



Immunize Weekly Summary: June 11th, 2026

- National Foundation for Infectious Diseases (NFID) Announcement
- Human Papillomavirus (HPV) Vaccine Communication in Primary Care: Strategies to Actively Engage Providers and Parents
- Vaccine Implementation Project
- Announcements

NFID Announcement – Rebecca Alvania, PhD, MA, MPH, Executive Director and Chief Executive Officer, NFID

Rebecca Alvania, PhD, MA, MPH, described NFID's new pilot program to collaborate on public messaging promoting fall respiratory virus season immunization.

Concerns exist that messaging about fall respiratory disease vaccinations will not reach the public as broadly as in the past. NFID aims to complement its current work to align with medical and professional societies' timelines for making vaccine recommendations for the fall and communicate the recommendations to health care professionals. NFID is piloting the National Respiratory Communications Initiative, which has two core goals:

- In the near future, bring partners together to create a consumer-facing communications plan for the coming season that aligns around a core message and amplifies each other's voices around preventing respiratory disease.
- In the long term, examine whether this approach is an effective way to partner toward creating a community-based communication structure to gain national visibility while activating local messengers to promote respiratory disease prevention.

The project will begin immediately and seeks to go live by September. NFID is also hosting its annual respiratory season news conference; the date will be announced soon. Summit partners are encouraged to email info@izsummitpartners.org to connect with NFID and get involved in the pilot program.

HPV Vaccine Communication in Primary Care: Strategies to Actively Engage Providers and Parents – William A. Calo, PhD, JD, Associate Professor of Public Health Sciences;

Lead, Penn State Clinical and Translational Science Institute Implementation Science Core; Associate Director of Community Outreach and Engagement, Interim Deputy Director, Penn State Cancer Institute

William A. Calo, PhD, JD, presented research findings on factors affecting parents' acceptance of HPV vaccine for their children and how to improve primary care providers' communication.

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Increasing Adolescent HPV Vaccine Uptake

Parental concerns about vaccines have increased in recent years, contributing to low adolescent HPV vaccination rates, but 40% of parents who decline initial vaccination later agree, which is termed *secondary acceptance*. The high rate of secondary acceptance suggests that parents who decline should not be labeled as “anti-vaccine” and that providers should continue to engage with them.

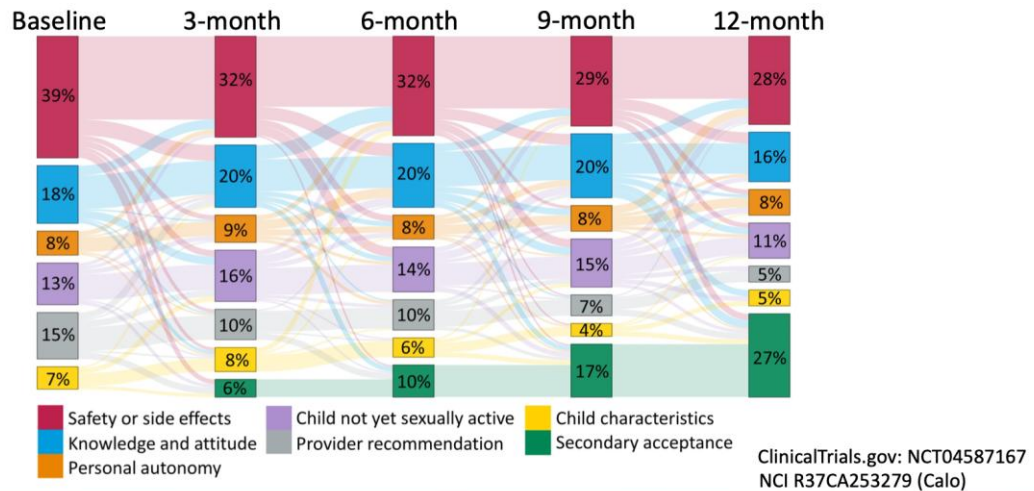
A study of how parents' reasons for vaccine declination change over time and the prevalence of secondary acceptance was performed by following a cohort of parents who declined HPV vaccination for their children and surveying them shortly after declination (baseline) and quarterly for a year afterward. One week after declination:

- 74% of parents said they were willing to talk about HPV vaccination at the next visit;
- 42% said they would accept it at the next visit; *but*
- only 32% said their child's provider offered to talk about it at the next visit.

The most common reason cited for declination was safety or side effects, although it was cited less frequently over time (see Figure 1). After the initial visit, the study participants received flyers in the mail from their providers about the HPV vaccine, which appeared to reduce the percentage of parents who said their provider did not recommend the vaccine. By 1 year, 27% accepted vaccination for their child. The reasons for declination varied over time. About one third of those who initially said they declined because of safety or side effects cited a different reason for declination within 3 months. Follow-up communication seemed to be critical to shifting parents toward acceptance. Notably, the percentage who cited personal autonomy as the reason for declination remained stable throughout the year of follow-up at about 8%.

Figure 1.

Longitudinal changes in parental reasons for declining HPV vaccination



Improving Provider Communication

To overcome barriers to in-person training, Dr. Calo and colleagues created Vaxxed and Answered, a podcast-style educational series on adolescent HPV vaccination communication for advanced practice providers. Each episode is 30 minutes long. As part of a study of the feasibility of the podcasts, enrolled providers practiced the concepts described by making a short recording of their approach to a hypothetical patient scenario. Recordings were uploaded, and the users received feedback.

Vaxxed and Answered is available through Spotify, Apple Podcasts, and Google Podcasts. Additional episodes on influenza and COVID-19 vaccines were recorded and disseminated locally but are not available as part of the podcast. Dr. Calo and colleagues plan to expand the series to include communicating about vaccines for adults. Anyone interested in learning more is encouraged to contact Dr. Calo directly at wcalo@pennstahealth.psu.edu.

QUESTIONS AND ANSWERS

Q: I’m really curious about the secondary impact—the whole idea that you can change people’s minds. I did note, of course, those people who were [citing] personal autonomy stayed exactly at 8–9% throughout the entire course of the study, nothing changed. As you look at these longitudinal changes in terms of what actually matters, are you able to pinpoint that increase in secondary acceptance at the 12-month stage to any real specific change in behavior? Is it because a child went from not being sexually active during this one year and then becoming sexually active? Did the parent therefore then say, “Well, my child is now sexually active, so 12 [months] down the road, I really should get her or him vaccinated?” Is there some granularity in that data?

William Calo (Penn State): Yeah, and I'll explain a little bit more about this. Going back to this data point here, I mentioned here that we asked them [to choose] from a list of 13 options or reasons for declination, but for simplicity, we grouped them into these six categories. The resource that we mailed them [after the visit] was, like, frequently asked questions. It was just basically answering questions about these 13 reasons. And one of them is, for example, "Do I need the vaccine for a kid that is not sexually active?" And the answer is yes, because we want to protect them in the future when they become sexually active. So, sexual activity is irrelevant here.

The important thing here is that they received this very brief flyer with evidence-based messaging about those reasons. I think that it was not that the kid becomes sexually active, it's that **we answered the reason for declination** [emphasis added]. We expect that many of these parents just basically received information that was not available to them during the clinic encounter. And another thing is that we made it very easy for them to reschedule as well, so I think that that helps a lot.

I want to say something else, just to put in context here. We also did some qualitative interviews with some of these parents. For example, when you look at the knowledge and attitudes of parents, one of the things that they said was that there are too many doses: "I don't want [my child] to get too many vaccines." An important feature is that for these particular parents, [most had consented to vaccines for their child at the initial visit]: 96% for tetanus, diphtheria, and pertussis vaccine and 80% for meningococcal conjugate vaccine. Many of them declined [HPV] vaccination that day because their attitude towards the vaccine was like, "No, this is too many vaccines this day. I don't want to get more vaccines." But they were happy to get the vaccine in the future. So, I think understanding those kind of features will allow us to really understand, "Okay, this parent is better just to give them some space, and then 3 months later, let's send this information again, reschedule, because today was not the best day," because they don't want to get more than two doses. Or they only want to get the vaccines for school, and get that through the door, and then we can reconnect with them. So I think understanding those little things will make that process of follow-up easier and more effective.

Q: I do think that touches on that important point that a lot of us feel. You know, when you lose that opportunity, it's a missed opportunity, and what if the parents doesn't come back? But I think if you have a strong sense that you can capture these parents 3 months down the road, I think you definitely offer this idea that we need to kind of start messaging to some of these parents a little bit differently. Have you shared your data, your results, with physicians and physician groups, and if so, how was it received?

William Calo (Penn State): Sadly, not yet. We just finalized the analysis in early April for doing some talks at SBM [Society of Behavioral Medicine] and ASPO [American Society of Preventive Oncology]. We're working right now with the manuscript. I think this is actually the very first time that I'm able to present this to clinicians, so thank you for the opportunity. But yeah, this is something that I have to be a little more proactive [about], so if any of you can, [please] suggest me or open doors to share this data. One thing that I've been thinking

with some of my colleagues here is not only publishing a paper, but maybe some kind of a one-pager for clinicians with some of the key findings and what they can do will be more amenable for consumption.

Vaccine Implementation Project – Katelyn Wells, PhD, Chief Research, Evaluation, and Development Officer, Association of Immunization Managers (AIM)

Katelyn Wells, PhD, summarized new resources available for implementing new vaccines and recommendations.

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New Resources



AIM's Vaccine Implementation Project looked at the entire vaccine enterprise and where components interconnect or are interdependent, with the goal of strengthening coordination and improving implementation. A number of new resources were developed that can be used by partners to pinpoint where they fit in the overall enterprise, anticipate next steps, and collaborate with other partners. The environmental scan, routine vaccine implementation flowchart, vaccine implementation playbook, and partner landscape analysis are available [online](#).

The partner landscape analysis translates the in-depth environmental scan into a partner-focused view of how organizations engage across the process and includes a simplified implementation timeline. It is useful for planning to support immunization programs before, during, and after new recommendations are implemented. (See Figure 2.)

Figure 2.

Key Findings for Partner Landscape Analysis: NAIIS Poster

	Partner Key Findings	Opportunities for Partners to Support Immunization Programs
1	Early product development decisions with limited partner visibility constrain implementation and access	Bring implementation perspectives into early decision-making
2	Siloed communication creates unclear roles, timing, and dependencies	Build cross-partner coordination structures and shared timelines
3	Limited early availability of implementation-relevant product information constrains planning	Leverage available mechanisms to share select product info with healthcare decisionmakers prior to FDA licensure
4	Compressed timelines and late availability of key elements limit programmatic, policy, and tech readiness	Support earlier readiness of technological systems by providing inputs needed for system prep and testing
5	Payment and access barriers deter provider participation and early uptake	Align coverage, payment, provider enrollment, and access pathways earlier
6	Fragmented documentation limits institutional knowledge and lessons learned	Systematically document and share challenges, successes, and promising practices

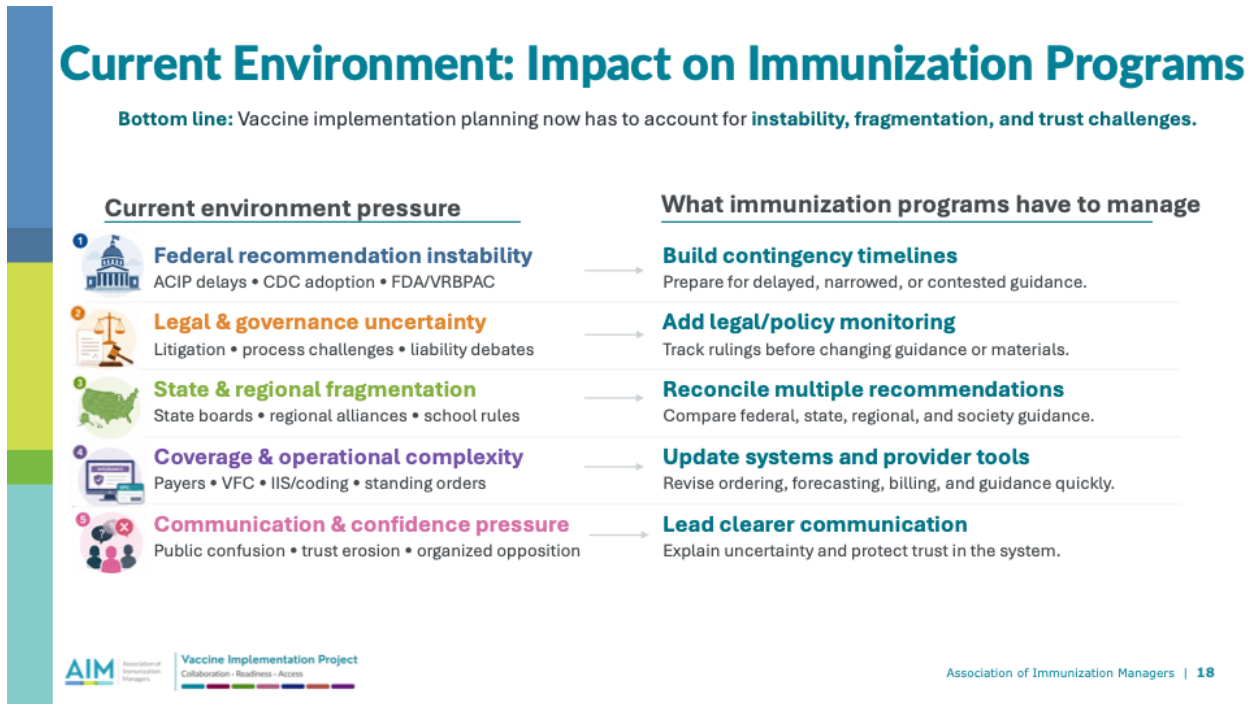



(AIM is willing to provide or tailor materials for Summit partners and requests aid in disseminating the new resources. Contact Dr. Wells at KWells@Immunizationmanagers.org.)

Impact of the Current Environment

AIM recognizes that the vaccine environment is facing new pressures, which affects what immunization programs must manage. (See Figure 3.)

Figure 3.



AIM is extending the Vaccine Implementation Project for a second year, during which it will shift from analysis to piloting structured coordination through cross-sector implementation workgroups and creating practical implementation tools.

QUESTIONS AND ANSWERS

Q: Are the immunization managers in the states actively disseminating this to all your public health and private sector partners there as well? The infrastructure you have put together and the timelines, what needs to happen—this is going to be really helpful if, let’s say, there’s a new vaccine manufacturer who has never done this before and wants to figure out how to launch a vaccine into our environment.

Katelyn Wells (AIM): Yeah, definitely. We hope to provide them the tools so they can disseminate it, and with the playbook training, we also have a tabletop exercise that we’ve also piloted where we bring in program managers and some of their collaborators to really walk through an actual exercise of thinking about how to implement a new vaccine. So, definitely, we’re evolving how we’re going to support immunization programs, but I think getting this information out is the first step.

Announcements

- During the summer, weekly virtual meetings are scheduled once per month, but dates may be added as needed. The following meetings are planned for this summer:

- July 9: American College Health Association: Back to School Plans (note that a second July meeting may occur, tentatively on July 16)
- August 13: Redeveloping Trust with Younger Generations – Unity Consortium; AIM
- September 9: Epidemiology Surveillance Update from the Centers for Disease Control and Prevention
- The following people won pins for submitting surveys following the annual in-person Summit meeting: Jenny Galbraith, Khaki Tate, Alana Kiefer-Blass, and Audrey Stevenson.
- NAIIS Workgroups have resumed regular meetings. Email info@izsummitpartners.org to be added to meeting invites and email threads.
 - Billing and Coding: Monday, June 15, 1 pm EST
 - Operationalizing Adult Immunization: Wednesday, June 17, noon EST (normally the second Wednesday of the month at 1 pm EST)
 - Sustaining Community-Based Organizations: Wednesday, June 24, 1 pm EST (normally the first Wednesday of the month at 1 pm EST)
- [Presenter slides](#) and [posters](#) from the May in-person Summit meeting are available online.