

Provider Education Committee Agenda

October 21, 2024 | 12:00pm-1:30pm



Welcome and Introductions..... Blanca Martinez

TAPI Update.....James Washington

TAPI Trainings.....Blanca Martinez

ADHS/AIPO Update.....Marcellina Lopez

Partner Presentation.....Jack Crawford

Partner Presentation.....Dr. Gail Hock

Disease FlyerKarin Szymanski

Billing/Policy UpdateJennifer Tinney


Respiratory Illness Season.....Dr. Nick Staab

NEXT MEETING DATE:

Provider Education Committee Virtual Meeting
Monday, December 9, 2024
12:00pm - 1:30pm

Provider Education Committee

October 21, 2024
12pm-1:30pm




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Welcome and Introductions

Blanca Martinez

TAPI




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TAPI Update

James Washington

TAPI



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Our offices are moving Dec 1st!

City Square, 3838 N. Central Avenue





Our November and December Committee Meetings will be virtual.

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T.I.P.S Trainings

Blanca Martinez

TAPI



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TAPI Trainings



Training on Immunization Practice Strategies: T.I.P.S.

ADDITIONAL TRAINING OPPORT

December 12, 2024
Arizona Public Health Center
3850 N. Country Club Rd
Tucson, AZ 85714

Check-in at 8:30 AM
Training ends at 4:00 PM

FREE TRAINING
IS FOR HEALTH CARE PROVIDERS UNABLE TO ATTEND LAST YEAR. The content of this training will be the same as what was covered last year.

REGISTER NOW

For more information: www.whyimmunize.org or call 855.646.7666



Free Training!

November 7, 2024
12-1:30 pm
OR
December 5, 2024
12-1:30pm

10 THINGS PARENTS NEED TO KNOW ABOUT WHY WE IMMUNIZE

Please join us virtually to refresh your knowledge of proven health strategies, fundamentals of immunization, and the impact of vaccine ad disease prevention.

For anyone who interacts with parents immunizing their kids: School Nurses, Health Educators, Social Workers, Medical Assistants, Vaccine Administrators, and more!

REGISTER HERE!


Please contact Laris Smith at LSmith@tapi.org for more information.




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ADHS/AIPO Update

Marcellina Lopez
ADHS



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ARIZONA DEPARTMENT OF HEALTH SERVICES


TAPI Hybrid Provider Education Meeting

Vaccine Center Updates

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AGENDA


- 2024 Annual VFC Re-enrollment
- Immunization Data Report (IDR)
- Jynneos
- Fall Respiratory Virus Season Vaccine Ordering
 - Influenza
 - RSV
 - COVID-19
- Special Considerations
- Advertising Transfers
- Shipping



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2024 Annual VFC Re-enrollment

- Closed August 31, 2024
- Total number of records assigned to staff for review : 612
- Number of records approved (completed): 608
- Number of records assigned for review but not yet approved: 5
 - BIZS will continue to support providers on a case-by-case basis for those who would like to remain in the program but are missing approval documents.
- Total Number of enrolled VFC providers: 654
 - 16 Unenrolled
 - 15 newly enrolled providers ★




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2024-2025

Immunization Data Report (IDR)


- Opened September 4, 2024
- Closes November 15, 2024
- Refer to [Welcome Letter](#) for more information



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Jynneos Vaccine Updates


- VFC ordering opened in August
- Added to the FY 2025 VFA order set
- Approved for adults 18+ at high risk for mpox infection
 - *May be used for children between 6 months and 18 years determined to be at high risk or as post-exposure prophylaxis (PEP) for mpox infection under [Emergency Use Authorization \(EUA\)](#)*



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Jynneos Update Continued


- Bureau of Infectious Disease Services (BIDS) [Mpox webpage](#)
- Ask the BIZS Experts Granicus - [Bavarian Nordic - JYNNEOS® - Who can receive it?](#)



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2024-2025
Seasonal Influenza Vaccines


- VFC/VFA ordering is open in ASIS
- As of 10/17/2024
 - 93,430 VFC flu doses ordered
 - 160,080 doses available
 - 7,090 doses VFA flu doses ordered
 - 3,010 doses available



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RSV Vaccines/Nirsevimab Befortus

- Pfizer Abrysvo and Nirsevimab/Beyfortus open for VFC ordering in ASIS
- The ordering cap for the 100mg presentation has been increased to 100 doses per order. The ordering cap for the 50mg presentation will remain the same at 25 doses per order.
- The table below indicates when ABRYOVO® or Nirsevimab should be administered:



- Allocations - The table below shows the specific threshold top-offs for the State of Arizona. Based on the doses ordered, the CDC will "top-off" our threshold of doses to the quantity shown in the table.


	Oct 15 - Oct 28 Threshold Top-Offs	Nov 11 - Nov 25 Threshold Top-Offs	Dec 9 - Feb 17 Threshold Top-Offs
Doseage	10/14, 10/21**, 10/28	11/11, 11/25	12/09, 12/23, 01/06, 01/20, 2/3, 2/17
50 mgs	1,180	1,890	2,840
100 mgs	2,880	1,330	330



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2024-2025
COVID-19 Vaccines

- Pfizer, Moderna, and Novavax COVID-19 vaccines are authorized by the FDA
- Pfizer, Moderna, and Novavax are [available to order](#) in ASIS for VFC/VFA




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Special Considerations

Borrowing Exceptions:

- One-directional borrowing of private vaccines is allowable and unique to the [seasonal influenza vaccine](#).
- VFC providers who *maintain private stock of COVID-19 vaccine and nirsevimab* for privately insured children, bidirectional borrowing will be allowed for the 2024-2025 respiratory virus season. (See [Module 10 - Addendum: Special Considerations for COVID-19 Vaccine and Nirsevimab](#))

Resources: [borrowing report](#)




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Advertising Vaccines for Transfer: Available in VOMS

- On October 3, 2024 a RedCap email was sent to providers regarding the new feature in ASIS.
- This feature enables other VFC-enrolled providers in good standing (with no open incidents) to advertise soon-to-expire vaccines(at least 90 days before the expiration date), view other available transfers, and submit transfer requests.
- Authorized users will have access to a comprehensive list of all available vaccines across the state—please be mindful to select providers within reasonable proximity (Transport should not take longer than 30 minutes), avoiding selections from organizations/facilities located too far away.

Reminder: All vaccine transports must adhere to established vaccine transport protocols to ensure vaccine integrity and must be approved by the BIZS before transport occurs.



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Shipping Updates

- VFC/VFA No vaccine deliveries on
 - Monday, November 11, 2024 (Veteran's Day)
 - Thursday, November 28, 2024 (Thanksgiving)



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THANK YOU


Marcellina Lopez | Marcellina.Lopez@azdhs.gov
Bureau of Immunization Services/Preparedness



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Partner Presentation


Jack Crawford
Sanofi



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Partner Presentation

Gail Peterson Hock
DNP, APRN, PHCNS-BC
UN Foundations Shot@Life



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Vaccine Preventable Disease Materials

Karin Szymanski
TAPI



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Vaccine Preventable Disease Poster



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Vaccine Preventable Disease Poster

Vaccines Keep Diseases in the Past. Where They Belong.
 Spanish Message Form

While flip phones, record players and 90's music are back, many of us do not even recognize certain diseases. That is because of vaccines!

Together, we can help our children experience the good parts of our past.
 Spanish Message Form

Make Your Follow-Up Appointment TODAY!
 Appointment follow-up date: tapi.org/parents

Learn more about (bring) vaccines at tapi.org or call 800-458-3434.

Spanish message forms that include QR codes for the QR Code above.

Make Your Follow-Up Appointment TODAY!
 Appointment follow-up date: tapi.org/parents

FL: IPV COVID-19: MMR
 High Risk: Td: PCV13
 NY: DTP: HepB: Hib
 MS: HPV: HepB: MMR

Learn more about the diseases and the vaccines that prevent them at tapi.org or call 800-458-3434.
 Spanish message forms that include QR codes for the QR Code above.

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www.tapi.org

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Billing/Policy Update

Jennifer Tinney
 TAPI

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New Vaccine Codes

COVID, Flu & RSV
 Pediatric Counseling

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Assessment of Facilitators and Challenges to Providing Childhood Vaccines

Jennifer Tinney | The Arizona Partnership for Immunization | jtinney@tapi.org

Overview

The COVID-19 pandemic severely impacted the immunization system, highlighting critical gaps in vaccine delivery systems. The Arizona Partnership for Immunization (API) responded with a comprehensive approach to address these challenges, including:

- **Why are vaccine coverage trends trending in a more positive direction?**
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- **Why are vaccine coverage trends trending in a more positive direction?**

Approach

- Evaluate Existing Barriers & Challenges to Childhood Immunization.
- Assessment of Vaccine for Children (VFC) program quality for healthcare providers.
- Review and compare identified vaccine delivery challenges & implementation through observational research.

Less Workload or Higher Payments Fewer Providers Kids at Risk

VFC Challenges

- **Low Reimbursement:** Vaccine coverage has significantly increased, but providers have experienced a 30% decrease in reimbursement rates. This is due to the fact that the VFC program has not kept up with the cost of vaccine delivery, including the cost of the vaccine, the cost of the delivery, and the cost of the provider's time.

Recommendations

- **VFC Policy:** Review the VFC program's reimbursement rates and ensure they are competitive with other vaccine programs. Consider implementing a tiered reimbursement system based on the volume of vaccines administered.
- **Reimbursement:** Explore alternative payment models, such as capitated payments or bundled payments, to reduce administrative burden and improve provider satisfaction.
- **Outcomes:** Monitor vaccine coverage rates and provider satisfaction over time to assess the impact of the recommendations.

Vaccine Sustainability

Assess the sustainability of the VFC program and identify strategies to ensure long-term funding and delivery.

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HHS Vaccines Federal Implementation Plan

EXECUTIVE SUMMARY

VISION

Vaccines National Strategic Plan (VNSP): Progress, Challenges, and Future Strategies
 Thursday, October 31, 2024, from 1:00-2:30 p.m. (ET)
 Register: [REGISTER TODAY](https://www.eventbrite.com/e/vaccines-national-strategic-plan-2024-tickets-758456123456)

Objectives:

- Review Previous VNSP
- How vaccines strengthen community health
- Provide a forum for OIGP to listen and learn from community collaborators about the progress gaps, challenges and strategies needed to reduce the burden of vaccine-preventable diseases

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www.tapi.org

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October Billing Workflow Notes

- **RSV vaccine during Pregnancy:** Must include gestational age on encounter form/record for billing
- **RSV monoclonal for babies:** Must include weight on encounter form/record for billing
- **New trivalent flu codes:** Please update any EHRs/forms with new (old) vaccine CPT codes. Plans delayed loading codes
- **Mpox vaccine coverage:** AHCCCS will not cover vaccine until after DOS 10/01/2024 because of Federal doses. Plans may review on case-by-case basis. Commercial plans seem to be covering it based on test claims

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2024-2025: Payment Allowances for COVID-19 Vaccines & Administration

Code	Age/ Presentation	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC	CMS Payment	CDC Retail Cost
Moderna 91322	Ages 12 years and older; VIAL, SINGLE-DOSE, or PRE-FILLED SYRINGE 50 mcg/0.5 mL	SPIKEVAX 2023-2024 Formula, Moderna	SARSCOV2 VAC 50 MCG/0.5ML IM 2024-2025	80777-0110-93	\$161.65	\$141.80
Moderna 91321	Ages 6 months through 11 years; VIAL, SINGLE-DOSE, 25 mcg/0.25 mL	SARSCOV2 VAC 25 MCG/0.25ML IM	Moderna COVID-19 Vaccine 2024-2025 Formula	80777-0291-80	\$147.06	\$129.00
Pfizer 91320	Ages 12 years and older; VIAL, SINGLE-DOSE, or SYRINGE, PRE-FILLED 30 mcg/0.3 mL	COMIRNATY SARSVC2 VAC 30MCG TRS-SUC IM	(COVID-19 Vaccine, mRNA) 2024-2025 Formula (Gray cap)	00069-2432-10	\$155.90	\$136.00
Pfizer 91319	Ages 5 through 11 years; VIAL, SINGLE-DOSE, 10 mcg/0.3 mL	SARSCOV2 VAC 10MCG TRS-SUC IM	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Blue Cap)	59267-4438-02	\$87.78	\$77.00
Pfizer 91318	Ages 6 months through 4 years; VIAL, MULTI-DOSE, 3 DOSES, 3mcg/0.3 mL AFTER DILUTION	SARSCOV2 VAC 3MCG TRS-SUC	Pfizer-BioNTech COVID-19 Vaccine 2024-2025 Formula (Yellow Cap)	59267-4426-02	\$65.55	\$57.50
Novavax 91304	Ages 12 years and older; 10 pack 1 dose syringe	SARSCOV2 VAC 5MCG/0.5ML IM	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older) 2024-2025 Formula	80631-0107-10	\$161.54	\$161.54

<https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/vaccine-pricing>

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2024-2025: Payment Allowances for COVID-19 Vaccine Administration

Code	Vaccine/ Procedure Name	CPT Short Descriptor	AHCCCS Payment	CMS Payment
90480	ADMIN SARSCOV2 VACC1 DOSE	COVID Vaccine Administration Code for all presentations & doses	\$40.57	\$40.00
M0201	Covid-19 vaccine home admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	\$36.00	\$35.50

Standing Orders for Vaccine Administration:
<https://www.immunize.org/standing-orders/>



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2024-2025: Payment Codes for RSV Vaccines & Administration

Code	Vaccine/Age/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	Admin Fee Rate	CDC Retail Rate
90679	Arexvy 60+ Shared Clinical Decision	RSV recombinant, adjuvanted 0.5ML IM	58106-723-03 vial NDC 58160-848-11 box NDC	N/A	\$294
90678	Abrysvo 60+ Shared Clinical Decision. (Pregnancy recommendation) Note: Include gestational age on claim	RSV bivalent, protein subunit 0.5ML IM	00669-0207-01 vial 00669-0344-01 Box	N/A	\$295
RSV Monoclonal Antibody					
90380	Beyfortus 0-8 months	monoclonal antibody 0.5ML IM	49281-575-00 vial 49281-575-15 box	N/A	\$519.75
90381	Beyfortus 9-18 months	monoclonal antibody 1ML IM	49281-0574-15	N/A	\$519.75
96380	Administration of Beyfortus with counseling provided by physician or qualified provider	Use diagnoses code Z29.11 NOT Z23 diagnosis code for Immunizations	N/A	\$22.27	N/A
96381	Administration of Beyfortus without counseling	Use diagnoses code Z29.11 NOT Z23 diagnosis code for Immunizations	N/A	\$19.32	N/A

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Influenza Vaccine Products for the 2024-2025 Influenza Season

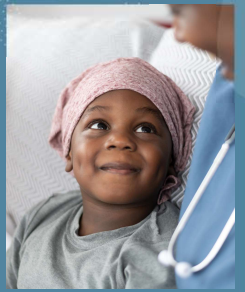
Manufacturer	Trade Name (vaccine administration)	How Supplied	Mercury Content (ppm)	Age Range	NDC Code	Vaccine Product Billing Code	CMS Payment Allowance	CDC Retail Price
AstraZeneca	FluMist (LAIV5)	0.2 mL (single-use nasal spray)	0	2 through 49 years	66019-0311-10	90660	\$28.87	\$24.75
GSK	Flucelvax (IV3)	0.5 mL (single-dose syringe)	0	6 months & older*	35100-0885-12	90656	\$22.30	\$19.75
	Flukick (RV3)	0.5 mL (single-dose syringe)	0	18 years & older	40281-0724-10	90673	\$83.49	N/A
Sanofi	Fluzone (IV3)	0.5 mL (single-dose vial)	0	6 months & older*	49281-0424-08	90656	\$21.78	\$20.68
	Fluzone High-Dose (HD-IV3)	0.5 mL (single-dose syringe)	0	65 years & older*	49281-424-08	90656	\$21.88	\$19.35
	Afluria (IV3)	0.5 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months*	49281-641-78	90657	\$10.03	(\$19.21, 5ml)
	Afluria (HD-IV3)	0.5 mL multi-dose vial (0.5 mL dose)	25	6 months & older*	49281-641-78	90658	\$21.88	\$19.22
CSL Seqirus	Fluzone High-Dose (HD-IV3)	0.5 mL (single-dose syringe)	0	65 years & older*	49281-124-05	90662	\$83.49	N/A
	Afluria (IV3)	0.5 mL multi-dose vial (0.25 mL dose)	24.5	6 through 35 months*	33332-0124-10	90657	\$10.03	(\$19.96, 5ml)
	Afluria (HD-IV3)	0.5 mL multi-dose vial (0.5 mL dose)	24.5	3 years & older*	33332-0124-10	90658	\$21.88	\$19.96
Novartis	Fluzone (IV3)	0.5 mL (single-dose syringe)	0	3 years & older*	33332-0024-03	90656	\$21.88	\$21.65
	Fluzone High-Dose (HD-IV3)	0.5 mL (single-dose syringe)	0	65 years & older*	70461-0024-03	90653	\$83.49	N/A
Novartis	Fluzone (IV3)	0.5 mL (single-dose syringe)	0	6 months & older*	70461-0024-10	90661	\$36.88	\$32.45
	Flucelvax (HD-IV3)	0.5 mL multi-dose vial (0.5 mL dose)	25	6 months & older*	70461-0024-03	90661	\$36.88	\$32.45

NOTES:
 1. All 2024-2025 seasonal influenza vaccines are inactivated, split-virion, adjuvanted, and contain egg proteins. They may contain traces of gelatin, antibiotics, and other substances. For more information, visit <https://www.fda.gov/oc/ohrt/flu-vaccine-ingredients>.
 2. An administration site should never be reused in another person.
 3. Dosing for obese and children aged 18 through 35 months:
 • Adults: 0.25 mL
 • Children: 0.5 mL
 4. Split-virion influenza vaccines are approved for use in immunocompromised individuals. Influenza may occur in COVID-19 patients while on active therapy. Influenza may occur in patients with a history of COVID-19. Influenza may occur in patients with a history of COVID-19 who are immunocompromised.
 5. Afluria is approved by the Food and Drug Administration for use in immunocompromised patients aged 6 months through 35 months. For more information, visit <https://www.fda.gov/oc/ohrt/flu-vaccine-ingredients>.
 * Appropriate for use in immunocompromised patients aged 6 months through 35 months.

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AHCCCS Codes for Pediatric Vaccine Counseling

- Counseling when **no** childhood vaccine is given
 - 15 or 30 minutes
- Counseling when **no** covid vaccine is given
 - 15 or 30 minutes



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New! AHCCCS Childhood Vaccine Counseling Codes

VACCINE	SERVICE	CODE	COMMENTS
Childhood Vaccine Given with Counseling	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	90460	Administration of the immunizations may be billed in addition to the EPSDT visit using the CPT-4 code appropriate for the immunization with an SL modifier.
Counseling Childhood Vaccine Given Additional antigens	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	90461	Administration of the immunizations may be billed in addition to the EPSDT visit using the CPT-4 code appropriate for the immunization with an SL modifier.
No Vaccine Given: Childhood 0-21 years	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time.	90312	This code is used for Medicaid billing purposes. Report for non-COVID-19 vaccine counseling for patients under 21 years of age.
No Vaccine Given: Childhood 0-21 years	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time.	90313	This code is used for Medicaid billing purposes. Report for non-COVID-19 vaccine counseling for patients under 21 years of age.
No COVID-19 Vaccine Given 0-21 years	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time	90314	This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT). Report for COVID-19 related vaccine counseling for EPSDT beneficiaries under 21 years of age.
No COVID-19 Vaccine Given 0-21 years	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time	90315	This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT). Report for COVID-19 related vaccine counseling for EPSDT beneficiaries under 21 years of age.

<https://www.ashcccs.gov/Transparency/Downloads/medical-coding-resources/IMPASR-EPSDT-cciv-coding-resource.pdf>

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T.I.P.S Trainings

Dr Nick Staab
Maricopa County



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Thank You!

Next
**Provider Education Committee
Virtual Meeting**

December 9, 2024
12pm-1:30pm



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IMMUNISATION AND THE SUSTAINABLE DEVELOPMENT GOALS

1




NO POVERTY

HEALTHY CHILDREN & FAMILIES = INCREASED PROSPERITY

Immunisation protects people from being forced into poverty due to high out-of-pocket health expenditures. Every year, healthcare costs push approximately 100 million people into poverty. Focusing on prevention rather than expensive treatment, immunisation by 2030 will help to prevent 24 million households in 41 low- and middle-income countries from slipping into poverty.

2



ZERO HUNGER

IMMUNISATION + NUTRITION = HEALTHIER FAMILIES

Immunisation provides a platform for delivering nutrition interventions and work hand in hand with good nutrition to help reduce child mortality. Vaccine-preventable diseases could tip children into a malnourished state as they impair the absorption of essential nutrients. Malnourished children are more likely to die from infectious diseases such as diarrhoea, measles and pneumonia, many of which can be prevented by vaccines.

3




GOOD HEALTH AND WELL-BEING

IMMUNISATION = HEALTHY LIVES AND WELL-BEING

Immunisation is one of the most cost-effective ways to save lives and promote good health and well-being. Every year, vaccines save 2-3 million lives, and millions more are protected from disease and disability. It routinely reaches more households than any other health service and brings communities into regular contact with the health system. This provides an effective platform to deliver other primary health care services and upon which to build universal health coverage.

4




QUALITY EDUCATION

VACCINES = IMPROVED LEARNING

Immunisation increases educational attainment since vaccinated children learn more while they are able to go to school and perform better, positively impacting on cognitive development as well as long-term productivity. Moreover, schools are a platform for health promotion, delivery of vaccines and other health services. The benefits flow both ways: children of educated parents have a greater chance of being immunised and well-nourished and thus enjoy better health.

5



GENDER EQUALITY

IMMUNISATION = EMPOWERED WOMEN AND GIRLS

Immunisation is a gender-equal intervention. Globally, girls and boys are immunised at similar rates. However, there are variations at sub-national levels and in some countries because a range of different barriers inhibit women's ability to access healthcare for their children. Gavi supports countries to make focused efforts to identify and address gender-related barriers to immunisation services, such as through training female health workers, as empowering women is critical to improving child vaccination coverage.

6



CLEAN WATER AND SANITATION

WASH + VACCINES = LESS DISEASE

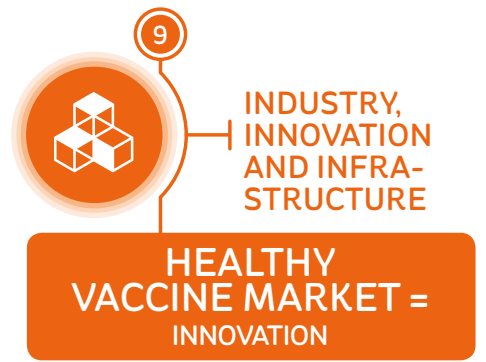
Vaccines, along with clean water, sanitation and hygiene (WASH), are proven interventions to prevent diarrhoeal diseases, a leading cause of child mortality in developing countries. Investments in oral cholera and rotavirus vaccines, WASH and health systems form an integrated approach to help eliminate diarrhoeal disease.



Immunisation brings newer, cleaner and more sustainable technology to developing countries' health systems. For instance, Gavi's cold chain equipment optimisation platform gives countries access to solar and energy efficient refrigeration, which is not only more reliable and cost-effective but also more environmentally friendly. Our support includes vaccine monitoring devices that ensure optimum energy usage and reduce wastage.



Investment in human capital can dramatically strengthen a country's competitiveness. Vaccinated, healthy children grow into a productive workforce and become strong contributors to the economy. In addition, healthy children free up parents' time so they are able to work. In Gavi-supported countries, every US\$ 1 spent on immunisation generates US\$ 54 in broader societal benefits of people living longer and healthier lives.



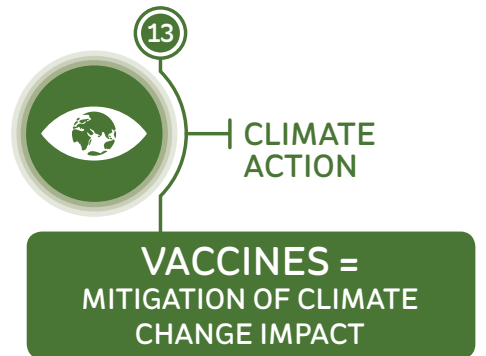
Gavi makes vaccine markets work better by attracting more suppliers, dramatically reducing vaccine prices and ensuring more equitable and sustainable access to vaccines and other innovative products that meet developing countries' needs. Since our inception in 2000, we have contributed to a significant increase in new manufacturers supplying vaccines for Gavi and the majority of the vaccine doses we procure are manufactured in developing countries.



Immunisation protects the health of communities, reduces the number of people forced into poverty, and gives children an equal chance of a healthier and more productive future. By focusing on the underserved communities and unimmunised ("zero dose") children in the poorest and most marginalised populations, especially the urban poor and those living in remote rural settings and conflict areas, Gavi brings immunisation and primary health care services to those furthest behind.



By 2050, nearly 70% of the global population will be living in urban areas. The number of people living in slums or informal settlements has also grown to over 1 billion, many of whom lack access to basic health services. Strengthening urban immunisation programmes protects them against the increased risk of disease outbreaks and is an opportunity to bring integrated preventative services to urban and underserved communities.



The impact of climate change cuts across health and well-being, livelihood, and security of people, particularly for the poorest and most vulnerable communities, such as people on the move. Immunisation is critical to building people's and systems' resilience to and reducing the risk of outbreaks due to climate-sensitive diseases, such as yellow fever, cholera and Ebola, particularly in urban, fragile and post-disaster settings.



Effective, safe, and people-centred health systems are the backbone of social institutions in every country, and immunisation is often the first point of contact between these systems and the population. Through Gavi support, countries' efforts to improve equitable access to vaccines contributes to building public trust, stronger social cohesion, peaceful and inclusive societies.



Leveraging the comparative advantage of each partner, the Vaccine Alliance's innovative public-private partnership model has transformed global progress by accelerating equitable and sustainable access to vaccines both at scale and pace. Since 2000, Gavi support has helped countries immunise more than 760 million children. This has helped to reduce deaths from vaccine-preventable diseases by more than 60 per cent and played a key role in halving the under-five mortality rate in those countries.

Gavi is one of 12 multilateral agencies which developed the Global Action Plan for Healthy Lives and Well-being for All (GAP). The GAP aims to strengthen purposeful collaboration among the 12 agencies to help accelerate country impact towards the health-related SDGs. Gavi co-led the accelerator on "sustainable financing for health" to help countries rapidly improve the generation, allocation, and use of funds for health.

CALL YOUR LEGISLATORS

Calling your legislators is a great way to directly advocate for our cause! To make the biggest impact, join us on our call-in day on **Thursday, October 24** (World Polio Day) when advocates across the country will also be calling into offices. If you can't join us on the call-in day, you can still call anytime this fall using the following information.

We are using a different call-in system than in previous years, so please read the directions carefully before making calls.

To make calls, you will fill out an online form ([here](#)), which will prompt the call-in system to call the phone number you provided in the form and connect you with the offices (instead of you calling a number like in the past). After filling out the form, the **confirmation page will have the script on it.**

In advance of calls, please make sure you are prepared using one of the following options:

1. **Option #1 (recommended): use two devices**—fill out the form on a laptop/iPad/device other than your cell phone. This way, once you submit the form, the confirmation page will display the script, and you can read the script off of your second device (once the system calls your cell phone).
2. **Option #2: print script**—you can print this set of instructions/script (see below) in advance. When you're ready to make your calls, fill out the form on your phone, and once the system calls your phone, you can read the paper version of the script.
3. **Option #3: use your phone for calls and script**—in this case, you will fill out the form on your phone (with the script showing up on the confirmation page), the system will call you, and you'll have to flip back and forth between the dialer/phone app and the browser app with the script. **(This option is only suggested if you're comfortable quickly flipping between apps on your phone.)**

The system will tell you which office you're getting connected to, but we also recommend looking up your 2 senators and 1 House rep in advance/writing these down, so you know which offices you will be talking to.

- Finding your senators—Google “[insert your state] senators”
- Finding your House rep—enter your zip code into the form [here](#)

Other important detail: never hang up the call—only click the star button (*)! The system will connect you with your three offices (2 senators and 1 House rep)—to move between calls, click the star button(*) on your dial pad.

- Once you finish talking to one office, click the **star button(*)** to end the call/move onto the next office.

- If you leave a voicemail, click the **star button(*)** to end the message/move onto the next office.
- Once you complete all 3 calls, click the **star button(*)** once more, and this will hang up the call for you.

If you accidentally hang up or get disconnected before reaching all three offices, please email us at champions@shotatlife.org, and we'll help get you back on track to finish your calls.

Instructions/Script:

1. To fill out the call-in form, click [here](#) -or- copy/paste or type bit.ly/shotatlifecalls into your browser on your device of choice (recommended on a device other than your cell phone—please see above for explanation). Fill out the form with the phone number that you want to make your calls from.
2. Once you submit the form, the call-in system will call you. **Be sure to answer the call from 202-998-5103!**
3. Once you answer, you will hear a welcome message from Shot@Life before getting connected with the first office.
4. Once you are connected to the member's office, tell the staff member who answers the phone that you have an opinion on global health and foreign aid that you would like to share with the member of Congress and ask if they will pass it along.
5. Deliver your talking points/script in your own words, summarized below:

Script:

"My name is [redacted], and I represent the Shot@Life campaign in [your district/your state]. The campaign is a part of the UN Foundation and educates, connects, and empowers Americans to champion global vaccines as one of the most cost-effective investments the U.S. government can make to save the lives of children in low-income countries. I'm calling today as it is World Polio Day, and investments in polio eradication efforts remain more important than ever."

"We are grateful to Congress for strongly supporting global child vaccine programs in the previous fiscal year. But the pandemic has jeopardized decades of progress in global child immunization. Increased funding is urgently needed to prevent a catastrophic rise in preventable disease."

State the fiscal year 2025 "asks"

"As Congress continues to debate and pass appropriations bills into the fall, including any Continuing Resolutions needed to fund the U.S. government, I ask that you continue to support full funding for Fiscal Year 2025 global

vaccine activities at every opportunity for programs like UNICEF and Gavi, the Vaccine Alliance.”

[Full numbers for you to reference if they ask]

- *Labor-HHS-Appropriations Subcommittee*
 - *\$356 million for CDC Global Immunization Division*
 - *State and Foreign Operations (SFOPS) Appropriations Subcommittee*
 - *\$165 million for U.S.A.I.D. polio eradication efforts*
 - *\$340 million for Gavi, the Vaccine Alliance*
 - *\$175 million for UNICEF*
 - *\$134.6 million for W.H.O.*
6. *Ask if the staffer requires any follow-up information.*
 7. *You may also ask if the member has a current stance on global vaccines, global health, or foreign aid. Request a response indicating the member’s position on this matter.*
 8. *If the office gets back to you with a specific appropriations request form, please let us know and we will help fill it out.*
 9. *Once you thank the office and the call wraps up, **don’t hang up**—click the star button (*) to be connected to the next office; once you click the star button (*) after the third call, the call will automatically be disconnected, and you’re done!*
 10. *Report your action using the reporting form at shotatlife.org/report*

If your call is not answered, don’t worry. You can leave a message! Be prepared that they *may* call you back.

Message Script: Hi my name is [] and I’m a constituent of Sen/Rep []. I’m calling today as it is World Polio Day, and I wanted to emphasize the importance of global childhood immunization programs and why Sen/Rep [] should support fully funding U.S. government global vaccine activities in fiscal year 2025. We are grateful to Congress for strongly supporting global child vaccine programs in the previous fiscal year. But the pandemic has jeopardized decades of progress in global child immunization. Increased funding is urgently needed to prevent a catastrophic rise in preventable disease.

As Congress continues to debate and pass appropriations bills into the fall, including any Continuing Resolutions needed to fund the U.S. government, I ask that you continue to support full funding for Fiscal Year 2025 global vaccine activities at every opportunity for programs like UNICEF and Gavi, the Vaccine Alliance. If you have any questions or would like the specific amounts for these requests, please give me a call at XXX-XXX-XXXX. Thank you.