



Association of
Immunization
Managers

Charting a Better Course: Considerations for Vaccine Implementation

About AIM

The Association of Immunization Managers (AIM) is a non-profit organization committed to collaborating with partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases and establish a nation free of vaccine-preventable disease. AIM promotes adequate and efficient allocation of resources to aid immunization efforts and supports the development and implementation of sound immunization policies and programs. AIM members are the leaders of state, local, and territorial immunization programs across the U.S., its territories, and federated states. AIM provides a forum for development and dissemination of information about strategies to improve immunization rates. In addition to the expertise of its members in each jurisdiction, AIM is supported by quality staff with vaccine implementation experience. AIM's staff includes previous program managers and provider representation (medical doctor and nurse practitioner). Since 1999, AIM has gathered and shared information with its members on programmatic and policy implementation, legislative issues, data management, and more.

Background

In the last twenty years, eleven new childhood vaccines and nine new adult vaccines have been added to the recommended vaccine schedule. After a vaccine successfully completes major milestones—such as product development, FDA approval, ACIP recommendation, and inclusion in the CDC schedule—substantial policy and operational challenges remain. Implementation of a new immunization product requires engagement from all aspects of the vaccine ecosystem, including immunization programs (IPs), healthcare providers, insurers, manufacturers, immunization information system (IIS) vendors, policymakers, school systems, the public, and more. All these groups must coordinate their efforts to address the additional steps required for successful implementation of new immunization products.

Recent efforts to implement new immunization products, such as those for COVID-19 and RSV, have highlighted both progress and challenges. Barriers such as coding and payment issues have led to challenges in access to these life-saving products. Shortages and availability issues have frustrated the public, impacting trust in the system, and problems with data collection and dose documentation have further complicated implementation. This environment presents an opportunity for those involved in the vaccine ecosystem to work together, identify and document challenges, and create a more streamlined approach for future vaccine implementation.

To move forward, the immunization community must recognize and plan for the wide-ranging implications of new or altered ACIP recommendations.

Operational and Infrastructure Implications

Incorporation of new immunization products and changes to vaccine recommendations into the existing immunization infrastructure requires coordination, planning, funding, and guidance from existing authorities. For example, immunization information systems (IIS) need to add products to dropdown menus or new product fields, codes need to be added, and new products need to be added to forecasting algorithms. This needs to be done with uniform standardization, which can be complicated when recommendations call for multiple doses at different ages or different weight ranges. Assuring access to new products may require adding providers or new procedures to the Vaccines for Children (VFC) program, such as the addition of birthing hospitals to assure access to infants at birth. Future vaccine technologies may lead to further unanticipated operational challenges.

Payment

Assuring access to vaccines requires adequate financing, which includes both public and private health insurance coverage. After ACIP recommends a vaccine, it can take up to one year for private insurers to incorporate coverage. Insurance payment structures can pose additional challenges, such as bundled payments for births which may not account for the cost of immunization recommended to be administered at birth. To ensure widespread access, new immunization products must also be seamlessly integrated into public programs, such as the VFC program. Similarly, adult vaccines need to be included in Medicare and Medicaid, though the split in coverage between Medicare Part B and Part D creates additional complexities. This split can lead to disparities in access depending on whether vaccines are administered in healthcare settings or pharmacies. Proper planning must also address billing requirements, such as ensuring CPT and CVX codes are approved and easily implemented into electronic health record (EHR) systems, particularly for novel immunization technologies.

Jurisdictional Variances

Immunization programs (IPs) vary across different localities, with each jurisdiction having its own process and timelines to support new immunization product implementation. Some jurisdictions require official recommendations from local advisory boards before adding vaccines to their approved schedule. State regulations and policies, such as school and employer requirements, also impact the approach and timeline of implementation. IPs may also have additional processes and requirements for provider vaccination program enrollment, billing and insurance coverage, or data needs in IIS platforms, which differ from neighboring states.

Need:

The immunization community must be prepared to collaborate effectively to implement changes to the recommended immunization schedule and develop a more streamlined approach to navigate evolving immunization recommendations and new immunization products. In 2025, the ACIP is expected to consider adjustments to the existing meningococcal adolescent vaccine recommendation. Additionally, there are over 20 products currently in phase 2 or 3 clinical trials (see figure). These developments will come amidst a shift in leadership at HHS and CDC, adding additional complexity.

If partners involved in the implementation of new immunization products can come together in a coordinated effort to anticipate and prepare for changes to the immunization schedule, the process can be made more seamless for everyone involved, including the consumer. The immunization community has an opportunity to build public trust, increase vaccine uptake, and reduce suffering and deaths from vaccine preventable disease. By formally identifying and documenting the gaps inherent to vaccine implementation, the immunization community can establish a more efficient and effective approach, ensuring a smoother and more successful rollout of future vaccines. When a lifesaving vaccine gets approved and recommended, we owe it to all those who could benefit from the vaccine to ensure it is available and accessible as soon as possible.

Goals for Year One:

The goal of the *Vaccine Implementation Project* is to improve readiness for, and implementation of, new immunization products through the following two strategies:

1. **Strengthen the network of partners** in the immunization ecosystem. By gathering the right people at the table, the immunization community can flexibly adapt to the current environment.
2. **Inform and educate** partners and improve overall transparency related to the recommendation process. Inform and educate:



- **Decisionmakers** about the need to preserve and protect the role of independent scientific committees (ACIP and VRBPAC) in the recommendation process;
- **Partners in the vaccine ecosystem** about
 - Increased dialogue among all groups involved in the implementation of a new immunization product or a change in recommendations,
 - Each group's steps and timelines to implement a new immunization product or change in a recommendation,
 - Best practices and lessons learned from recent efforts to implement new immunization products.

Project Deliverables:

- Activity 1: Conduct an **environmental scan** of lessons learned and identified challenges to the implementation of new immunization products or changes in ACIP recommendations. The environmental scan may include partner surveys, grey and white literature review, news and media sources, publicly available data, and previously collected partner feedback.
- Activity 2: Host an **interest lunch meeting** with select organizations whose constituency has a role in implementing a new immunization product or change in an ACIP recommendation and who are attending the National Adult and Influenza Immunization Summit (NAIIS) Summit meeting in May 2025. This meeting will serve to brief partners and assess interest in participating in the *Vaccine Implementation Project*. Participants will be asked to provide feedback on project goals and strategies, provide insight into any partners and key lessons learned missing from the high-level presentation of the environmental scan (activity 1 above), and volunteer for the advisory board (activity 3 below).
- Activity 3: Form a **vaccine implementation advisory board** to provide input into the project scope, structure, meetings, and deliverables. The advisory board will inform efforts to ensure all partners from the vaccine ecosystem are fully represented, and that their needs are identified and met.
- Activity 4: Host a **roundtable meeting** with critical organizations that have a role in implementing new immunization products or changes in ACIP recommendations. AIM will work with the advisory board to design an agenda to identify:
 1. Existing steps and timeline to implement a new immunization product or schedule change.
 2. Lessons learned and challenges/gaps to implementation.
 3. Next steps to improve the implementation process and timeline for new immunization products or schedule changes.

4. Key considerations if there are major changes to the process to recommend new immunization products.
- **Activity 5: Develop a written playbook for implementing new immunization products or changing vaccine recommendations.** The playbook will:
 1. Identify all partners involved in the vaccine recommendation process and ascertain the required steps and timelines.
 2. Include lessons from literature and input collected from partners throughout the project.
 3. Feature considerations to improve implementation of new immunization products and changes in ACIP recommendations, including changes to the formal process to recommend new vaccines.
 - **Activity 6: Disseminate lessons learned** to partners and the broader community. This will include:
 1. A customizable slide deck that members of the immunization community can use to share results.
 2. Letter templates that AIM and other partners can use to share results.
 3. Utilization of resources to disseminate lessons learned to the broader community.

For more information about the *Vaccine Implementation Project* contact [Dr. Katelyn Wells, PhD](#), AIM Chief Research, Evaluation, and Development Officer, or [Dr. Michelle Fiscus, MD](#), AIM Chief Medical Officer.