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AGS Older Adult Vaccine Initiative Update

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Recently, we highlighted the work of our AGS Vaccine Ambassadors in the Q3 AGS Newsletter¹, highlighting the work of Philip A. Kithas, MD, PhD who is a faculty member with me at the University of Utah. Dr. Kithas conducted a team meeting with first-year medical students to review the indications for vaccines in older adults and showcased the resources and information from the AGS Vaccine website, vaccines.agscocare.org, as well as the CDC and ACP websites. Dr. Kithas is one of 78 individuals who have enrolled to become AGS Vaccine Ambassadors and one of the 8 clinicians who have earned the title of AGS Vaccine Ambassador (so far). All our ambassadors have been following the National Vaccine Advisory Committee's (NVAC) Standards of Adult Immunization Practices (SAIP) in their own practices and promoting the importance of vaccinations in their own communities through various activities. Read more about all eight vaccine ambassadors in our newsletter.

Timothy Farrell, MD, AGSF, also a Utah faculty member, is a Co-Principal Investigator on our AGS Older Adult Vaccine Initiative (Sharon Bragman, MD, AGSF (at SUNY Upstate) and Nancy Lundebjerg, MPA round out the PI team) and the AGS Vaccine Ambassador Program is one of the many activities that the team has undertaken. As a participating health system, I can attest that University of Utah Health is working hard to figure out approaches that will improve vaccination rates here and our colleagues at the six other health systems are doing the same. It's an extraordinarily collaborative community both within the AGS initiative and across the larger initiative that is comprised of six specialty societies and 40 health systems and organized under the leadership of the Council of Medical Specialty Societies (CMMS) with support from the Centers for Disease Control (CDC).

The Advisory Committee on Immunization Practices recently updated its recommendations for Coronavirus Disease (COVID-19) and Respiratory Syncytial Virus (RSV) vaccines and Table 1 reflects their advice (as of October 2024). AGS has captured all the vaccines that ACIP recommends for adults age 65+ in our [GEMS tool](#) which is available to clinicians free of charge. I'll pause here to give a shout out to Shaida Talebreza-Brandon, MD (another Utah faculty member!) who, as a Geriatrics Academic Career Awardee (GACA) proposed that AGS create a compendium of geriatrics evaluation and management tools and who remains the primary editor for these tools some 11 years later. It's terrific to see that kind of lasting impact from a

GACA awardee. Which brings me to another shout out to Ken Schmader, MD, AGSF (at Duke University) who is a tireless advocate for vaccination in his role as advisor to ACIP and our content expert across all of our AGS and Health in Aging Foundation initiatives when it comes to vaccines.

In addition to providing current guidance on all recommended vaccines for adults age 65+, the GEMS tool offers helpful talking points for conversations with patients and their caregivers about the importance of a particular vaccine. I've found these to be useful in my own practice, particularly if someone is hesitant about vaccination. Since COVID-19 tends to be the vaccine where people express the most concerns, I'll share the talking points here:

- Adults 65 or older should receive one dose of the updated 2024–2025 Pfizer-BioNTech, Moderna, or Novavax COVID-19 vaccine.
- Sometimes cases of COVID-19 can be severe and even deadly. This is especially true for older adults and for people with chronic health conditions such as diabetes, COPD, and heart disease.
- Getting vaccinated may not prevent getting infected with COVID-19, but getting vaccinated does reduce the risk of severe illness, hospitalizations, and death.
- FDA-approved vaccines are now available at no cost (this may change at some point) and can be given concurrently with the flu vaccine.

In my own practice, I use these talking points as a starting point for conversations with patients. My experience is that it can

Table 1

Updated recommendations for Coronavirus Disease (COVID-19) and Respiratory Syncytial Virus (RSV) vaccines (as of October 2024).

Coronavirus Disease 2019 (COVID-19) Vaccine

- Adults 65 years and older should receive one dose of an updated 2024–2025 mRNA COVID-19 vaccine (Pfizer, Moderna, or Novavax).
- Adults 65 years and older who are immunocompromised should receive different dosing depending on COVID-19 vaccination history.

Respiratory Syncytial Virus (RSV) Vaccine

There are 3 RSV vaccines: Pfizer RSV vaccine (RSVpreF protein subunit), GSK adjuvanted RSV vaccine (RSVpreF3 protein subunit), and Moderna mRNA RSV vaccine.

- The CDC recommends that all adults 75 years and older should receive a single dose of RSV vaccine.
- In addition, adults 60–74 years old who are at increased risk for severe RSV disease should receive a single dose of RSV vaccine.

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¹ American Geriatrics Society. AGS News. Q3 2024. https://www.americangeriatrics.org/sites/default/files/AGSnews_2024_Q3_web%20FINAL.pdf.

sometimes require multiple conversations with people about vaccination. One question I think is particularly important to cover at every visit is to ask whether someone has gotten a vaccine elsewhere. If the answer is yes, our team verifies this with the state's immunization registry and updates the vaccination in our records. If the answer is no, we offer additional counseling on the importance of vaccination and document that counseling took place.

I was pleased to see that the Centers for Medicare and Medicaid Services (CMS) continues to pay attention to payment for preventive services in its annual proposed Medicare Physician Fee Schedules (MPFS) rules. Detailed payment information is available in the AGS comment on the 2025 proposed rule². In this comment AGS urged CMS to finalize these proposals given our belief that vaccines and other recommended preventive services are an essential element of high-quality primary care. We believe that the efforts CMS is making will reduce barriers that impede access to these essential services.

I encourage readers of Geriatric Nursing to explore the AGS Vaccine resources (available at vaccines.agscocare.org) and to sign up to become an AGS Vaccine Ambassador. If you are working in long-term

care, PALTCmed.org has also developed a suite of resources specific to that setting (found at movingneedles.org). Vaccination is an area where geriatrics health professionals can improve the health and well-being of older adults by encouraging them to take steps to prevent serious illness. I look forward to welcoming you as an AGS champion.

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Declaration of competing interest

The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

² Lundebjerg N, Supiano M. AGS Comments on CY 2025 Medicare PFS and QPP Proposed Rule. September 9, 2024. https://www.americangeriatrics.org/sites/default/files/AGS%20CY%202025%20Comment%20on%20MPFS%20Proposed%20Rule_9%209%2024_FINAL.pdf