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Co-Chair, Global Influenza Initiative (GII)

Main expertise:

Immunization policy; adult immunization; public health; immunization advocacy; immunization education; vaccine confidence.

Communicating Vaccination to Older Adults

Strategies for Engagement, Messaging, and Trust-Building

Litjen (L.J) Tan, MS, PhD

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Co-Chair, National Adult and Influenza Immunization Summit (United States)

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Disclosures

- I have no conflicts of interest
- I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation

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.

Outline

- Communicating to the Elder Audience
- Examples for influenza, COVID-19, and RSV
- An example of HCP supporting resource

Communicating to the Elder Audience

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Understand the Audience

- Adults 60+ vary in health, mobility, and digital access
- Consider chronic illness, cultural background, and caregiver roles
- Tailor messages to living situations and independence level
- Use respectful, non-paternalistic communication

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Tips for talking vaccinations to older persons (in general)

- Communicating with patients can be challenging and is often further complicated by age-associated issues, such as sensory loss, decline in memory, and a slower processing of information
  - Don’t underestimate the power of eye contact. Sit face-to-face with the patient and focus on the conversation at hand.
  - Older patients generally desire more information than younger patients. Allow extra time to discuss concerns and answer questions they may have about healthcare decisions.
  - Exercise patience. Listen without interrupting the patient, giving them a chance to ask questions as they arise, and encourage them to restate their understanding of the information you conveyed

Tips for talking vaccinations to older persons (in general)

- Communicating with patients can be challenging and is often further complicated by age-associated issues, such as sensory loss, decline in memory, and a slower processing of information
  - Use patient-friendly words and sentences when recommending vaccination, and summarize the most important points of the conversation.
  - Speak clearly and slowly, ensuring that the patient can hear you. At the next visit, if the patient remains unvaccinated, remind them that you continue to recommend vaccination. Some patients need multiple opportunities to hear your message.

Key Messages to Emphasize

- Vaccines prevent severe illness, hospitalization, and death
- Protection fades—boosters maintain defense
- Vaccination supports independence and quality of life
- Today's vaccines are safe, effective, and well-studied

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Addressing Common Barriers

- “I already had it” – Reinfection is possible; vaccine boosts defense
- “Side effects worry me” – Usually mild and temporary
- “I’m too old” – Older adults gain the most protection
- “It’s hard to get to” – Use mobile clinics, home visits, or caregivers

Effective Communication Channels

- Doctors and pharmacists – most trusted voices
- Family and caregivers – powerful influencers
- Community orgs, senior centers, religious groups
- Use brochures, posters, and large-print materials

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Best Practices

- Use plain language, no jargon
- Personalize based on age, lifestyle, and risk
- Invite questions and affirm concerns respectfully
- Avoid 'should'—frame with empathy and empowerment

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Tailored Message Example

1

Instead of: “The CDC recommends this vaccine.”

2

Say: “This vaccine helps protect you from serious illness.

3

Many people your age are getting it to stay healthy and independent.”

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Motivational Framing

- Independence: Stay active and self-reliant
- Family: Protect time with loved ones
- Routine: Annual vaccine = smart habit
- Community: Help protect others

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Examples for Influenza, SARS-CoV-2, and RSV

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Influenza

Flu Vaccine Message for Older Adults (Plain Language Example)

“Did you know that people 65 and older are more likely to get seriously ill from the flu? A flu shot each year is the best way to protect yourself. It helps prevent hospitalization, keeps you feeling well, and lets you keep doing the things you enjoy—like seeing family or spending time with grandkids.

This year’s flu vaccine is updated to match the viruses we expect to see. There’s even a special high-dose version made just for older adults, giving your immune system a stronger boost. It’s safe, it’s quick, and it could save your life.”

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Influenza: Alternative Framing Options Based on Motivation

Motivation	Tailored Message
Independence	“A flu shot helps you stay on your feet and out of the hospital.”
Family	“Stay healthy so you don’t miss family visits or time with grandkids.”
Skeptical of new shots	“Flu vaccines have been safely used for decades. It’s one of the most tested vaccines out there.”
Routine-oriented	“Just like you check your furnace each fall, a flu shot is a smart yearly habit.”

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What a Clinician Might Say in Conversation

"You're in a group that's more likely to have serious complications from the flu—things like pneumonia or even ending up in the hospital. The vaccine won't give you the flu, but it will help your body fight it off faster and keep you from getting severely sick. There's a stronger flu shot we give for people over 65 that works better for your immune system. It's an easy step to take to stay well this winter."

COVID-19

COVID-19 Vaccine Message for Older Adults (Plain Language Example)

“Even if you've already had COVID or a vaccine, your protection fades over time. For people 65 and older, a new COVID vaccine helps protect against the latest variants—keeping you out of the hospital, and helping you stay independent, active, and able to enjoy time with loved ones.This updated vaccine is designed to match the virus that's circulating now. It's safe, effective, and recommended for older adults every season—just like the flu shot.”

COVID-19: Alternative Framing Options Based on Motivation

Motivation or Concern	Tailored Message
Wants to stay active	“This vaccine helps you avoid long illness so you can keep up with your routine and hobbies.”
Skeptical after prior infection	“Even if you had COVID, new variants can still make you very sick. The updated shot gives you extra protection.”
Concerned about side effects	“Side effects are usually mild, and the benefit—avoiding a hospital stay or long COVID—is worth it.”
Reluctant about frequency	“Like the flu, COVID changes over time. That’s why we recommend a new shot each season for the best protection.”
Protecting loved ones	“Getting your vaccine helps protect your family too—especially babies or those who can’t get vaccinated.”

What a Clinician Might Say in Conversation

"At your age, your immune system doesn't respond the same way it used to, and COVID is still sending thousands of older adults to the hospital. The updated COVID shot this season is designed to protect against what's going around now. It's quick, it's safe, and it gives you a real shield against getting very sick. I strongly recommend it for you."

RSV

RSV Vaccine Message for Older Adults (Plain Language Example)

"RSV isn't just for babies. In fact, if you're 60 or older, RSV can lead to serious lung infections—especially if you have heart or lung conditions or diabetes. There's now a vaccine to protect you. It's a one-time shot that helps prevent hospitalization and pneumonia caused by RSV. It's safe, effective, and recommended for older adults to talk about with their doctor."

RSV: Alternative Framing Options Based on Motivation

Motivation or Concern	Tailored Message
Never heard of RSV	"RSV is a common virus, but in older adults it can cause severe illness—similar to the flu or COVID."
Already vaccinated for flu/COVID	"The RSV vaccine adds another layer of protection against a different respiratory illness that spreads in the same season."
Has chronic conditions	"If you have COPD, asthma, heart disease, or diabetes, RSV can hit much harder. This vaccine helps protect your lungs."
Wants fewer vaccines	"It's a single-dose vaccine—just one shot for protection that may last years."
Skeptical or wary of new vaccines	"RSV vaccines have been studied for years and were approved after careful review in older adults. The data shows real benefits in preventing hospitalization."

What a Clinician Might Say in Conversation

"RSV is a respiratory virus that can be very serious for adults over 60, especially if you have heart or lung problems. This vaccine is a one-time shot that helps protect you from getting very sick. It's something I recommend discussing now, especially before RSV season starts in the fall."

Framing it as **complementary to flu and COVID shots** helps reinforce value without overwhelming

Supporting our HCPs!

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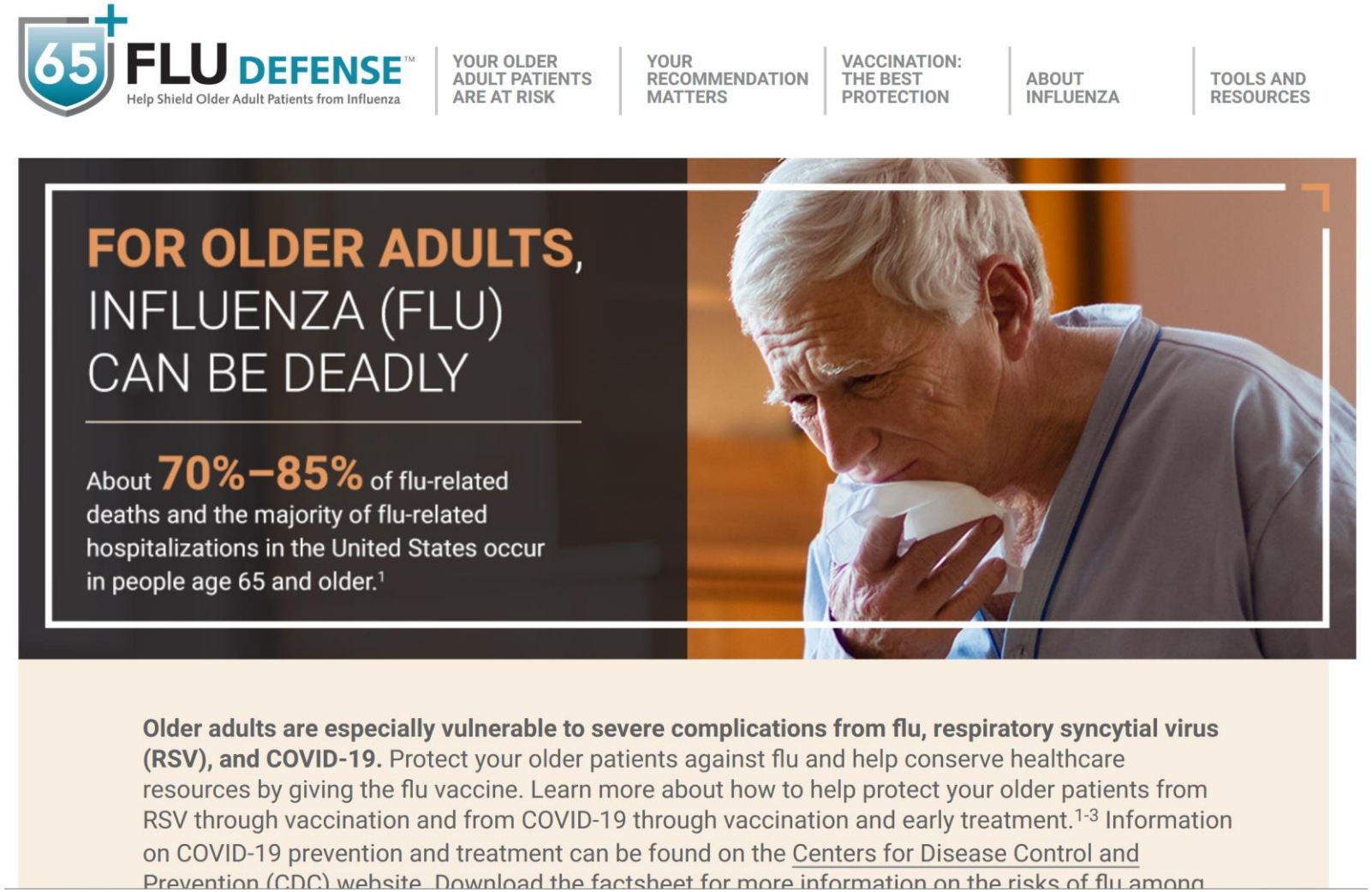
65+ Flu Defense: An Example of HCP Support

https://www.influenza-defense.org/



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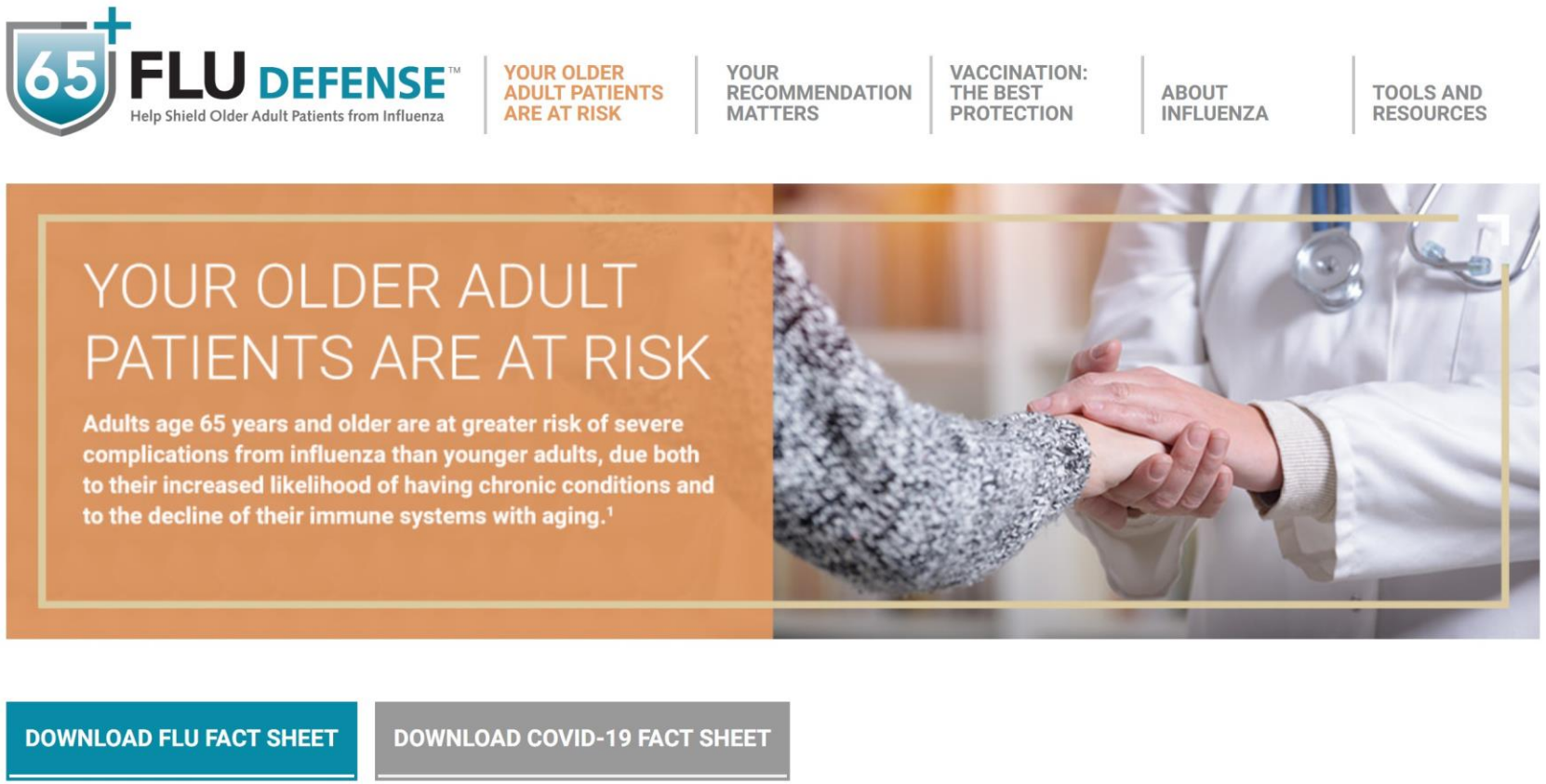
65+ Flu Defense: An Example of HCP Support

https://www.influenza-defense.org/your-older-adult-patients-are-at-risk/



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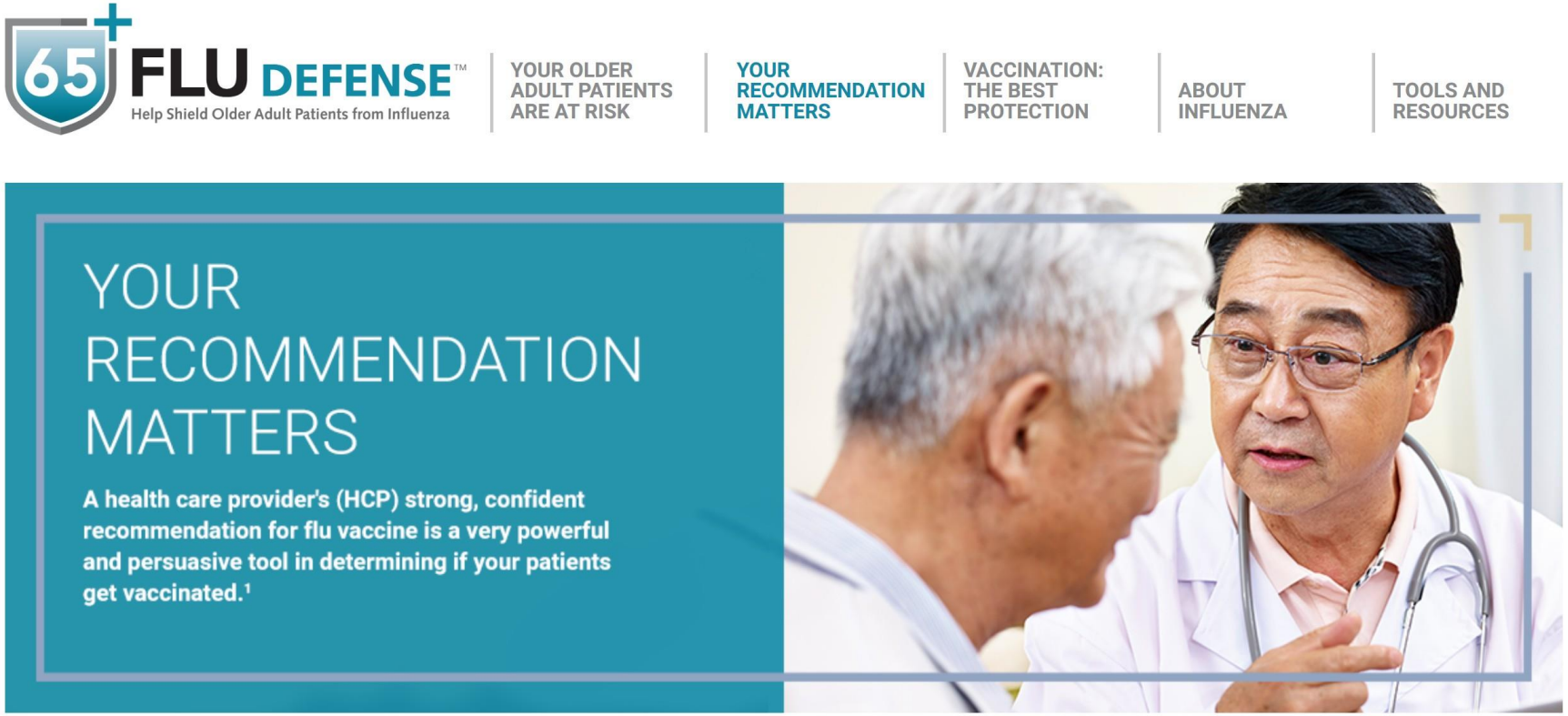
65+ Flu Defense: An Example of HCP Support

https://www.influenza-defense.org/your-recommendation-matters/



HCPs play an important role in ensuring adults age 65 and older are vaccinated against the flu. It has been shown that most adults believe that vaccines are important and are likely to receive them if recommended by their HCP.[1]

There are a variety of misperceptions about influenza and the flu vaccine that may influence your older patients and make them skeptical of getting the vaccine.[1,2] Countering these misperceptions requires hard facts. Below, you'll find a series of potential questions your older adult patients may be asking, with suggested evidence-based responses to help guide your discussion with them on their changing risks and the importance of an annual flu vaccine.

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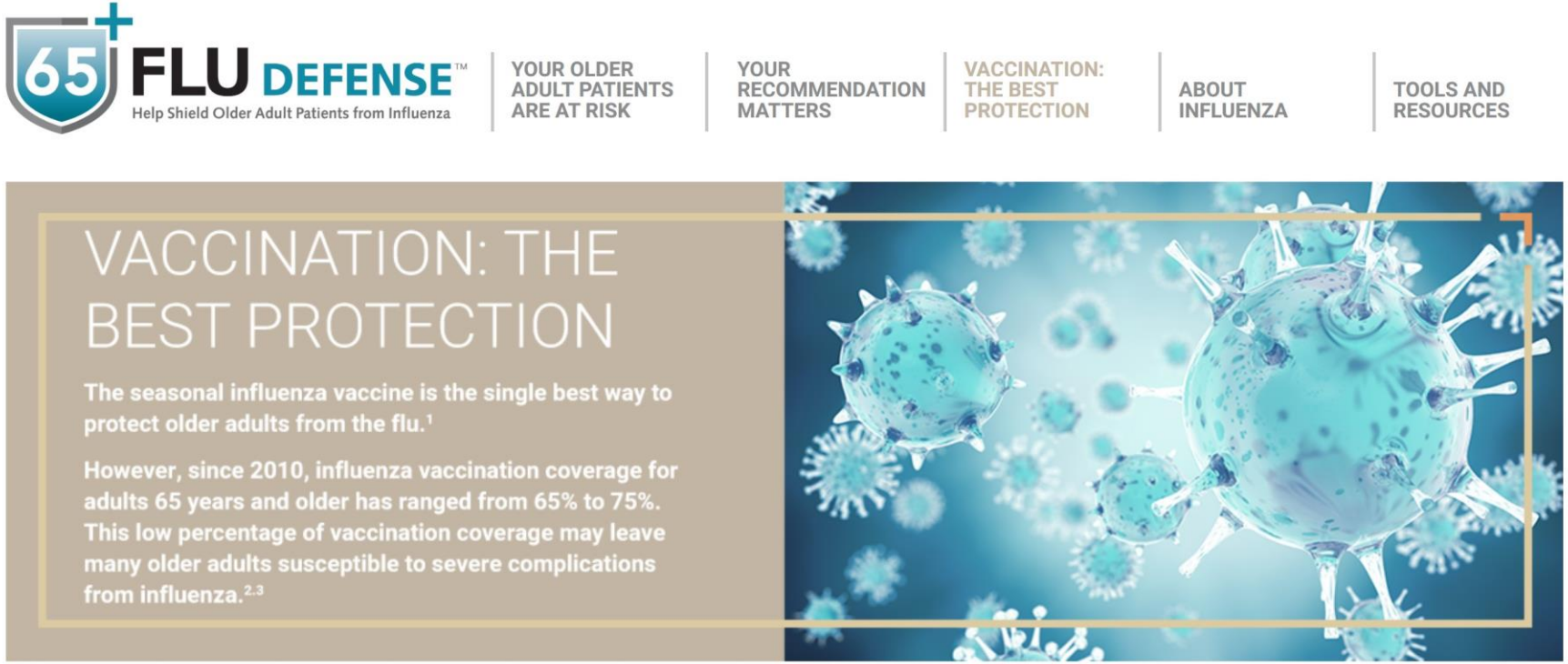
65+ Flu Defense: An Example of HCP Support

https://www.influenza-defense.org/vaccination-the-best-protection/



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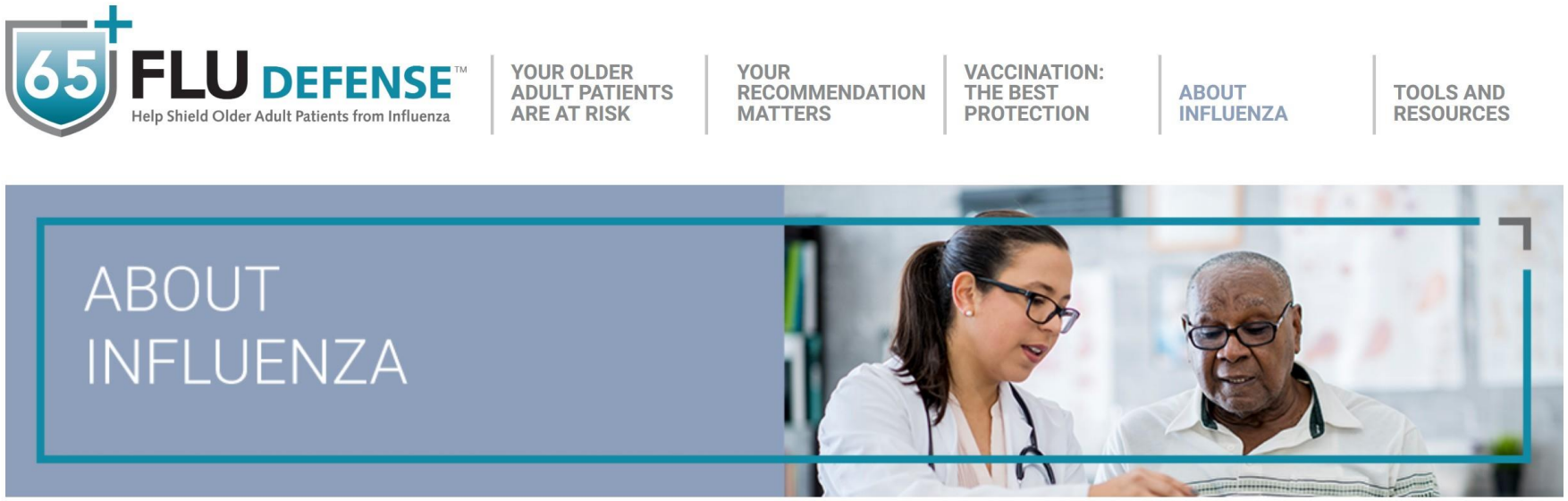
65+ Flu Defense: An Example of HCP Support

https://www.influenza-defense.org/about-influenza/



EPIDEMIOLOGY

Influenza is a highly infectious viral illness. It can cause mild to severe illness and at times lead to death.[1]

Most experts think that influenza viruses are spread mainly by droplets made when people with flu cough, sneeze, or talk. These droplets can land in people's mouths or noses or can be inhaled into the lungs. Putting physical distance between yourself and others can help lower the risk of spreading a respiratory virus.[2]

Less often, a person might get influenza by touching a surface or object that has flu viruses on it and then touching his or her own mouth or nose.[2]

Most healthy adults may be able to infect other people with flu beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than 7 days.[2]

Symptoms start 1 to 4 days after the virus enters the body, though some people can be infected with the flu virus and show no symptoms. Despite

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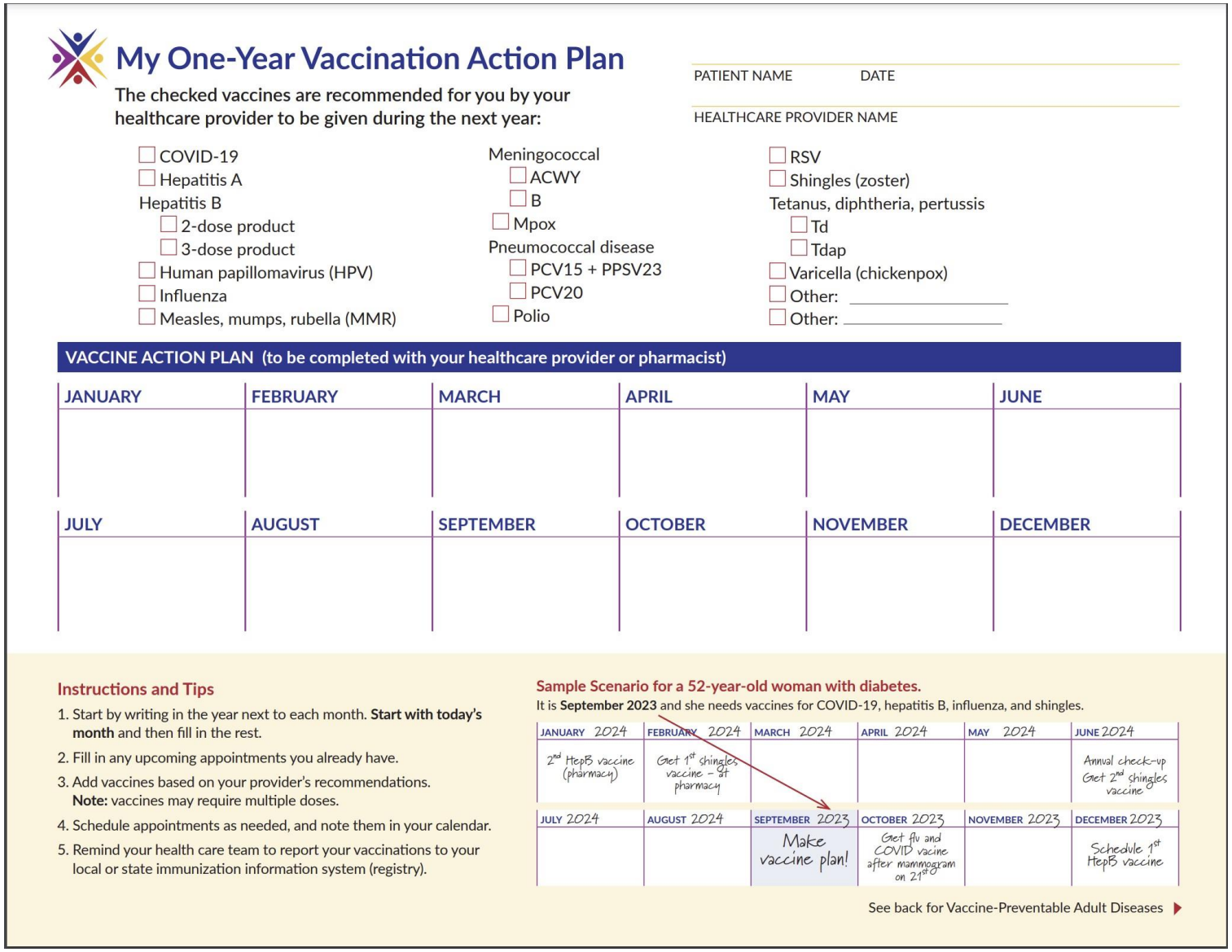
Operationalizing Year-Round Adult Vaccinations

Immunize.org

Personalized Year-Round Vaccination Action Plan



My One-Year Vaccination Action Plan

The checked vaccines are recommended for you by your healthcare provider to be given during the next year:

PATIENT NAME DATE

HEALTHCARE PROVIDER NAME

- ☐ COVID-19
- ☐ Hepatitis A
- Hepatitis B
  - ☐ 2-dose product
  - ☐ 3-dose product
- ☐ Human papillomavirus (HPV)
- ☐ Influenza
- ☐ Measles, mumps, rubella (MMR)
- Meningococcal
  - ☐ ACWY
  - ☐ B
- ☐ Mpox
- Pneumococcal disease
  - ☐ PCV15 + PPSV23
  - ☐ PCV20
- ☐ Polio
- ☐ RSV
- ☐ Shingles (zoster)
- Tetanus, diphtheria, pertussis
  - ☐ Td
  - ☐ Tdap
- ☐ Varicella (chickenpox)
- ☐ Other: _____
- ☐ Other: _____

VACCINE ACTION PLAN (to be completed with your healthcare provider or pharmacist)

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

Instructions and Tips

1. Start by writing in the year next to each month. **Start with today's month** and then fill in the rest.
2. Fill in any upcoming appointments you already have.
3. Add vaccines based on your provider's recommendations. **Note:** vaccines may require multiple doses.
4. Schedule appointments as needed, and note them in your calendar.
5. Remind your health care team to report your vaccinations to your local or state immunization information system (registry).

Sample Scenario for a 52-year-old woman with diabetes.

It is **September 2023** and she needs vaccines for COVID-19, hepatitis B, influenza, and shingles.

JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024
2nd HepB vaccine (pharmacy)	Get 1st shingles vaccine – at pharmacy				Annual check-up Get 2nd shingles vaccine

JULY 2024	AUGUST 2024	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023
		Make vaccine plan!	Get flu and COVID vaccine after mammogram on 21st		Schedule 1st HepB vaccine

See back for Vaccine-Preventable Adult Diseases

Immunize.org

Resource available at: https://www.izsummitpartners.org/2023-naiis-august-2/

Talking with Adults about Vaccines to Prevent Respiratory Illnesses During Cold and Flu Season

Several vaccines are available to prevent common respiratory diseases we expect to see this fall and winter: COVID-19, influenza (flu), and respiratory syncytial virus (RSV). Additionally, preventing co-infection with pneumococcus through vaccination is also recommended as pneumococcal infections are a significant cause of increased morbidity and mortality. Use the Centers for Disease Control and Prevention (CDC) SHARE approach and the key points below to help you discuss these vaccines with your patients and make strong recommendations.

- Flu vaccination is recommended for everyone ages 6 months and older.
- COVID-19 vaccination with 2024-2025 COVID-19 vaccines as authorized or approved by FDA, is recommended for everyone ages 6 months and older.
- A single dose of RSV vaccine is recommended for:
  - All adults ages 75 and older

SHARE*

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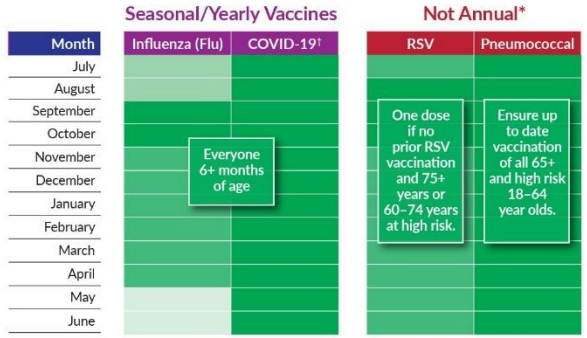
and their lo

Explain the

Fall 2024 Respiratory Season Vaccination for Adults 60 years and Older

To be up to date for Fall Respiratory Season, CDC recommends annual influenza (flu) and seasonal COVID-19 vaccination. In addition, RSV vaccine is recommended for people 75 years and older or 60–74 years at increased risk of severe RSV. Because pneumococcal bacterial infections can follow viral infections, ensure your patients are up to date with pneumococcal vaccines, too.

Timing of Vaccines to Protect Adults 60 Years and Older From Seasonal Illnesses



*Unvaccinated people can get a single dose of RSV vaccine, and either a single dose of PCV20 or PCV21, or PCV15 followed by PPSV23. Other pneumococcal vaccine options depend on prior vaccinations.

†For COVID-19 vaccine, give prior year's vaccine during summer months until updated vaccine available in fall (give updated vaccine at least 8 weeks after prior COVID-19 vaccination).

‡Continue influenza vaccination throughout influenza season. Continue RSV vaccination of eligible adults.

§People who may not return for influenza vaccination during later months may be vaccinated in July/August.

¶Influenza vaccine can continue to be given in the spring if flu viruses are circulating and unexpired vaccine is available.

National Adult and Influenza Immunization Summit

CDC recommendations for all vaccines
CDC recommendations for pneumococcal vaccination
CDC details on COVID-19 vaccination

Coadminister Vaccines

To avoid missed opportunities, CDC recommends giving all needed vaccines at the same visit.[a] Counsel patients about potential side effects, including possible fatigue, soreness, and fever in the 2 days after vaccination. For adult patients who prefer receiving vaccines spread over more visits, schedule all needed vaccine appointments before they leave the clinic.

Vaccinate patients with recommended vaccines that you have in stock. Counsel and refer patients to other clinics or pharmacies that can administer vaccines that you do not stock.

General Information

- In June 2024, the Advisory Committee on Immunization Practices recommended that people 60–74 years old at increased risk of severe RSV illness and all adults 75 years and older receive a single dose of RSV vaccine. People at highest risk of severe RSV disease include those with lung diseases; cardiovascular diseases; moderate or severe immune compromise; diabetes mellitus; neurologic or neuromuscular conditions; kidney disorders, liver disorders, and hematologic disorders; persons who are frail or who live in long-term care facilities; and persons with other conditions that the provider determines might increase the risk for severe RSV disease. See CDC's RSV vaccination guidelines for more details.[b]
- For all people 65 years and older and those 19–64 years with high-risk conditions, recommend pneumococcal vaccine if not previously vaccinated. High-risk factors for adults 19–64 years include alcoholism, cerebrospinal fluid (CSF) leak, cochlear implant, heart disease, lung disease (including asthma), diabetes, immunocompromising conditions, and smoking. Check out CDC's PneumoRecs VaxAdvisor Mobile App.
- Coadministering RSV vaccine with one or more other vaccines at the same visit is acceptable, but might increase local or systemic reactogenicity.[a,b] Discuss safety related concerns and preferences with patients regarding RSV vaccine and coadministration.
- Updated influenza vaccines generally become available in late July/August and expire on June 30 of each year. The 2024-25 COVID-19 vaccines became available in late August and September of 2024.
- For additional information on vaccine recommendations for all adults, including pregnant persons, please see the Adult Vaccination Schedule.

Billing and Coding

- Most private insurance cover all vaccines, but patients and providers should confirm their approved provider locations for vaccination.
- Medicare part B covers influenza, pneumococcal vaccine, and COVID-19 vaccines.
- Medicare part D covers RSV vaccines, and most other adult vaccines.
- Medicaid and CHIP cover most adults for all approved vaccines beginning October 1, 2023.

[a]Information on vaccine coadministration can be found at: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html

[b]Additional information on RSV vaccination can be found at: https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html#vax-rec.

My One-Year Vaccination Action Plan

The checked vaccines are recommended for you by your healthcare provider to be given during the next year:

PATIENT NAME DATE

HEALTHCARE PROVIDER NAME

- ☐ COVID-19
- ☐ Hepatitis A
- Hepatitis B
  - ☐ 2-dose product
  - ☐ 3-dose product
- ☐ Human papillomavirus (HPV)
- ☐ Influenza
- ☐ Measles, mumps, rubella (MMR)
- Meningococcal
  - ☐ ACWY
  - ☐ B
- ☐ Mpox
- Pneumococcal disease
  - ☐ PCV15 + PPSV23
  - ☐ PCV20
- ☐ Polio
- ☐ RSV
- ☐ Shingles (zoster)
- Tetanus, diphtheria, pertussis
  - ☐ Td
  - ☐ Tdap
- ☐ Varicella (chickenpox)
- ☐ Other: _____
- ☐ Other: _____

VACCINE ACTION PLAN (to be completed with your healthcare provider or pharmacist)

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

and Tips

ing in the year next to each month. Start with today's
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immunization information system (registry).

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JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024
2nd HepB vaccine (pharmacy)	Get 1st shingles vaccine – at pharmacy				Annual check-up Get 2nd shingles vaccine
JULY 2024	**AUGUST 2024**	**SEPTEMBER 2023**	**OCTOBER 2023**	**NOVEMBER 2023**	**DECEMBER 2023**
		Make vaccine plan!	Get flu and COVID vaccine after mammogram on 21st		Schedule 1st HepB vaccine

See back for Vaccine-Preventable Adult Diseases

Billing, Coding, and Payment

This Task Group will work on specific action items to address challenges that providers face in billing and coding for vaccines and vaccinations. The Task Group, along with Summit partners, will identify provider needs to better understand insurance coverage for vaccines and billing to improve payment for covered vaccination services. The Task Group will review and update existing NAIIS resources as vaccine-related insurance coverage policy changes occur.

Report Vaccine Payment Challenges

The NAIIS Billing and Coding Work Group is seeking information regarding vaccine billing challenges experienced by providers and their organizations in order to help identify and address payment issues with vaccine providers and payers. This is a pilot project to identify specific examples of payment challenges which the NAIIS work group will review to identify ways in which we can help vaccine providers and work with all partners to reduce payment challenges.

DO NOT REPORT ANY Patient Personal Identifiers (including patient record numbers or contact information).

Reporting Form

ES CALL TO ACTION

- Billing, Coding, and Payment
- Operationalizing Adult Immunization
- Sustaining Community-Based Organizations
- Influenza
- Task Group Archive

Available at: https://www.izsummitpartners.org/

Co-Administration is safe and maintains effectiveness (literature review as of Feb. 2025)

- Adult vaccine coadministration is safe for these combinations:
  - Influenza plus COVID-19
  - Influenza plus RSV
  - Influenza plus RZV vaccine
  - Influenza plus pneumococcal conjugate
  - COVID-19 plus Tdap
  - Influenza plus Tdap
  - RSV plus Tdap in pregnant women
  - RZV plus PCV13, mRNA COVID-19, Tdap, or 23-valent pneumococcal polysaccharide vaccine
  - Adjuvanted influenza vaccine plus RZV
  - Adjuvanted RSV plus RZV

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Litjen Tan, Dana Trevas, Ann Falsey. Adult Vaccine Coadministration Is Safe, Effective, and Acceptable: Results of A Literature Review. Authorea. December 05, 2024: DOI: 10.22541/au.173339476.65327708/v1 (Accepted Febraury 2025 for publication in *Influenza and other respiratory viruses.*

Co-administration of Adult vaccines

How to Administer Multiple Intramuscular Vaccines to Adults During One Visit

It is not unusual for adults to need more than one vaccination at an office visit. When that occurs, CDC recommends giving all needed vaccines at the same visit to reduce missed opportunities.

These vaccines commonly administered to adults* are administered via the intramuscular route:

COVID-19	Influenza
Hepatitis A (HepA)	Pneumococcal
Hepatitis B (HepB)	Tdap and Td
Human papillomavirus (HPV)	Zoster

Determine vaccines to be administered.

- Review each patient's vaccine history and determine needed vaccines (see CDC's recommended schedule of immunizations for adults at www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf).

Determine which vaccines to give in separate limbs.

- Administer vaccines more likely to cause a local reaction in separate limbs, if possible. Vaccines that cause injection site pain in at least half of recipients include COVID-19, zoster, HepA, HPV, pneumococcal (PCV, PPSV), and tetanus-containing vaccines (Tdap, Td).†
- If administration in separate limbs is not feasible or desired, administration in the same limb, separated by at least 1" (inch), is appropriate.

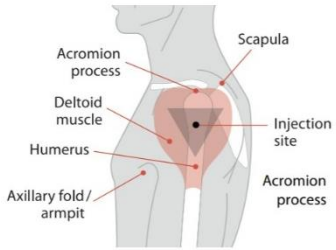
Select the injection site(s) for intramuscular injections.

- Determine which vaccine(s) will be administered in each limb (see options in diagrams at right). You can administer 1, 2, or 3 injections per deltoid, spaced at least 1" apart.
- *Deltoid muscle:* Locate the central and thickest portion of the deltoid

The diagrams below illustrate options for administering one, two, or three vaccinations in a single arm, spaced at least 1" apart. Additional injections can also be administered in the opposite arm.

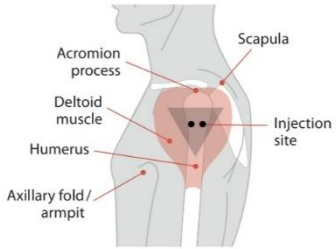
Use anatomical landmarks to determine the injection site in the deltoid muscle (a large, rounded, triangular shape). Find the acromion process, which is the bony point at the end of the shoulder. Then, locate the injection site which will be approximately 2" below the bone and above the axillary fold/armpit.

Single IM injection in deltoid



Two IM injections in deltoid

Space injections at least 1" apart.



Three

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CDC, Centers for Disease Control and Prevention; IM, intramuscular; Tdap, tetanus, diphtheria and acellular pertussis; Td, tetanus and diphtheria

Immunize.org. How to Administer Multiple Intramuscular Vaccines to Adults During One Visit to Adults During One Visit. Available at: https://www.immunize.org/catg.d/p2030.pdf (accessed March 2025)

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  - www.immunizationcoalitions.org
  - www.izsummitpartners.org
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Thank You for your attention!

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