Understanding the Barriers to Adult Vaccination: Results of a National Survey of Healthcare Providers

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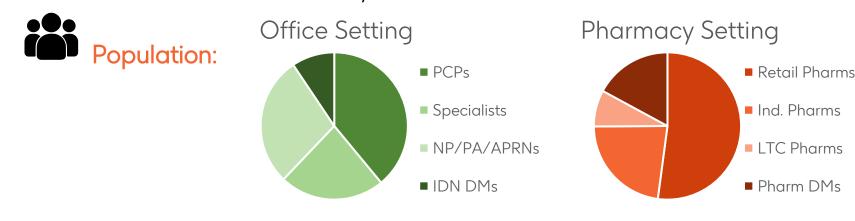
Background

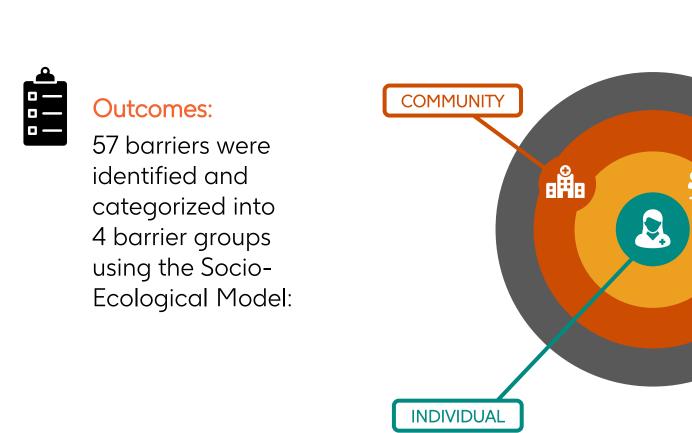
- Vaccination rates among U.S adults for most vaccines continue to be low, even with the impact and repercussions of vaccine-preventable diseases and recommendations to get vaccinated. 1
- Despite the potential cost savings for both individuals and society, the economic burden of vaccine-preventable diseases remains substantial due to suboptimal adult immunization rates.^{2,3}
- This national survey was conducted to understand the top barriers to administering adult vaccines and to inform the development of targeted policy solutions.

Study design

Design: 1,227 healthcare providers and decisionmakers were recruited from February — March 2025 to complete an online survey and rank barriers to adult vaccination^a.

Analysis: MaxDiff analysis was used to determine the relative importance or preference of various factors by asking responders to rank answers as least or most important within collection sets. The collected responses were then used to calculate scaled utility scores for each factor.





^aSurvey covered COVID-19, influenza, pneumococcal, RSV, shingles, Tdap, meningococcal ABCWY, and meningococcal B vaccines.

POLICY/

STRUCTURAL

Abbreviations

NP, Nurse Practitioner; **PA**, Physician Assistant; **APRN**, Advanced Practice Registered Nurse; **IDN**, Integrated Delivery Network; **HCP**, Healthcare Professional; **PCP**, Primary Care Physician; **DM**, decisionmaker; **LTC**, Long-term care.

Conclusions

- Patient hesitancy and refusal, along with staffing and resource shortages, are the primary barriers to vaccination across different regions and clinical settings.
- Reimbursement and coverage issues, including disparities between Part D vs. Part B vaccine coverage and lack of reimbursement for counseling reveal persistent gaps in the broader vaccine ecosystem.

Key Considerations for Reducing Barriers



Targeted strategies to transform patient and provider hesitancy, building vaccine confidence among hesitant patients.



Practical solutions to reduce administrative burden, maximize staff efficiency, and streamline vaccine administration.



Actionable reforms to support healthcare providers and ensure equitable vaccine accessibility.

Results

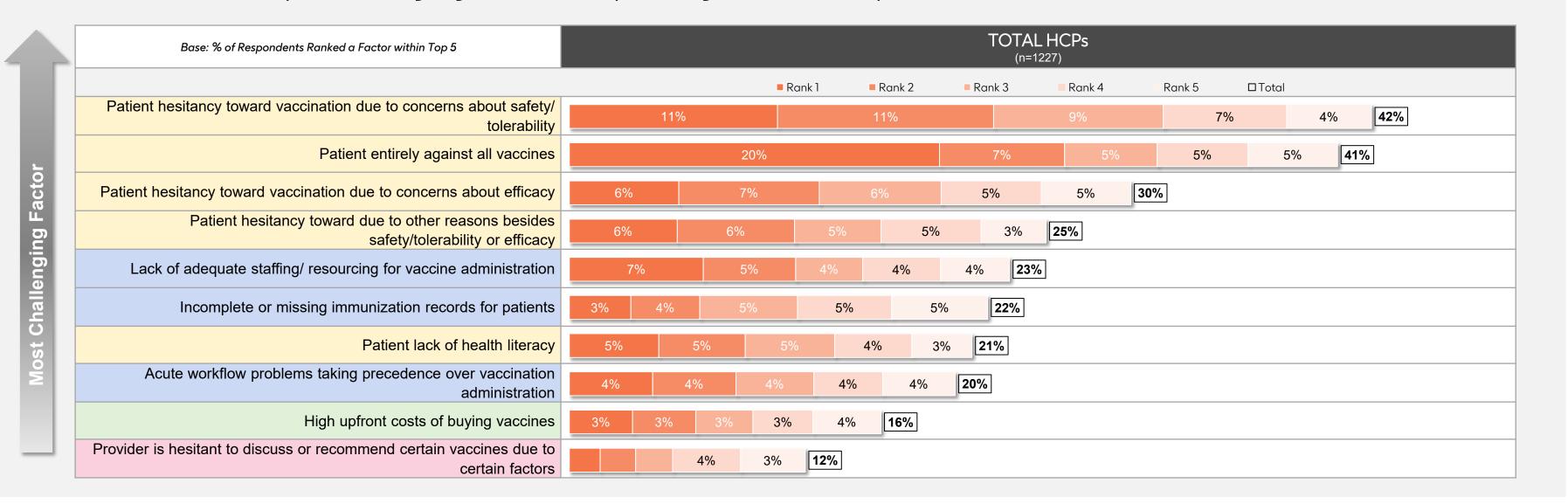
Key Findings

- Provider challenges with navigating patient vaccine hesitancy emerged as the top barriers to adult vaccination across all provider types.
- Staffing and workflow issues, especially among pharmacists, frequently sidelined vaccination efforts.
- One in ten healthcare providers cited factors related to coverage and reimbursement issues that impacted their ability to effectively administer vaccines.

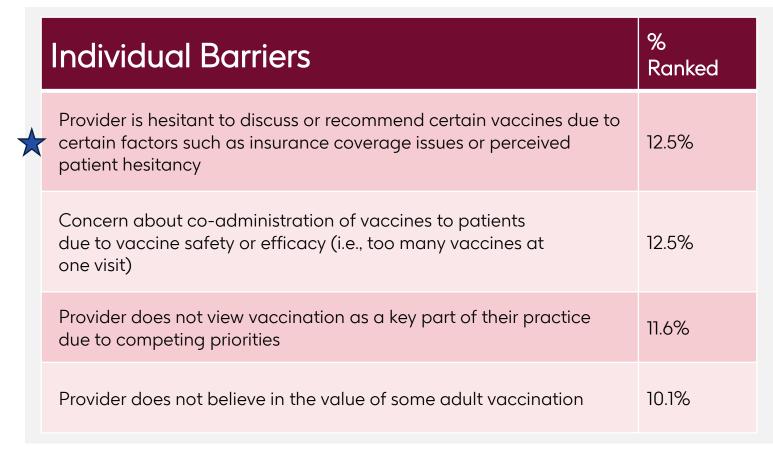
Top 3 Key Challenges Impacting HCPs' Ability to Administer Adult Vaccines

	(n=182)		NP/PA/APRNs (n=225)		IDN DMs (n=74)	
47%	Patient entirely against all vaccines	52%	Patient hesitancy: safety/ tolerability	48%	Patient hesitancy: safety/tolerability	429
43%	Patient hesitancy: safety/tolerability	46%	Patient entirely against all vaccines	46%	Patient lack of health literacy	309
37%	Patient hesitancy: efficacy	35%	Patient hesitancy: other reasons besides safety/tolerability or efficacy	31%	Lack of adequate staffing/resourcing	26
	Ind. Pharms (n=100)		LTC Pharms (n=35)		Pharm DMs (n=75)	
51%	Patient entirely against all vaccines	36%	Patient hesitancy: efficacy	37%	Patient hesitancy: safety/tolerability	41'
41%	Lack of adequate staffing/resourcing	35%	Patient hesitancy: safety/tolerability	34%	Patient lack of health literacy	28
39%	Patient hesitancy: safety/tolerability	33%	Lack of adequate staffing/resourcing	31%	Provider is hesitant to discuss or recommend certain vaccines	27
	43% 37% 51% 41%	43% Patient hesitancy: safety/tolerability 37% Patient hesitancy: efficacy Ind. Pharms (n=100) 51% Patient entirely against all vaccines 41% Lack of adequate staffing/resourcing Patient hesitancy: safety/	vaccines Patient hesitancy: safety/ tolerability 46% Patient hesitancy: efficacy Ind. Pharms (n=100) Patient entirely against all vaccines 41% Lack of adequate staffing/ resourcing Patient hesitancy: safety/ 33% Patient hesitancy: safety/ 33%	vaccines Patient hesitancy: safety/ tolerability 46% Patient entirely against all vaccines Patient hesitancy: other reasons besides safety/tolerability or efficacy Ind. Pharms (n=100) Patient entirely against all vaccines LTC Pharms (n=35) Patient hesitancy: efficacy Al% Patient hesitancy: efficacy Patient hesitancy: safety/tolerability Patient hesitancy: efficacy Lack of adequate staffing/ resourcing Patient hesitancy: safety/tolerability Lack of adequate staffing/ tolerability Lack of adequate staffing/ tolerability Patient hesitancy: safety/	vaccines Patient hesitancy: safety/tolerability 46% Patient entirely against all vaccines Patient hesitancy: efficacy 35% Patient hesitancy: other reasons besides safety/tolerability or efficacy Ind. Pharms (n=100) Ind. Pharms (n=35) Patient entirely against all vaccines Patient hesitancy: efficacy 36% Patient hesitancy: efficacy 37% Patient hesitancy: efficacy 37% Patient hesitancy: safety/tolerability Administration of the safety of tolerability Administration of the safety of tolerability Administration of the safety of tolerability Administration of tolerability Administrati	vaccines 43% vaccines 46% vaccines 46% Patient hesitancy: safety/ tolerability 46% Patient entirely against all vaccines 46% Patient lack of health literacy 37% Patient hesitancy: efficacy 35% Patient hesitancy: other reasons besides safety/tolerability or efficacy 1nd. Pharms (n=100) 1nd. Pharms (n=35) Patient entirely against all vaccines Pharm DMs (n=75) 1nd. Pharm DMs (n=75) 41% Lack of adequate staffing/ resourcing Patient hesitancy: safety/ tolerability 41% Lack of adequate staffing/ resourcing 35% Patient hesitancy: safety/ tolerability 36% Patient hesitancy: safety/ tolerability 37% Patient lack of health literacy 41% Patient lack of health literacy 38% Patient hesitancy: safety/ tolerability 39% Patient hesitancy: safety/ tolerability 38% Lack of adequate staffing/ resourcing 31% Provider is hesitant to discuss or recommend

Top Challenging Factors Impacting HCPs' Ability to Administer Vaccines



Top Barriers to Adult Vaccine Administration by the Socio-Ecological Model*



Interpersonal Barriers	% Ranked
Patient hesitancy toward vaccination due to concerns about safety/tolerability	42.4%
Patient entirely against all vaccines	40.6%
Patient hesitancy toward vaccination due to concerns about efficacy	29.7%
Patient hesitancy toward vaccination due to other reasons besides safety/tolerability or efficacy	25.5%
Patient lack of health literacy (i.e., lack of ability to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being)	21.3%
Patient's lack of desire to interact with the healthcare system	10.7%

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	Community Barriers	% Ranked
*	Lack of adequate staffing/resourcing for vaccine administration (e.g., PA, NP, pharmacy tech etc.)	23.3%
*	Incomplete or missing immunization records for patients	22.1%
*	Acute workflow problems taking precedence over vaccination administration	20.4%

Policy/Structural Barriers	% Ranke
High upfront costs of buying vaccines	16.5%
Lack of reimbursement for vaccine counseling and administration	11.9%
Concerns regarding reimbursement for vaccine administration from Medicare Part D	11.4%
Reimbursement for vaccine purchase is not sufficient	11.3%
Medicare coverage, billing, and reimbursement barriers, including lack of provider recognition under Part D	11.0%
Difficult determining if a patient's insurance will reimburse for a vaccine	11.0%
Potential financial loss due to expiration of vaccine prior to use	10.4%

Regional Differences

Regional differences can impact providers' concerns, patient hesitancy, staffing challenges and reimbursement issues.



Among Office Setting HCPs and Pharmacists, concern about coadministration of vaccines to patients due to vaccine safety or efficacy is most challenging for those from the Northeast; least in the West. However, among Pharmacy DMs, this factor is more of a challenge for those from the West.



vaccination due to concerns about safety/ tolerability is a top concern for about 2 in 5 HCPs across all regions. It is more significant for NP/PA/APRNs in the South and for Pharm DMs in the Midwest



Physicians and pharmacists in the Midwest face a lack of adequate staffing/resourcing for vaccine administration more than in other regions, while for pharmacy decision-makers, it's more significant in the South.

and South.



Concerns regarding reimbursement for vaccine administration from Medicare Part D is more prominent among physicians in the Midwest, followed by those in the South and West, and is less of an issue for physicians in the Northeast.

Denotes top 10 barrier overall across all categories.. *The percentage of the time respondents ranked this barrier among the top 5.

Individual Level Factors Interpersonal Level Factors Community Level Factors Policy Level Factors

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(3) Kirkpatrick AW, et al. *Intensive Care Med.* 2013;39(7):1190-1206.

(4) Leroy et al, An Ecological Perspective on Health Promotion Programs, Health Education and Behavior. 15(4): 1988.

Disclosures

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Conflicts of interest:

Ifeoma lbe – Employee of GSK

Vaishali Palommella – Consultant fees from GSK

Brianna Chilton – Consultant fees from GSK

Neil Malloy – Consultant fees from GSK

Dawn Schannen – Consultant fees from GSK

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William Walters – Consultant fees from GSK, Merck & Co., Inc., Sanofi, Seqirus

Thomas Acciani – Employee of GSK

Contract employee of Merck & Co., Inc. subsidiary

Anna Larson – Consultant fees from GSK, Merck & Co., Inc., Sanofi, Seqirus;