



NAIS WORKSHOP: Operationalizing Adult Immunizations in the 2023 Fall Season and Beyond

Executive Summary

The National Adult and Influenza Immunization Summit convened member partners to explore educational products the Summit could develop to support vaccine providers and consumers this fall, in light of cocirculating respiratory viruses and new respiratory syncytial virus (RSV) vaccine recommendations, and for the near future to improve adult vaccine awareness and uptake.

Centers for Disease Control and Prevention (CDC) leaders described efforts underway to develop provider and consumer guidance for fall 2023 about preventing COVID-19, RSV, and influenza. CDC has surveillance mechanisms in place to gather data on each of the three diseases individually and collectively. CDC is considering a communication approach and a quality metric that address vaccine-preventable respiratory viruses as a group. CDC is also looking closely at the issues around vaccinating pregnant people.

In response to participants' questions, CDC said it will continue to partner with pharmacists, community health workers, community-based organizations (CBOs), and others around vaccination. For example, CDC's Partnering for Vaccine Equity consortium will continue to engage CBOs in underserved communities. Combating misinformation about vaccines poses a significant challenge, but trusted health care providers and messengers remain a reliable conduit for increasing vaccine uptake. CDC recognizes the need to make information about vaccines easier for the public to access and understand. Vaccine access and cost remain persistent barriers to vaccination. CDC's Bridge Access Program will (1) get COVID-19 vaccine to uninsured adults and (2) serve as a model for an adult vaccination program that mirrors Vaccines for Children. CDC is particularly focused on vaccine program equity in light of the transition from federally funded to commercially produced COVID vaccine.

In light of the availability of three respiratory virus vaccines this fall, there is no clear consensus about how health care providers should approach vaccinations in their clinical practice for the coming season. However, CDC said it is reasonable for providers to administer the vaccines they have on hand that are appropriate to the consumer and the season. Most providers are comfortable with coadministering COVID-19 and influenza vaccine. Administering three vaccines at once could exacerbate reactogenicity and contribute to a poor vaccine experience for consumers. Because the recommendations were just published, CDC is promoting RSV vaccination this fall, but it is anticipated that RSV vaccine could be offered year-round. When and where all three vaccines are available, clinicians will have to determine which to administer when.

Although providers are no longer required to report vaccinations to their state immunization information systems (IIS') following the end of the COVID-19 Public Health Emergency, CDC is working with states to capture more routine vaccine data. The American Immunization Registry Association reported that, as a result of the pandemic, providers have become accustomed to using IIS for adults. The IIS infrastructure is in place and ready to accommodate widespread use. CDC noted that building vaccine confidence is a slow process, and vaccine coverage is a poor measure of confidence.

Workshop participants expressed interest in engaging more partners to assist with promoting vaccination more broadly, including large employers, community health workers, and home health care providers. Participants agreed that the Summit should develop three educational products in the coming months to assist providers and consumers:

- A personalized immunization action plan, completed jointly by the provider and patient, to help patients plan when and where they will get recommended vaccines for the coming year, ideally in conjunction with other routine or planned care
- A flyer about operationalizing adult immunizations specifically for fall 2023 that includes education about billing and presumptive vaccine recommendations and highlights the following suggestions:
 - If RSV vaccine is on hand, give it now.
 - Give influenza and COVID vaccines when available.
 - Remind patients about other vaccines (eg, pneumococcal vaccine).
- A one-page document that offers education on making presumptive vaccine recommendations and key information for providers about COVID-19, RSV, and influenza, with links to authoritative sources of information.

Other products for the Summit to consider include information about good vaccine practices that emerged during the pandemic (such as using IIS'), education about billing for vaccine counseling and administration, guidance on making the business case for immunization, and a compilation of promising immunization practices from different types of clinical practices. A Summit task force will meet the week of August 7 to determine a work plan for product development.

