



Association of
Immunization
Managers

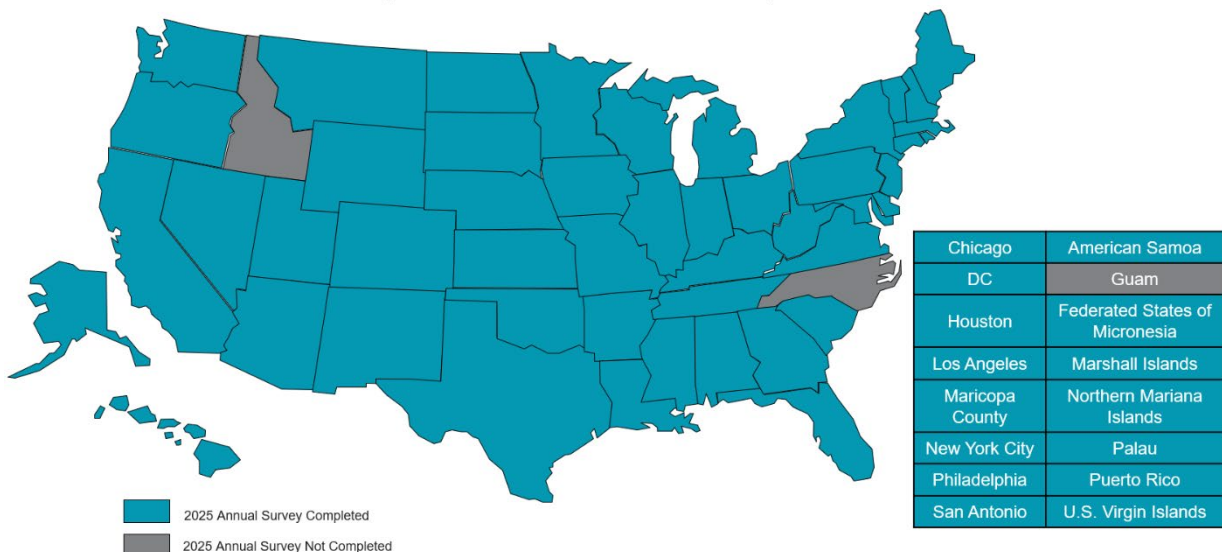
2025 AIM Annual Survey Aggregate Results

About AIM: [The Association of Immunization Managers \(AIM\)](#) is a nonprofit membership association comprised of the directors of the 66 federally funded state, territorial, and local public health immunization programs. AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests. Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States.

Background: AIM conducts an annual survey to assess and characterize immunization program policy, infrastructure, program activities, priorities, and the impact of funding changes (both federal and state) on immunization programs (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. Additional survey information and dissemination materials can be found [here](#). Questions about the survey can be submitted to Katelyn Wells, PhD, chief research, evaluation, and development officer, at kwells@immunizationmanagers.org.

Methods: The 2025 AIM Annual Survey was administered online via SurveyMonkey from November 2025-January 2026. This year’s survey had 24 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 66 federally funded immunization program managers. Survey follow-up consisted of two emails and two rounds 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 96%, 63 of 66 IPs completed the survey.

Completion of 2025 Annual Survey



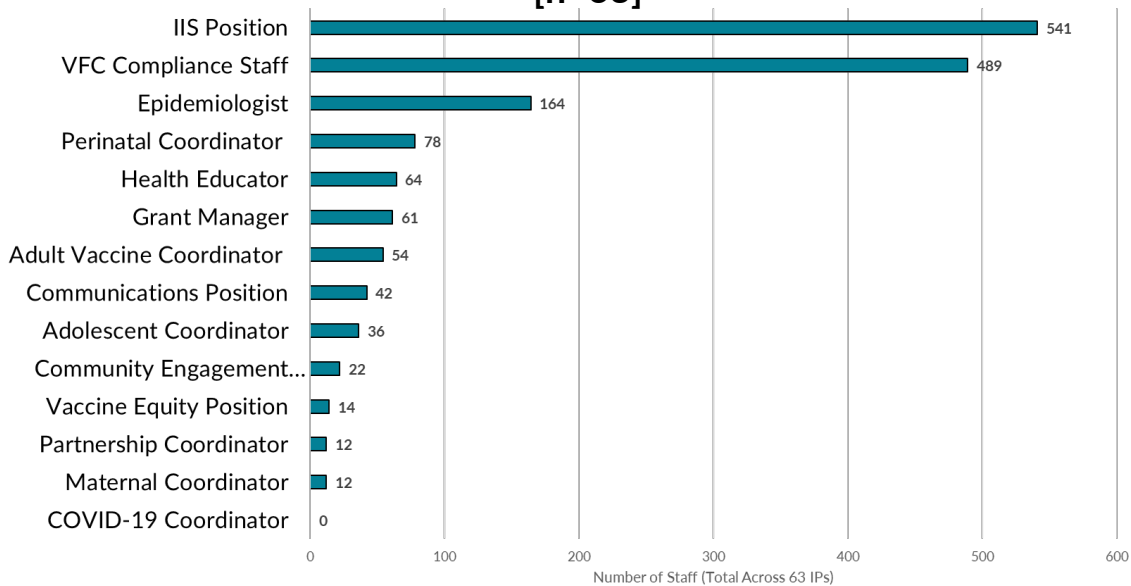
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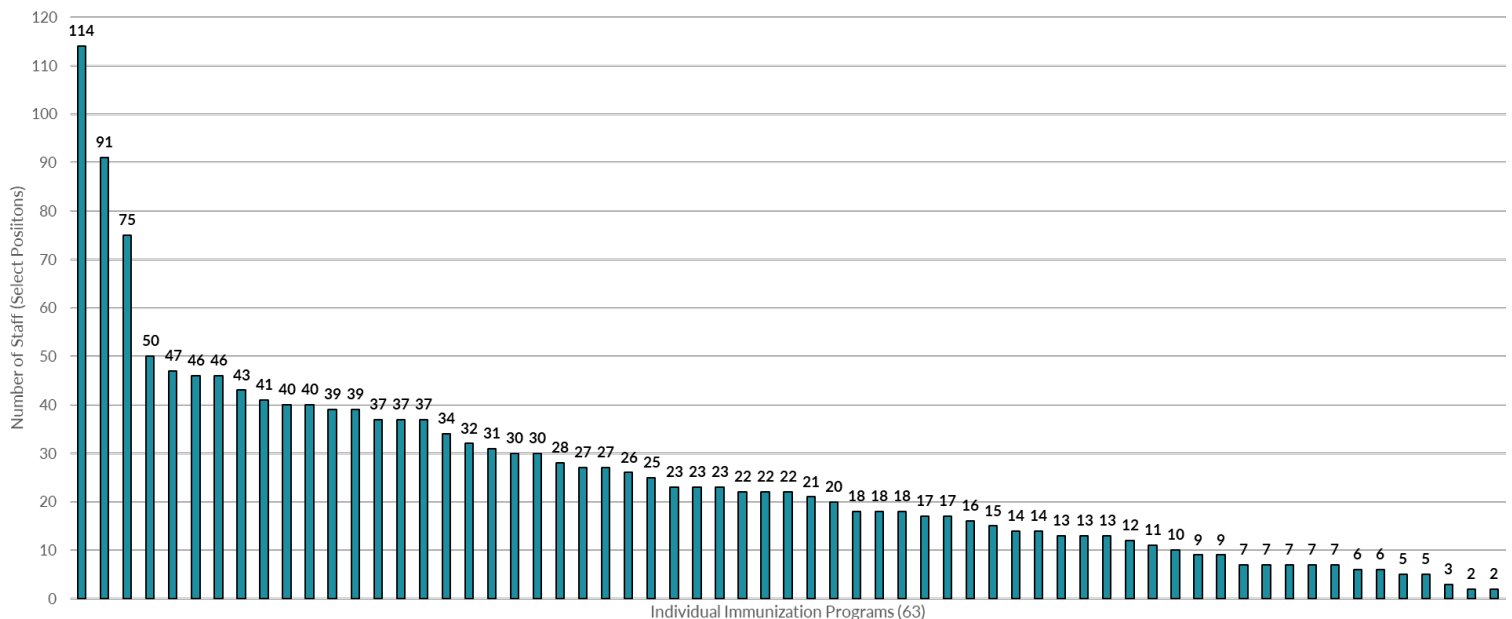
Program Staffing

Immunization Program Staffing for Select Positions, by Position Type [n=63]



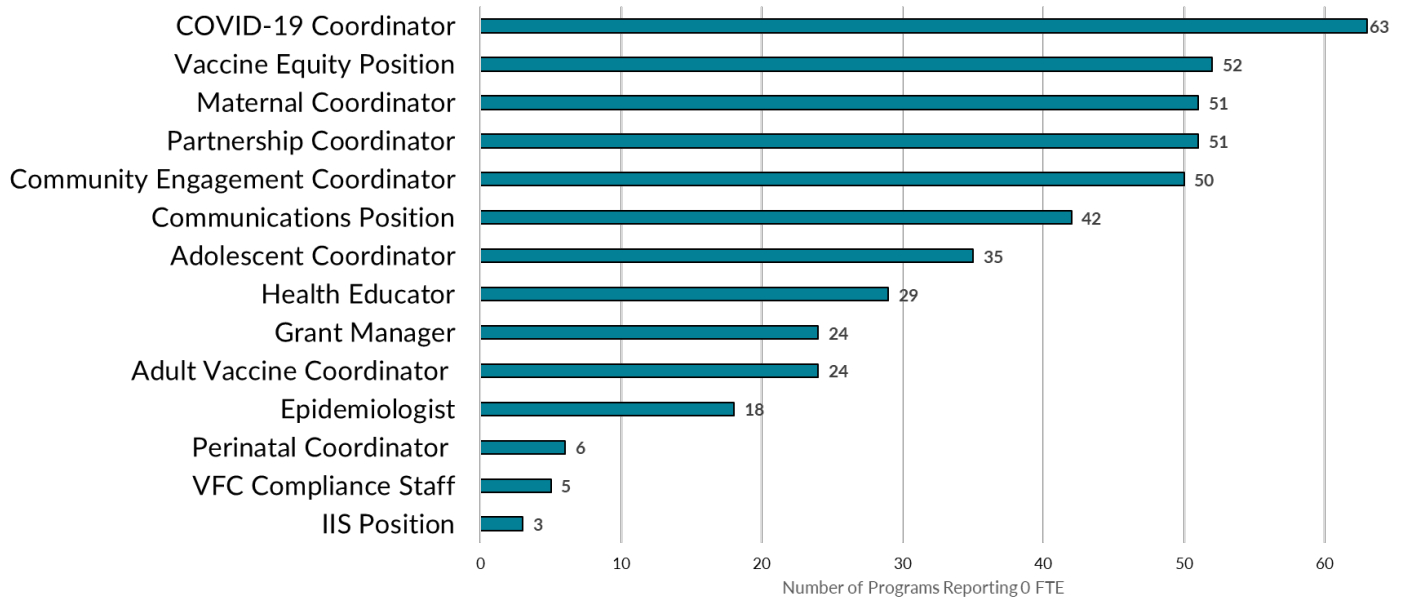
Key Findings: The 1,589 staff collectively assume the above roles in immunization programs across the country. Immunization information system (IIS) positions and Vaccines for Children (VFC) compliance positions are the most abundant while others are rarer.

Immunization Program Staffing for Select Positions, by Program [n=63]



Key Findings: The 1,589 staff across the previous select positions are not distributed evenly amongst immunization programs. Programs range between 2 and 114 staff for the selected positions included in the question. Mean: 25 staff. Median: 22 staff.

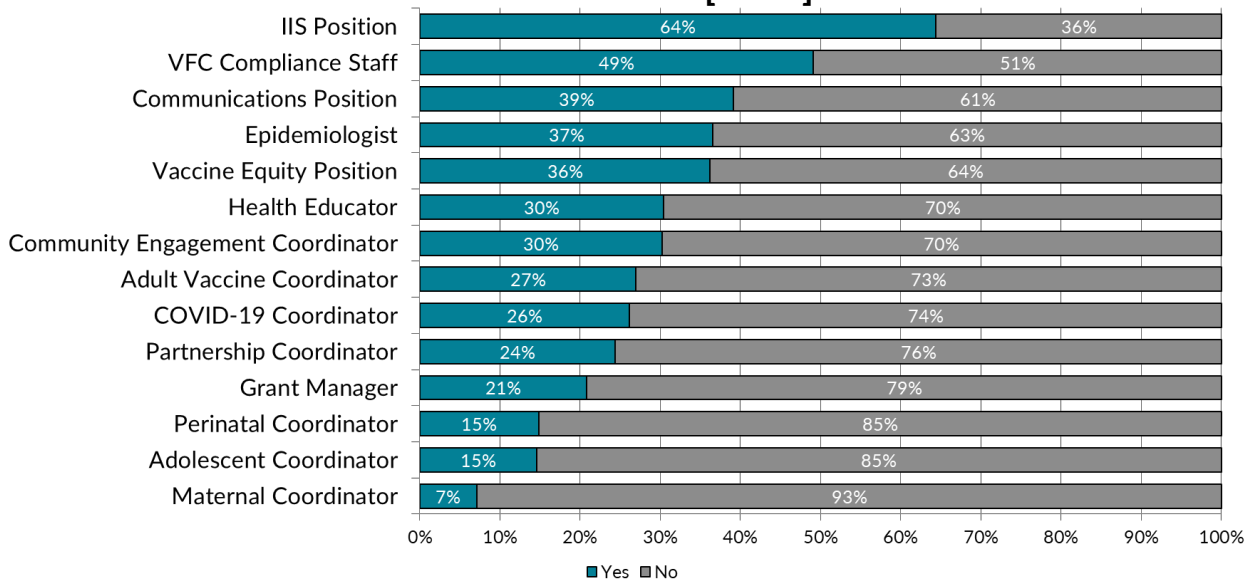
Immunization Programs Reporting 0 FTEs* for Select Positions [n=63]



Key Findings: Many programs do not have any FTEs in the above roles. No programs have a COVID-19 vaccine coordinator, and most do not have any equity positions, maternal coordinators, partnership coordinators, community engagement coordinators, communications positions, and/or adolescent coordinators.

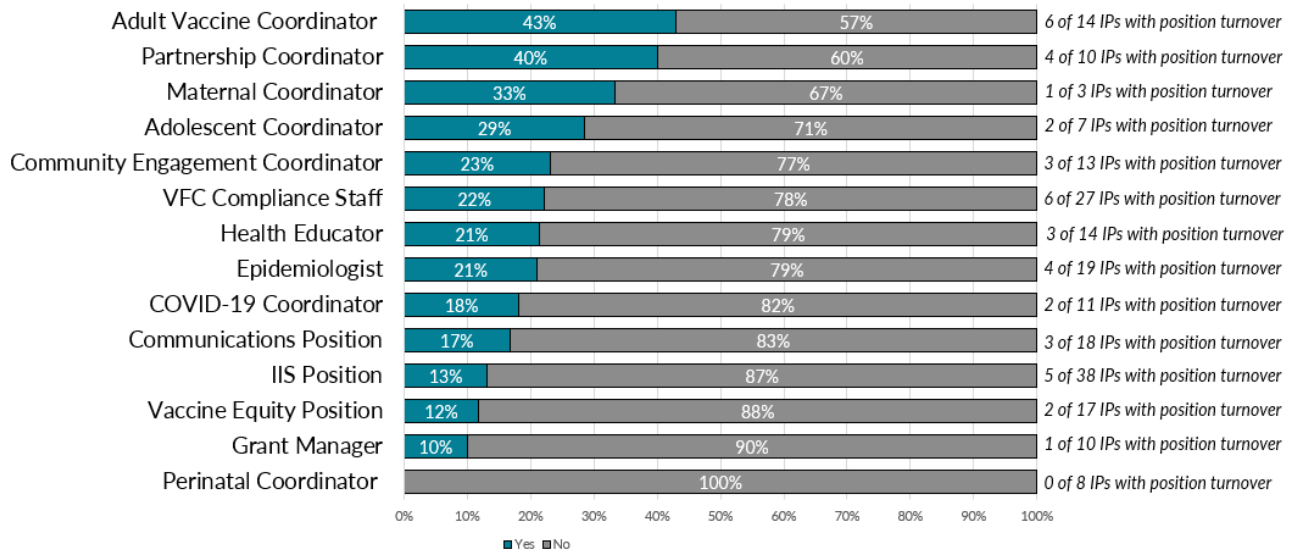
*FTE - Full-time employee

Percentage of Immunization Programs Experiencing Turnover in Select Positions [n=63]



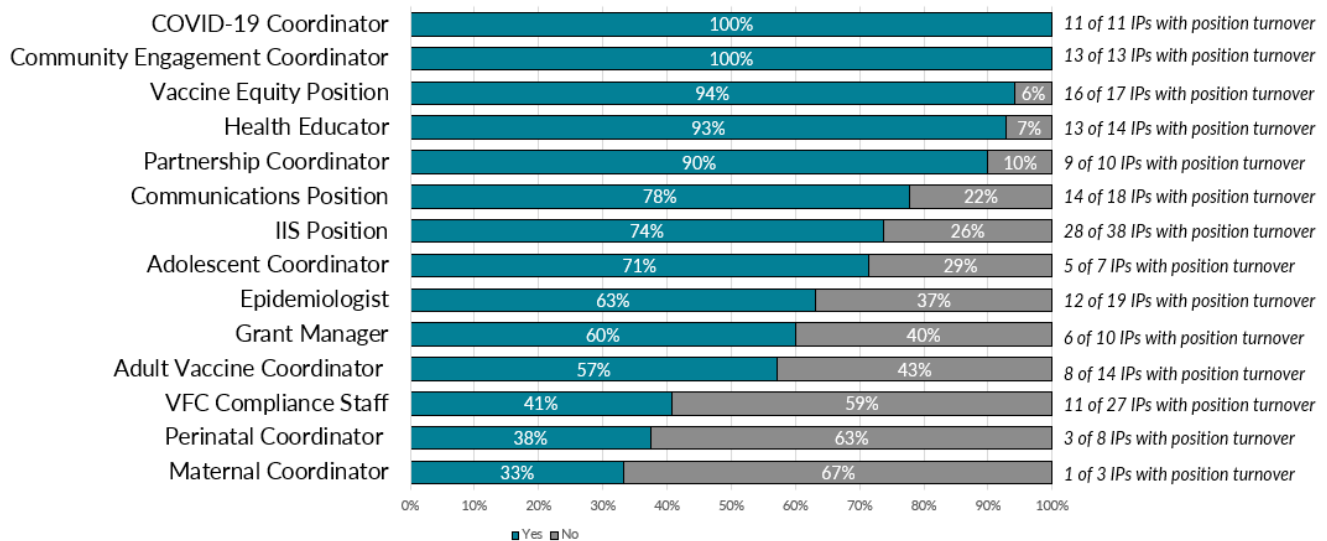
Key Findings: Turnover is more common in certain positions (although the two positions with the most turnover also have the most total staff, so higher turnover may partly reflect more staff, not necessarily greater turnover risk).

Turnover Related to Changes in Immunization Program Cooperative Agreement Award [n=63*]



Key Findings: Most position turnover was not related to changes in IPs' cooperative agreement awards with the CDC, although it was a factor for some position types, like adult and partnership coordinators, more than others. (*Unique n-value for each bar; see below)

Turnover Related to COVID-19 Supplemental Funding Recissions [n=63*]

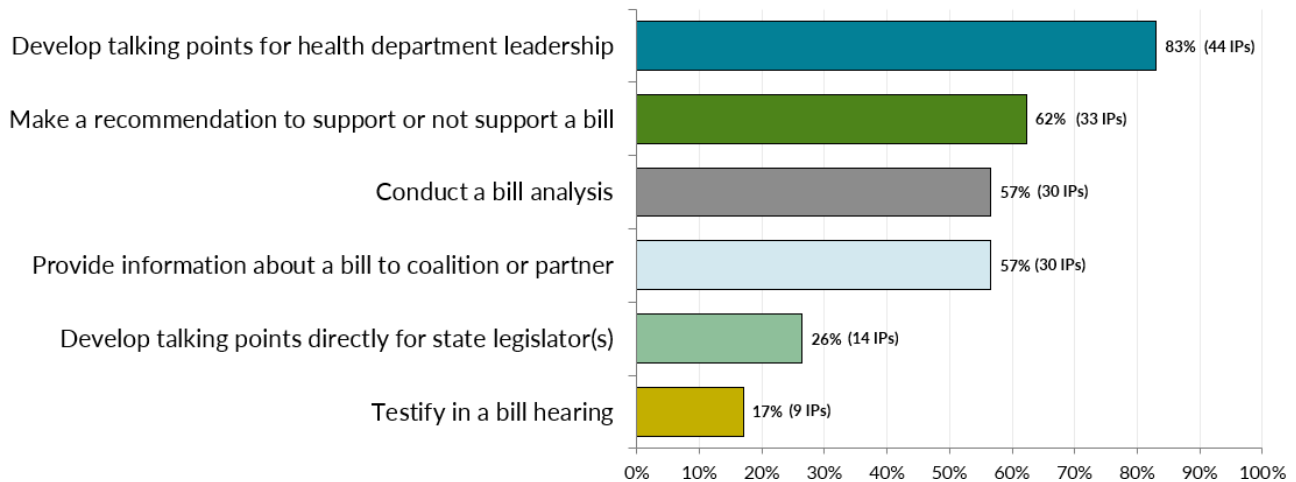


Key Findings: Position turnover was tied more often to COVID-19 funding recissions than to cooperative agreement award amount changes. This was a factor for the majority of position type turnover. (*Unique n-value for each bar; see below)

*Although 63 programs responded to the staffing questions, each bar's percentage is calculated using only programs with turnover in that position type as the denominator, and the numerator is the number reporting a.) changes in cooperative agreement award amount, and/or b.) COVID-9 supplemental funding recissions, as the cause.

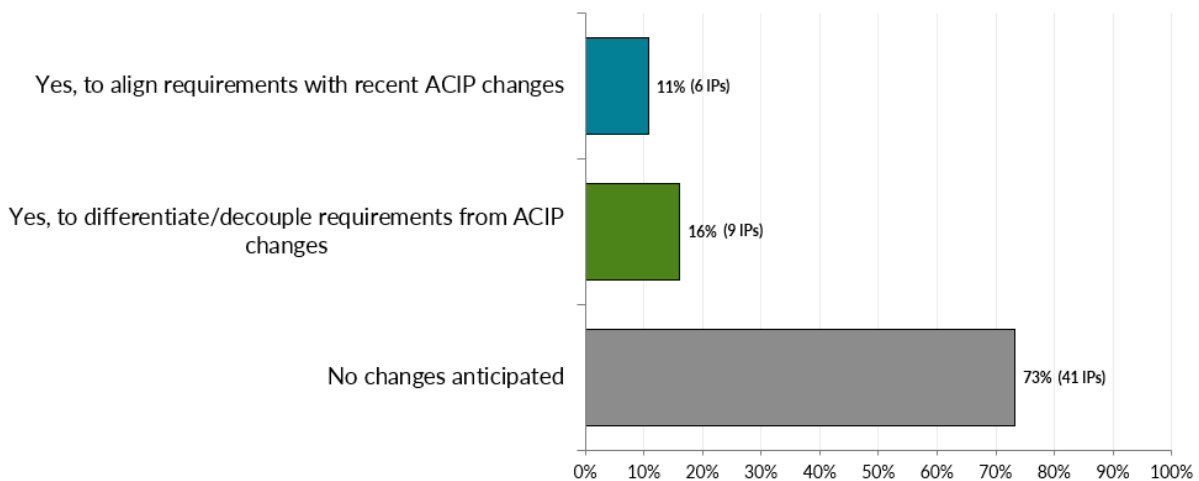
State Policy

Immunization Program Involvement in Proposed Vaccine-related Legislation in the Last 12 Months [n=53]



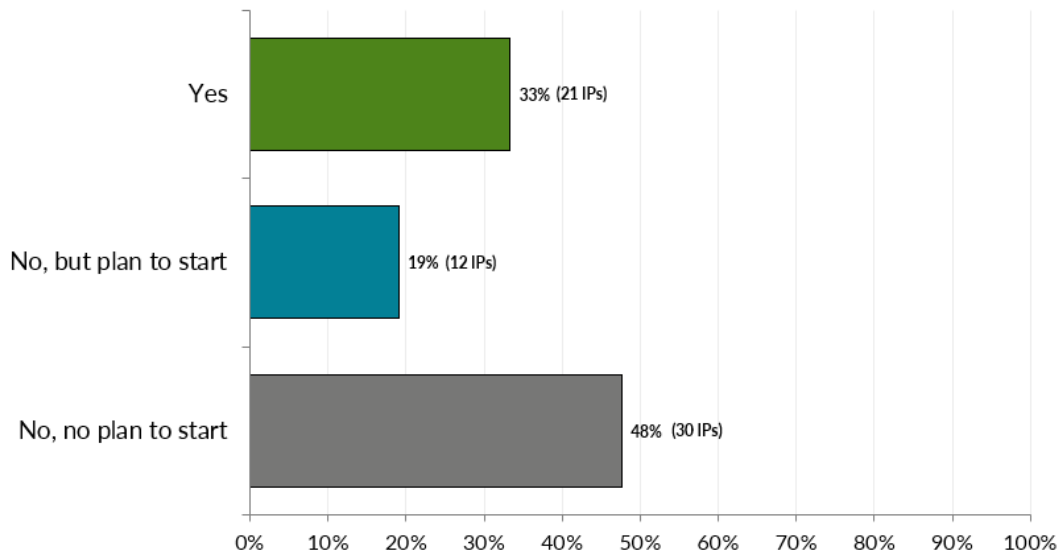
Key Findings: Most IPs engage in some level of activity related to the state legislative process. While directly testifying is uncommon, most programs are actively analyzing and responding to proposed bills in their jurisdiction by developing talking points and making recommendations.

Immunization Program Plans to Enact Changes to School Entry Vaccination Requirement Statutes Given Recent and Potential Changes to ACIP Recommendations [n=56]



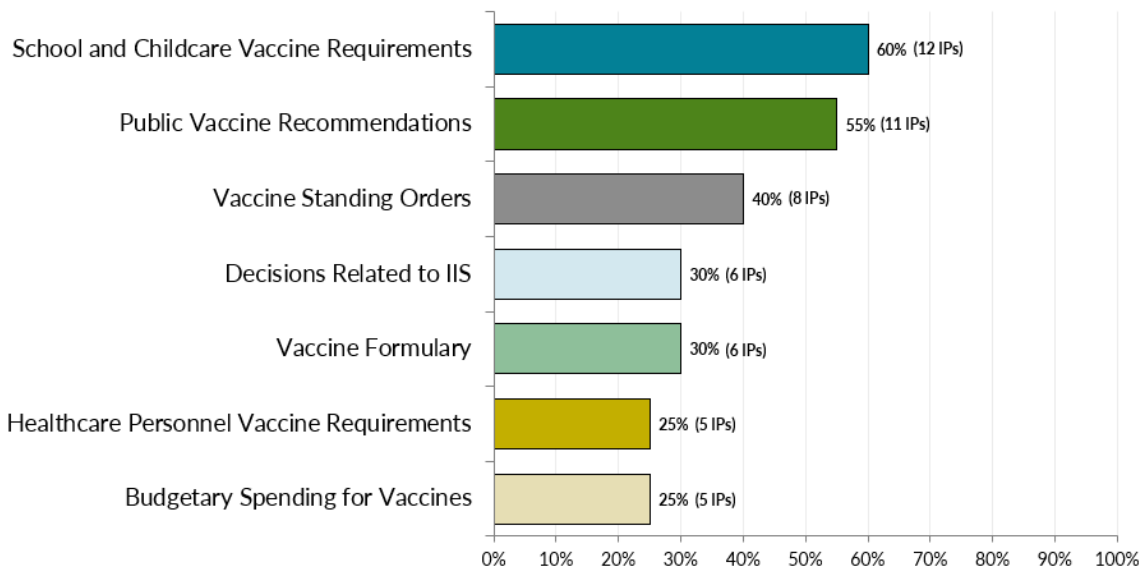
Key Findings: Most IPs did not anticipate making changes to their school vaccine entry requirements given Advisory Committee on Immunization Practices (ACIP) changes. However, more state legislatures than reflected above have [already introduced such bills](#).

Presence of Immunization Program Advisory Committee [n=63]



Key Findings: Fifty-two percent of IPs have an advisory committee or are planning to start one. These committees are a specialized group, typically comprised of public health experts, medical professionals, and community representatives. They provide guidance to state health departments on vaccine policies.

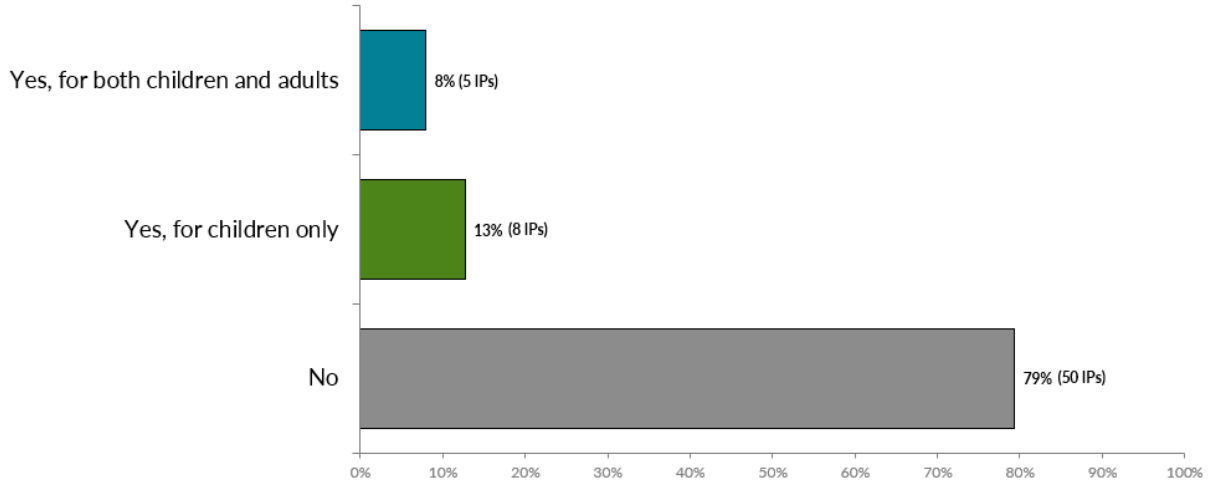
Issues Where Advisory Committees are Consulted, if Present [n=20]



Key Findings: Advisory committees are most consulted for vaccine requirements and recommendations but tackle a variety of different immunization issues depending on the jurisdiction.

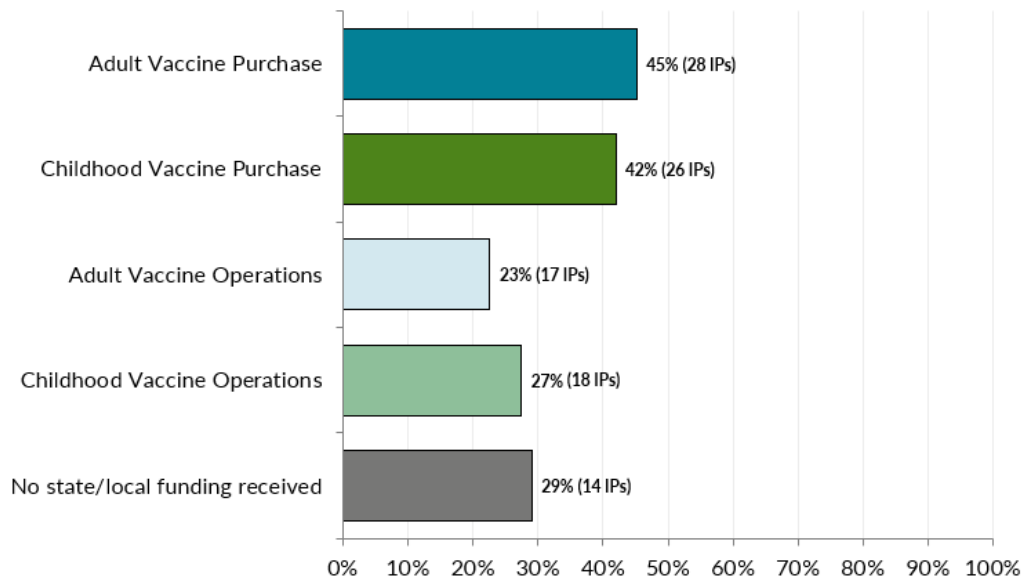
Vaccine Funding

Immunization Programs with Universal Purchase Programs (including universal purchase-select) [n=63]



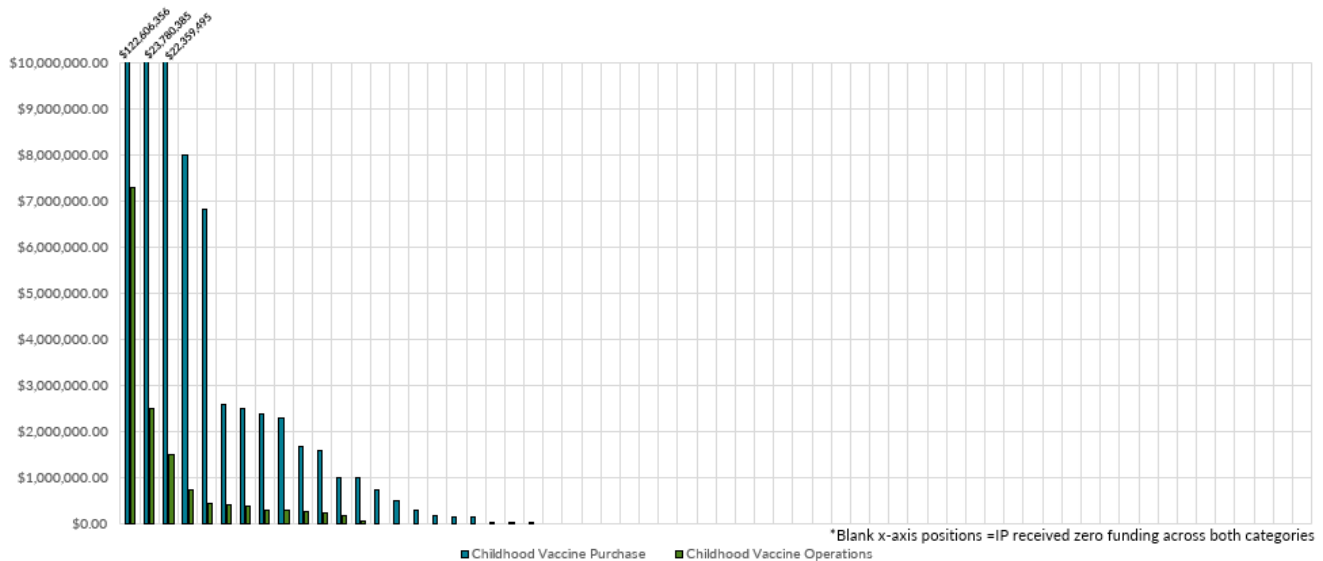
Key Findings: Twenty-one percent of IPs currently have a [universal purchase program](#), 13% are for children only while 8% cover children and adults.

FY25 State/Local Funding Received to Support Vaccine Purchase and Operations [n=62]



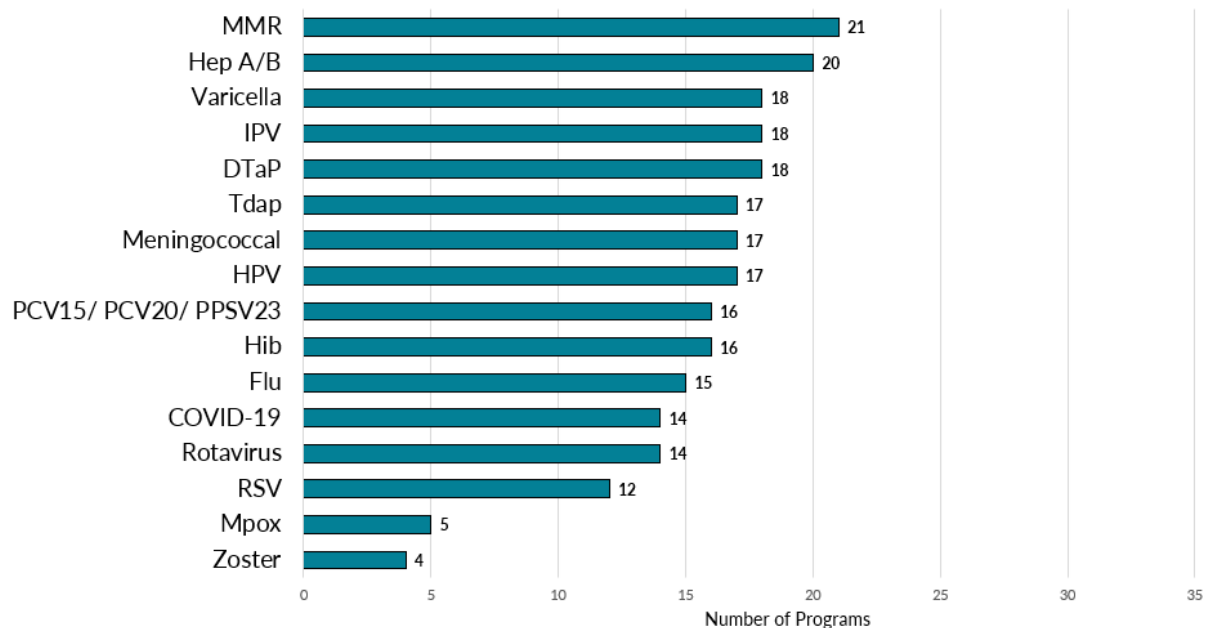
Key Findings: State/local funding is limited across jurisdictions, especially for vaccine-related operations. The majority of IPs do not receive any state/local funding for vaccine purchase or operations for children or adults.

FY25 State/Local Funding Received for Childhood Vaccine Purchase and Operations [n=62]



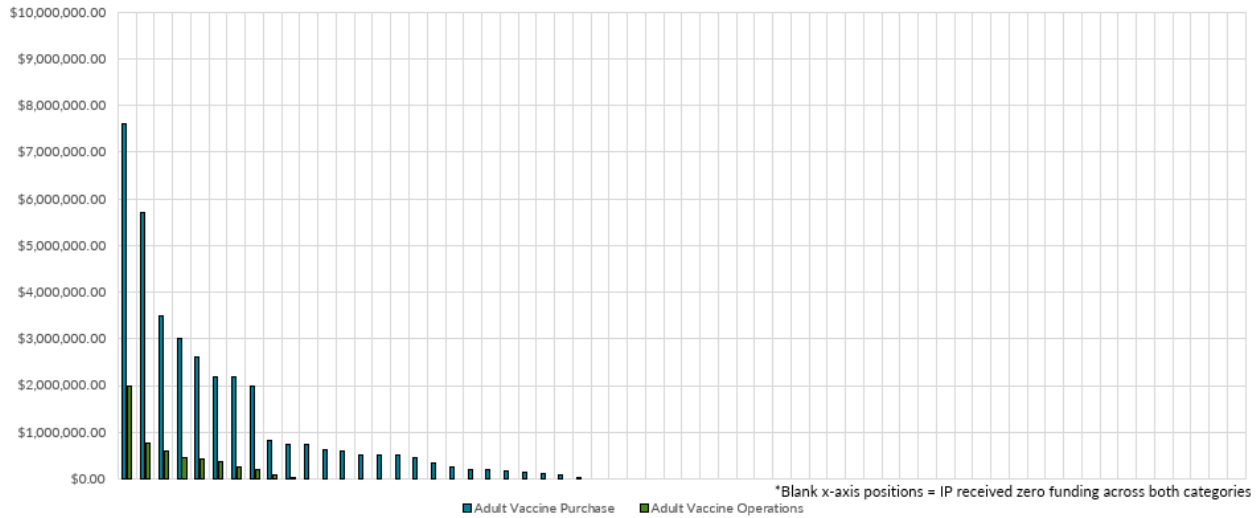
Key Findings: Most programs do not receive any state/local funding for childhood vaccine purchase and operations. Those that do receive are more likely to receive for vaccine purchase than for operations, but amounts vary widely from over \$100 million to just a few thousand.

Childhood Vaccines Purchased with State/Local Funding [n=38]



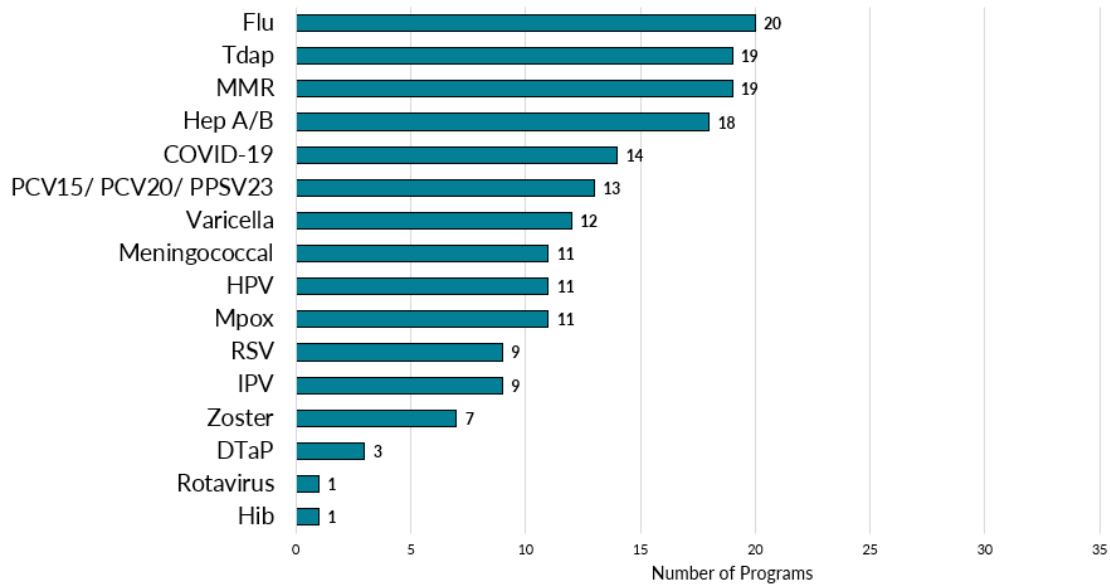
Key Findings: For states that do have state/local funding for childhood vaccine purchase, measles, mumps, and rubella (MMR) is the most purchased vaccine, followed closely by hepatitis A/B, varicella, inactivated poliovirus Vaccine (IPV) and diphtheria, tetanus, and pertussis (DTaP).

FY25 State/Local Funding Received for Adult Vaccine Purchase and Operations [n=62]



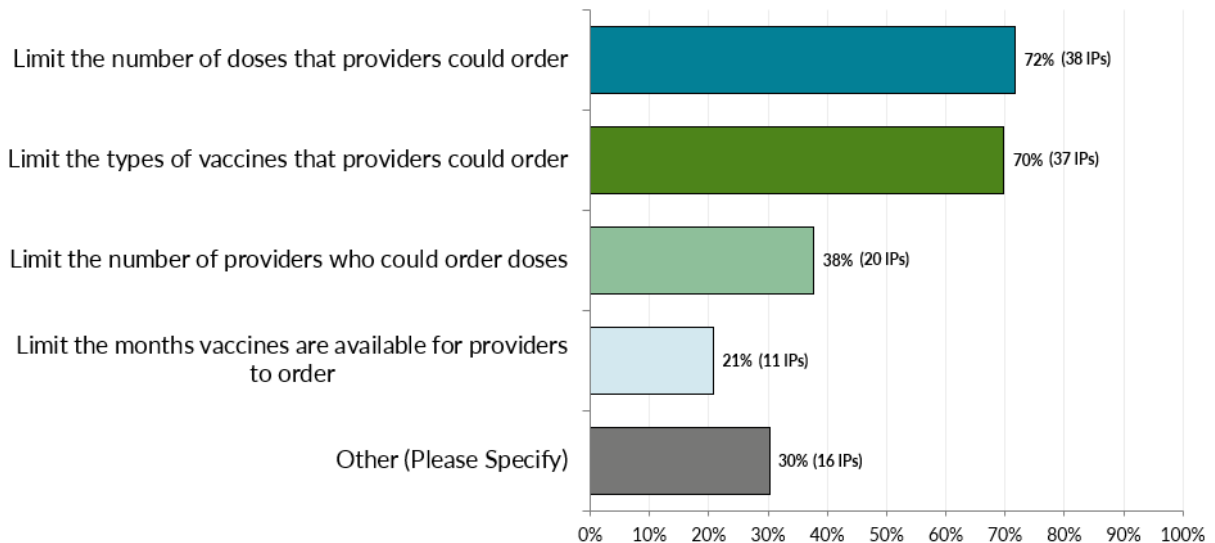
Key Findings: Slightly more programs receive state/local funding for adult vaccine purchase and operations versus childhood vaccine purchase and operations, but amounts received are significantly smaller. Those that do receive this funding are more likely to receive for vaccine purchase than operations, but amounts vary widely from several million to several thousand dollars.

Adult Vaccines Purchased with State/Local Funding [n=38]



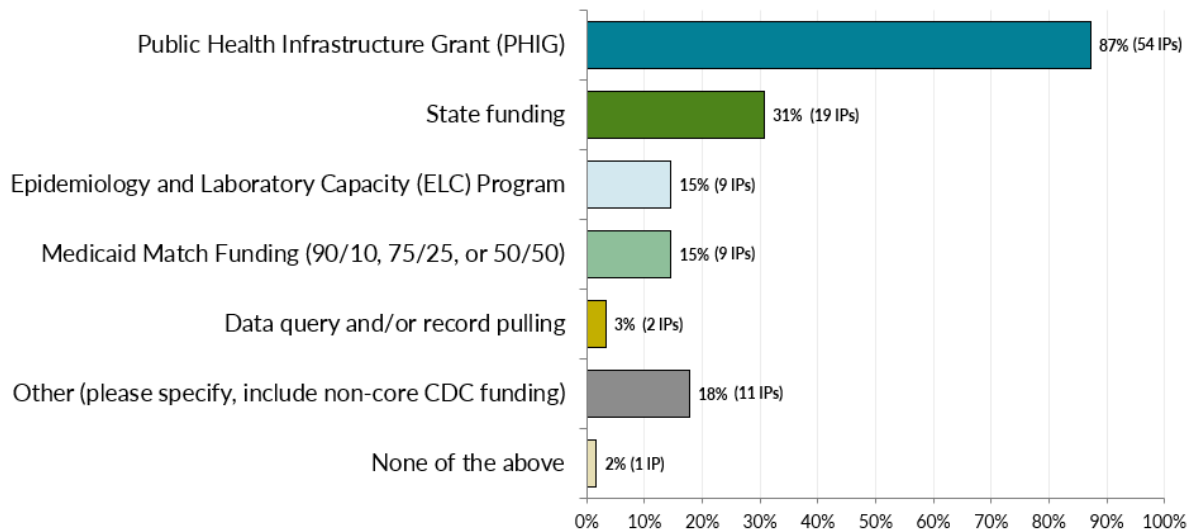
Key Findings: For states that have state/local funding for adult vaccine purchase, flu is the most commonly purchased vaccine, followed by tetanus, diphtheria, and pertussis (Tdap), MMR and Hep A/B.

Actions Taken by Immunization Programs in FY25 related to Section 317 Funded Vaccine [n=53]



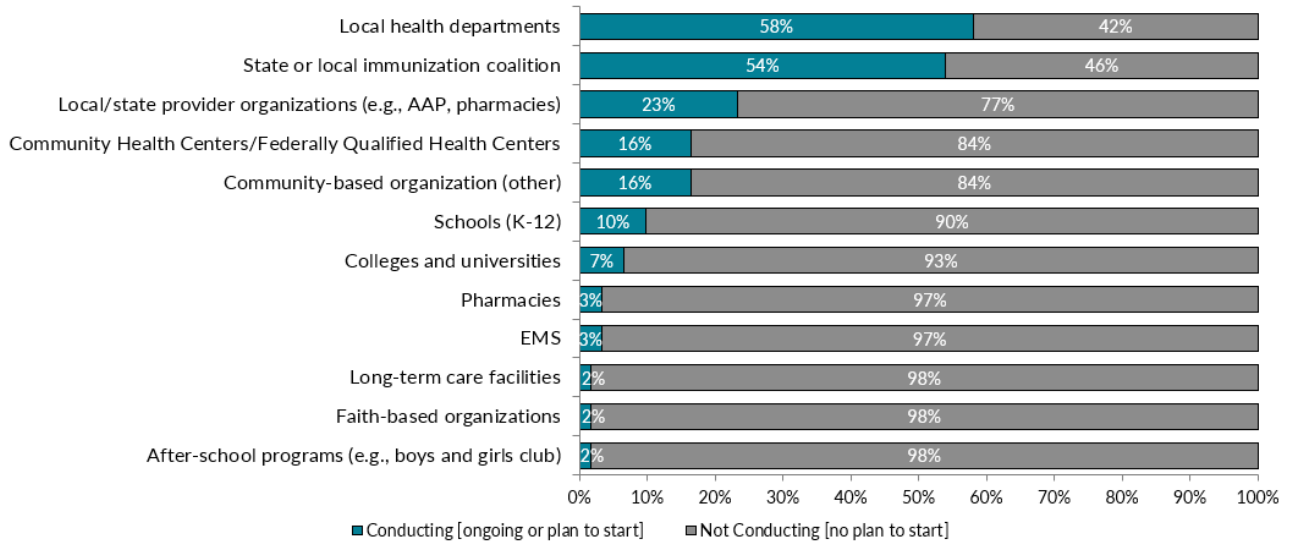
Key Findings: States enacted significant constraints to their Section 317 programs due to current funding levels. The majority of IPs limited the number of doses and types of vaccines that can be ordered by Section 317 providers. Four IPs also described additional funding or dose limitations that affected activities or vaccine ordering.

Funding, Besides CDC Core, Used to Support Immunization Program IIS [n=62]



Key Findings: Outside of CDC Core funding, most programs also use Public Health Infrastructure Grant (PHIG) funding to support their IIS. Several (4) further specified their state funding or state-managed IIS support, including maintenance fees and ongoing operations. Three IPs mentioned COVID-19-related funds (supplemental or redirected). Two IPs identified other specific funding streams, including Medicaid (that was not Match funding) and Title V (Maternal and Child Health).

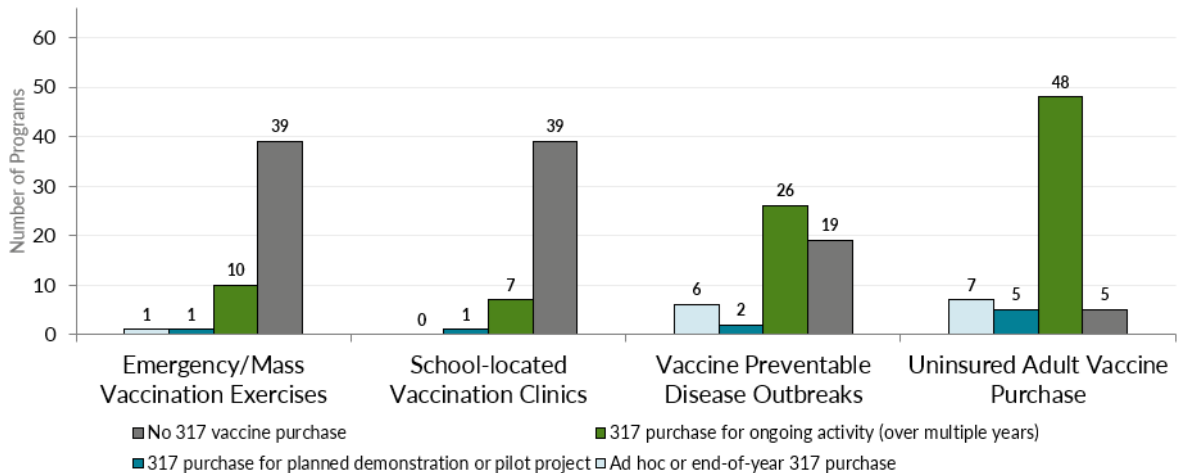
Immunization Program Plan for Providing Programmatic Funding to Partners in the Next 12 Months [n=63]



Key Findings: Approximately half of IPs provide funding to local health departments and coalitions, but most do not provide funding for the variety of other organization types. Two IPs noted plans or intentions to collaborate with external entities but not necessarily provide direct funding. Two IPs referenced changes in funding leading to reduced community contracts.

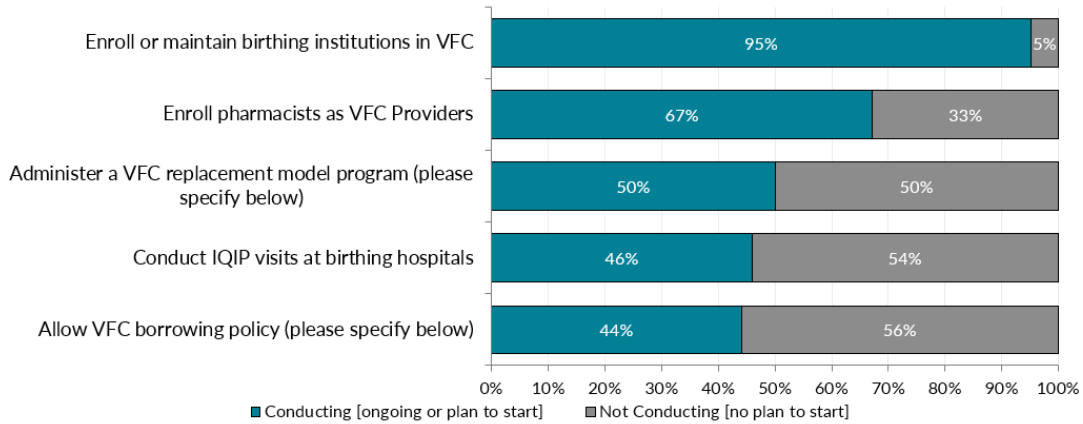
Program Activities

Program Activities Supported by Section 317 Vaccine Purchase Funds Over Last 12 Months [n=60]



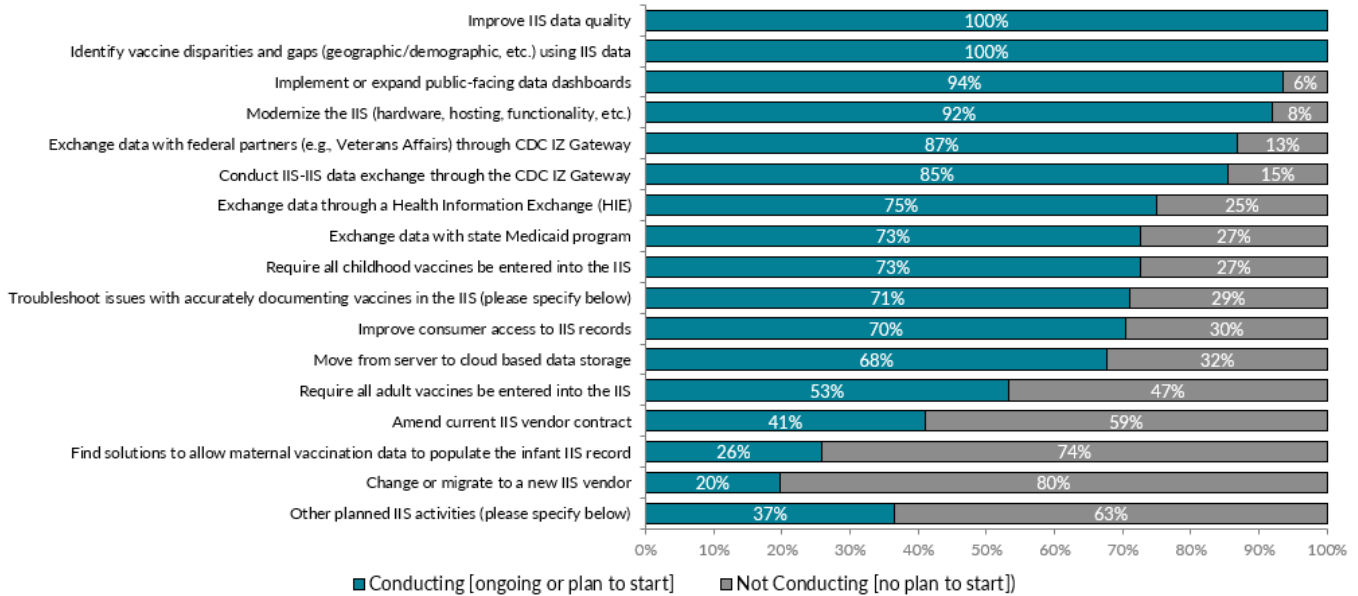
Key Findings: Uninsured adult vaccine purchase is the most common use of Section 317 funds, with many also using for outbreak response. Some IPs also noted they provide funding to the Department of Corrections as well as national and state disaster response.

Immunization Program Plan for Conducting VFC Activities in the Next 12 Months [n=62]



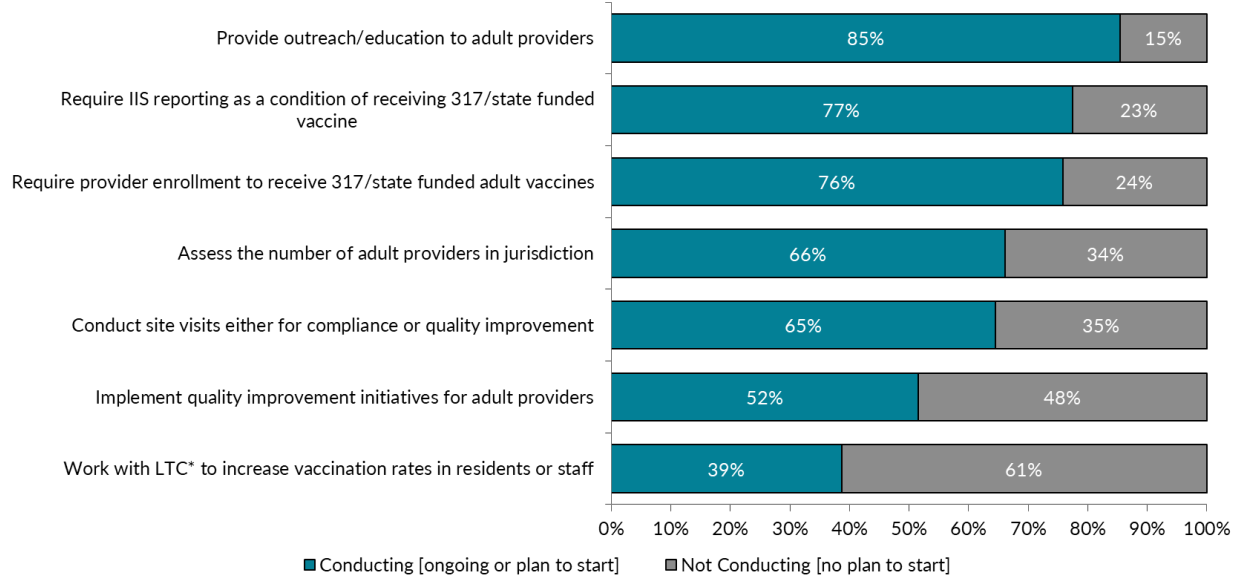
Key Findings: Enrolling or maintaining birthing institutions in VFC is the top VFC activity reported by programs, with a majority also working on pharmacist participation.

Immunization Program Plan for Conducting IIS Activities in the Next 12 Months [n=62]



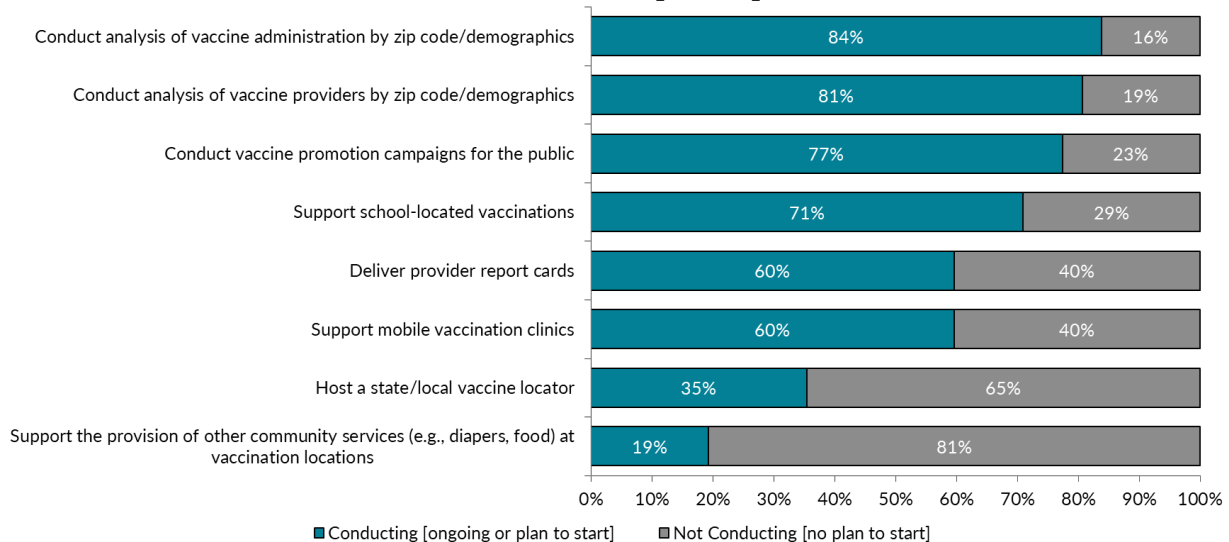
Key Findings: Every IP plans to improve IIS data quality and identify vaccine disparities with their IIS data. Many IPs focused on data quality improvements, including deduplication, data validation, and outreach to providers or electronic health record (EHR) vendors to improve accuracy and completeness. Several IPs described technical updates or system integrations, such as connecting IIS data with other health systems (schools, vital records, health information exchanges (HIEs)) or implementing new interfaces and health level seven international (HL7) enhancements. A few IPs mentioned upcoming system transitions or requests for proposals to migrate to new IIS vendors or platforms, with some planning multi-year modernization efforts. Some IPs highlighted policy or legislative changes, including efforts to expand IIS capabilities.

Immunization Program Plan for Supporting Adult Vaccination in the Next 12 Months [n=62]



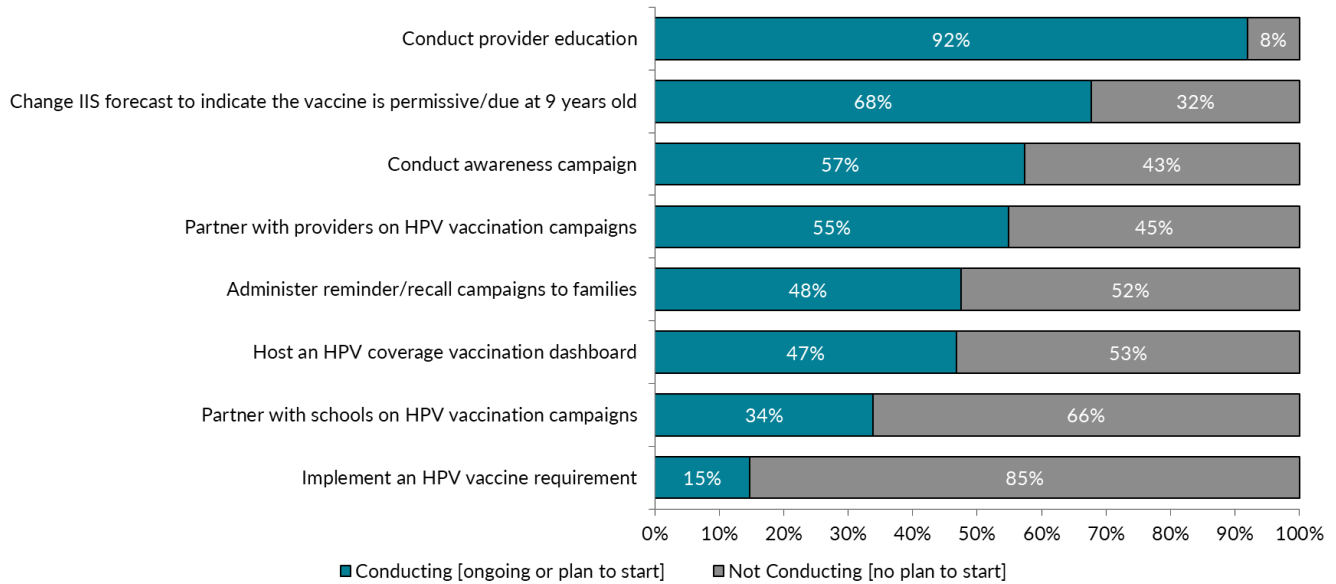
Key Findings: Provider outreach is the most common activity to support adult vaccination. Two immunization programs mentioned additional data improvement or assessment efforts, including identifying or quantifying adult vaccine providers. One IP noted quality improvement (QI) outreach to adult providers. One IP reported plans to implement a statewide adult vaccination program for uninsured and underinsured adults.

Immunization Program Plan for Increasing Coverage Rates in the Next 12 Months [n=62]



Key Findings: Programs report a variety of plans to increase coverage rates, usually centered around conducting analysis of providers and administration data. Two IPs indicated plans or constraints related to funding and scope, such as limiting campaigns or focusing efforts on provider support. One IP noted programming must be limited to vaccine education rather than promotion.

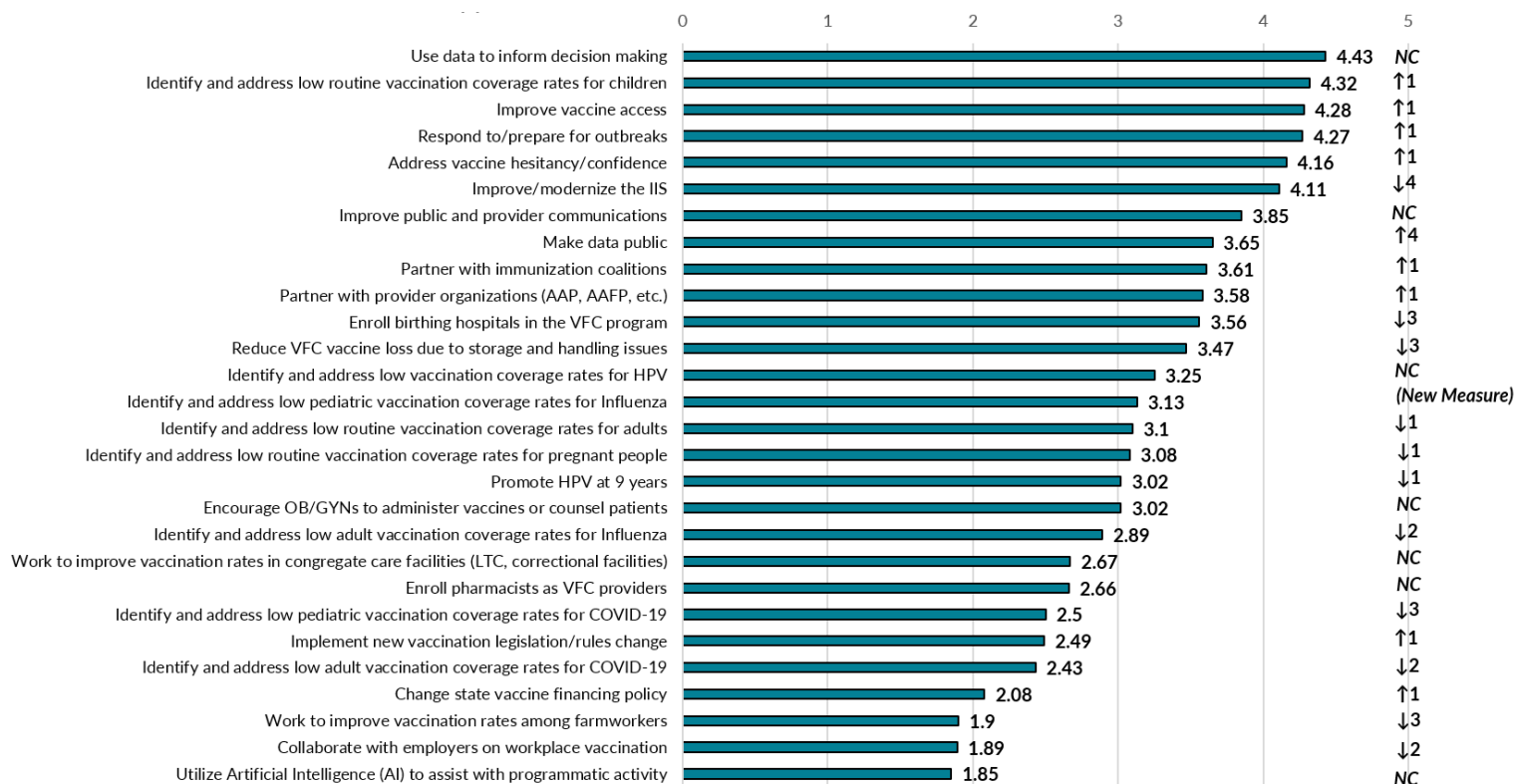
Immunization Program Plan for Supporting HPV Vaccination in the Next 12 Months [n=62]



Key Findings: Provider education is the most common activity to support HPV vaccination. Some immunization programs (4) described specific partnerships or collaborations with organizations such as hospitals, the American Cancer Society, HPV coalitions, or chronic disease divisions in their health department. Two IPs specified their education and outreach activities, including webinars, in-person presentations, and maintaining educational resources.

Program Priorities

Priority Ranking of Overall Activities in the Next 12 Months [n=62]



(1-Not a Priority, 2-Low Priority, 3-Moderate Priority, 4-High Priority, 5-Essential Priority)

↑ = Increase in IP Priority Compared to 2024 ↓ = Decrease in IP Priority Compared to 2024

NC = No Change

Key Findings: Ranking order of IP priorities for this year compared to last year are remarkably similar. Improving or modernizing the IIS dropped out of the top five, but otherwise top ranked priorities remained the same. Making data public saw a small jump in priority amongst IPs. Enrolling birthing hospitals in VFC, reducing vaccine loss, addressing pediatric COVID-19 vaccination rates and improving farmworker vaccination saw small drops in priority amongst IPs. Overall, immunization programs have a wide variety of priorities for the next 12 months.

Conclusion

Immunization programs continue to operate in very different environments, with wide variation in staffing, infrastructure, funding, and day-to-day capacity across jurisdictions. At the same time, the survey shows strong alignment in what programs are trying to accomplish: using data to guide decisions, improving vaccine access, addressing gaps in coverage, and preparing for outbreak response. Even as many programs report limited staffing in key roles, heavy reliance on federal funding, and constraints on vaccine operations, their priorities remain notably consistent across the network. Taken together, the findings underscore a central theme of this year's survey: although programs face different realities, they remain united by a shared mission to protect communities through strong, data-informed immunization efforts.

- 1 Programs are diverse in size, structure, and operating context
- 2 Capacity remains uneven across staffing roles and jurisdictions
- 3 Funding pressures continue to affect operations and vaccine access
- 4 Shared priorities remain centered on data, access, coverage, and outbreak response

Different realities. Shared mission.

The survey points to a common commitment to using data, improving access, and protecting communities.