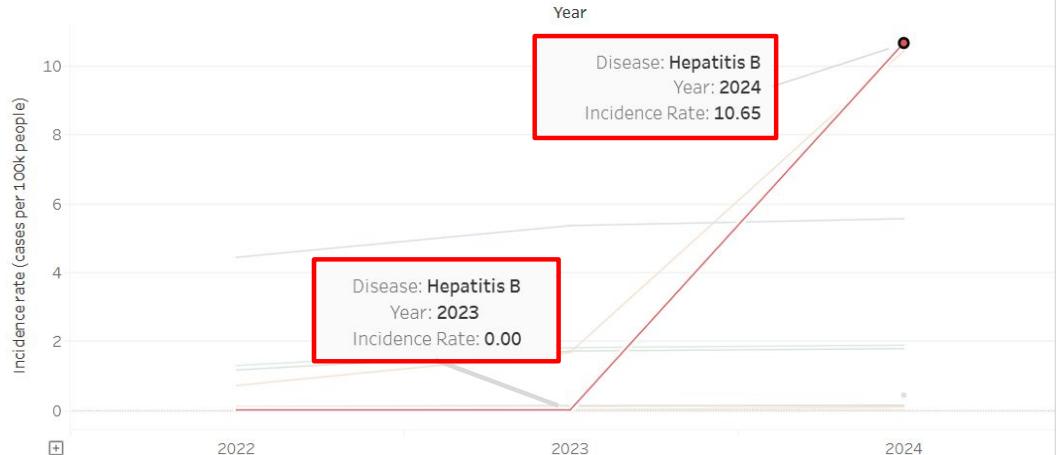
- Reporting numbers are low and inconsistent in comparison to other national databases. Overall baseline rate is expected for the disease.
- There is an under-reporting in cases and very low disease incidence can appear as zero when rates are rounded.

| | Disease Category | 2022 | 2023 | 2024 |
|----|------------------|------|------|-------|
| 2 | Hepatitis B | 0.00 | 0.00 | 10.65 |
| 7 | Pertussis | 0.71 | 1.67 | 10.42 |
| 8 | Pneumococcal | 4.43 | 5.35 | 5.55 |
| 3 | Influenza | 1.29 | 1.81 | 1.88 |
| 11 | Varicella | 1.16 | 1.71 | 1.78 |
| 1 | Hepatitis A | NA | NA | 0.43 |
| 5 | Meningococcal | 0.08 | 0.11 | 0.14 |
| 6 | Mumps | 0.10 | 0.13 | 0.11 |
| 4 | Measles | 0.04 | 0.01 | 0.08 |
| 9 | Polio | 0.00 | 0.00 | 0.00 |
| 10 | Rubella | 0.01 | 0.00 | 0.00 |

Table 3. National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)

Derived from CDC NNDSS weekly reports and U.S. Census Bureau population estimate data



*2024 data are provisional and subjected to change

| | | | | | |
|---------|-------------|-----------|---------------|--------------|-----------|
| Disease | Hepatitis A | Influenza | Meningococcal | Pertussis | Rubella |
| | Hepatitis B | Measles | Mumps | Pneumococcal | Varicella |

References

<https://www.cdc.gov/hepatitis-surveillance-2023/about/index.html>
<https://www.cdc.gov/hepatitis-surveillance-2023/hepatitis-b/index.html>

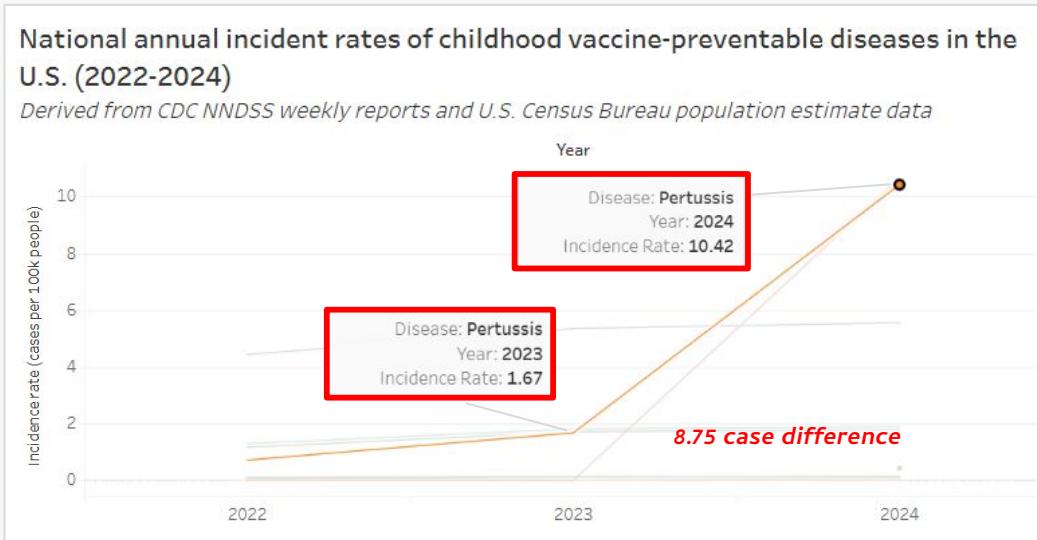
What is the annual incidence rate of each CPVDs in the U.S.?

Significant increase in pertussis between 2023 and 2024.

- Above the expected baseline rate for the disease
- Reporting numbers are mostly consistent with other national databases

| Disease Category | 2022 | 2023 | 2024 |
|------------------|------|------|-------|
| 2 Hepatitis B | 0.00 | 0.00 | 10.65 |
| 7 Pertussis | 0.71 | 1.67 | 10.42 |
| 8 Pneumococcal | 4.43 | 5.35 | 5.55 |
| 3 Influenza | 1.29 | 1.81 | 1.88 |
| 11 Varicella | 1.16 | 1.71 | 1.78 |
| 1 Hepatitis A | NA | NA | 0.43 |
| 5 Meningococcal | 0.08 | 0.11 | 0.14 |
| 6 Mumps | 0.10 | 0.13 | 0.11 |
| 4 Measles | 0.04 | 0.01 | 0.08 |
| 9 Polio | 0.00 | 0.00 | 0.00 |
| 10 Rubella | 0.01 | 0.00 | 0.00 |

Table 3. National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)



| Disease | Hepatitis A | Influenza | Meningococcal | Pertussis | Rubella |
|----------------|-------------|-----------|---------------|-----------|---------|
| | ■ | ■ | ■ | ■ | ■ |
| 7 Hepatitis B | ■ | | | | |
| 8 Pneumococcal | | ■ | | | |
| 9 Varicella | | | ■ | | |
| 10 Mumps | | | | ■ | |
| 11 Measles | | | | | ■ |

References

https://www.cdc.gov/pertussis/media/pdfs/2025/01/pertuss-surv-report-2024_PROVISIONAL-508.pdf

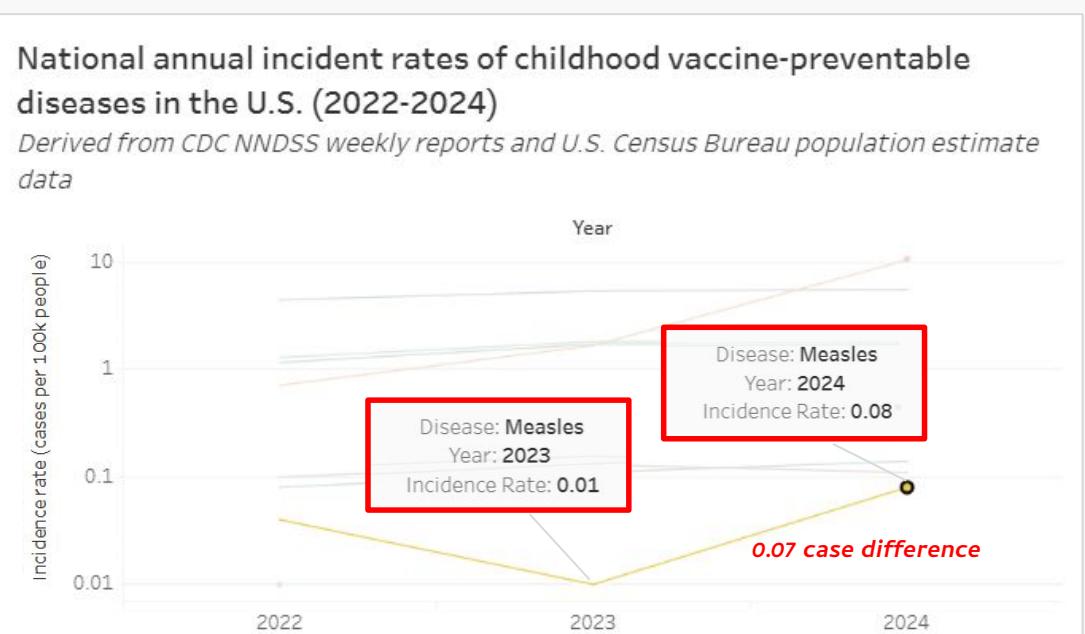
What is the annual incidence rate of each CPVDs in the U.S.?

Significant increase in measles between 2023 and 2024.

- Above the expected baseline rate for the disease
- Reporting numbers are consistent with other national databases

| Disease Category | 2022 | 2023 | 2024 |
|------------------|------|------|-------|
| 2 Hepatitis B | 0.00 | 0.00 | 10.65 |
| 7 Pertussis | 0.71 | 1.67 | 10.42 |
| 8 Pneumococcal | 4.43 | 5.35 | 5.55 |
| 3 Influenza | 1.29 | 1.81 | 1.88 |
| 11 Varicella | 1.16 | 1.71 | 1.78 |
| 1 Hepatitis A | NA | NA | 0.43 |
| 5 Meningococcal | 0.08 | 0.11 | 0.14 |
| 6 Mumps | 0.10 | 0.13 | 0.11 |
| 4 Measles | 0.04 | 0.01 | 0.08 |
| 9 Polio | 0.00 | 0.00 | 0.00 |
| 10 Rubella | 0.01 | 0.00 | 0.00 |

Table 3. National annual incident rates of childhood vaccine-preventable diseases in the U.S. (2022-2024)



| Disease | Hepatitis A | Influenza | Meningococcal | Pertussis | Rubella |
|---------|-------------|-----------|---------------|--------------|-----------|
| | Hepatitis B | Measles | Mumps | Pneumococcal | Varicella |

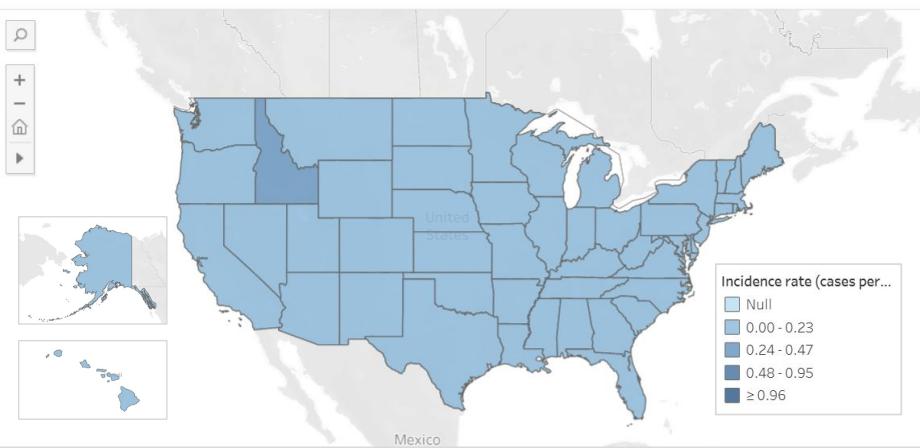
Analyze U.S. geographic patterns of reported CVPDs cases, Measles 2023-2024

| Reporting Area | Current MMWR Year | Disease Category | incidence rate |
|----------------|-------------------|------------------|----------------|
| 1 Idaho | 2023 | Measles | 0.41 |
| 2 Hawaii | 2023 | Measles | 0.14 |
| 3 Oregon | 2023 | Measles | 0.05 |
| 4 Pennsylvania | 2023 | Measles | 0.05 |
| 5 Illinois | 2023 | Measles | 0.04 |

Table 4. Top five U.S. states with the highest annual measles incidence rates in 2023

Geographic Distribution of Measles Incidence in the U.S (2023)

Annual state incidence rates per 100,000 population



Geographic Distribution of Measles Incidence in the U.S (2024)

Annual state incidence rates per 100,000 population

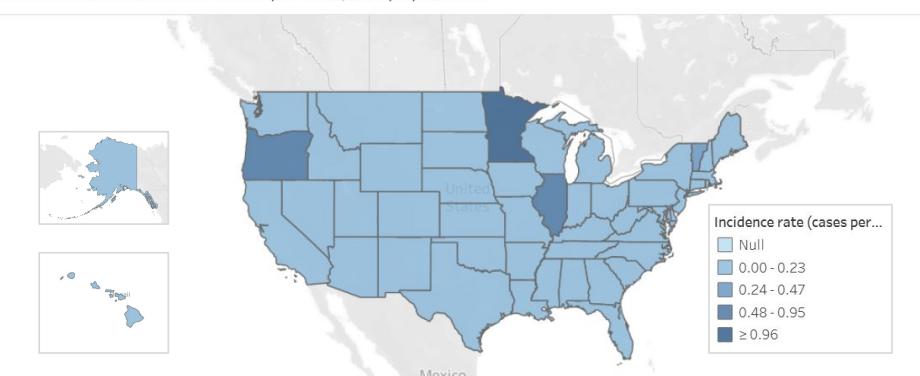
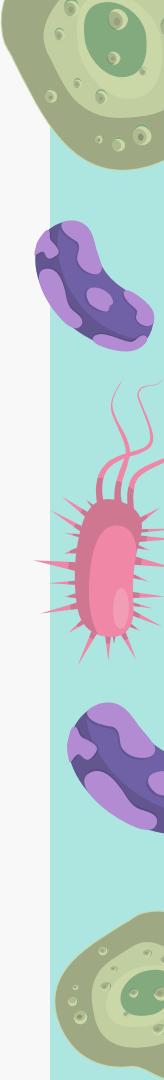


Table 5. Top five U.S. states with the highest annual measles incidence rates in 2024

References

<https://www.cdc.gov/measles/data-research/index.html>

*2024 data are provisional and subjected to change



Analyze U.S. geographic patterns of reported CVPDs cases, Pertussis 2023-2024

| | Reporting Area | Current MMWR Year | Disease Category | incidence_rate |
|---|----------------|-------------------|------------------|----------------|
| 1 | Ohio | 2023 | Pertussis | 6.85 |
| 2 | Utah | 2023 | Pertussis | 5.95 |
| 3 | Illinois | 2023 | Pertussis | 4.80 |
| 4 | Maine | 2023 | Pertussis | 4.79 |
| 5 | Arizona | 2023 | Pertussis | 4.51 |
| 6 | South Dakota | 2023 | Pertussis | 4.46 |

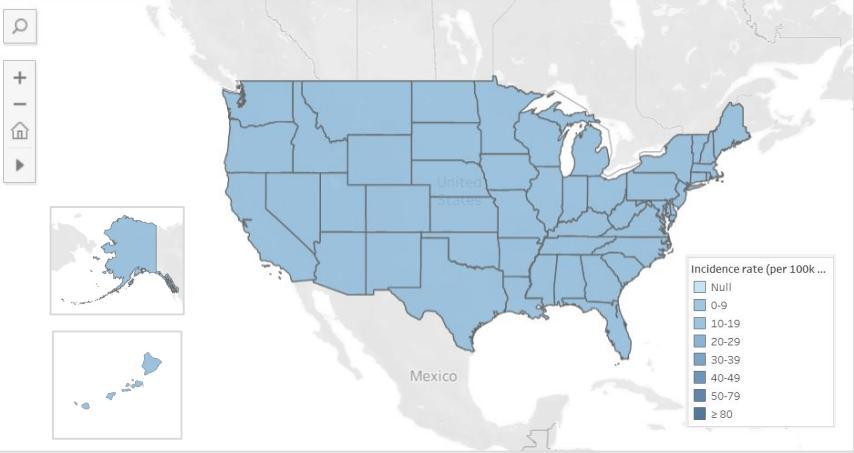
Table 6. Top six U.S. states with the highest annual pertussis incidence rates in 2023

| | Reporting Area | Current MMWR Year | Disease Category | incidence_rate |
|---|----------------|-------------------|------------------|----------------|
| 1 | Alaska | 2024 | Pertussis | 80.39 |
| 2 | Idaho | 2024 | Pertussis | 52.41 |
| 3 | Wisconsin | 2024 | Pertussis | 44.41 |
| 4 | Minnesota | 2024 | Pertussis | 32.71 |
| 5 | South Dakota | 2024 | Pertussis | 28.98 |
| 6 | Washington | 2024 | Pertussis | 25.50 |

Table 7. Top six U.S. states with the highest annual pertussis incidence rates in 2024

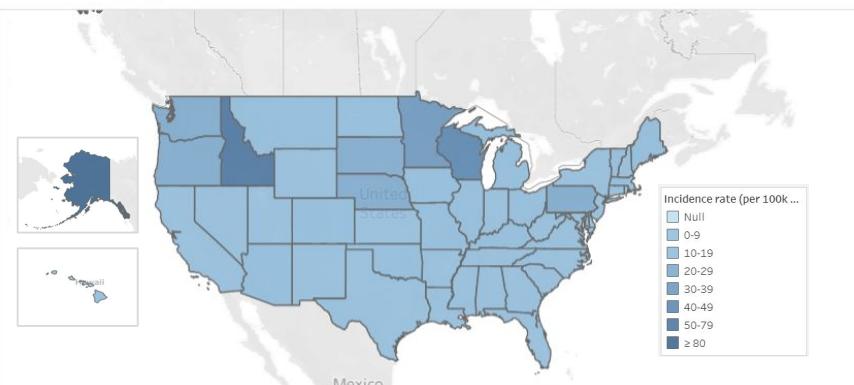
Geographic Distribution of Pertussis Incidence in the U.S (2023)

Annual state incidence rates per 100,000 population



Geographic Distribution of Pertussis Incidence in the U.S (2024)

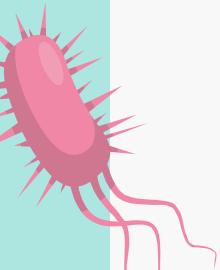
Annual state incidence rates per 100,000 population



*2024 data are provisional and subjected to change

Limitations

- Limited demographic detail
- Differences in surveillance infrastructure, sensitivity, reporting protocols, and case definitions across U.S. States vs. CDC
- Reporting delays, underreporting, passive reporting processes, or provisional counts makes current analysis unreliable.
- Possible overestimation and lack of representation in unique cases



Summary of key findings



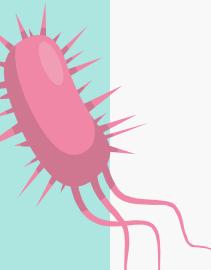
Objective: To determine whether there has been an increase in CVPD cases in the U.S. from 2022–2025, in relation to the rise of vaccine hesitancy.

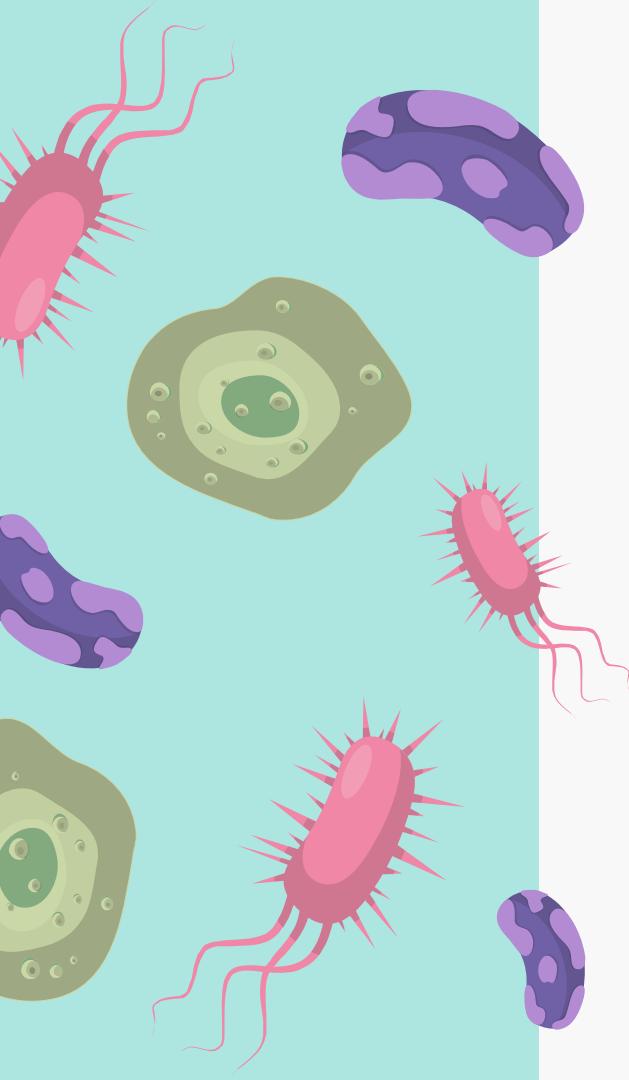
Goal 1: Describe temporal trends in reported CVPDs cases and disease incident rates in the U.S.

- A notable rise in CVPD cases occurred between **2022 and 2024**.
- The most significant and resurging increases in incidence rates were seen in **measles** and **pertussis** between **2023 and 2024**.

Goal 2: Analyze U.S. geographic patterns of reported CVPDs disease incidence rates

- Several states experienced increases in measles and pertussis incidence rates.
- Geographic patterns were not uniformly strong across all states, need for 2025 data
- Additional research using disease-specific CDC program data or state-level surveillance systems is recommended for more accurate interpretation.





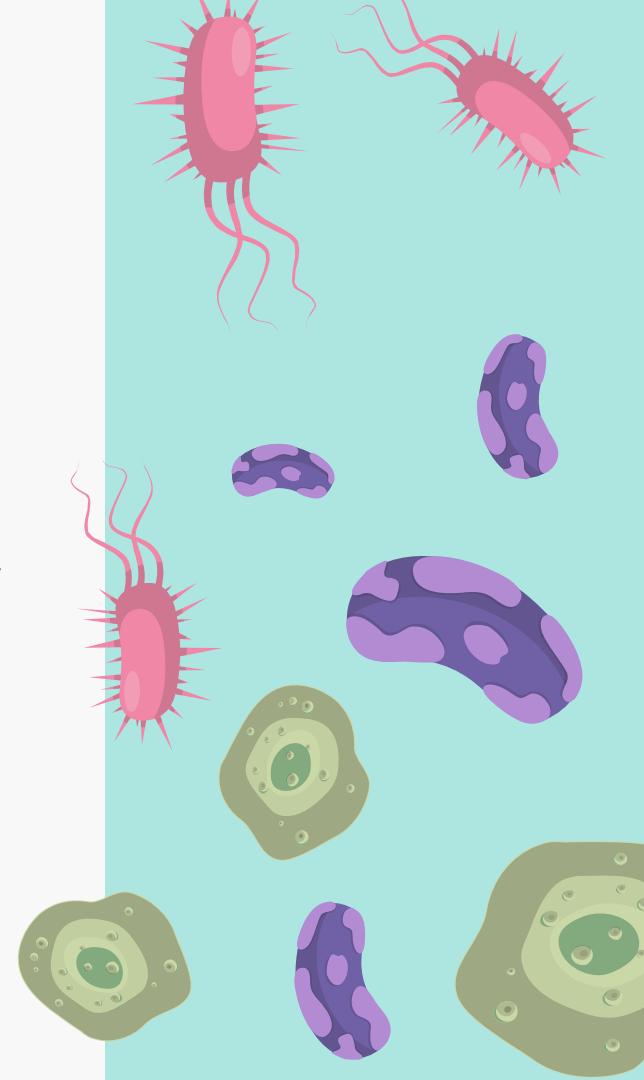
Conclusion

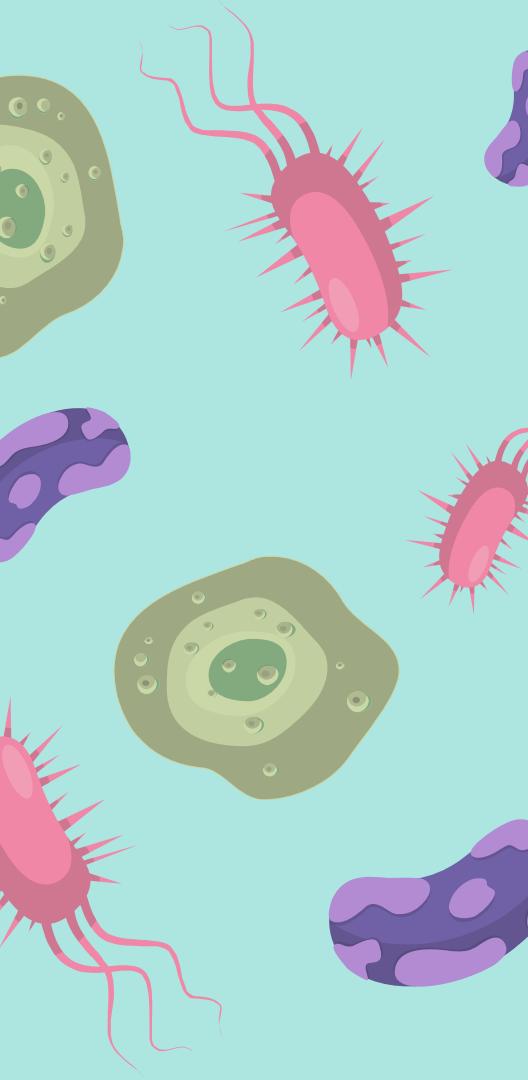
Recommendations

Recommendations

Goal 3: Provide public health recommendations to address CVPDs numbers.

- **Prioritize community-focused initiatives:** Target areas with low vaccination coverage or high vulnerability.
- **Expand health education efforts:** Provide culturally relevant vaccine education through campaigns and community workshops.
- **Increase access to vaccination services:** Use mobile clinics and school-based programs to reduce barriers.
- **Address health disparities:** Focus outreach and resources on marginalized and underserved populations
- **Support policy and advocacy efforts:** Encourage engagement with local lawmakers and promote evidence-based vaccination policies.





Thank You!