AIM Association of Immunization Managers

Vaccine Implementation Project

Collaboration • Readiness • Access

SAVRR Council

November 10, 2026

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Background

Vaccine Integrity Project

- Reviews scientific evidence to inform vaccine recommendations and address inaccurate vaccine-related information.

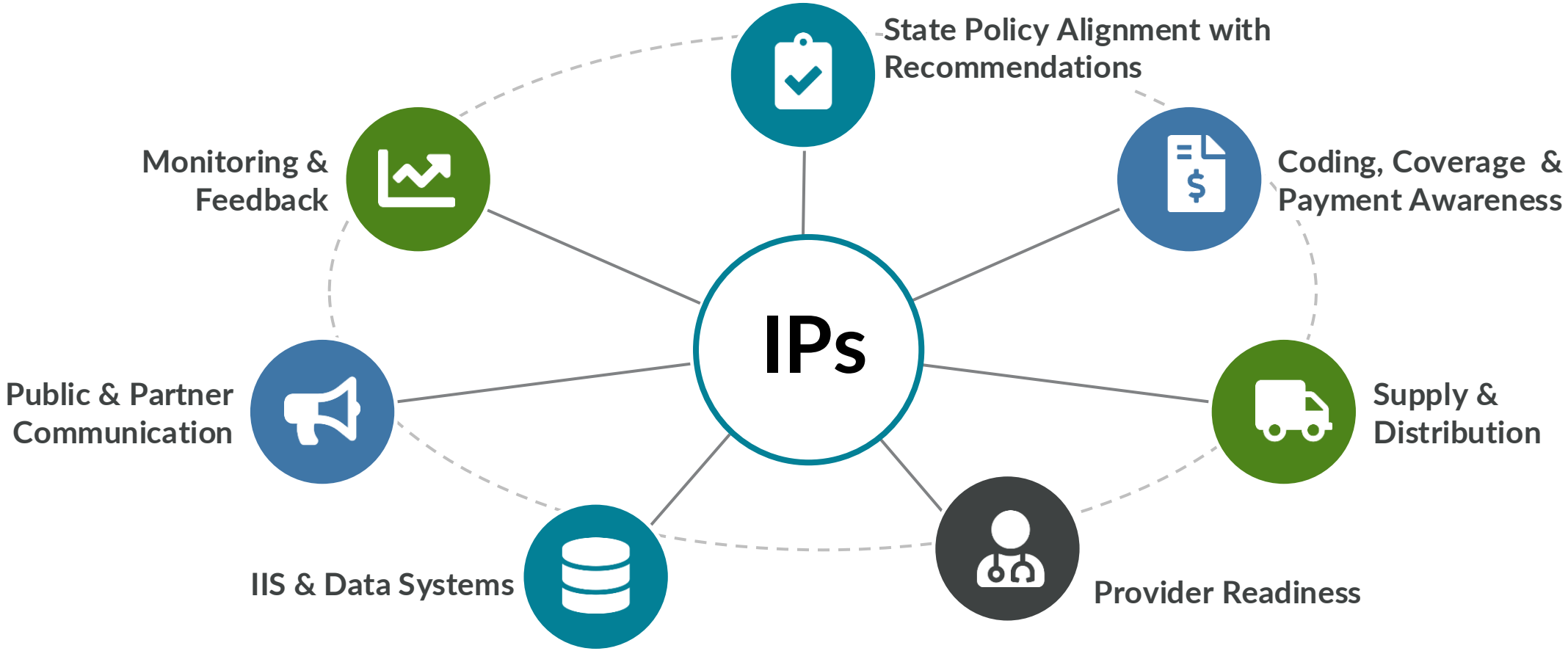
SAVRR Council

- Supports the clinical implementation of professional society recommendations by providing feedback, clarifying differences among recommendations, and helping clinicians understand how guidance applies to specific populations and settings.

AIM Vaccine Implementation Project

- Provides educational resources and operational implementation insight to clarify the systems, processes, roles, timelines, and coordination needs involved in moving new products and recommendations into practice and public access.

Immunization Programs (IPs) Support Jurisdiction-Wide Vaccine Infrastructure



IPs help maintain or coordinate systems that affect both public- and private-sector vaccination

Vaccine Implementation Project Resources

AIM Association of Immunization Managers

Vaccine Implementation Project
Collaboration · Readiness · Access

Purpose: Improve readiness for, and implementation of, new immunization products or revised recommendations

Why is this project important?

- Strengthens communication, understanding, and collaboration
- Helps partners better understand routine steps, gaps, promising practices, timelines, and coordination needs
- Supports shared planning for future vaccine rollouts

Available Resources

Environmental Scan
Steps, gaps, and promising practices

Flowchart
Process map

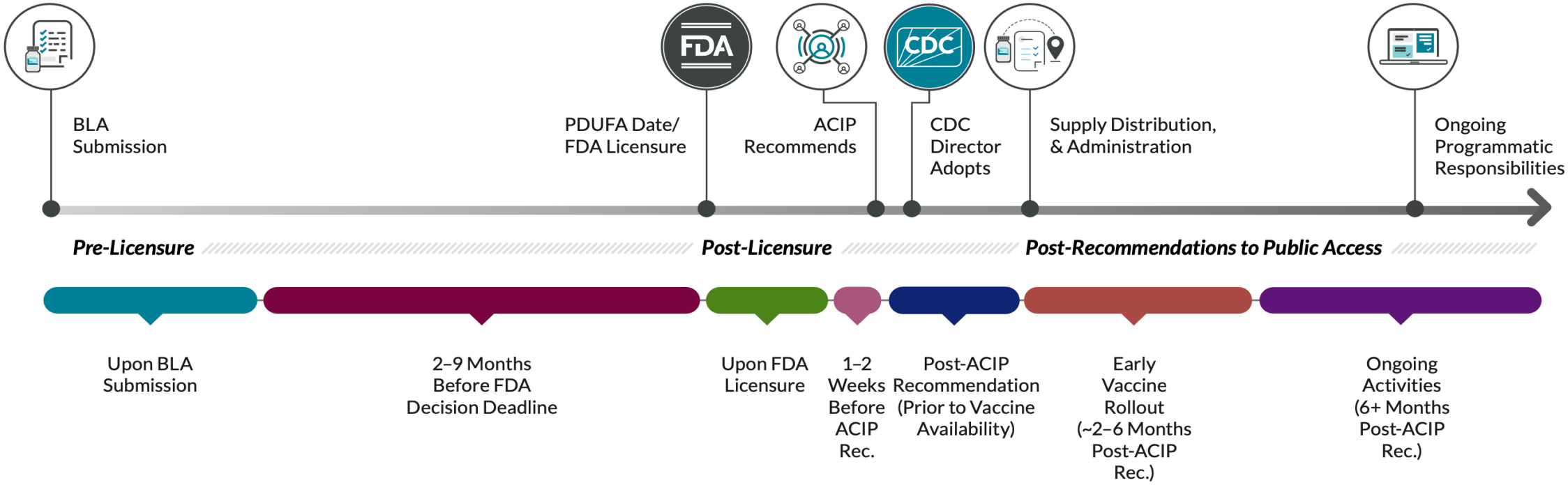
Playbook
Guidance for immunization programs

Partner Landscape Analysis
Guidance for partners

bit.ly/AIMimplementation

The Vaccine Implementation Playbook

A planning guide for immunization programs, organized around seven milestones that begin when a manufacturer submits a BLA.



Organization Touchpoints: Before Licensure

The Playbook points programs to medical professional and pharmacy associations well before licensure.

STAGE 1

Upon BLA Submission



Engage – Coordinate With Partners

Consider

Collaborate with LHJs to partner with appropriate organizations (e.g., coalitions, health care professional organizations) to support early disease-specific provider education.

STAGE 2

2–9 Months Before FDA Decision Deadline



Engage – Coordinate With Partners

Consider

Engage state pharmacy associations to identify potential implementation challenges and support needs.

STAGE 2

2–9 Months Before FDA Decision Deadline



Engage – Coordinate With Partners

Consider

Collaborate with LHJs to coordinate with immunization coalitions, medical associations, and other partners on messaging development.

Source: AIM Vaccine Implementation Playbook, June 2026 (pp. 8, 12).

Organization Touchpoints: Licensure to Rollout

From licensure through rollout, the Playbook points programs to association partners.

STAGE 3

Upon FDA Licensure



Engage – Coordinate With Partners

Consider

Collaborate with LHJs to initiate expectation-setting communications for providers, pharmacists, legislators, including clarity on product availability, timing, and next steps.

STAGE 6

Early Vaccine Rollout (~2–6 Months Post-ACIP Recommendation)



Engage – Coordinate With Partners

Consider

Follow up with state pharmacy associations to assess rollout progress, identify emerging implementation challenges, and gather insight from independent pharmacies.

STAGE 7

Ongoing Activities (6+ Months Post-ACIP Recommendation)



Act – Within Program Control

Recommended

Monitor vaccine coverage rates, identify corresponding vaccine deserts, and partner with FQHCs and/or pharmacies to close gaps.

Source: AIM Vaccine Implementation Playbook, June 2026 (pp. 16, 27, 30).

Immunization program experiences

Implementing Professional Society Vaccine Recommendations

Multiple recommendations become one operational message

Programs may work from professional society recommendations, CDC guidance, FDA indications, and state guidance at the same time.

A recommendation is one step in implementation

Programs may need to update eligibility rules, ordering, IIS/clinical decision support (CDS) logic, provider communications, and partner education.

Recommendation timing and readiness don't always align

Providers and the public may hear a vaccine is recommended before programs can say when or how it will be available.

Availability in the market doesn't necessarily mean equitable access

Public sector ordering, allocation, distribution, and pharmacy capacity affect whether people can receive a recommended vaccine.

What helps immunization programs act on vaccine recommendations?



Early implementation information

Advance information on product characteristics, timing, storage, presentation, and ordering, ideally before vaccine recommendations are final, when possible



Clarity on alignment and differences

Where recommendations align, where they differ, and what those differences mean for provider action



Implementation impacts flagged

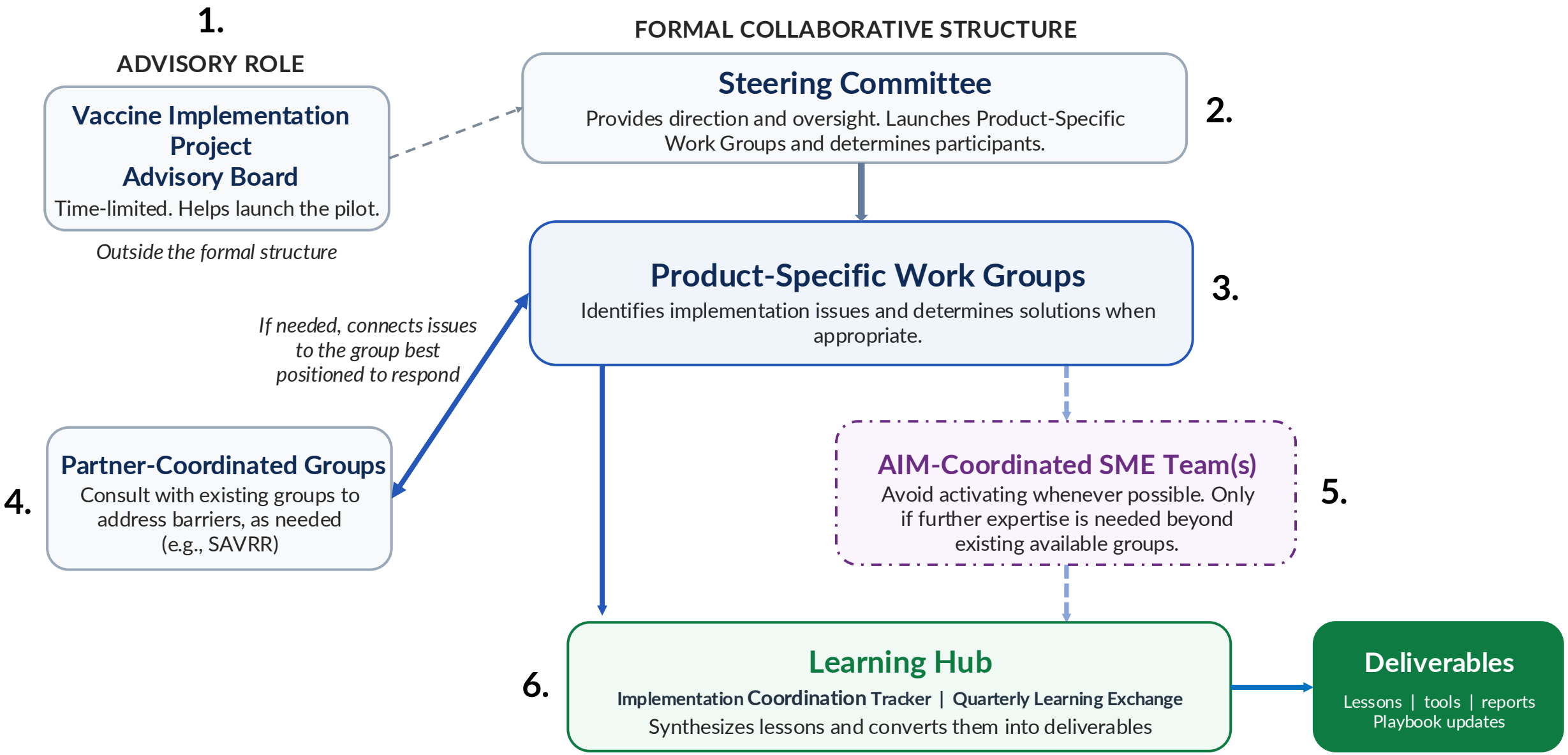
When recommendations differ, noting which systems are affected, such as eligibility for publicly funded vaccine, registry forecasting, and coverage



Transparency about when and how

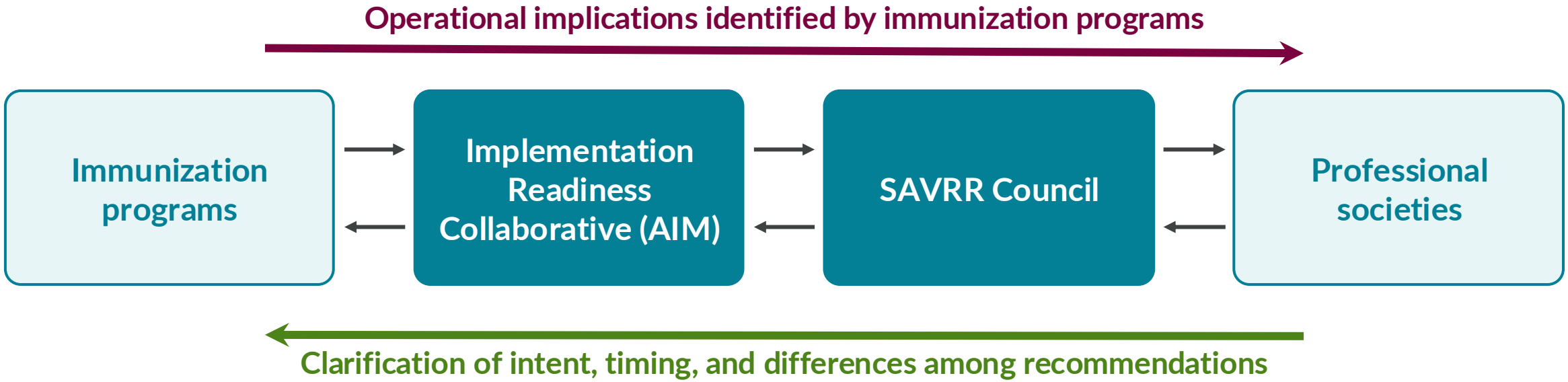
Visibility into the evidence reviewed, and how and when vaccine recommendations are developed, to support vaccine confidence and planning

Implementation Readiness Collaborative Structure



Proposed Implementation Feedback Loop

How the Collaborative could connect immunization program experience with SAVRR and professional societies



During vaccine recommendation development and after publication. AIM shares operational considerations from immunization programs; it does not evaluate evidence or develop vaccine recommendations. Proposed pilot, structure and roles are not final.

Next steps

Collaborative next steps

- Incorporate partner feedback on how implementation feedback can be shared
- Seek funding
- Identify pilot period

Resources



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