

Optimizing IMMUNIZATION PRACTICES: Your Role, Your Impact



COVID-19

What Is COVID-19?¹

- Coronavirus disease 2019 (COVID-19) is a viral disease caused by the SARS-CoV-2 virus
- It is highly contagious and spreads quickly
- Most often, COVID-19 causes respiratory symptoms similar to the cold, flu, or pneumonia, but it can affect other organ systems
- The symptoms and severity can change during the course of the illness
- Infected people can transmit the virus before symptom onset

What Is the Burden of Disease?¹

CDC estimates of COVID-19 burden in the US 2024-2025²

Preliminary 2024-2025 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2024 through December 7, 2024, there have been:

2.5 million -
4.4 million



COVID-19
Illnesses

610,000 -
1.0 million



COVID-19
Outpatient Visits

72,000 -
120,000



COVID-19
Hospitalizations

8,200 -
13,000



COVID-19
Deaths

*Based on data from September 29, 2024 through December 7, 2024.

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What Is the Burden of Disease?¹ (continued)

- Most people experience mild symptoms, but some people become severely ill, including older adults, immunocompromised people, or those with chronic diseases
- Some people, even those with minor or no symptoms, will develop post-COVID conditions or ‘long COVID’
- Many patients who experienced severe illness during the pandemic, and were hospitalized, have physical scars (eg, from a tracheostomy) and emotional trauma
- Loss of taste and smell for prolonged periods may cause social (eg, inability to enjoy meals with family) or safety concerns (eg, inability to smell smoke and therefore fire risk)

What Is the Current Immunization Rate for COVID-19?

- The CDC estimates that as of February 15, 2025, among adults **18 years and older, 23.1% (95% CI: 22.4%-23.8%) have received the updated 2024–25 COVID-19 vaccine**³
- The CDC estimates that as of November 30, 2024, an estimated **24.8% of Medicare Fee-for-Service beneficiaries 65 years and older have received the updated 2024-2025 COVID-19 vaccine**⁴
- Compared to White adults 65 years or older, immunization rates are lower in other ethnic groups. The rate is **18.5% among Blacks, 21.2% among Asians, and lowest among Hispanics at only 9.6%**.⁴

What Vaccines Are Currently Available in the US for COVID-19?¹

Two types of vaccines are available in the US

- mRNA vaccine
- Protein adjuvant vaccine

These vaccines protect against severe illness, hospitalization, and death

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What Are the Current Immunization Recommendations for COVID-19?⁶

Schedule

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)

Legend

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No Guidance/Not Applicable

Recommendations

- **Everyone should receive 1 dose of the most recent vaccine** (currently 2024-2025 version). The type of vaccine (mRNA or protein) or manufacturer does not matter.
- **No seasonality** in administration of vaccines
- **If being immunized against COVID-19 for the first time**, then receive 1 dose of an mRNA vaccine or 2 doses of the protein adjuvant vaccine
- **People 65 and older require two doses at least 2 months apart** (preferably 6 months)
- **The COVID-19 vaccination during pregnancy is safe and effective**, therefore, people trying to get pregnant, are pregnant, or breastfeeding should get the vaccine⁷
- **Immunocompromised previously vaccinated people** who have completed 3 or more doses of the mRNA vaccine or 2 doses of protein vaccine require 2 more doses of 2024-25 (any manufacturer, 2-6 months apart) and at least 8 weeks after previous dose. Additional doses for moderately or severely immunocompromised can be given based on shared clinical decision-making at least 2 months apart from previous dose and with no limit.⁸
- **Recipients of HCT or CAR-T therapy** who have received 1 or more doses of COVID-19 vaccine prior to treatment should be revaccinated at least 3 months (12 weeks) after transplant or CAR-T therapy and follow the unvaccinated schedule⁸

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What Are Considerations When Speaking With Patients About Being Immunized Against COVID-19?

- The miscommunication and misinterpretation of the scientific process and vaccine trial data in the early stages of the COVID-19 pandemic resulted in dangerous and persuasive conspiracy theories about these vaccines that have created uncertainty and hesitancy among patients regarding this vaccine
- Anti-vaccine rhetoric and false information online or on social media
- Current culture where people usually read and hear only from others who believe the same things that they do and are not introduced to opposing and often correcting views

What Are Strategies to Increase Vaccine Uptake?

These strategies can help to increase uptake, but addressing specific hesitancy is still a complicated and multi-faceted issue.

Here are a few strategies:⁹

- Share personal stories of receiving the vaccine
- Share personal stories of watching loved ones being hospitalized or keeping vigil with friends and family while a loved one was in critical condition
- Share personal philosophy of immunization being a preventive strategy and that you would do all that it takes to decrease the chances of severe disease or injury to self or loved ones. Compare it to using seatbelts in a vehicle
- Help patients see the beneficial effects of being protected (eg, dancing at birthday parties, playing with children or grandchildren) and potential harms of not being vaccinated (eg, hospitalization, disability that prevents participating in the life of children or grandchildren)
- Make the patient an ally—tell them to ask you the questions they have rather than asking a friend or searching the internet or listening to someone on social media
- Educate your patients so they can make informed decisions
- Assess immunization needs of your patients at every clinical encounter and strongly recommend vaccines that patients need
- Administer the vaccines you stock or refer the patient to a provider that has them
- Document vaccinations, including in your jurisdiction's immunization information system (IIS or vaccine registry) wherever and whenever possible

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Key Takeaways

- COVID-19 is still causing significant numbers of outpatient visits, hospitalizations, and deaths
- Vaccination rates are less than 25% for adults over 18 years and even lower in minority populations
- Effective vaccines are available that can prevent serious disease and complications
- Adults must receive boosters according to recommendations to protect against new variants
- Sharing your personal stories may help patients decide to take the vaccine

Resources

- CDC. [COVID-19 Vaccination Clinical and Professional Resources](#)
- Immunize.org. [COVID-19](#)
- Administration for Community Living (ACL). Resources for Everyone. [COVID-19 Response](#)

References

1. CDC. COVID-19. [About COVID-19](#)
2. CDC. National Center for Immunization and Respiratory Diseases. [CDC Releases New In-Season Estimates for COVID-19 and RSV](#). December 19, 2024
3. CDC. COVIDVaxView. [Weekly COVID-19 Vaccination Dashboard](#). February 26, 2025. Accessed February 26, 2025
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9. [Vaccinating adults: a step-by-step guide](#). Editors: Wood LH, Atkinson WL, Tan LJ, Wexler DL. 2017. Immunize.org