

Bridging the Gap: Onboarding Birthing Hospitals into the VFC Program

April 21, 2026



Association of
Immunization
Managers

HOUSEKEEPING

- This webinar is being recorded
- Please introduce yourself in the chat and tell us your role in these efforts
- All slides and resources will be upload to AIM's member section after the webinar
- Use the chat box for any questions

Agenda



2025-2026 RSV
LANDSCAPE



TENNESSEE
INTENSIVE ONBOARDING
INITIATIVE (IOI)



Q&A AND RESOURCES

2025-2026 RSV Landscape

Michelle Fiscus, MD FAAP
Association of Immunization Managers
Chief Medical Officer

2025-2026 RSV SEASON

RESP-NET

Respiratory Virus
Hospitalization Surveillance
Network



Season

Age Group

Race and Ethnicity

Sex

Site

Hospitalization Rates

Weekly

• Estimated

Show Estimated Range

• Observed

Cumulative

All Seasons

Show Data By

Season

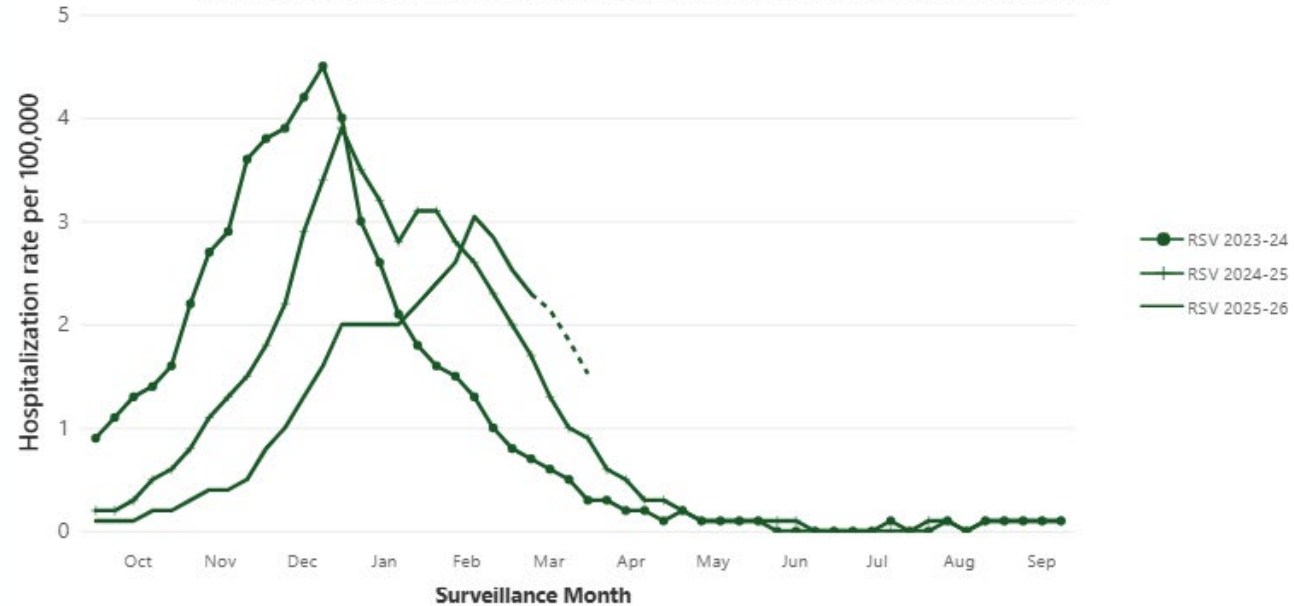
Multiple selections

Pathogen

RSV

Weekly Rates of Respiratory Virus-Associated Hospitalizations by Season

Hospitalization rates for the past three weeks are estimates. Because reporting is delayed, models estimate what rates would be if all data were complete. Median estimated rates are shown for each virus, with the option to view the estimated range reflecting uncertainty.



Note: Dashed lines show estimated rates; solid lines are observed rates. When shown, shaded bands indicate the estimated range reflecting uncertainty.

Data last updated: April 10, 2026.

Accessibility: Right click on the graph area to display options such as show data as table and copy visual.

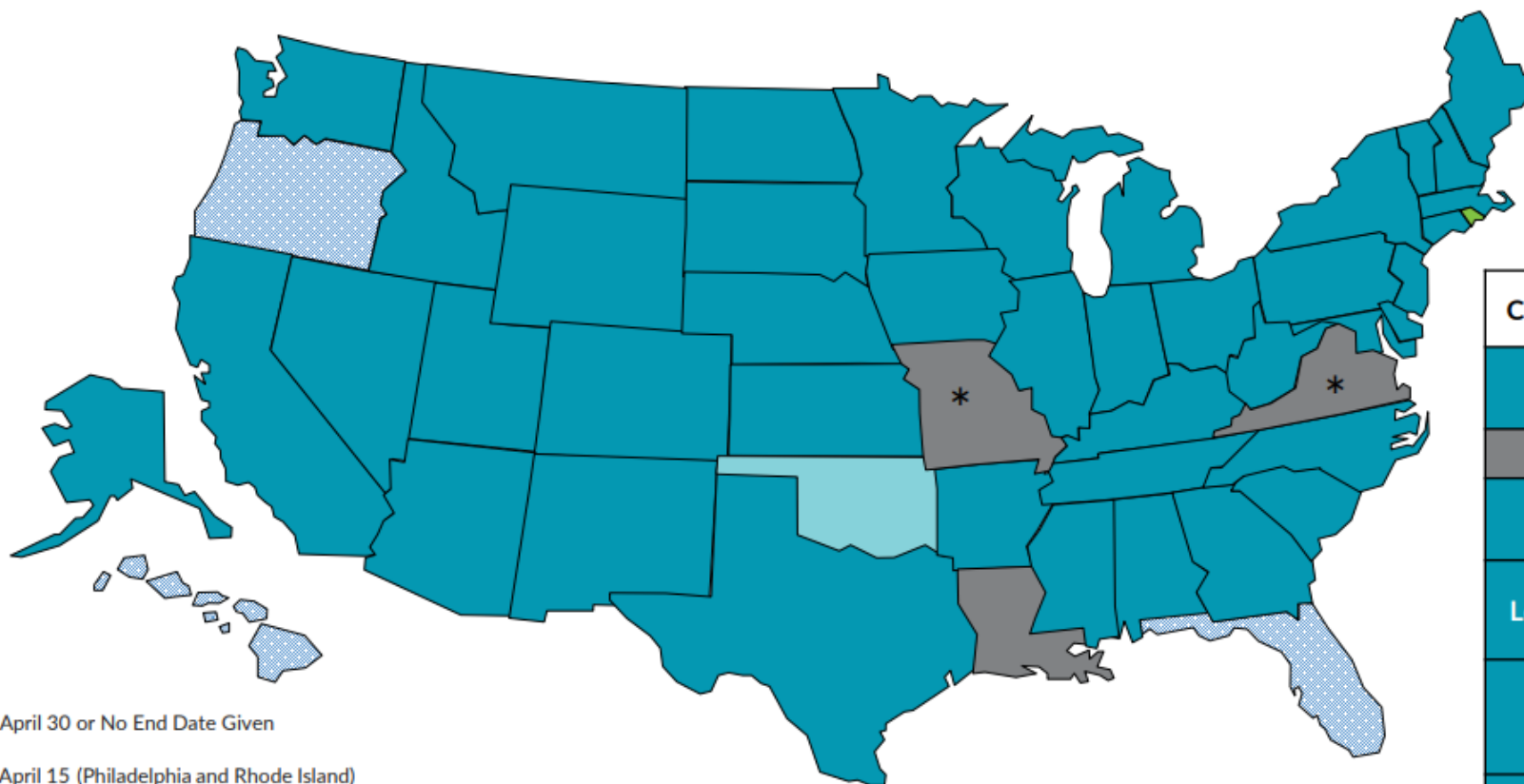
[Download Data](#)

[About Our Data](#)

[Publications](#)

[About Estimated Rates](#)

2025-2026 RSV mAb Season: Map of Jurisdictions' Extension Plans



- Extending to April 30 or No End Date Given
- Extending to April 15 (Philadelphia and Rhode Island)
- Still Deciding as of April 1, 2026
- Not Extending Season
- Year-round Season or Based on Epi Data
- *** Will consider orders from providers on a case-by-case basis

| City/County | Territory |
|-----------------|---------------------------|
| Chicago | American Samoa |
| DC | Guam |
| Houston | Marshall Islands |
| Los Angeles | Fed. States of Micronesia |
| Maricopa County | Northern Mariana Islands |
| NYC | Palau |
| Philadelphia | Puerto Rico |
| San Antonio | Virgin Islands |

*All extension decisions were made by individual jurisdictions and were self-reported by immunization program managers to AIM. If you are aware of any changes or updates to this map, please email info@immunizationmanagers.org.

2025-2026 RSV IMMUNIZATION DATA

Figure 4. Infant Protection Against RSV by Maternal RSV Vaccination* or Receipt of RSV Monoclonal Antibody,† and Intent for RSV Monoclonal Antibody Receipt,‡ Reported By Females Aged 18–49 Years Who Have an Infant <8 Months During the RSV Season (Born Since April 1, 2025), by Month of Interview, United States§,±
Data Source: National Immunization Survey–Fall Respiratory Virus Module

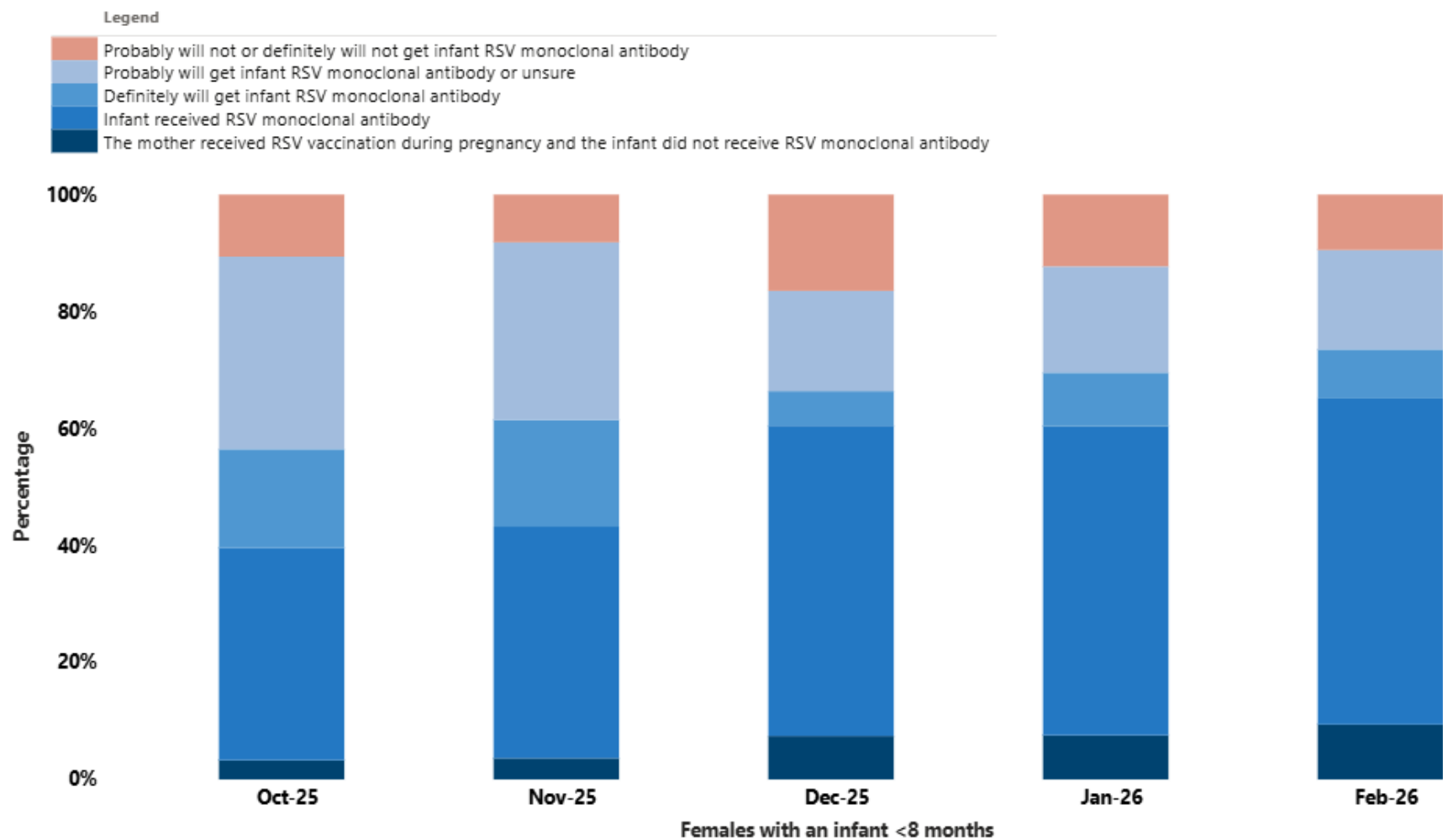
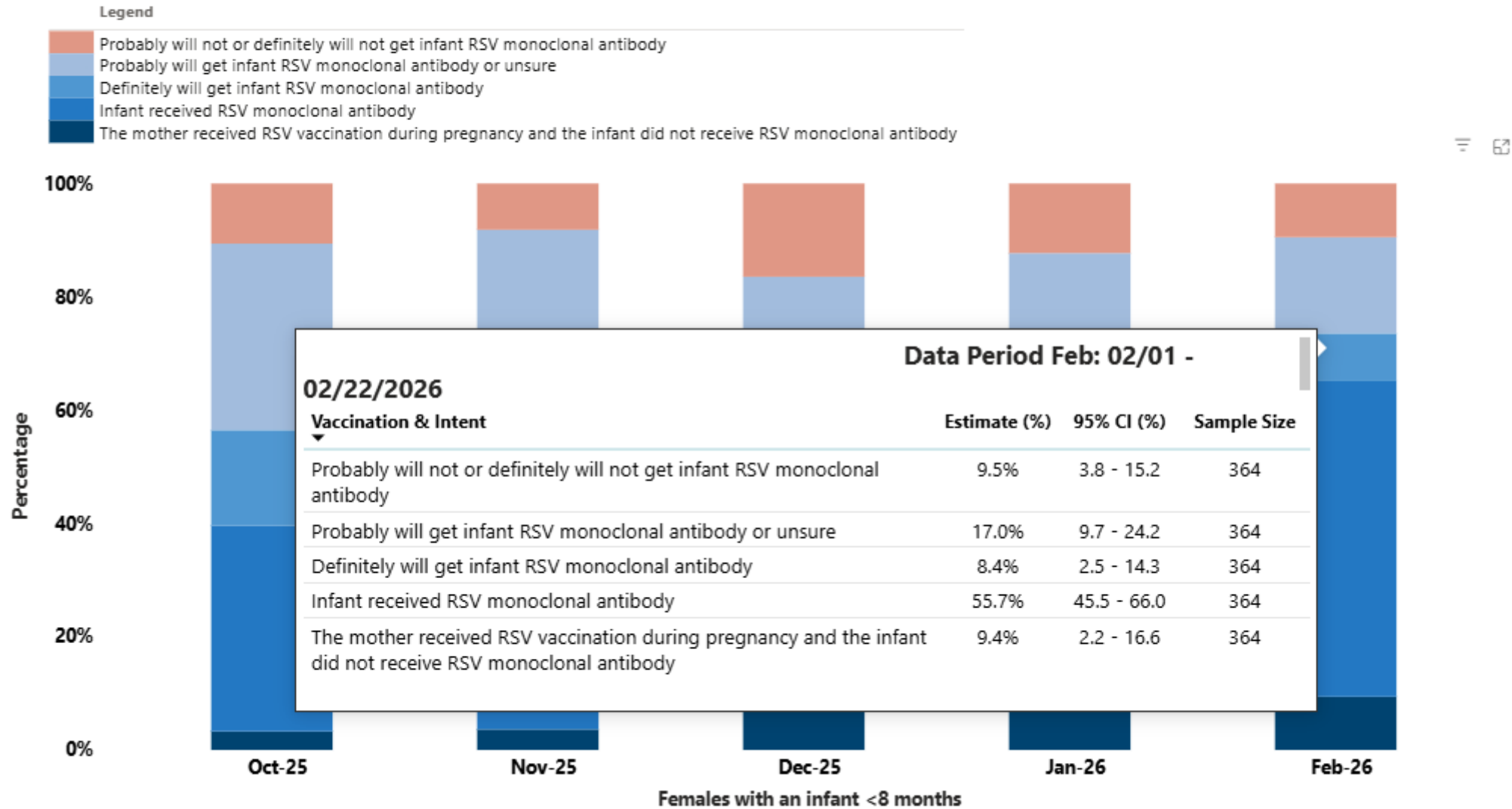


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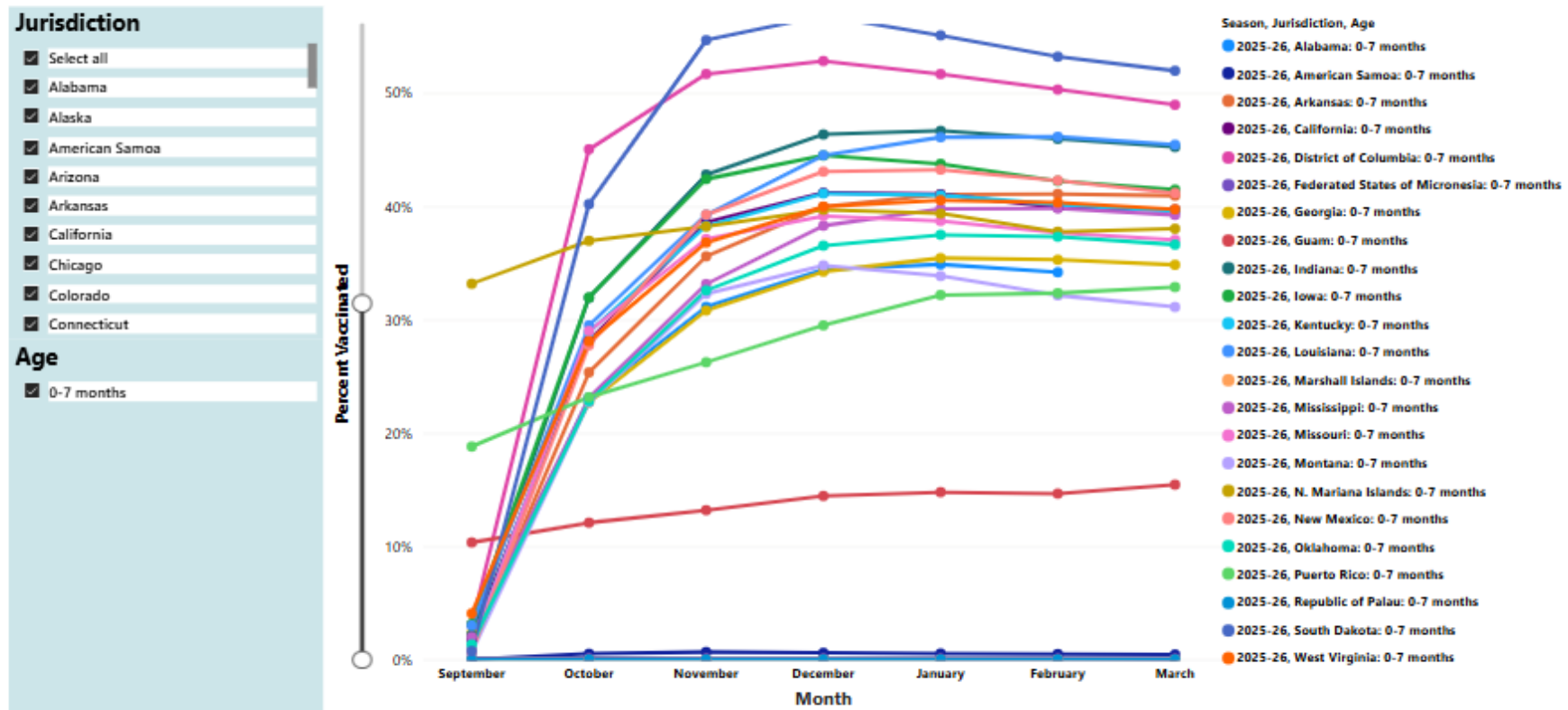


RSV mAb Coverage by Jurisdiction


Fig. 5A: Child Line Graph

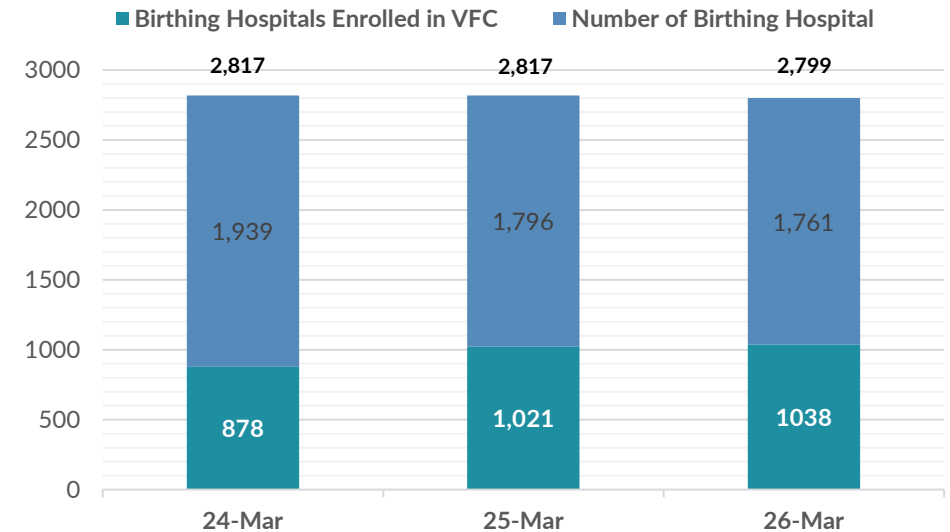
Fig. 5B: Child Map

Figure 5A. Monthly Cumulative Number and Percent of Children <8 Months Who Received 1+ RSV Monoclonal Antibody Doses^{‡,§} by Jurisdiction, United States
Data Source: U.S. Jurisdiction Immunization Information Systems (IIS)



BIRTHING HOSPITAL ENROLLMENT NATIONALLY AS OF MARCH 2025

- 1,038 of 2,799 (37.1%) birthing hospitals were enrolled in VFC (3/1/26)
- Enrollment in VFC increased from 764 (10/1/23) to 1,038 (3/1/26)-- 35.9%
 - 36 hospitals no longer classified as birthing hospitals
- 39 jurisdictions met the 30% minimum enrollment target as of July 1, 2025 (CDC)
 - 6 jurisdictions achieved 100% enrollment:
 - American Samoa, Connecticut, Maine, NYC, Rhode Island, U.S. Virgin Islands
 - *American Samoa, Connecticut, Maine, and Rhode Island are universal purchase jurisdictions*



TENNESSEE INTENSIVE ONBOARDING INITIATIVE (IOI)

Cacky Tate

TN Immunization Program
Clinical Public Health Advisor

Stephanie Thompson

TN Immunization Program
Lead Administrator for the Tennessee
Vaccine Operations Team



INTENSIVE ONBOARDING INITIATIVE (IOI)

Cacky Tate, Clinical Public Health Advisor

Stephanie Thompson, VFC Enrollment Lead

4/21/2026

Agenda

- Introduction
- Enrollment pre-IOI
- IOI Development
- IOI Currently
- TN by the numbers
- Feedback and Advice
- Barriers
- Next Steps

Introduction

- **Background:** The VFC program requires a lot of paperwork and having to enter information in more than one place (REDCap, TennIIS, REVMP) can be overwhelming and confusing.
- **Problem:** It took months for some providers to return the paperwork and often there were things missing or incorrect. There would be additional back and forth before everything was complete and the provider was fully onboarded.
- **Solution:** Provide specialized one-on-one support to move things faster and ensure accuracy and completeness of what they are submitting.

Enrollment pre-IOI

- Provider sends initial email requesting to join the VFC program.
- Enrollment team emails the provider instructions including links and documents to be completed.
- Provider completes the paperwork on their own time and submits to the enrollment team.
- The enrollment process could take months due to lack of time set aside to complete the paperwork, confusion on what information is needed, difficulty getting the person to respond by phone or email, or missing details requiring paperwork to be returned to the provider multiple times.

IOI Development

- IOI was initially created when we had additional staff due to COVID funding, which allowed us more flexibility in providing this support.
- We schedule one-on-one Microsoft Teams meetings once a week for 30 minutes to 1 hour to answer questions in real time and explain exactly what is needed while walking through the platforms and paperwork.
- We have a multi-layered approach involving our VFC Director, who is a pharmacist, connecting with the hospital pharmacist, the enrollment team working with the staff completing the paperwork, the temperature health team approving their equipment and digital data loggers, and our vaccine ordering team helping them with permissions in TennIS and placing their first vaccine order.
- We realized that this process was working well and decided to continue to provide IOI to those that requested additional support, especially birthing hospitals, even after the loss of our COVID funded staff.

IOI Currently

- We prioritize birthing hospitals during the entire enrollment process.
- We have regular check-ins by email or phone, and if we have not heard from a provider in 2 weeks, we reach out to offer additional support or another one-on-one meeting if needed.
- We offer for the Regional Immunization Representative (RIR) to go on site to assist with paperwork, digital data logger set up, or any other needs.
- We offer to connect enrolled birthing hospitals with non-enrolled hospitals to get firsthand feedback and ask questions.

Tennessee by the numbers

- Birthing hospitals = 56
- VFC enrolled birthing hospitals = 11 (19.6%)
 - Hospitals enrolled using IOI = 4 (since Fall 2025)
- RSV Immunization Administrations
 - 2023 – 2024: 11,444 doses
 - 2024 – 2025: 28,171 doses
 - 2025 – 2026: 32,940 doses

Feedback and Advice

- Providers make it very clear that it is a lot of work to enroll in the VFC program. Validating their feelings and offering support has helped establish trust and a better relationship from the beginning.
- Asking for their feedback and proving that we are all on the same team has also helped our credibility.
- We have sent surveys to our non-enrolled birthing hospitals encouraging enrollment into the VFC program and requesting feedback on why they haven't enrolled or what support they may need.
- Some of our staff did a site visit to understand how the VFC program works at an enrolled birthing hospital, gather information to provide to future enrolling hospitals, address concerns, and see if there are ways to improve our processes.
- It doesn't have to be groundbreaking, just increasing your level of support and communication with the providers goes a long way!

Barriers for Birthing Hospitals

- Lack of dedicated staffing present during every shift to have one primary and one backup coordinator
- Limited staff or high turnover
- Current workflow limitations to check VFC status prior to vaccine administration
- Financial concerns related to cost of equipment or reimbursement for cost of private vaccines
- Being able to comply with all of the VFC program requirements

Next Steps

- Creating a way to pre-populate paperwork from TennIIS into our other databases and forms so it is only entered once by the provider instead of three times.
- Potentially moving some of the re-enrollment requirements to every 1.5-2 years. In Tennessee, we complete the entire re-enrollment process for every provider every year.
- Modifying the current VFC requirements to accommodate birthing hospitals.
- Perform tailored outreach to birthing hospitals with facility specific data and why joining VFC would be beneficial for them.



QUESTIONS?

THANK YOU!

Questions

RESOURCES

- New study from UK shows maternal RSV vaccination reduced infant hospitalization by 80% https://khub.net/documents/d/phe-national/escmid_abstract_final-nb
- CDC RSV mAb Immunization Information Statement: <https://www.cdc.gov/vaccines/vpd/rsv/immunization-information-statement.html>
- AIM's RSV Resource Webpage: <https://www.immunizationmanagers.org/respiratory-syncytial-virus-rsv-resources/>
- Jurisdictional RSV Season Extension Map: <https://www.immunizationmanagers.org/resources/2025-2026-respiratory-syncytial-virus-rsv-mono-clonal-antibody-mab-season-extension-map/>

Thank you!



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