



Association of  
Immunization  
Managers

## COVID-19 Pediatric Vaccination Commercialization Listening Sessions Report

May-July 2024  
Analyzed: September 2024

### Background

The Association of Immunization Managers (AIM) held eight (8) listening sessions with immunization program managers (PMs) during Vaccine Access Cooperative (VAC) Regional Meetings for adult immunization from May-July 2024. The goal of these listening sessions was to understand the successes and challenges jurisdictions and immunization programs (IPs) experienced with COVID-19 vaccination in children ages 11 years and younger post COVID-19 vaccine commercialization. These listening sessions were conducted in the spring and summer 2024 following COVID-19 commercialization.

COVID-19 vaccination rates for children have been low since they first became available through the Food and Drug Administration's (FDA) Emergency Use Authorization (EUA) in November 2021 (for children ages 5–11 years) and June 2022 (for children ages 6 months to 4 years). The termination of the public health emergency (PHE) in May 2023 meant the discontinuation of the federal government funding of COVID-19 vaccines and a change in operations for immunization programs. On [September 11, 2023](#), the FDA authorized commercially available COVID-19 vaccines for the 2023-2024 season. COVID-19 vaccines that had previously been available at no cost to the public through federal funds had to be obtained as any other routine vaccination—through private or public health insurance programs. Childhood vaccinations are covered through private insurance or through the Vaccines for Children (VFC) program, a federal entitlement program that provides vaccines at no charge to children who are uninsured, under-insured, Medicaid-eligible, Alaska Native, or American Indian. This project is supported by the Centers for Disease Control and Prevention's (CDC) Immunization Service Division (ISD)/Immunization Operation Service Branch (IOSB) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3 million with

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## **Methods**

### *Listening Sessions*

From May-July 2024, AIM held eight listening sessions with 47 (73%) of the 64 PMs concerning COVID-19 vaccination among children 11 years of age and younger following vaccine commercialization. Listening sessions were held in-person and were part of larger regional meetings with PMs related to adult vaccine access. Each session lasted approximately 60 minutes and participation was voluntary. Questions were asked regarding opportunities and challenges associated with the implementation of COVID-19 vaccine commercialization for children ages 11 and younger, as well as those pertaining to the post-commercialization environment. Sessions involved one facilitator and one note taker. Notes were transcribed in real time and edited for accuracy. Session recordings were used for direct quotes in the report.

### *Analysis*

NVivo 14 software was used for qualitative analysis. Two analysts first read each of the eight transcripts for familiarization and independently developed a codebook of emergent themes. The analysts then met to finalize the codebook and discuss any discrepancies. Each coder then independently coded two identical transcripts and met to discuss any further discrepancies in coding. After a consensus on coding had been reached, the coders divided the remaining six transcripts evenly for analysis. Themes that arose from the analysis are detailed below.

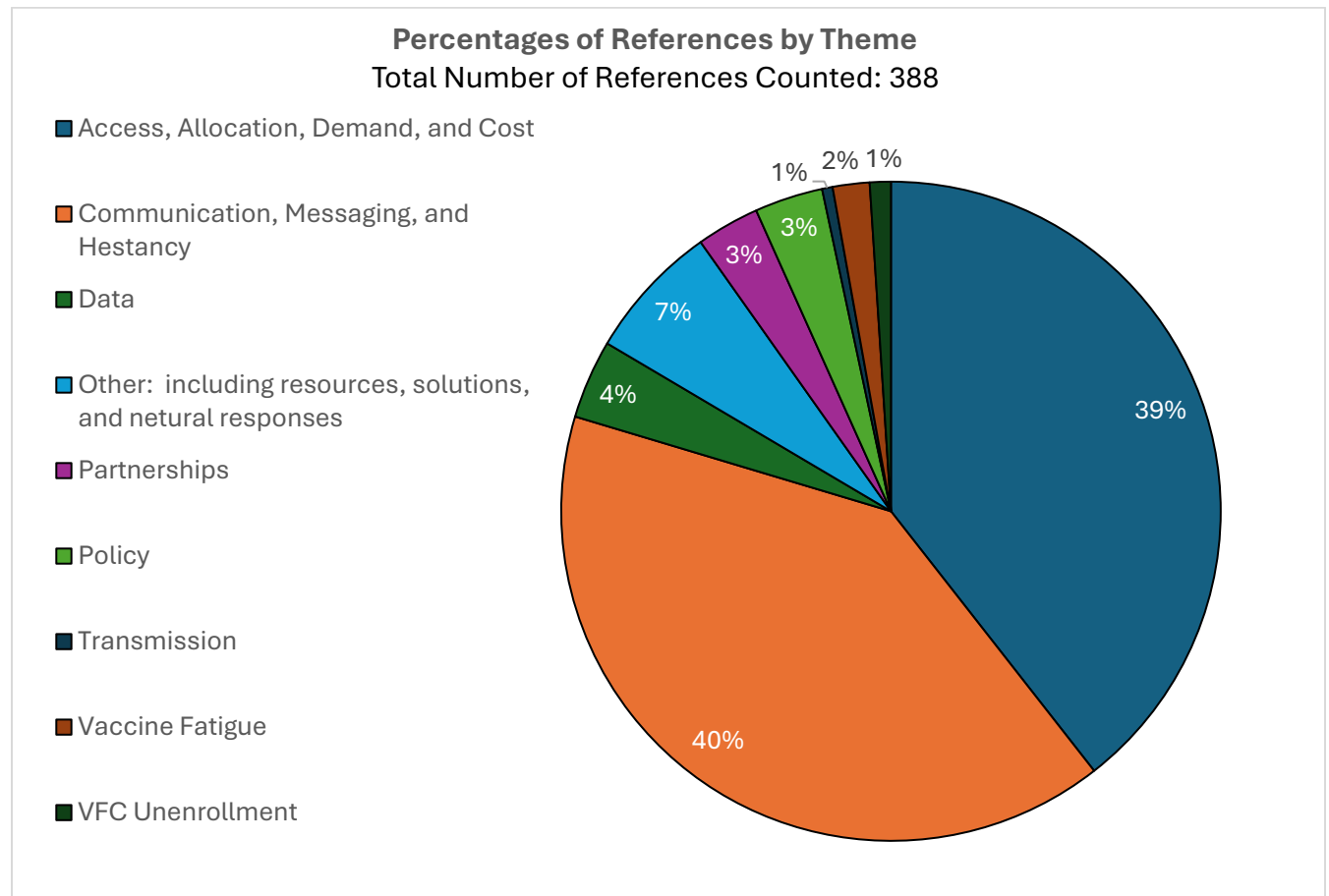
## **Themes**

The jurisdictions were asked about the following:

- Top challenges they faced because of COVID-19 commercialization
- Communication between the CDC, manufacturers, programs, providers and parents
- The impact of commercialization upon vaccine access
- On-the-ground process for roll out
- The impact of commercialization upon data collection

They were also asked what resources AIM or the CDC could provide to help increase COVID-19 vaccination rates in children 11 years and younger.

Several themes were identified during the listening sessions. For the purposes of this report, related themes were combined into single categories. The identified themes include:



- **Communication, Messaging, and Hesitancy**

40% (156 of 388) of all references made by the PMs during the listening session relate to communication, messaging, and hesitancy.

- *CDC Communication*

- Several PMs noted that communication from the CDC about commercialization was delayed.
    - Several PMs noted that challenges arose when information was released to the public before IPs were informed about the commercialization process.
      - “The messaging from the CDC was sent out at the same time as it was being shared with the public, and we didn’t have time to plan and get our plans in place.”
    - There was consensus from the jurisdictions that when information is released to the public prior to, or at the same time as, being released to IPs,

community distrust in IPs can increase due to lack of time to plan. IP Communications

- Some PMs reported that communication policies at the jurisdiction level sometimes delayed the release of information from the IPs, contributing to confusion when providers were hearing information from other sources prior to the IPs releasing the information.
- Communication from the IPs to the providers mainly consisted of ongoing education to keep up with the continuous updates.
- *Manufacturer Communications*
  - Jurisdictions felt communication from Moderna was helpful and the communication from Pfizer about allocation and distribution was insufficient, especially when it came to the shipping of vaccines.
- *Public Communications*
  - Parents and providers are experiencing vaccine fatigue from the last few years of the COVID-19 pandemic.
    - “It seems that we are focusing too much on COVID-19, when really, we need to focus on all vaccines. People are getting burned out from hearing about COVID-19.”

Possible Solution:

- Communication from the CDC could be provided to the IPs with enough time to plan and prepare the needed messaging for providers and the public.
    - The timeframe we were given was so tight. We had to pivot and were not given much information and time. Everything we had to do for commercialization was on such short notice and made things very hard. The hardest part was that none of us have done commercialization. We did the best we could at the time we had, with what we were given.
- Program Manager, 2024

- **Allocation, Distribution, Demand, and Cost**

Thirty-one percent (122 of 388) of all comments made by PMs during the listening sessions relate to allocation, distribution, demand, and cost of the vaccines.

- PMs expressed that the launch of commercialization posed some challenges with ordering and inventory of certain brands of COVID-19 vaccine. Across all eight listening sessions, shipping challenges were noted.
- IPs were asked to give their estimates for allocations but reported that sometimes their estimates did not match the allocations received. Some PMs expressed they were expected to order more doses than they thought they could use.
- Low demand for COVID-19 vaccines for children 11 years and younger was noted in all eight listening sessions. Participants mentioned private providers were not recommending vaccination, and the high cost of commercially purchased vaccines made it hard for private providers to stock them for commercially insured patients.

- PMs acknowledged that it is difficult to encourage providers to stock vaccines for their commercially insured patients when demand is low and the cost is high.
- Some PMs theorized that the cost of vaccines is impacting provider participation in the VFC program. Jurisdictions anecdotally reported seeing practices disenrolling from the VFC program due to the cost of stocking private COVID-19 vaccines. PMs felt this is especially true in rural communities where practices tend to be smaller<sup>1</sup>.

#### Possible Solutions:

- Work with providers to make a strong recommendation to encourage vaccination and raise demand.
- Manufacturers should provide smaller minimum package sizes for vaccines, which would lower capital investment.

#### • Access

There were 31 direct references to access throughout the eight listening sessions.

- PMs stated that commercialization made sustaining vaccine access points in most jurisdictions a challenge as many pediatric providers are no longer stocking pediatric COVID-19 vaccines.
  - “Access decreased because pharmacies were only doing adult vaccines after PREP <sup>2</sup>.”
- PMs stated the public is under the impression that the lack of vaccine availability is due to the lack of importance of COVID-19 vaccines.
- PMs noted that access to COVID-19 vaccines for children 11 years and younger at pharmacies has decreased. A few jurisdictions were trying to enroll pharmacies in the VFC program to help reestablish pharmacies as an access point; however, the VFC requirements for pharmacies are challenging and pharmacies are not always recognized by state Medicaid programs as medical providers.
  - “[We] are trying to enroll new pharmacies into the VFC program, and they share their frustrations. There are misunderstandings about what is required. We can’t get anyone to enroll.”
- PMs of some universal purchase<sup>3</sup> jurisdictions noted that access was not an issue in their jurisdictions.

#### Possible Solutions:

- Encourage pharmacy participation in the VFC program.
- Review current VFC enrollment requirements to determine where changes could be made at the jurisdiction level to accommodate more provider types.

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<sup>1</sup> The federal VFC program requirement to purchase private stock vaccines for commercially insured patients will not be enforced until after [August 31, 2025](#).

<sup>2</sup> The Public Readiness and Emergency Preparedness Act (PREP Act) for COVID-19

<sup>3</sup> A universal vaccine purchasing program allows a state to purchase essential vaccines for all children, regardless of insurance coverage or income.

- **Data Collection**

There were 15 references to data throughout the eight listening sessions.

- Some jurisdictions indicated that there were not any significant data collection challenges following commercialization.
- A few PMs noted that data sharing agreements put in place during the pandemic have been helpful in cross-referencing the data collected for school-aged children.
- One jurisdiction will retain less than 6% of the COVID-19 vaccination data collected due to registry consent laws. This data is set to be deleted in five years.

Possible Solutions:

- Mandatory data reporting to assist IPs in understanding commercial vaccination rates.
- Data sharing agreements with schools to help cross-reference who needs vaccines.
- Work with partners to champion issues such as immunization registries that are “opt out” rather than “opt in.”

- **Partnerships**

There were 12 references to partnerships throughout the eight listening sessions with the PMs.

- The importance of partnerships with pharmacies, schools, and Federally Qualified Healthcare Centers (FQHCs) was specifically referenced by many PMs.
- Many PMs noted that the relationship with pharmacists is particularly important. Pre-pandemic, there was push back on sending children to pharmacies for vaccines, but pharmacists’ participation in pediatric COVID-19 vaccination efforts made vaccination of children in pharmacies more commonplace.
- Some jurisdictions are looking at school-based flu vaccination programs as a model for COVID-19 vaccinations in schools. They are thinking about which vaccines to bring to schools and trying to think ahead on how to use the infrastructure for future pandemics.

Possible Solution:

- Even if funding is not available, investment in creating and strengthening partnerships can be essential to ongoing work in the immunization space and future pandemic preparedness.

- **Jurisdictional Policy**

There were 13 references to jurisdiction level policies throughout the eight listening sessions.

- PMs stated policies at the jurisdictional level will often dictate what can and cannot be enforced.

- “Everything we do and say is all depending on the political environment. We are at a standstill until we know what the political outcome is.”
- PMs report seeing increasing introduction of anti-vaccine legislation and anti-vaccine legislators being elected. This is impacting the IPs’ ability to follow and communicate CDC guidelines.
  - “If a VFC provider refuses to offer specific VFC vaccinations, like COVID-19, they will go to their legislature and complain that we are enforcing it<sup>4</sup>.”
- A few jurisdictions are now limited by local policies from talking about COVID-19 vaccination. This makes it very challenging to provide messaging about vaccines to the public.
  - “When it comes to COVID alone we can’t talk about it. We can’t put it in writing. We don’t have a way to isolate COVID-19.”
- A few jurisdictions passed legislation to expand access for the COVID-19 vaccines and all vaccines. In addition, several jurisdictions passed bills allowing pharmacists to provide vaccines starting at the age of three years.

**Possible solutions:**

- Provide education to policymakers, where possible.
- Work with immunization coalitions and other partners to ensure they are well-informed of the impact of policy changes at the state and local level.

**Requested Resources**

The following is a list of resources that PMs requested during the listening sessions:

- Guidelines or templates for vaccine replacement models
- Translated CDC materials for all demographics
- Concise one-pager about how to protect kids who already had a COVID-19 infection against re-infection
- Guidance document on how to incentivize providers to join the VFC program
- One-pager on how to destigmatize COVID-19 vaccines on the routine schedule and treat them like all other ACIP-recommended vaccines
- Toolkit on motivational interviewing for COVID-19 and flu vaccine coadministration
- One-pager with successfully field-tested messaging about the unknown long-term effects of COVID-19 infection

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<sup>4</sup> This is in violation of federal VFC program requirements but underscores the challenges IPs face.