

Understanding Historical Partner Engagement in U.S. Vaccine Implementation: An Environmental Scan to Guide Future Planning to Support Immunization Programs

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Background

The Association of Immunization Managers (AIM) launched the Vaccine Implementation Project to improve readiness for, and implementation of, new immunization products and changes to existing recommendations in the U.S.

- Successful vaccine implementation depends on coordination across many partners, but partner roles and timelines are not always clearly defined.
- The project includes an environmental scan and flowchart of the vaccine implementation process as it functioned prior to March 2025. Learn more by scanning the QR code:
- This poster examines partner engagement across the process to implement new or updated vaccine recommendations and highlights opportunities for partners to support immunization programs (IPs).

Purpose

- Characterize how and when key partners engage across the vaccine implementation process.
- Clarify partner roles and coordination points across organizations.
- Identify opportunities for partners to better support immunization programs.

Methods

The environmental scan examined the vaccine implementation process in the United States, excluding emergency or pandemic-specific products.

Two staff members synthesized and themed information from January 2005-March 2025, including:

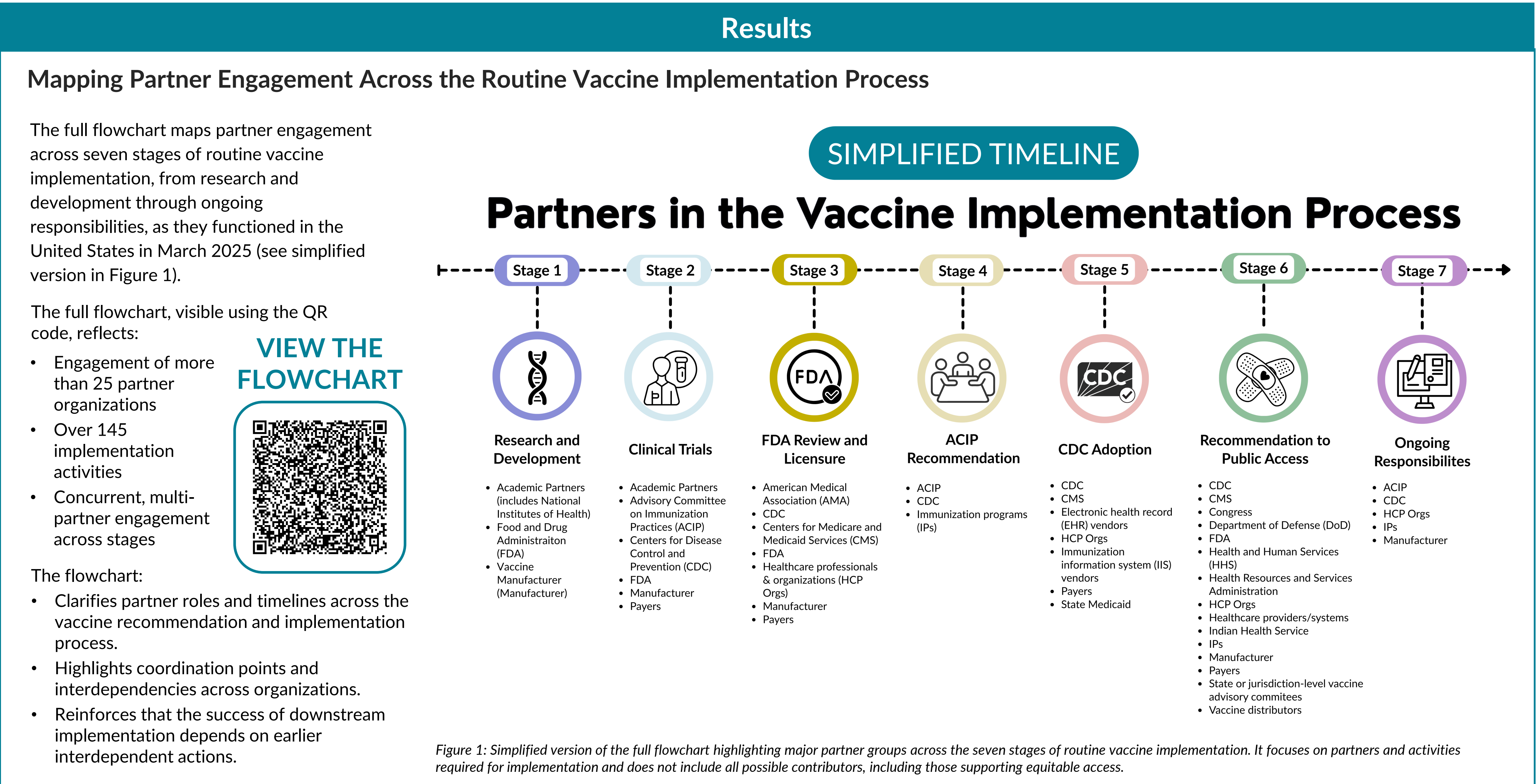
- Peer-reviewed (66) and grey (118) literature
- Partner documentation
- Seventeen key informant interviews, including subject matter experts in health care, payment, coding, immunization information systems (IIS), manufacturing, and more

The scan documents how vaccine implementation has functioned over time and serves as a historical record of processes and partner engagement as they functioned prior to March 2025.

Findings were synthesized into a seven-stage flowchart mapping partner engagement across the vaccine implementation process. A secondary analysis identified opportunities for partners to better support immunization programs.

Acknowledgements

AIM is grateful to the many individuals and organizations from across the immunization community who contributed their time, expertise, and resources to inform this project, especially the project Advisory Board members and the AIM Legacy Council.

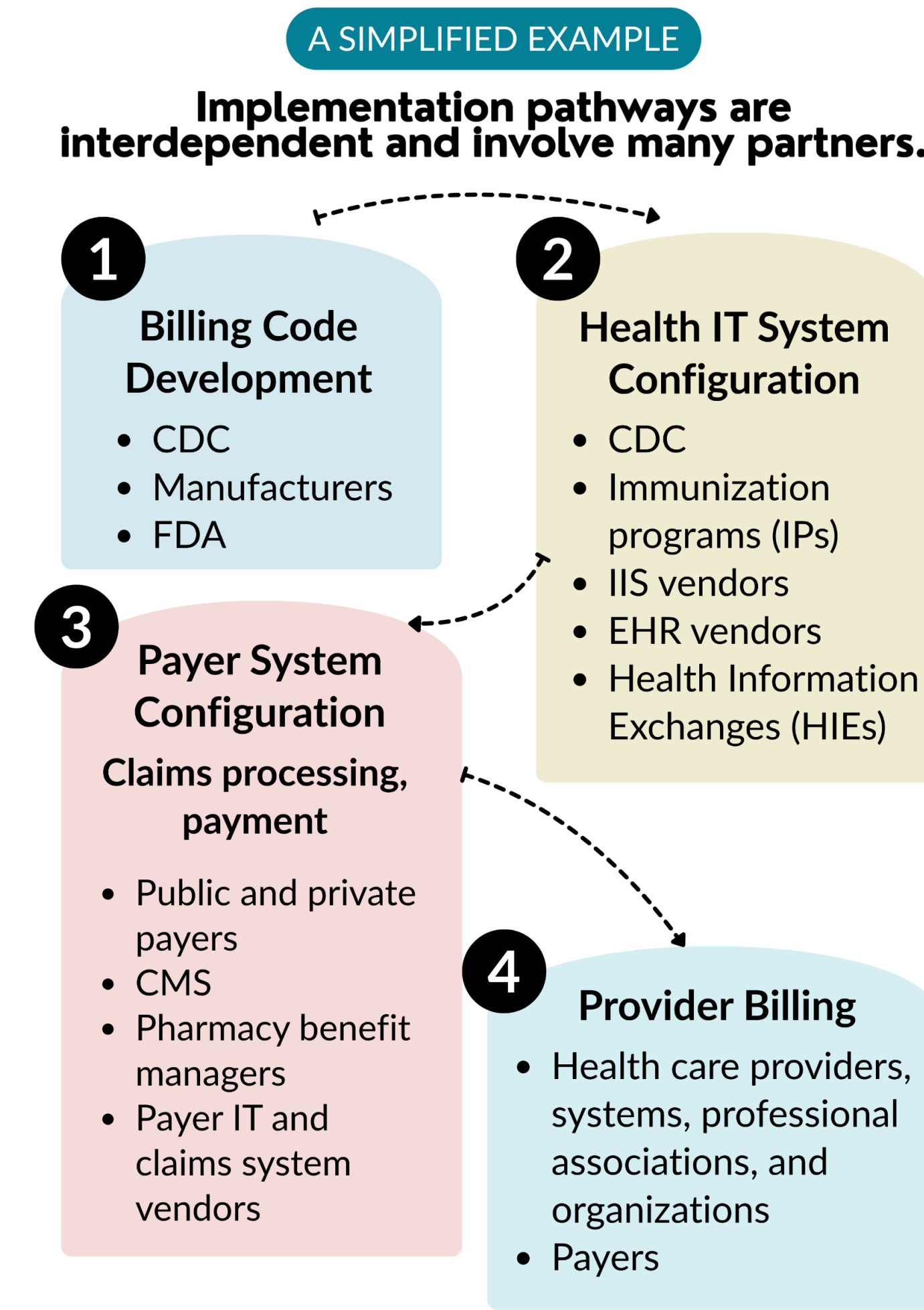


Key Findings: Partner Engagement During Routine Vaccine Implementation

The table summarizes major findings related to partner engagement and identifies corresponding opportunities to strengthen coordination and implementation readiness.

Partner-focused Key Findings	Opportunity for Partners to Support Immunization Programs
1. Early decisions made during product development with limited partner visibility constrain downstream vaccine implementation and access.	Bring implementation perspectives into early decision-making and provide earlier visibility into factors that affect vaccine rollout (e.g., through implementation-focused advisory groups).
2. Implementation relies on many partners but lacks centralized coordination. Siloed communication across partners contributes to unclear roles, timing, and communication approaches.	Establish cross-partner coordination structures to share timelines, decisions, and dependencies earlier in the process, and align communication across organizations.
3. Limited early availability of implementation-relevant product information (e.g., dosing, storage and handling, and populations) constrains planning and coordination across partners.	Leverage available mechanisms, such as the Pre-Approval Information Exchange Act, to share clinical and operational information with healthcare decisionmakers prior to U.S. Food and Drug Administration licensure.
4. Compressed timelines and late availability of key elements (e.g., coding information) limit programmatic, policy, and technological readiness, contributing to delays in access and early uptake.	Support earlier readiness of technological systems (e.g., clinical decision support, immunization information systems, electronic health records, payer systems) by providing key inputs needed for earlier preparation and system testing.
5. Misalignment across coding, billing, and payer requirements can result in claim denials or manual review, even when individual codes are valid, contributing to delays in payment and access.	Align payment and coverage processes with implementation timelines by coordinating earlier on payment policies, improving transparency in pricing and billing expectations, and supporting readiness and testing of claims processing systems.
6. Implementation experience is not always systematically shared across partners, and fragmented documentation limits institutional knowledge.	Develop mechanisms to systematically document vaccine implementation challenges and successful practices and share lessons learned to strengthen future vaccine implementation efforts.

Figure 2: Routine vaccine implementation requires coordination across interdependent partner activities and multiple systems. This figure provides a highly simplified example of how the pathway to successful provider payment is interconnected and involves multiple partners.



Conclusions

Implementation of new or updated vaccine recommendations requires coordination across IIS, EHRs, provider enrollment, ordering systems, provider education, and public communication, often under compressed timelines. Findings from the environmental scan and flowchart suggest several possible opportunities for partners to better support immunization programs' readiness by addressing gaps in communication, timelines, and coordination across the implementation process. AIM is exploring opportunities to support partner coordination through future Vaccine Implementation Project activities.

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Limitations

The flowchart and environmental scan reflect the U.S. immunization landscape as of March 2025 and do not capture subsequent changes. Given staffing constraints, breadth was prioritized over academic rigor and reflect the perspectives of partners available during the project timeframe, with only limited engagement from some groups, including payers and legal and policy experts.

References

List of 201 references available at bit.ly/AIMcitationsNAIIS2026

Conflicts of Interest

Support for this project was provided through unrestricted educational grants from vaccine manufacturers. Manufacturer representatives participated on the project advisory board; however, AIM maintained full independence and editorial control over the project design, analysis, report content, and final workplan. Participation on the advisory board was offered to representatives from all major vaccine manufacturers. Funders had no editorial control over poster content or findings. AIM does not endorse specific brands, products, or companies.

Michelle D. Fiscus, MD FAAP, conflicts: As an individual, Dr. Fiscus has served as a paid participant in an advisory group for Merck vaccines.

About

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. For more information about AIM, please visit www.immunizationmanagers.org/

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