



Implementation Considerations for Additional COVID-19 Vaccine Doses

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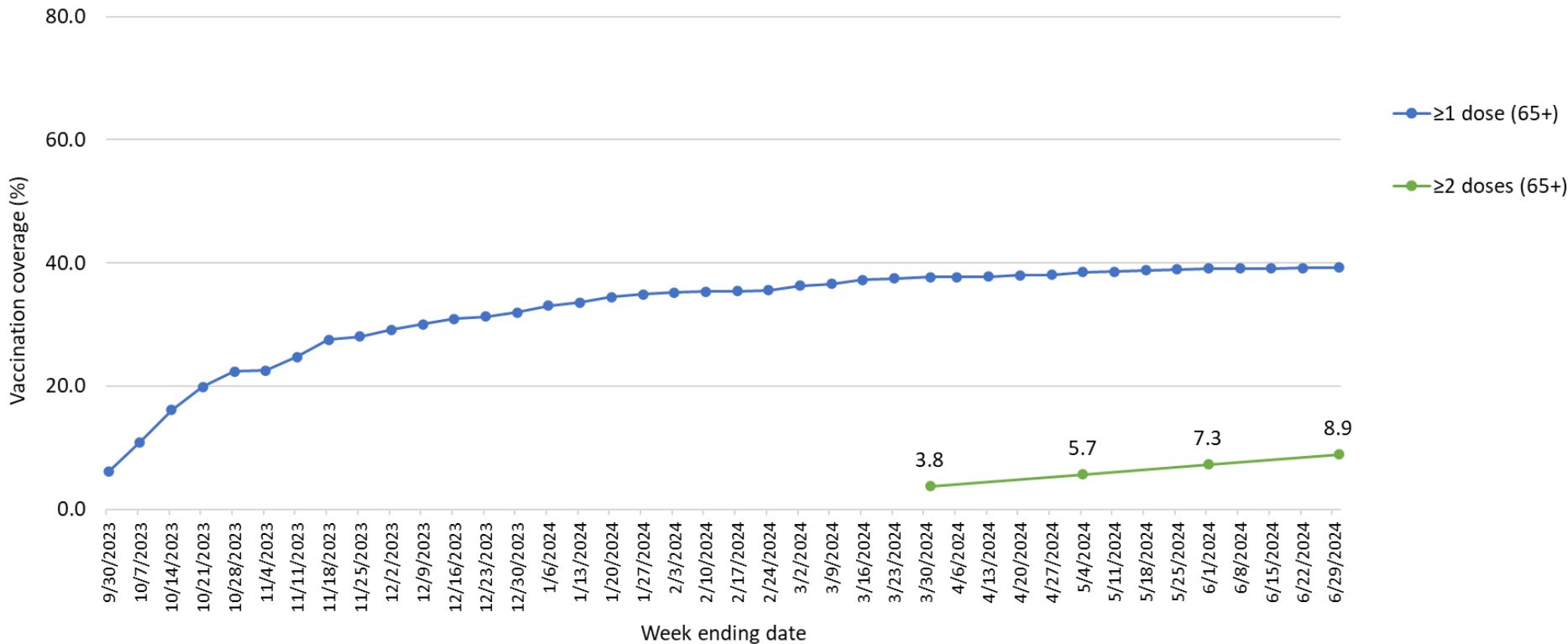
October 23, 2024

**COVID-19 Vaccination Coverage and Intent for 2 Doses,
National Immunization Survey-Adult COVID Module
2023-2024 Data**

2-Dose Coverage and Intent Among Adults 65 Years and Older

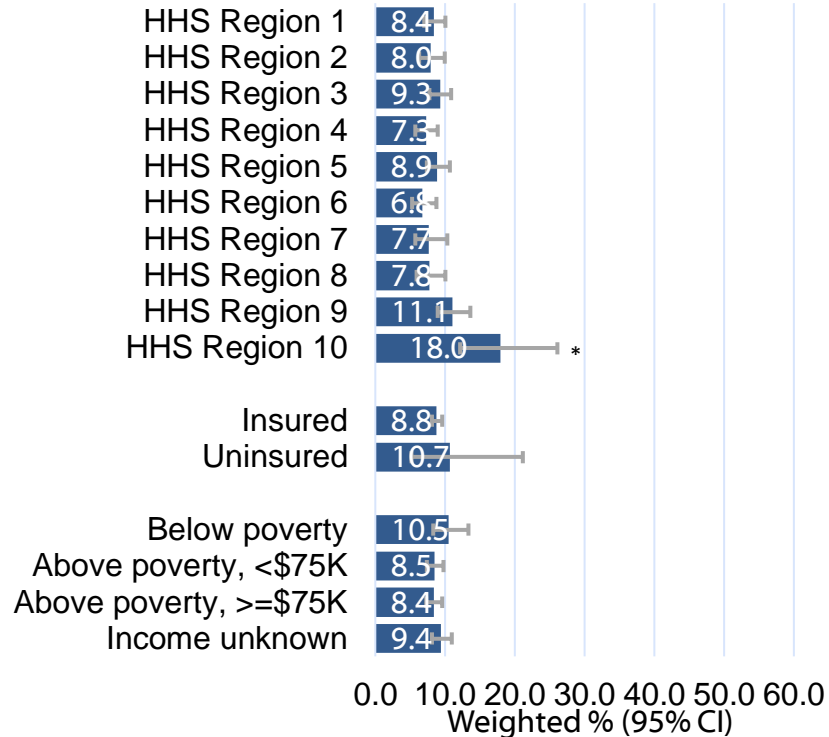
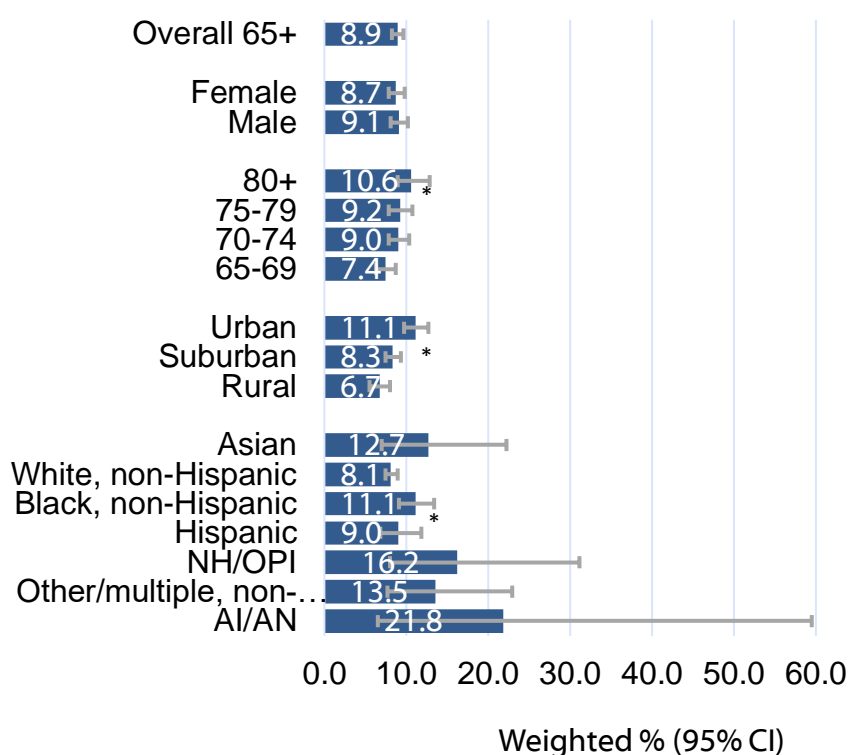
COVID-19 Vaccination Coverage (≥ 1 Dose and ≥ 2 Doses) Among Adults 65 Years and Older, 2023-2024

National Immunization Survey-Adult COVID Module (NIS-ACM)



COVID-19 Vaccination Coverage Among Adults 65 Years and Older, ≥2 Doses of the 2023-2024 Vaccine by End of June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)



HHS Regions

1: CT,ME,MA,NH,RI,VT

2: NJ,NY,PR,VI

3: DE,DC,MD,PA,VA,WA

4: AL,FL,GA,KY,MS,NC,SC,TN

5: IL,IN,MI,MN,OH,WI

6: AR,LA,NM,OK,TX

7: IA,KS,MO,NE

8: CO,MT,ND,SD,UT,WY

9: AZ,CA,HI,NV,GU

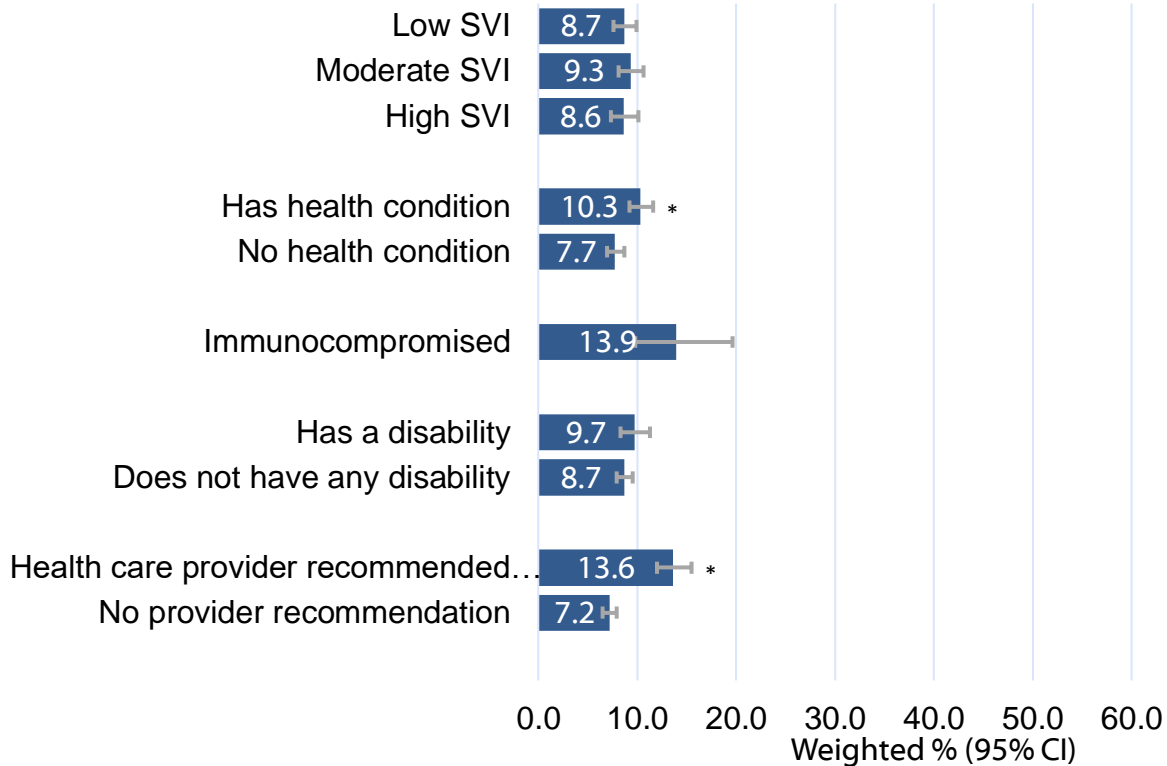
10: AK,ID,OR,WA

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

*Statistically significant at p<0.05 (referent categories: Age 65-69, Rural, White non-Hispanic, HHS Region 1).

COVID-19 Vaccination Coverage Among Adults 65 Years and Older, ≥ 2 Doses of the 2023-2024 Vaccine by End of June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)

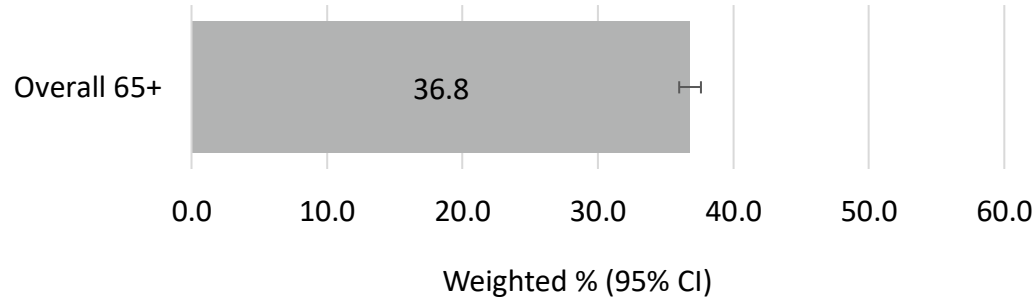


*Statistically significant at $p < 0.05$ (referent categories: No health condition, No provider recommendation).

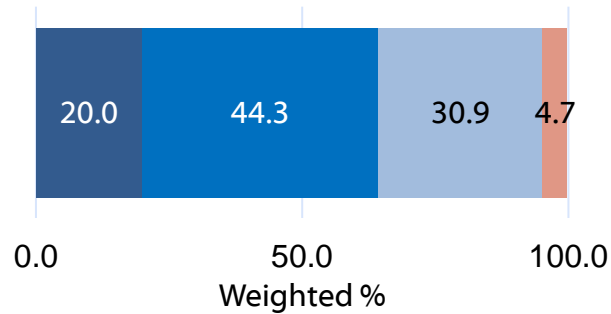
COVID-19 Vaccination Coverage and Intent for Second Dose Among Adults 65 Years and Older, April-June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)

Percent of adults 65+ who received
≥1 dose of 2023-24 Covid vaccine



*Among adults 65+ who received
≥1 dose of 2023-24 Covid vaccine:
Receipt/intent to receive 2nd dose*

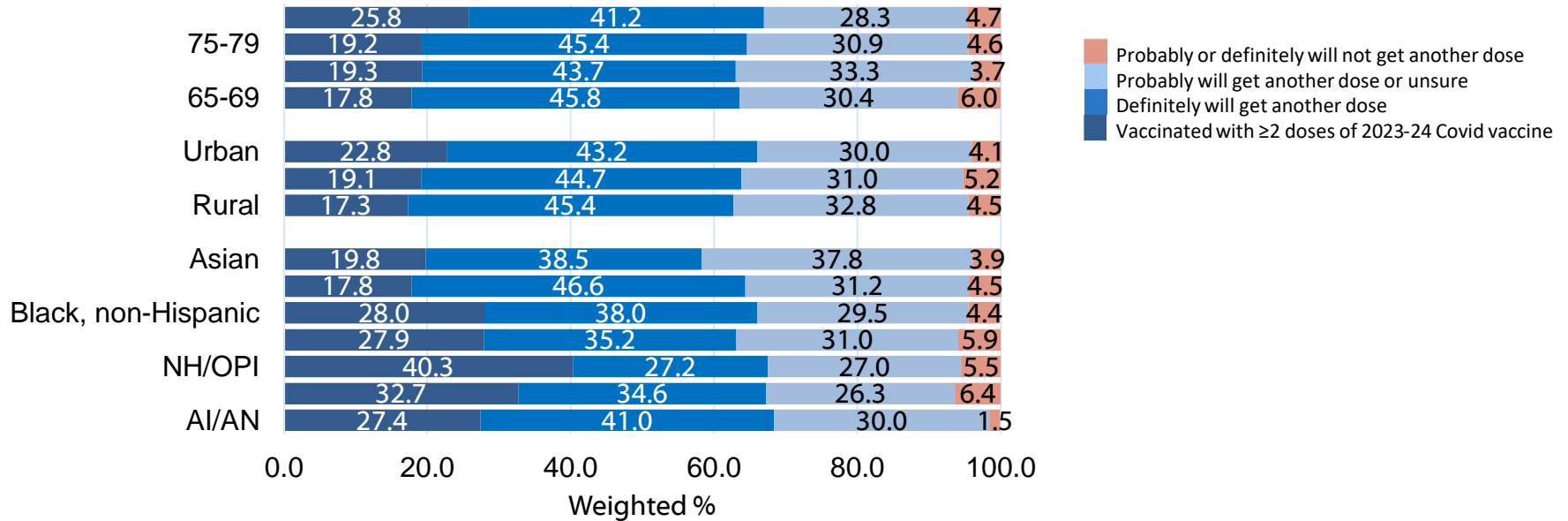


- Probably or definitely will not get another dose
- Probably will get another dose or unsure
- Definitely will get another dose
- Vaccinated with ≥2 doses of 2023-24 Covid vaccine

COVID-19 Vaccination Coverage and Intent for Second Dose Among Adults 65 Years and Older, April-June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)

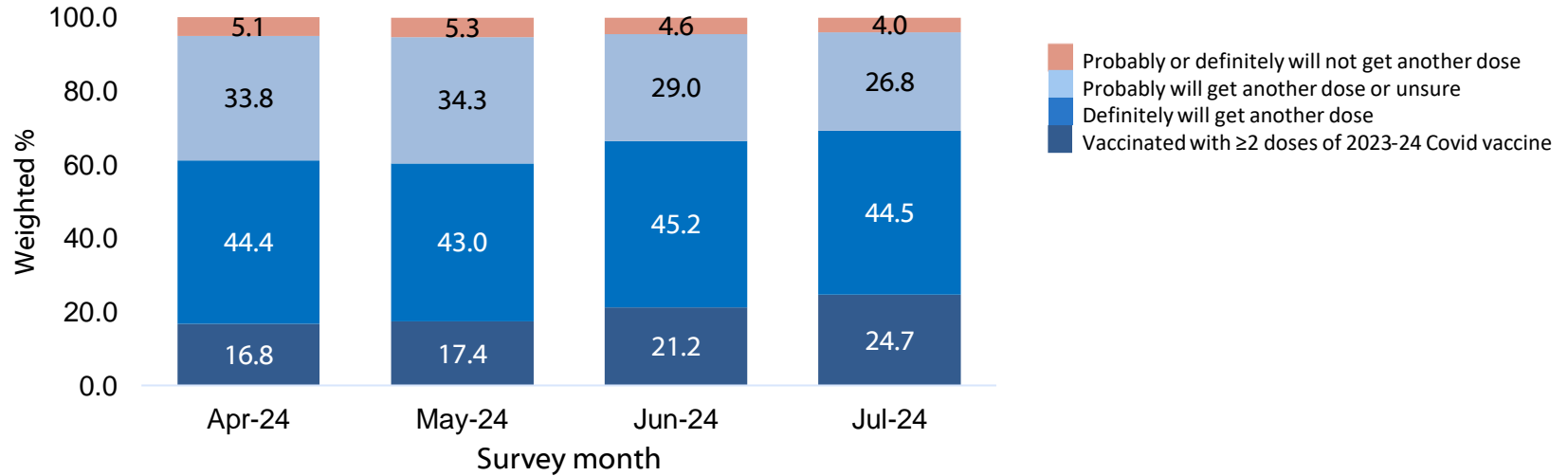
*Among adults 65+ who received ≥1 dose of 2023-24 Covid vaccine:
Receipt and intent to receive 2nd dose*



COVID-19 Vaccination Coverage and Intent for Second Dose Among Adults 65 Years and Older, April-June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)

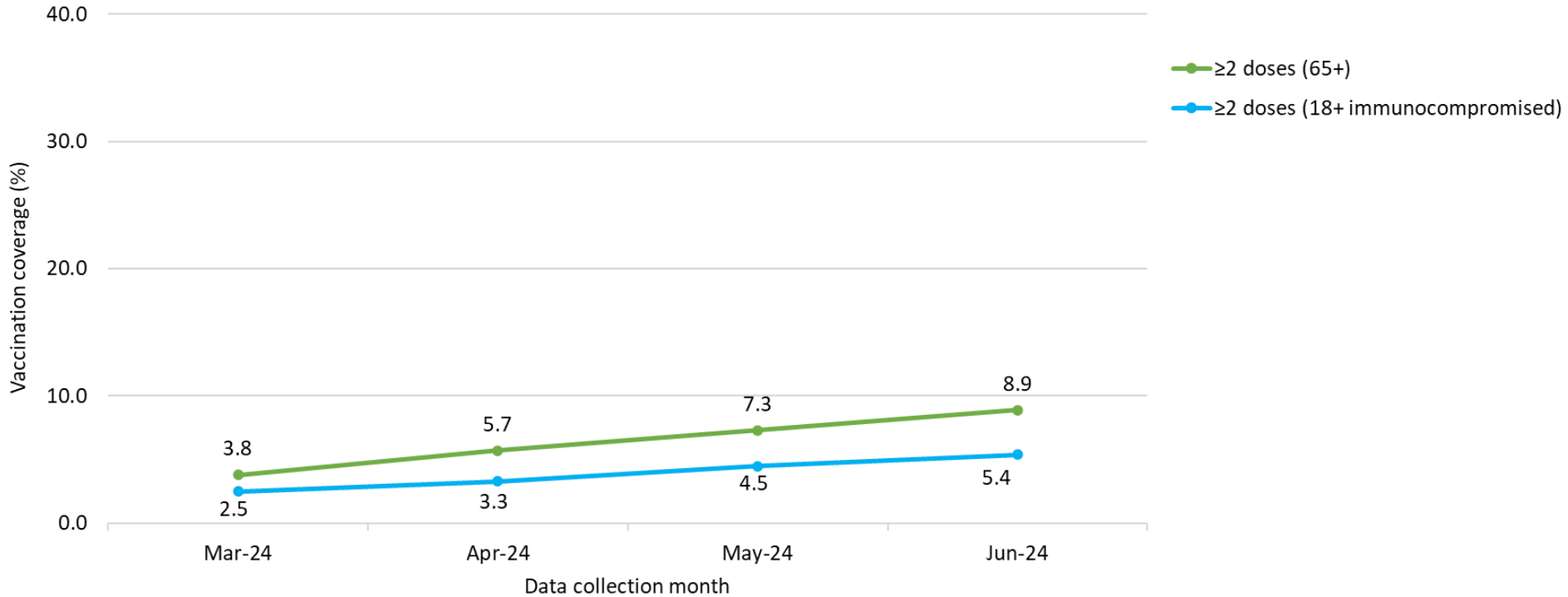
*Among adults 65+ who received ≥ 1 dose of 2023-24 Covid vaccine:
Receipt and intent to receive 2nd dose*



2-Dose Coverage Among Adults 18 Years and Older Who Are Immunocompromised

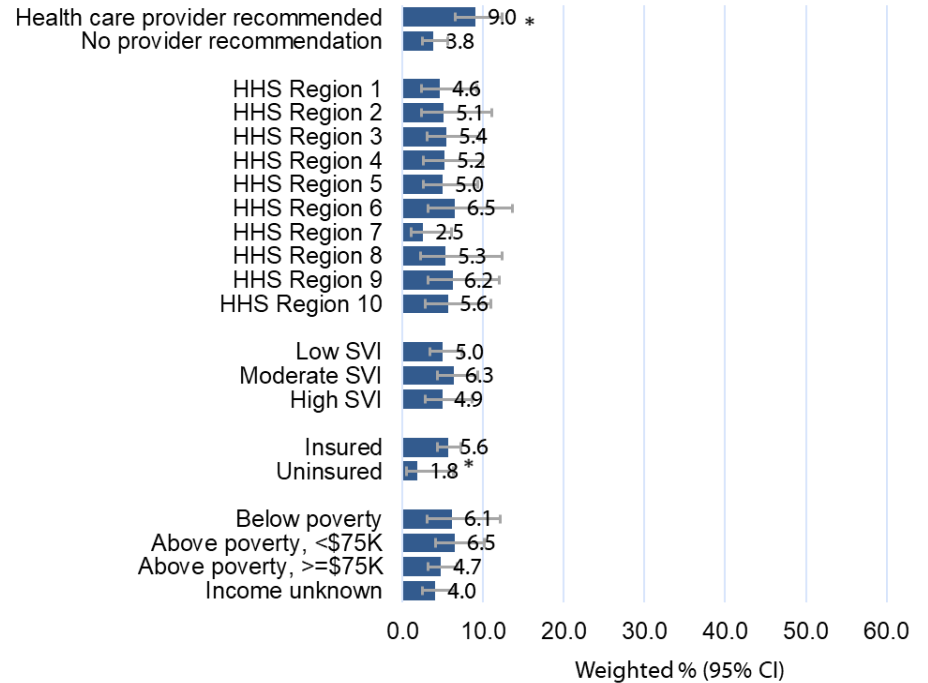
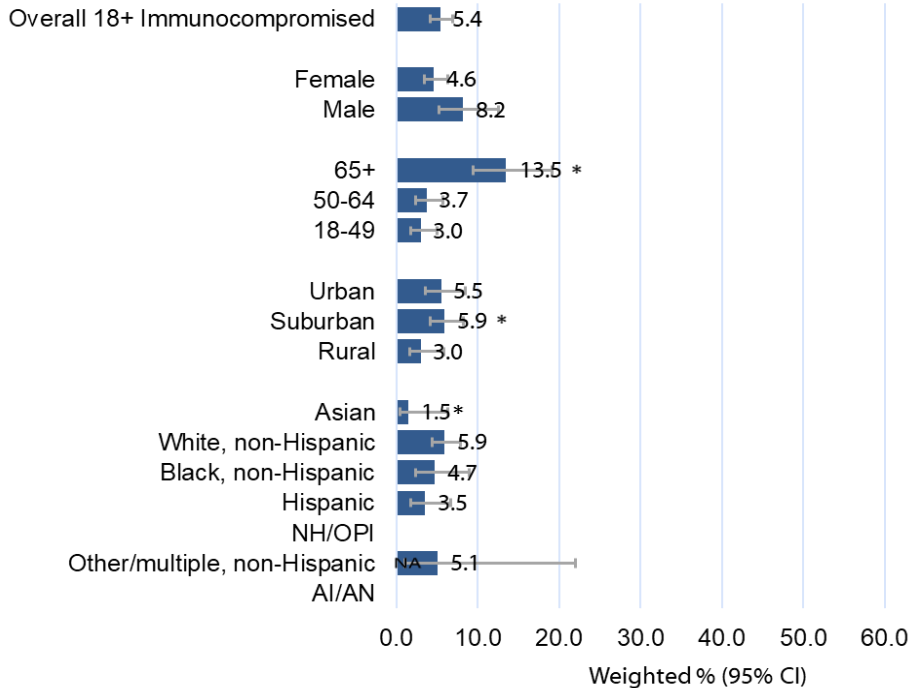
COVID-19 Vaccination Coverage (≥ 2 Doses) Among Adults 65 Years and Older and Adults 18 Years and Older Who Are Immunocompromised, 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)



COVID-19 Vaccination Coverage Among Adults 18 Years and Older Who Are Immunocompromised, ≥2 Doses of the 2023-2024 Vaccine by End of June 2024

National Immunization Survey-Adult COVID Module (NIS-ACM)



NA: estimate not reported because denominator is <30; AI/AN: American Indian or Alaska Native; NH/OPI: Native Hawaiian or Other Pacific Islander.

*Statistically significant at $p < 0.05$ (referent categories: Age 18-49, Rural, White non-Hispanic, No Provider Recommendation, Insured).

HHS Regions
 1: CT,ME,MA,NH,RI,VT
 2: NJ,NY,PR,VI
 3: DE,DC,MD,PA,VA,WV

4: AL,FL,GA,KY,MS,NC,SC,TN
 5: IL,IN,MI,MN,OH,WI
 6: AR,LA,NM,OK,TX

7: IA,KS,MO,NE
 8: CO,MT,ND,SD,UT,WY
 9: AZ,CA,HI,NV,GU
 10: AK,ID,OR,WA

Intent to Receive 1, 2 or 3+ doses of 2024-2025 COVID-19 vaccine if recommended

Omnibus Surveys, August 2024

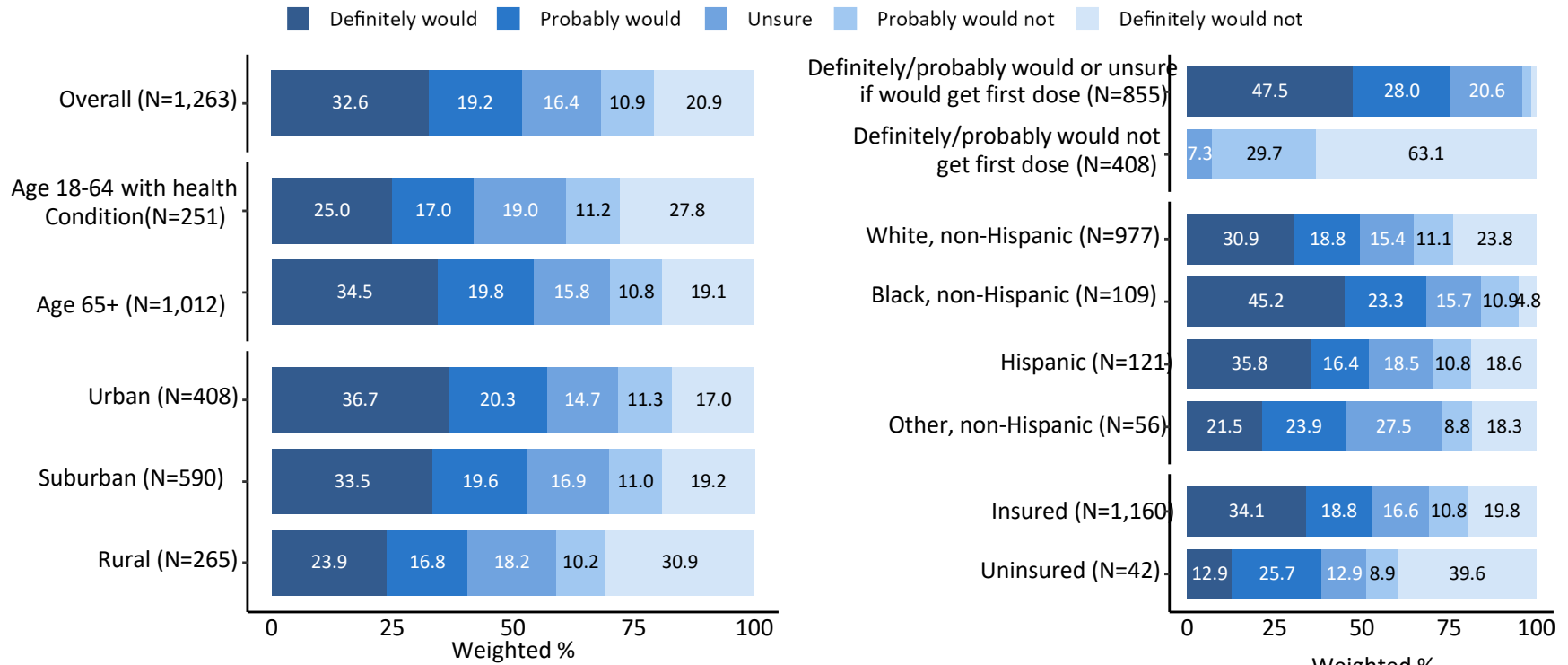
Omnibus Survey Methods

- Data are collected through the IPSOS KnowledgePanel and NORC AmeriSpeak Omnibus Surveys, which use probability-based panels to survey a nationally representative sample of U.S. adults ≥ 18 years of age on a set monthly schedule.
- CDC fields questions about vaccination status, intent, knowledge, attitudes, beliefs, and behaviors on each survey for 2 waves each month, for a combined sample size of $\sim 4,000$ per month.
 - **These slides present combined results from August 2024 (N=4,224).**
- Data were weighted to represent the non-institutionalized U.S. population and mitigate possible non-response bias. All responses are self-reported.

<https://www.ipsos.com/sites/default/files/ipsosknowledgepanelmethodology.pdf>

<https://amerispeak.norc.org/content/dam/amerispeak/research/pdf/AmeriSpeak%20Technical%20Overview%202019%2002%2018.pdf>

Intent to receive second 2024-25 Covid-19 vaccination if recommended among adults ≥18 years of age with health conditions or ≥65 years of age, by demographics, *†§ Omnibus Surveys, August 8-26, 2024 (N= 1,263)¶



*Health condition includes cancer (excluding basal cell carcinoma and squamous cell carcinoma), solid organ or blood stem cell transplant, HIV, and immunocompromised state. †NORC and Ipsos base urbanicity on different, but comparable measures. NORC uses Census tract-based RUCA (Rural-Urban-Commuting Area) codes, whereas Ipsos uses Office of Management and Budget's CBSA (Core Based Statistical Area) classification. §Insured group includes plans purchased through employer, insurance companies, marketplaces, military insurance, Medicare, Medicaid, VA, IHS, and "other".

¶42 respondents excluded from analysis due to inconsistent answers.

Topline Summary

- Based on data from the NIS-ACM, as of June 29, 2024, 8.9% of adults ≥ 65 years reported receipt of ≥ 2 doses of the 2023-24 COVID-19 vaccine
 - Among adults 65 years and older who received ≥ 1 dose of the 2023-24 COVID-19 vaccine, 20.0% reported receiving a second dose
- Based on Omnibus surveys fielded between August 8-26, 2024, 34.5% of adults ≥ 65 years reported that they would definitely get two doses of the 2024-25 COVID-19 vaccine if recommended

Implementation considerations

Proposed policy questions

- **Should an additional dose* of 2024–2025 COVID-19 vaccine be recommended for adults ages ≥ 65 years?**
- **Should additional dose(s) of 2024-2025 COVID-19 vaccine be recommended for people ages ≥ 6 months who are moderately or severely immunocompromised?**

Implementation considerations

- **Recommendations would not be overly burdensome to implement.**
 - Additional dose recommendations would be the same formula (2024-2025) of COVID-19 vaccine currently available.
 - Existing COVID-19 vaccine administration infrastructure and product can be used.
 - The recommendation could be easily integrated into existing systems and structures (e.g., standing orders, CDSi).



“Should” vs “may” recommendations

“Should”

 Easier to communicate

 Strong call to action

 Removes cognitive decision work

 Framed as normative

“May”

Difficult to communicate 

Weaker call to action 

Adds cognitive work 

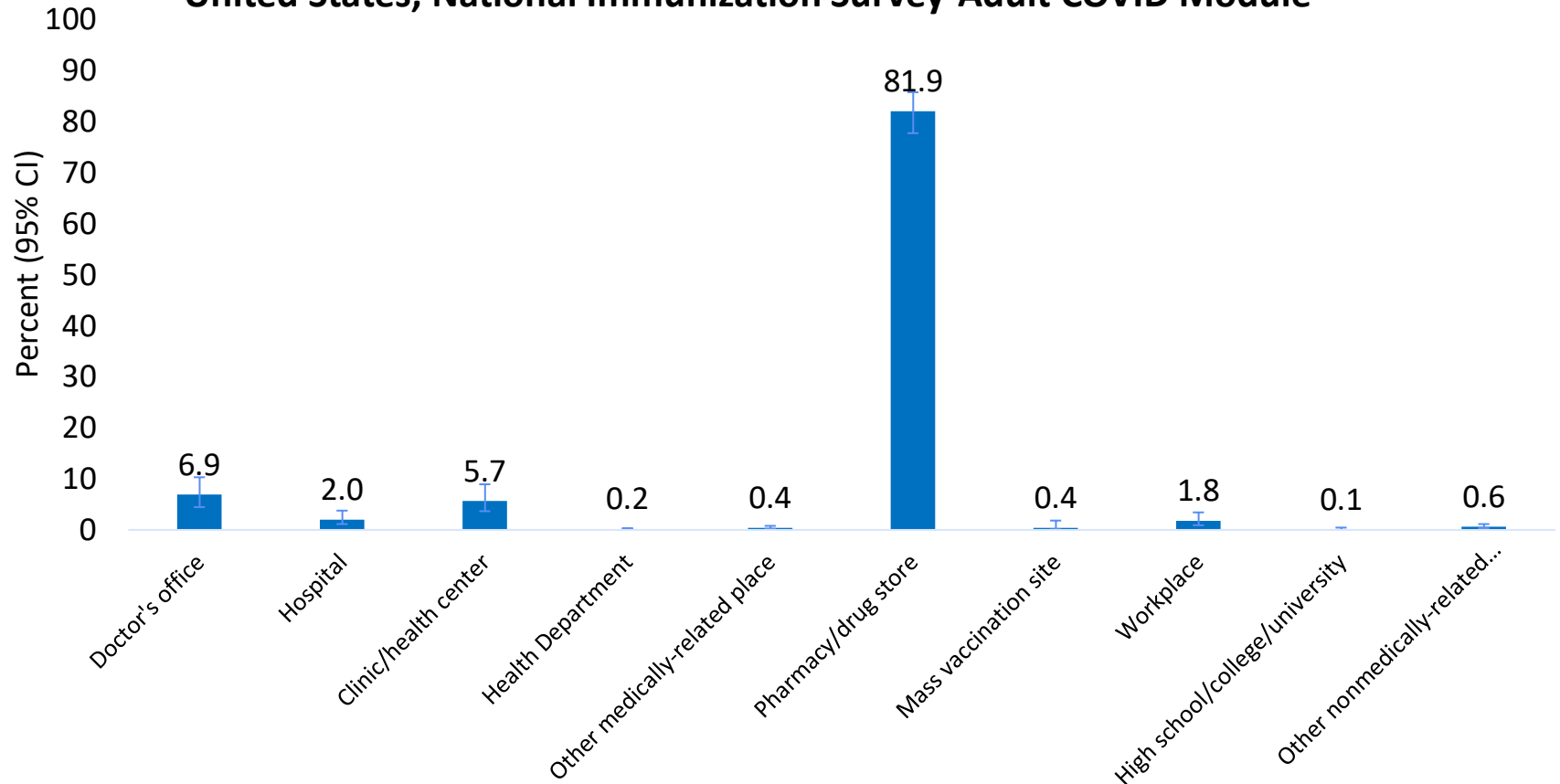
Flexibility in decision making 

Intervals for vaccination

- **Minimum interval vs. Recommended interval**
- **Recommended interval for vaccination**
 - “Recommended” interval is consistent with language used for other vaccines, so will be familiar to healthcare providers.
 - A recommended interval of 6 months is consistent with previous recommendations for additional doses for ages 65+.
 - Standardizing this interval across both 65+ and immunocompromised populations will simplify schedule complexity.
- **Minimum interval for vaccination**
 - A minimum interval of 2 months allows for flexibility of vaccine administration when accounting for individual risk and circumstances.

Place of 2024-2025 COVID-19 Vaccination

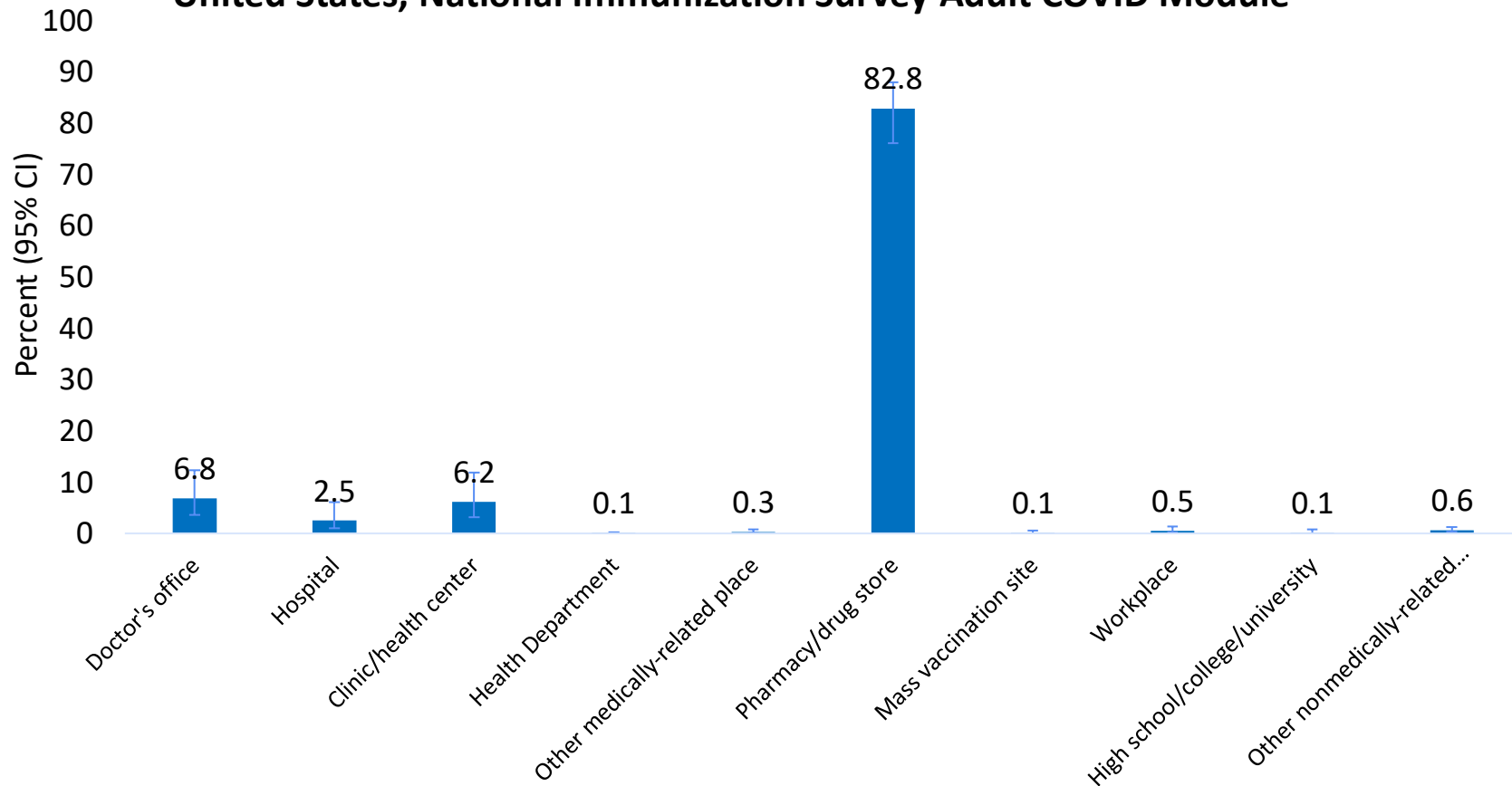
Reported place of updated COVID-19 vaccination, adults aged ≥18 years,
United States, National Immunization Survey-Adult COVID Module*



*Among persons who reported receiving an updated 2024-2025 COVID-19 vaccination since August 22, 2024 (n=2,943). Data collected September 1-28, 2024.

Place of 2024-2025 COVID-19 Vaccination

Reported place of updated COVID-19 vaccination, adults aged ≥65 years,
United States, National Immunization Survey-Adult COVID Module*



*Among persons who reported receiving an updated 2024-2025 COVID-19 vaccination since August 22, 2024 (n=1,715). Data collected September 1-28, 2024.

Additional doses in pharmacy settings

- **“May” recommendations can be particularly challenging in these settings.**
 - Current recommendation for further additional doses are “informed by the clinical judgment of a healthcare provider and personal preferences and circumstances.”
- **Some challenges reported from pharmacy organizations or pharmacists:**
 - Not all pharmacists feel this is within their scope of practice.
 - There is some discomfort with the patient conversations to make a vaccination decision.
 - Some pharmacists feel they lack the time for these conversations.
 - Not all pharmacists have a clear understanding of moderate or severely immunocompromising conditions.
 - There are concerns about vaccinating the right patients for adequate reimbursement, which can lead to hesitation giving additional doses.

Denial of vaccination with frequent guidance changes

- **Reports of people being denied vaccination tend to increase when there are changes to the guidance. More reports of denied vaccination occur with additional doses.**
 - For example, in February 2024 after recommendations for 65+ additional doses, reports of people who are immunocompromised being denied additional doses increased.
- **CDC will work to assure recommendations are widely communicated to reduce confusion and avoid missed opportunities for vaccination.**
 - Dedicated fall/winter workstream on healthcare provider engagement
 - Education and communications on recommendations and the importance of self-attestation to reduce barriers to vaccination
 - Wide array of partnerships

Vaccine equity considerations

- **Social Determinants of Health drive differences in vaccine access creating disparities in uptake.**
- **Additional dose recommendations may further increase these disparities. For example:**
 - **Insurance:** decreased access with the end of the Bridge Access Program
 - **Disability:** increased prevalence with age creating potential challenges getting to vaccination sites
 - **Setting:** decreased access in setting with existing challenges (e.g., long-term care)
- **In the absence of an ACIP recommendation, decreased access if required to pay out-of-pocket.**

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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.

