Immunize Weekly Summary: July 9, 2026

ACHA Vaccination Initiatives – Angela Long, MS, MPH, Director (retired), Public Health Practices, University of Oregon; Initiatives Liaison, ACHA Vaccine Preventable Diseases Advisory Committee; and JoLynn Montgomery, PhD, MPH, Senior Manager of Applied Public Health, University of Michigan; Chair, ACHA Vaccine Preventable Diseases Advisory Committee

Angela Long, MS, MPH, and JoLynn Montgomery, PhD, MPH, summarized new ACHA guidelines for college campus vaccination programs.

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College Students Are a Unique Population

ACHA recognizes that college populations differ from the general population, giving them unique protective and risk factors:

Protective Factors	Risk Factors
• Young • Generally healthy • Access to health care on campus • Accessible via multiple communication methods • Exposures and interactions can be tracked (via residence, dining halls)	• Frequently congregate in large groups • Have large social networks • More likely to be transient and/or travel frequently (e.g., between home and campus) • Inexperienced with using the health care system, making health care decisions • Engage in high-risk behaviors

Numerous challenges complicate vaccination among the college population:

- Not all campuses require students be vaccinated.

- Information collection is complex, as students come from different states and countries.
- International students may not have access to recommended or required U.S. vaccines.
- College health systems may not stock all recommended or required vaccines.
- Vaccine cost may be a barrier.
- Vaccine policies are often set by state legislatures, not individual colleges or universities, and vary by location, vaccine type, and population.

ACHA Guidance
ACHA recently updated its immunization recommendations to emphasize the need for institutional policies to promote high vaccine coverage among students (particularly health science and international students), stronger patient education, outbreak prevention and preparedness, and awareness of recommended vaccines and catch-up recommendations. The revised guidance highlights the importance of vaccines for college students and gives more information on vaccine costs and support for uninsured students. ACHA notes that students may be making their own health decisions for the first time; shared decision-making is an opportunity to address misconceptions and provide information.

Keeping the Campus and Community Safe
An increase in meningitis outbreaks on campuses underscores the importance not only of prevention but also of being prepared for outbreaks by having response plans and partnerships in place. From 2011 to 2019, 13 campuses had meningitis B outbreaks, some of which resulted in death. Meningococcus B vaccine is recommended for teens, and the risk increases for those ages 15-22 years. Partners across the vaccine enterprise can help college students better track which vaccines they have had, understand vaccine recommendations, and navigate the health system. Good information systems that facilitate sharing data across states and beyond campuses are also needed. (ACHA also recently updated its guidelines on tuberculosis risk assessment and management.)

QUESTIONS & ANSWERS
Q: Have you heard from schools that have encountered barriers with vaccinating students who are younger than 18 in states that don't allow minors to self-consent for vaccinations?
JoLynn Montgomery (ACHA): Oh, gosh, that's a really good question. I know we have students who, as soon as they turn 18, when they arrive, once they turn 18, they will come and seek vaccine out at our health service. I believe most campuses don't provide vaccines to minors without parental consent, especially if that's what their state guidelines are, so those can be challenges. And we just keep reminding students that there are opportunities, so that when they are ready to make a decision, if they want to make a decision to become vaccinated, those resources are available to them.
Angela Long (ACHA): I would just say that in Oregon, we are allowed to treat under 18, 17-year-olds by our state regulations. So state by state is really important to check.

Q: I have a close colleague here who's a college health director at a large public university, and they were talking about the challenges they've had getting records on file and convincing administrators of the value of having records on file for things like measles-mumps-rubella (MMR) vaccination in anticipation of measles walking on campus, because in today's environment, with measles outbreaks everywhere, we're fully expecting that campuses where students are not required to have two MMRs, or even where they are if they have exemptions, they will be seeing those outbreaks. One of the messages that I have often promoted when I was working with state administrators here in Tennessee, where I was for a long time, was the idea that making sure that you invest the time up front to get those records on file will enable student health or college health groups to respond efficiently when an outbreak starts by being able to recognize immediately which students require intervention and which students can go on about their business. Are you thinking about strategies that could help in states where having documentation is not required, where we can do more to get messages to community colleges and others about the importance of thinking ahead, getting those records, so that students can see that if something bad happens, my records are there, I can just keep going to class, and I don't have to worry about it?

JoLynn Montgomery (ACHA): Yeah, that's a really, really good question, really important. A lot of the data systems that colleges and universities use are more focused on compliance—whether they've met the requirement, which might include an exemption—rather than actually having the vaccination information, and so we do mention the importance in our guidelines of actually having that vaccine information—when did they get their doses? what doses did they get?—for that exact reason. If that is not possible in a specific setting, having really good relationships with state and local health departments can help because of immunization information [systems, that is,] registries. It is a big challenge, and I think colleges and universities, some put resources in following the pandemic, saying, "Oh, we better know this for other things," and they've been reading tea leaves about things like measles, saying, "Wow, we might need to know exactly, as you said, who in our residence halls needs … who is not vaccinated so that they may need to quarantine if they're exposed," and that sort of thing, so this is absolutely a problem that we're grappling with. Our recommendation is to get the information or at the very least make sure you have strong partnerships with those who might have some of that information.

Angela Long (ACHA): I'll just add that having exemption records is also important. So we have an exclusion policy on campus. If we have measles or mumps on campus, then those students have to be excluded. So knowing those exempted students also is important.

Back-to-School Presentation: Meeting Students at Move-In – Kara Garretson DHSc(c), MPH, Senior Epidemiologist, Infection Prevention & Control Safety Officer, Atlanta University Center Consortium (AUCC)

Kara Garretson, DHSc(c), MPH, described the success of a pop-up vaccine clinic on campus on move-in day.

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AUCC is a consortium of four historically Black colleges and universities in the Atlanta area. Its health center serves the 12,000 students from all four institutions. AUCC partnered with the grocery and pharmacy chain Publix to offer a pop-up vaccine clinic on campus during move-in day. Students are required to have up-to-date vaccinations before registering and moving in; for those who arrived on campus needing vaccines, the pop-up clinic was simpler and more efficient than finding a local pharmacy while navigating the move-in process.

The clinic administered 595 vaccines to 504 students—mostly meningitis B and influenza vaccines. An immunization coordinator at the pop-up clinic recorded the vaccinations in the state registry and the AUCC electronic medical records. Student satisfaction surveys demonstrated the success of the partnership, which was particularly well suited to the multi-campus setting.

Several key takeaways emerged:

- Students often arrived on campus in need of multiple vaccinations.
- Convenience matters: the pop-up clinic supplied multiple vaccines in one visit, and students said they were more likely to engage with care when it was easy to do so.
- Community pharmacies are a powerful extension of public health, especially during high demand. The coordinated partnership model worked well.
- Improving access requires designing outreach around how students want and need to get care.

To demonstrate the benefits of improved access and vaccine uptake, AUCC is looking at compliance and series completion metrics. It is enhancing systems for tracking compliance, reporting, and monitoring. For the coming semester, AUCC is building questions about student vaccine status into its electronic medical record system to sync with the workflow and improve tracking.

QUESTIONS & ANSWERS

Q: Can you talk a little bit about how your experience with meningitis on campus also contributed to your designing this effort?

Kara Garretson (AUCC): Right. So unfortunately, 2 years ago, we lost a student to meningitis B. Her suite-mates found her, unfortunately, and so it was very, very devastating to the campus, to the community, to us. [It was] something that could have been prevented. So it still upsets me, quite honestly. But we made sure that, meningitis B and ACWY [vaccines were] a requirement on our campus from that point on. We also noticed that a lot of these immunizations that our students have—they get them when they're young. Most of these immunizations requirements are when they are in grade school, so it's easier for them to take those—they're not easy, but they can get their records in, bring them over to our campus, and we're able to review them. But the meningitis B, again, seems to have been the biggest, at least the biggest effect we've seen regarding the data that we collected for the students that

were in this particular pilot. I think 270 students received meningitis B [vaccine] during move-in.

Q: Can you address how financial barriers were addressed for students, perhaps [for those] that didn't have insurance? Or are all students who are enrolled required to have insurance? Is that common on these campuses?
Kara Garretson (AUCC): Right, so this coming semester, it will be required that all students who are not on their parent's insurance will have to sign up for the school's insurance. What we were seeing was a lot of out-of-state Medicaid. And so that created a barrier for students at the pop-up clinic, because pharmacists—Publix—was there to run their insurance information on site. And they were able to go through the insurance. They didn't have to pay a copay or anything. They just ran their students' insurance and then provided them with the vaccination. But for students with out-of-state Medicaid, we had to provide a few different options for them. So we have vaccines here in the clinic, and we tried to preserve those vaccines specifically for those students who we knew would need them. We also had a partnership with the local health department, so that they could provide the vaccine on a sliding scale. But again, pricing—it's still a very expensive vaccine, meningitis. Even on the sliding scale, I believe it still was over $120 for these students. And so on top of the financial thing, they are dealing with moving into their new dorm room for the next 4 years.

Q: Was Publix able to include both brands of the vaccine for those that may have already had one dose?
Kara Garretson (AUCC): Yes, so we had both Bexsero and Trumenba on site for those individual students. We needed to know what vaccine they had, and that was also a small barrier for some of our students who came from out of state. Some of them were unaware of what their first dose was. Their parents had to call their health provider to find out what that dose was in order for us to give them their second dose.

Q: Did you then offer follow-up vaccination clinics? I'm guessing there were some students who thought, "I don't want to get a vaccine while I'm moving in, I've got too much to do in the next 48 hours." How did you handle follow-ups for people who didn't want to get vaccinated that day, or who needed to complete a series?
Kara Garretson (AUCC): Yeah, so, for students that needed to complete a series, we had a series of vaccine clinics. We incorporated them into our flu campaign. We did pop-up clinics on our campuses. We did them in areas that we knew our students would kind of hang out in. We would send messages and emails and essentially bug them. But the biggest thing that would make a student move is their medical hold. So once we put a medical hold on their account, then they can't register or do anything else, and that's when they come knocking at our door. For students who participated in our clinic, most of them had medical holds. They knew that they needed to have a vaccine and thought that they could possibly get it here in Atlanta and still move in. But our process and our policy is that we need you to be compliant or at least up to date before you move in.

Comment: Angela Long (ACHA): I feel your pain. We at University of Oregon had a student death due to meningitis B. So it's definitely a challenge. I did want to just mention briefly that ACHA is doing another project that is focusing on meningococcal vaccines and has funded some campuses to bring forth innovative approaches to reaching populations that are underserved in that vaccine. And that includes many, many different types of populations. We've seen a lot of great ideas. And one is when the administration says we need to collect records, it's easier to collect records, right? So having our administrations behind us is really helpful. Another one that we saw is that bringing the topic up in clinical conversations during visits, working it into a clinical workflow, and starting with those conversations there and continuing them seems to be a great way forward. But there's many others, and I just wanted to give the heads-up to the audience. We're working on a final report and we'll be publishing that as a brief report in the *Journal of American College Health*, so know that that is forthcoming, and we've just seen some innovative work, and it will be continuing as well going forward.

Q: When you bring all these other vaccines to your flu clinics, are you doing that at your physical health service building or do you do that out on campus? Because we do flu clinics throughout campus, and so I've been trying to figure out how can we also add meningitis vaccine to the cart that they carry around—but the doctors and the pharmacists are like, "What?" So I would just love some advice on this.
Kara Garretson (AUCC): Yeah, so, actually Publix—this is why the partnership was so great. They handled a lot of the carrying of the vaccine, and Publix didn't charge us anything. We looked at other partnerships. Some institutions wanted us to have a specific number of students. We couldn't provide that because it was a pilot. We knew how many students as we got closer. We know how many students are not complying, but that changes as you get closer to the to the to the semester, to move-in. So we tried multiple avenues, and Publix—their pharmacy, their techs—they brought everything on site, the vaccines on site, the coolers on site, everything. They brought everything on site to us. We had a couple of different setups, so we had one directly on campus, and then one during our open house, in our clinic, actually, and we would be able to do a couple of things. We could register students for insurance, so for students or parents who didn't know that out-of-state Medicaid was an issue. Once they move into Georgia, we were able to have the United Health Care representative on site, where we can set them up with their insurance, and then we could go through that process to get them vaccinated. But regarding everything, the carrying, that was all Publix.

Announcements

- Summit partners are invited to submit events and information for a public resource, the Summit Resource Calendar (via email to info@izsummitpartners.org). Examples include time-bound information such as back-to-school events, fall vaccine news, and seasonal activities.
- 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 23: Extension Collaboration on Immunization Teaching and Engagement (EXCITE) Program Update
    - August 13: Redeveloping Trust with Younger Generations – Unity Consortium; Association of Immunization Managers (AIM) Presentation on Systems and Steps for New Vaccine Implementation
    - August 27: Influenza Vaccine Manufacturer Updates
    - September 9: Respiratory Virus and Epidemiology Surveillance Updates
- NAIIS Workgroups have resumed regular meetings. Email info@izsummitpartners.org to be added to meeting invites and email threads.
    - Billing and Coding: Monday, July 20, 1 pm ET
    - Operationalizing Adult Immunization: Wednesday, July 15, 11 am ET (normally the second Wednesday of the month at 1 pm ET)
    - Sustaining Community-Based Organizations Wednesday, August 5, 1 pm ET (normally the first Wednesday of the month at 1 pm ET)