



Association of  
Immunization  
Managers

## Community of Practice to Optimize Administration of Birth Dose Immunizations

### Interest Form Instructions

This interest form is designed to help AIM understand each participant's capacity and objectives for participating in the Community of Practice (CoP) to Optimize Administration of Birth Dose Immunizations. AIM will select birthing institution and immunization program participants using the criteria described in the announcement guidelines.

#### DEFINITIONS

##### BIRTHING INSTITUTIONS

Includes private or public hospitals with an obstetric unit, birthing centers, or standalone birthing hospitals.



AIM will notify each participant of its submission status the week of April 14, 2025.

Any questions about the CoP process should be directed to Katy Gore at [kgore@immunizationmanagers.org](mailto:kgore@immunizationmanagers.org)

#### How to Express Interest

- Please submit this interest form and any optional letters of support via email to Katy Gore at [kgore@immunizationmanagers.org](mailto:kgore@immunizationmanagers.org) by 8 pm ET on Monday, March 31, 2025.

Your submission must include:

- This completed form
- Letters of support from hospital leadership (optional)
- Letter of support from your state/territory/jurisdiction's immunization program (see section 7 in interest form)

Team Composition:

- CoP participants should identify a core team of at least four and up to 12 members to participate. Teams must include either the jurisdiction's immunization program manager or the Vaccines for Children (VFC) manager from the immunization program and a pharmacy and a nursing leader with decision-making authority from the birthing institution. Team members should be individuals who can directly support the goal of enrolling in the VFC program and administering nirsevimab and hepatitis B vaccine during the birth stay prior to hospital discharge.

- Additional team members from the birthing institution could include physician champions, hospital leadership, financial managers responsible for payer contract negotiations, hospital IT, or others who can directly support the team goals of participation in the VFC program and administration of nirsevimab.
- Additional team members from the immunization program could include immunization information system (IIS) staff, others with a technical understanding of HL7 standards, representatives from the perinatal quality improvement collaborative, or others who can directly support the team's goals of enrolling the birthing institutions in the VFC program and supporting their administration of nirsevimab and hepatitis B vaccine at the first available opportunity.



# Birthing Institution Interest Form

**Birthing Institution Name**

**Address**

\*Please note team members may be identified at a later date if necessary

**Team Lead**

*Serves as the main point of contact. Must be a pharmacy or nurse leader.*

Name:

Title:

Email:

Phone:

Assistant:

Assistant's email:

**Team Member 2**

*Backup for team lead. Must be a pharmacy or nurse leader.*

Name:

Title:

Email:

Phone:

Assistant:

Assistant's email:

**Team Member 3 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 4 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 5 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 6 (Optional)**

Name:

Title:

Email:

Phone:

## Birthing Institution Relevant Background

Please answer the following questions.

1. What is the breakdown of public vs. private pay births at your facility?
2. Please describe any recent or previous efforts related to enrolling in the VFC program, if applicable. What barriers have you encountered?
3. If you haven't previously explored VFC program enrollment, what barriers do you anticipate?
4. What insights do you hope to learn or gain from participating in the CoP?
5. Using the scale below, rate your hospital leadership's priority to offer nirsevimab and hepatitis B vaccine to all infants prior to hospital discharge? Please select one.

Not a priority       Low priority       Moderate priority       High priority       Essential priority

Each birthing institution team will be expected to:

- Maintain a core team of at least two members. Members should be individuals responsible for decision making who can implement the goals of participation in the VFC program and administration of nirsevimab and hepatitis B vaccine. Birthing institutions are welcome to have additional team members (up to six).
- Estimated time commitment: 3-5 hours per month, including calls every month and independent work. Plus, any additional VFC training requirements.
  - Participate in CoP launch call the week of April 21, 2025.
  - Identify goals and develop a project plan and actionable steps to achieve these goals.
  - Participate in monthly team technical assistance calls (May-September) with the immunization program in their jurisdiction and AIM staff to identify progress and barriers and any emerging technical assistance needs.
  - Revise project plans as necessary to accomplish the goal of enrolling in VFC during the 6-month technical assistance period and preparing to administer nirsevimab and hepatitis B vaccine during the 2025-2026 RSV season.

6. Please describe the challenges you anticipate meeting the above CoP requirements.

7. Letter of support from immunization program template:

Dear AIM,

I am writing in support of the staff of [Name of the birthing institution] and their goal to enroll in the VFC Program through AIM's Community of Practice (CoP) to Optimize Administration of Birth Dose Immunizations. The staff from [Name of the birthing institution] have agreed to work with the immunization program with the goal of enrolling in the VFC program by October 1, 2025. [Name of IP and jurisdiction] will support their enrollment process.

{Signature of immunization program manager}



# Immunization Program Interest Form

**Immunization Program Name**

**Address**

\*Please note team members 3-6 may be identified at a later date if necessary

**Team Lead**

*Serves as decisionmaker and main point of contact. Must be the immunization program manager or VFC manager.*

Name:

Title:

Email:

Phone:

Assistant:

Assistant's  
email:

**Team Member 2**

*Backup for team lead*

Name:

Title:

Email:

Phone:

Assistant:

Assistant's  
email:

**Team Member 3 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 4 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 5 (Optional)**

Name:

Title:

Email:

Phone:

**Team Member 6 (Optional)**

Name:

Title:

Email:

Phone:

## Immunization Program Relevant Background

Please answer the following questions.

8. What percentage of birthing hospitals in your jurisdiction are enrolled in VFC?
9. Please describe any recent progress or efforts related to enrolling birthing institutions in the VFC program.
10. Please explain what your jurisdiction hopes to learn or gain from participating in the CoP.
11. What reasons have you heard in your jurisdictions on why hospitals aren't participating in the VFC program? Please list from the most to least common reasons.
12. What are the VFC borrowing policies in your jurisdiction?
13. What are your jurisdictions policies and views related to VFC replacement model programs?
14. Are you aware of which (if any) additional VFC requirements your jurisdiction has which exceeds [the federal guidance](#)? Please describe.
15. Please describe the barriers you see in meeting the below CoP requirements.

Each immunization program team will be expected to:

- Maintain a core team of at least two members. Members should be individuals responsible for decision making who oversee policies related to birthing institution participation in the VFC program. Jurisdictions are welcome to have additional team members.
- Estimated time commitment: 3-5 hours per month, including calls every month and independent work. Plus, required VFC site visits and trainings
  - Participate in CoP launch call the week of April 21, 2025.
  - Develop a project plan for enrolling the chosen birthing institution in the VFC program and work toward accomplishing goals and actionable steps to achieve these goals.

- Participate in monthly team technical assistance calls (May-September) with the birthing institution and AIM staff to identify progress and barriers as well as identify any emerging technical assistance needs.
- Revise project plans as necessary to accomplish the goal of enrolling in VFC during the 6-month technical assistance period and preparing to administer nirsevimab and hepatitis B vaccines during the 2025-2026 RSV season.

Please note: This form does not commit you nor does it guarantee your participation. Participants selected to join will receive notification via email the week of April 14, 2025.