



Thank you for joining

The presentation will
begin shortly



Rise to Immunize® Monthly Webinar

Adult Immunizations: Where We Are and What Comes Next

Robert H. Hopkins, Jr., MD (National Foundation for Infectious Diseases) and Carolyn Bridges, MD, FACP (Immunize.org)

August 21, 2025

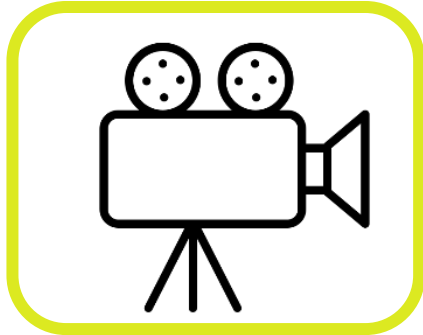
Today's Webinar



- **Campaign Updates**
 - RIZE Action Month
 - Data Results Reminder
 - Campaign Spotlight: GSK minisite
- **Adult Immunizations: Where We Are and What Comes Next**
 - Robert H. Hopkins, Jr., MD (National Foundation for Infectious Diseases)
 - Carolyn Bridges, MD, FACP (Immunize.org)
- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 8/25**

- 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



**Please take a moment to
answer a one question
pulse survey.**

We appreciate your feedback!

RIZE Action Month

August 2025



I'm vaccinated because...

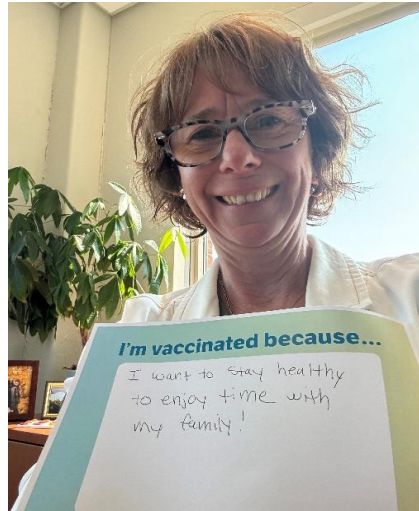


RiseToImmunize.org

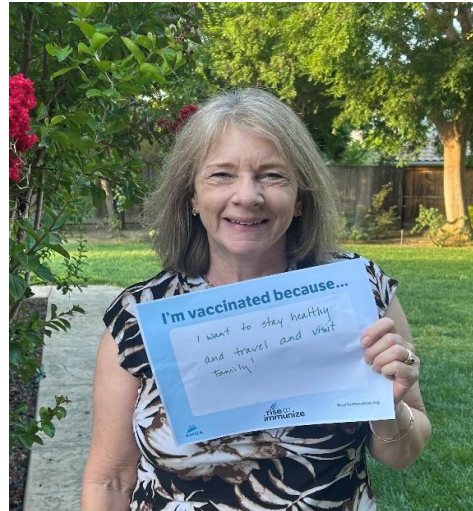
**English and Spanish
signs available at
[RiseToImmunize.org/
ActionMonth!](https://RiseToImmunize.org/ActionMonth!)**

**Send completed
signs to
[RiseToImmunize@
amga.org!](mailto:RiseToImmunize@amga.org)**

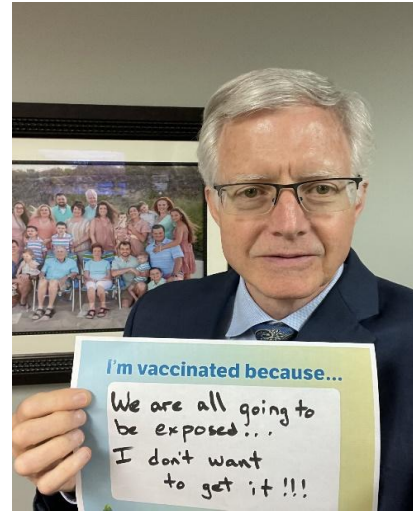
RIZE Action Month Member Sign Examples



**MaineHealth
Medical Group**



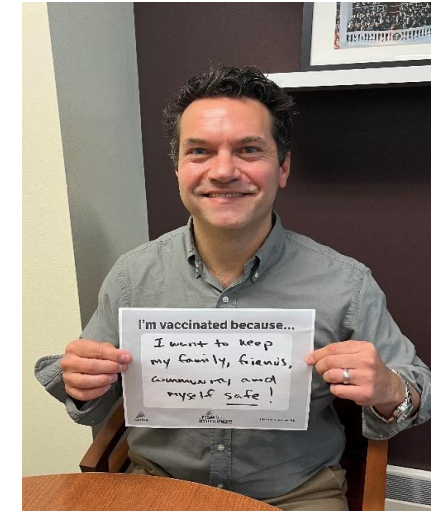
**Sutter Medical
Foundation**



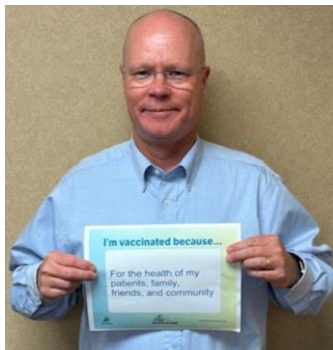
**Guthrie
Medical Group**



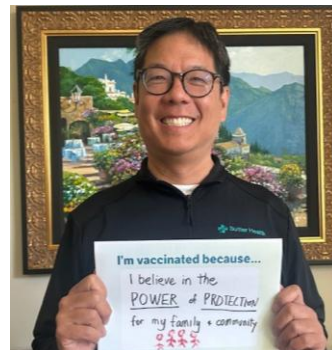
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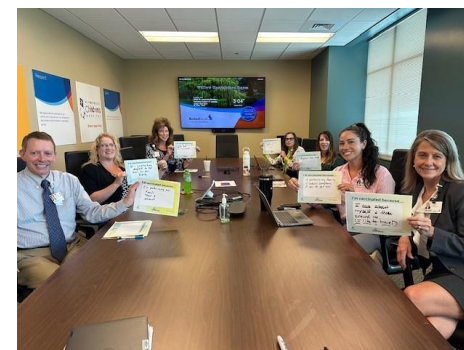
**Johns Hopkins
Medicine**



**Hattiesburg
Clinic, P.A**



**Sutter Medical
Foundation**



Ballad Health



**Valley
Medical Group**

Data Results

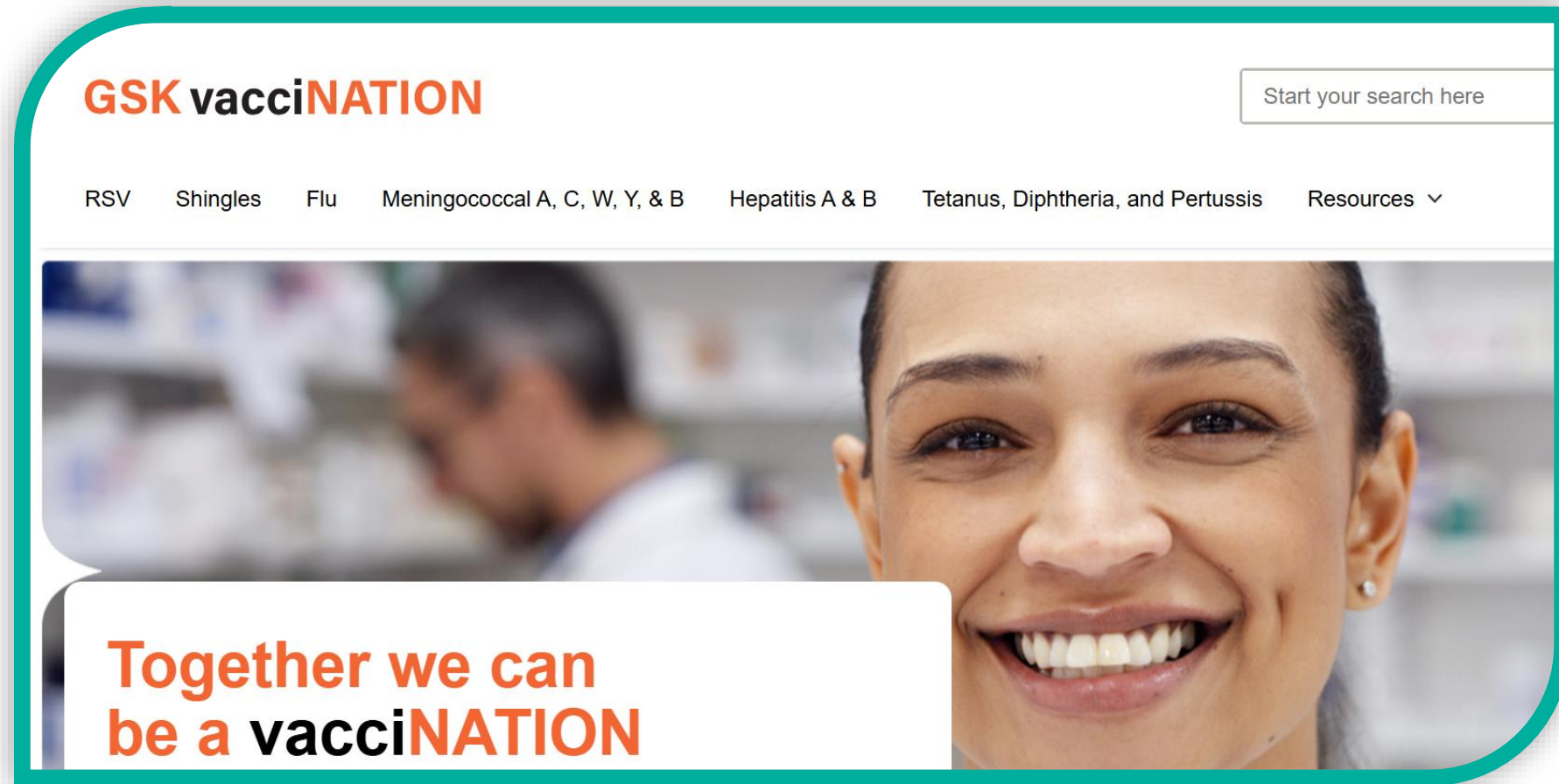


Available **August 26th** on
our RIZE Data Dashboard!

*Adds Q2 2025 to previous
report*



Campaign Spotlight: GSK Mini-site



Today's Speakers



Robert H. Hopkins, Jr., MD, Medical Director, *National Foundation for Infectious Diseases*



Caroline Bridges, MD, FACP, Director for Adult Immunization, *Immunize.org*



Respiratory Season 2025: Protecting our Patients through a Morass of Challenges

Robert H. (Bob) Hopkins, Jr., MD, MACP
Medical Director, NFID
Professor of Internal Medicine and Pediatrics, UAMS
Little Rock, Arkansas



www.nfid.org

Disclosures

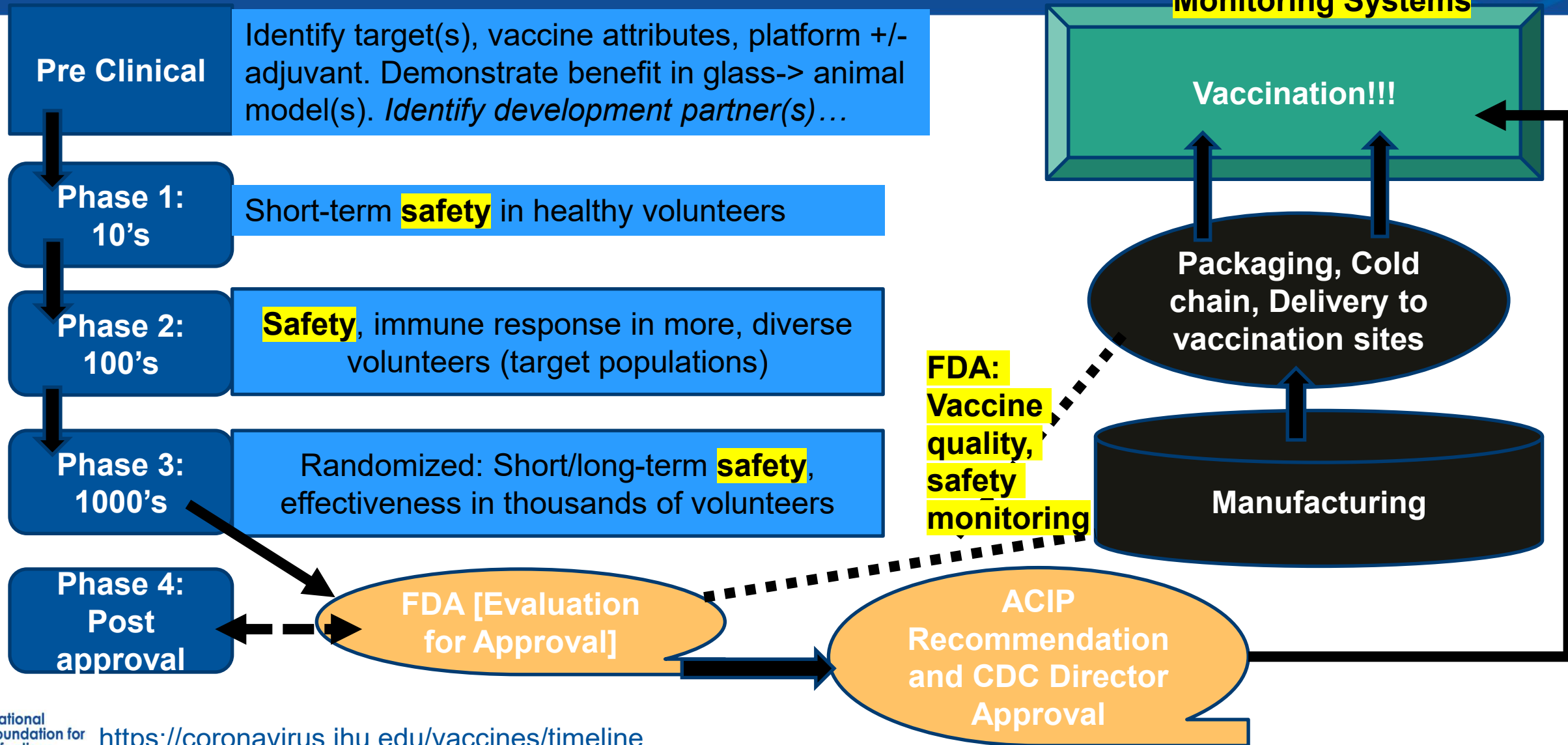
- I have no financial disclosures or conflicts
- I have many biases, most relevant here:

FOR	Science
FOR	Patients
AGAINST	Mis- and disinformation
AGAINST	Spreading Mis- and disinformation

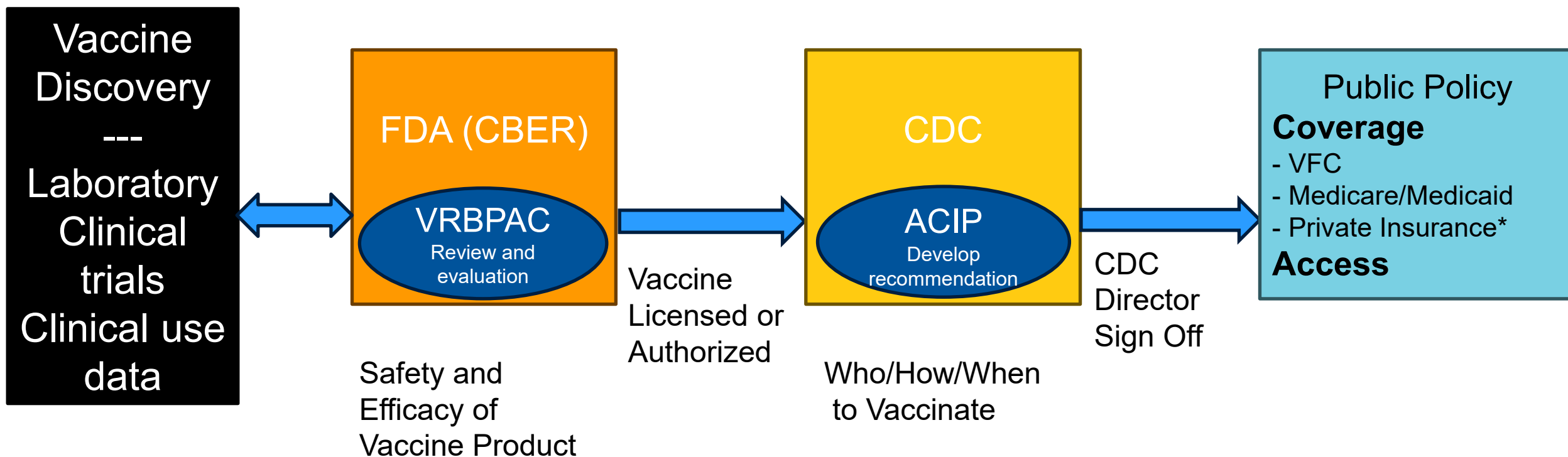
Outline

- Vaccine development
- Vaccine approval and challenges
- Respiratory season vaccine briefs

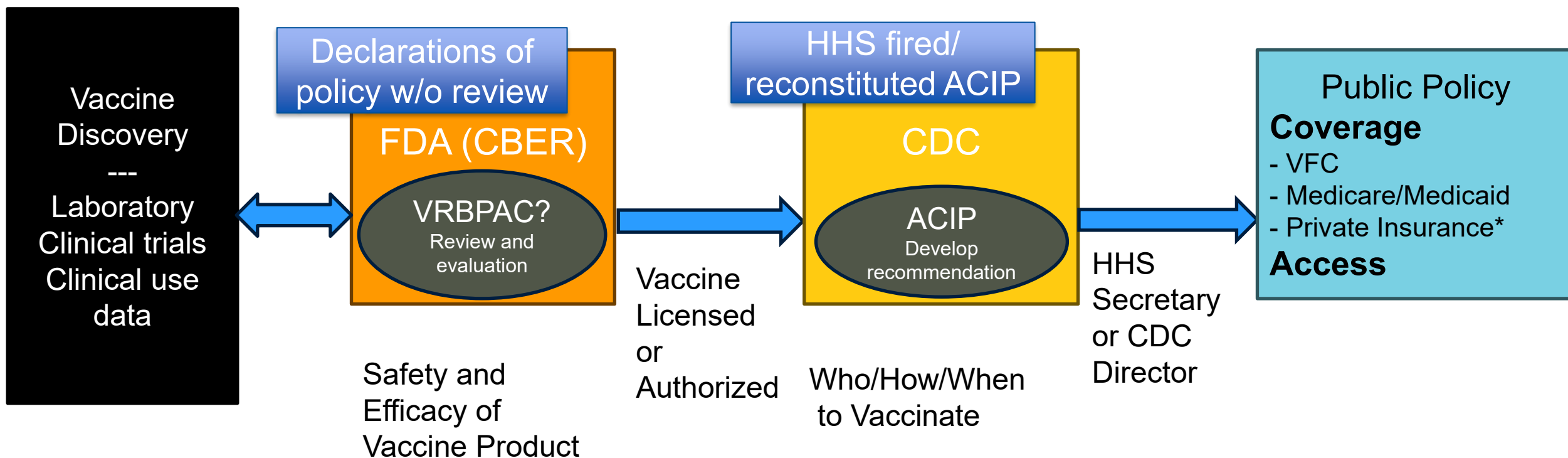
Vaccine Development Process



Standard Vaccine Approval Process



Summer 2025 Vaccine Approval Process



Challenges

- HHS director recommends against COVID vaccine in children, pregnant on 5/27
- Thimerosal vote by ACIP June 2025, approved by HHS director
- ~~■ No ACIP/CDC recommendations for RSV vaccine in 50-59 yr @ risk~~ Resolved 6/25
- ~~■ No ACIP/CDC recommendation for 2025-2026 Influenza vaccines~~ Resolved 7/22?
- ~~■ No CDC director~~ Resolved 8/1
- ~~■ No ACIP/CDC recommendation for Clesrovimab~~ Resolved 8/4
- HHS elimination of BARDA funding for mRNA vaccines August 2025
- No ACIP/CDC recommendation for 2025-2026 COVID vaccines
- *Further actions by new ACIP?*
- *Further actions by HHS secretary, FDA, NIH?*

Solutions

Focus on 'True North': What does the science say is best for our patients?

- VIP [Vaccine Integrity Project]
 - Structured evidence [Respiratory Virus Vaccines] review to support guidelines [initial presentation 8/19- link below]
 - Data visualization to be posted
- Collaborations
 - AAP
 - ACOG
 - ACP
 - IDSA
- NAIS [Carolyn will provide more information in second inning]

[Vaccine Integrity Project – CIDRAP](#)

Respiratory Season Vaccines

Status and Recommendations

Influenza Vaccination

RFK Jr signed off on this July 24*

- **Recommended annually for everyone 6 months+**
- **Children, pregnant, unlikely to return:** As soon as available
- **Older adults:** October [unless flu here sooner]
- Any vaccine approved for individual recipient
 - HD/Adjuvanted/RIV preferred for 65+ and option for immune compromised 18+
- Last year was severe season for all age groups despite good match and reasonable effectiveness - BUT LOW UPTAKE
- Vaccine is available or should be any day...

RSV Vaccination

RFK Jr signed off on this July 24*

- Recommended ONCE for everyone 75 years+
- [Pfizer] Recommended ONCE in pregnancy at 32-36 weeks
- Recommended ONCE in at-risk 50-74 years

Adults aged 50-74 years at higher risk for RSV should get the RSV vaccine

 Chronic cardiovascular disease	 Severe obesity (body mass index ≥ 40 kg/m ²)	 Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage	 Chronic lung or respiratory disease
 End stage renal disease/dialysis dependence	 Chronic hematologic conditions	 Chronic liver disease	 Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness
 Residence in a nursing home	 Moderate or severe immunocompromise	 Other factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)	

- Monoclonal Ab ASAP post-delivery for all unprotected infants < 8 mo, 1st RSV season and nirsevimab for highest risk infants in 2nd RSV season

COVID-19 Vaccination [as of 8/19/2025]

- CDC recommends a 2024-2025 COVID-19 vaccine for most adults ages 18 and older. Parents of children ages 6 months to 17 years should discuss the benefits of vaccination with a healthcare provider.
- The COVID-19 vaccine helps protect you from severe illness, hospitalization, and death.
- It is especially important to get your 2024–2025 COVID-19 vaccine if you are ages 65 and older, are at high risk for severe COVID-19, or have never received a COVID-19 vaccine.
- Vaccine protection decreases over time, so it is important to get your 2024–2025 COVID-19 vaccine.

AAP
Schedule
released
8/18/2025

www.cdc.gov/covid/vaccines/stay-up-to-date.html

www.nfid.org/covid-19

https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf?_gl=1*mnhfxj*_ga*MTE0ODY0ODgzNy4xNzQwNzYwODM0*_ga_FD9D3XZVQQ*cze3NTU2MTA4NjkkbzgkZzEkdDE3NTU2MTA5MDMkajl2JGwwJGgw

Increased Risk of Severe Illness from COVID-19

- Asthma
- Cancer
 - Hematologic Malignancies
- Cerebrovascular disease
- Chronic kidney disease*
 - People receiving dialysis^
- Chronic lung diseases limited to:
 - Bronchiectasis
 - COPD (Chronic obstructive pulmonary disease)
 - Interstitial lung disease
 - Pulmonary embolism
 - Pulmonary hypertension
- Chronic liver diseases limited to:
 - Cirrhosis
 - Non-alcoholic fatty liver disease
 - Alcoholic liver disease
 - Autoimmune hepatitis
- Cystic fibrosis
- Diabetes mellitus, type 1
- Diabetes mellitus, type 2*
- Disabilities†,**, including Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
- HIV (Human immunodeficiency virus)
- Mental health conditions limited to:
 - Mood disorders, including depression
 - Schizophrenia spectrum disorders
- Neurologic conditions limited to dementia† and Parkinson's Disease
- Obesity (BMI ≥ 30 kg/m² or $\geq 95^{\text{th}}$ percentile in children)
- Physical inactivity
- Pregnancy and recent pregnancy
- Primary immunodeficiencies
- Smoking, current and former
- Solid organ or blood stem cell transplantation
- Tuberculosis
- Use of corticosteroids or other immunosuppressive medications

Don't Forget!

- MMR Ongoing outbreaks
- Tdap Ongoing outbreaks
- Pneumococcal Not a virus but is respiratory and commonly complicates viral respiratory infections
- Unknowns: H5N1 (and, potentially, others...)

www.cdc.gov/measles/vaccines/index.html

www.cdc.gov/pertussis/hcp/vaccine-recommendations/index.html

www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html

www.nfid.org

Vaccine/Immunization Communication

- Clinical team 'on same page'
- Start with strong presumptive recommendation
- Hesitancy most commonly = Questions

Pivot to respectful conversation [Brief Motivational Interview]:

Engage, establish trust

Understand what matters

Offer information

Clarify and accept patient decision

If end today without vaccine= revisit next time [NOT a failure!]

Vaccine Coverage and Access

Currently linked to ACIP/CDC Approval

Private insurance: ACA-compliant plans must cover

- BUT: Some individuals have limited benefit plans ('junk insurance')
- BUT: Must be administered by participating provider
- BUT: Travel vaccines generally **NOT** covered
- BUT: New products **MAY BE** excluded until the next plan year

Medicare: No copay for approved indications 'within restrictions of statute'

- Influenza, COVID-19, PCV/PPS, Tdap (injury ONLY) covered under PART B (medical office)
- RZV, RSV, Tdap (preventive) covered under PART D (participating pharmacy, practices using intermediary; but no hospital-based clinics)
- Medical indication (Mpox, HBV, HAV, MMR, VAR) can be covered w/ICD-10; travel vaccines not covered

Medicaid: Covered as of 10/31/2023 *BUT...*

- Reimbursement MAY NOT be sufficient to cover vaccines and administration
- Generally ONLY covered in medical office - NOT in pharmacy

HOW TO SPOT HEALTH MISINFORMATION



Check the Source

Is it from a reputable health or science organization?

Look for .gov, .org, .edu. or other well-known public health sites



Look for Evidence

Are claims backed by peer-reviewed research?

Avoid “miracle cure” language



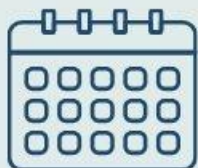
Watch for Emotional Triggers

Be cautious if it uses fear, anger, or urgency to push you to act



Beware of Anecdotes over Facts

Personal stories can be powerful, but they are not proof



Check the Date

Old or outdated information can be misleading

Implications for Changes to ACIP Recommendations and Processes

Carolyn Bridges, MD, FACP
Director, Adult Immunizations
[Immunize.org](https://immunize.org)
Co-chair, National Adult and
Influenza Immunization Summit
(NAIIS)



Disclosures

Participated in a scientific advisory board with CSL Seqirus on pandemic influenza vaccine preparedness in May 2025.



Background: National Adult and Influenza Immunization Summit

- Multi-sector coalition of organizations working toward increasing uptake of ACIP-recommended adult vaccines and influenza vaccine for all ages
- Started in 2000 in response to influenza vaccine supply issues
 - Originally co-founded by AMA and CDC
- Governed by Memorandum of Understanding
- Summit Organizing Committee provides input on priorities and in-person meeting agendas
- Over 140 public and private organizations
- Managed by [Immunize.org](https://immunize.org)

Summit Organizing Committee (SOC)

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Associates
- American Association of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Physicians
- American Medical Association
- American Nurses Association
- American Pharmacists Association
- AMGA
- Centers for Disease Control and Prevention
- Gerontological Society of America
- Immunize.org
- Infectious Diseases Society of America
- National Foundation for Infectious Diseases
- The Joint Commission
- U.S. Department of Health and Human Services' National Vaccine Program

AIM, NACCHO, AIRA, PALT-MED, ASTHO, BIO also participate as SOC

liaisons

Adult Immunization Landscape – Challenges for Providers and Patients

- Complex adult immunization schedule, new vaccines, and changing recommendations
 - Aged-based versus risk-based recommendations
 - Approved/endorsed by AAFP, ACP, ACOG, APhA, and ACNM prior to spring 2025

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually			1 dose annually (IIV3, RIV3, or ccIIV3 preferred)
Influenza inactivated (aIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)			
Influenza live, attenuated (LAIV3)	1 dose annually			
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy			
Tetanus, diphtheria, pertussis (Tdap or Td)		1 dose		
Measles, mumps, rubella (MMR)				
Varicella (VAR)	2 doses (if born in 1980 or later)			
Zoster recombinant (RZV)	2 doses for immunocompromising conditions			
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition			
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)				
Hepatitis A (HepA)				
Hepatitis B (HepB)				
Meningococcal A, C, W, Y (MenACWY)				
Meningococcal B (MenB)	19 through 23 years			
Haemophilus influenzae type b (Hib)				
Mpox				
Inactivated poliovirus (IPV)				Complete 3-dose series

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
 Recommended additional vaccination

Table 2 Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

Vaccine	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count	Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure, End-stage renal disease or on dialysis	Chronic liver disease; alcoholism ^a	Diabetes	Health care personnel ^b
COVID-19		See Notes								
Influenza inactivated Influenza recombinant		Solid organ transplant (See Notes)								
LAIV3				1 dose annually if age 19–49 years					1 dose annually if age 19–49 years	
RSV	Seasonal administration (See Notes)	See Notes						Liver disease (See Notes)	See Notes	
Tdap or Td	Tdap: 1 dose each pregnancy									
MMR	*									
VAR	*									
RZV										
HPV	*									
Pneumococcal										
HepA										
HepB	See Notes									
MenACWY										
MenB										
Hib										
Mpox	See Notes									
IPV										

 Recommended for all adults who lack documentation of vaccination, OR lack evidence of immunity
 Not recommended for all adults, but recommended for some adults based on either age OR increased risk for or severe outcomes from disease
 Recommended vaccination based on shared clinical decision-making
 Recommended for all adults, and additional doses may be necessary based on medical condition or other indications. See Notes.
 Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction
 Contraindicated or not recommended
 *Vaccinate after pregnancy, if indicated
 No Guidance/Not Applicable

a. Precaution for LAIV3 does not apply to alcoholism.
 b. See Notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.
 c. Hematopoietic stem cell transplant.

New Additional Challenges

- Non-harmonized vaccine recommendations
 - ACP, ACOG, AAFP, APhA, ACNM, AAPA, SHEA all withdrew their approval/recommendation of ACIP adult immunization schedule after unilateral change in COVID-19 vaccine recommendations.
 - Do approve of 2025 schedule prior to HHS/CDC changes on COVID-19 vaccine
 - AAP, AAFP, ACOG, ACNM, AAPA withdrew recommendation/approval of pediatric vaccine schedule.
- Creates confusion among vaccine providers (medical and pharmacy) about which recommendations to follow and implications for access and payment.
- May further increase vaccine hesitancy, leaving more people vulnerable to preventable illnesses and disability
- Additional impact on vaccine access if fewer people enrolled in Medicaid

COVID-19 Vaccine Recommendation Differences – as of Aug 12, 2025

- Professional societies continue to recommend COVID-19 vaccination of pregnant women and all adults.
- AAP recommends for COVID-19 vaccine released Aug 18, 2025.
- ACIP schedules – Shared clinical decision making for COVID-19 vaccination of children, no vaccination of pregnant women.
 - Anecdotal reports of barriers for vaccination among some groups.
 - Not updated for 2025-26
- FDA-approved package insert changes – vaccination of 12-64 with high risk conditions, vaccination of all 65+.
- CDC interim clinical guidance not updated since May 1, 2025.
- No CDC recommendations for 2025-26 COVID-19 vaccination
 - Can still give unexpired 2024-25 if vaccination indicated.

Ways Professional Societies and Others Addressing Changes to ACIP

- AAP has always independently reviewed the pediatric vaccine schedule
 - Released AAP COVID-19 vaccine recommendations Aug 18, 2025
 - Provides single point of professional society review and recommendations for pediatric vaccine recommendations
- Other adult provider organizations working with Vaccine Integrity Project on seasonal vaccine scientific reviews
 - August 19, 2025
- Professional medical, pharmacy and nursing organizations working as part of NAIIS to share information and develop a medical counsel to address adult immunization recommendation changes.

AAP COVID-19 Vaccine Recommendations

<https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073924/203222/Recommendations-for-COVID-19-Vaccines-in-Infants?autologincheck=redirected>.

Table 1. Populations Recommended for Vaccination Including Those at High Risk for Severe COVID-19 Among Children Aged 6 Months Through 18 Years*

Population Characteristics	
Infants and children 6 through 23 months of age	
Residents of long-term care facilities or other congregate settings ^a	
Children who have never been vaccinated against COVID-19	
Infants and children with household contacts who are at high risk for severe COVID-19 ^{2,7}	
Underlying Condition or Treatment With Common Examples ^b	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg, abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic disease	Chronic liver disease
Hematologic disease	Sickle cell disease
Metabolic disorders	Diabetes mellitus
Obesity	BMI \geq the 95 th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg, wheelchair dependent)
Immunosuppressive conditions ^c	Receipt of immunosuppressive therapy Primary immunodeficiency HIV infection Receipt of hematopoietic cell transplant or solid organ transplant
Rheumatologic, autoimmune disease	Systemic lupus erythematosus Juvenile idiopathic arthritis

^a Congregate care settings refer to places where individuals live together in structured environments outside of their home, including residential treatment facilities, group homes, emergency shelters, juvenile detention centers, etc.

^b List of examples is not exhaustive.

^c Children who are **moderately or severely immunocompromised require 2 or more doses** of COVID-19 vaccine. Additional doses may be administered at ≥ 2 month intervals, informed by the clinical judgment of a health care provider and personal preference and circumstances.¹⁶ Refer to [AAP Recommended Child and Adolescent Immunization Schedule](#) for dosing guidance.

Recent Progress to Improve Adult Vaccination Implementation Opportunities

- I.R.A. – Inflation Reduction Act, 2022
 - Requires no out-of-pocket costs for patients getting ACIP recommended vaccines for Medicare Part D vaccines and for persons on Medicaid
- Prior to I.R.A., Affordable Care Act required private insurance to include coverage for all ACIP recommended vaccines on the adult schedule without cost sharing
- Improvements in reporting adult vaccination to immunization information systems due to COVID-19
- Two quality measures currently in place
 - Maternal immunization measure
 - Adult composite measure



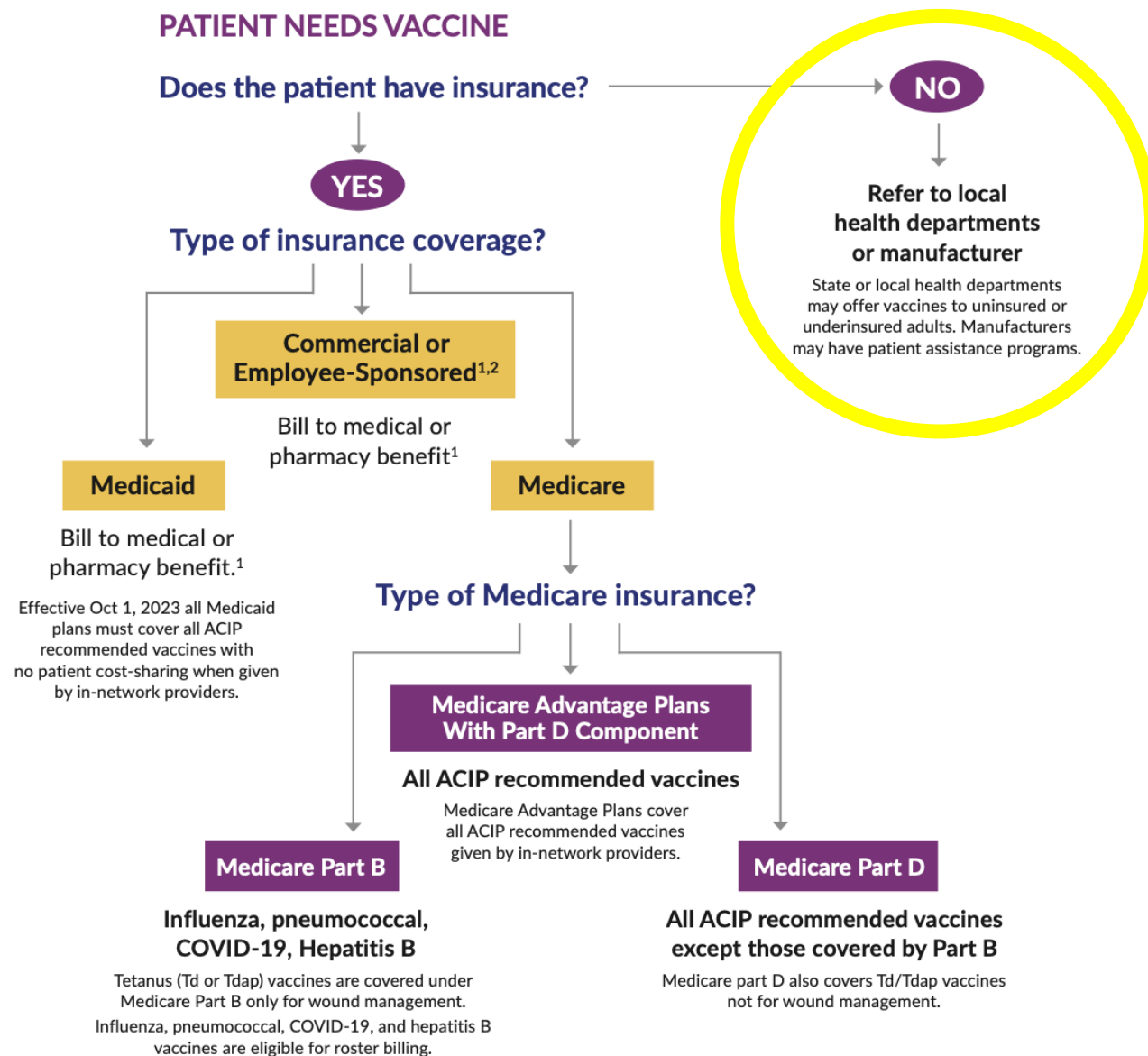
Insurance Coverage for Adult Vaccinations

- Among insured adults, vaccines on ACIP schedule largely covered.
- No adult vaccine equivalent to Vaccines for Children Program
 - States may use state funds or federal 317 program funds for adult vaccinations



Insurance Coverage of Adult Immunizations

Patients and providers should confirm which providers are in-network providers for vaccinations covered by their insurance plan.



- States may use state funds or federal 317 program funds for adult vaccinations
- Health department funding reductions
 - Further limiting access to adult vaccines for uninsured
- Anticipated changes to Medicaid may increase number of uninsured adults

Health Plans' Continued Commitment to Vaccine Access, June 24, 2025

- From AHIP (Americas Health Insurance Plans)

“As we navigate an evolving health care landscape, maintaining robust immunization coverage continues to be a top priority for protecting both individual and community health.

We are committed to ongoing coverage of vaccines to ensure access and affordability for this respiratory virus season. We encourage all Americans to talk to their health care provider about vaccines.”

<https://www.ahip.org/news/articles/health-plans-continued-commitment-to-vaccine-access>

What has not changed

- High risk and burden of disease remain for fall respiratory viral diseases
 - Yearly threat especially for older adult and high risk persons
- Vaccines are effective in reducing risk of illness and especially severe outcomes, including long COVID
- People still need to get vaccinated
 - Don't stop doing what you have always done
- Ensure patient health remains the focus
- In addition, remember...

Adult Vaccine Up-to-Date Coverage, Quality Measure Estimates, NHIS, 2022

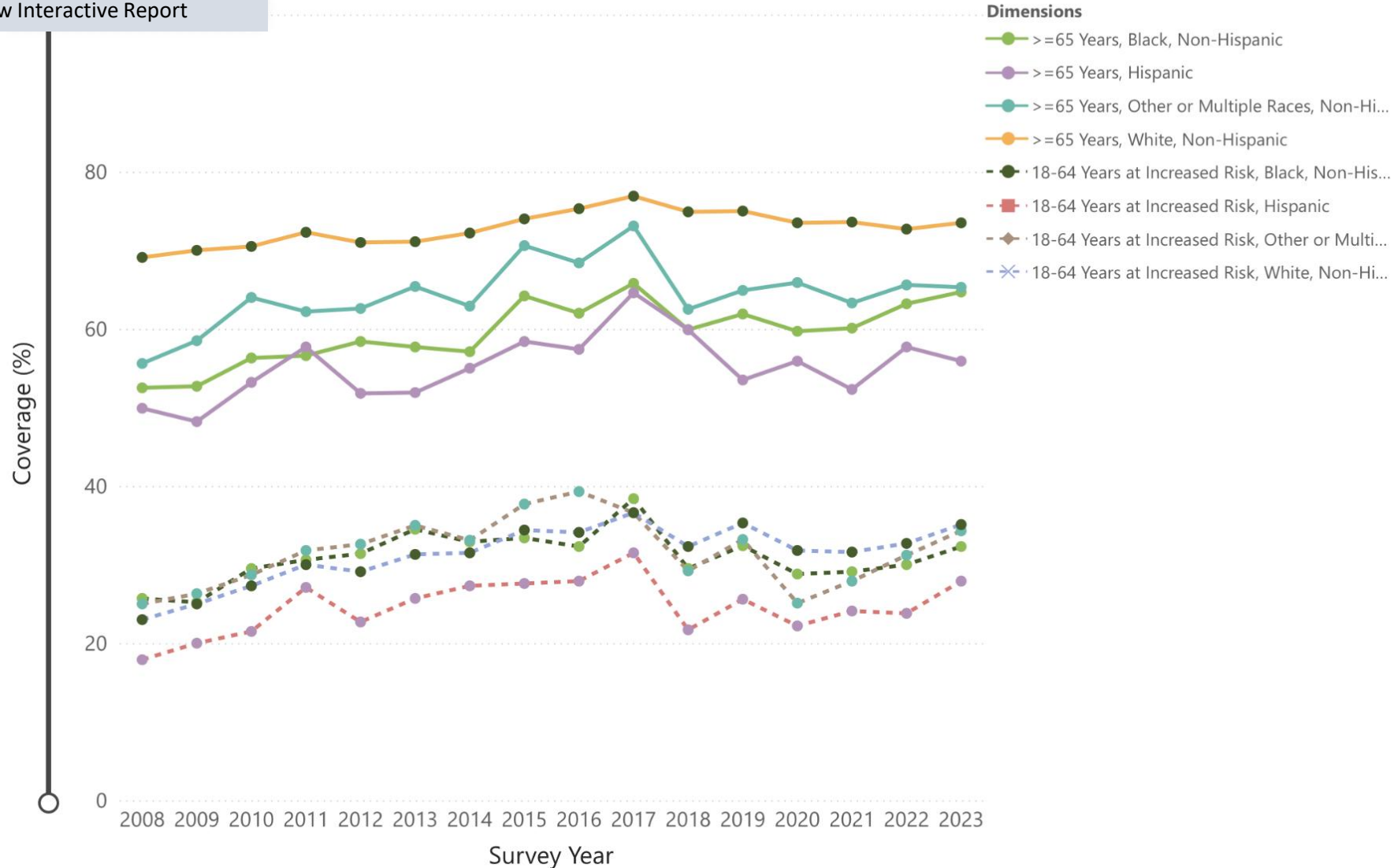
Vaccination coverage estimates using an age-appropriate composite* adult vaccination quality measure and individual component measures, by age group — National Health Interview Survey, US, 2022

	Age Groups by percent coverage (95% CI)			
Composite Measure	≥19 years	19–49 years	50–64 years	≥65 years
	(n [†] =27,376)	(n [†] =11,700)	(n [†] =6,905)	(n [†] =8,771)
Includes influenza in past 12 months [§]	22.8	25.4	14.7	26.2
	(22.0-23.7)	(24.3-26.5)	(13.7-15.8)	(25.0-27.4)
Does not include influenza in past 12 months [¶]	42.4	59.4	18.9	28.6
	(41.4-43.4)	(58.0-60.7)	(17.7-20.2)	(27.4-29.9)
Abbreviations: CI = confidence interval; Composite includes reported influenza, Td/Tdap (last 10 years), pneumococcal (any prior), and zoster (any prior) vaccines.				

Racial and Ethnic Disparities Long-Standing

Pneumococcal Vaccination Coverage among Adults, United States, BRFSS

CDC AdultVaxView Interactive Report



What Can You Do To Support Science-Based Recommendations?

- Continue to follow best practices medical care.
- Follow and support your professional societies and immunization coalitions at local and national levels to educate peers and public about vaccine preventable diseases and importance of vaccination.
- Report payment issues with vaccines where recommendations differ among professional societies vs ACIP.
- Stay alert regarding statements made that do not follow accepted scientific evidence decision making.



Assessing the Strength of Scientific Evidence for Clinical Guidance: A Practical Guide for Healthcare Professionals

https://www.izsummitpartners.org/content/uploads/Science-Strength-of-Evidence-Guidelines-Summary_June-29_2005.pdf

1. Core Principles of Evidence-Based Guidance
 - Systematic Review: All relevant studies evaluated and weighted
 - Risk-Benefit Weighing: Assess how benefits and risks apply to different patient groups.
 - Transparency: Processes must be transparent and document what data are included/excluded and why.
 - Conflict of interest review for all committee members.
2. The GRADE Framework

GRADE (Grading of Recommendations Assessment, Development, and Evaluation) used widely conduct rigorous review of studies to:

 - Determine level of certainty of evidence (high to very low)
 - Evaluate clinical relevance and applicability
 - Rate the strength of recommendations (strong or conditional)
3. Study Design and Evidence Hierarchy

Understand how different study types contribute to guidance
4. Association vs. Causation

Correlation does not imply causation. Rigorous methods are needed.
5. Cherry-Picking and Misinterpretation
 - Selective use or exclusion of studies results in bias.

Factors Associated with Adult Vaccination



Having a usual place of care, higher numbers of medical visits, and provider recommendation

Having insurance and insurance type

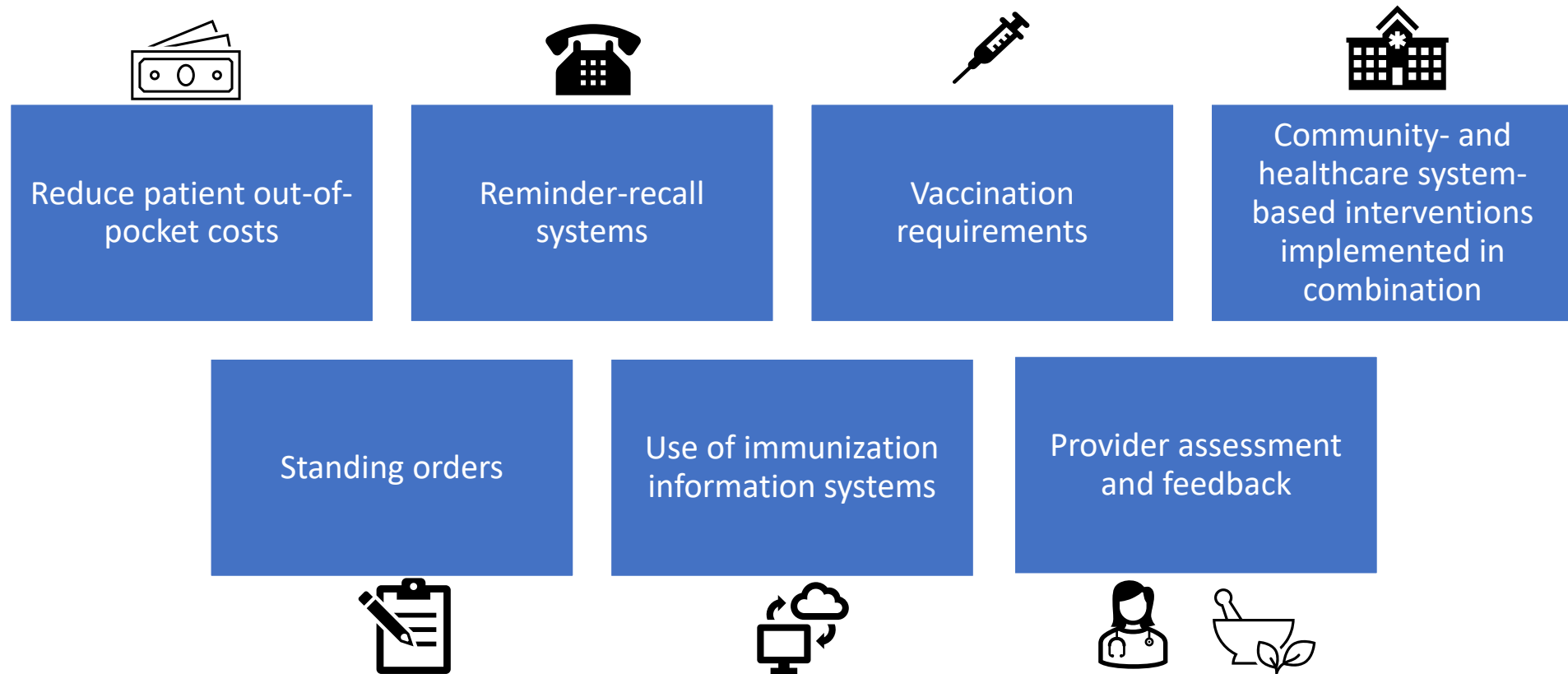
Having a high-risk condition and increasing age

Education level

Race and ethnicity

Urban/suburban greater than rural

Evidence-based Interventions to Increase Vaccination – the Community Guide*



*Included those most applicable to adults. Full list at www.thecommunityguide.org/pages/task-force-findings-increasing-vaccination.html.

Billing and Payment Task Group of NAIIS

- Developed pilot project for collecting reports of vaccine payment issues
 - Key issue identified is delay by payers in covering newly added vaccines, newly approved vaccine brands, and new indications for existing vaccines
 - Medicaid and Medicaid Advantage Care plans most often cited
 - Providers and other partners may report issues from main NAIIS page.
- Appreciate reports of payment issues especially professional societies and ACIP/CDC recommendations differ.
- AAP collects reported issues for pediatricians.

Report Vaccine Payment Challenges

The NAIIS seeks to better understand providers' vaccine billing challenges. Click below for more information about reporting challenges.

More Information

<https://www.izsummitpartners.org>.

Operationalizing and Implementing Respiratory Season Vaccination

www.izsummitpartners.org/naiis-workgroups/operationalizing-adult-immunization-taskgroup/.

Get Adults' Vaccinations Back on Track

Tip sheet for providers on U.S. adult vaccines and tools to help adults catch up on needed vaccinations



At least 3 out of every 4 adults are missing one or more vaccines like tetanus (Td/Tdap), pneumococcal, shingles, and flu vaccines. In addition, respiratory syncytial virus (RSV) vaccine was new in 2023, and pneumococcal, and COVID-19 vaccine recommendations continue to evolve. HPV, hepatitis A, hepatitis B, and mpox vaccines are recommended for certain age and risk groups.

VACCINE	RECENT UPDATES TO RECOMMENDATIONS	BRAND NAME(S)	DOSING	RECOMMENDING ORGANIZATIONS
Hepatitis B	Everyone 19–59 years. ≥60 years who want vaccination or have high-risk indication. If HIV+, HepHisav-B preferred. ^{NIH}	Engerix-B, HepHisav-B, Recombivax HB, Twinrix (Hep A+B)	2- or 3-dose series depending on brand	CDC, AAFP, ACOG, ACP, NIH
Zoster (shingles)	Everyone ≥50 years. ≥19 years immunocompromised.	Shingrix	2-dose series	CDC, AAFP, ACOG, ACP
Pneumococcal	Everyone ≥50 years. ≥19–49 years immunocompromised or high-risk medical condition.	Vaxneuvance (PCV15), Prevnar 20 (PCV20), Capvaxine (PCV21), Pneumovax 23 (PPSV23)	Either PCV20 or PCV21 alone, or PCV15 then PPSV23 one year later	CDC, AAFP, ACOG, ACP
Influenza (flu)	Everyone 6 months and older, including during pregnancy.	Multiple brands*	Annual vaccination	CDC, AAFP, ACOG, ACP
Preferred flu vaccines for adults ≥65 years	≥65 years: give flu vaccines preferred by CDC for this age group. If not available, give any age-appropriate flu vaccine.	Fluad (adjuvanted), Fluzone High-Dose (inactivated), or Flublok (recombinant)	Annual vaccination	CDC, AAFP, ACOG, ACP
RSV	Everyone 75 years and older, and 50–74 years at increased risk. Pregnant people (only Abrysvo) at 32 through 36 weeks' gestation September–January (in most cases).	Arexvy, mRESVIA or Abrysvo	One dose only. No additional dose is currently recommended.	CDC, AAFP, ACOG, ACP
Tdap/Td	Complete 3-dose series if unvaccinated. One dose every 10 yrs and per wound care guidance.	TENIVAC (Td); Adacel or Boostrix (Tdap)	Complete 3-dose series if unvaccinated. One dose every 10 yrs and per wound care guidance.	CDC, AAFP, ACOG, ACP
COVID-19	≥ 19 yrs, including pregnant women. Recommendations differ by organization.	Comirnaty and Spikevax licensed for 12+ yrs. Mnexspike and Nuvaxovid licensed for 12–64 yrs at increased risk of severe COVID-19 and all 65+ yrs.	One dose any brand if previously vaccinated. Two doses Nuvaxovid or one dose of an mRNA COVID-19 vaccine if no prior dose. 65+ yrs: one dose then 2nd dose ≥ 6 mo. Immuno-compromised may get add'l doses(s) ≥ 2 mo apart.	CDC: No recommendation during pregnancy or 19–64 without 1+ high risk conditions. AAFP/ACOG/ACP: Recommend vaccinate all adults, including during pregnancy.

*ACIP voted 6/26/25 to recommend against use of multi-dose vials that include thimerosal as a preservative. AAFP/ACOG/ACP express no preference.

Operationalizing and Implementing Respiratory Season Vaccination

www.izsummitpartners.org/naais-workgroups/operationalizing-adult-immunization-taskgroup/.



Get Adults' Vaccinations Back on Track

■ **Tip:** Utilize available resources for determining patients' vaccination needs
All links are up-to-date as of August 7, 2025.

- CDC vaccine schedules
www.cdc.gov/vaccines
- AAFP recommended U.S. vaccination schedules
www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules.html
- ACOG COVID-19 vaccine recommendations and 2025 ACIP schedule endorsed November 2024
www.acog.org/clinical/clinical-guidance/acog-endorsed
- ACP 2025 ACIP schedule endorsed November 2024.
www.acpjournals.org/doi/10.7326/ANNALS-25-01576
- American Pharmacists Association (APhA) statement on COVID-19 vaccination during pregnancy
www.pharmacist.com/APhA-Press-Releases/apha-withholds-endorsement-of-acip-adult-immunization-schedule
- H-A-L-O (health, age, lifestyle, occupation) patient handout — Immunize.org
www.immunize.org/catg.d/p3070.pdf
- Clinical decision support in your jurisdiction's vaccine registry*
www.izsummitpartners.org/benefits-of-iis-brochures
- CDC Pneumococcal VaxAdvisor mobile app for pneumococcal vaccines
www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html
- CDC COVID-19 vaccine clinical guidance and resources
www.cdc.gov/vaccines/covid-19/index.html
- ACIP Guidance on additional doses of 2024–2025 COVID-19 Vaccine for Adults Aged ≥65 Years and Persons Aged ≥6 Months with Moderate or Severe Immunocompromise (December 12, 2024)
www.cdc.gov/mmwr/volumes/73/wr/mm7349a2.htm

■ **Tip:** Take advantage of health IT [e.g., electronic medical records (EMR), vaccine registries*] patient and provider reminder resources

- Activate health alerts in EMR to remind providers about needed vaccines
- Utilize clinical decision support and vaccine reminder tools in your vaccine registry*
www.izsummitpartners.org/benefits-of-iis-brochures
- Send text, email or other reminders to patients about needed vaccines

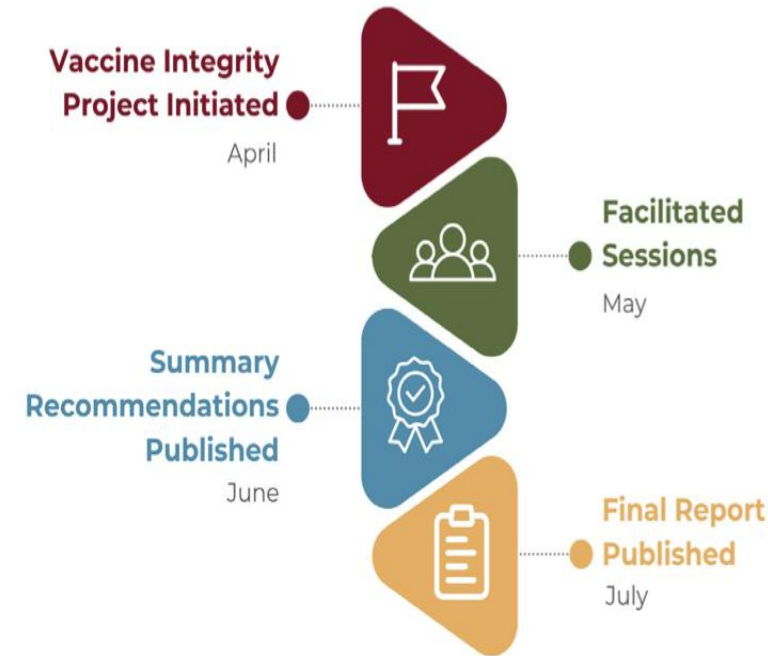
■ **Tip:** Use standing orders to improve vaccination efficiency in your clinic
www.immunize.org/standing-orders

■ **Tip:** Give two or more needed vaccines at the same visit — coadministration how-to guide
www.immunize.org/catg.d/p2030.pdf

Legislation from 2022 (Inflation Reduction Act) has key provisions that help close longstanding gaps in vaccination coverage in Medicare and Medicaid, including no copayment for vaccines.

Vaccine Integrity Project

- Formed to promote the continued grounding of immunization policies and programs in the best available science and focused on optimizing protection of individuals, families, and communities against vaccine-preventable diseases.
- Conducted multiple focus groups with stakeholders – final report on their website
- Develop and disseminate robust evidence base for immunization recommendations and clinical considerations, so providers have reliable information to guide decision-making and engage patients of all ages in discussions about influenza, respiratory syncytial virus (RSV), and COVID-19.
- Results live streamed on Tuesday, August 19, 2025.
- Does not replace the work of the ACIP



NAIIS

- The NAIIS medical, pharmacy, nursing, and other non-vaccine industry stakeholders, including AMGA, meeting regularly to share information on their organizations' responses to changed in vaccine-related policy.
- In process of developing a council of nominated members from medical, pharmacy, and nursing organizations, vetted for conflict of interest, to address adult immunization schedule discrepancies among professional societies and ACIP changes.

NAIIS Questions and Resources

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Immunize.org Resources

- [Standing orders](#) templates for all vaccines
- [Vaccine Information Statements](#) in multiple languages
- [Ask the Experts](#) questions and answers for challenging clinical situations
- Tools to [administer vaccines](#), including giving multiple vaccines per visit and managing vaccination-related [anxiety](#)
- Links to [FDA package inserts](#)
- MORE!!



Upcoming Webinar



Topic: Improving Preventive Care: Strengthening Hepatitis B Vaccine Delivery in Clinical Practice



Date/ Time: Thursday, September 18th at 2pm ET



Presenters: Nkem Akinsoto, MSc, and Jerrome Sicat, RN (UW Medicine Primary Care and Population Health)

Campaign Participation



**Reach out to
[RiseToImmunize@
amga.org](mailto:RiseToImmunize@amga.org) to join!**

Questions?



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