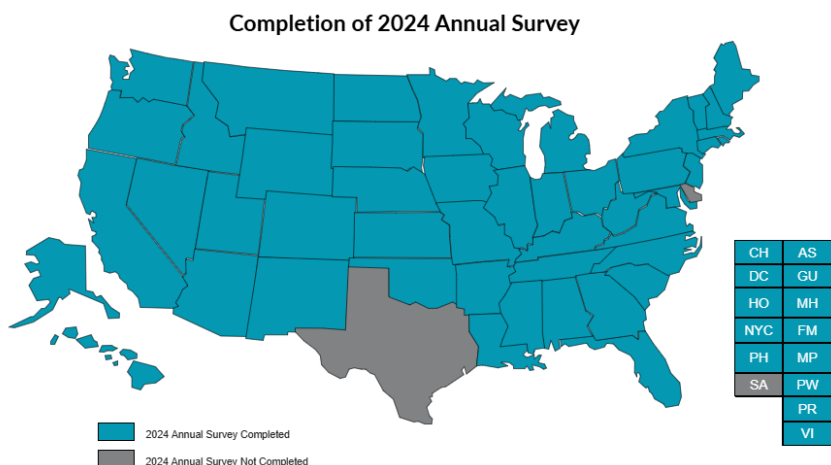




Association of
Immunization
Managers

2024 AIM Annual Survey Aggregate Results

Background: The [Association of Immunization Managers \(AIM\)](#) conducts an annual survey to assess and characterize immunization program (IP) policy, infrastructure, program activities, priorities, and the impact of funding changes (both federal and state) on IPs. AIM administers the survey annually to document changes over time within IPs. Information gathered from the survey is used to generate reports and presentations on the status of IPs and to respond to inquiries from partners, Congressional staff, the media, and others. An archive of survey results and dissemination materials can be found [here](#). Questions about the survey can be submitted to Katelyn Wells, Ph.D., chief research, evaluation, and development officer, at kwells@immunizationmanagers.org.



Methods: [The 2024 AIM Annual Survey](#) was administered online via SurveyMonkey from November 2024–March 2025*. The survey has 33 multiple choice, checkbox, and open-ended questions. Respondents gave informed consent before starting the survey. The survey link and PDF version of the survey were emailed to the 64

immunization program managers; survey follow-up consisted of two emails and a round of phone calls to non-respondents. The answers are not verified with external sources, but follow-up emails were made to clarify any discrepancies in the data. The response rate was 95%, 61 of 64 IPs completed the survey.

**The survey was conducted before supplemental COVID-19 funding recissions were announced and before programmatic receipt of NOA awards. Findings should be interpreted with appropriate nuance given the amount of simultaneous changes occurring for IPs during the fielding of the survey and in the months since the survey's end date.*

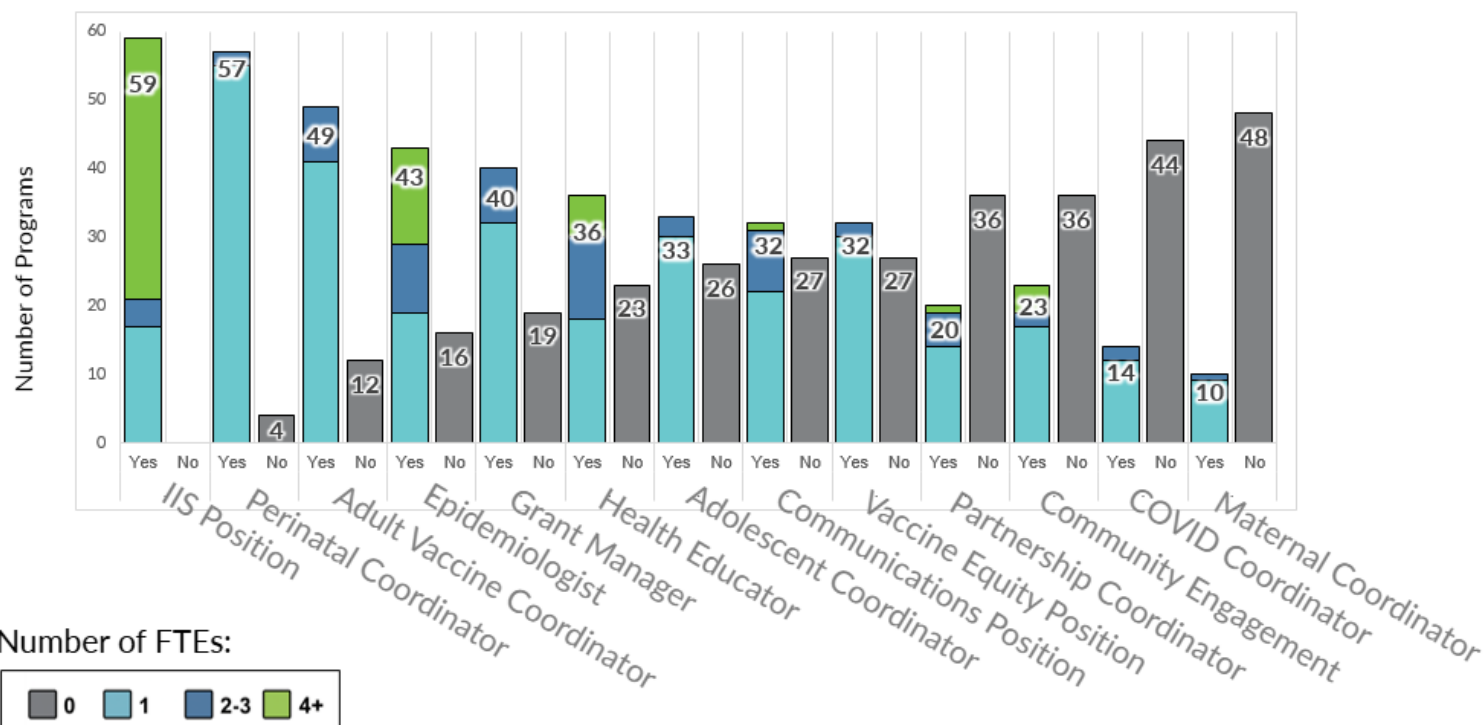
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Infrastructure

1. How many staff does your IP currently have for the following positions: (Includes: open positions, full or part-time positions, temporary positions, CDC Foundation positions, or contract staff but does not include staff located in another program, agency, or department (e.g., local health departments))?

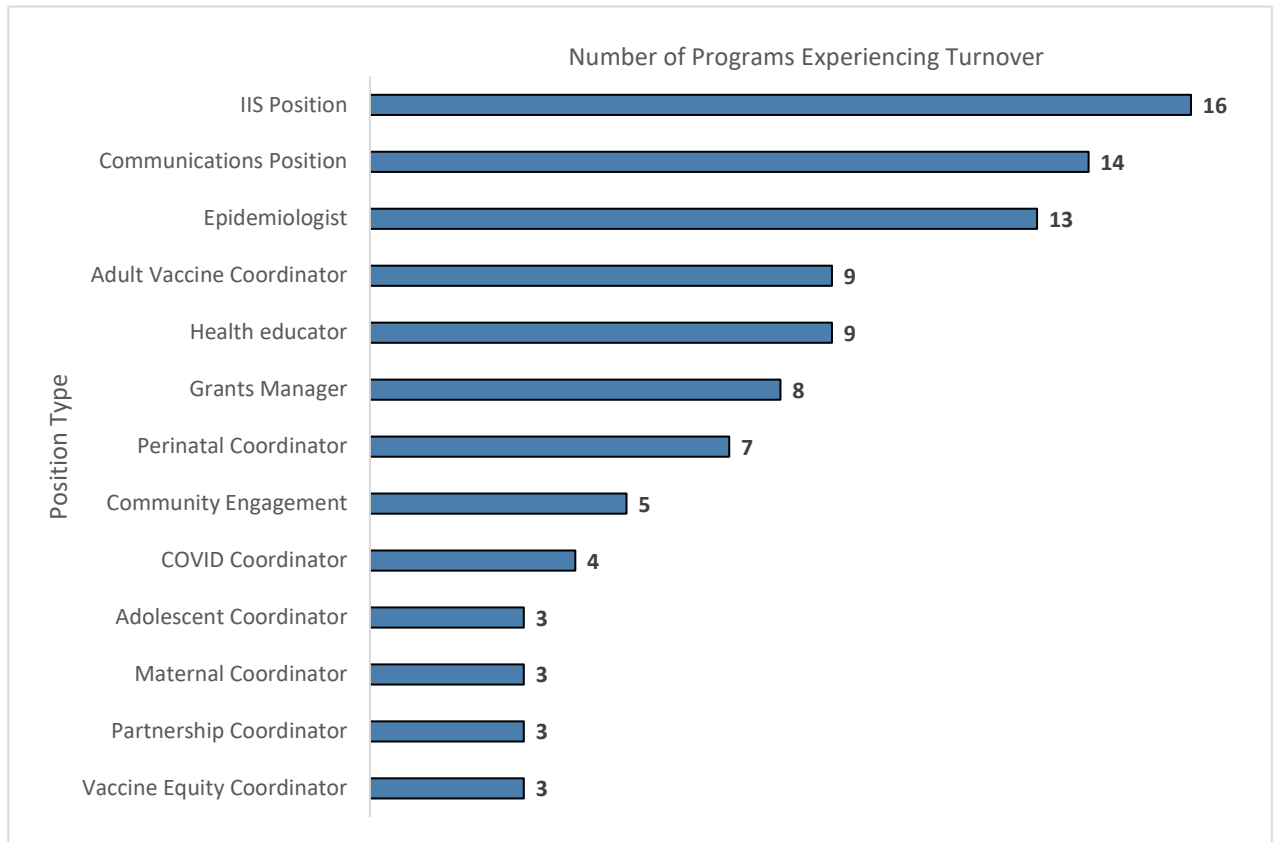
Does program have FTEs in Certain Positions? [n=61]



Key Findings: Full-time employees (FTEs) by position type varies widely across immunization programs. In most cases, if a program has a position, they only have one FTE dedicated to the role (Immunization Information Systems (IIS) being a notable exception).

2. Did program experience any turnover in this position in fiscal year 2024 (FY24)?

Number of Programs with Position Turnover by Position Type in FY24 [n=61]*

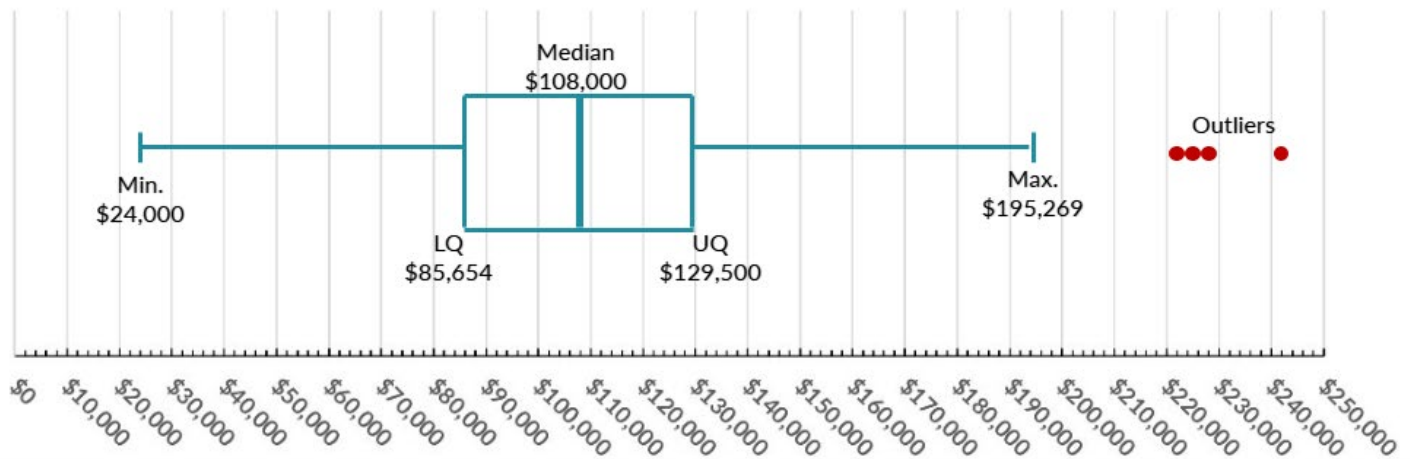


**Immunization program manager turnover is tracked separately by AIM and not included in the annual survey.*

Key Findings: Most programs did not experience position turnover in FY24 in the position types above. For those programs that did have turnover, the most common positions (in order) were IIS positions (16 programs; 26%), communication positions (14 programs; 23%), and epidemiologists (13 programs; 21%).

3. What is your (program manager) base salary without benefits?

Program Manager Base Salary [n=59]*



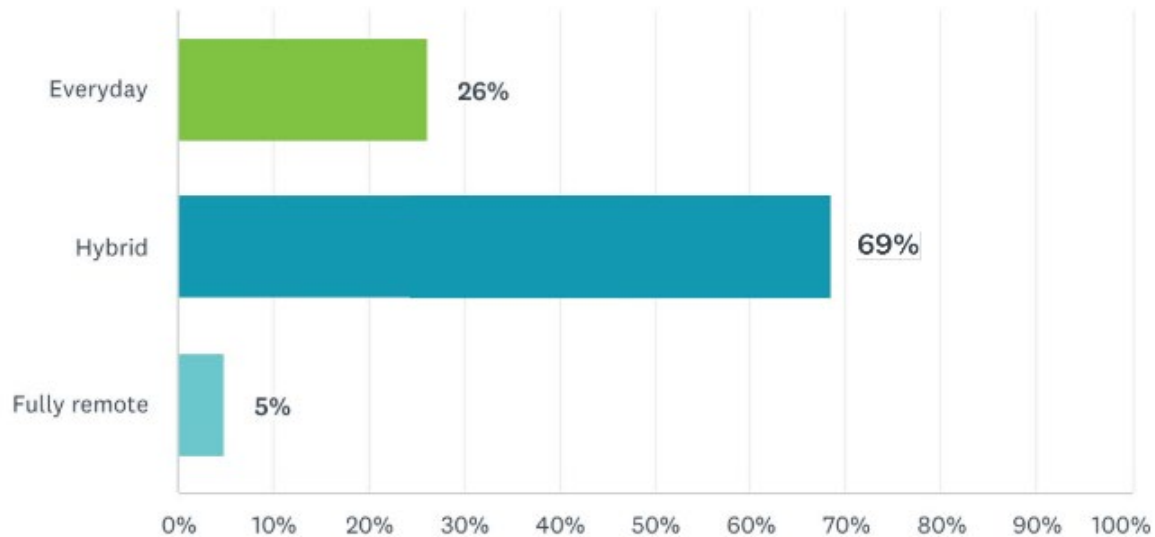
**There are many factors influencing program manager salaries. For example, program manager positions have different minimum qualifications and include territories with different costs of living.*

Lower Quartile (LQ) marks the value below which 25% of the data falls. Upper Quartile (UQ) marks the value below which 75% of the data falls.

Key Findings: Program manager salaries vary widely, from \$24,000 to \$242,500 per year. The average program manager makes \$111,899 per year. 10% of program managers make under \$65,000 per year. 39% of program managers make less than \$100,000 per year. Four program managers (7%) make over \$220,000 per year.

4. How many days are staff currently required to work in-office?

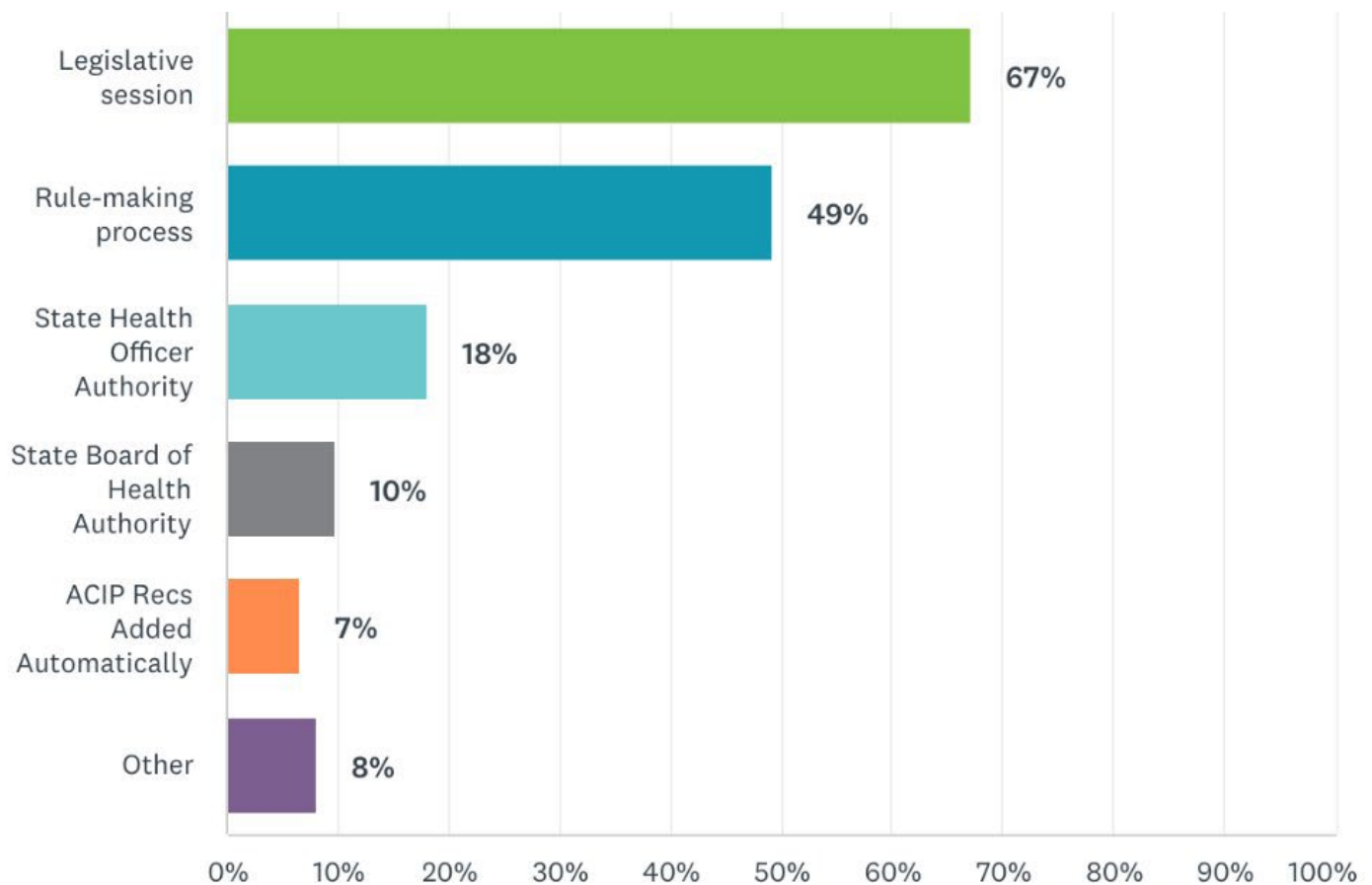
IP Work Requirements [n=61]



Key Findings: 42 programs (69%) are hybrid, including some programs with different hybrid/in-person requirements for different position types. Over a quarter of the programs (16 programs; 26%) are required to work in the office every day. There are very few immunization programs that are fully remote (3 programs; 5%).

5. What is the process for a vaccination to become required for school entry?

Process for Vaccination to Become School-Entry Requirement [n=61]



Key Findings: 41 programs (67%) report that school entry requirements are made by the legislative branch. There are only a few jurisdictions where school entry requirements are tied directly to ACIP recommendations (4 jurisdictions; 7%).

Funding

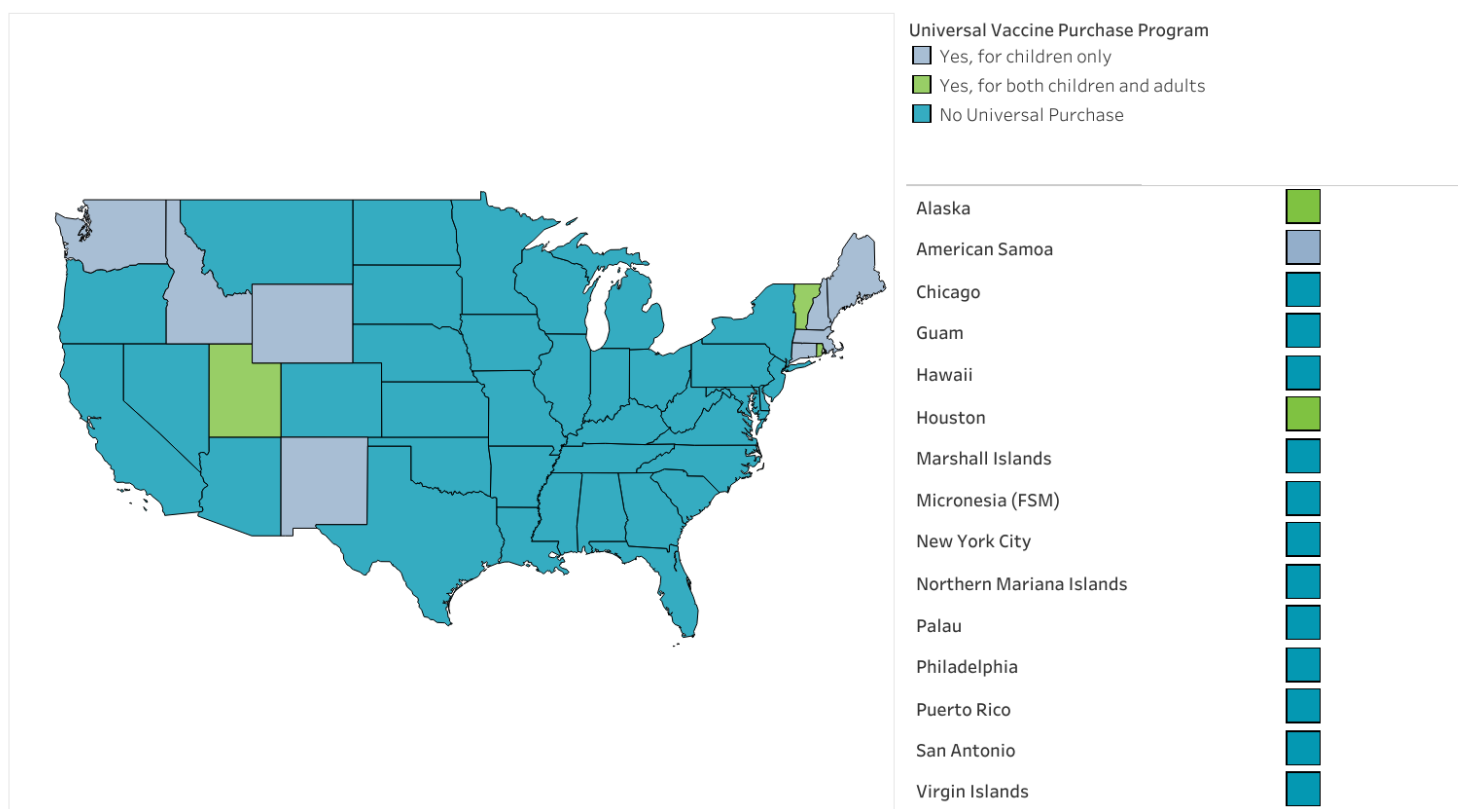
- Do you currently have a universal vaccine purchase program (including universal purchase-select)?

Universal Vaccine Purchase Program [n=60]

Universal Vaccine Purchase Program



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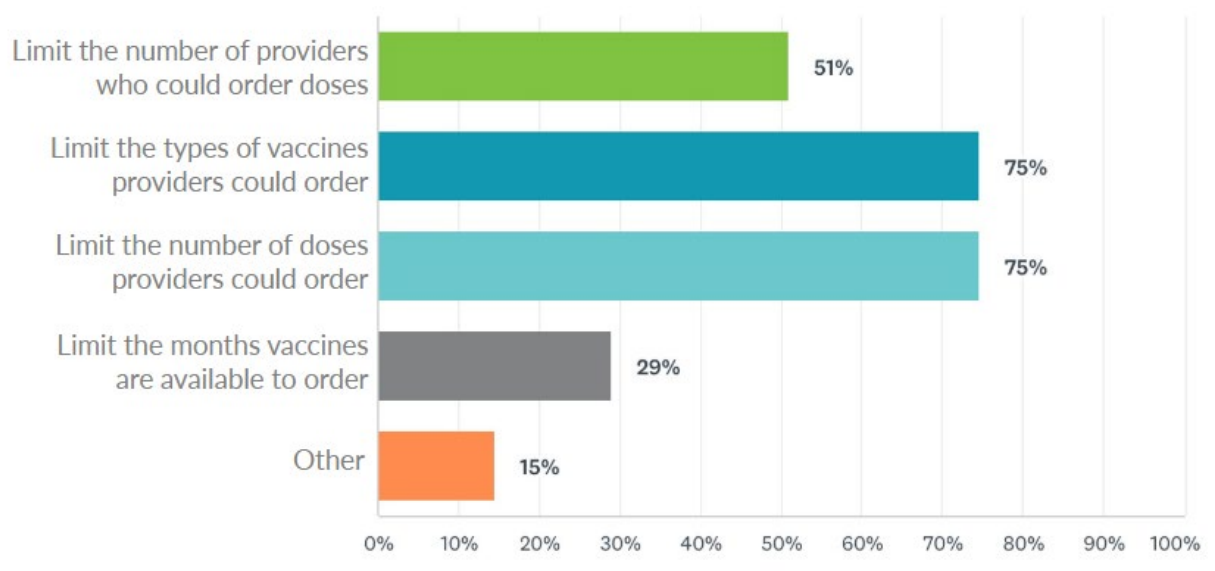


AIM policy maps are updated on a rolling basis with voluntary information that is self-reported by immunization programs. These policies have not been verified outside of self-reported procedures. If this map needs to be updated, please reach out to info@immunizationmanagers.org. This map was last updated: April 2025.

Key Findings: Universal Programs remain rare amongst IPs and those that do exist are primarily exclusive to childhood universal vaccine programs (10 programs; 17%). Six programs (9%) have universal purchase programs for both children and adults. Geographically, there appear to be clusters of universal purchase programs in the Northeast and Northwestern quadrants of the United States.

7. In FY24, has your IP had to do any of the following related to Section 317 funded vaccine?

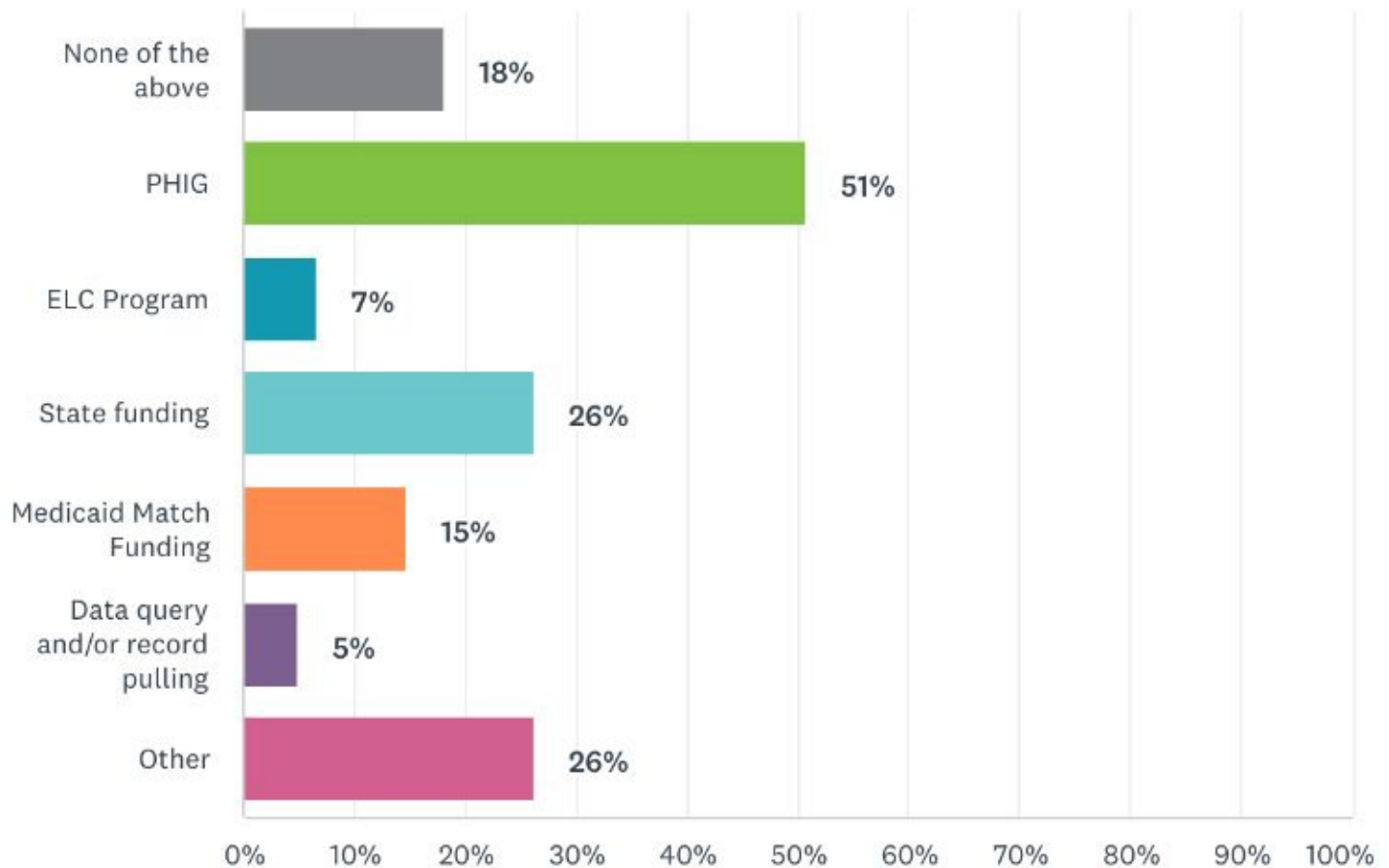
Activities Related to Section 317 Funded Vaccine in FY24 [n=55]



Key Findings: Most programs reported having to implement some type of limitations on providers ordering vaccine funded by 317 vaccine purchase funds. 41 programs (75%) limit types of vaccines and number of doses providers can order, and 28 programs (51%) limit the number of providers who can order. Those who answered “Other” were primarily jurisdictions that supplemented 317 with state or local funding.

8. In FY24, indicate what funding, in addition to CDC core funding, was used to support your jurisdiction's IIS?

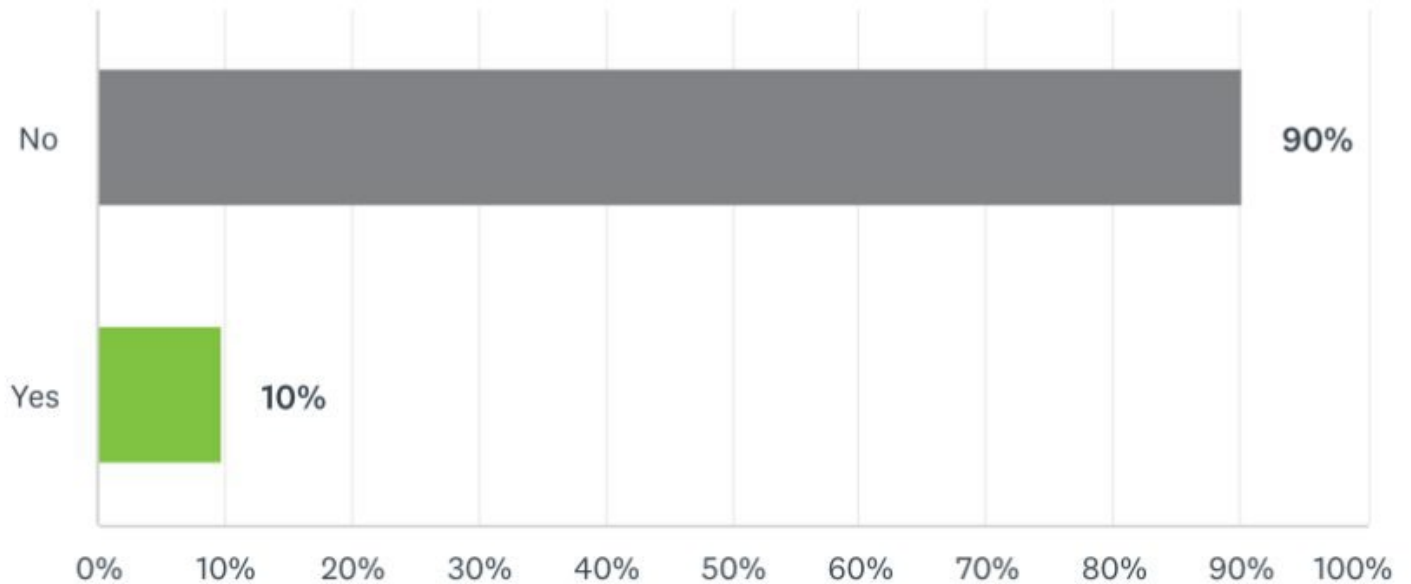
Non-CDC Core Funding Used to Support IIS [n=61]



Key Findings: 31 programs (51%) utilize Public Health Infrastructure Grant (PHIG) funds in addition to CDC core grant funds to support their IIS. Only about a quarter (16 programs; 26%) received state funds for their IIS. Other responses primarily listed COVID-19 Supplemental funds, with a few programs also using IIS Supplemental, Insurer, and Health Equity grant funds for their IIS.

9. Do you charge a fee for bulk record requests (HEDIS, bulk query, etc.)?

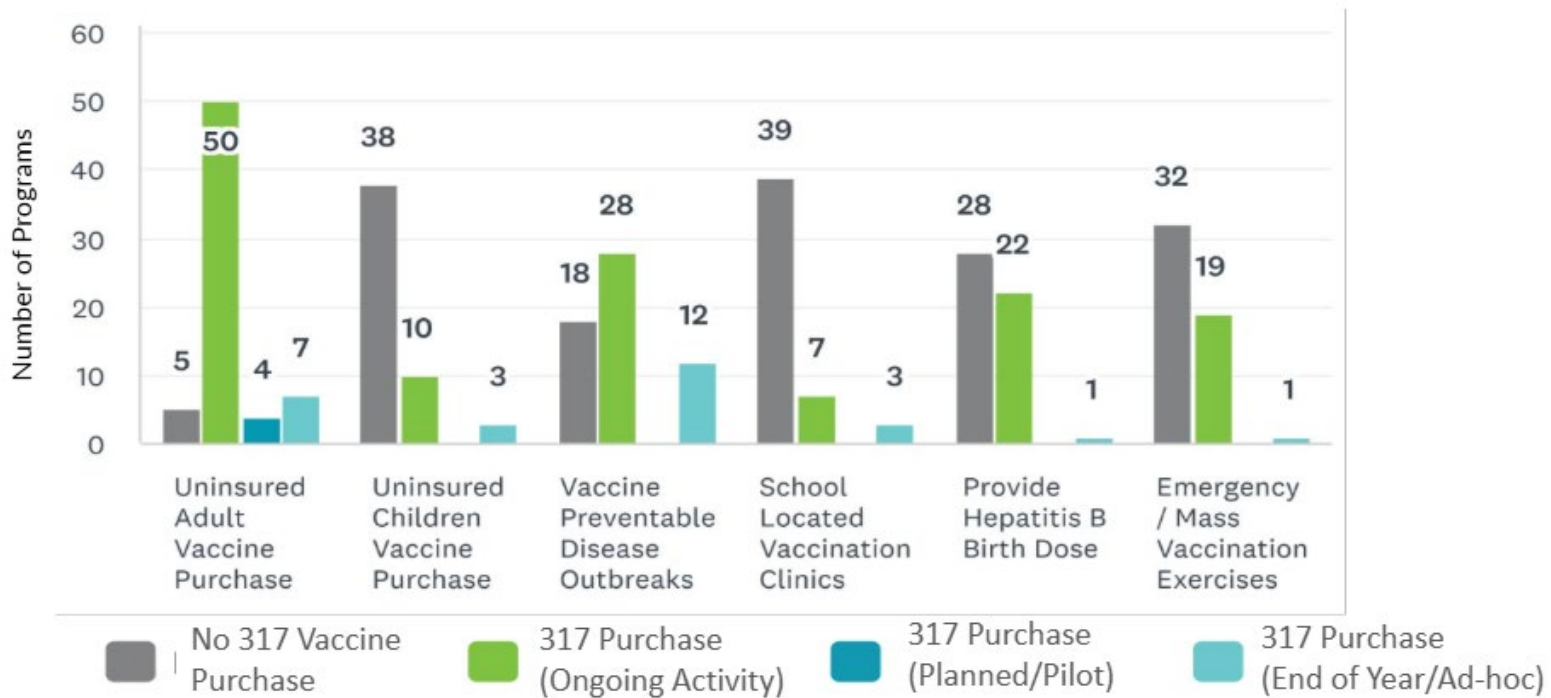
Fee Charges for Bulk Record Requests [n=61]



Key Findings: Only five programs (10%) reported charging a fee for bulk record requests. Two programs charge \$0.50 per record, one program charges \$10, one program charges \$352.97 (plus \$0.0014 per record), and one program charges \$20,000.

10. Over the last 12 months, indicate if Section 317 Vaccine Purchase funding was used to support the listed activities:

Section 317 Vaccine Purchase Funding Activities [n=61]

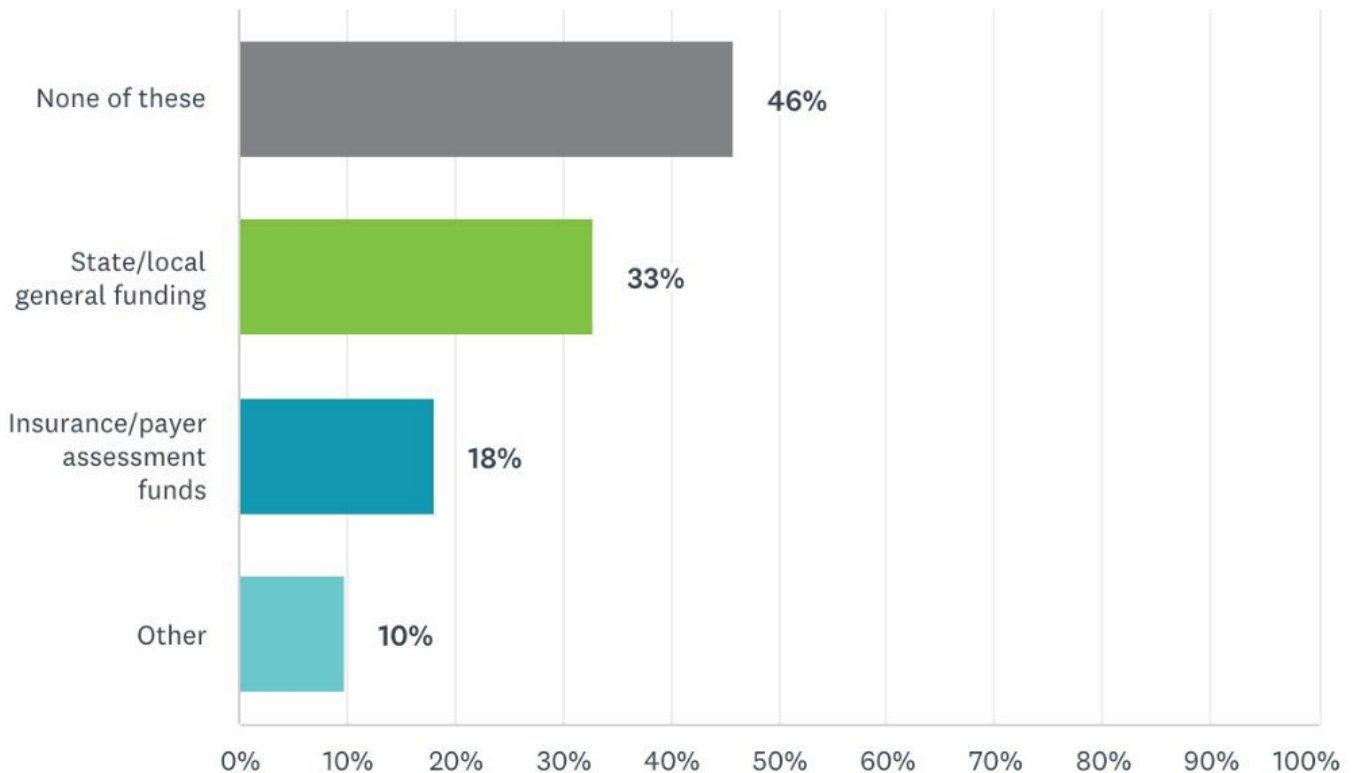


Key Findings: Purchasing vaccine for uninsured adults is the most common ongoing activity with Section 317 vaccine purchase funding (50 programs; 82%). Almost half of programs regularly use it for vaccine preventable disease outbreaks (28 programs; 46%), with 22 programs (36%) also regularly using to provide infants with the Hepatitis B birth dose.

Childhood Vaccine Purchase

11. In FY24, which funding did your IP receive to support vaccine purchase for children?

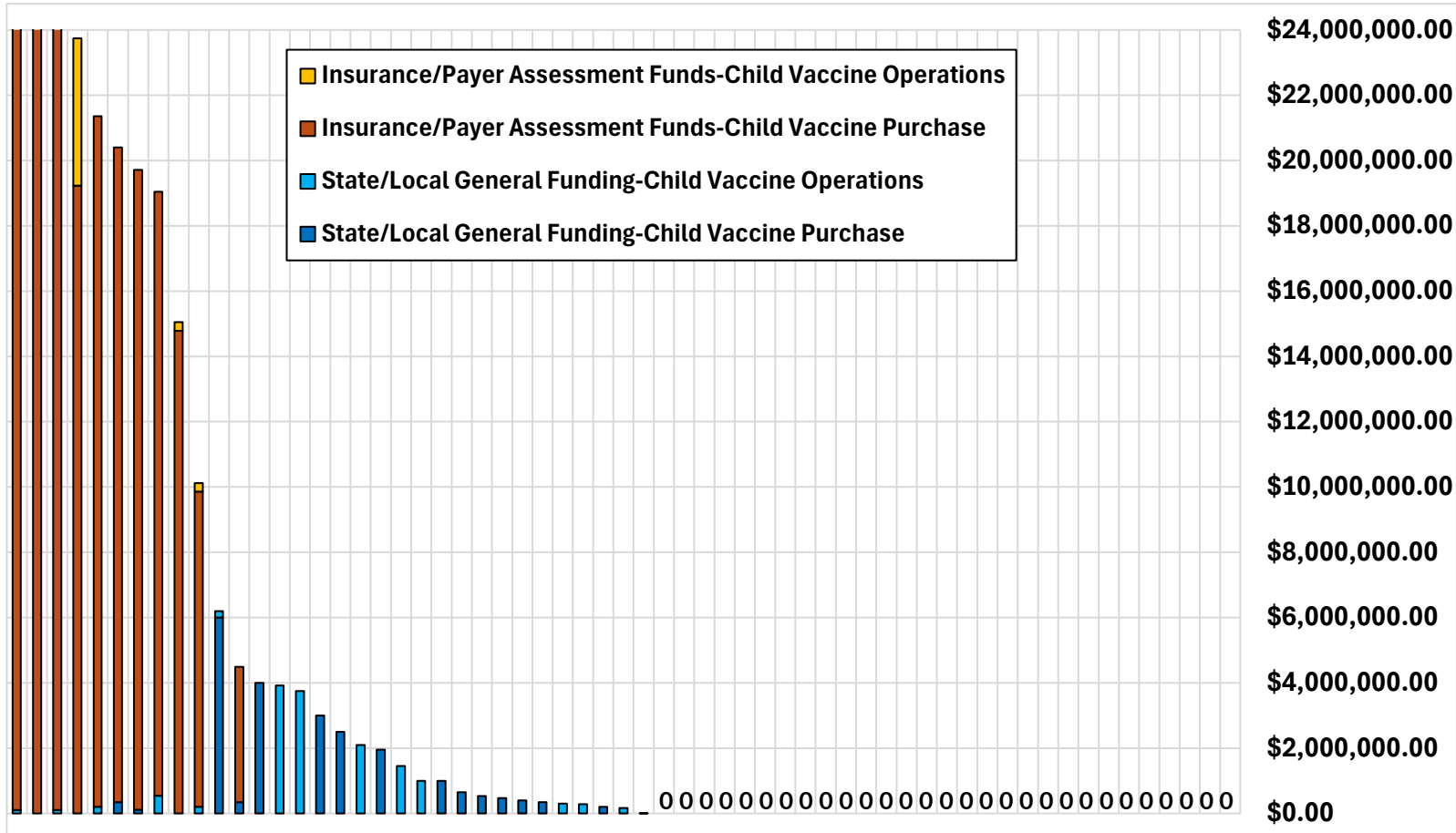
Funding Received for Vaccine Purchase for Children [n=61]



Key Findings: Approximately one third of programs receive state/local funding to support vaccine purchase for children (20 programs; 33%). Eleven programs (18%) are also receiving insurance assessment funds. Other responses included CHIP funds, Mpox grants, and other state funds.

12. How much childhood vaccine purchase and operations funding did you receive?

Funding Received for Childhood Vaccine Purchase and Operations [n=61]*



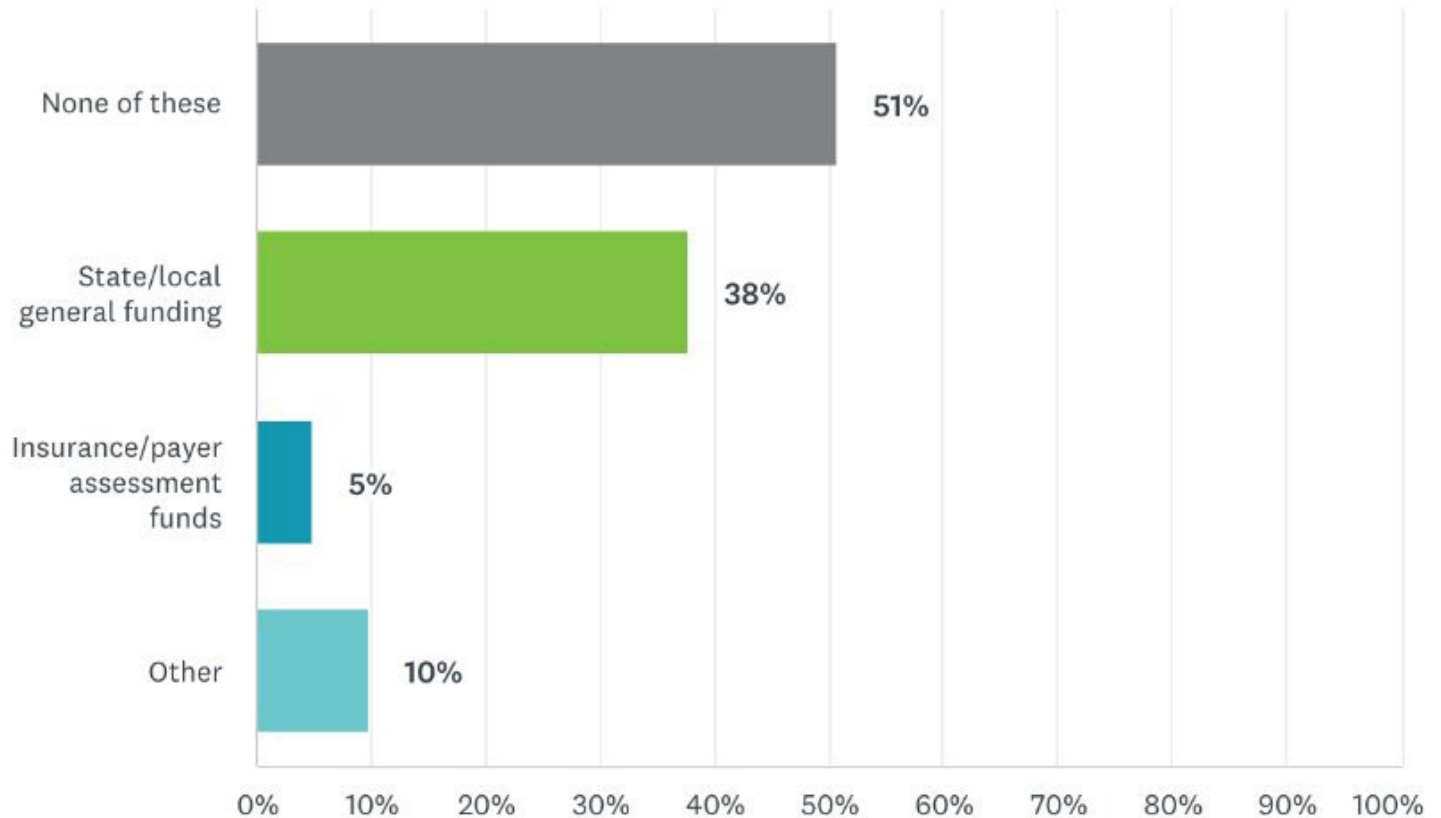
**This graph does not include Children's Health Insurance Program (CHIP). This graph represents results from Question 14 and Question 22 on the Annual Survey*

Key Findings: Twenty-nine programs (48%) do not receive funding from state or local general funds or insurance or payer assessments funds to support childhood vaccine purchase and operations. Insurance/Payers funded states provide more funding than state/local governments. Two programs (3%) receive over \$100 million while 20 programs (33%) receive less than \$2 million.

Adult Vaccine Purchase

13. In FY24, which funding did your IP receive to support vaccine purchase for adults?

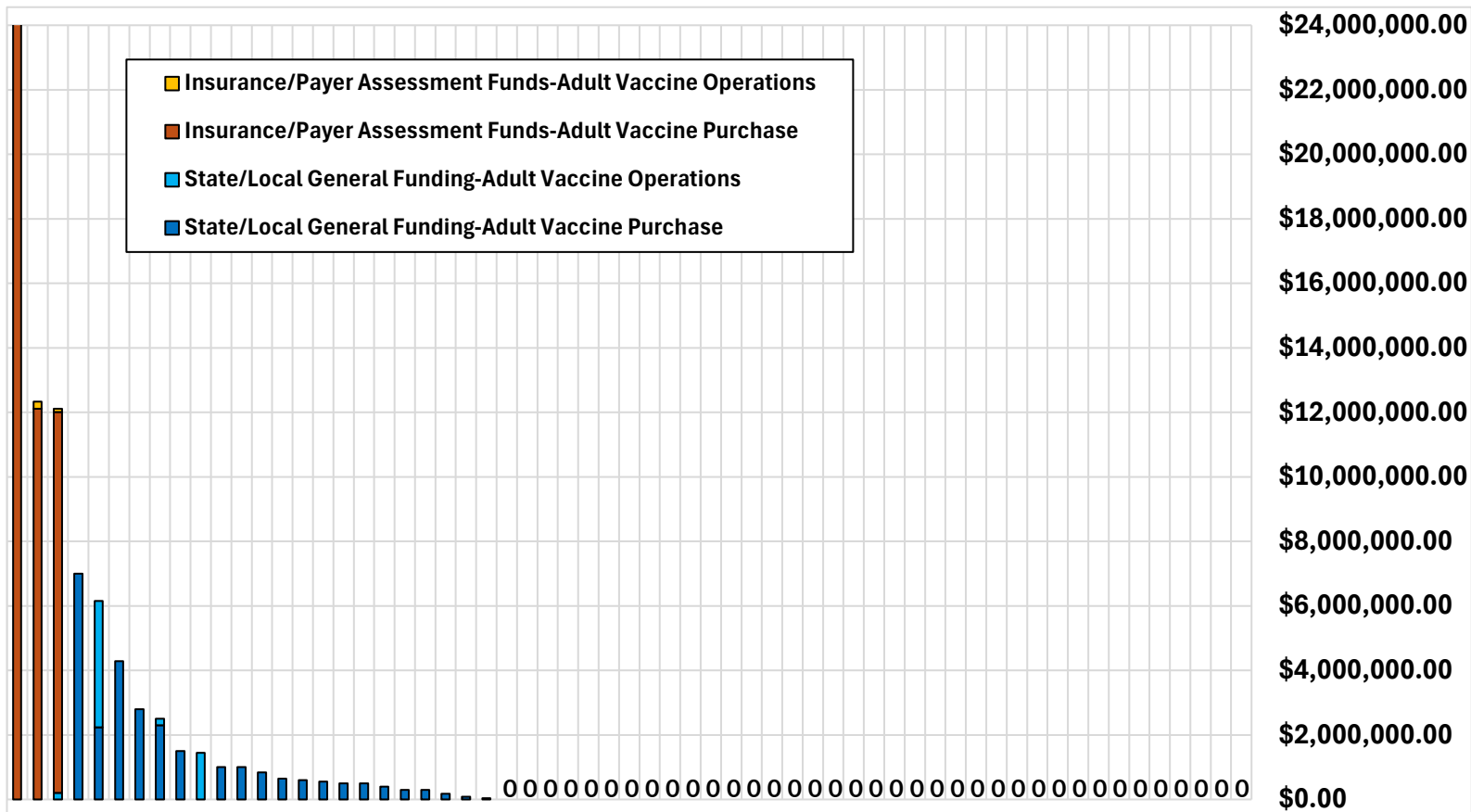
Funding Received to Support Vaccine Purchase for Adults [n=61]



Key Findings: Just over half of jurisdictions (31 programs; 51%) receive no funding outside of Section 317 for adult vaccine purchase. Twenty-three programs (38%) receive state or local general funding for adult vaccine purchase, which is 5% more programs than who receive such funding for childhood vaccine purchase. Other responses included Mpox grants and Hep A outbreak funding.

14. How much **adult vaccine purchase and operations** funding did you receive?

Funding Received for Adult Vaccine Purchase and Operations [n=61]*



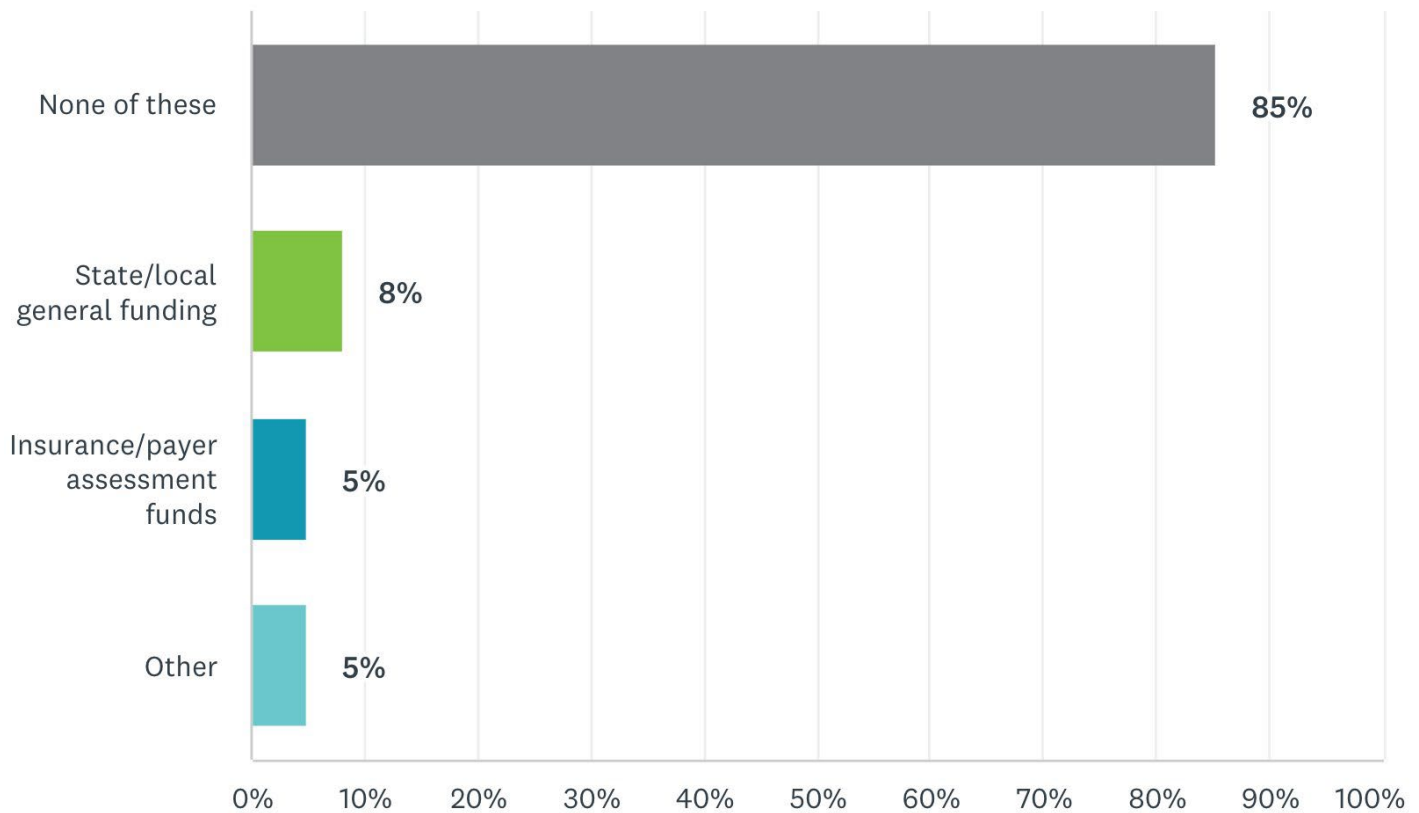
**This graph represents results from Question 17 and Question 20 on the Annual Survey*

Key Findings: Twenty-eight programs (46%) receive no funding from state or local general funds or insurance/payer assessment funds to support adult vaccine purchase and operations. Those who receive insurance/payer assessment funds receive more money than those who receive state/local funds. Those that do receive state or local funding receive quite a range and receive less compared to childhood vaccination efforts.

Adult Operations/Infrastructure

15. In FY24, which funding did your IP receive to support adult operations/infrastructure?

Funding Received to Support Adult Operations/Infrastructure [n=61]

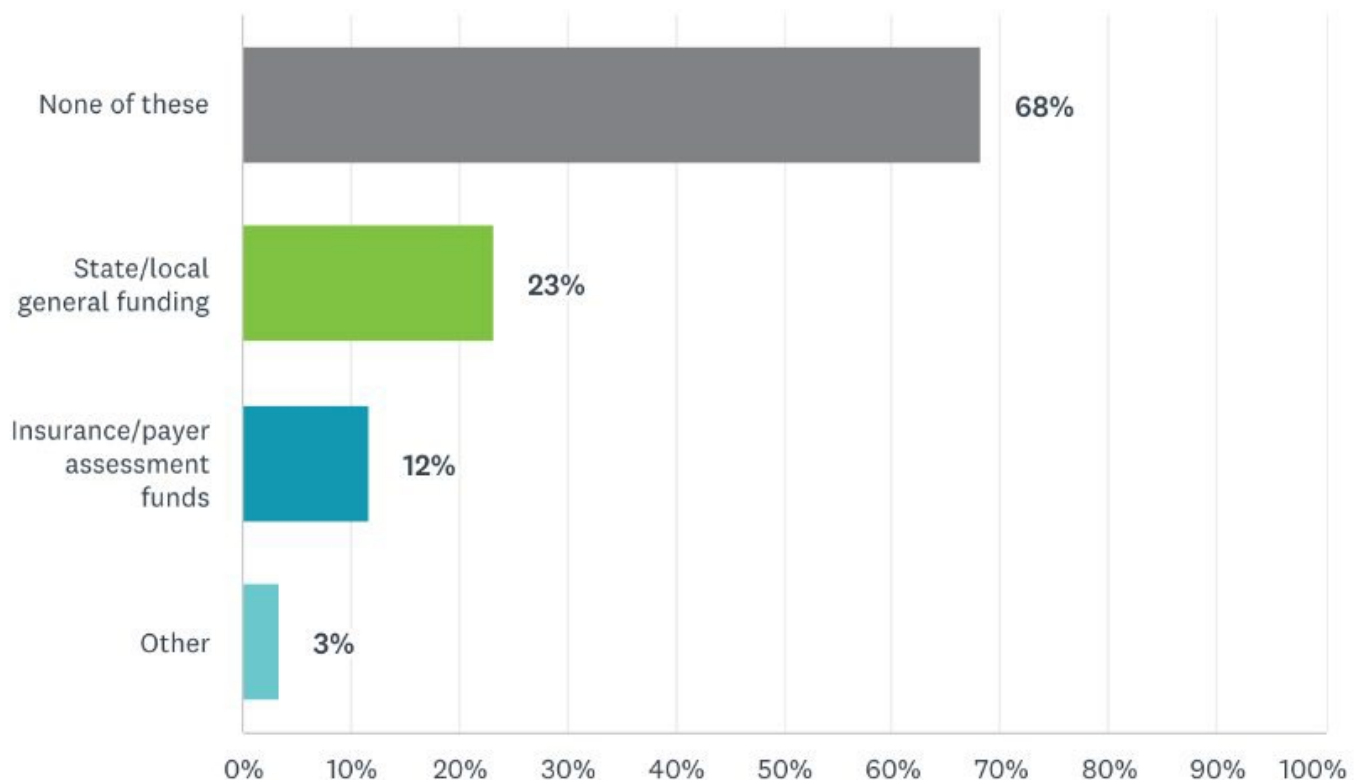


Key Findings: Most jurisdictions (52 programs; 85%) receive no funding outside of Section 317 for adult vaccine operations and infrastructure. Only five programs (8%) receive state or local funds, and only three programs (5%) receive insurance assessment funds. Other responses included Bridge and Public Health Emergency Preparedness funding.

Childhood Operations/Infrastructure

16. In FY24, which funding did your IP receive to support childhood operations/infrastructure?

Funding Received to Support Childhood Operations/Infrastructure [n=60]



Key Findings: Most jurisdictions (41 programs; 68%) receive no funding outside of Section 317 for childhood vaccine operations and infrastructure. Fourteen programs (23%) receive state or local funds and seven programs (12%) receive insurance assessment funds, which is more than what is received for adult operations. Other responses included Bridge and Public Health Emergency Preparedness.

Programmatic Activities

For Questions 26-32 on the 2024 Annual Survey, program managers were asked to rank their priorities to complete activities in various programmatic areas using the following six answer choices:

- Currently Conducting Activity (ongoing in next 12 months)
- Currently Conducting Activity (plan to discontinue or scale back in the next 12 months)
- Not Currently Conducting (plan to start in the next 12 months)
- Not Currently Conducting Activity (no plan to start in the next 12 months)
- N/A (our program does not have the infrastructure and/or policy to support the activity)
- N/A (not sure yet)

To simplify the visualization these were combined as follows:

***Currently Conducting/Plan to Conduct** includes the following answer choices:

Currently Conducting (ongoing), Currently Conducting (plan to discontinue/scale back), and Not currently conducting (plan to start).

****Not Currently Conducting/No Plan to Conduct** includes the following answer choices: Not Currently Conducting (no plan to start), Not Currently Conducting (no infrastructure to support), and N/A (not sure yet).

17. Indicate your program's plans for conducting the following **VFC activities** in the next 12 months

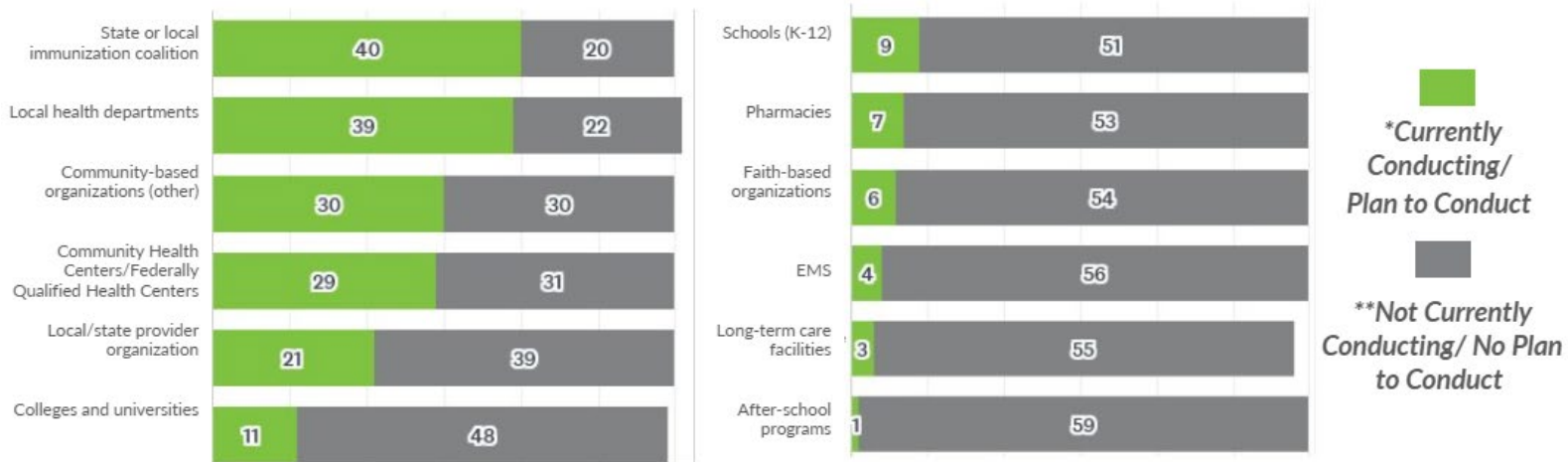
Program Plans for Conducting VFC Activities in FY25 [n=61]



Key Findings: Enrolling birthing institutions is the most widespread Vaccines for Children (VFC) activity, with 56 programs (92%) currently undertaking or planning to do so in the next year. Twenty-six programs (43%) are seeking to allow VFC vaccine borrowing or replacement models, both of which are documented strategies that can be used to reduce provider challenges related to managing VFC vaccines.

18. Indicate your program's plans for **providing programmatic funding to the following organizations** in the next 12 months.

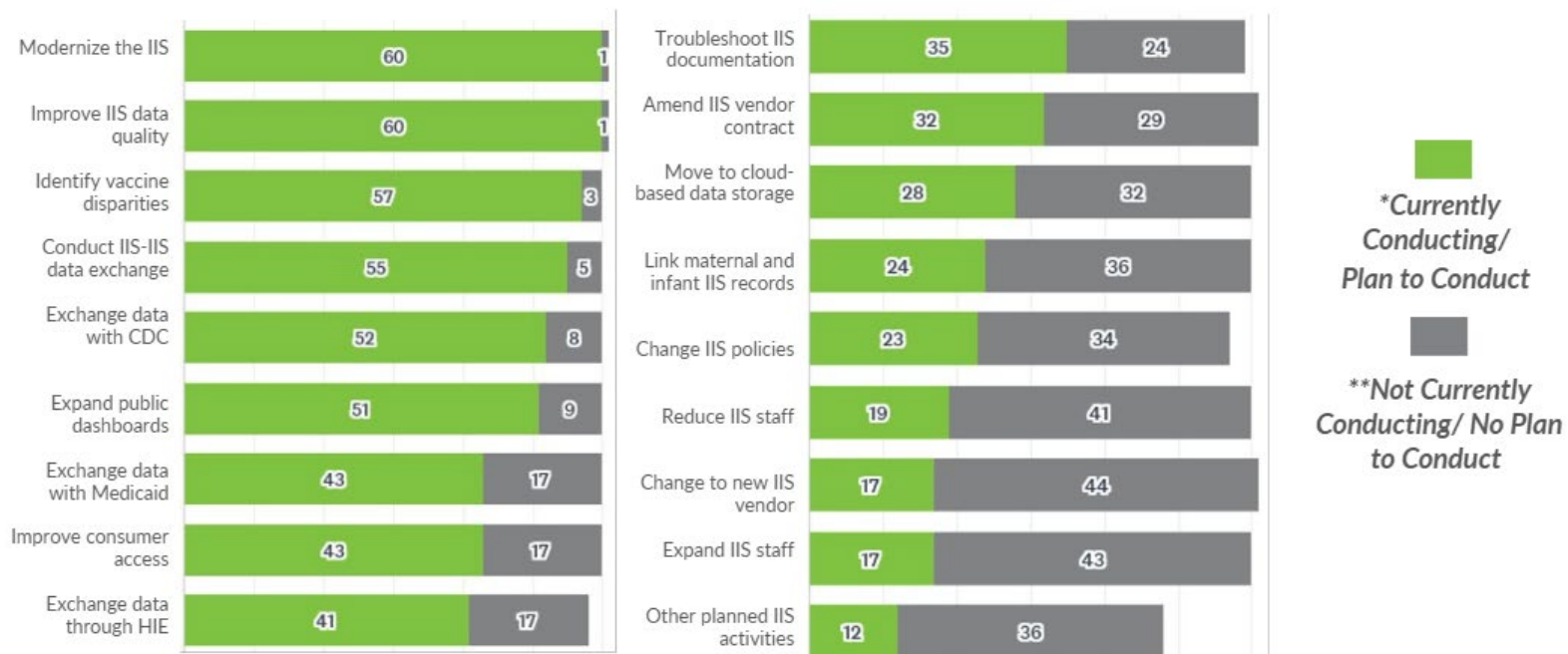
Plans for Providing Funding to Partner Organizations in FY25 [n=61]



Key Findings: Funding to partners varied widely amongst programs. While immunization coalitions (40 programs; 66%) and local health departments (39 programs; 64%) are still likely to be funded, it is rare for many other partners to receive immunization program funding.

19. Indicate your program's plans for conducting the following IIS activities in the next 12 months.

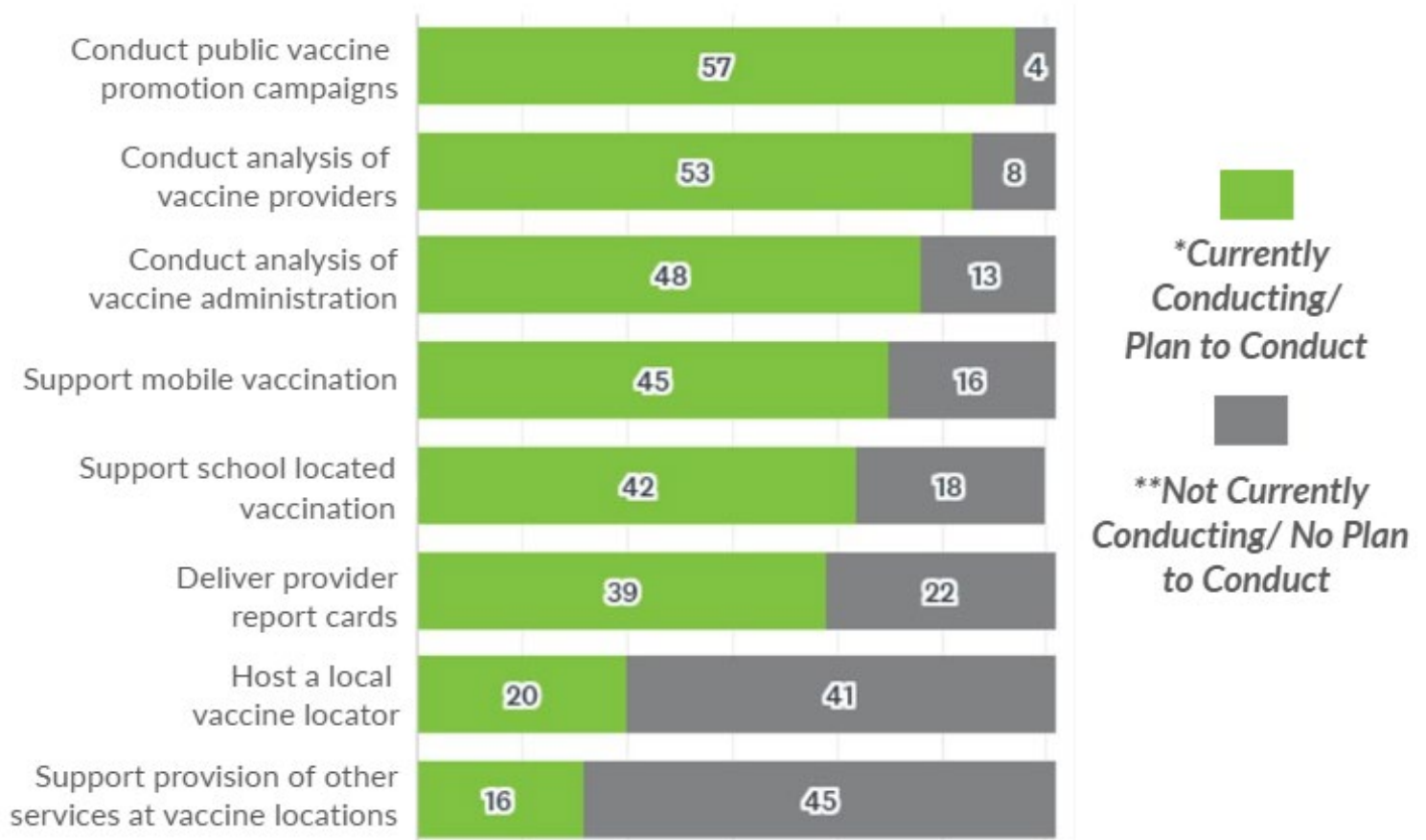
IIS Activities Planned for FY25 [n=61]



Key Findings: Modernizing the IIS and improving data quality remain top priorities for nearly all jurisdictions (60 programs; 98%). A change in IIS vendors is planned by 17 (28%) programs and another 32 programs (53%) are looking to amend their current IIS vendor contracts.

20. Indicate your program's plans for increasing coverage rates in the next 12 months.

Program Plans for Increasing Vaccine Coverage Rates in FY25 [n=61]



Key Findings: Conducting vaccine promotion campaigns is the most common strategy to increase vaccine coverage rates (57 programs; 93%). Conducting analysis of vaccine providers (53 programs; 87%) and vaccine administration (48 programs; 79%) are also common, which both rely heavily on IIS data. Approximately three-fourths of programs are prioritizing targeted community vaccination sites, through school-located events (42 programs; 69%) and other mobile vaccination sites (45 programs; 75%).

21. Indicate your program's plans for **supporting adult vaccination** in the next 12 months.

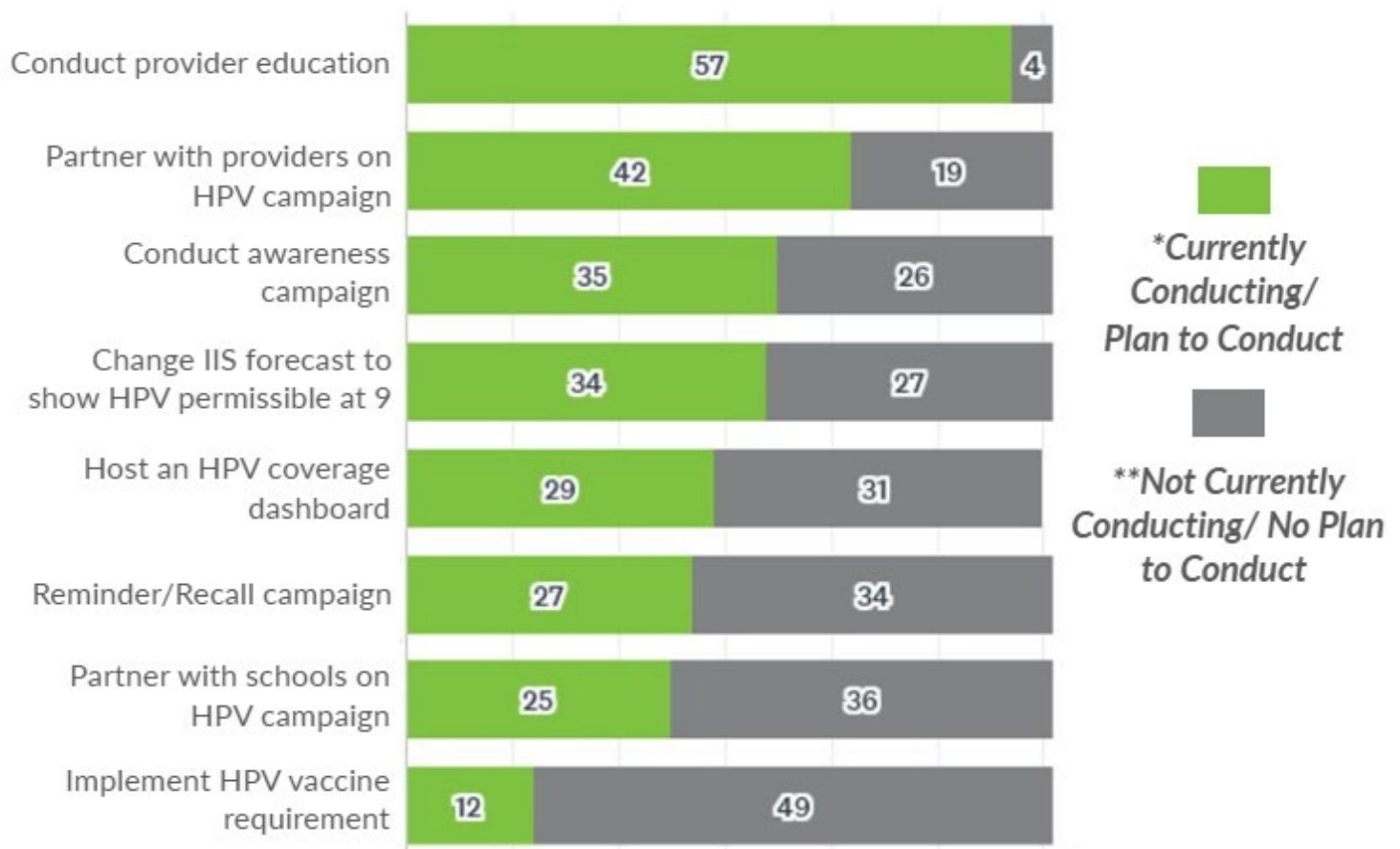
Program Plans for Supporting Adult Vaccination in FY25 [n=61]



Key Findings: A majority of programs are engaging in each of the adult-focused vaccination activities the survey inquired about, with outreach and education of adult vaccine providers (56 programs; 92%), and their enrollment as 317/state providers (50 programs; 82%) being key activities.

22. Indicate your program's plans for supporting HPV vaccination in the next 12 months.

Program Plans for Supporting HPV Vaccination in FY25 [n=61]

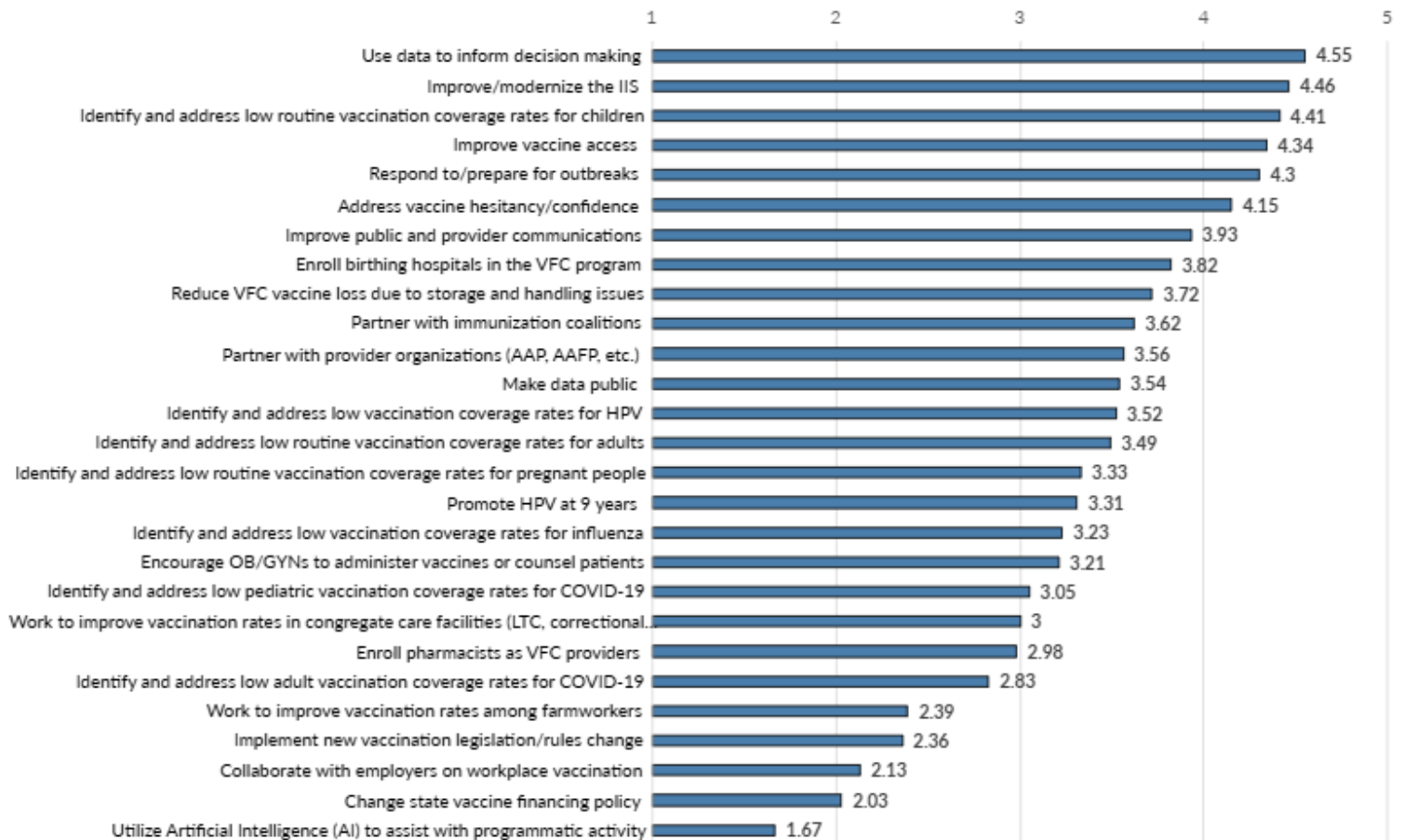


Key Findings: Provider education is the most common strategy to support HPV vaccination (57 programs; 94%). Approximately half of programs are using their IIS to aid in forecasting HPV at age 9 (34 programs; 56%) and to conduct reminder/recall campaigns (27 programs; 44%).

Programmatic Priorities

23. For each activity, rate your program's priority to address this activity in the next 12 months:

Program Priorities for FY25 [n=61]



1-Not a priority, 2-Low priority, 3-Moderate priority, 4-High priority, 5-Essential priority

Key Findings: Immunization programs have a large scope of priorities, with 20 of the 27 activities listed scoring at least a moderate priority for programs. The top three priorities either directly or indirectly relate to the IIS, highlighting the critical function it serves for each jurisdiction.