

Pediatrics Grand Rounds

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Department of Pediatrics
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

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**School of Medicine
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Advancing the Value Proposition of Adult Immunization Through Effective Implementation

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Conflict of Interest

The planner and speaker of this CE activity has no relevant financial relationships with ineligible companies to disclose.

The speaker does not intend to discuss any unlabeled or unapproved use of drugs or devices.



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Thank you!

Disclaimer

- The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, the National Adult and Influenza Immunization Summit, or the Global Influenza Initiative

Objectives

- Review why adult vaccination matters
- Understand current adult coverage gaps
- Explore drivers of vaccine hesitancy
- Identify motivators for vaccination
- Discuss strategies by healthcare role

Why Adult Immunizations?

Burden Of Adult Vaccine-preventable Disease Among US Adults

- *Streptococcus pneumoniae*¹

- Pneumococcal pneumonia: >150,000 hospitalizations per year
- Up to 30% of adult community-acquired pneumonias
- Pneumococcal bacteremia without pneumonia >5000 cases per year
- Pneumococcal meningitis ~2000 cases per year; >50% of bacterial meningitis cases

- Pertussis²

- 2388 total reported cases 2022
- 1089 among adults 20 years of age & older

1. CDC, 2021. Pneumococcal disease. <https://www.cdc.gov/vaccines/pubs/pinkbook/pneumo.html>;
2. CDC, 2022. 2022 Provisional Pertussis [CDC 2022] Surveillance Report. https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2022_PROVISIONAL.pdf. URLs accessed November 2023

Burden Of Adult Vaccine-preventable Disease Among US Adults

- Hepatitis B¹

- 13,300 estimated new infections in 2021
- 73% among adults 30–59 years of age
- 14,229 newly reported cases of chronic hepatitis B

- Zoster²

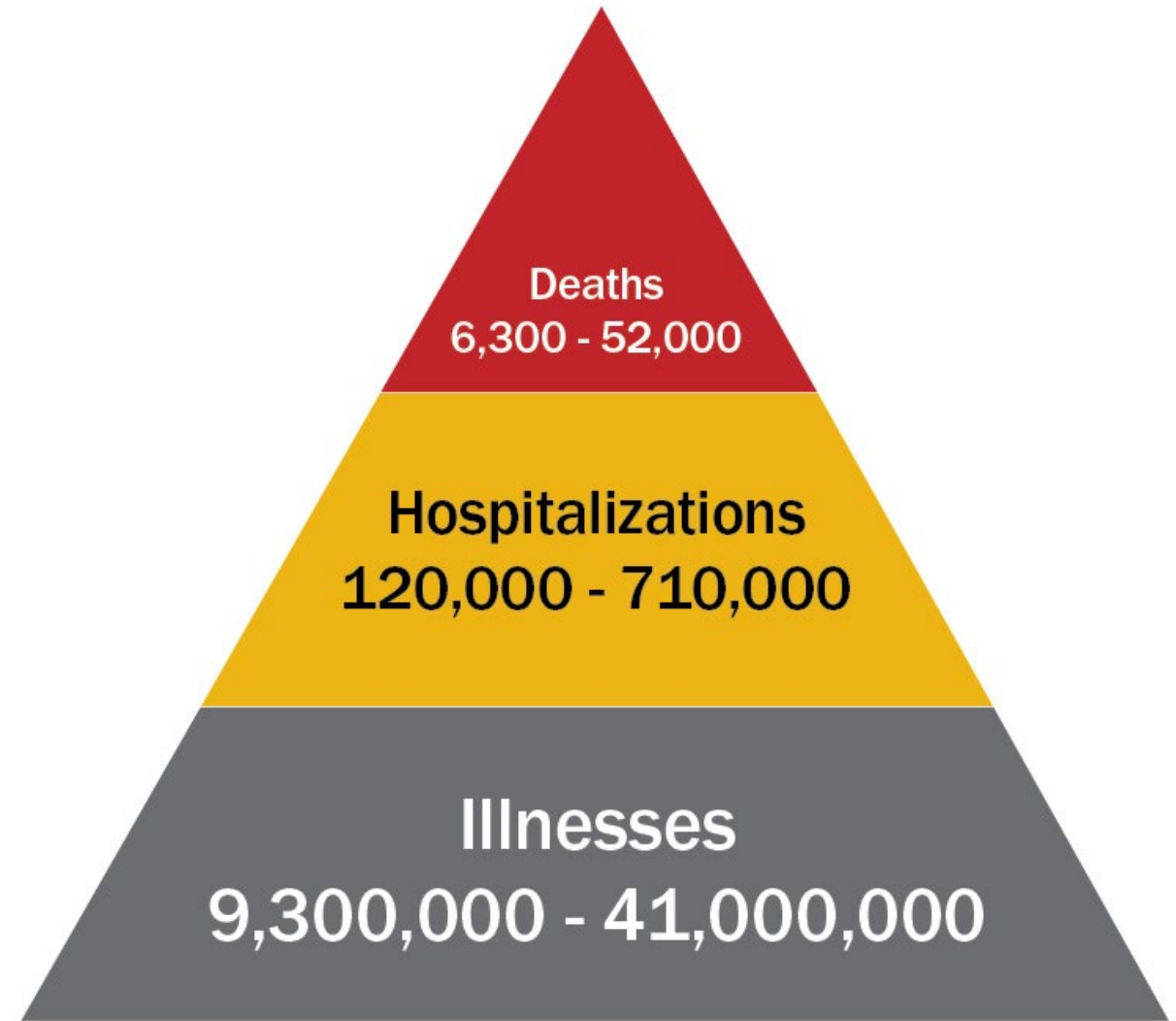
- 1 in 3 people in the US will develop shingles
- 1–4% of people with shingles are hospitalized

- Measles³

- California/multi-state 2015 outbreak: 55% of infections were in adults 20 years of age and older

Burden of Influenza 2010-2024*

- From 2010-2020, adults 65 years and older accounted for:
 - 45-67% of influenza-related hospitalizations
 - 62-87% of influenza-related deaths



Estimated Range of Annual Burden of Flu in the U.S. from 2010 – 2024

Estimates of COVID-19 Attributable Deaths, Hospitalizations, and Infections Averted by the U.S. Vaccination Program Between December 12, 2020, and November 30, 2022

	Averted number	95% Credible Interval*
Deaths	3,255,656	3,088,126 to 3,410,112
Hospitalizations	18,585,131	17,780,337 to 19,355,830
Infections	119,851,779	112,698,238 to 127,129,565

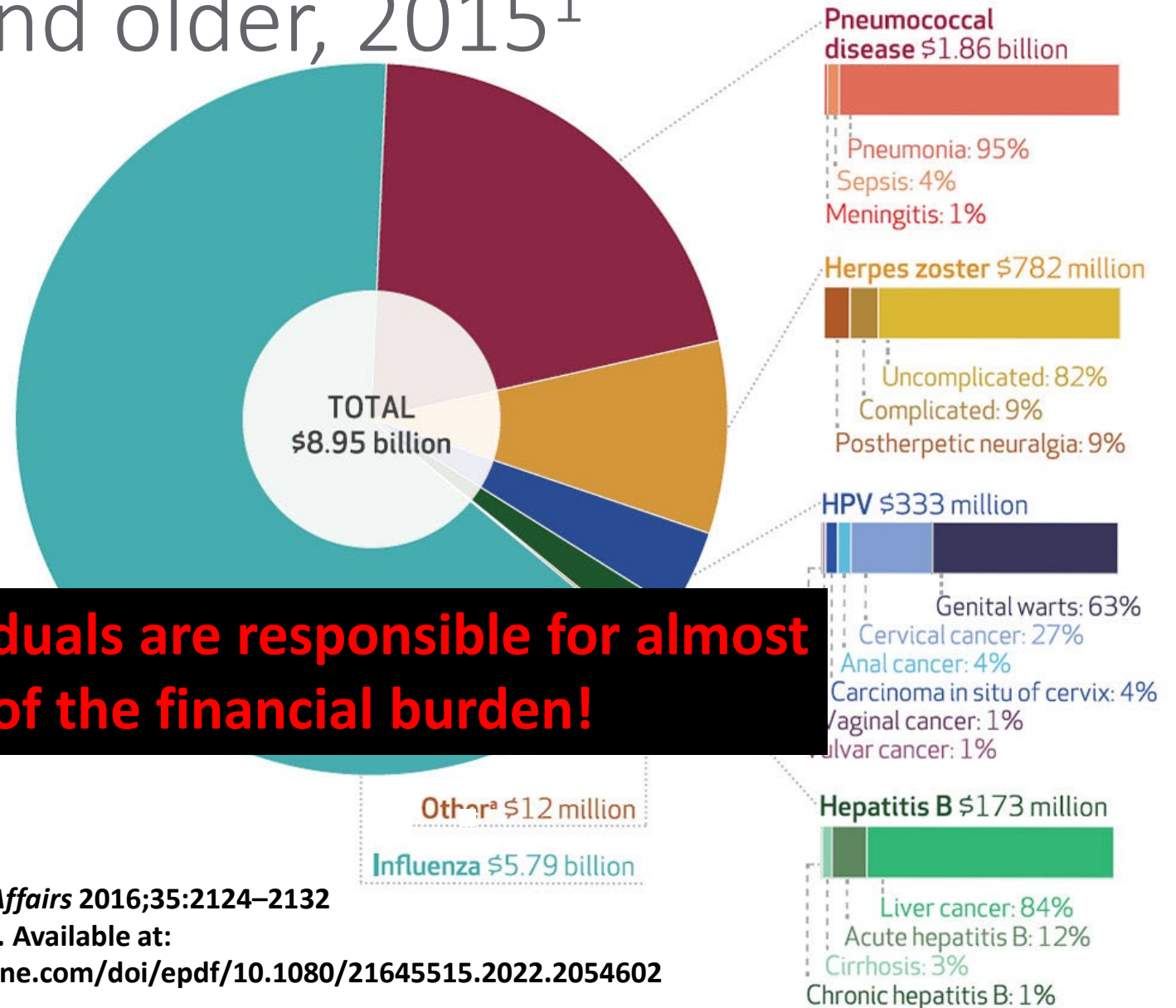
 Download data

* Credible Intervals reflect the range of uncertainty associated with estimates.

Source: Meagan C. Fitzpatrick et al., "Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths," *To the Point* (blog), Commonwealth Fund, Dec. 13, 2022. <https://doi.org/10.26099/whsf-fp90>

Cost Burden of Adult Vaccine-Preventable Diseases, 50 years and older, 2015¹

Between 2010 and 2020, United States (US) expenditure estimated at nearly \$27 billion annually for adult VPDs treatment, with disproportionate costs in the at-risk populations.²



Unvaccinated individuals are responsible for almost 80 percent of the financial burden!

Socio-Economic Impact of Adult Vaccination

- Office of Health Economics in the United Kingdom analyzed ten countries (including the US) and found:
 - Looking only at 4 adult VPDs: seasonal influenza, pneumococcal disease, herpes zoster, and respiratory syncytial virus
 - Adult vaccines can return up to 19 times their initial investment to society
 - Equivalent to billions of dollars in net monetary benefits to society and corresponds to about \$4637 for one individual's full vaccination course

Adult Vaccine-Preventable Diseases can Exacerbate Existing Chronic Illness

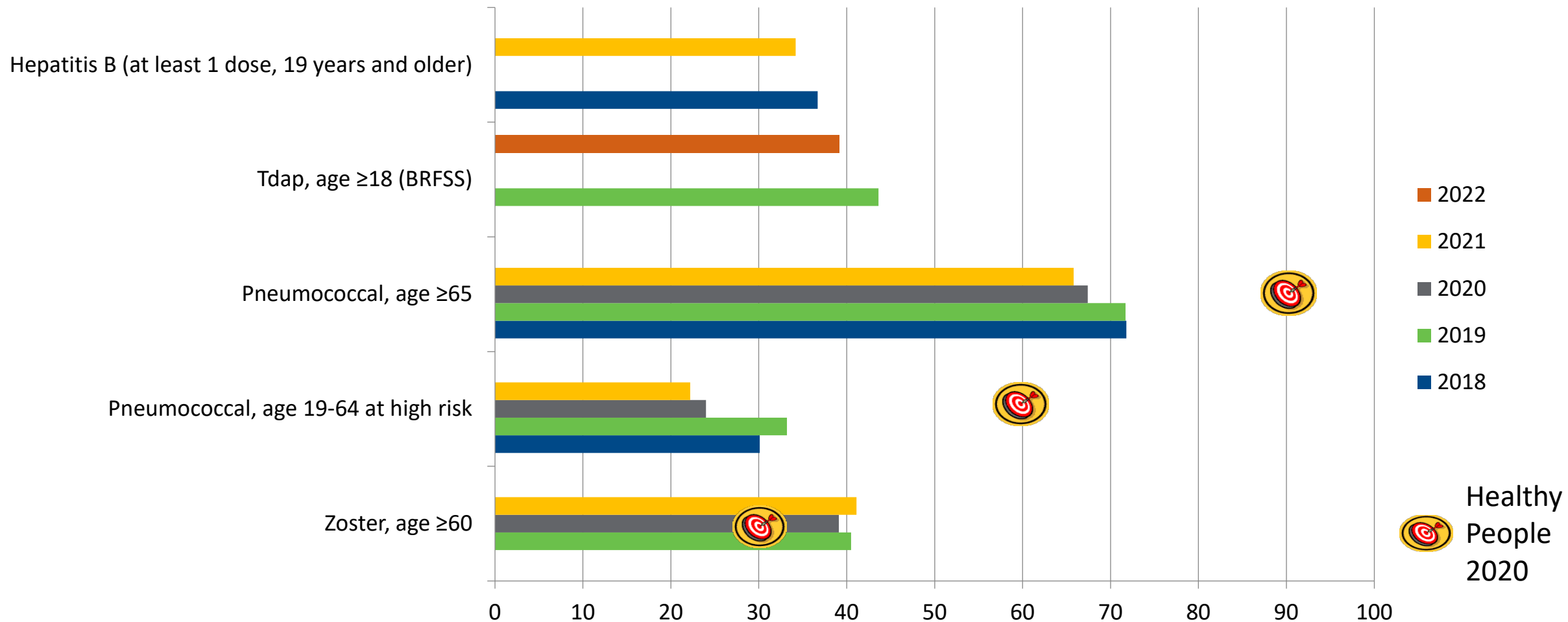
- In a Canadian study of 332 patients, incidence of admissions for acute myocardial infarction was six times as high during the 7 days after laboratory confirmation of influenza infection versus 1 year before and 1 year after this interval¹
- In a US cross-sectional study of >80,000 adults hospitalized with influenza, almost 12% of patients had an acute cardiovascular event²
- A retrospective cohort analysis of wearable digital tracking data from a US health plan (N=167,672 individuals) found that people with diabetes experienced more hyperglycemic events, and substantial increases in pneumonia, sepsis, and coronary heart disease up to 4 weeks after an influenza claim, as compared with a non-influenza period in the same year³
- Pneumococcal pneumonia and shingles may increase the risk of myocardial infarction or stroke, exacerbated chronic obstructive lung disease and cardiovascular disease, potentially leading to a decline in functional ability, loss of independence, or even premature death⁴

Why Adult Vaccination Matters - Summary

- Prevents severe disease and death from adult vaccine preventable diseases
- Reduces hospitalizations and downstream complications
- Protects vulnerable populations via herd effects
- Delivers cost-effective and often cost-saving outcomes

Yet we are not vaccinating our
adult populations

Adult Immunization Coverage Rates, National Health Interview Surveys and BRFSS, 2018–2022¹



2023-2024 Adult Influenza Vaccination Coverage*

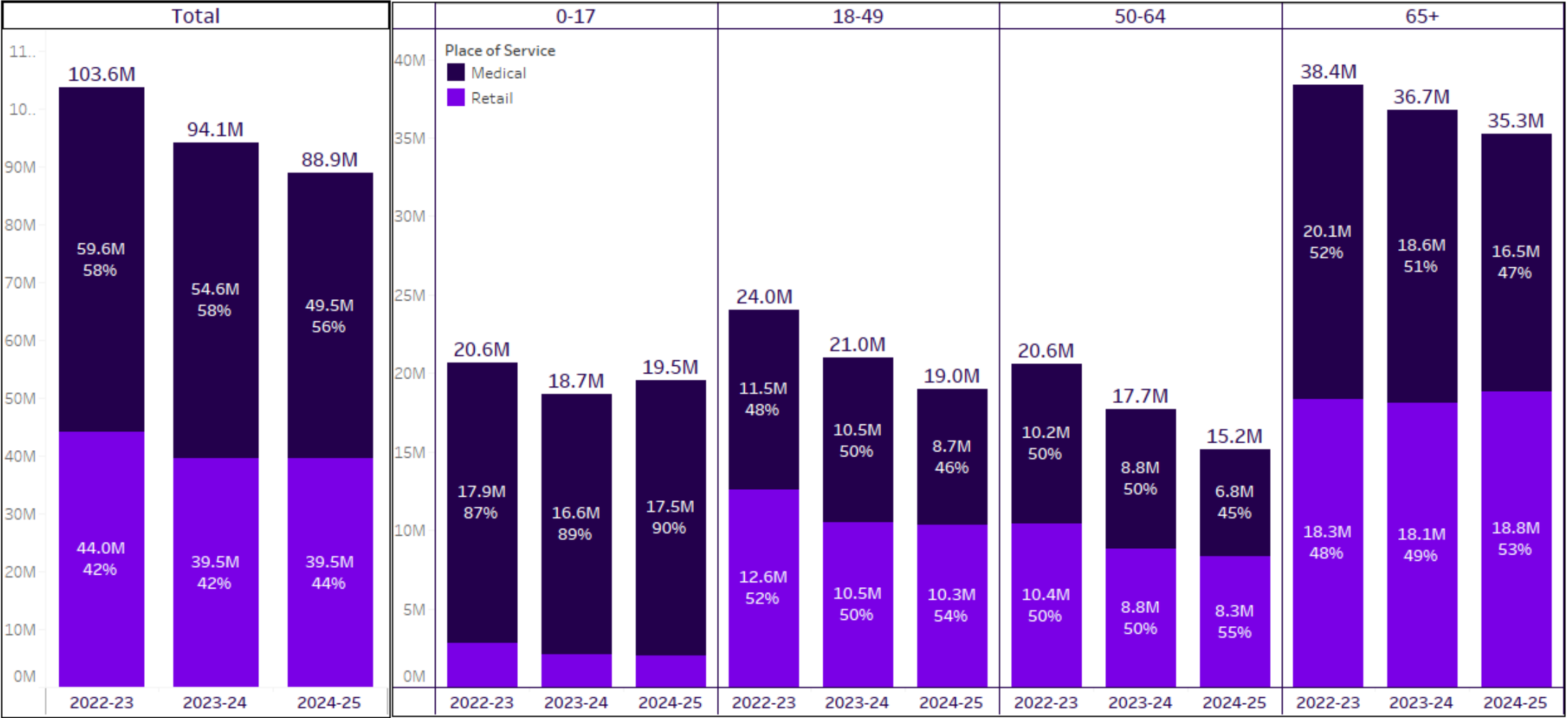
- Coverage declined on average 2% compared to the 2022-2023 season, with a declining trend over the past 5 seasons
 - **44.9%** of all adults over 18 years of age vaccinated (-2%)
 - **69.7%** of those over 65 years of age vaccinated (steady)
 - **46.2%** of adults between 50 -64 years of age vaccinated (-3.9%)
 - Only **32.8%** of adults 18-49 years of age vaccinated (-2.4%)
 - **38.2%** of high risk vaccinated (-2.5%)
- Preliminary coverage for 2024-25 season shows **0.6% further decline**

The 2024-2025 Influenza Season – Preliminary Adult Vaccination Coverage

Demographic Group	2024-2025 Season Percentage Vaccinated	2023-2024 Season Percentage Vaccinated	Difference in Coverage Between Seasons (%) (current minus previous)	95 CI (%) of the Difference
18-29 years	34.1	33.7	0.4	-1.2 to 1.9
18-49 years	36.3	36.7	-0.4	-1.4 to 0.5
Overall	46.7	47.4	-0.6	-1.5 to 0.2
65+ years	71.8	71.6	0.2	-2.0 to 2.3
60+ years	66.5	66.8	-0.4	-2.1 to 1.3
75+ years	75.6	75.1	0.5	-2.6 to 3.5
40-49 years	38.9	39.7	-0.8	-2.7 to 1.0
30-39 years	36.3	37.5	-1.2	-3.0 to 0.5
65-74 years	69.2	69.3	-0.1	-3.0 to 2.9
50-64 years	48.4	50.4	-2.0	-3.9 to -0.1

All adult age segments witnessing persistent Year-to-Year declines

Claims as of week 3/8



Data Sources: IQVIA Claims Medical as of (3/8/25) and Retail (3/8/25)
**IQVIA national claims at CPT code level. IQVIA doesn't capture claims from Public, Kaiser, VA, LTC, FQHCs, Hospital and Non-AMA affiliated Physicians.

Disparities in routinely recommended vaccines for adults

Vaccination, age group, increased-risk status	% Vaccinated whites	Vaccination difference [§] , blacks	Vaccination differences, Hispanics	Vaccination differences, Asians	Vaccination differences, other
Influenza vaccination, 2017-18 season[§]					
≥19 yrs	49.3	-10.3**	-11.8**	1.4	-7.9**
19-49 yrs	36.5	-6.3**	-6.0**	5.1	-1.4
50-64 yrs	49.4	-3.1	-7.4**	2.8	-3.5
≥65 yrs	73.5	-13.8**	-4.6	5.7	-6.7
HCP ^{††} , ≥19 yrs	71.9	0.3	-0.2	0.7	-6.4
Pneumococcal vaccination, ever^{§§}					
19-64 yrs, increased risk	23.6	2.1	-5.1**	1.4	2.2
≥65 yrs	72.6	-12.8**	-18.4**	-17.6**	-6.5
Tetanus vaccination (received in past 10 years)^{§§}					
≥19 yrs	68.3	-18.1**	-14.3**	-13.6**	-6.4**
19-49 yrs	71.2	-18.3**	-15.5**	-12.9**	-7.7**
50-64 yrs	69.1	-22.9**	-18.1**	-20.3**	-10.6**
≥65 yrs	61.9	-15.1**	-13.0**	-12.6**	-3.0
Tetanus vaccination including pertussis vaccine (received in past 10 years)^{***}					
≥19 yrs	36.7	-16.6**	-16.2**	-11.1**	-4.7
19-64 yrs	40.6	-19.6**	-18.9**	-13.1**	-7.5**
≥65 yrs	24.6	-8.8**	-13.0**	-8.9**	0.2
HCP, ≥19 yrs	60.9	-22.9**	-14.1**	2.6	2.1
Hepatitis A vaccination (at least 2 doses)^{†††}					
19-49 yrs	18.2	-5.4**	-2.5	5.8**	3.7
Hepatitis B vaccination (at least 3 doses)^{§§§}					
19-49 yrs	43.6	-8.2**	-10.5**	1.6	-5.8
HCP, ≥19 yrs	70.9	-14.5**	-13.6**	5.8	-9.6
Herpes zoster (shingles) vaccination, ever^{§§§}					
≥60 yrs	38.6	-19.9**	-19.1**	-9.5**	-7.7
60-64 yrs	25.4	-14.6**	-10.2**	-5.7	-7.8
≥65 yrs	44.0	-21.4**	-22.2**	-11.4**	-8.4
HPV vaccination among females (at least 1 dose), ever^{****}					
19-26 yrs	56.5	-11.3	-6.9	-17.2**	1.4

Abbreviations: HCP = Health care personnel; HPV = Human papillomavirus; Td = Tetanus and diphtheria toxoids; Tdap = Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

**Surveillance of
Vaccination Coverage
Among Adult
Populations — United
States, 2018:**
<https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm>.

Coverage Disparities - Summary

- Lower uptake in Black, Hispanic, and Native populations
- Lower rates in rural vs. urban areas
- Socioeconomic status and education strongly associated
- Coverage disparities worsen disease burden inequities

Coverage Trends – Summary*

- Influenza coverage has plateaued since mid-2010s
- COVID-19 vaccines: rapid uptake but stalled boosters
- Shingles vaccine improved with RZV introduction
- Tdap and pneumococcal remain underutilized

Healthy People 2030 Targets vs Reality

HP2030: Influenza $\geq 70\%$ in adults

HP2030: Pneumococcal $\geq 90\%$ in $\geq 65y$

Current rates lagging by >20 percentage points in some groups

Highlighting urgent need for action

So Adult immunization rates still need to be improved!

- AND...REMINDER
- Routinely recommended vaccinations have fallen further during the COVID-19 pandemic*

Getting on the Same Page: What is Vaccine Hesitancy?

What is Vaccine Hesitancy?

- “Delay in acceptance or refusal despite availability of services” (SAGE 2015)
- Context-specific, varying by time, place, and vaccine
- Influenced by confidence, complacency, convenience
- In truth, we are all a little bit hesitant, and it is the level of confidence that we have in trustworthy information that moves us to accept or refuse a vaccine

The 5C Model of Hesitancy in Adults

Confidence: trust in vaccines and system

- There is a difference between trust and trustworthy

Complacency: low perceived disease risk

Convenience/constraints: access barriers

- Do not assume hesitancy when it could be access

Calculation: risk–benefit weighing

- Omission bias is real

Collective responsibility: altruism/herd effects

What is Keeping Adults from Getting Vaccinated?

Common Adult Barriers^{1,2}

- Safety/side-effect concerns
- Belief that disease risk is low
- Cost and insurance confusion (especially in the current environment)
- Mistrust in industry/government
- Misinformation exposure

Role of Social Media & Misinformation



Rapid spread of false claims

COVID-19 vaccine narratives spilled into other vaccines

Adults susceptible to politicization of vaccines

Evidence shows misinformation lowers intention to vaccinate

Case Study: COVID-19 Vaccines

Initial uptake high but boosters lagged

Reasons: complacency, fatigue, misinformation

Lessons: importance of provider recommendation

Need to integrate routine vaccination with pandemic lessons

Myths vs Facts

- “Healthy adults don’t need vaccines” → Fact: Risk increases with age
- “Vaccines don’t work well in older adults” → Fact: Protection against severe disease remains strong
- “Natural infection is better” → Fact: Greater risks, no cost-savings
- “Too many shots overload the system” → Fact: No evidence supports this

Motivating Adults to Get Vaccinated

What Motivates Adults to Vaccinate?

- Strong provider recommendation: top predictor
- Convenience: pharmacy, workplace, same-day access
- Clear info: personal benefits + protecting family/community
- Reminders and default scheduling

Behavioral Science Insights

- Anticipated regret: framing decisions in future consequences
- Default scheduling: opt-out vs opt-in improves uptake
- Social norms: emphasizing community protection
- Clear, simple risk framing more effective than statistics alone

Strategies to Overcome Hesitancy



Provider-level: recommendation strength, motivational interviewing



Team-level: standing orders, prompts, recall systems



System-level: billing reform, access expansion



Community-level: outreach, pharmacy, workplace programs

Role-Specific Strategies: Physicians

1

Use strong presumptive language

2

Employ motivational interviewing for hesitant patients

3

Answer concerns succinctly and confidently

4

Model confidence by sharing personal vaccination

Role-Specific Strategies: Nurses and MAs

1

Implement
standing orders

2

Check status at
every encounter

3

Educate and
reinforce physician
recommendation

4

Normalize
vaccination in
workflow

Role-Specific Strategies: Pharmacists

1

Increase access with
extended hours and
walk-ins

2

Trustworthy source of
knowledge and
leverage trust:
counsel on benefits

3

Provide convenient
vaccination in
community settings

4

Integrate reporting
into registries

Role-Specific Strategies: Administrators

1

Implement
reminder/recall
systems

2

Streamline billing &
insurance coverage

3

Track clinic
performance on
AIS-E measures

4

Support staff
training & workflow
integration

Effective Adult Vaccine Recommendations: What We Need to Know and Do

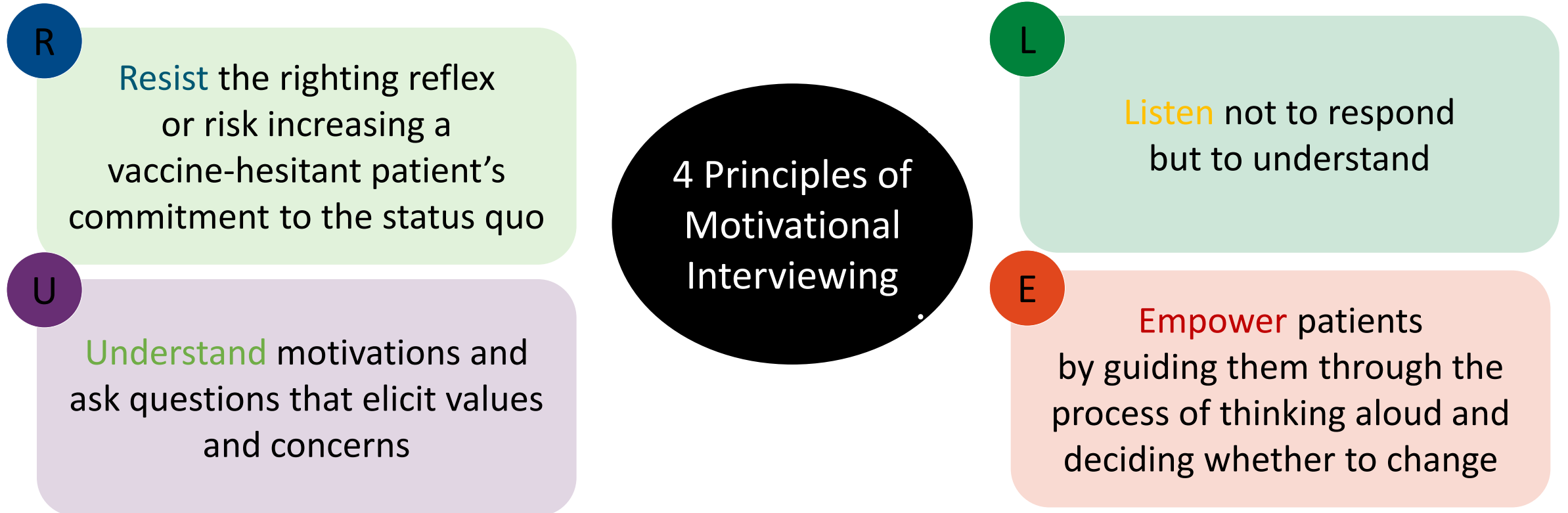
- Work to understand specific reasons for concern at a local level and **address concerns locally**
- Messaging and **messages matter**
 - Narratives are powerful tools to communicate
 - Communicating the risks of not vaccinating is important
- Methods to **support HCPs** to engage in conversations with patients about vaccination are critical
 - Best practices should be collected and shared

Making the Recommendation

An HCP recommendation remains the number 1 reason why an adult patient gets vaccinated

- Provide clear, concise and consistent recommendations
- Use motivational interviewing and other evidence-based strategies (eg, RULE, AIMS, CASE) to approach patient conversations

RULE: Motivational Interviewing Principles



Alleviating Patient Concerns About Vaccination

Facts alone rarely sway behaviors; decisions are based on emotion > facts

⊗ DON'Ts

- Repeat myths, even in context of refuting; doing so solidifies hesitancy
- Avoid scolding, childing, or using fear tactics

✓ DOs

- Speak to individual/family interests and goals
 - Context matters
 - Stories > science or data
- Practice cultural humility
- Allow time for patients to think and have follow-up conversations with them

How to Improve Immunization Practices

- Know the facts
- Make strong presumptive recommendations
 - Recommend, don't ask
 - Give a reason why; the closer your “why” is to a patient’s motivations, the more likely vaccine will be accepted
 - If unsuccessful, shift strategy (eg, diagnosis-based intervention or motivational interviewing)
- Acknowledge legitimate concerns
- Recognize the “long game” of vaccine recommendations
- Align primary care and specialty recommendations
- Eliminate barriers

Simple Strategies to Improve Immunization Practices

Employ Essential Strategies:
Convenience, Communication, Reduced Missed Opportunities, Personalized Motivation

- 1 Make Vaccine Services Convenient and Accessible**
 - Location: Administer vaccines in pharmacies or walk-in clinics
 - Timing: Offer walk-in services or after-hours clinic
- 2 Communicate With Patients About the Importance of Vaccines**
 - Messages should be routine:
 - "Did you get your flu vaccine?" should be included in every patient interaction each fall
 - "You are due for your vaccine today."
 - Messages should be personalized:
 - "I just had this vaccine."
 - "I just gave this vaccine to my spouse."
 - Share benefits related to personal circumstances:
 - "This vaccine will protect you from serious disease."
 - "This vaccination is important to keep your family safe."
- 3 Use Enhanced Office Systems to Reduce Missed Opportunities**
 - Patient's electronic medical record (EMR) should be up-to-date with patient's vaccination history
 - EMR should prompt healthcare professionals (HCPs) to remind patients concerning impending vaccinations and to offer them at each visit
 - Vaccines should be stocked in the office or nearby
 - Use standing order programs for vaccinations to be provided by nurses or medical assistants
- 4 Motivate Patients to Get Vaccinated**
 - Designate an immunization champion for your office
 - Provide support from clinic staff, who should be:
 - Educated about vaccines that they offer
 - Vaccinated themselves and should be proponents of vaccination
 - Encouraged to make suggestions to improve vaccination results
 - Share ongoing progress with staff to improve vaccination goals

What Types of Messages Work With Patients?

According to research from the CDC, the best messages:

- Are simple, concise, and direct
- Stress prevention
- Presume vaccination
 - "You are due for this vaccine, and we will give it today, if that is OK."
- Encourage vaccination as the patients' way to be proactive and have control over their personal health and that of their families
- Empower patients by providing information to help them make informed decisions
- Encourage patients to speak with their HCPs for more tailored information
- Should end with an "ask"—that is, a statement that encourages action:
 - "Talk to your HCP about which vaccines you may need."
 - "Make an appointment today with your HCP to get immunized."

References
4pillartoolkit.pitt.edu/about-4-pillars-practice-transformation-program
immunizationmanagers.org/content/uploads/2021/07/NAIH-Adult-Vaccine-Messaging.pdf
Zimmerman, J Am Geriatr Soc. 2017;65:114.

CDC
provided by CDC

Scan QR code for more information or visit:
<https://www.clinicaloptions.com/vaccineexcellence>

A Real Fear of Needles...

- AND REMEMBER, there is a genuine fear of needles and/or the discomfort of getting an injection in the public.
- So think about how to best improve the vaccination experience!

Make the
immunization
experience as
stress-free as
possible!

Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Healthcare Professionals



Anxiety about injections is common among adolescents and adults, and can contribute to dreading, delaying, or even refusing vaccination. However, anxiety and pain are subjective feelings: what you do and say can help an anxious patient gain confidence and more readily accept vaccinations in the future.

Below are strategies that can improve the vaccination experience for adolescents and adults. Consider what is practical. Simply acknowledging the patient's feelings and letting them know you care can help.

Before the Visit

Pre-registration may minimize time in the waiting room where anxiety can mount.

Establish expectations. If possible, let patients know they will be offered any needed vaccinations and that you'll work with them to make the experience comfortable.

Set up the vaccination room/area so it's comfortable and private. Keep needles out of sight until necessary.

Consider topical analgesia (e.g., 5% lidocaine cream, spray, or patch). This may help with pain but needs to be applied to the vaccination site 30 to 60 minutes ahead of time. With guidance, some patients may accomplish this before arriving.¹

During the Visit

Screen for vaccination-related anxiety. Immunize.org's screening checklists for contraindications to vaccines now ask about anxiety.²

Invite patients to ask questions about the vaccination process so they feel prepared.

Watch your words! Use words that help the patient cope during vaccination. Using fear-provoking words (e.g., "shot," "sting") or false reassurances ("It won't hurt a bit") can increase distress and pain.

Ask each patient what helps them feel comfortable. Make suggestions, if needed. Slow deep breaths can be calming. A lot of people like to be distracted (some don't) and they can be encouraged to chat or use their mobile devices. Posters can serve as distractions, too. Offer pain management options, if feasible (see below).

KEY IDEA: Asking patients how they prefer to manage their anxiety is essential.

Non-pharmacological Pain Management Options (to minimize pain signals from the skin)

Cooling the injection site with a vapocoolant spray immediately before injection.

Using injection techniques that diminish the pain experience: Don't aspirate before intramuscular injections. Inject quickly. If giving multiple injections, give the most painful vaccine last.

Placing a vibrating case with optional ice pack (e.g., Buzzy by Pain Care Labs) proximal to the injection site (closer to the trunk).

Placing a plastic device with several short, blunt contact points (e.g., ShotBlocker by Bionix, pictured right) on the patient's skin before injection. These are non-prescription, inexpensive and can be cleaned and reused.



After the Visit

Use of pain-reducing medicines (e.g., ibuprofen or acetaminophen) before vaccination is not recommended because it might diminish the immune system's response to vaccination. They may be used to treat pain or fever after vaccination.

For more information, see Immunize.org's resources on Addressing Vaccination Anxiety, available at www.immunize.org/handouts.

1. Guide to Topical Anesthetics and Numbing Cream from the Meg Foundation at www.megfoundationforpain.org/2022/7/22/topical-anesthetics-infographic/
2. Screening Checklists about Vaccine Contraindications and Precautions from Immunize.org at www.immunize.org/clinic/screening-contraindications.asp
3. Improving the Vaccination Experience: What Health-Care Providers Say from AboutKidsHealth (Canada) at assets.aboutkidshealth.ca/AKHAssets/CARD_HCP_WhatYouCanSay.pdf?hub=cardcommvac#card



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www.immunize.org/catg.d/p4270a.pdf
Item #P4270 (8/8/2023)



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Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Vaccine Recipients and Caregivers



Anxiety about injections is common for people of all ages, including adolescents and adults. Some feel so anxious that they dread, delay, or even avoid vaccination...even when they know vaccines are important. You can do simple things to make yourself (or the person you are with) feel better about the vaccination visit while being protected from serious diseases.

Before the Visit

Pre-register for your visit, if possible, so your wait time is shorter.

Know what to expect. When setting up the visit, ask if vaccinations are expected. If you are a caregiver of an anxious person, do not reassure them falsely. For example, don't promise "no shots today" in case their healthcare provider recommends that they need one or more vaccinations.

Consider a numbing medicine that you can put on the skin. It may be a 5% lidocaine cream, spray, or patch. This can help with injection pain. To take effect, these medicines need to be put on the skin 30 to 60 minutes ahead of time. Many clinics do not have time to do this. Consider asking the clinic or a pharmacist how to do this before you arrive, using a numbing medicine you can get without a prescription.¹

During the Visit

Ask questions about the vaccination process so your feel prepared.

Tell the person vaccinating you what helps you feel better. Do you prefer sitting (most do) or lying down? Do you prefer to look away or to watch what is happening?

Relax. For example, taking a few slow deep breaths before, during, and after vaccination can be calming.

Distract. Most people prefer to be distracted during vaccination. Consider using an app or game on your mobile device or simply talking about something else.

(For caregivers) Your words, tone, and attitude are important. The person getting the vaccine will be less anxious if you act calm, positive, and confident. On the other hand, using fear-provoking words (like "shot" or "sting") or giving false reassurances ("I promise it won't hurt a bit") may increase distress and pain.²

KEY IDEA: Let the person vaccinating you know if you are anxious and what helps you feel calmer. They want to help!

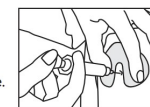
Options for Making Shots Less Painful without Medicine

In addition to numbing medicines described in "Before the Visit," there are other ways to distract pain sensors in the skin so the person getting the vaccine won't notice it as much. Options include:

Cooling the injection site. The person giving the vaccine may use a "freezing" spray just before injection.

A vibrating case with optional ice pack (such as Buzzy by Pain Care Labs) can be held against the shoulder or thigh above the injection site.

Before the injection, a **plastic device with several short, blunt contact points** can be **placed on the skin around the injection site.** One brand is ShotBlocker by Bionix (pictured right). This is non-prescription and inexpensive. It can be cleaned and reused.



After the Visit

Experts do not recommend pain medicines (such as ibuprofen or acetaminophen) before vaccination because they might lower the body's response to vaccines. You may use these medicines to help with pain or fever that develops after vaccination, if needed.

1. Guide to Topical Anesthetics and Numbing Cream from the Meg Foundation: www.megfoundationforpain.org/2022/07/22/topical-anesthetics-infographic/
2. Improving the Vaccination Experience: What Health-Care Providers Can Say from AboutKidsHealth (Canada): assets.aboutkidshealth.ca/AKHAssets/CARD_HCP_WhatYouCanSay.pdf?hub=cardcommvac#card



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www.immunize.org/catg.d/p4270a.pdf
Item #P4270a (8/8/2023)



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Other Strategies beyond the Healthcare Provider

Standing Orders & EHR Prompts

- Empower staff to vaccinate without direct orders
- EHR flags overdue vaccines
- Forecasting tools support scheduling
- Improves efficiency and coverage rates

Reminder/Recall Systems

- Text, email, portal messages proven effective
- Calls and letters useful for older populations
- Series completion improved with reminders
- Recommended by Community Guide Task Force

Community and System Approaches

- Mobile/community clinics reach underserved
- Workplace vaccination programs increase uptake
- Partnerships with pharmacies and payers
- Public health campaigns reduce hesitancy

Equity-Focused Interventions

- Culturally tailored communication
- Engagement of community health workers
- Focus on reducing barriers in underserved groups
- Trust-building through local partnerships

Summary

- Adult vaccination prevents disease, saves lives, and saves costs
- Coverage remains low and uneven
- Hesitancy is complex but modifiable
- Provider recommendation remains the strongest driver
- Whole team and system strategies are essential

Call to Action

- Make every visit a vaccine opportunity
- Use team-based approaches
- Implement reminder and recall systems
- Commit to equity in adult vaccination

Visit Immunize.org and NAIIS Resources!

- Read our publications!
 - <http://www.immunize.org/publications/>
- Visit our websites!
 - www.immunize.org
 - www.vaccineinformation.org
 - www.immunizationcoalitions.org
 - www.izsummitpartners.org
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for your
attention!**



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