

## Employer Strategies to Reduce Vaccine-Preventable Diseases in Vulnerable, High-Risk, & High-Cost Members



### One of Public Health's Most Significant Achievements

Vaccination has transformed the landscape of infectious disease prevention, fundamentally altering human health outcomes over the past century<sup>1</sup>. Despite this remarkable success, vaccine confidence has become increasingly fragmented in recent years, influenced by a complex mix of misinformation, political polarization, and historical healthcare disparities<sup>2</sup>. Yet vaccines remain one of the most effective public health tools available for preventing serious infectious diseases and promoting workforce health<sup>1</sup>.

The modern employer faces an unprecedented challenge in supporting employee vaccination. Unlike mandatory health screenings or fitness initiatives, vaccination exists at the intersection of personal choice, scientific evidence, and deeply rooted cultural beliefs. Employers must navigate this terrain thoughtfully, recognizing that simply offering vaccines at reduced cost is insufficient. Successful workplace vaccination strategies require a multifaceted approach that emphasizes access, education, trust-building, and organizational culture.

Vaccination has evolved from a secondary health topic to a central pillar of workplace wellness strategy. This shift reflects a growing recognition that a vaccinated workforce is not only healthier, but also more productive, more engaged, and better positioned to maintain operational continuity. Employer-led vaccination efforts extend this impact even further by strengthening community health, reinforcing a culture of wellness, and building organizational resilience<sup>3</sup>.



This Employer Action Brief outlines key barriers to workplace vaccination and evidence-based strategies employers can use to build confidence and improve uptake – especially among high-risk, high-cost populations affected by vaccine-preventable diseases.

While vaccines are proven safe and effective, the challenge is translating that evidence into practices that resonate with a diverse workforce navigating misinformation and skepticism. Employers that invest in access, infrastructure, and trust-building can improve health outcomes, reduce avoidable high-cost events, and better support at-risk employees.

Look for the lightbulb icon throughout this brief, which highlights insights and real-world experiences from health benefits professionals focused on common challenges, practical solutions, and the critical role employers play in advancing workforce health, safety, and productivity.

Use the links below to explore key insights and actionable strategies.

### Quick Links



Employer  
Action  
Steps



Vendor  
Partner  
Questions

## Protecting Vulnerable, High-Risk & High-Cost Members

Vaccine-preventable diseases such as influenza, pneumococcal disease, and COVID-19 are associated with significant morbidity and mortality, particularly among vulnerable, high-risk populations. Individuals with serious conditions, including cancer, are often immune-compromised due to the disease itself or its treatment, resulting in markedly increased susceptibility to infection.

For these populations, vaccine-preventable illnesses are not minor, self-limiting events. They can lead to treatment delays, extended hospitalizations, disease progression, increased mortality risk, and drive substantial clinical and financial burden.

Given this elevated risk profile, employers and plan sponsors must work closely with vendor partners to implement proactive, evidence-based vaccination strategies. These efforts are critical to reducing preventable complications, minimizing treatment disruptions, improving clinical outcomes, and lowering avoidable healthcare costs.

The timing of vaccination relative to treatment – particularly for immunocompromised populations – is also a critical determinant of vaccine effectiveness, reinforcing the need for coordinated clinical and benefits strategies. Improving vaccination coverage in high-risk populations is a high-impact, evidence-based opportunity to reduce infectious disease risk, prevent avoidable complications, and lower total cost of care.

## Employer Decisions Amid Diverse Recommendations

In today's environment, fragmented guidance complicates implementation. Recommendations from national authorities, such as the Centers for Disease Control and Prevention (via the Advisory Committee on Immunization Practices), may differ from those of state-level alliances and professional medical organizations. As a result, employers face challenges in consistently measuring vaccination rates, defining eligible populations, and establishing standardized benchmarks<sup>4</sup>.

Public health guidance is designed for broad population applicability and may not fully align with the specific risk profile of a working-age population. This creates a need for employers to incorporate a broader evidence base – including specialty society recommendations, population health data, and expert insights – when designing vaccination strategies.

Vaccination experts and medical societies scrutinize emerging science to adapt their recommendations to evolving risks and new technologies. While the system has historically been responsive and evidence-driven, recent policy dynamics have raised questions about consistency and interpretation of the evidence base.

To effectively engage employees and plan members, employers should ground vaccination strategies in a clear, science-based understanding of vaccine mechanisms, current evidence, and applicable recommendations. This ensures that communications are credible, actionable, and aligned with broader population health and workforce performance objectives.



*For employers, supporting employee vaccination is both a health priority and a business strategy; a meaningful opportunity for us to serve as trusted advocates.*

*More evidence on the value of vaccines continues to be produced, published, reviewed, and it underscores vaccine recommendations – we're seeing real-world evidence being published almost weekly now.*



*When it comes to vaccines, the voice of the employer is so important; collectively we need to work with stakeholders to assure that the benefits are consistently available – without cost share, and that people are safe and healthy – we all play a role in this.*



*Since certain individuals face elevated risk due to chronic underlying conditions, immuno-compromised status, or a cancer diagnosis, they are more susceptible to serious infections. We need to support them to reduce preventable complications and improve health outcomes.*

## Historically, Vaccine Recommendations Were Designed to Keep Up with Risk

In the U.S., the Advisory Committee on Immunization Practices (ACIP), a panel of medical and public health experts regularly reviews scientific evidence and updates vaccination recommendations for both children and adults, along with agencies like the Centers for Disease Control and Prevention (CDC).

These recommendations typically evolve based on:

- Disease epidemiology (new outbreaks or rising incidence)
- Vaccine effectiveness and safety data
- Cost-effectiveness and population impact
- Real-world surveillance and modeling

## Recent Changes Have Raised Questions About Whether Guidance Reflects Current Risks

In 2025–2026, ACIP recommended changes to the U.S. vaccine schedule sparked debate among clinicians and public health experts. The advisory panel’s approach is shifting from universal recommendations in favor of “shared clinical decision-making” that supports choices in consultation with clinicians based on individual risk, prioritizing “high-risk groups”. Federal officials stated that the revisions aim to increase transparency, rebuild public trust, and support more individualized, risk-based decision-making.

Many infectious disease specialists have raised concerns that these changes could reduce vaccination rates, increase the risk of vaccine-preventable disease outbreaks, and create confusion among clinicians, patients and parents. Several previously universally recommended childhood vaccines—including influenza, rotavirus, hepatitis A and B, and certain meningococcal vaccines—have shifted to “shared clinical decision-making” or are now prioritized for high-risk groups<sup>5</sup>. Similarly, the CDC moved away from universal COVID-19 vaccine recommendations for healthy children and pregnant individuals, emphasizing individualized decision-making in consultation with clinicians<sup>6</sup>.



## Shared Decision Making

Federal vaccine coverage provisions for commercial plans require coverage of all ACIP-recommended vaccines listed on immunization schedules, including those with shared decision-making recommendations<sup>7</sup>. It’s important to note a designation of “shared decision making” affects only how the vaccine is recommended clinically. It does not change coverage requirements, and states cannot regulate the benefits of self-insured employer plans<sup>7</sup>.

In addition, under Employee Retirement Income Security Act of 1974 (ERISA), states are prohibited from regulating the benefit design of self-insured employer-sponsored health plans, limiting their ability to mandate vaccine coverage beyond federal requirements<sup>7</sup>.

### Vaccine Coverage Requirements by Plan Type

PLAN TYPE	VACCINE COVERAGE REQUIREMENT	ADDITIONAL NOTES/FLEXIBILITIES
<b>Commercial (Employer-Sponsored)</b>	Must cover all ACIP-recommended vaccines, including those under shared clinical decision-making	Generally no cost-sharing for in-network preventive vaccines when delivered by an in-network provider
<b>Medicare</b>	Must cover ACIP-recommended vaccines for adults	Coverage varies by benefit: Part B covers select vaccines (e.g., influenza, COVID-19, pneumococcal), while Part D covers most others; cost-sharing rules differ accordingly
<b>Medicaid</b>	Must cover ACIP-recommended vaccines for children; adult coverage varies by state but is broadly aligned with ACIP	States retain flexibility in administration, reimbursement, and delivery models

Source: CDC/CMS 2024-2025



*Today’s complex landscape, including legal actions challenging recent [ACIP vaccine schedule changes](#), has created more confusion than clarity – this elevates the important role of employers to deliver the right benefits, improve health literacy, and build confidence among employees.*

## Current Environment: Barriers & Challenges

### Fragmented State Vaccine Policies May Drive Variability in Access and Uptake

As a result of the federal vaccination guidance revisions, certain U.S. states adopted broader vaccine coverage policies or even opposed the federal changes and created separate policies often in partnership with healthcare and medical associations to de-couple their own vaccine recommendations from the federal government<sup>7</sup>.

By early 2026, more than half of U.S. states reported they would rely on alternative vaccine guidance rather than the revised federal schedule, with many states and clinicians continuing to follow recommendations from the professional medical organizations (e.g., American Academy of Pediatrics, Infectious Diseases Society of America, and others).

There are concerns about inconsistencies in vaccine access and uptake between states<sup>4</sup>. This may not only affect disease control, but also employer health planning.

Government vaccination recommendations are intended to evolve with scientific evidence and disease risk, but today they face several pressures:

- Political and ideological influence
- Declining public trust in institutions
- Rapid scientific advances
- Fragmentation between federal, state, and professional guidance

For this reason, experts increasingly debate whether current policies fully reflect modern epidemiologic risks or the best available evidence<sup>4,8,9</sup>.

The American Medical Association said it was “deeply concerned” by the changes, declaring that “when longstanding recommendations are altered without a robust, evidence-based process, it undermines public trust and puts children at unnecessary risk of preventable disease.” It added that “the scientific evidence remains unchanged, and the AMA supports access to childhood immunizations recommended by national medical specialty societies.”



### Vaccine Hesitancy & Fatigue

Vaccine hesitancy is defined as a delay in acceptance or outright refusal of vaccines despite their availability which affects a significant portion of the population<sup>2</sup>. This hesitancy stems not from a single cause but from a range of concerns, including:

- Social media platforms amplify misconceptions about vaccine safety and necessity, while cultural narratives challenge the scientific consensus<sup>12</sup>.
- Employees may question whether vaccines that prevent diseases they have never encountered remain necessary.
- Others perceive vaccines as artificial interventions contrary to natural health practices.
- Misinformation often persists despite factual corrections when it originates from sources perceived as authoritative, especially when individuals place greater trust in those sources than in traditional public health institutions<sup>13</sup>.

As a result, safety perceptions of some vaccines have experienced significant drop over the past several years.

*Regardless of what the government says, the science behind vaccines has not changed – they may still protect vulnerable individuals from often devastating outcomes.*



### Vaccination Science

Vaccines work by training the immune system to recognize and respond to specific



pathogens before environmental exposure occurs<sup>10</sup>. A vaccine typically contains an inactive or weakened form of a virus or bacteria, or in some cases, just the genetic instructions or protein components needed to trigger an immune response. When administered, the vaccine stimulates the body to produce antibodies and immune memory without causing the disease itself<sup>10</sup>. This preparation allows the immune system to mount a rapid response if exposed to the actual pathogen, either preventing infection entirely or dramatically reducing disease severity.

Modern vaccines have become increasingly refined. While vaccine formulations contain multiple ingredients, each serves a specific purpose – stabilizers to maintain efficacy, boosters to enhance immune response, or preservatives to ensure safety. The pharmaceutical development process puts vaccines through rigorous testing before licensure and continues surveillance throughout their years of use<sup>11</sup>.

Recent experiences with pandemic-related vaccination campaigns have led many observers to describe the public mood as “vaccine fatigue.” For example:

- Extended messaging about vaccination has led some employees to stop engaging in these discussions altogether<sup>14</sup>.
- Historical healthcare inequalities, particularly in ethnic communities, have established deep-rooted distrust of medical institutions and public health authorities<sup>15</sup>.

When these historical feelings of discrimination combine with current skepticism, the overall impact can adversely impact vaccine uptake.

In some communities, vaccine acceptance has become aligned with specific political affiliations or cultural identities, making vaccination decisions about more than personal health<sup>16</sup>. Vaccination has also become embedded within broader political and cultural debates in ways that complicate straightforward health messaging.



*Cost is not the barrier; misinformation is.*

*For those who are vaccine hesitant or skeptical, we are continuing to emphasize vaccinations as a preventive measure, directing our employees to the science, and encouraging discussion with their medical provider.*

Public health authorities in certain regions have sent mixed messages, further reducing confidence in official recommendations.

These dynamics make traditional top-down health communication approaches less effective.

## Employer Action Steps

Successful employer-led vaccination initiatives share common characteristics. These characteristics play a significant role in the prevention of vaccine-preventable diseases through strategic benefit design, workplace policies, focused population health management, and targeted outreach to high-risk populations – reducing illnesses, hospitalizations, and productivity losses while improving workforce health and lowering long-term costs. These characteristics:

- Prioritize accessibility
- Emphasize evidence-based education
- Build on organizational culture
- Engage trusted messengers



*Our focus should be on what achievements have occurred, the numbers and data related to success, and lives saved. We need to understand the science; then show the proof. As an employer, I need to know what to do. Once I have that information and know the achievements and science, I have a better understanding of the educational needs. Then I can better the momentum for prevention, and work with my vendors more effectively.*

Use the important action steps below to support your efforts:

- 1. Design Benefits that Remove Barriers to Vaccination:** Eliminate financial and access challenges to maximize uptake and long-term value. The impact will help reduce preventable illness, downstream medical costs, and care inequities. In addition, employees with competing healthcare priorities or limited engagement often deprioritize routine vaccination in favor of managing existing chronic conditions – these are significant missed opportunities.

Key actions for employers:

- Cover vaccines with a \$0 cost share under both the medical and pharmacy benefit
- Enable vaccination across multiple access points: primary care, retail pharmacies, community clinics, and employer onsite clinics
- Integrate vaccination reminders into care management and digital health platforms
- Ensure dependent coverage aligns with recommendations (e.g., HPV, meningococcal, shingles)
- Engage point solution vendors, particularly those managing chronic diseases, to promote recommended vaccines
- When covering vaccination through multiple channels (medical, pharmacy, onsite events, etc.) ensure claims coverage and processing is consistent and seamless to prevent employees from encountering unexpected costs at the point of care

- For dispersed or remote workforces, partner with national and regional retail pharmacies, as well as community health centers, to enable flexible, location-agnostic access points that align with where employees live and work; this may even include health systems for mobile or pop-up clinics
- Address potential barriers such as retail pharmacy deserts in rural areas and healthcare deserts in underserved urban communities. Both limit vaccine access to employees who may face transportation, time, and provider access challenges

## 2. Cultivate a Culture of Prevention and

**Inclusion:** The most effective employers embed vaccination within a broader commitment to preventive health and recognize that vaccine hesitancy varies across cultural and demographic groups.

Key actions for employers:

- Integrate vaccinations into overall health strategy and position them as one component of comprehensive wellness, not an isolated requirement
- Engage leadership visibly by encouraging them to participate in workplace clinics and to demonstrate their commitment to comprehensive coverage; this visibility signals organizational priorities, reinforces trust, and is especially critical in communities with historical skepticism toward medical institutions
- Tailor messaging to resonate with specific communities, engaging with trusted community institutions (such as faith-based organizations), and recruiting culturally aligned messengers to enhance effectiveness
- Utilize video testimonials from relatable employees, using multilingual materials, to demonstrate respect for workforce diversity and remove barriers to participation

**3. Make Vaccination Convenient:** Reduce logistical barriers to improve participation and minimize productivity loss. The impact will help achieve higher vaccination rates and reduced absenteeism.

Key actions for employers:

- Offer onsite or near-site vaccination clinics (e.g., flu, COVID-19, shingles) – especially for remote or hybrid workforces
- Schedule vaccine access during work hours or shift transitions

- Provide paid time off for vaccination and recovery from side effects
- Consider the following when planning an on-site, employer-sponsored vaccination event:
  - Eligible Participants & Population Covered
    - ✓ Will the event be for employees only, or employees and dependents?
    - ✓ Will vaccines be offered to the entire workforce or limited to medical plan enrollees?
  - Funding Approach
    - ✓ Will the employer provide a vaccine voucher for medically-enrolled employees and/or their dependents or non-medically enrolled employees and/or their dependents?
    - ✓ How will non-medically enrolled employees be handled?
    - ✓ Will employees and/or dependents be required to submit claims?
    - ✓ Will the employer cover the cost of the vaccine regardless of insurance status?

## 4. Target Vulnerable, High-Risk and High-Cost

**Populations:** Focus interventions where clinical and financial returns are greatest. The impact can prevent costly complications and high-severity claims.

Key actions for employers:

- Prioritize employees with chronic conditions (e.g., diabetes, COPD, cancer, cardiovascular disease), individuals who are immune-compromised, older employees and dependents, and those in high-exposure occupations (e.g., manufacturing, healthcare, retail)
- Use claims and population health analytics to identify vaccination gaps for these populations
- Embed vaccination prompts into condition specific and disease/care management programs
- Incorporate vaccination adherence into population health key performance indicators (KPIs) – examples may include influenza and pneumococcal vaccines for chronic disease populations, Shingles vaccination for employees age 50+, Hepatitis or Tdap for high-risk occupational groups
- Leverage existing partners (e.g., healthcare professionals, particularly pharmacists, physicians, nurse navigators, PBMs, specialty care programs, and population health vendors) who may already be working with patient populations with chronic or severe diseases and with whom employees have existing relationships; they can function as reliable, trusted and neutral sources of vaccine information and may be less affected by historical distrust or contemporary skepticism than broader medical institutions

**5. Emphasize Evidence-Based Education:** Employers are building vaccine confidence by prioritizing evidence-based science and integrating education which includes transparent communication backed by experts in the health industry.

Key actions for employers:

- Provide communication that shares data from trusted health organizations regarding vaccine safety and efficacy
- Offer evidence-based fact sheets or internal communications that are written in a direct manner that is easy to understand
- Conduct expert-led webinars that can be hosted by medical professionals and address employee concerns in a non-judgmental and supportive environment
- Offer decision-making education by emphasizing the importance of employees/members having discussions with primary care providers
- Align education with seasonal disease patterns, such as flu season vaccination drives, respiratory illness prevention campaigns, or back-to-school immunization clinics, which can create momentum and normalize vaccination as routine preventive care
- Encourage open dialogue and questions; employers can help build trust, reduce misinformation, and empower employees to make well-informed health decisions

**6. Build Vaccine Confidence Through Communication:**

Address hesitancy with transparent, credible, and multi-channel engagement to inform decision-making and uptake. When employees receive accurate, respectful information that speaks to their specific concerns, their confidence can increase substantially – this approach requires patience and the recognition that vaccine hesitancy reflects legitimate questions that deserve thoughtful responses.

Key actions for employers:

- Provide science-based education on safety, efficacy, and benefits
- Deploy both internal and external communications across benefits portals; leverage internal through workplace signage, webinars, and town halls, and external through your vendor partners or programs
- Emphasize the protection of vulnerable coworkers and family members
- Listen to employee concerns through dedicated listening sessions, question-and-answer forums, or informal feedback mechanisms which allow employers to address specific misconceptions directly
- Utilize Employee Resource Groups (ERGs) to help deploy internal communication messages



**7. Align Incentives with Prevention:** Encourage vaccination while maintaining equitable access. The impact can help drive behavior change while reinforcing a culture of prevention.

Key actions for employers:

- Offer wellness incentives (e.g., points, gift cards, HSA contributions)
- Align messaging with other preventive care communications and, where appropriate, offer participation incentives to reinforce the cultural message
- Recognize and celebrate teams or departments with high vaccination rates to reinforce positive behavior and build a culture of prevention

**8. Integrate Vaccination into Population Health & Value-Based Care:**

Position vaccination as a core component of an ongoing health strategy and not a one-time event. The impact can improve longitudinal health outcomes and system-level efficiency.

Key actions for employers:

- Include vaccination rates in health plan and provider quality metrics
- Embed vaccines into chronic disease care pathways (e.g. oncology)
- Align with primary care, digital health, and care navigation programs
- Coordinate across PBMs, specialty care programs, and population health vendors

**9. Use Data to Monitor Outcomes and ROI:** Track both clinical and financial performance to sustain and optimize strategy. The impact can enable data-driven decision-making and continuous improvement. In addition, by segmenting employee populations by demographic characteristics, geography, and health status, employers can concentrate their educational and access-focused efforts where they are most needed.

Key data for employers:

- Vaccination rates by population segment
- Incidence of vaccine-preventable diseases
- Hospitalizations and complications avoided
- Absenteeism and productivity impacts

## Employer Insights

*The goal is to get people whatever they need, and to make it easily accessible.*

*If it's not free, then it becomes optional. For us as an organization, we either do the right thing, or we pay for it on the back end in terms of absenteeism. We've been pushing a lot more on prevention to make sure employees get what they need.*

*When we talk prevention, we don't seem to factor in vaccines as much. We think mammograms, Paps, PSAs, and skin cancer screenings. It dawned on me we don't mention vaccines. This has given me an idea for annual enrollment, to provide a checklist at our benefit fairs. Everybody could receive a report card or a checklist with recommendations based on their age.*

*It's important to emphasize that there's no wrong door on covering vaccinations – under the medical or pharmacy benefit – we just want to make it's as easy as possible to support members – wherever they present. Let them get vaccinated.*

*We find consistent challenges getting data from vendors so we can address vaccine hesitancy. Then when we do look at high-cost claimants for our most vulnerable, we realize we have point solutions for oncology and chronic diseases, but not a strategy for getting these people vaccinated with the basics like common influenza, pneumococcal, herpes zoster (shingles) – and these are the target goals for healthy people.*



*We must make sure that we push communication because we, as the employers, are the ones that have to educate our employees. I think we have an obligation to make sure they know what it is that they should be doing with respect to prevention.*

*Our health plans/carriers may focus their efforts on bigger claims because that is what the employers look at. We look at that \$1,000,000 claim. We look at a \$500,000 claim yet we don't look at vaccines. But with folks that have chronic conditions, that's so important. As an employer, I haven't paid much attention to that. So why is that? Because I'm busy doing other things – busy checking the high-cost claims, and making sure chronic conditions are under wraps. But the beauty about what we just experienced in this project is that it put it to the forefront for me. We have preventative care where we provide a \$65 monthly incentive for the entire year. Why don't I just say don't forget to have your vaccines? They are free.*

*We help employees create a recipe for wellness. One person's recipe might be that they need to get a shingles or flu shot, or another might be that they need to have their physical exam or mammogram. Everyone should know what their recipe is. We need to create that for people based on their age range, show them what their recipe for wellness looks like, and provide a checklist for when they go to their doctor.*

## Employer Diagnostic: Assessing Your Vaccination Strategy & Risk Exposure

To move from passive vaccination coverage to active population health management ask yourself these questions to ensure your vaccination strategy is directly tied to (1) risk identification, (2) measurable outcomes, and (3) financial performance:

### 1) Population Risk Profile

- What percentage of your employees and members have conditions—such as obesity, diabetes, cardiovascular disease, or musculoskeletal disorders—or immunocompromising factors, such as active cancer or cancer treatment, that increase their risk for infectious-disease complications?
- Do you have visibility into how these high-risk populations are distributed across your workforce (e.g., age, geography, job type)?

### 2) Data Visibility & Utilization

- Do you receive data by vaccine or member type for your employee and dependent populations? If so:
  - How frequently is this data reported?
  - Is it segmented by risk group, geography, or business unit?
  - How is it used to inform benefit design, outreach, or population health strategies?

### 3) Onsite / Near-Site Program Effectiveness

- If you offer onsite or near-site vaccination clinics:
  - Are vaccination volumes tracked (by type of vaccine and population segment)?
  - Are outcomes measured beyond participation (e.g., reduced illness, absenteeism)?
  - How is this data integrated into broader health and productivity analytics?

### 4) Business Impact & Cost Attribution

- Can you quantify the downstream impact of suboptimal vaccination rates, including:
  - Measurable productivity losses (e.g., absenteeism, presenteeism)
  - Increased medical and pharmacy spend
  - Greater variability in seasonal claims (e.g., flu-related spikes)
  - Higher disability utilization (short- and long-term)
- To what extent are these outcomes currently attributed—or unattributed—to vaccination gaps?

### 5) Strategic Insight

- Do you have the analytic capability to connect vaccination rates, health outcomes, and financial performance?
- If not, what partners (health plans, PBMs, analytics vendors) are needed to close this gap?

## Employer FAQs

Review this list of Frequently Asked Questions to support your efforts:

**Q: If we offer vaccines without cost, won't that be sufficient to improve vaccination rates?**

**A:** Cost is a barrier for some employees and eliminating cost-sharing is necessary. However, research and practitioner experience both demonstrate that cost is not the only barrier. Vaccine hesitancy rooted in misinformation, distrust, or cultural beliefs requires addressing through education and trust-building. Accessibility and convenience matter as well. Successful programs typically combine access with educational initiatives and multiple convenient delivery options.

**Q: How should we respond to employees who question vaccine safety?**

**A:** Listen to the specific concern. Safety questions deserve respectful engagement, not dismissal. Explain the rigorous testing and ongoing monitoring that vaccines undergo. Share information about adverse event monitoring systems. Connect concerned employees with healthcare professionals who can address their questions and discuss the risks and benefits unique to them. Recognize that safety concerns are legitimate, even when population-level evidence supports vaccine safety – because acknowledging those concerns leads to more productive conversations.

**Q: What should we do if vaccine messaging conflicts with certain employees' religious or personal beliefs?**

**A:** Employers should respect individuals' beliefs and ensure no coercion. The goal is to provide accurate information, remove access barriers, and foster an organizational culture that values vaccination while respecting individual decision-making autonomy. Employers can achieve this balance through opt-in approaches, an emphasis on education over mandates, and partnerships with trusted community and faith-based leaders who can provide perspective on vaccination within specific cultural frameworks.

**Q: How can we effectively promote vaccination for remote workers?**

**A:** Remote workforces require different strategies than in-person workforces. Partnerships with retail pharmacies, provision of vouchers for community health centers, integrated digital health platforms that highlight vaccination resources, year-round educational campaigns through digital channels, and incentive structures that accommodate off-site vaccination have been shown to be effective. Clear benefit communications and simplified claims processing become even more critical when employees lack access to on-site services.

## Role of Vendor Partners – Gaps, Opportunities & Important Questions

Vendor partners can play an important role in supporting vaccination efforts for employers, yet employers continue to face challenges such as limited access to actionable data from partners, including carriers, TPAs, and PBMs on 1) Who is eligible for recommended vaccinations, 2) Who has been vaccinated, and 3) How to identify and stratify high-risk, high-cost populations.

As vaccination eligibility recommendations evolve, these gaps make it increasingly difficult to accurately calculate vaccination rates and track performance against benchmarks. Work with your vendor partners to:

Improve Visibility – Require Your Vendors to Support:

- Eligibility identification: Defining populations based on age, condition, and risk status
- Vaccination tracking: Integrating medical, pharmacy, and immunization registry data
- Risk stratification: Identifying high-risk individuals (e.g., immunocompromised, chronic conditions)
- Reporting consistency: Standardizing metrics for vaccination rates and gaps in care

Implement targeted, population-specific strategies such as:

- Point solution vendors: Identify individuals at elevated risk (e.g., cancer, immunosuppression) and flag recommended vaccinations based on clinical profiles
- Care coordinators: Incorporate vaccination into condition-specific care management, including shared decision-making discussions for high-risk populations
- Care navigators: Facilitate access by directing members to appropriate vaccination sites (e.g., clinics, retail pharmacies) and reducing logistical barriers



## Vendor Questions

Use this checklist to ensure vendors can support your efforts to: 1) effectively identify and engage high-risk populations, 2) deliver integrated, cross-source vaccination data, 3) support targeted outreach and care coordination, 4) improve vaccination uptake and close gaps in care, and 5) reduce preventable disease and optimize total healthcare spend.

### 1. Population Identification & Stratification

- Does the vendor offer the ability to identify high-risk members based on claims, medical history, or social determinants of health?
- Can the vendor segment populations by risk level, chronic conditions, or cost impact?

### 2. Vaccine Portfolio & Alignment

- Are recommended vaccines aligned with CDC/ACIP guidelines and high-risk population needs?
- Does the vendor provide access to both routine and specialty vaccines (e.g., influenza, pneumococcal, COVID-19, RSV)?
- Are updates to vaccine schedules communicated promptly to stakeholders?



*Chronic disease management point solution vendors are a great opportunity to reinforce the vaccination message. Individuals need to hear a message many times before it resonates and they remember it.*

### 3. Accessibility & Delivery Options

- Does the vendor offer multiple delivery channels: on-site clinics, home visits, pharmacy partnerships, telehealth scheduling?
- Are flexible hours and mobile services available for underserved populations?

### 4. Engagement & Education

- Does the vendor provide education and outreach for vaccine hesitancy?
- Are materials evidence-based, culturally sensitive, and available in multiple languages?
- Is member engagement tracked to measure follow-through?

### 5. Data Integration & Reporting

- Can the vendor integrate data with your health plan or EHR for real-time reporting?
- Are vaccination rates, adherence, and outcomes tracked at the individual and population level?
- Does the vendor provide actionable insights to identify gaps in coverage?

### 6. Equity & Social Determinants

- Are there strategies to reach underserved, rural, or socioeconomically vulnerable members?
- Are language, literacy and cultural accommodations provided to improve uptake?



## 7. Quality & Safety Standards

- Are vaccines stored, handled, and administered according to CDC and FDA guidelines?
- Does the vendor have protocols for adverse event reporting and emergency response?

## 8. Cost & ROI Transparency

- Are costs per member, per vaccine, and per program clearly defined?
- Can the vendor provide ROI modeling for the entire employer population, especially those who are high-risk?
- Are savings from reduced hospitalizations or complications quantified?

## 9. Regulatory Compliance

- Does the vendor comply with HIPAA, OSHA, and state-specific vaccine reporting requirements?
- Are audit reports, certifications, and quality benchmarks available?

## 10. Vendor Experience & References

- Does the vendor have experience serving similar populations or high-cost members?
- Can they provide case studies or references demonstrating improved vaccination uptake and health outcomes?

## 11. Flexibility & Scalability

- Can the vendor scale programs during outbreaks or seasonal surges?
- Are custom programs possible for targeted risk groups?



*Employers need to go back to the point solution vendors, and the teams who are working with our most vulnerable populations, to make sure they're reinforcing the importance of vaccines.*

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## Resources

- [American Academy of Pediatrics Immunization-Schedule.pdf](#)
- [American Academy of Family Physicians: Birth Through Age 18 Immunization Schedule](#)
- [American Academy of Family Physicians: Adult Immunization Schedule](#)
- [National Library of Congress: Effective Approaches to Combat Vaccine Hesitancy](#)
- [Northeast Business Group on Health: Strengthening a Vaccination-Friendly Culture](#)
- [Health Action Alliance: How Employers Can Lead the Charge Against Vaccines Myths](#)

## About MBGH

Midwest Business Group on Health (MBGH) is a 501c3 non-profit supporting employers seeking solutions to better manage the high cost of health care and the health and productivity of their covered populations.

Founded in 1980, MBGH offers members leading educational programs, employer-directed research projects, purchasing opportunities and community-based activities that increase the value of health care services and the health benefits they offer to members. MBGH serves over 180 companies who provide benefits to over 4 million lives, with employer members spending more than \$15 billion on health care each year.

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