COVID-19 Vaccine Implementation

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2023-2024 COVID-19 Vaccination Coverage
As of May 11, 2024, vaccination coverage among children was 14.4%.

COVID-19 Vaccination Status Among Children Ages 6 Months –17 Years by Demographics, NIS-FLU, May 5–May 11, 2024 (n=2,950)

By age group:
- Vaccination coverage increased with increasing age.

By race and ethnicity:
- Vaccination coverage was highest among white, non-Hispanic children (15.2%) and lowest among Black, non-Hispanic children (10.9%).

Data source: National Immunization Survey – Flu Module About the National Immunization Surveys | CDC
COVID-19 Vaccination Status Among Children Ages 6 Months –17 Years by Demographics, NIS-FLU, May 5–May 11, 2024 (n=2,950)

By urbanicity:
- Vaccination coverage was lowest in rural areas (8.4%).

By household income:
- Vaccination coverage was highest among households with an income greater than $75k (18.0%) and lowest among households with an income lower than $75k (9.4-11.3%).

Data source: National Immunization Survey – Flu Module About the National Immunization Surveys | CDC
Percentage of Adults ≥18 Years Who Are Up to Date with the 2023-2024 COVID-19 Vaccine, NIS-ACM

As of May 11, 2024, vaccination coverage among adults was 22.5%.

Data source: https://www.cdc.gov/vaccines/imz-managers/coverage/covidvaxview/interactive/adult-coverage-vaccination.html
COVID-19 Vaccination Status Among Adults Age ≥18 Years by Demographics, NIS-ACM, April 28-May 25, 2024 (n=47,953)

- **AI/AN**: American Indian or Alaska Native; **NH/OPI**: Native Hawaiian or Other Pacific Islander

Data source: National Immunization Survey – Adult COVID Module [About the National Immunization Surveys | CDC](https://wwwn.cdc.gov/nchs/about/index.htm)
COVID-19 vaccination coverage among adults ≥18 years of age, NIS-ACM, 2022-23* and 2023-24

Updated 2023-24 COVID-19 vaccination coverage as of May 25, 2024, is 5.1 percentage points below the 2022-23 bivalent vaccine peak coverage of 27.5%.

*2022-2023 bivalent booster vaccination coverage was capped at 27.5%, the peak coverage reported from the NIS-ACM in February 2023.
Provider Recommendation for COVID-19 Vaccine
Healthcare provider COVID-19 vaccine recommendations, NIS-ACM

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of Adults Whose Healthcare Provider Recommends COVID-19 Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 August</td>
<td>39.9% (7 mo. after vaccine available)</td>
</tr>
<tr>
<td>2024 May</td>
<td>21.3% (8 mo. after updated vaccine available)</td>
</tr>
</tbody>
</table>

Relative to 2021, adults reported fewer providers are recommending COVID-19 vaccines.

Data source: National Immunization Survey – Adult COVID Module

[About the National Immunization Surveys | CDC]
Percent of Adults ≥18 Years of Age Who Reported Receiving Any Kind of COVID-19 Vaccine Recommendation Since September 14, 2023, by Age Group, Provider Recommendation Survey, April 12-25, 2024 (N=3,004)

- Age 18-64: 66.8% (95% confidence interval)
- Age 65+: 73.4% (95% confidence interval)
Percent of Adults ≥18 Years of Age Who Reported Receiving Active* COVID-19 Vaccine Recommendation Since September 14, 2023, † by Age Group, Provider Recommendation Survey, April 12-25, 2024

- Received recommendation through conversation with provider/office (N=2,984)
  - Age 18-64: 18.2%
  - Age 65+: 40.7%

- Received recommendation through conversation with pharmacist/pharmacy (N=3,010)
  - Age 18-64: 15.5%
  - Age 65+: 22.1%

**“Active recommendation” was defined as a provider, nurse/MA, pharmacist, or pharmacy technician/assistant mentioning the COVID-19 vaccine in person or during a telehealth visit, or a personal phone call from a provider or pharmacist/pharmacy. “Passive recommendation” was defined as provider office reception staff mentioning the vaccine, seeing a sign at a provider office or pharmacy, or receiving written information in person, an email, text message, automated phone call or voice message, or portal/app message from a provider office or pharmacy.**

†The denominator for these estimates includes all respondents who answered the questions and was not limited to those who reported visiting a provider during the respiratory virus season.
Percent of Adults ≥18 Years of Age Who Reported Receiving COVID-19 Vaccine Offer, Referral, or Recommendation at In-Person Visit Since September 14, 2023,* by Age Group, Provider Recommendation Survey, April 12-25, 2024

*The denominator for these estimates was restricted to those who reported they had an in person visit to a provider since September 14, 2023.
Topics Mentioned When Discussing Updated COVID-19 Vaccine with Provider, Nurse/MA, or Pharmacist, Reported by Adults ≥18 Years of Age, Provider Recommendation Survey, April 12-25, 2024

Data source: “Provider Recommendation Survey”. 3,041 U.S. adults ages 18 years and older surveyed April 12-25, 2024, via NORC’s probability-based AmeriSpeak Panel. Data were weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. All responses are self-reported.
Association of Provider Offer, Active* vs Passive Recommendation for COVID-19 Vaccine Since September 14, 2023, with Vaccination Among Adults ≥18 Years of Age, by Age Group, Provider Recommendation Survey, April 12-25, 2024

*“Active recommendation” was defined as a provider, nurse/MA, pharmacist, or pharmacy technician/assistant mentioning the COVID-19 vaccine in person or during a telehealth visit, or a personal phone call from a provider or pharmacist/pharmacy. “Passive recommendation” was defined as provider office reception staff mentioning the vaccine, seeing a sign at a provider office or pharmacy, or receiving written information in person, an email, text message, automated phone call or voice message, or portal/app message from a provider office or pharmacy. Data source: “Provider Recommendation Survey”. 3,041 U.S. adults ages 18 years and older surveyed April 12-25, 2024, via NORC’s probability-based AmeriSpeak Panel. Data were weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. All responses are self-reported.
Frequency of recommending COVID-19 vaccination to eligible adult patients

Most providers reported recommending the COVID-19 vaccine to adults most of the time or always.

Adults ages 18–64 years

Most providers reported recommending the COVID-19 vaccine to adults most of the time or always. (433 respondents)

- 11.8% Never
- 14.6% Sometimes
- 7.4% Half the time
- 40.0% Most of the time
- 26.3% Always

Adults ages 65 years and older

- 11.7% Never
- 14.0% Sometimes
- 8.2% Half the time
- 40.6% Most of the time
- 25.4% Always

Data source: HaPPI Survey Collaborative, University of Iowa; RAND Corporation; CDC
Reasons reported for NOT recommending COVID-19 vaccine to eligible adult patients (18–64 years)

% of respondents selecting response option (n=404)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient will refuse vaccination</td>
<td>48.0%</td>
</tr>
<tr>
<td>They have a medical reason for not getting vaccinated</td>
<td>36.6%</td>
</tr>
<tr>
<td>Patients are tired of hearing about COVID-19 vaccines</td>
<td>35.4%</td>
</tr>
<tr>
<td>Patients are tired of hearing about vaccines in general</td>
<td>22.3%</td>
</tr>
<tr>
<td>Other recommended vaccines for this age group are a bigger priority for me</td>
<td>22.0%</td>
</tr>
<tr>
<td>Relatively high COVID-19 vaccine hesitancy for this age group in my community</td>
<td>16.3%</td>
</tr>
<tr>
<td>The patient has concerns about their out-of-pocket vaccination cost</td>
<td>14.9%</td>
</tr>
<tr>
<td>There isn’t enough time during a visit to discuss COVID-19 vaccines</td>
<td>14.6%</td>
</tr>
<tr>
<td>Patients in this age group are unlikely to experience severe COVID-19 symptoms</td>
<td>13.9%</td>
</tr>
<tr>
<td>Recommending COVID-19 vaccination could increase general vaccine hesitancy</td>
<td>10.9%</td>
</tr>
<tr>
<td>There isn’t enough time during a visit to vaccinate</td>
<td>10.6%</td>
</tr>
<tr>
<td>Other</td>
<td>9.7%</td>
</tr>
<tr>
<td>Vaccination provides insufficient additional COVID-19 protection for this age group</td>
<td>8.9%</td>
</tr>
<tr>
<td>If the patient is pregnant or trying to become pregnant</td>
<td>8.7%</td>
</tr>
<tr>
<td>Vaccination doesn’t reduce COVID-19 severity for this age group</td>
<td>5.9%</td>
</tr>
<tr>
<td>Vaccination is unnecessary for this age group if prior COVID-19 Hx</td>
<td>5.9%</td>
</tr>
<tr>
<td>Patients in this age group are unlikely to get COVID-19</td>
<td>4.5%</td>
</tr>
<tr>
<td>The COVID vaccine is unsafe for patients in this age group</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Data source: HaPPI Survey Collaborative, University of Iowa; RAND Corporation; CDC
Frequency of recommending on-site COVID-19 vaccination to eligible pediatric patients

Approximately the same proportion of providers reported recommending the vaccine sometimes, most of the time, and always.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Never (%)</th>
<th>Sometimes (%)</th>
<th>Half the time (%)</th>
<th>Most of the time (%)</th>
<th>Always (%)</th>
<th>Don't see age group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months-4 yrs</td>
<td>16.7%</td>
<td>25.5%</td>
<td>4.9%</td>
<td>23.8%</td>
<td>24.7%</td>
<td>4.4%</td>
</tr>
<tr>
<td>5-11 yrs</td>
<td>11.2%</td>
<td>27.4%</td>
<td>7.1%</td>
<td>26.0%</td>
<td>24.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>12-17 yrs</td>
<td>10.4%</td>
<td>25.8%</td>
<td>6.9%</td>
<td>27.7%</td>
<td>28.2%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

Data source: HaPPI Survey Collaborative, University of Iowa; RAND Corporation; CDC
Reasons reported for NOT recommending COVID-19 vaccine to eligible pediatric patients

% of respondents selecting response option (n=345)

- Relatively high COVID-19 vaccine hesitancy for this age group in my community: 39.1%
- The parent will refuse to have their child vaccinated: 37.4%
- Other recommended vaccines for this age group are a bigger priority for me: 36.8%
- The parent will be hesitant about having their child vaccinated: 36.5%
- Parents are tired of hearing about COVID-19 vaccines: 32.8%
- They have a medical reason for not getting vaccinated: 22.3%
- Patients in this age group are unlikely to experience severe COVID-19 symptoms: 22.3%
- Parents are tired of hearing about vaccines in general: 21.2%
- COVID-19 vaccine recommendation could increase general vaccine hesitancy: 17.1%
- There isn’t enough time during a visit to discuss COVID-19 vaccine concerns: 15.1%
- The parent has concerns about their out-of-pocket vaccination cost: 9.9%
- Vaccination provides insufficient additional COVID-19 protection for this age group: 9.6%
- Other: 9.3%
- Vaccination doesn’t reduce COVID-19 severity for this age group: 7.0%
- There isn’t enough time during a visit to administer the vaccine: 6.7%
- Vaccination is unnecessary for this age group if prior COVID-19 Hx: 5.8%
- Patients in this age group are unlikely to get COVID-19: 5.5%
- The COVID vaccine is unsafe for patients in this age group: 2.9%

Data source: HaPPI Survey Collaborative, University of Iowa; RAND Corporation; CDC
2024-2025 COVID-19 Vaccine Implementation
Prospective 2024 COVID-19 vaccine timeline


FDA Advises: Monovalent JN.1 lineage; KP.2, if feasible

ACIP votes on proposed recommendations (6/26–28)*

Vaccine available to ship (Potentially mid-Aug to late-Sept contingent on FDA authorizations/approvals)

Providers administer vaccine (Orders anticipated in offices 1-2 weeks after FDA action)

*CDC publishes MMWR policy note following ACIP and FDA action (potentially late August to late September).
**CDC updates COVID-19 Vaccine Interim Clinical Considerations immediately following FDA action.
Similar to the 2023-2024 season, CDC plans to approach the 2024-2025 fall/winter respiratory season comprehensively.

- CDC will develop and deliver clinical education materials, tools, and training to increase provider knowledge.

**Goal:** To help prevent disease, disability, and death from COVID-19, influenza, RSV, and other respiratory diseases.
Insurance plans will cover the 2024-2025 COVID-19 vaccines immediately

- The Affordable Care Act (ACA) requires insurers to cover most ACIP-recommended vaccines without cost sharing by the next coverage year.¹

- Section 3203 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act expedites coverage of COVID-19 vaccines beyond that which is required of most preventive services.²


Individuals with Medicare and Medicaid will also have access to COVID-19 vaccines at no cost

- COVID-19 vaccines are covered under Medicare without cost-sharing.
- Most Medicaid beneficiaries have access to COVID-19 vaccines without cost-sharing.
- Inflation Reduction Act, passed in August 2022, includes key provisions:
  - Eliminates cost-sharing for all ACIP-recommended vaccines under Medicaid and Medicare Part D equivalent plans
  - Expanded coverage of all ACIP-recommended vaccines without cost-sharing to adult Medicaid beneficiaries
  - Guarantees that nearly 50 million Medicare beneficiaries and more than 80 million Medicaid beneficiaries will have access to all vaccines recommended by ACIP without cost-sharing

https://www.healthcare.gov/coronavirus/
Eligible children can receive COVID-19 Vaccines at no cost through the Vaccines for Children (VFC) Program

- Eligibility: Children 0 through 18 years of age who meet at least one of the criteria:
  - Medicaid eligible
  - Uninsured, or
  - American Indian/Alaska Native, or
  - Underinsured*

*Eligible to receive vaccine only through an enrolled Federally Qualified Health Center (FQHC), Rural Health Center (RHC) or a deputized provider under Delegation of Authority
https://www.cdc.gov/vaccines/programs/vfc/providers/index.html
COVID-19 Bridge Access Program

• CDC’s Bridge Access Program has provided free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs during the 2023-2024 season.

• Due to the Congressional funding recissions, the Bridge Access Program will sunset in August 2024, and will not be available to cover the 2024-2025 COVID-19 vaccine.
Vaccines.gov

• Once 2024-2025 COVID-19 vaccines become widely available, Vaccines.gov will operate as a search tool to help people find pharmacies near them.

• Users must verify vaccine availability for themselves. Pharmacy contact information will be provided in the search results for that purpose, as well as for users to inquire about appointments.
Thank you

For more information, contact CDC/ATSDR
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.