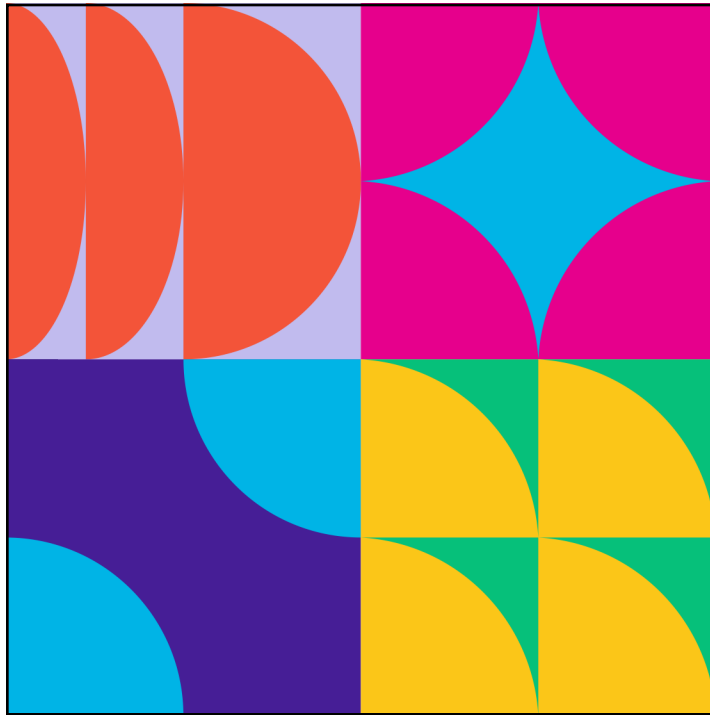




Beyond Flu Shots: Finding Missed Vaccine Opportunities

Elizabeth Skoy, PharmD, FAPhA

ThoughtSpot | CEimpact 1

Description

Identify “missed vaccine moments” in this interactive, case-based course. Work through common scenarios to recognize untapped immunization opportunities, including adult catch-up schedules, travel vaccines, and risk-based recommendations. Develop practical communication and workflow strategies that increase vaccine uptake, improve patient confidence, and integrate immunizations more consistently into workflow.

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Meet the Faculty



Elizabeth Skoy, PharmD, FAPhA

Professor
North Dakota State University

Director
Center for Collaboration and Advancement
in Pharmacy

Elizabeth Skoy

Dr. Elizabeth Skoy is a Professor at North Dakota State University and a practicing community pharmacist in Fargo, North Dakota. She also serves as Director of the Center for Collaboration and Advancement in Pharmacy (CAP Center), where she works with pharmacies and health care organizations to implement innovative services that enhance patient care. Dr. Skoy has received numerous accolades recognizing her contributions to patient care and the profession of pharmacy, including the APhA Immunization Champion Award, the NDPhA Cardinal Health Generation Rx Award, and the NDPhA Innovation in Pharmacy Practice Award. She has also been designated a Fellow of the American Pharmacists Association. In addition to her academic and clinical roles, Dr. Skoy has represented the pharmacy profession at the national level through service with agencies such as the FDA and CDC and has served as the pharmacist representative on the Advisory Committee on Immunization Practices (ACIP) workgroup for the adult RSV vaccine.

Disclosures

- Elizabeth Skoy has no relevant financial relationships with ineligible companies to disclose.
- Elizabeth Skoy discloses that AI tools were not utilized for this presentation.

Funding for this course was provided by Cencora.

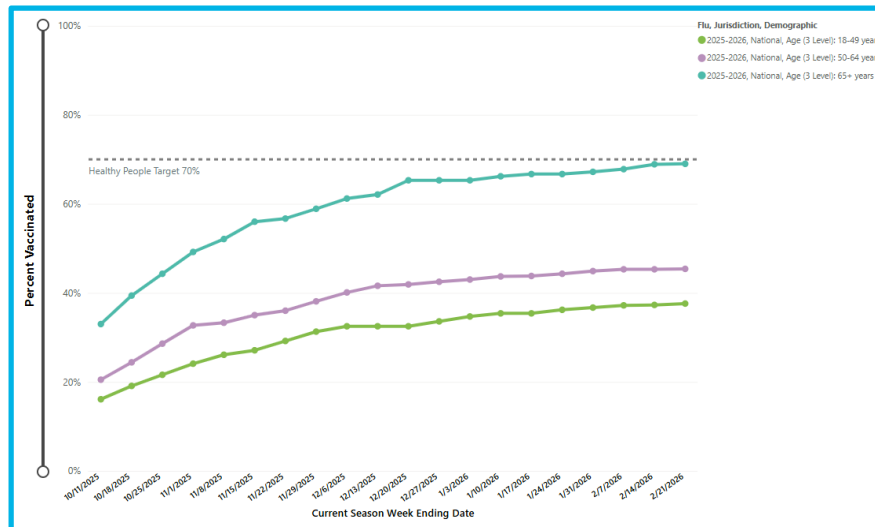
Recording, capturing, or sharing any part of this presentation is strictly prohibited. This includes the use of AI note-taking tools, audio/video devices, or screen capture technology. Please help us protect the privacy of our speakers and the integrity of the educational content.

Learning Objectives

Upon completion of this activity, learners should be able to:

- Identify at least three vaccine opportunities that can be incorporated into routine pharmacy encounters.
- Recognize patient scenarios where vaccination needs may be overlooked during everyday workflow.
- Apply effective communication approaches to address vaccine hesitancy and support patient acceptance.
- Examine workflow strategies that enable consistent vaccine screening.
- Develop a proactive immunization workflow that embeds screening, scheduling, and follow-up into daily operations.

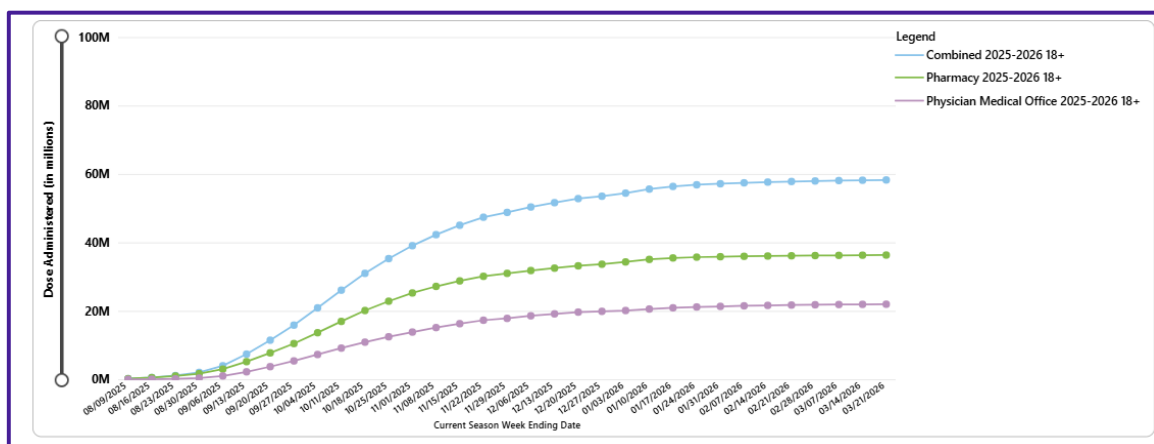
Influenza Vaccine Coverage 2025-2026 Season for Adults



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Centers for Disease Control and Prevention. <https://www.cdc.gov/fluview/dashboard/index.html>

Influenza Vaccine Doses Administered 2025-2026 for Adults



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Centers for Disease Control and Prevention. <https://www.cdc.gov/fluview/dashboard/index.html>

Beyond Flu: Examples of Adult Vaccines

Respiratory Syncytial Virus (RSV)

Herpes Zoster (Shingles)

Pneumococcal

Hepatitis A

Others...

Beyond Flu: RSV Vaccine for Adults

RSV Vaccine

Adults 75 years and older

Adults 50 years and older at increased risk:

- Chronic cardiovascular disease
- Chronic lung disease
- Diabetes*
- Severe obesity
- End-stage renal disease
- Nursing home residents
- Immunocompromised
- Other...

Best given late summer/early fall

RSV Vaccination Rates

Adults 75 years and older: 43.2%

Adults 50-74 years at increased risk: 32.8%



Beyond Flu: Herpes Zoster (Shingles) Vaccine for Adults

Herpes Zoster (Shingles) Vaccine

Adults 50 years and older

Adults 19 years and older who are immunocompromised

Previously received herpes zoster live vaccine

Prior shingles infection

Received the chickenpox vaccine

Possible associated risks of shingles:

- Heart attack
- Stroke
- Dementia

Herpes Zoster Vaccination Rates

Recombinant Zoster Vaccine (RZV)

2-dose series

Curhan S, et al. *J Am Heart Assoc.* 2022;11(23):e027451.
Xie M, et al. *Cell.* 2025;188(25):7049-7064.e20.
Centers for Disease Control and Prevention. <https://www.cdc.gov/shingles/index.html>

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Poll the Audience:

What is the estimated vaccination rate for shingles for qualifying adults in the US?

- A. 24%
- B. 34%
- C. 54%
- D. 64%

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Beyond Flu: Pneumococcal Vaccine Recommendations for Adults

Adults ≥50 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 → ≥1 year [†] → PPSV23 [‡]
PCV15 only at any age	→ ≥1 year [†] → PPSV23 [‡]	NO OPTION B
PCV15 & PPSV23 OR PCV20 OR PCV21 at any age	No vaccines recommended; schedule is complete.	
PPSV23 only at any age	→ ≥1 year → PCV20 or PCV21	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20 or PCV21	NO OPTION B
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20 or PCV21	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[†] If PPSV23 is not available, PCV20 or PCV21 may be used

[‡] Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

[§] For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

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Centers for Disease Control and Prevention. <https://www.cdc.gov/pneumococcal/index.html>

Beyond Flu: Pneumococcal Vaccine Recommendations for Adults

Adults 19–49 years old with chronic health conditions

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 → ≥1 year → PPSV23 [‡]
PCV15 only at any age	→ ≥1 year → PPSV23 [‡]	NO OPTION B
PCV15 & PPSV23 OR PCV20 OR PCV21 at any age	No vaccines recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.	
PPSV23 only at any age	→ ≥1 year → PCV20 or PCV21	→ ≥1 year → PCV15
PCV13 [†] only at any age	→ ≥1 year → PCV20 or PCV21	NO OPTION B
PCV13 [†] and PPSV23 at any age	No vaccines are recommended at this time. Review pneumococcal vaccine recommendations again when your patient turns 50 years old.	
Chronic health conditions	- Alcoholism - Chronic heart disease, including congestive heart failure and cardiomyopathies - Chronic liver disease - Chronic lung disease, including chronic obstructive pulmonary disease, emphysema, and asthma - Cigarette smoking - Diabetes mellitus	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

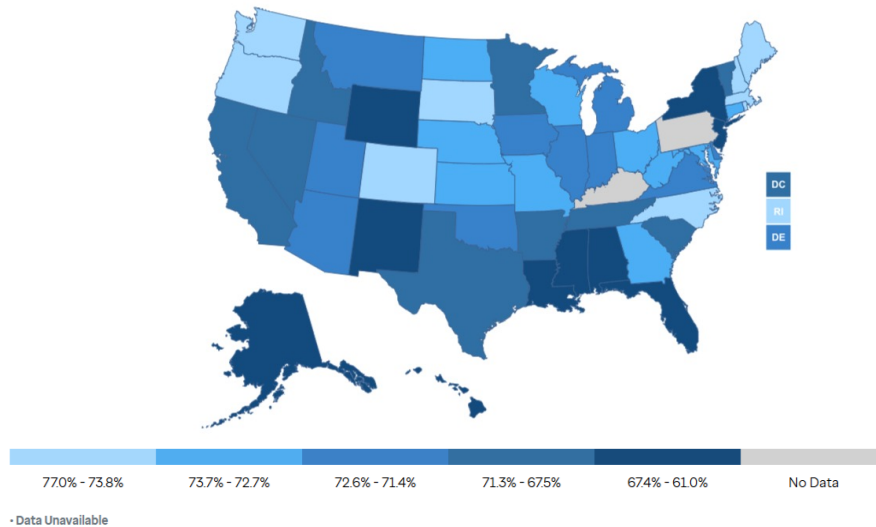
[†] If PPSV23 is not available, PCV20 or PCV21 may be used

[‡] Adults with chronic medical conditions were previously not recommended to receive PCV13

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Centers for Disease Control and Prevention. <https://www.cdc.gov/pneumococcal/index.html>

Beyond Flu: Pneumococcal Vaccine Coverage for Adults



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Centers for Disease Control and Prevention. <https://www.cdc.gov/adultvaxview/about/general-population.html>

Beyond Flu: Hepatitis A

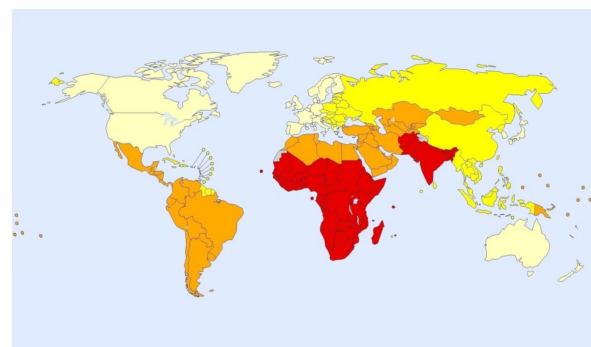
Foodborne, waterborne, person-to-person

Who should be vaccinated?

- Travelers
- Occupational/lifestyle risk
- Anyone that wants to be

Vaccine

- Routine childhood vaccination began in 2006
- Two- or three-dose series
- First dose 95% effective



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Mohd Hanafiah K, et al. *Int J Health Geogr.* 2011;10:57.

Case Application

Meet Lucy

DOB: 3/14/1955 (71 years old)

She is traveling to St. Lucia for her grandson's wedding and asks if she can refill her medications early.



Health Information

Medication History

Lisinopril 20 mg daily
Chlorthalidone 12.5 mg daily
Metformin ER 500 mg daily
Empagliflozin 10 mg daily

Vaccines Needed?

<https://wwwnc.cdc.gov/travel>



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ThoughtSpot | CEImpact ➤

What is the missed vaccine moment?

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Destinations



Where are you going?

Saint Lucia

Go

Saint Lucia



On This Page

- Travel Health Notices
- Vaccines and Medicines
- Non-Vaccine-Preventable Diseases
- Stay Healthy and Safe
- Packing List
- After Your Trip

Hepatitis A

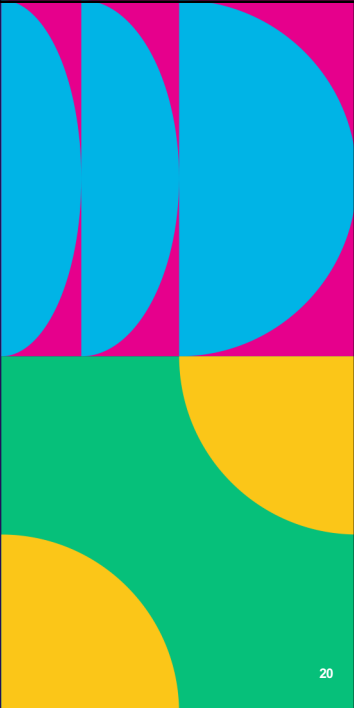
Recommended for unvaccinated travelers one year old or older going to Saint Lucia.

Centers for Disease Control and Prevention. <https://wwwnc.cdc.gov/travel>

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Workflow Strategies



20

Missed Vaccine Opportunities

- Less routine care
- Lack of patient awareness
- Lack of vaccine availability/stocking
- Lack of perceived need/education
- Complicated schedule
- Access
- Safety concerns



Kolobova I, et al. *Hum Vaccin Immunother*. 2022;18(5):2055422.
Tak CR, et al. *Hum Vaccin Immunother*. 2020;16(1):70-75.

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Workflow Strategies

Month	Topic
January/February	Hepatitis A
March/April	Chronic lung disease
May/June	50+
July/August	Diabetes
September/October	Chronic lung disease
November/December	Shingles

- Immunization Information System (IIS) integration
- Pick-up/bag tags
- Routine part of MTM or other visits
- Screening with other vaccines
- Med sync patient screening
- Medicare Part D conversations
- Staff buy-in
- Monthly focus
- Advertising/patient education
- Vaccine events

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Create a Vaccination Culture

VaxChamp

- One point person
- Dedicated staff time

Staff Roles

- Technician:
 - Delivery, screening VaxChamp
- Clerk:
 - Point-of-sale notice, appointments
- Pharmacist:
 - Education, delivery



Resources: Patient Handouts

Vaccinations for Adults with Diabetes

The table below shows which vaccinations you should have to protect your health if you have diabetes. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
COVID-19	All People with diabetes are at increased risk of severe COVID-19. Talk to your pharmacist or healthcare provider.
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6-18 months apart.
Hepatitis B (HepB)	Yes! All unvaccinated adults, younger than 60 are recommended to complete a 3- or 2-dose series of hepatitis B vaccine, depending on the brand. If you are 60 or older, you or your healthcare provider may decide you should be vaccinated because people with diabetes are at increased risk for hepatitis B. All adults should be screened for hepatitis B infection with a blood test at least one time; talk with your healthcare provider.
HB (Hemophilus influenza type b)	Maybe. Some adults with certain high-risk conditions* need vaccination with HB. Talk to your healthcare provider to find out if you need this vaccine.
Human papillomavirus (HPV)	Yes! You should get this vaccine if you are age 26 or younger. Adults age 27 through 45 may also choose to be vaccinated against HPV after a discussion with their healthcare provider. The vaccine is usually given in 2 or 3 doses depending on the age at which the first dose was given.
Influenza (Flu)	Yes! You need to be vaccinated against influenza every fall or winter for your protection.
Measles, mumps, rubella (MMR)	Maybe. You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a second dose. Pregnant people and people with a currently weakened immune system should not get MMR.
Meningococcal ACWY (MenACWY, MenBACWY)	Maybe. You may need MenACWY vaccine if you have one of several health conditions*, and also booster if your risk is ongoing. You need MenACWY if you are a first-year college student living in a residence hall and if you have not had a dose since turning 16, or if it has been more than 5 years since your last dose. Anyone age 19 through 21 can have a catch-up dose if they have not had one since turning 16. A combination MenACWY is an option when both MenACWY and MenB are needed.
Meningococcal B (MenB, MenBACWY)	Maybe. You may need MenB if you have one of several health conditions*, and also booster if your risk is ongoing. You may also consider getting the MenB vaccine if you are age 23 or younger (even if you don't have a high-risk medical condition) after a discussion with your healthcare provider. A combination MenBACWY is an option when both MenACWY and MenB are needed.
Mex	Maybe. You need the 2-dose series of mex vaccine (Zemtra) if you are at risk due to known or suspected exposure to someone with mex or if you have certain sexual practices that increase your risk of exposure to mex*. Talk with your healthcare provider.
Pneumococcal (PCV, PPV23)	Yes! Adults with diabetes need to get either PCV20 or PCV21 dose, or PCV15 followed 1 year later by PPV23. If you have previously received either PCV15 and/or PPV23, talk to your healthcare provider about what additional doses you may need.
Respiratory Syncytial Virus (RSV)	Yes! You should get this one-time vaccine if you are 75 years or older, or if you are between the ages of 50 and 74 and are at increased risk of severe RSV. To protect infants from RSV, give a one-time dose of RSV vaccine during pregnancy or give the infant RSV preventive antibody.
Tetanus, diphtheria, pertussis (Tdap, Td)	Yes! If you have never received a dose of Tdap, you need to get a Tdap shot now. After that, you need a Tdap or Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 1 tetanus and diphtheria booster containing shots in your life or if you have a deep or dirty wound.
Varicella (Chickenpox)	Maybe. If you have never had chickenpox, never were vaccinated, or were vaccinated but only received 1 dose, talk to your healthcare provider to find out if you need this vaccine*. Pregnant people and those with a severely weakened immune system should not get varicella vaccine.
Zoster (Shingles)	Yes! If you are 19 or older and have a weakened immune system or are 50 or older, you should get 2 doses of the Shingles brand of shingles vaccine.

* Consult your healthcare provider to determine your need for this vaccine.

Immunize.org

FOR PROFESSIONALS: www.immunize.org / FOR THE PUBLIC: www.immunize.org

www.immunize.org/60402.pdf
Rev. 08/2022 (10/11/2022)



Hepatitis A Is a Serious Liver Disease

VACCINATION CAN PROTECT YOU!

What is hepatitis A?

Hepatitis A is a serious liver disease caused by infection with the hepatitis A virus.

How is hepatitis A virus spread?

Hepatitis A virus is usually spread from getting particles of fecal material (poop) into your mouth that are too small to be seen. This can happen through household or sexual contact with an infected person or by eating hepatitis A virus-contaminated food, drinking contaminated water, or using street drugs contaminated with hepatitis A virus. Casual contact, such as in a school or work setting, does not spread hepatitis A virus.

What are the symptoms of hepatitis A virus infection?

Infected people can have no symptoms at all or be extremely ill. Only those in two children less than six years of age develop symptoms, while 70% of older children and adults develop symptoms.

If a person does develop symptoms, they might include fever, tiredness, loss of appetite, nausea, abdominal pain, dark urine, or jaundice (yellowing of the eyes and skin). These symptoms can last up to 6 months. Even without symptoms, people infected with hepatitis A virus can spread the infection to others.

How serious is hepatitis A virus infection?

About 30% of people with hepatitis A virus require hospitalization. Adults who become ill often miss several weeks of work. Although deaths due to hepatitis A virus are uncommon, death can occur from overwhelming hepatitis A virus infection that causes liver failure.

How can hepatitis A virus infection be prevented?

Safe and effective vaccines to prevent hepatitis A virus infection have been available in the U.S. since 1991. Good hand washing will also help reduce the spread of hepatitis A virus. Always wash your hands with soap and water after using the toilet, changing a diaper, and before preparing or eating food.

Who should get hepatitis A vaccine?

The following groups of people should get vaccinated against hepatitis A virus if they haven't already been vaccinated:

- Any person who wishes to be protected from hepatitis A virus infection.
- All children who are age 12 through 23 months.
- All unvaccinated children age 2 through 18 years.
- Men who have sex with men.
- Users of street drugs (injecting and non-injecting).
- People who are homeless or in temporary housing (such as a shelter).
- People age 6 months and older who travel or work in any area of the world except the U.S., Canada, parts of Western Europe, Japan, New Zealand, and Australia.
- People who will have close personal contact with an international adoptee from a country where hepatitis A virus infection is common (all countries except the U.S., Canada, parts of Western Europe, Japan, New Zealand, and Australia) during the first 60 days after the adoptee's arrival in the U.S.
- People with chronic liver disease, including hepatitis C.
- People working with hepatitis A virus in a laboratory.
- People with HIV infection.
- People in a healthcare setting that targets services to injection or non-injection drug users or in a group home or non-residential daycare facility for developmentally disabled persons (without regard to specific risk factor).
- People who have been exposed to hepatitis A virus in the past 2 weeks.

For families considering international adoption, who should receive hepatitis A vaccine?

People who anticipate having close personal contact (such as household contact or regular babysitting) with an international adoptee from a country where hepatitis A virus infection is common (all countries except the U.S., Canada,

the following groups of people should get vaccinated against hepatitis A virus if they haven't already been vaccinated:

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- All children who are age 12 through 23 months.
- All unvaccinated children age 2 through 18 years.
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- People who will have close personal contact with an international adoptee from a country where hepatitis A virus infection is common (all countries except the U.S., Canada,

Immunize.org

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www.immunize.org/60402.pdf
Rev. 08/2022 (10/11/2022)

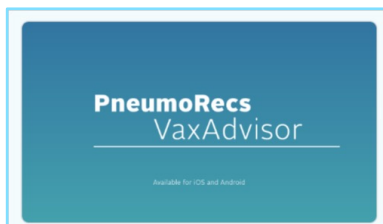


Resources: Marketing



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Resources: Identification



Your pharmacist recommends the following vaccines for you:

- ☐ Flu
- ☐ Shingles
- ☐ Hep A
- ☐ Hep B
- ☐ COVID-19
- ☐ MMR
- ☐ Meningitis
- ☐ HPV
- ☐ RSV
- ☐ Pneumonia
- ☐ Chickenpox
- ☐ Tetanus

Talk to a pharmacist today about the vaccines you need and if they are available here.

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)			2 or more doses of 2024–2025 vaccine (See Notes)
Influenza inactivated (IV3, cIV3)	1 dose annually			1 dose annually (IV3, cIV3, or aIV3 preferred)
Influenza recombinant (IRV3)	Solid organ transplant (See Notes)			
Influenza inactivated (aIV3, ID-IV3)	1 dose annually			
Influenza recombinant (IRV3)	1 dose annually			
Influenza live, attenuated (LAIV3)	Seasonal administration during pregnancy (See Notes)			50 through 74 years (See Notes)
Respiratory syncytial virus (RSV)	1 dose Tdap each pregnancy; 1 dose Tdap for wound management (See Notes)			≥75 years
Tetanus, diphtheria, pertussis (Tdap or TD)	1 dose Tdap, then 10 or 12 years booster every 10 years			
Mumps, mumps, rubella (MMR)	1 or 2 doses depending on indication (If born in 1967 or later)			For health care personnel (See Notes)
Varicella (VZV)	2 doses (If born in 1980 or later)			2 doses
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)			2 doses
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		See Notes
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)	See Notes			See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication (See Notes for booster recommendations)			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication (See Notes for booster recommendations)		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			2 doses
Mumps	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			
Inactivated poliovirus (IPV)	Complete 3-dose series if incompletely vaccinated. Self-report of previous doses acceptable (See Notes)			

Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>
 NDSU Center for Collaboration and Advancement in Pharmacy. https://www.ndsu.edu/centers/cap/resources/marketing_materials

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Case Application: Revisited

Lucy



Health Information

Medication History

Lisinopril 20 mg daily
Chlorthalidone 12.5 mg daily
Metformin ER 500 mg daily
Empagliflozin 10 mg daily

Vaccine History

PCV20: 2/10/23
RZV: 1/18/22, 3/22/22
Tdap: 8/14/13
HepB: 4/2/21, 5/3/21, 10/5/21

Vaccines Needed?

<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>



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ThoughtSpot | CEImpact

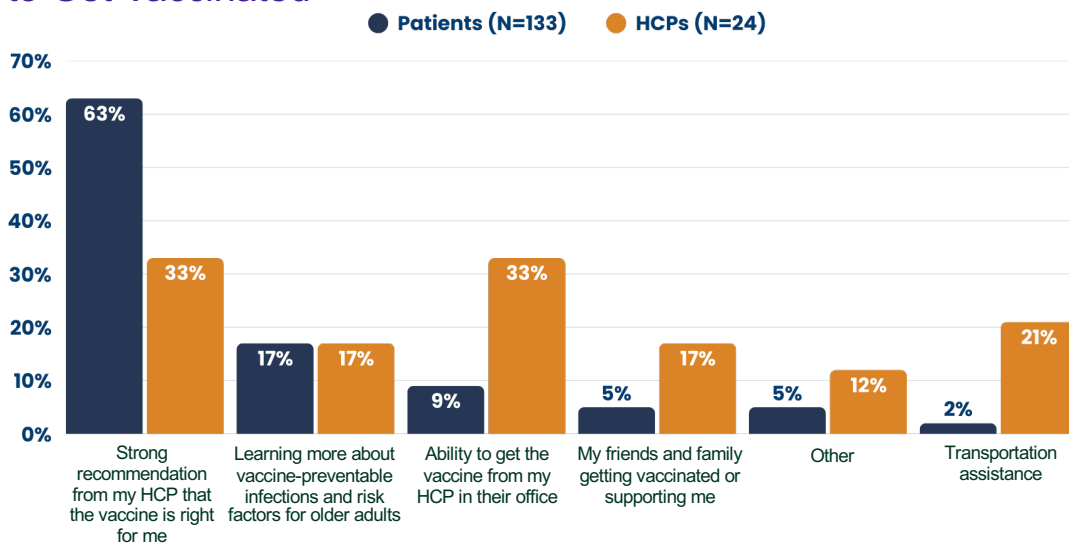
What is the missed vaccine moment?

28

Communication Strategies

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Patient and HCPs' Perspectives on Motivators for Older Adults to Get Vaccinated



Presumption of Vaccination



2 OUT OF 3 PATIENTS

who received a provider recommendation for flu vaccine received the vaccine within the next year.

84% of those without a recommendation remained unvaccinated.

Strong provider recommendations are correlated with increased vaccine acceptance versus participatory communication.

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Williams JTB, et al. *J Pediatr*. 2020;224:137-140.

Presumption of Vaccination

Presumption

“You are overdue for your pneumococcal vaccine.”

VS.

Participatory

“What do you think about getting your pneumococcal vaccine today?”

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Recommending Vaccines

Start with Presumption

Strong provider recommendations are correlated with increased vaccine acceptance versus participatory communication.

Presumptive

"I see you are overdue for a pneumococcal vaccine today. We can give that now."

VS

Participatory

"How do you feel about getting your pneumonia vaccine today?"

If there is hesitancy...

Pivot to Motivational Interviewing

Motivational interviewing (MI) is a patient-centered, guiding communication style for enhancing a person's own motivation for health behavior change by exploring and resolving ambivalence.

- Open-ended questions
- Ask permission
- Reflect back
- Support autonomy
- Honor ambivalence

If the patient still declines...

Focus on Building Trust

Maintain a healthy patient-provider relationship by respecting your patient's choice and focus on being a trusted resource.

"I completely respect your decision regarding the vaccine. While I strongly recommend it for your health, I understand it's a personal choice, and we can always revisit it at a future visit."

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Case Application: Revisited

Lucy



Health Information

Medication History

Lisinopril 20 mg daily
Chlorthalidone 12.5 mg daily
Metformin ER 500 mg daily
Empagliflozin 10 mg daily

Vaccine History

PCV20: 2/10/23
RZV: 1/18/22, 3/22/22
Tdap: 8/14/13
HepB: 4/2/21, 5/3/21, 10/5/21

Vaccines Needed?

<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>



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Case Application

Meet Michael

DOB: 10/4/74



Health Information

Medication History

Fluticasone/umeclidinium/vilanterol 100/62.5/25 mcg inhalation powder, 1 puff daily

Albuterol inhaler, 2 puffs every 4 to 6 hours as needed

Atorvastatin 40 mg daily

Vaccine History

COVID: 10/10/25

Influenza: 10/10/25

Tdap: 6/18/19

PPSV23: 8/22/21

HepB: 3/15/22, 5/15/22

MMR: 5/12/95

Vaccines Needed?

<https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html>



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What is the missed vaccine moment?

What workflow step would capture it?

How would you introduce it?

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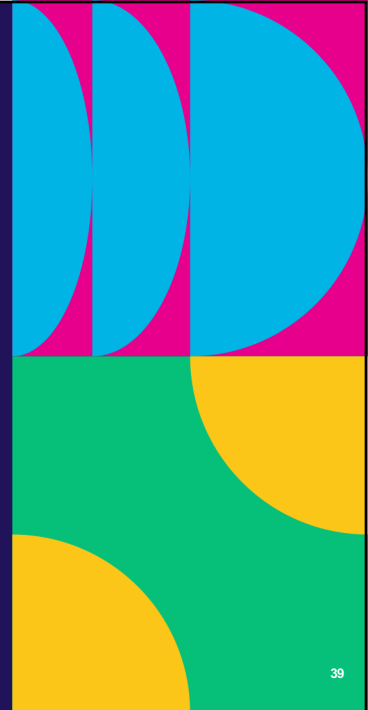
Key Takeaways

- Look beyond influenza to identify vaccine opportunities
- Screen for vaccines during routine encounters (e.g., refills)
- Assign clear staff roles to support vaccine workflows
- Use presumptive recommendations to improve vaccine acceptance
- Create follow-up systems that support ongoing immunization efforts

Checklist to Prevent Missed Vaccine Moments

- ✓ Review age-based vaccines
- ✓ Review condition-based vaccines
- ✓ Ask about travel
- ✓ Check IIS or immunization history
- ✓ Start with presumption
- ✓ Schedule follow-up doses before checkout

What will you do
differently tomorrow
as a result of this
session?



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Questions?