Immunize Weekly Summary: August 13, 2026

Unpacking the 2025 AIM Annual Survey: Focus on Adults – Katelyn Wells, PhD, Chief Research, Evaluation, and Development Officer, AIM

Katelyn Wells, PhD, offered insights from a recent AIM survey.

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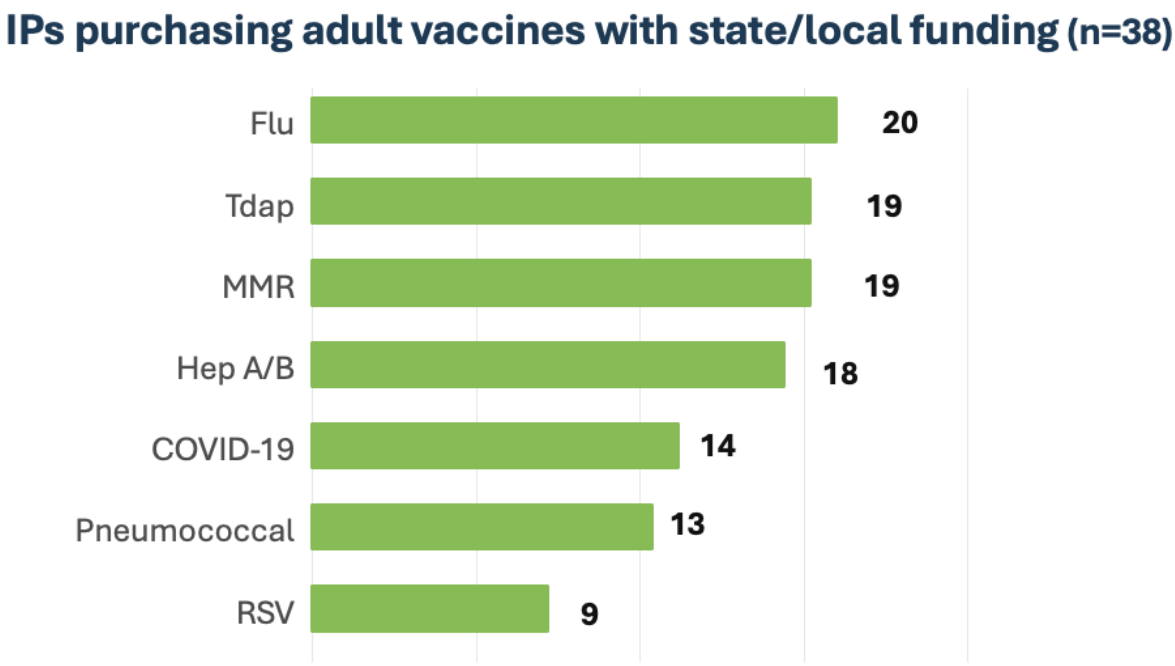
AIM represents federally funded immunization programs in all US states and several territories. Its members differ in size, funding, and populations served but share the goal of increasing vaccine coverage and protecting communities. The 2025 survey results surfaced the following key findings. (See AIM's 2025 annual survey snapshot, aggregate results, and webinar for more details.)

Workforce Capacity
The survey showed that 36% of jurisdictions had new program managers since January 2025, and a subset of those are interim positions. High turnover affects program continuity. Across programs, relatively few staff are dedicated to adult immunization coordination or program communications. In 2025, 38% of programs reported having no adult vaccine coordinator positions, continuing the increase seen in 2024 and reaching the highest level since 2013. Without dedicated staff, adult vaccination work is often absorbed by other program staff. All these factors have a significant impact on the reach of adult vaccination programs.

Funding
Section 317 funding is discretionary, and most programs use it to purchase vaccines for uninsured adults. However, programs face limits on the types and amounts of vaccine that can be ordered and who can order them. A total of 45% of programs receive state or local funds to purchase adult vaccines (compared with 42% for childhood vaccines). Notably, 27% receive state or local funding for operating childhood vaccine programs, compared with 23% for adult vaccine programs. Because operations turn vaccines into vaccinations, access is driven not just by the availability of vaccines but also by funding and capacity of programs to disseminate them. A few states fund bulk vaccine purchase at the discounted Centers for Disease Control and Prevention (CDC) contract price and provides vaccines at no cost for providers.



IP, immunization programs.

Planning and Priorities

Over the next 12 months, programs said they planned to focus on outreach and education (85%); improving immunization information system reporting, which is tied to funding (77%); and requiring provider enrollment, also tied to funding (76%). Programs also planned to assess the number of providers in their jurisdiction, conduct site visits for compliance reviews, implement quality improvement initiatives for adult programs, and boost vaccination rates in long-term care facilities. Top priorities are often broad programmatic goals, such as improving IIS; better using data for decision-making; and increasing access, coverage, and preparedness. Steps related specifically to adult vaccines are less prioritized and, in some cases, even lower since 2024.

Conclusion

Future progress in adult vaccination coverage depends on bolstering infrastructure and capacity through IIS modernization, provider relationships, flexible funding, operational support, and consistent communication. AIM provides resources that can be adapted and branded by programs, which is especially useful for those without dedicated communications staff. AIM's annual influenza update webinar is August 21. Connecting the Dots, a collection of flu vaccine resources, is updated monthly. Organizations with existing or planned influenza vaccination resources are encouraged to contact AIM about including them in Connecting the Dots.

Unity Consortium: Redeveloping Trust with Younger Generations – Judy Klein, President

Judy Klein framed the concerns about effective messaging and introduced a panel of young adults to respond to questions raised at the in-person Summit meeting in May.

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Shifting Perceptions on Trusted Sources
For young adults, health information often comes from credentialed (e.g., health care providers) and uncredentialed (e.g., family and friends) sources. Based on various survey data, Unity found that 70% of people have a "divisive" health belief — for example, that vaccines cause more harm than benefit or that fluoride in water is dangerous. Health care providers are still highly trusted sources, but people with divisive beliefs also draw from other sources for information. The role of the health care provider is shifting from an authoritative figure who gives directions to a guide who helps people interpret information from multiple avenues. The top reasons people trust uncredentialed voices are that they have direct shared experience, express empathy, are convenient and available, have perceived relevant knowledge, and withhold judgment.

Unity's Teen Advisory Council recommends the following approaches to messaging to young adults:

- Rebuild trust through local messengers.
- Frame the message around protecting oneself and one's community.
- Address rumors quickly with empathy and simple evidence.
- Improve convenience (e.g., make it easy to get vaccines and information).
- Target concerns central to young people, such as autonomy, participation in sports or events, and social media narratives (including misinformation).

Trusted Teen Community is a Unity pilot project to create networks of young people around the country and empower them to protect their communities by ensuring they have accurate, culturally relevant information. One project participant explained that she had only heard negatives about vaccines. Armed with evidence about vaccine benefits, she took part in a local vaccination campaign to quell a hepatitis A outbreak that resulted in a 90% reduction in cases. (For more information, contact Unity@unity4teenvax.org.)

Unity Panel Discussion
Zachery Lang, a college student and member of Families Fighting Flu; Madeline McNee, a program coordinator for human papillomavirus (HPV) prevention at St. Jude Children's Research Hospital; and Madisen Stearns, Unity Consortium intern; fielded questions. Discussion highlights are summarized here:

How is decreasing health literacy affecting vaccine hesitancy? Stearns linked hesitancy to broader social determinants of health (e.g., education, economic status) and called for more holistic engagement that centers on overall health.

How can we encourage young people to be more community-minded in their thinking about vaccine-preventable diseases? Lang said narratives that emphasize personal

connections – such as the risk of infection for a sibling with chronic illness – are effective at shifting perspectives among young people. He recommended storytelling as a key engagement strategy. McNee suggested leveraging existing social structures (e.g., friend groups, school health courses, community-service programs) to normalize preventive health and vaccine advocacy.

Is using generational slang or trends effective in messaging? Stearns said younger teens may react negatively to adults mimicking trends, and effectiveness varies by age range. McNee said that attention-grabbing hooks and short video formats outperform longer content when users are "doom-scrolling."

How can we nurture and empower more youth advocates? Lang recommended genuinely listening to youth concerns and opinions, providing platforms to share personal stories, and incentivizing participation (e.g., through recognition, titles, media features) to motivate and sustain youth advocates. Young people need opportunities to build their confidence as advocates.

How do artificial intelligence (AI) and online information-seeking affect vaccine confidence? Stearns and McNee expressed concern that AI chatbots can create echo chambers (reinforcing existing beliefs, personalized to prior queries) and generate false confidence in either direction. McNee noted that the field may need to work with AI developers to ensure trustworthy resources are prioritized or integrate training about the limitations of AI into education for young people.

QUESTIONS & ANSWERS

Q: If you've had a teen or a young adult who had a bad immunization experience, what are some approaches to helping that person feel brave about going back and getting another vaccine?[1]

Zach Lang (Unity Panelist): I was vaccinated, and I still had a really, really terrible instance of the flu. And so I feel like the distinction that's really made is that a lot of people will say, "Oh, well, the flu vaccine didn't help me that time, so I might as well not get it – that was a bad experience." Whereas I think that you're just going along with the fallacy that correlation equals causation. It's not the case. There are so many other factors — I had been working out while I was sick, I had been partaking in festivities, I had been going out and doing all these different things — and so I was able to understand that and not directly tie that experience and the negative aspects of it to the flu vaccine itself. And so I think, if I were to be in the presence of a doctor, and they were trying to backtrack with me, I would want to be able to appreciate those other variables and then come to a reasonable conclusion after addressing all of that.

Madeline McNee (Unity Panelist): I think the fear-of-needles thing is hard. It's not a personal fear of mine, but I can understand that for people who are genuinely so afraid of

[1] Find resources from Immunize.org addressing anxiety, pain, and other issues around improving the vaccination experience here.

needles, that really is a monumental choice to go and get vaccinated. I think with young adults, the key is really leaning into the idea of empowerment – making those decisions to better their health in the future and protect them against serious illness. Again, when I think about HPV vaccination, how powerful it is that you can get a vaccine that can prevent cancer later in life. It's really a small price to pay to have a sore arm compared to potentially getting cancer down the line. So I think leaning into the long-term benefits is a good way to go.

Madisen Stearns (Unity Panelist): I just have to echo what Maddie and Zach both said. The other thing I do have to say is fear of needles is valid, and I feel like sometimes it's easy to brush people off and say, "Oh, it's just a needle stick," but a genuine phobia is a genuine phobia, so taking everything everyone says seriously and validating their feelings goes a long way.

Q: We've heard a lot about the importance of communications – I was a little bit surprised to see [from the AIM presentation] that among all the immunization programs combined, there were 42 full-time employees for communications. Can you talk a little bit about that, and maybe what the Summit members, Unity, and others can do to help support, given they don't have a ton of resources for communications?
Katelyn Wells (AIM): I think this speaks to my previous note that a lot of immunization programs are structured differently – so if they don't have dedicated staff, does it mean maybe they have an external communications team taking care of their work? So I just want to provide that caveat. But with the day and age we're dealing with, there's an extended need for specific and more intense communication related to immunizations. During COVID, we heard about the challenges of an immunization program needing to communicate out, then having to go through the health department channel, getting things approved, and all these layers. I think that speaks to the fact that there are just as much or even more communication needs today, and not having that dedicated, knowledgeable immunization program staff available provides some limitations. When we speak to program managers and ask what AIM can do to help, they ask for templates, because they don't have the internal staff to develop infographics or presentations. So as a community, I think there's definitely a call to action: ***when we're developing resources, think about things that can be easily adjusted or branded by other entities that may not have the resources to develop something from scratch***.

Q: Are there efforts to reach people who've just turned 18? That's the last year people are eligible for Vaccines for Children (VFC) purchases. Would that be a helpful message: "You're 18, you can now make your own health decisions," but also, "Hey, you have vaccine access at 18 that maybe when you're 19 you may not"?
Katelyn Wells (AIM): Well, specific to reaching out to 18-year-olds, I'm not positive, but I do know there are a lot of active university-based campaigns trying to help universities meet that school requirement. Actually, in our flu webinar, we're hoping the program joining us will speak about their university-specific campaigns. So definitely there are messages going out to those 18-year-olds who are still eligible under VFC.

Madeline McNee (Unity Panelist): I just wanted to share that our program hosted a webinar focusing on HPV vaccination for catch-up populations, [ages] 18 to 26. We heard from some great presenters – Dr. Thompson from the University of Texas at San Antonio and Dr. Kessler from Johns Hopkins – who shared great background information and resources that have been effective for reaching these populations. In my role, I also co-lead the HPV Vaccination Roundtable of the Southeast. We have a communication campaign called "It's Our Way Down South," and we're just getting ready to release new materials adapted for catch-up populations.

Madisen Stearns (Unity Panelist): I just wanted to go off the point that, as Katelyn was saying, we can partner with colleges and institutions to promote a vaccination campaign and things like that – but even given that, what are we doing about the people who don't have access to those colleges and those resources? Not to discredit that at all, but we need to expand the reach even further, and how can we do that? That is the question.

Announcements

- The meeting schedule for this summer is as follows:
    - August 27: Influenza Vaccine Manufacturer Updates
    - September 3: CDC 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: Meets on the third Monday of the month at 1 pm ET
    - Operationalizing Adult Immunization: Meets on the second Wednesday of the month at 1 pm ET
    - Sustaining Community-Based Organizations: Meets on the first Wednesday of the month at 1 pm ET
    - A survey went out recently to determine the meeting schedule for the new Workplace Workgroup.
- 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.