



Unity® Consortium Roundtable: Expert Perspectives on Adolescent Immunization Platform Visits

Executive Summary

Year after year, immunization data reveal significant gaps in vaccination coverage among adolescents and young adults compared to coverage of infants and children, and the post-pandemic landscape has exacerbated barriers to immunization. As part of its ongoing efforts to support and improve adolescent immunization rates, Unity® Consortium (UNITY) hosted a virtual roundtable in September 2024 to gather expert perspectives on the experience with, importance of, and continuity of adolescent immunization platform visits.

Attendees included an esteemed group of healthcare providers, academics, and public health leaders and advocates who came together to share their perspectives on the history, impact, and future challenges surrounding adolescent immunization platform visits.

Judy Klein, Unity President, welcomed the participants and provided background for the roundtable dialogue including the latest National Immunization Survey - Teen (NIS-Teen) data from the Centers for Disease Control and Prevention (CDC). Participants were then asked to consider and discuss three primary topics: (1) Historical impact of adolescent immunization platform visits, (2) The landscape and factors affecting the adolescent immunization platform, and (3) Recommendations on the future of adolescent immunization platform visits.

This report summarizes the key themes from the discussion. Although roundtable participants voiced a diversity of opinions, they were largely in agreement about the following key points:

- The adolescent immunization platform (which currently consists of two immunization visits at ages 11-12 and 16 years old) provides a framework for adolescent immunization by setting expectations and aligning providers and parents around the evidence-based recommendations from CDC's Advisory Committee on Immunization Practices (ACIP). As with the structured infant/childhood immunization visits, adolescent immunization visits create touchpoints for preventive healthcare and anticipatory guidance.
- Adolescent immunization platform visits are also inextricably linked to school vaccine requirements and provide structure for payments and quality-based metrics. Given the landscape (e.g., vaccine confidence/hesitancy concerns, proliferation of misinformation on social media, pending legislative changes, etc.), now is a challenging time for significant change to the adolescent immunization platform.
- New and ongoing efforts should be directed at supporting adolescent immunization platforms by reasserting the emphasis on preventive health, improving implementation, supporting healthcare providers, expanding access to alternative vaccination sites, and better use of communication and advocacy to support adolescent immunization.

Participants

Tamera Coyne-Beasley, MD, MPH, FAAP, FSAHM

Director, Division of Adolescent Medicine
University of Alabama at Birmingham

Michelle Fiscus, MD, FAAP

Chief Medical Officer
Association of Immunization Managers

Brigid Groves, PharmD, MS

Vice President, Professional Affairs
American Pharmacists Association

Melanie Kornides, ScD, MSN

Associate Professor
University of Pennsylvania School of Nursing

Nancy Messonnier, MD

Dean and Bryson Distinguished Professor in Public Health
University of North Carolina, Chapel Hill
Gillings School of Global Public Health

Paul Offit, MD

Director, Vaccine Education Center
Attending Physician
Division of Infectious Diseases at Children's Hospital
of Philadelphia

Sean O'Leary, MD, MPH

Professor of Pediatrics & Infectious Diseases
University of Colorado Denver Anschutz Medical
Campus & Children's Hospital

Shannon Stokely, DrPH

Deputy Director
Immunization Services Division, National Centers for
Immunization and Respiratory Disease, CDC

Peter Szilagyi, MD, MPH

Pediatric Health Services & Clinical Researcher
University of California Los Angeles Health

L.J Tan, MS, PhD

Chief Policy and Partnerships Officer
immunize.org

Pat Whitley-Williams, MD, FAAP

Senior Associate Dean for Inclusion and Diversity,
Professor of Pediatrics, and Chief, Division of Allergy,
Immunology and Infectious Diseases
Rutgers Health, Robert Wood Johnson Medical School

Todd Wolynn, MD, FAAP

Vice President, Pediatric Associates, Pittsburgh, PA
Executive Director, Trusted Messenger Program, The
Public Goods Project

Planning Committee

Amy B. Middleman, MD, MEd, MPH

Chief, Division of Academic Pediatrics and
Adolescent Medicine
Rainbow Babies and Children's Hospital
Professor of Pediatrics

Gregory Zimet, PhD

Professor, Emeritus of Pediatrics
Division of Adolescent Medicine
Indiana University School of Medicine

Judy Klein

President
Unity Consortium

Jane Quinn

Secretary
Unity Consortium

Colleen Duffy

Associate
Unity Consortium

Kristen Huamani

Associate
Unity Consortium

Introduction and Background

Barriers to adolescent immunization have been well documented, but they are not static. When the CDC introduced an adolescent immunization platform visit for 11- to 12-year-olds in 1996, social media didn't exist. And years later, when a 16-year-old immunization visit was established as a standard of care, few could have imagined the future impact of a global pandemic on everything from routine vaccine uptake to an erosion of trust in public health experts and institutions.

Fortunately, adolescent immunization rates have rebounded significantly since the early days of the pandemic, but vulnerabilities remain and the barriers to adolescent immunization continue to shift. The Advisory Committee on Immunization Practices is considering changes to the recommended adolescent immunization schedule, state legislators across the country are reevaluating vaccination requirements for school entry, and vaccine hesitancy remains a concern. Subsequently, there has been an uptick in discussion among thought leaders, policymakers and healthcare providers about the success and necessity of the adolescent immunization platform.

As a leader in adolescent immunization, Unity Consortium is taking a closer look at this topic. On September 23, 2024, Unity convened a virtual roundtable of 12 experts in the fields of infectious diseases, adolescent medicine and health, nursing, pharmacy, public health and advocacy. The goal was to examine the group's experience with and perceptions of the impact, challenges, and future of adolescent immunization platform visits.

The discussion was organized into three sections:

1. Historical Impact of Adolescent Immunization Platform Visits
2. Factors Affecting Adolescent Immunization Platform Visits
3. The Future of Adolescent Immunization Platform Visits

Unity President Judy Klein kicked off the roundtable with a brief introduction and review of relevant data including the National Survey of Children's Health's findings on the decline in well visits from early childhood throughout adolescence and the latest NIS -Teen data from the CDC showing significant gaps in adolescent immunization coverage including meningococcal ACWY (booster dose), meningococcal B, and HPV vaccines.

Historical Impact of Adolescent Immunization Platform Visits

Compared to the infant/early childhood immunization platform (which has existed since the 1940s and was formalized in 1983 with the CDC's publication of its first official immunization schedule), the adolescent immunization platform is relatively new. Both infant/childhood and adolescent platforms have been successful in emphasizing the importance of on-time and catch-up vaccination and integrating immunizations into childhood and adolescent care. In both age groups, immunization platform visits have been an effective strategy to support immunization.¹

As the discussion about impact began, participants acknowledged the role of the adolescent platform in creating structure and expectations, as well as providing opportunities for anticipatory guidance and developmentally targeted care. As with the childhood platform, it was also noted that there is a lack of data demonstrating the impact of platforms as independent factors in driving immunization rates.

“Establishment of the adolescent platform was important certainly in initiating adolescent well visits, because we weren't getting adolescents in to actually have the visits.”

“It's been critical in getting young people in to see doctors and be screened for resiliency and risk-taking behaviors and being able to get treatment.”

“It's allowed payers to look at what we should be doing, and then structure payment incentives, measurements, and value-based type metrics.”

“The platform provides an anchor point... there's general agreement ... You'll be coming in for that visit.”

Despite these recognized benefits, the majority of participants believe that the adolescent platform is less effective than the infant/childhood platform in driving immunization rates. Participants pointed out that 1) This was more of a perception than an evidence-based conclusion and 2) There are inherent differences in the adolescent and childhood cohorts that make it difficult to compare the two.

¹ Establishing an Immunization Platform for 16-Year-Olds in the United States. Journal of Adolescent Health, Volume 60, Issue 4, 475 - 476 [Establishing an Immunization Platform for 16-Year-Olds in the United States - Journal of Adolescent Health \(jahonline.org\)](https://www.jahonline.org)

“There are other issues affecting adolescent vaccination coverage. It’s not the platform. I think there are other things driving it—vaccine confidence, misinformation, the complexity of the shared clinical decision-making recommendation for the meningococcal B vaccine.”

“Opportunities to access the patient decline in adolescence.”

“There are too many other issues to cover with adolescents... mental health, drugs, driving safety, weight management, etc.”

“Vaccination is not tied to adolescent well visits in physicians’ minds the same way it is for infants/children.”

Several participants noted the inextricable link between adolescent immunization platform visits and school entry vaccination requirements. And while many noted that it is often a school requirement that draws adolescents in for a well visit, it is the platform that drives additional immunizations.

“The thing that drives the well visit for adolescents is the requirement for the schools...And if it weren’t for that Tdap requirement, which I believe is universal across schools, I don’t think we would see adolescents come in at that age to get vaccines that are recommended, but not required.”

Participants also mentioned the role of adolescent immunization platform visits in helping to establish or maintain vaccine equity.

“I think that when you have a platform that actually recommends vaccines for all people, that is helpful. Sometimes when you have vaccines that are recommended for just a particular group...particularly groups that have historically been exploited for a variety of reasons in medical care, that can actually increase suspicions. And so, I think having a vaccine platform that’s applied to everyone is important.”

Factors Affecting Adolescent Immunization Platform Visits

With effects of the pandemic lingering and potential changes to the adolescent immunization schedule on the horizon, there was robust discussion about contextual factors impacting adolescent immunization platform visits. ACIP is currently considering changes to the adolescent immunization schedule including the recommended ages and number of doses for

the meningococcal vaccines, and the wording for the routine HPV vaccination recommendation. There are also several new adolescent vaccines recently approved or in development including a pentavalent meningococcal vaccine that combines type B protection with types A, C, W, and Y. These potential changes, along with the ongoing threat of vaccine hesitancy, uncertain legislative outcomes, and increasing pressures on primary care providers, shaped the dialogue.

The majority of participants believe that the environment for adolescent immunization has “worsened” over the last two years. In fact, most indicated the environment has worsened more so for adolescents than infants/children, citing adolescents’ exposure to misinformation via social media, fewer points of contact with a trusted healthcare provider compared to younger children, perceptions among parents of younger children being more vulnerable to infectious disease, and rollback of school vaccine requirements and elimination of state laws allowing adolescents to get vaccinated without parental consent.

One panelist offered a different perspective, suggesting that the overall erosion of trust in the healthcare system and healthcare providers following COVID-19 has had a greater impact on childhood vaccines like pertussis and measles, citing 24,000 new cases of pertussis this year, a near threefold increase from a year ago. But, as stated by another participant, erosion of trust and vaccine confidence are a concern for both age groups.

“Historically, if ACIP and AAP (American Academy of Pediatrics) were in agreement around recommendations, you could expect that that would get marched out, and most parents would comply. And I think it’s a mistake to think that we’re still in that world. I feel like we’re teetering on the edge of a different era, where parents are more resistant, and where I’m worried that the legislative changes are going to push back some of the school requirements and sort of change the paradigm that we’re operating under.”

This idea of a “new era” or a paradigm shift in attitudes about vaccines and diminished trust in healthcare providers and institutions was a common concern among participants, as was the threat of potential legislative changes.

In addition to the post-pandemic wake of legislative attempts to scale back school vaccine requirements, participants also raised the possibility that future legislative shifts could lead to a repeal of the Affordable Care Act, as well as a decrease in funding, or elimination of the Vaccines For Children program, which one participant said could “absolutely” impact vaccine equity.

Participants also raised a number of issues related to vaccine access, citing both a decline in the number of primary care practices in rural areas and a lack of identified sources of primary care for some adolescents.

“The number of primary care providers will drop in the next 10-20 years.”

“I’m still worried that we’re missing the riskiest adolescents... and I don’t feel like we have enough emphasis on understanding who those kids are, and if there’s any possible way to get them back under the (healthcare) umbrella.”



“So the location, whether or not they’ve maintained a relationship or even have access to primary care providers just depends geographically where they may be located.”

“...We can’t afford to keep practices open in smaller rural communities...And I think we’re going to continue to see this worsening of disparities with rural and historically marginalized populations having less and less access (to vaccines and healthcare in general).”

The Future of Adolescent Immunization Platform Visits

The remainder of the discussion focused on the continuity and future of adolescent immunization platform visits, along with the group’s mutual goal of supporting and improving adolescent immunization coverage.

Maintain stability and re-emphasize preventive health

While attendees voiced a diversity of opinions, particularly in regard to potential ACIP changes, the majority of participants asserted the importance of maintaining the overall stability of the adolescent immunization platform, while also increasing the focus on overall preventive health and wellness for adolescents.

“In the short term, I think it is imperative that we maintain stability and confidence in the structure that we have already been working with for the last 10 years...We need to keep that stability, especially in light of the environmental changes that we’ve talked about.”

“Changing it may bring more hesitancy and mistrust.”

“When we look at the young children, they are coming in frequently because of development. We’re really practicing preventive medicine. How do we create that same background for our adolescents, because they do need to come in more frequently....”

“Immunization platforms for adolescents probably need to be part of a bigger preventive services platform for adolescents with all the issues surrounding mental health and so on... The big picture is this idea that the future of adolescent immunization platforms probably is within a broader, contextualized adolescent wellness platform.”

Expand access

Participants also felt that the adolescent immunization platform could be strengthened by expanding access to the broad group of vaccination providers including pharmacists and school nurses, and potentially by increasing the number of visits or touchpoints with a provider, as is standard in the infant/early childhood platform. As new adolescent vaccines are introduced in the future, access will be increasingly important. And, as stated by many participants, adolescence is inclusive of developmental issues that could be better addressed with more frequent visits with a healthcare provider.

“I think it’s the time to embrace a bigger tent and to think more about the role of pharmacists and also the role of school nurses. If every school had a school nurse who was actually in the facility every day it would change the paradigm.”

“I think we’re going to see a greater uptake when we’re offering more accessible care and making sure that it can be done by whomever the caregiver is that the adolescent experiences in their spaces.”

“(In early childhood) I think it’s the frequent exposure and the parental expectation that these children are going to receive their immunizations. There needs to be that same parental expectation that the vaccinations or immunizations are going to take place along with the monitoring of their mental health and their physiologic development as they go through puberty, etc.”

Improve and increase communication and advocacy

Participants highlighted the crucial role of communication in shaping the future of the adolescent immunization platform and in changing the narrative around vaccines in a post-pandemic environment. Participants called for better training and use of social media by providers and vaccine experts, while also recognizing the importance of local, community-based outreach.

“We are not doing enough. If healthcare providers are not out there on social media, people will get their information elsewhere.”

“We need better communication about why the platform is important, and not only important for vaccines, but thinking about adolescent wellness visits. And I would broaden that even beyond just mental health.”



“Year upon year, the data shows that people’s most trusted source of information for making health decisions are healthcare providers, typically nurses, doctors. It could be community health workers. It could be pharmacists. There are lots of trusted messengers out there but we aren’t necessarily trained in communication, nor the tools of communication.”

“We need to stop being reactive to what’s going on around us and take back a proactive message and make our relationship with families and the interactions we have, value-added...Our families are getting information all the time from lots of other sources because everybody’s here (digital/social media), but practices aren’t. And as vaccinators there is a much more effective way to use communication, to set expectations, to educate and to answer questions when people aren’t face to face with us.”

“...And really, again, it’s local communication...I don’t think those one-on-one interactions are just about getting people vaccinated. I think they’re about rebuilding trust in public health and the broader public health and healthcare enterprise. And that’s not going to happen from shouting from the mountaintops. It’s going to happen in people’s homes and churches and hairdressers.”

Additional Considerations

Finally, participants offered suggestions that could broadly strengthen and support adolescent immunization in addition to the adolescent immunization platform visits. These suggestions ranged from maintaining and strengthening school vaccine requirements and eliminating non-medical exemptions, to reinforcing best practices (e.g., standing orders, reminder/recall, strong provider recommendations, avoiding missed opportunities, etc.). One participant suggested that ACIP move away from shared clinical decision-making to improve clarity, and others reiterated the need to continue supporting primary care given the current stressors on the workforce. There was also a call for continued focus on the long-term goal of maintaining and rebuilding confidence in vaccines and public health.

Summary

Providing healthcare to adolescents presents unique challenges, the immunization landscape continues to evolve following the pandemic, and the barriers to adolescent immunization will continue to shift. Our discussion brought to light expert perspectives on the adolescent immunization platform and its role in supporting adolescent immunization coverage. A wide range of opinions were expressed as to the effectiveness and future of the existing platform. Participants were in agreement that adolescent immunization platform visits provide structure and create expectations for primary preventive care including vaccinations. As the recommended immunization schedule evolves, it is imperative that stakeholders work together to ensure that adolescents and young adults stay healthy and protected from vaccine-preventable diseases.

Unity is thankful to the participants for their active engagement in the roundtable discussion. As one panelist concluded, *“we all have the same goal in mind, which is to increase immunization rates to combat these preventable diseases.”*

UNITY Consortium is a nonprofit organization that brings together diverse groups that share a common interest in adolescent and young adult health with a focus on prevention and immunization. Members represent public and private healthcare organizations, academia, and advocacy groups as well as forward-looking companies outside of healthcare with an interest in adolescent and young adult health. By providing one strong voice in support of adolescent and young adult health, prevention and immunization, Unity Consortium focuses on addressing the unique challenges and barriers surrounding adolescent and young adult health. For more information, visit <https://www.unity4teenvax.org/>.

Unity® Consortium programs are funded by its members and liaisons, including vaccine manufacturers. Additional funding for the Expert Perspectives on Adolescent Immunization Platform Visits Roundtable was provided by Merck and Sanofi Pasteur.