

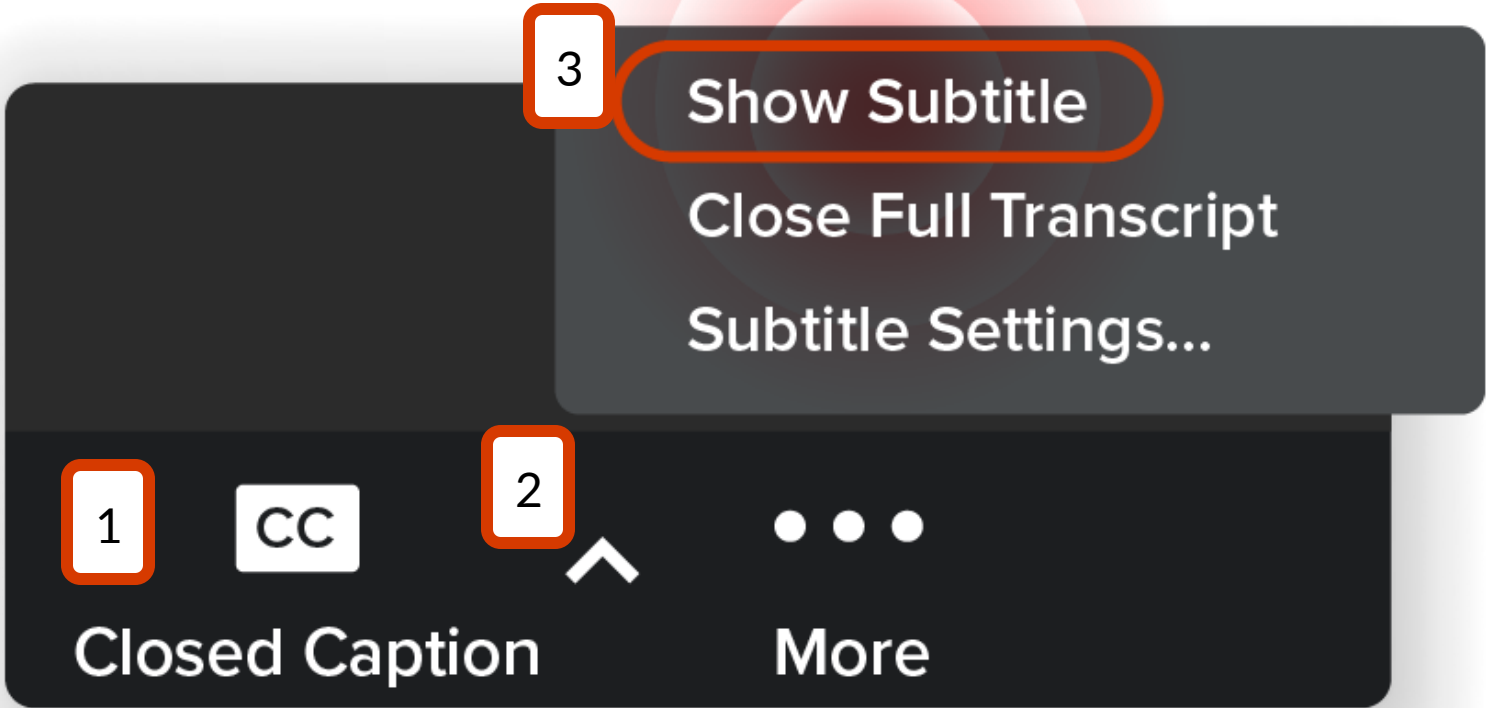
Youth, Providers, Partners: A Unified Approach to Adolescent Immunization Engagement

APRIL 30, 2026



Association of
Immunization
Managers

Closed Captions



Housekeeping



All registrants will receive an email shortly after the event with today's webinar slides and resources.



The recording, resources, and slides from today's webinar will be available on AIM's [Adolescent Immunization Toolkit](#) in the coming weeks.



Add any questions you have for our panelists to the Q&A box, and they will be addressed at the end.

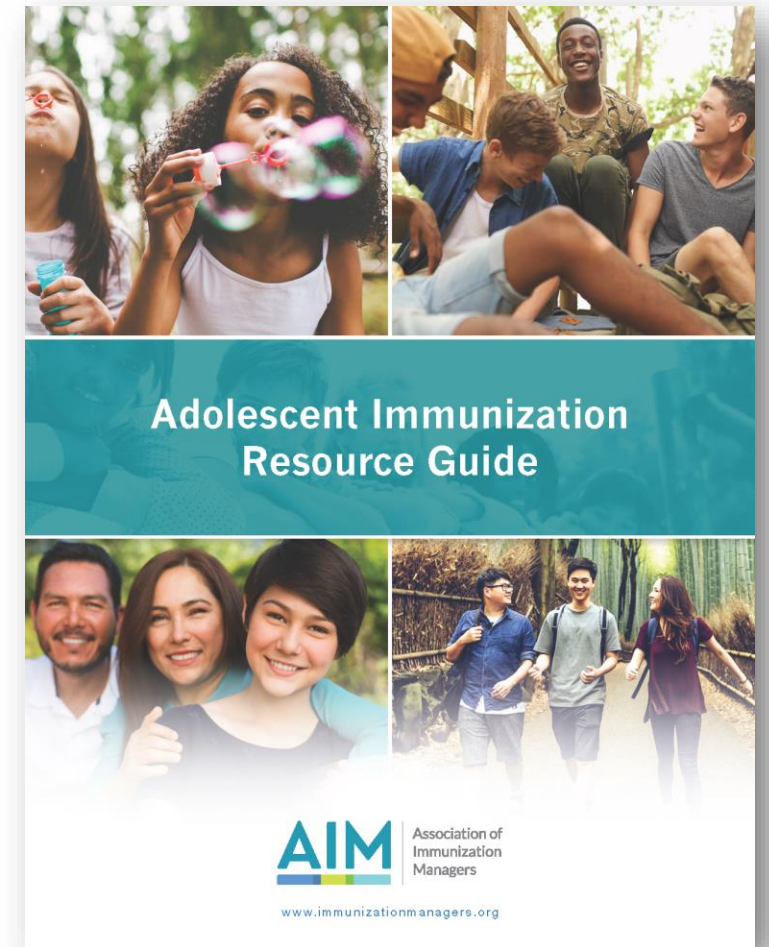


Take a few moments to answer the survey questions that pop up in your browser after the webinar.

AIM Adolescent Immunization Toolkit

- Resources and insights into activities and strategies to enhance and improve the delivery of vaccinations for adolescents.
- The featured Adolescent Immunization Resource Guide contains:
 - Overviews of programmatic activities
 - Key lessons learned
 - Downloadable resources to help address low adolescent immunization rates

[Access the toolkit here](#)



Adolescent Program Capacity

Overall Staffing Stats

1,589
Staff total

2-114
Staff range

Smallest to largest program

22
Staff median

Typical program size

Adolescent Staffing

36

Total adolescent coordinator staff across 63 immunization programs (IPs)

35

Programs with zero adolescent coordinator full-time employee (FTE)

Staffing Stability

15%

Programs reporting adolescent coordinator turnover

Related to cooperative agreement award amount



Related to COVID-19 funding rescissions



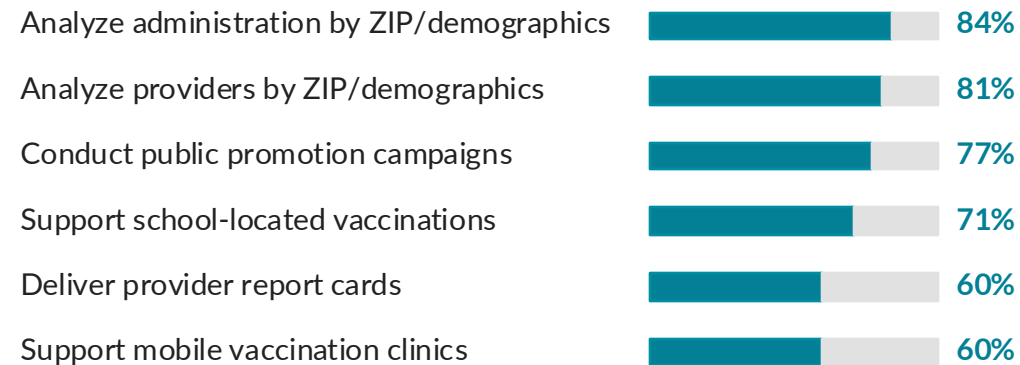
Note: The 33% and 71% reflect the subset of programs with turnover (15%). They should not be read as percentages of all programs.

Key takeaway: Adolescent work is often operating without dedicated capacity

Adolescent Coverage Improvement + Access

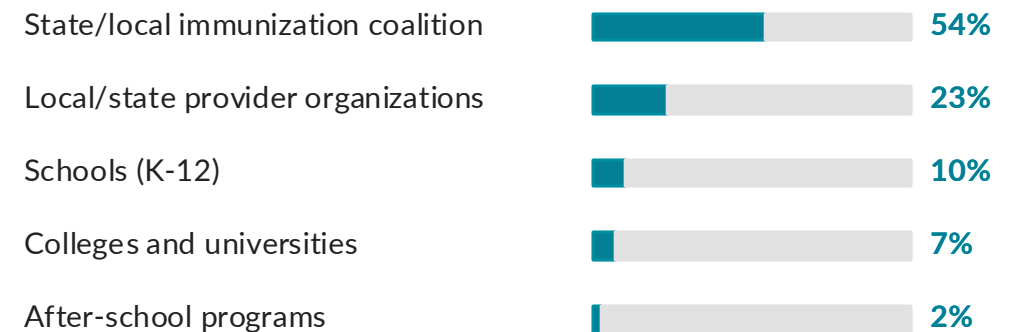
Coverage Improvement

Programs are using data and outreach to improve coverage



Partner Funding

Direct programmatic funding to youth-serving partners is uncommon



Key takeaway: Adolescent coverage strategies are data-driven and increasingly community-facing, but few programs are funding schools or youth-serving partners directly, suggesting adolescent support strategies may rely heavily on partnerships rather than subgrants.

Speaker Introductions



Edith Bracho-Sanchez, MD
Pediatric and Adolescent Medicine
Specialist, Assistant Professor of Pediatrics
Columbia University Medical Center



Judy Klein
President
UNITY Consortium



Keerthana Rahul
Representative of UNITY's Teen
Advisory Council

Speaker Presentation



Edith Bracho-Sanchez, MD

Pediatric and Adolescent Medicine Specialist, Assistant
Professor of Pediatrics
Columbia University Medical Center

AIM • ADOLESCENT IMMUNIZATION WEBINAR

Youth, Providers, Partners:

A Unified Approach to Adolescent Immunization Engagement

Edith Bracho-Sanchez, MD, FAAP

Primary Care Pediatrician • Assistant Professor of Pediatrics
Columbia University Irving Medical Center

Adolescent vaccination coverage, ages 13–17 (NIS-Teen, 2024)

91.3%

≥1 dose Tdap

up from 89.0% in 2023

90.1%

≥1 dose MenACWY

up from 88.4% in 2023

78.2%

≥1 dose HPV

*unchanged 3 yrs
running*

36.9%

≥1 dose MenB (age 17)

SCDM, lower uptake

The headline: Tdap and MenACWY keep climbing. HPV has plateaued.

- HPV 1-dose coverage has been essentially flat for 3 consecutive years.
- Coverage in non-metro areas trails principal-city coverage by 11 percentage points for HPV.
- Tdap/MenACWY rose ~2 percentage points year over year - proof that change is still possible.

WHY THIS MATTERS

HPV vaccination is cancer prevention: the data keep getting stronger

Measured impact in the U.S.

88% drop in vaccine-type HPV infections among teenage girls ages 14–19 within 12 years of introduction

81% drop in vaccine-type HPV infections among women 20-24 years old within 12 years of introduction

>90% of HPV-associated cancers are potentially preventable by vaccination

The clinical framing that works

- HPV is a cancer-prevention vaccine. Frame it that way every time.
- Protection has held for 15+ years of follow-up with no evidence of waning immunity.
- Immune response is stronger at younger ages: starting earlier is biologically better, not just logistically easier.

Reducing missed opportunities at WCC visits improves vaccination rates: lessons from the pandemic (2018-2021)

+9.4%

Missed opportunities
for MenACWY (MCV)

+8.2%

Missed opportunities
for Tdap

+15.9%

Missed opportunities
for first-dose HPV

If same-day simultaneous administration became routine, HPV coverage could increase greatly.

- Nearly every teen who is behind is someone who was in our office and left unvaccinated.
- Every acute, follow-up, sports physical, and sibling visit is a chance to co-administer.
- ACIP, AAP, and the HPV Vaccination Roundtable all endorse bundled, same-day adolescent vaccination.

BEST PRACTICE #1

How we open the conversation: presumptive, not participatory

PRESUMPTIVE ✓ What works

Assumes vaccination is happening today.

“Sara is due for three vaccines today — HPV, Tdap, and meningococcal. We’ll take care of them at the end of the visit.”

“Alex is 11 now, so he’s ready for the shots that prevent meningitis, cancer, and whooping cough.”

PARTICIPATORY ⚠ Invites resistance

Opens the door to deferral.

“How do you feel about vaccines today?”

“What would you like to do about the HPV vaccine?”

EVIDENCE

Parents had 17.5× higher odds of resisting the recommendation when providers opened with a participatory format. Repeated presumptive opens over successive visits reduce underimmunization.

BEST PRACTICE #2

The “Announcement Approach” for HPV: three brief steps

1

ANNOUNCE

Name the child's age, then announce all 3 vaccines as a bundle.

“Now that Mia is 11, she's due for three shots that prevent meningitis, HPV cancers, and whooping cough.”

2

CONNECT & COUNSEL

Connect to a concern, counsel briefly, then restate.

“It's normal to have questions. HPV vaccine prevents 6 cancers and works best when given now. I strongly recommend it today.”

3

TRY AGAIN NEXT VISIT

If declined, don't argue, leave the door open and try again.

“No problem. Let's revisit at the next visit. I'll check in then.”

THE TRIAL RESULT

+5.4 pp

Absolute increase in clinic-level HPV vaccine initiation within 6 months of training.

“Conversation” training, where providers asked open-ended questions, showed no benefit over control.

Start HPV at 9: the AAP policy and why it helps

AAP POLICY (2024)

Routinely recommend HPV vaccination starting between ages 9 and 12.

Why 9 works in the real world:

- Decouples the vaccine from conversations about sexuality.
- Spreads the adolescent vaccine load across more visits.
- Stronger immune response at younger ages, no evidence of waning.
- Better series completion by age 13 in U.S. cohort data.

TRY THIS AT THE 9-YEAR VISIT

“Sasha is 9 now, so she's old enough for the HPV cancer-prevention vaccine. We'll start the series today and finish in 6 to 12 months.”

WHAT THE EVIDENCE SHOWS

- Clinicians report it is feasible and compatible with existing workflows.
- Most parents are accepting when the framing is cancer prevention.

BEST PRACTICE #4

Bundle the platform. Use standing orders. Every team member counts.

BUNDLE

Present Tdap + MenACWY + HPV as one package at ages 11–12.

STANDING ORDERS

Authorize nurses/MAs to vaccinate without re-contacting MD.

EVERY-VISIT LOGIC

Acute, sports, sibling visits all count. Check and offer.

Standing orders are endorsed by CDC, ACIP, AAP, NVAC, and the Community Preventive Services Task Force.

Yet more than 40% of U.S. pediatricians surveyed do not use them. That is a fixable gap.

What a standing order authorizes (per Community Preventive Services Task Force):

01

Identify eligibility by age, status, or risk condition.

02

Screen for contraindications and document.

03

Provide VIS; administer without direct MD order.

04

Record dose, lot, site, and adverse events.

Pentavalent meningococcal vaccine: fewer needles at 16

ACIP RECOMMENDATION

Pentavalent MenACWY-CRM/MenB-4C (Penmenvy) may be used when a same-visit MenACWY and MenB would both be given, ages 10–25.

Why this is useful in practice:

- One stick at 16 instead of two: reduces needle burden for the teen.
- Useful when a shared clinical decision-making conversation has concluded “yes” to MenB.
- Does not change the SCDM framework for MenB itself. We still need to have that conversation.
- Products are brand-specific for MenB, don't mix manufacturers across the MenB series.

THE SCDM GAP

~29%

of 17-year-olds had received ≥ 1 MenB dose (2022).

WHAT THE RESEARCH FINDS

- MenB SCDM conversations, when they happen, are brief.
- Many are not happening at all .

Developmentally appropriate conversations: the teen as a partner

Principles (Bright Futures, AAP):

- Offer private time without parents: a formal AAP rec.
- Give the teen an active role in the decision.
- Address real concerns: pain, time off, peers, privacy: not hypotheticals.
- Know your state's minor-consent laws for immunization; several states allow adolescents to consent to vaccines independently.
- Meet them where they are: phones, portals, and reminder texts work.

OPENING (with parent in room)

“Mia, you're due for three shots today that prevent meningitis, HPV cancers, and whooping cough. Any questions before we do them?”

DURING PRIVATE TIME

“Is there anything about the shots, or anything else, that you didn't want to bring up with your mom in the room?”

ADDRESSING PAIN AND ANXIETY

“It's normal to feel nervous. We'll go one arm at a time, it takes about 10 seconds total, and you can pick the order.”

Scripts that combine the evidence into a 60-second playbook

OPEN • presumptive

“Alex is 11, so today he's due for three vaccines: the HPV cancer-prevention vaccine, the meningitis vaccine, and the Tdap booster.”

REFRAME HPV • cancer prevention

“This is the vaccine I give my own patients to prevent six types of cancer. The protection is strongest when we give it now.”

IF HESITANT • connect + counsel

“What questions do you have? [Listen.] I hear that. Here's what 15 years of safety data show, and it's what I recommend today.”

MenB • shared decision

“There's a second meningitis vaccine, Men-B, that's not universal. Here's who benefits and the trade-offs. I recommend we do it today.”

Immunization is a team sport. Think about who does what

Front desk	Medical assistant / Nurse	Clinician	Immunization champion
<ul style="list-style-type: none">■ Schedule well-visits into adolescent years■ Remind: bring immunization records■ Portal messaging before visit	<ul style="list-style-type: none">■ Open chart, run reminder/recall query■ Announce due vaccines to family■ Administer under standing orders	<ul style="list-style-type: none">■ Strong recommendation, presumptive format■ Brief SCDM for MenB at 16■ Document refusal and re-offer next visit	<ul style="list-style-type: none">■ Run monthly coverage reports■ Review standing-order protocols■ Liaison to state/AIM program, VFC

Reminder/recall systems (CPSTF-endorsed) paired with standing orders show the most consistent coverage gains in the systematic-review literature.

Where AIM programs, schools, and clinics reinforce each other

YOUTH

Active partners, not passive recipients

- Age-appropriate info in their channels
- Private time at the visit
- State consent where applicable

PROVIDERS

Deliver evidence-based communication

- Presumptive + announcement
- Start HPV at 9
- Standing orders + bundling

PARTNERS

Fuel the system around the visit

- IIS / reminder-recall infrastructure
- VFC access for uninsured/underinsured
- School-entry requirements, coverage data

What partnership looks like in practice:

- **IIS DATA FOR CLINICS:** Practices get monthly adolescent coverage reports keyed to the IIS: visible, comparative, actionable.
- **REMINDER/RECALL AT SCALE:** AIM programs can run centralized reminder/recall for clinics that can't run their own.
- **BRIDGE THE GEOGRAPHIC GAP:** Rural/non-metro HPV coverage lags by 11 points: target outreach, mobile clinics, school-based programs.
- **TEEN-FACING CAMPAIGNS:** Coordinated messaging across clinics, schools, and social platforms amplifies what we say in the exam room.

TAKEAWAYS

Five things to bring back to your team

1

Open presumptively.

The first sentence predicts the outcome. Use it for every vaccine, every visit.

2

Start HPV at 9.

AAP-recommended. Easier conversation, better completion, stronger immune response.

3

Bundle and use standing orders.

Treat Tdap + MenACWY + HPV as one package. Empower the team to vaccinate.

4

Treat every visit as a vaccination visit.

The majority of missed opportunities are at visits we're already having.

5

Partner on the system, not just the dose.

IIS, reminder/recall, VFC, school requirements: providers + AIM, together.

Evidence base: Pingali/MMWR 2025 (NIS-Teen); Opel/Pediatrics 2013, 2018; Brewer/Pediatrics 2017; O'Leary/Pediatrics 2024 (AAP HPV at 9); Kelly/J Adolesc Health 2023; Schillie/MMWR 2025; CPSTF; AAP Bright Futures.

Thank you.

Speaker Presentation



Judy Klein
President
UNITY Consortium



Keerthana Rahul
Representative of UNITY's Teen
Advisory Council



UNITY[®]

United for adolescent vaccination

Youth, Providers, Partners: A Unified Approach to Adolescent Immunization Engagement

April 30, 12-1 pm ET

Judy Klein, President, Unity Consortium

Keerthana Rahul, High School Student, Unity Teen Advisory Council

Unity[®] Consortium programs are funded by its members and liaisons, including vaccine manufacturers.





VISION

Coverage is 90% or greater for all nationally recommended vaccines for adolescents and young adults

UNITY Vision and Mission

MISSION: Provide action-oriented leadership, innovation and education on preventive health and immunization for adolescents and young adults:



ESTABLISH

immunization as a central component of preventive health and as an investment in lifelong health



DEVELOP

healthcare providers as advocates that make strong recommendations for all nationally recommended vaccines



ENGAGE

parents, adolescents and young adults to embrace the value of immunization



ENSURE

easy access to and timely delivery of all recommended vaccines

Who is influencing families' vaccination decisions?



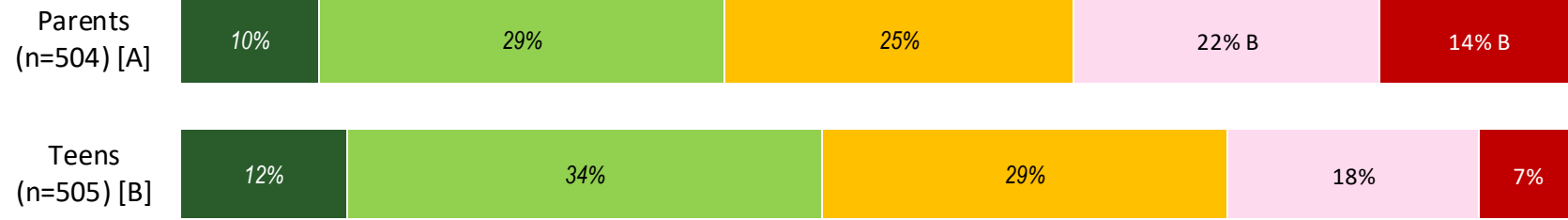
Teens are more in agreement than Parents that social media has created concern about the safety and effectiveness of vaccines.

Significantly more Parents disagree with both of these statements about social media sources.

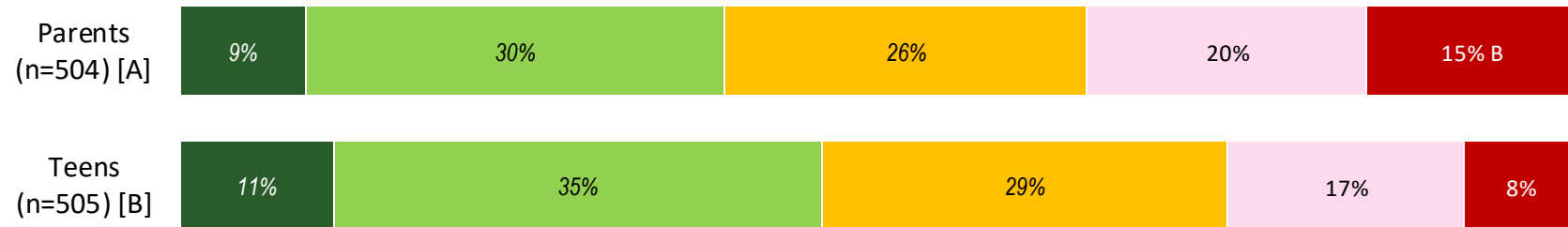
Agreement about Vaccine Information Sources on Social Media - 2024 Survey

(Base=Total Respondents)

What I have read on social media has concerned me about the **safety** of some vaccines.



What I have read on social media has concerned me about the **effectiveness** of some vaccines.

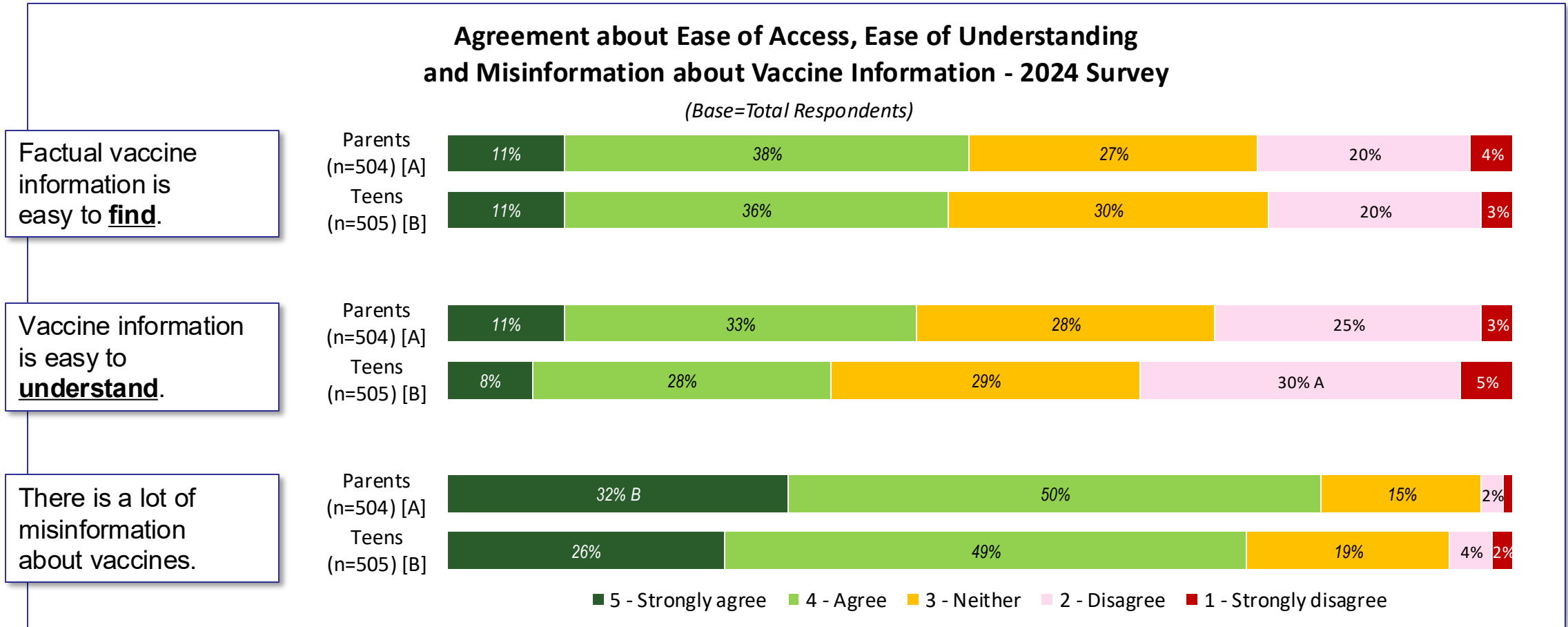


5 - Strongly agree 4 - Agree 3 - Neither 2 - Disagree 1 - Strongly disagree

Q13. Rate the following statements on a scale of 'Strongly Disagree' to 'Strongly Agree'.

Less than Half of Teens and Parents believe that vaccine information is easy to find and understand.

Significant Majority of Teens and Parents believe that there is a lot of misinformation about vaccines.



Q13. Rate the following statements on a scale of 'Strongly Disagree' to 'Strongly Agree'.



Well aware of the HHS situation, with many now looking to AAP, healthcare professionals, and pharmacies for guidance

- Overall belief that vaccines are broadly accepted, with skepticism aimed more at institutions/policies than vaccines themselves.
 - ***“people don't know what the vaccine does and there is much emphasize on the risks.”***
- Strong preference for trusted personal healthcare sources and transparent communication.

Myths have an impact

When hear stories about vaccines causing nasty side effects – wonder how they personally will be affected? ...missing practice, work, school.



Messaging that Works

- Listen first: ask why someone is worried
- Use clear facts + relatable stories; avoid arguing
- Explain how vaccines work and risks of disease
- Use examples of reduction
 - E.g. HPV, meningitis

Messaging that Backfires

- Fact-dumping or overwhelming statistics
- Telling someone they are wrong
- Dismissing concerns or fears
- Using impersonal authority without trust or context



Rebuild trust through local messengers

Frame vaccines as protection for self + community

Address rumors quickly with empathy and simple evidence

Improve convenience: easy scheduling, nearby clinics, school/community access

Target teen-specific concerns: autonomy, sports attendance, social media misinformation

A conversation with Judy Klein & Keerthana Rahul **What's on Teens' Minds When it Comes to Vaccines?**



UNITY[®]

United for adolescent vaccination

Access Resources and Participate in Programs to Strengthen Adolescent Immunization

Unity[®] Consortium programs are funded by its members and liaisons, including vaccine manufacturers.



Engage, Educate, and Empower



Trusted Teen
CommUNITY Pilot
in 2025



Objectives

- **10,000** Teen Leaders
- **1,500** Adult Mentors from Voices for Vaccines



Partners and Collaborators

- Voices for Vaccines
- Vaccine Confidence Program
- Edelman Trust Institute
- Association of Immunization Managers
- Community participants
- Funders and In-Kind partners



Medical Advisor

- **Dr. Todd Wolynn** – Executive Director, Trusted Messenger Program

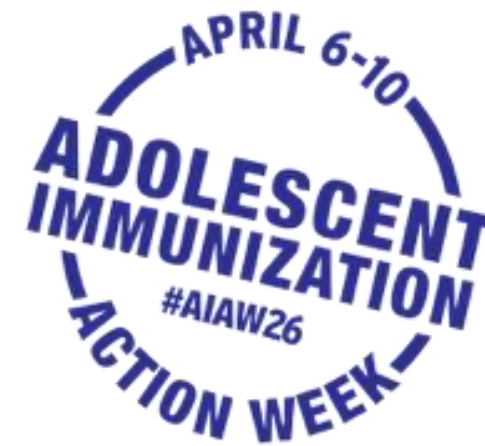
Bringing TTC to your communities

- TTC is a program to educate and empower high school students to become informed voices about vaccines in their communities.
- Teen CommUNITY Leaders (TCLs) will work with a local adult mentor to learn and share accurate, science-based vaccine information.
- Scan the QR code to learn more or visit unity4teenvax.org/trusted-teen-community



AIAW 2026 – *5th Annual!*

April 6-10



THEME: Protect Your Future

GOAL: Act to make sure adolescents and young adults (AYA) are up to date on recommended immunizations

Unity® Consortium invites you to view three insightful conversations about adolescent health and immunization

Who Influences Young People's Health Choices? The New Conversations About Vaccines

Available on
Unity's [YouTube](#) channel

WHO INFLUENCES YOUNG PEOPLE'S HEALTH CHOICES?
THE NEW CONVERSATIONS ABOUT VACCINES

APRIL 6-10
ADOLESCENT IMMUNIZATION
#AIAW26
ACTION WEEK

Moderated by
DR. CHELSEA CLINTON
Vice Chair of the Clinton Foundation

Featuring

- ELISABETH MARNIK, PhD**
Executive Director, The Evidence Collective
- MARGOT SAVOY, MD, MPH, FAFPP**
Chief Medical Officer,
American Academy of Family Physicians
- JESSICA STEIER, DRPH, PMP**
Founder and CEO, Unbiased Science
Executive Director, The Science Literacy Lab

WEDNESDAY, APRIL 8 2026 | NOON - 1 PM ET
VISIT bit.ly/4ItAlxU TO REGISTER

Speak Up for Your Health: A Conversation with Youth Vaccine Advocates

Available on
Unity's [YouTube](#) channel

LET'S CHAT

SPEAK UP FOR YOUR HEALTH: A CONVERSATION WITH YOUTH VACCINE ADVOCATES

WATCH THIS #AIAW26 EVENT ON-DEMAND

AVAILABLE APRIL 7 ON UNITY'S YOUTUBE CHANNEL

Moderated by
TODD WOLYNN, MD, MMM
Executive Director -
Trusted Messenger Program,
Public Good Projects

HOPE DURLOFSKY
Intern - Unity® Consortium

ZACH LANG
Member - Families Fighting Flu

IRELYND MCCARTHY
Member - Families Fighting Flu

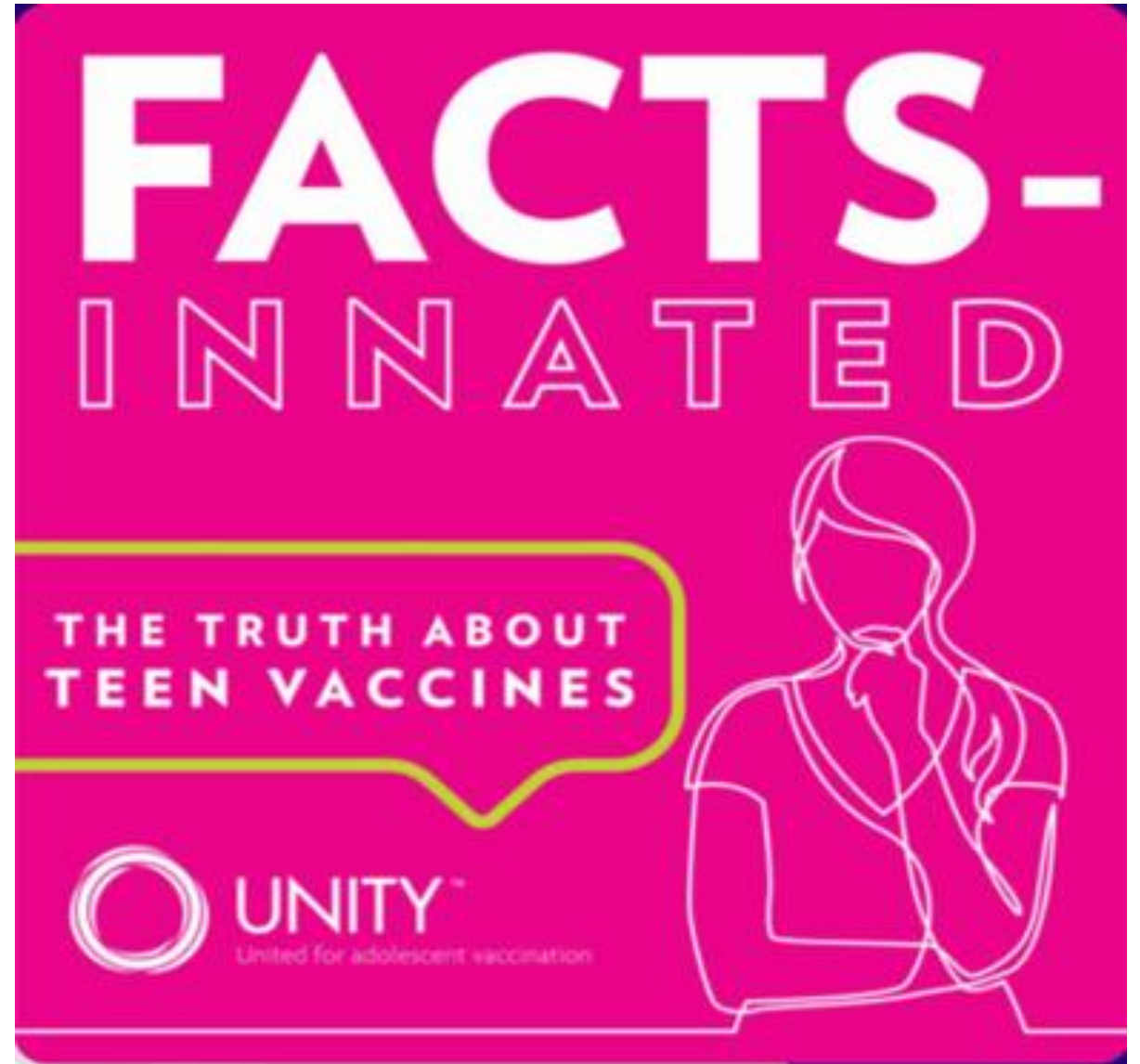
MAXWELL PALANCE
Changemaker - Teens for Vaccines

APRIL 6-10
**ADOLESCENT
IMMUNIZATION**
#AIAW26
ACTION WEEK

FAMILIES FIGHTING FLU
UNITY

**FACTSinnated
Podcast:
Real Talk About
Vaccines with Dr.
Katelyn Jetelina**

Available
on **FACTSinnated** or your
favorite podcast platform.



Thank you!



@UnityConsortium



Unity Consortium



Unity Consortium



TikTok

@unity4teenvax



Unity Consortium

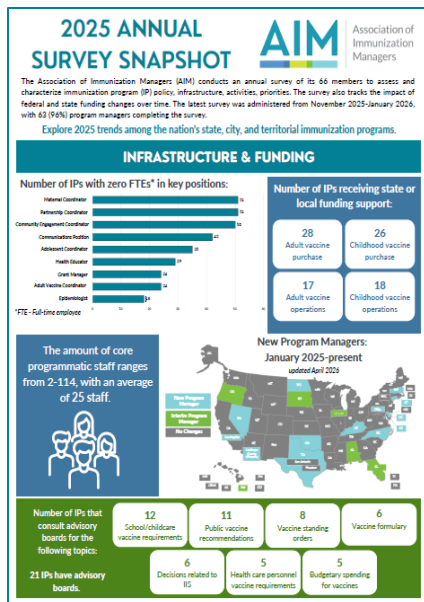




Recording Now Available: Unpacking the 2025 AIM Annual Survey: Trends, Challenges, and What's Ahead

Learn about key findings from the 2025 AIM Annual Survey and insights into the current national programmatic landscape.

[View the webinar recording and slides here](#)



Also Available: 2025 Annual Survey Snapshot

Scan a high-level overview of the results of the 2025 AIM Annual Survey with easy-to-read data about the immunization environment, current challenges, and more

[View the snapshot here](#)

Questions? Email rvangundy@immunizationmanagers.org

Reminders



All registrants will receive an email shortly after the event with today's webinar slides and resources.



The recording, resources, and slides from today's webinar will be available on AIM's [Adolescent Immunization Toolkit](#) in the coming weeks.



Take a few moments to answer the survey questions that pop up in your browser after the webinar.

Thank you!



immunizationmanagers.org



[@AIMimmunization](https://twitter.com/AIMimmunization)



Association of Immunization
Managers



Association of
Immunization
Managers