



## Association of Immunization Managers (AIM) Public Comment

### Vaccines Federal Implementation Plan Public Comment

March 29, 2022

The Association of Immunization Managers (AIM) appreciates the opportunity to comment on the Vaccines Federal Implementation Plan (VFIP). As a membership organization that represents the 64 CDC Awardee state, territorial, and large urban area public health immunization programs, we believe the Vaccines National Strategic Plan (VNSP) lays the groundwork for essential vaccine strategies and goals for all ages for the period 2021-2025, and we are thrilled this comprehensive implementation plan to support the VNSP and monitor progress.

The Vaccines National Strategic Plan (VNSP) and Implementation Plan comes at a critical time as we navigate the ongoing COVID pandemic while maintaining and catching up on routine immunization rates. AIM members, immunization program managers, play a key role in distributing adult, adolescent, and childhood COVID and routine vaccinations and assuring vaccine uptake in communities and populations. We are concerned that individuals of all ages have fallen behind on routine immunizations. The VFIP provides key implementation strategies to improve immunization coverage rates across the lifespan and build on the lessons learned through pandemic response with the COVID vaccine campaign. This Plan is essential as we move towards creating a more robust adult, adolescent, and childhood immunization framework for all vaccines. AIM appreciates that the VFIP continues to provide broad, all-encompassing strategies to increase vaccination uptake in the United States and territories.

The five goals outlined in the VFIP highlight many of the key federal activities needed to maintain equitable and efficient uptake of all vaccines. We would like to highlight and comment on a few key areas of the Vaccines Federal Implementation Plan, and provide insight into areas for growth and improvement:

- 1. Communication and Vaccine Information Dissemination (Goals 3 and 4):** Throughout the COVID-19 pandemic, strides have been made to develop transparent and open communication about the importance of vaccination against vaccine preventable disease. However, there remains room for improvement in cohesive communication and communication plans from the federal level. Goals 3 and 4, focused on routine vaccination knowledge sharing and access, provide a framework for countering many of the key obstacles to vaccine uptake: vaccine mis and disinformation, capitalizing on community engagement, increasing provider capacity to promote vaccine knowledge, etc. While the goals in these sections provide the groundwork for improving communication around vaccines, we feel that additional tools are needed to disseminate information about all recommended vaccines, such as mass media, cohesive federal communication efforts coordinated by FDA, the White House, and CDC, and national level provider education and training.



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2. **Vaccine Storage and Handling (Goal 1):** Strategy 1.2 briefly touches on the need for improvements to support the development and uptake of technologies to improve vaccine storage and manufacturing. Our members have worked closely with the CDC during the COVID-19 pandemic to implement groundbreaking and challenging storage and handling requirements, such as ultra-cold storage requirements, transport and redistribution of vaccine, education of providers, use of digital data loggers (DDLs), unique vaccine clinic storage needs, and more. We feel that more robust language on storage and handling requirements and objectives for all vaccine types is essential. Furthermore, we believe and agree that CDC should be the lead for implementing all storage and handling goals and objectives, as immunization program activities and requirements are strongly guided by awardee CDC cooperative agreements. The Vaccines for Children (VFC) program has established storage and handling requirements based on science and data; the same should be done for all COVID vaccine providers (including retail pharmacies) as well other adult vaccines. VFIP activities should also include research into improved storage technology, and improved technology to assess the viability of vaccines, such as indicators on vials to visibly show if the vaccine is viable or has been exposed to out-of-range temperatures.
  
3. **IIS and Data Sharing Improvements (Goals 3 and 4):** Immunization information system (IIS) improvements have been a key focus area for immunization programs throughout the COVID pandemic, as jurisdictions continue to enhance data sharing, reporting, and interoperability. Goals 3 and 4 address the key issues immunization programs faced during the COVID-19 pandemic and beyond: data sharing between public health and the community (3.4.1), utilizing data collection to improve equity and assess vaccine disparities (4.1.1, 4.2.3), improving IIS reporting and interoperability (4.3.1), and increasing data analytics capacity to conduct continued disease surveillance and increase enrollment of adult health care providers in IIS (4.3.3). Increasing data sharing across health systems to better assess and improve coverage (4.3.5) is vital, and AIM supports national standards for Smart Health and QR code digital vaccine records for consumers. For IIS and data sharing related goals and strategies, we would like to emphasize that CDC should lead IIS and data modernization efforts, in partnership with other organizations like ONC, the VA, HHS, and others. AIM would like to amplify some of the recommendations made by the Adult Vaccine Access Coalition (AVAC) in their comment to ODP on the VFIP:
  - a. **Strategy 4.2.3: Increase use of data by public health departments and health care systems to identify and address disparities in vaccination rates in their jurisdictions and patient populations.** “Efforts to identify and address disparities will only be meaningful if consistent and reliable data is being collected and reported. At present, there is a great deal of variability in data elements being collected in terms of an immunization encounter and the immediate needs for modernization of information technology platforms and software systems are



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great.” AIM, in line with AVAC recommends including “ONC as a lead partner with CDC and the VA to help improve systems relied upon to gather vaccination rates among sub-populations and to assist public health departments in their efforts to retrieve vaccination data from their IIS.”

- b. **Strategy 4.3.1: Improve Immunization Information System reporting, its interoperability across jurisdictions, and bidirectional communication with other health data systems.** AIM agrees with AVAC that “the IIS must be improved and enhanced to meet new and changing data standards and access to IIS must be expanded to more providers and settings across the health care system.” AIM also believes that IIS should be an integral part of CDC’s data modernization initiative. It is critically important that data collected at the federal agency level, such as through the VA and DOD, be shared with relevant jurisdiction level IIS.
  - c. **Strategy 4.3.3: Increase data analytics capacity to conduct disease surveillance and increase enrollment of adult health care providers in immunization information systems.** AIM agrees with AVAC and “encourages HHS in their annual budget to Congress to support investments in data analytics capacity to conduct disease surveillance and increase enrollment of adult health care providers in immunization information systems.” We also recommend broadening the focus to reducing barriers to enrollment in the IIS.
4. **Partnerships (Goals 3 and 4):** Throughout the COVID pandemic, immunization programs have fostered and built relationships with state and local partners such as local community partners, faith-based organizations, local leaders, non-profits, and others at the community level to encourage vaccination and provide access to COVID vaccine. The infrastructure built during the COVID-19 pandemic, including supplemental funding and activities with community-based organizations and local health departments to improve health and vaccine equity and establish trusted sources for vaccine information at the community level, must continue. This requires continued investment as well as continued guidance from CDC on working with partners and sharing of lessons learned at the federal, state, and local level. AIM supports expanding the number of VFC sites and reducing barriers to provider enrollment (strategy 4.1.3), and requests that exploration of pharmacy enrollment in VFC and other strategies to ensure VFC-eligible children receive and catch up on vaccinations be prioritized.

AIM appreciates that the Vaccines Federal Implementation plan recognizes the essential partnership between immunization programs, the federal government, and other key local and community partners. Again, we would like to emphasize clear and consistent communication as the cornerstone of keeping the public informed on vaccine safety, development, and efficacy. We believe that the VFIP lays out the correct next steps to improve vaccine reporting, progress, and access. We appreciate the proposed indicator and target tracking and recommend that OI DP work with the National Vaccine Advisory Committee and stakeholders to prioritize activities as the plan contains over 100 proposed activities.



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Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Claire Hannan".

Claire Hannan, MPH

Executive Director

Association of Immunization Managers