

RE: Request for Information (RFI): To Inform the Development of the 2026 – 2030 National HIV/AIDS Strategy and the National Strategic Plans for Sexually Transmitted Infections, Vaccines, and Viral Hepatitis

Comments submitted via <https://app.smartsheetgov.com/b/form/68aa1bd9c54b42829f99e85cc4ab1e82>.

HIV, STIs, and viral hepatitis often cluster and interact, driven by common social and structural root causes, leading to excess disease, also known as syndemics. In addition, vaccines serve as a key prevention intervention for some infectious diseases and can disrupt syndemics. How can integrated, syndemic approaches be further advanced across the Strategic Plans?

The Gerontological Society of America (GSA) thanks the Department of Health and Human Services (HHS) for the opportunity to comment on the Vaccines National Strategic Plan for the United States: 2026-2030 (VNSP) and the National HIV/AIDS Strategy for the United States: 2026-2030. The development of these and other strategic plans comes at a critical time as our nation continues to work towards healthcare access for all people.

We appreciate HHS' expanded focus to address syndemics as part of this process, including recognition of the important role vaccine strategies play in prevention across the life course, and the potential opportunity to disrupt syndemics.

Vaccination programs are among the most successful public health advancements of the last century. While vaccination efforts in the post-pandemic environment present new challenges, we have also gained new partners and knowledge. We have new opportunities to leverage these learnings and best practices to build upon the strength of existing preventable disease prevention efforts in the United States and break the cycle of syndemics that plague far too many communities.

How does your organization use the Strategic Plans? In what ways can the Strategic Plans be improved to facilitate implementation of the Strategic Plans' goals, objectives, and strategies within organizational activities?

GSA views strategic plans, specifically the VNSP, as the federal governments' priorities and playbook for strengthening and improving the nation's response to vaccine preventative disease, including strategies to address infectious disease through vaccination.

GSA encourages interdisciplinary research collaboration and communication. We routinely convene communities of interest to discuss issues of importance and make recommendations to address the specific needs of older people.

Despite the well-known benefits of immunizations, more than 50,000 adults die from vaccine-preventable diseases each year. Adult coverage lags behind federal targets for most commonly recommended vaccines: influenza, pneumococcal, tetanus, RSV, Covid-19, hepatitis B, herpes zoster, and HPV.

Adults seeking access to and coverage for vaccines encounter a confusing healthcare system that presents multiple barriers, including lack of information about recommended vaccines, financial hurdles, and technological and logistical obstacles.

The VNSP provides an essential framework and lays the foundation for improved access to and utilization of vaccines, through the systematic reduction in technological, logistical, geographic, socio-economic, and financial barriers to the

full complement of ACIP-recommended adult immunizations. GSA considers the VNSP as a road map for measuring progress and success.

Regular progress reports are one strategy for communicating about activities related to implementation of the Strategic Plans. Understanding preferences for format, contents, and frequency will be helpful in developing these updates. How can the federal government better communicate activities and progress achieved related to the Strategic Plans?

It is essential that the federal government not just write strategic plans but also communicate on an ongoing basis activities and progress in a consistent manner and are regular intervals.

Strengthening partnerships for communications efforts is equally important. This includes communication with immunization partners, community leaders and organizations. Communication must be proactive, clear, concise, consistent, and highly visible in order to keep the public fully informed about vaccine development, safety processes, and approval and recommendation criteria.

The federal government, through the VNSP, should further prioritize collaborations with community stakeholders to disseminate information, and to learn from current outreach and practices.

There is also a great need for Office of Infectious Disease and HIV/AIDS Policy (OIDP) to share information regularly with key decision-makers to ensure they have the latest information on promising vaccination developments as well as a full understanding of the benefits and risks; the health economics; as well as an awareness of recent trends in public knowledge, attitudes, and highlighting successful programs and approaches to education and vaccination outreach. We recommend the strategic plan include policymakers as beneficiaries of frequent communication.

Additional Comments

GSA honors aging across the life course and is the nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. The principal mission of the Society — and its 5,500+ members — is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy.

Through GSA's [National Adult Vaccination Program](#) (NAVVP), we are focused on collaborating with the multidisciplinary stakeholder community, conducting informative summits and producing meaningful publications, and webinars, advocating for policies that increase access to vaccines, and training champions to increase vaccination rates.

Through our initiative, "Concentric Value of Vaccination as We Age," we seek to illuminate individual health benefits (e.g., increased life expectancy, prevention of exacerbation of preexisting conditions) and societal health benefits (e.g., prevention of antibiotic resistance) along with individual and societal economic benefits.

Based on advances or changes in policy, program, science, or practice, what components of the Vaccines National Strategic Plan do you think should be maintained and highlighted? What changes should be made to the Vaccines National Strategic Plan? This may include changes to the structure, goals, objectives, strategies, indicators, and/or priority populations. This may also include areas of the current Vaccines Plan that should be scaled back or areas of the current Plan that should be expanded or scaled up.

In planning for the next iteration of the VNSP, GSA would like to express our strong support for the objectives and strategies laid out in the current, 2021-2025 plan, specifically around **Goal 3: Increasing knowledge of and confidence in routinely recommended vaccines** and **Goal 4: Increased access to and use of all routinely recommended vaccines**.

Goal 3: Increasing knowledge of and confidence in recommended vaccines is an essential goal to help to increase community demand for immunizations. It is key to implementation success of the VNSP overall. At a time when mis

and disinformation around vaccinations is everywhere, greater attention and concerted effort is desperately needed from within HHS.

While considerable progress has been made towards providing accurate, timely, and transparent information about vaccines through varied communications and partnership efforts, additional tools and efforts are needed—including publication of evidence-based recommendations, use of mass media and new media, provider education and training, and support of non-federal stakeholder partners. These tools are essential to educating and increasing community demand for adult immunizations.

We wish to note the important role of the Centers for Medicare and Medicaid Services (CMS) to develop and disseminate updated communication products around vaccination for the adults. CMS has the ability to reach beneficiaries in the Medicare and Medicaid program and will be an essential partner in disseminating immunization information to providers and beneficiaries.

The next iteration of the VNSP should focus on increased provider capacity to promote knowledge of the benefits of immunization and increased vaccine acceptance by the public. A previous plan objective, this will be most impactful if barriers to access have also been effectively addressed.

We urge federal partners with HHS, including OIG, CDC, CMS and HRSA, to take a coordinated approach on disseminating of information that can be shared with the range of provider stakeholder organizations responsible for developing medical education curricula and standards.

In addition to the ability to leverage direct lines of communication to their patients, healthcare professionals are trusted sources of information on how beneficiaries can safely receive preventative care. The VNSP should include provider capacity, and the importance of educating and informing HCPs at every stage of their education on the latest vaccine information, to ensure they are well informed, have confidence, and can make a strong recommendation to patients.

The VNSP should also prioritize developing an all of government strategy to inform federal vaccine policy development overall. These relationships will go a long way towards demonstrating that the federal government is prioritizing all aspects of immunization policy. There is also a great need for key decision-makers to have research data as well as easy-to-understand and use information on vaccine benefits and risks; economics; and general attitudes towards adult vaccines.

It will be essential for the next VNSP to focus on ways to reduce barriers to data sharing between public health and the community to identify under-vaccinated populations. GSA would encourage OIG to expand upon its action items under this strategy to include greater emphasis on data collection in addition to reporting and sharing. In addition to challenges in data sharing between public health and communities, gaps in communication between public health, third party payers, and key decision- and policy-makers also persist.

Further, we recommend that the plan develop, implement, and evaluate metrics to better understand vaccine confidence by age, race, ethnicity, disability, geography, education, and socioeconomic status over time. Special attention should be paid to advancing strategic, evidence-based metrics that measure whether activities are culturally appropriate and reflect the health literacy, language proficiency, and functional and access needs of specific target populations.

Finally, the plan should include focus on reducing inequities that exist around vaccine confidence and acceptance across the life course. The plan should incorporate engagement with trusted community members and organizations within targeted communities to develop effective culturally and linguistically appropriate messages and strategies in those communities.

Goal 4: The next VNSP must prioritize increased access to and use of all routinely recommended vaccines. Central to the VNSP should be ways to increase availability of vaccines in a variety of settings. To do this, the

plan must focus on ways to remove barriers to and incentivize vaccination in physician offices, pharmacies, long term care, Federally Qualified Health Centers, obstetrics-gynecology practices, other specialty health care settings.

The plan should also include non-health care settings such as workplaces, places of worship, and community centers as additional vaccination opportunities.

We recommend the VNSP include a goal around supporting immunization infrastructure, provides foundational support for state and local health departments to carry out a variety of activities vital to the prevention, detection, and mitigation of vaccine-preventable conditions. Immunization infrastructure activities support several important vaccine purchase and program operations. As part of immunization infrastructure, Immunization data infrastructure is essential to support vaccination efforts.

The plan should include goals to increase use of data by public health departments and health care systems to identify and address disparities in vaccination rates in their jurisdictions and patient populations.

Efforts to identify and address access will only be meaningful if consistent and reliable data is collected and reported. At present, there is a great deal of variability in data elements being collected in terms of an immunization encounter and the immediate needs for modernization of information technology platforms and software systems are great. We also recommend an additional action be added here aimed at achieving better quality measurement and tracking.

The plan must focus on near time improvements to Immunization Information System reporting, its interoperability across jurisdictions, and bidirectional communication with other health data systems. IIS must be improved and enhanced to meet new and changing data standards and access to IIS must be expanded to more providers and settings across the health care system.

The 2026-2030 plan must prioritize ways to promote adequate payments for vaccines and vaccinations by public and private health plans to incentivize providers to vaccinate, as a core way to promote access.

Recognizing limited resources and the need to direct resources to settings and populations disproportionately impacted, which objectives and strategies of the Vaccines National Strategic Plan should be prioritized over those that may be less effective?

Vaccines have a demonstrated record of accomplishment of success as a cost-effective means of reducing disease burden and saving lives, particularly among pediatric and older adult populations. The next VNSP must lay out a comprehensive roadmap to achieve improved access to and utilization of vaccines, especially through the reduction of technological, logistical, geographic, socio-economic, and financial barriers to the full complement of Advisory Committee on Immunization Practices (ACIP)-recommended adult immunizations.

Avoidable illness costs individuals, families, communities, and our nation in numerous ways – not only in terms of lives lost and a deterioration in quality of life and increased disability, but it also costs individuals, families, and our health care system billions of dollars in direct and indirect costs.

Leveraging lessons learned from the Covid-19 pandemic, what new or existing goals, objectives, or strategies should be prioritized in the next iteration of the National Vaccine Strategic Plan to increase United States preparedness and response to future pandemics? Please provide data and justification.

Over the last four years, we learned a great deal about the strengths and weaker points in the fabric of our nation's adult immunization network. The COVID-19 pandemic was a stark reminder of the cornerstone role immunizations play in disease prevention, response and recovery efforts.

The national vaccination campaign during the public health emergency proved that many disparities across population groups and geography can be eliminated with directed resources and effort.

Unfortunately, it was also a reminder, that access to vaccines is not equal across a person's lifespan. Disparities continue to persist depending on age, race, socio-economic status and geography. Indeed, adult vaccination coverage has lagged below federal health objective targets for most routinely recommended vaccines.

Even with the substantial amount of work to improve access to and utilization of ACIP-recommended adult vaccines, many important authorities and regulatory flexibilities expired with the end of the public health emergency. Now is an opportune time for the NVSP to build on the successes implemented during the PHE, and address long standing gaps in policy.

We encourage removing system barriers to implementation of innovative services such as the use of mobile vans and telehealth and support adequate reimbursement for these services.

Respondents are also invited to share comments not addressed by the questions listed above.

GSA fully supports the work of the Federal Interagency Vaccine Work Group (IVWG) as a collaborator around the NVSP and the implementation of plan. To fully achieve metrics of success, we recommend that one member of the IVWG be chosen as lead for each strategies to ensure success.

The VNSP should prioritize activities, indicators, and targets to achieve success. To fully achieve the elements of the plan, it must also provide budget estimates overall, and for lead partners, so they can account for funds needed to undertake this work.

We urge the VNSP to prioritize reporting on the progress of activities within the plan, including clear estimates and expectations on timelines between annual reporting cycles.

We recommend an annual progress report be released in between plans.