Thank you for joining

The presentation will begin shortly

Rise to Immunize® Webinar

Empowering Vaccination in Older Adults

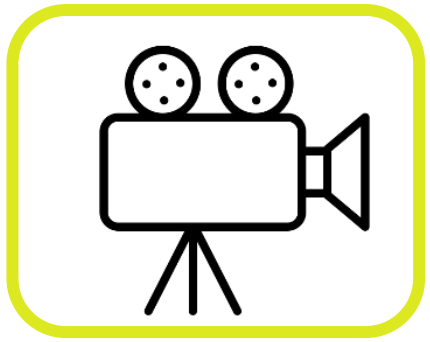
Lisa C. McGuire, PhD, FGSA (Gerontological Society of America) and Anna Pendrey, MD (Indiana University School of Medicine)

January 15th, 2026

Today's Webinar

- **Campaign Updates**
  - AMGA Immunization Resources
  - Trusted Messenger Program Partnership
  - Data reminders
  - AMGA's 2026 Annual Conference
- **Empowering Vaccination in Older Adults**
  - Lisa C. McGuire, PhD, FGSA (Gerontological Society of America)
  - Anna Pendrey, MD (Indiana University School of Medicine)
- **Q&A Session**

Webinar Reminders



Today's webinar recording will be available the **week of 1/19**

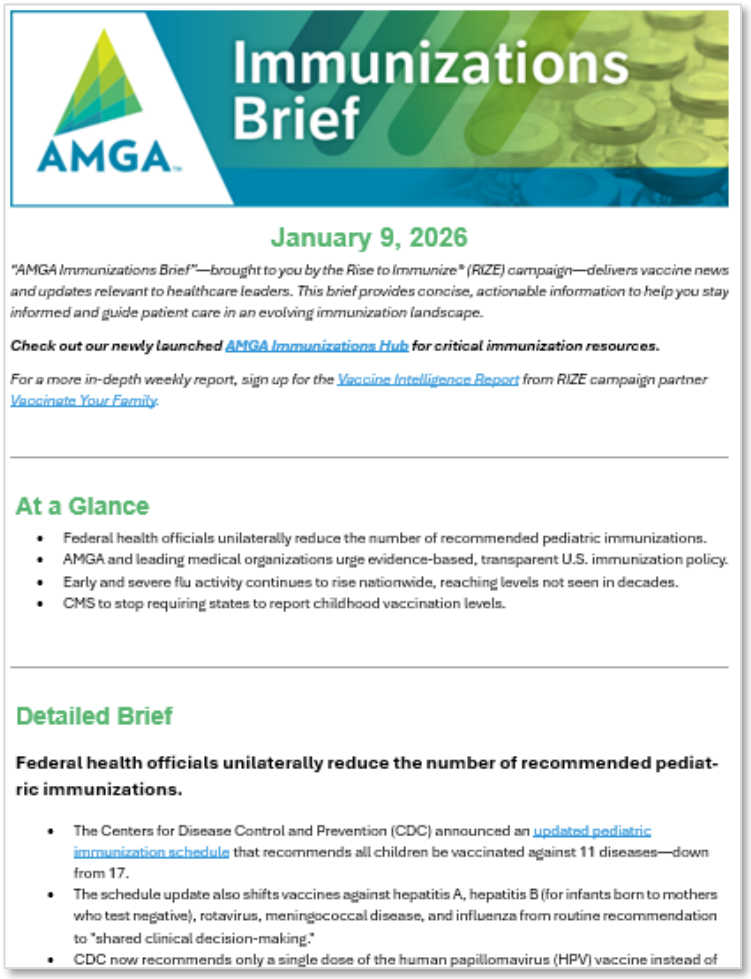
- Will be sent via email
- Will be available on website

(RiseToImmunize.org → "Resources" → "Webinars")

Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

AMGA Immunization Resources



AMGA

Immunizations Brief

January 9, 2026

"AMGA Immunizations Brief"—brought to you by the Rise to Immunize® (RIZE) campaign—delivers vaccine news and updates relevant to healthcare leaders. This brief provides concise, actionable information to help you stay informed and guide patient care in an evolving immunization landscape.

Check out our newly launched AMGA Immunizations Hub for critical immunization resources.

For a more in-depth weekly report, sign up for the Vaccine Intelligence Report from RIZE campaign partner Vaccinate Your Family.

At a Glance

- Federal health officials unilaterally reduce the number of recommended pediatric immunizations.
- AMGA and leading medical organizations urge evidence-based, transparent U.S. immunization policy.
- Early and severe flu activity continues to rise nationwide, reaching levels not seen in decades.
- CMS to stop requiring states to report childhood vaccination levels.

Detailed Brief

Federal health officials unilaterally reduce the number of recommended pediatric immunizations.

- The Centers for Disease Control and Prevention (CDC) announced an updated pediatric immunization schedule that recommends all children be vaccinated against 11 diseases—down from 17.
- The schedule update also shifts vaccines against hepatitis A, hepatitis B (for infants born to mothers who test negative), rotavirus, meningococcal disease, and influenza from routine recommendation to "shared clinical decision-making."
- CDC now recommends only a single dose of the human papillomavirus (HPV) vaccine instead of

AMGA Immunizations Hub

- Archive of weekly briefs
- Evidence reviews
- Professional medical society recommendations
- Provider resources

RiseToImmunize.org/ImmunizationsHub

New Partnership

Trusted Messenger Program

Blinded Comparative Report

Available **February 19th** on our RIZE Data Dashboard!

Adds Q4 2025 to previous report

AMGA 2026 Annual Conference

Las Vegas

April 15-18, 2026

Mandalay Bay Resort and Casino
Las Vegas, NV

amga.org/AC26

AMGA™

Today's Speakers

Lisa C. McGuire, PhD, FGSA, VP of Strategic Alliances & Practice Innovation, Gerontological Society of America

Anna Pendrey, MD, Assistant Professor of Clinical Family Medicine, Indiana University School of Medicine

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Concentric Value of Vaccination As We Age

Lisa C. McGuire, PhD, FAPA, FGSA
Vice President of Strategic Alliances & Practice Innovation

Who is GSA?

GSA
GERONTOLOGICAL SOCIETY OF AMERICA®

- Largest worldwide professional society dedicated to advancing innovation in aging across the lifespan
- Multidisciplinary membership of 6,000+ researchers, practitioners, and academicians across 26 disciplines
- Areas of Focus:
  - Stimulating research on aging
  - Providing person-centered interdisciplinary care of older adults
  - Advocating for policy that advances meaningful lives as we age
  - Educating the next generation of experts in aging

Mission:

Foster Excellence, Innovation and Collaboration to Advance Aging Research, Education, Practice and Policy.

Foundational Activities

Publisher

GSA 2026
November 4–7
National Harbor, MD

Annual Scientific Meeting

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Policy and Professional Affairs
Major Initiatives

- Coalitions and Partner Organizations
- Federal Advisory Committees and Councils
- Letters, Comments, and Statements
- O'Neill & Hyer Summer Policy Internship
- Policy Publications

Co-chair AVAC

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- Improving vaccine infrastructure
- Creating equity in vaccine access
- Eliminating financial barriers
- Promoting high immunization rates

AVAC
ADULT VACCINE ACCESS COALITION

Strategic Alliances & Practice Innovation

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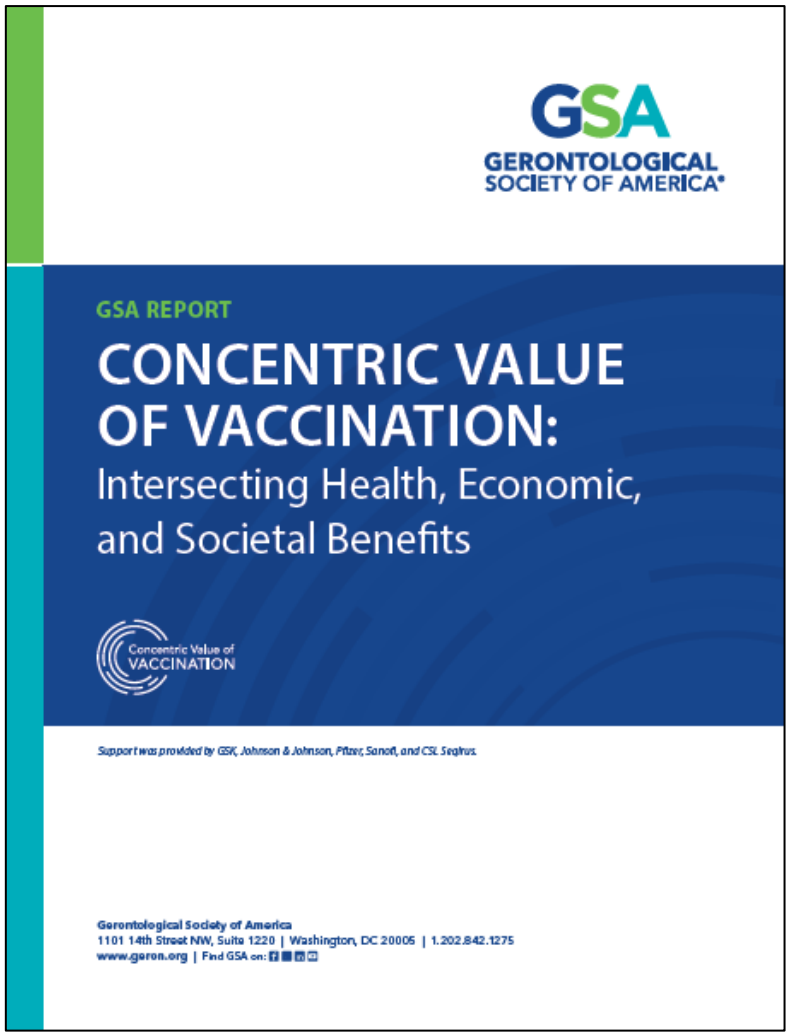
Focus Areas

- KAER Framework
  - Brain Health
  - Obesity
- Pain Management
- Longevity & Financial Security
- Ageism in Health Care
- Adult Vaccination

Empowering Vaccination Among Older Adults



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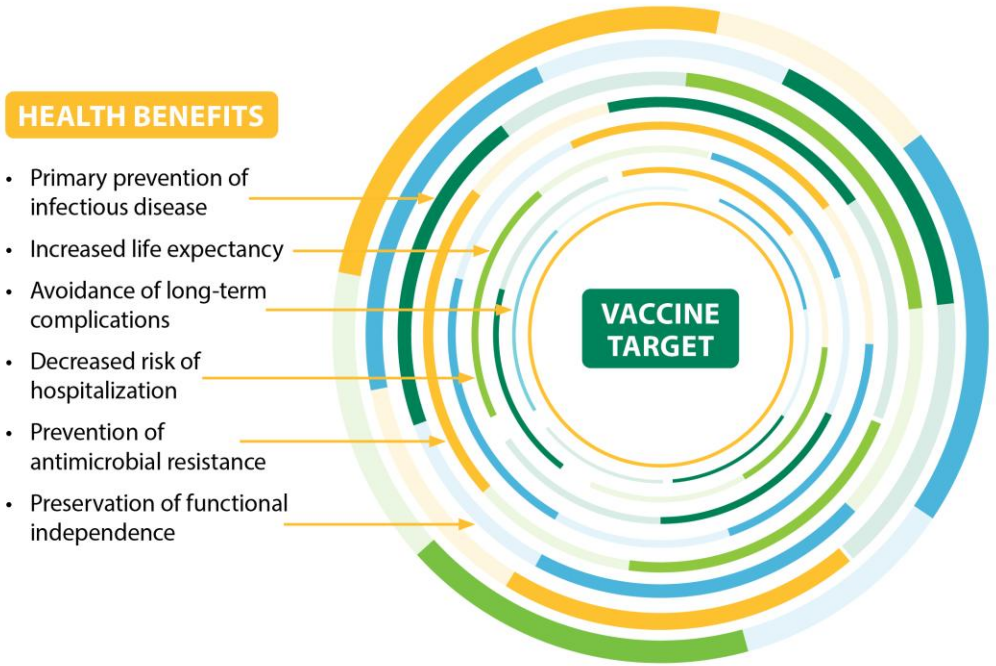
geron.org/vaccines

GSA Concentric Value of Vaccination as We Age

Concentric Value of VACCINATION



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Health Benefits of Vaccines

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- Major driver of 20th-century life expectancy gains
- Reduce mortality from diphtheria, measles, polio, and other diseases
- Critical across the life span — not just for children

Vaccines and Healthy Aging

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- Aging weakens the immune system (immunosenescence) → higher infection risk
- Key threats in older adults → hospitalizations & deaths
  - **Shingles** (reactivation of chickenpox virus)
  - **Influenza, RSV, pneumococcal disease**
- Vaccination helps **to preserve independence** and prevents complications

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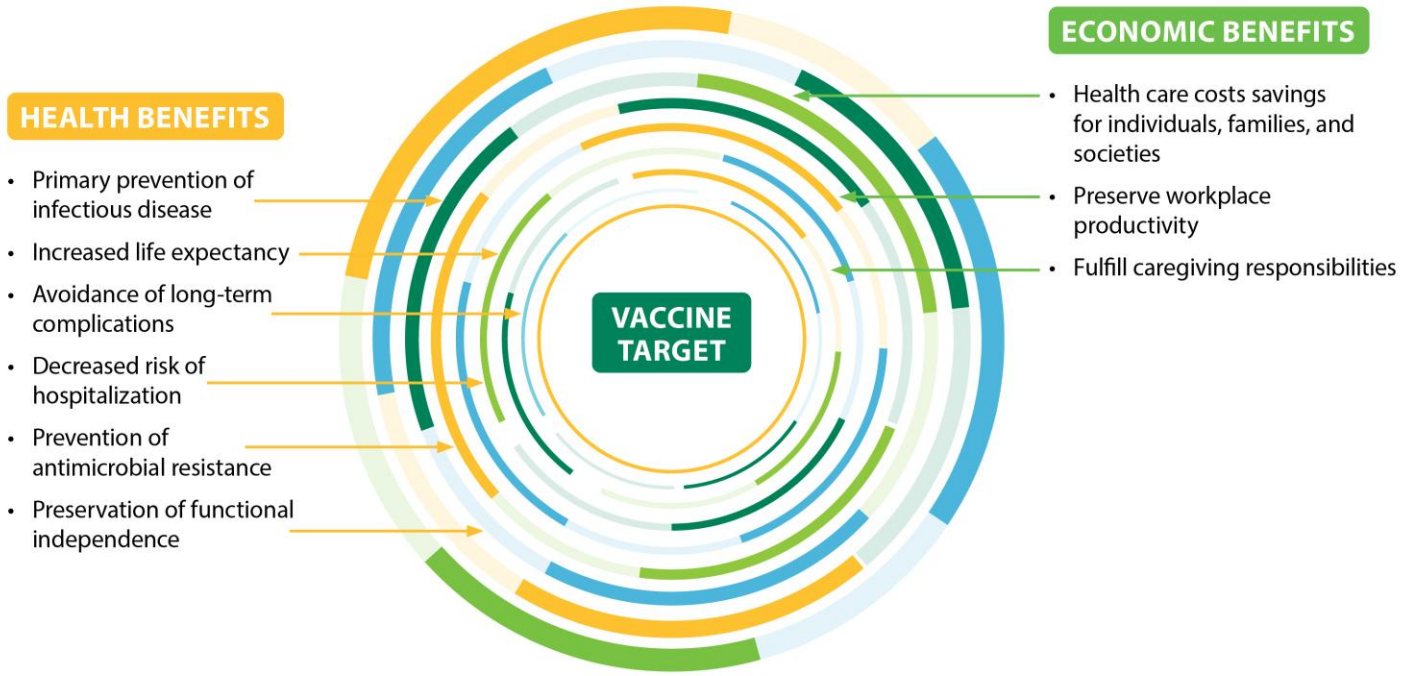
Concentric Value of VACCINATION



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Economic Benefits of Vaccines

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Return on Investment

- Every $1 in childhood vaccines → ~$11 savings
- Adult vaccination ROI: up to 19x investment

Health System Savings

- Prevent costly outbreak response (e.g., measles 2025 Texas outbreak: $4.5M)

Older Adults (Age 50+)

- 4 vaccine-preventable diseases (flu, pneumococcal, shingles, pertussis) → heath care cost $26.5B annually
- $16B per year (flu alone) & $5.1B per year (pneumococcal alone)
- 80% of burden in unvaccinated individuals

Promoting Productivity

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Workforce Productivity

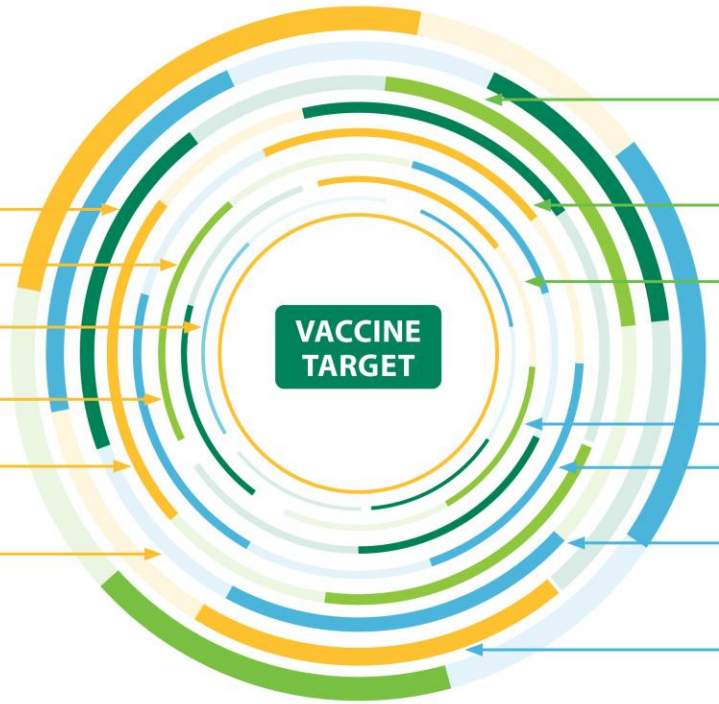
- Reduces absenteeism, presenteeism, and replacement costs
- Flu causes 17M lost workdays annually → vaccination cuts in half

Support for Caregivers

- 20% of U.S. adults are caregivers
- 4.5 million caregivers belong to the *sandwich generation*
- Vaccination lowers illness burden → supports workforce stability & financial security

GSA Concentric Value of Vaccination as We Age

Concentric Value of VACCINATION



HEALTH BENEFITS

- Primary prevention of infectious disease
- Increased life expectancy
- Avoidance of long-term complications
- Decreased risk of hospitalization
- Prevention of antimicrobial resistance
- Preservation of functional independence

ECONOMIC BENEFITS

- Health care costs savings for individuals, families, and societies
- Preserve workplace productivity
- Fulfill caregiving responsibilities

SOCIETAL BENEFITS

- Health equity
- Herd immunity and eradication of infectious disease
- Protection of 'vaccinated yet vulnerable' and for those who cannot receive vaccines
- Prevention of antimicrobial resistance

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Societal Benefits of Vaccines

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Beyond Individual Health

- Strengthens community resilience & reduces disease transmission
- Supports participation in work, caregiving, and community life
- Protects vulnerable populations who cannot be vaccinated

Community Immunity (Herd Immunity)

- High vaccination coverage → indirect protection for immunocompromised, older adults, and others at risk
- Especially vital for older adults with weaker immune responses

Securing Society's Strength

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Independence & Well-Being

- Helps older adults maintain independence, delay/avoid institutional care
- Reinforces social fabric by enabling caregiving & volunteerism

Challenges

- Cost
- Access, especially in rural areas
- Misinformation → hesitancy
- Trusted messenger

In Conclusion

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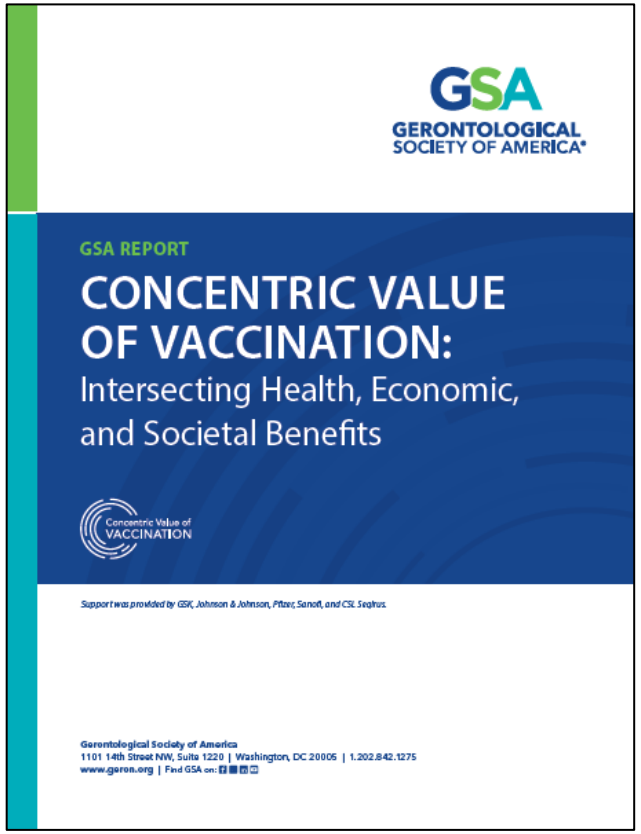
- The benefits of vaccines ripple outward across the life course—from the individual to the community and the broader economy and society—making them powerful tools in public health.

  - **Health:** Protect health, prevent disease, & minimize complications
  - **Economic:** Lower health care costs, boost productivity, & support caregiving
  - **Societal:** Protect the vulnerable; promote independence & well-being

- Vaccines are a cornerstone of societal health with the interconnectedness of the concentric value of vaccinations with health, economic, and societal outcomes.

To Learn More…

Read



Watch

Participate

geron.org/vaccines

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"Empowering Immunizations in Older Adults"

Anna Pendrey, MD, DABOM
Assistant Professor Clinical Family Medicine - Geriatrics - Obesity Medicine
Associate Director IUSOC
Indiana University School of Medicine
apendrey@iu.edu

Objectives

- Explain the importance of vaccinating older adults to prevent pneumonia, influenza, shingles, respiratory syncytial virus (RSV), and COVID-19 infections.

- Describe current vaccination recommendations for older adults, including schedules for pneumonia, influenza, shingles, RSV, and COVID-19.

- Identify the most common and clinically significant side effects associated with these vaccines.

Why Vaccines Matter in Older Adults

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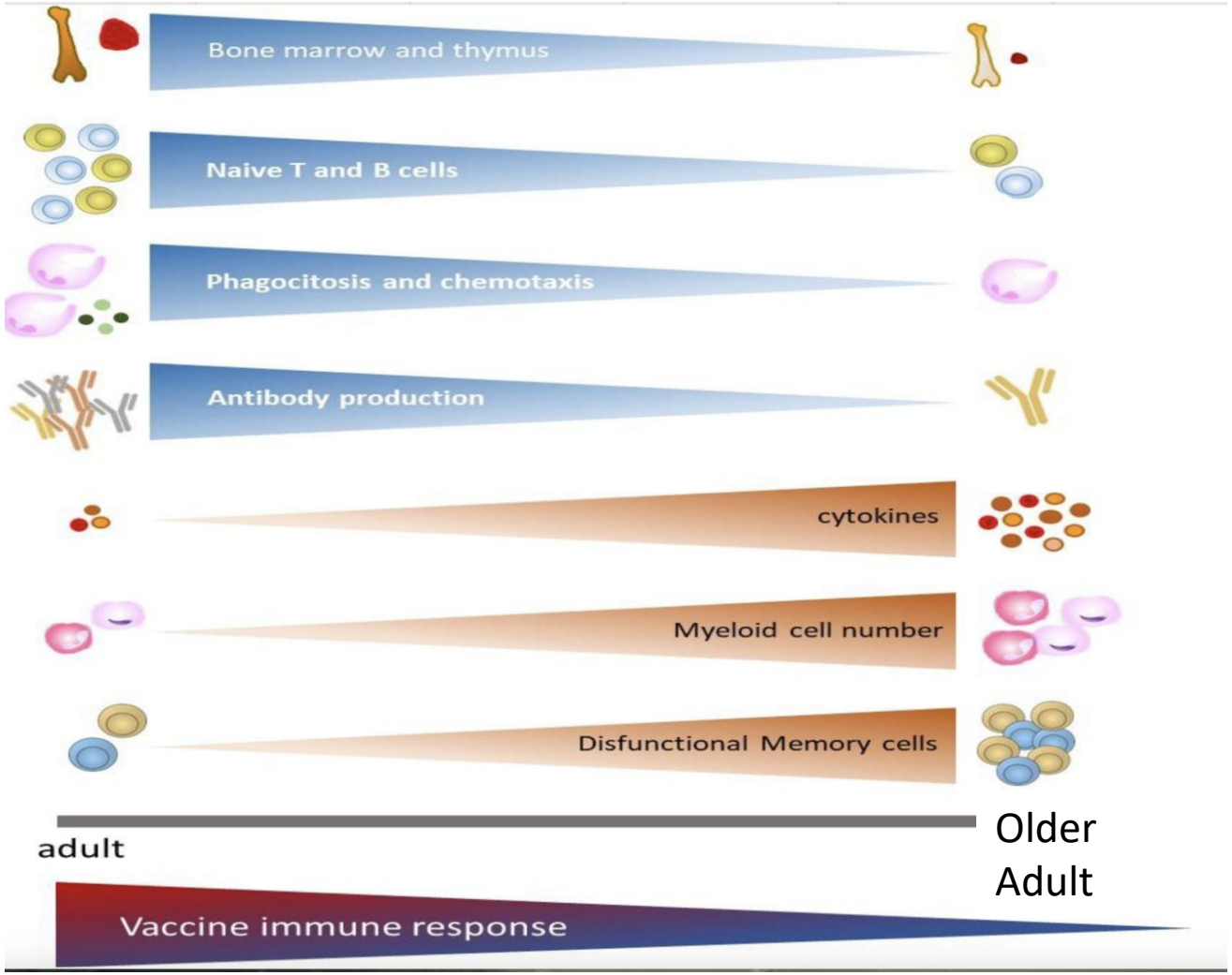
Older Adults are more prone to severe infections due to:

-**Immuno-senescence**

and

-Inflammaging: a pro-inflammatory status characteristic of the aging process.



Ciabattini A, Nardini C, Santoro F, Garagnani P, Franceschi C, Medaglini D. Vaccination in the elderly: The challenge of immune changes with aging. Semin Immunol. 2018 Dec;40:83-94. doi: 10.1016/j.smim.2018.10.010. PMID: 30501873.

COVID-19 Vaccine

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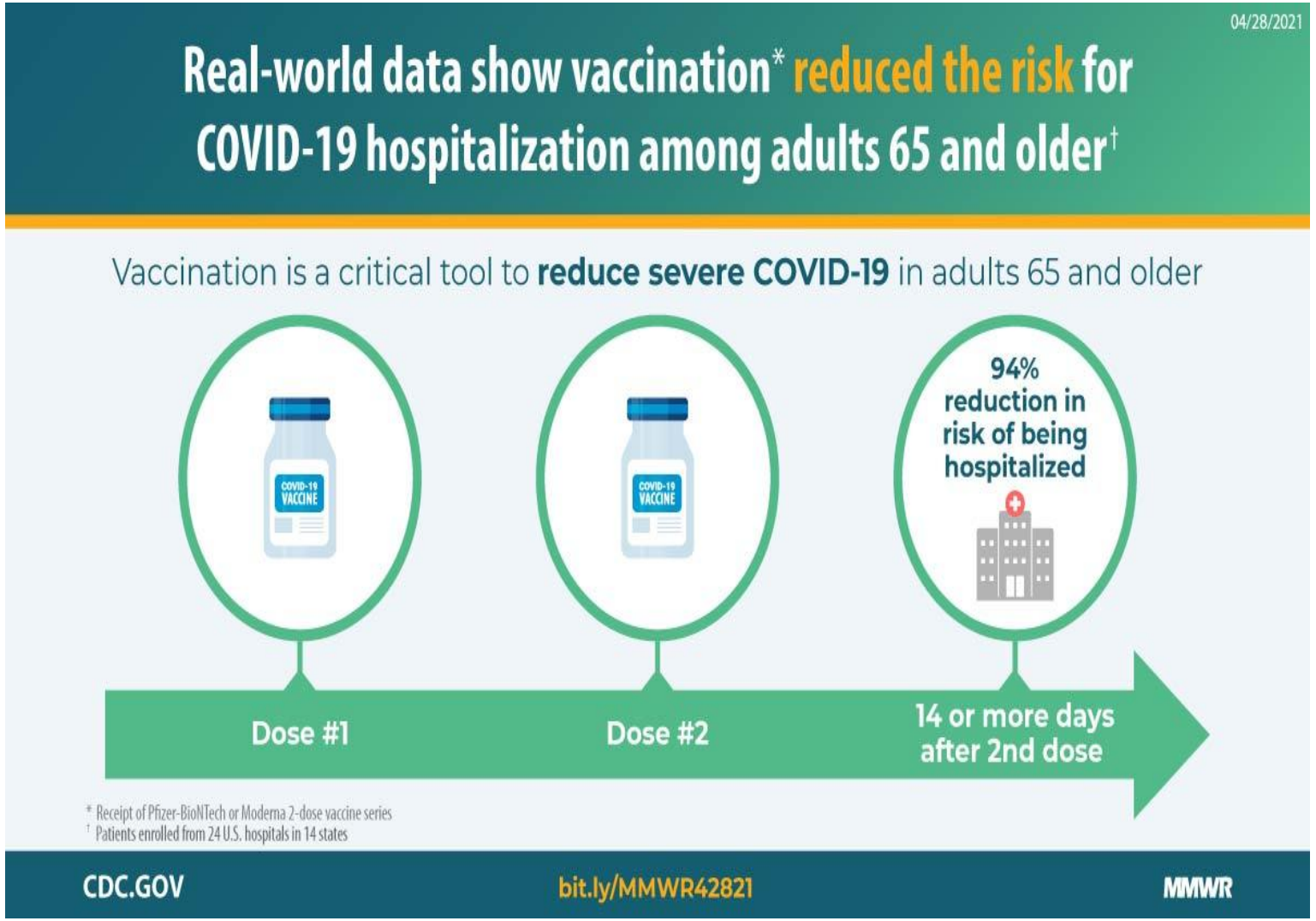
Why is this important:
COVID-19 has had severe effects on older adults, particularly those with underlying health conditions, as they are at greater risk for hospitalization, long-term complications (long COVID), and death from the virus.

Effectiveness:

Primary series (2 doses of mRNA vaccines: Pfizer-BioNTech/Moderna and 2 doses of non-mRNA Novavax): In clinical trials, these vaccines showed **about 94-95% effectiveness** at preventing severe illness in the general population. In older adults (65+), effectiveness drops slightly but still provides significant protection.

Booster shots: A **booster shot** helps maintain immunity and restores high levels of protection. Annual boosters have been shown to **restore effectiveness to 70-90%** in preventing symptomatic infection and continue to provide **high protection (up to 95%)** against hospitalization and death.

COVID-19 Vaccine



https://www.cdc.gov/mmwr/volumes/70/wr/mm7018e1.htm

COVID-19 Vaccine

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For older adults (65+): **primary vaccine series** (two doses of mRNA or non-mRNA vaccines) followed by an annual **booster** (usually 6-12 months after the last dose).

Additional Boosters: Older adults are encouraged to get **additional boosters** as recommended by health authorities, especially if they are at higher risk (e.g., nursing homes, chronic conditions).

Timing: If it's been more than **6 months** since your last COVID-19 vaccine dose, a **booster** is recommended to help maintain protection!

Influenza Vaccine (Flu)

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Effectiveness:

-The flu vaccine's effectiveness varies from year to year, depending on how well the strains of the virus in the vaccine match the circulating strains.

-The flu vaccine provides about **40-60% effectiveness** at preventing flu infection in the general population.

-For older adults, the protection is generally **lower** than in younger people, but the vaccine is still highly effective in preventing severe outcomes like hospitalization, intensive care, and death.

- CDC and the Advisory Committee on Immunization Practices (ACIP) preferentially recommend the use of higher dose flu vaccines (including high-dose inactivated (Fluzone) and recombinant (Flublock)) or adjuvanted inactivated flu vaccine (Fluad) over standard-dose unadjuvanted flu vaccines for people 65 years and older.

Vaccine Effectiveness – How well does flu vaccine work? CDC https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm

Importance of the Influenza Vaccine

https://www.acc.org/-/media/Clinical/PDF-Files/Approved-PDFs/Infographics/03/Infographic-Flu-Vaccines-Over-65.pdf

Influenza Vaccine (Flu)

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For older adults (65+): It's recommended that everyone 65 years and older get the **annual flu vaccine** every fall before flu season begins (ideally by the end of October).

-High-Dose and Adjuvanted Flu Vaccines: The high-dose flu vaccine and the adjuvanted flu vaccine hve been shown to be **more effective** in older adults. Clinical studies have demonstrated that the high-dose flu vaccine offers up to **20-30% greater protection** against flu-related complications (like hospitalization or severe illness).

Timing: Flu season usually peaks between **December and February**, so getting vaccinated by **October** is ideal, but getting vaccinated later is still beneficial.

Pneumococcal Vaccine

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What it prevents

- Invasive pneumococcal disease (IPD), including:
- Bacteremia
- Meningitis
- Pneumonia caused by *Streptococcus pneumoniae*

Effectiveness

- Pneumococcal conjugate vaccines (PCVs):
- ~45–75% effective against vaccine-type pneumococcal pneumonia
- ~75–90% effective against invasive pneumococcal disease
- Effectiveness is higher for invasive disease than non-bacteremic pneumonia

Protection is sustained and improved with conjugate vaccines compared to PPSV23 alone.

Pneumococcal Vaccine

- **Adults ≥50 years:**
- **Option 1:** PCV20 or PCV21 (single dose)
  OR
- **Option 2:** PCV15 → PPSV23 (≥1 year later; ≥8 weeks if immunocompromised)
- No additional PPSV23 needed after PCV20 or PCV21
- **Clinical Pearl:**

PCV20 or PCV21 simplifies decision-making and reduces missed opportunities in clinic

Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥50 years old
Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	**PCV20 or PCV21**	**PCV15** → ≥1 year† → **PPSV23¶**
PCV15 only at any age	≥1 year† → **PPSV23¶**	NO OPTION B
PCV15 & **PPSV23** OR **PCV20** OR **PCV21** at any age	**No vaccines** recommended; schedule is complete.	
PPSV23 only at any age	≥1 year → **PCV20 or PCV21**	≥1 year → **PCV15**
PCV13 only at any age	≥1 year → **PCV20 or PCV21**	NO OPTION B
PCV13 at any age & **PPSV23** at <65 yrs	≥5 years → **PCV20 or PCV21**	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines
¶ If PPSV23 is not available, PCV20 or PCV21 may be used
† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak
§ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option for adults ≥65 years old	
Complete series: **PCV13** at any age & **PPSV23** at ≥65 yrs	≥5 years → **PCV20 or PCV21**	Together, with the patient, vaccine providers **may choose** to administer PCV20 or PCV21 to adults ≥65 years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old.

www.cdc.gov/pneumococcal/index.html

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Shingles Vaccine (Herpes Zoster)

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Why It's Important:

Shingles is a painful, blistering rash caused by the reactivation of the varicella zoster virus. Older adults are at a higher risk of developing shingles, and the disease tends to be more severe as we age.

Pain: Shingles can cause severe nerve pain, which can last for months (called postherpetic neuralgia). This is especially common in people over 60.

Complications: Shingles can lead to serious complications, including blindness, neurological problems, and permanent scarring.

Effectiveness: Clinical studies have shown that **Shingrix** is about **90% effective** in preventing shingles in adults aged 50 and older, and it maintains strong protection even in those 70+ years old.

Recommendations Shingles Vaccine

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For older adults (50+): The **Shingrix** vaccine is recommended for everyone aged 50 or older, whether they have had shingles before.

Dosing schedule: Shingrix is given as **two doses**, usually spaced **2-6 months apart**. Even if someone has had shingles before, it's still recommended to get the vaccine.

Timing: It's best to get vaccinated before the age of 60 to prevent shingles, but if someone is older, they should still get the vaccine to reduce their risk.

RSV Vaccine Recommendations

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- Adults 75 and older: A single dose of FDA approved RSV vaccine is recommended for all adults aged 75 and older.

Adults 50-74 years with increased risk for severe RSV are recommended to receive a single dose of RSV vaccine.

Conditions that increase the risk of severe RSV include: chronic heart and lung disease, weakened immune system, diabetes mellitus type 2, obesity, long term care residence.

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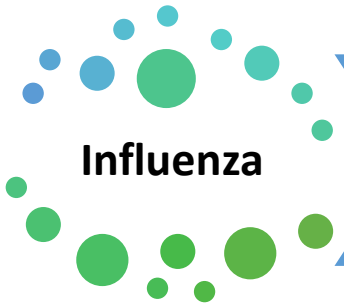

Influenza

Adults ≥65 years:

~65–70% vaccinated annually

Pneumococcal

Adults ≥65 years:

~60–66% report ≥1 pneumococcal vaccine

Shingles (Herpes Zoster)

- Adults ≥50 years:
- **~30-33%** vaccinated
- Two-dose completion rates remain suboptimal

COVID-19 and Booster Doses)

- Adults ≥65 years: **~40–50%** uptake of updated seasonal vaccines
- Highest risk group, yet **lowest sustained booster coverage**

Key Takeaway

Despite strong evidence and recommendations, **vaccination coverage in older adults remains suboptimal**, highlighting ongoing **missed opportunities in clinic.**

Common Vaccine Side Effects in Older Adults

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- Injection site: pain, erythema, swelling
- Fatigue
- Muscle aches, chills, mild fever

Serious and Rare Adverse Events

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- Severe allergic reactions (anaphylaxis)
- Myocarditis/Pericarditis
- Guillain Barre Syndrome (GBS)
- Thrombosis with thrombocytopenia syndrome

Upcoming Webinar

Topic: TBA

Date/ Time: Thursday, March 19th at 2pm ET

Presenter: TBA

Questions?

Submit your questions using the **Q&A feature** at the bottom of the screen