



Fall Vaccines for Marginalized Communities

Building Clarity, Guidance, & Trust

Presenter: Laszlo Madaras, MD, MPH, FAAFP, SFHM

Wednesday, October 22, 2025

10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET and AT

Continuing Education

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.



Participants completing this educational activity (80% time in session) and completion of the post session evaluation will be awarded 1 Contact hour.

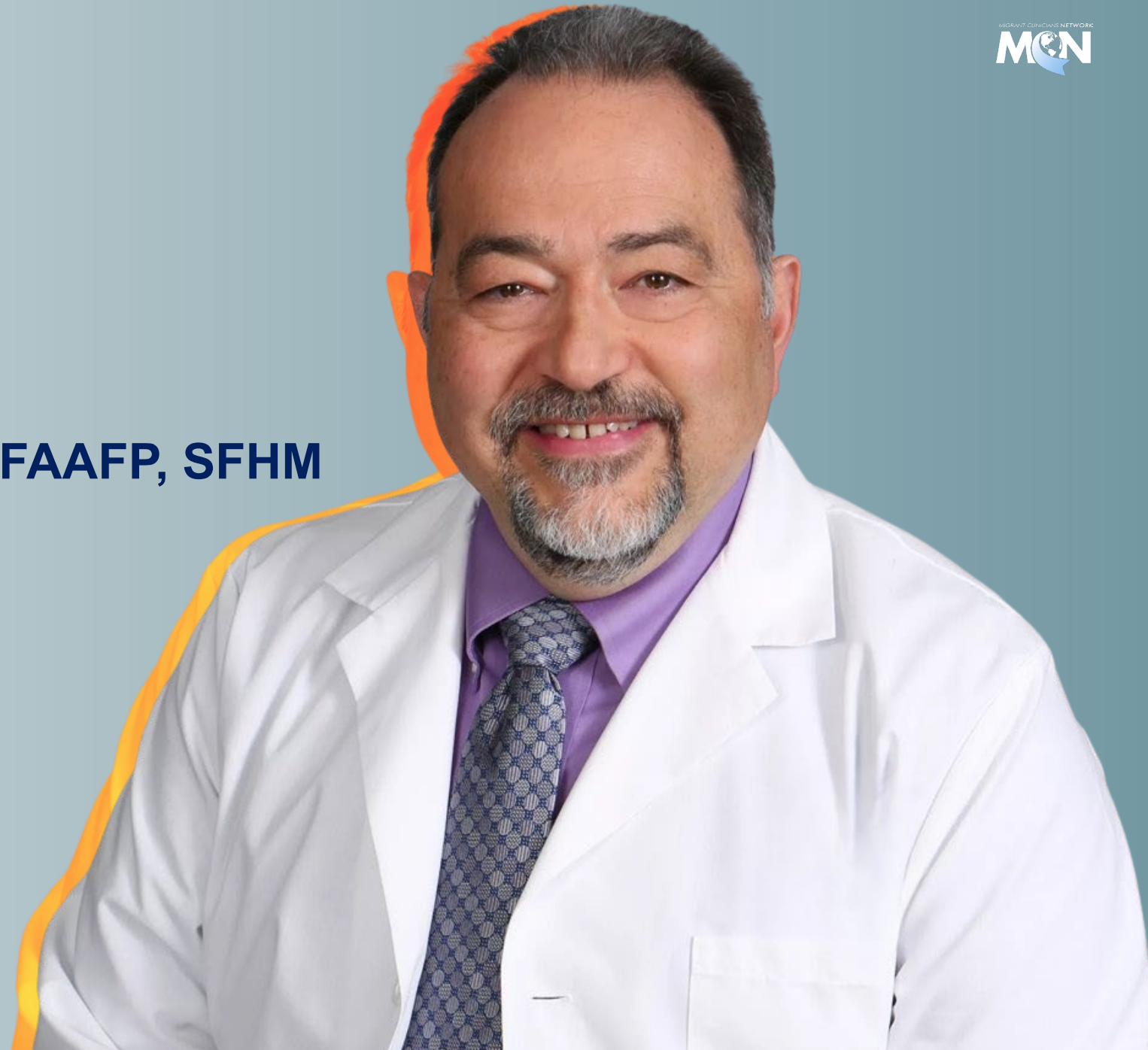
Disclosure of Relevant Financial Relationships

We have no relevant financial relationships that relate to this presentation, nor do we have any relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.



PRESENTER

Laszlo Madaras, MD, MPH, FAAFP, SFHM



LEARNING OBJECTIVES

By the end of this webinar, participants will be able to:

- Describe current clinical recommendations for influenza, RSV (adult and maternal), infant RSV monoclonal prophylaxis, and COVID-19 vaccines.
- Explain the impact of evolving FDA, CDC, state, and pharmacy policies on vaccine access and delivery.
- Identify common access barriers faced by underserved populations, including agricultural workers, mobile people, and under- or uninsured patients.



Respiratory Season

- Respiratory infections are caused by bacteria, viruses, fungi, or parasites.
- Many spread person-to-person via respiratory contact.
- Vaccines can prevent or lessen disease severity, reducing hospitalizations and deaths.
- Health care workers and those caring for high-risk individuals are especially affected.
- These diseases impact the airways and lungs.
- Some circulate year-round; others peak in fall and winter.
- Common outcomes include pneumonia, bronchitis, sinusitis, and severe complications.



People at higher risk for respiratory infections and complications

- Seniors
- Children
- People with chronic health conditions:
 - Diabetes
 - Heart conditions
 - Respiratory conditions (Asthma, COPD, Pulmonary fibrosis)
 - Cancer
 - Neurological Conditions
 - Kidney disorders
 - Liver disorders
 - Metabolic disorders
- Immunocompromised people
- Health care workers
- Essential workers
- Farmworkers
- Smokers
- Pregnant people
- People with disabilities
- People who are overweight and morbidly obese
- Patients living in nursing homes and long-term care facilities

CLINICAL RECOMMENDATIONS: INFLUENZA

- Covers 3 seasonal strains
- Effectiveness:
 - reduces risk of needing a doctor visit by ~30–60%
 - Reduces hospitalization and intensive care for children by 74%
 - Reduces death risk by 50% for high-risk children
 - For other children, risk of death drops by two-thirds
- **Who:** everyone ≥ 6 months (special formulations for older adults)
- **When:** best in October; <9 yrs getting first dose need 2 shots



CLINICAL RECOMMENDATIONS: RSV (OLDER ADULTS)

3 vaccines available: GSK, Pfizer (protein-based), Moderna (mRNA)

- GSK/Pfizer: real-world safety, longer lasting than Moderna, small Guillain-Barré risk
- Moderna: no evidence of increased risk of developing Guillain-Barré
- One lifetime dose (update on October 9th)
- **Who:** ≥ 75 should vaccinate; 50–74 “may” benefit, especially those with risk factors and working with high-risk populations
- **When:** now is the best time.



CLINICAL RECOMMENDATIONS: RSV (PREGNANCY)

- Pfizer ABRYSSVO vaccine
- Passes antibodies to newborns (70–85% effective)
- **Who:** pregnant patients, 32–36 weeks
- **When:** ideal time September–January; can be co-administered with other pregnancy vaccines



CLINICAL RECOMMENDATIONS: RSV MONOCLONAL ANTIBODY (INFANTS)

- Preventive medication (**not a vaccine**)
- 90% effective against severe RSV
- **Who:**
 - All infants <8 months (unless mother is vaccinated)
 - High-risk children 8–19 months
- **When:** October–March, lasts ~5 months



CLINICAL RECOMMENDATIONS: COVID-19 VACCINES

(Updated October 2025)

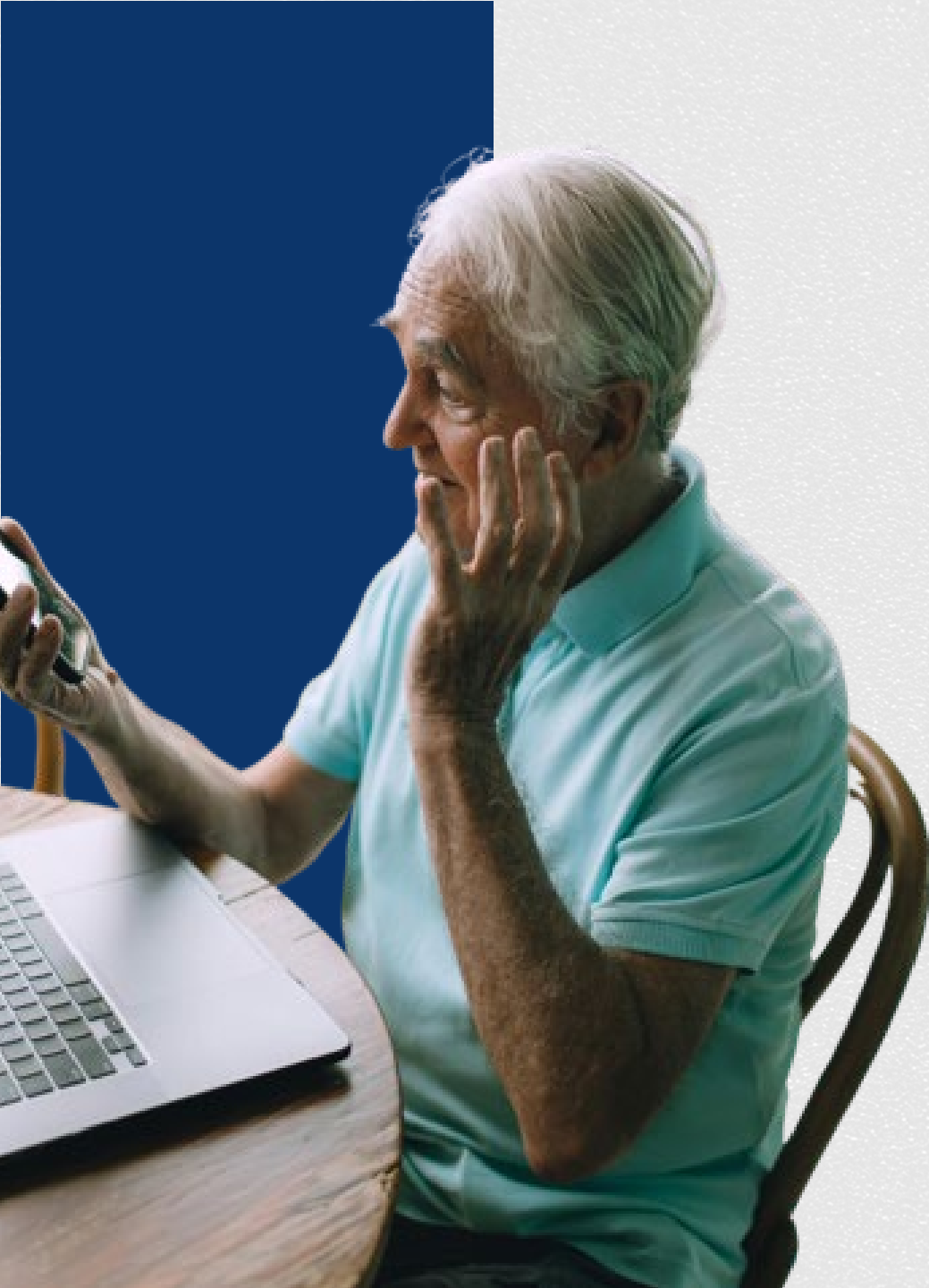
- CDC adopted **new recommendations** emphasizing *shared clinical decision-making* rather than universal recommendations
- Updated to target Omicron subvariants (JN.1, LP.8.1)
- ~30–60% protection against urgent care/hospitalization
- **Who:**
 - Adults 65+: vaccination recommended after consultation with a health care provider
 - Ages 6 months–64 years: may receive COVID-19 vaccines based on provider discussion of risks and benefits
- **When: Access varies due to state/federal differences**



OCTOBER 22, 2025

POLICIES SHAPING ACCESS





WHERE DOES GUIDANCE COME FROM?

- FDA – approves vaccines
- ACIP – develops recommendations on use
- CDC – sets schedules based on ACIP recommendations
- States – implement policies differently
- Pharmacies – administer/delivery variability
- Other Health Agencies - AAFP, AAP

COVID-19: THE CURRENT LANDSCAPE

- Moving away from the broad message “vaccination for everyone” approach → individual decision after seeking medical advice to determine risk
- Previously: Open to everyone ≥ 6 months
- High-risk conditions: **very broad** (pregnancy, diabetes, obesity, cancer, disabilities, mental health conditions and others)
- Result: ~75% of U.S. adults qualify — but label creates confusion



SEASON OF CONFUSION

- FDA vs. medical societies
 - AAP: all kids under 2 should get it
 - ACOG: recommend for all pregnant women
 - ACP & IDSA: recommend for many adults
- The new shared-decision framework was designed to encourage provider-patient conversations, but it has also introduced confusion
- Mixed messaging: Providers vs. FDA label
- Result: Families, already marginalized communities, providers, and pharmacists caught in the middle



State Variations

- Many states have taken steps to maintain or expand access:
 - 26 states have announced broader access policies
 - 13 states now require state-regulated health insurers to cover COVID-19 vaccines at no cost
 - Pharmacist authority varies — in some states, pharmacists can vaccinate children as young as 3; in others, access is more limited.
- Other states have not yet clarified coverage or access, creating uncertainty for uninsured or underinsured populations.

Latest state-by-state info- https://www.kff.org/covid-19/tracking-state-actions-on-vaccine-policy-and-access/?utm_source=chatgpt.com



BARRIERS TO ACCESS

- CDC recommendation to “consult a clinician” although does not specify which, can still pose a barrier
- COVID vaccine- Without insurance cost between \$140- \$200 (depending on brand and location, not including pharmacy administration fee) *Price source Walmart Pharmacy, Walgreens, CVS MinuteClinic
- Insurance coverage: uncertain for some groups
- 90% of COVID vaccines are given at pharmacies → big disruption
- Government shutdown, limited support from government agencies during this time



EXISTING BARRIERS

- Cost- usually out-of-pocket for those without insurance
- Logistical- clinic and pharmacy hours and overall availability of doses, even for those eligible
- Heightened climate of fear
- A lack of up-to-date and accurate communication → deeper confusion and health inequity



COVID- What has changed?

- **Science hasn't changed:** COVID-19 vaccines remain safe and effective against death and hospitalization
- Our environment has changed:
 - Higher population immunity compared to early pandemic
 - Hospitals are not overwhelmed like before
 - Community perception has changed
 - Policy is shifting
- Rollout and delivery: inconsistent & unclear
- Result: Less than 25% of adults got last year's booster

Clinical Impact- What to expect

- Lots of questions about **eligibility and cost**
- Clarify that vaccines are still available in most states without a prescription
- Reinforce that **shared decision-making does not mean restricted access**



Prevention methods still work

- ✓ Handwashing
- ✓ Social distancing
- ✓ Ventilation
- ✓ Masking
- ✓ Getting vaccinated for other respiratory infections
- ✓ These methods work best in combination with vaccines



STRENGTHENING UPTAKE

- Provide clear, consistent staff messaging
 - Clarity is the antidote to confusion
- Use CHWs as trusted messengers
 - Central to trust building and shared messaging
- Monitor state/federal updates & share simply
- Tailor education: culturally & linguistically appropriate
- Remember: Updated vaccines significantly reduce severe illness



RESOURCES



Who Can Get the COVID-19 Vaccine

By October 2025, the U.S. Centers for Disease Control recommends:



All children 6-23 months

1 dose



Children 2-17 years old with risk factors
or if parents desire vaccination.

1 dose

TALK TO YOUR HEALTHCARE PROVIDER IF YOU HAVE QUESTIONS



Pregnancy
At any point in pregnancy

1 dose



Adults 18 - 50 years

1 dose



Adults 50+ years

1 dose

**Most people who go to the hospital or die
from COVID did not have the vaccine.**

**PROTECT YOURSELF WITH THE VACCINE,
SO YOU WON'T NEED TO GO TO THE HOSPITAL OR DIE!**

See CDC recommendations for up-to-date guidance:
<https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>



For more information and resources,
visit www.migrantclinician.org

Last revised:
10/15/25

Who Can Get the COVID-19

Vaccine | Handout

Updated COVID-19 handout according to October 2025 CDC recommendation

- ✓ FREE to download and print
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/who-can-get-covid-19-vaccine.html>

Adults Get Vaccinated Too: Comic

An educational comic book to introduce farm workers to the importance of vaccination.

- ✓ FREE - Print and download
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/adults-get-vaccinated-too-comic.html?language=en>



COVID-19 and Our Community | Flipchart and Facilitator Guide

Facilitator's Guide for CHWs - Educates on basic concepts of prevention and vaccination against COVID-19

- ✓ FREE to download and print
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/covid-19-and-our-community-flipchart.html?language=en>



Designing Community-based Communication Campaigns | Manual

It provides clear guidance for creating informative, culturally relevant, and community-driven campaigns.

- ✓ FREE – available to print and download
- ✓ Available in English and Spanish
- ✓ Culturally appropriate

Link:

<https://www.migrantclinician.org/resource/designing-community-based-communication-campaigns-manual.html?language=en>



Recordings Available Now!



**Vacunas de otoño
para comunidades
marginadas**

Generando claridad, orientación y confianza

Miércoles, 15 de octubre del 2025
10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET y AT

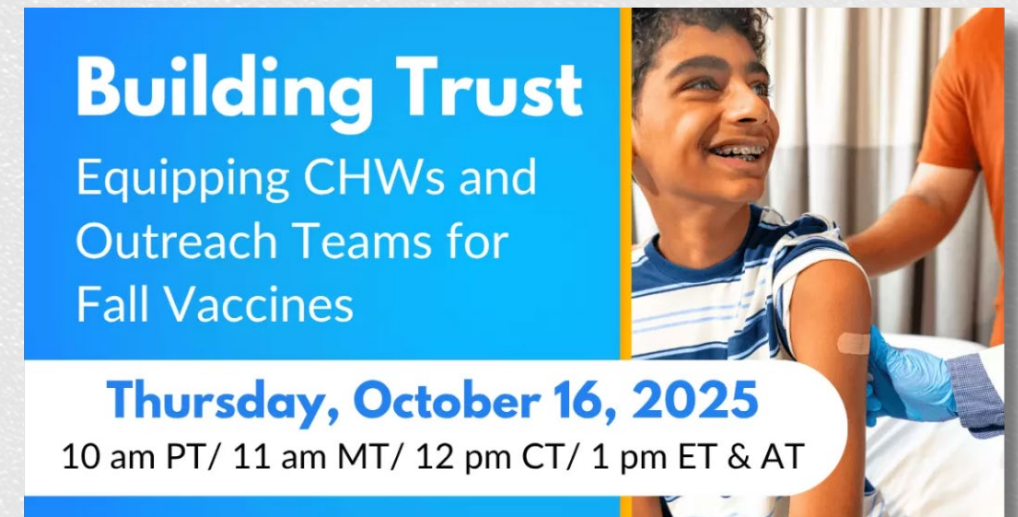
Archived webinar Spanish version:

<https://www.migrantclinician.org/es/webinar/vacunas-de-otono-para-comunidades-marginadas-generando-claridad-orientacion-y-confianza>

Archived webinar

Spanish - <https://www.migrantclinician.org/es/webinar/fomentando-la-confianza-preparando-los-promotores-de-salud-y-los-equipos-de-alcance?language=es>

English - <https://www.migrantclinician.org/webinar/building-trust-equipping-chws-and-outreach-teams-fall-vaccines-2025-10-16.html?language=es>



Building Trust

Equipping CHWs and
Outreach Teams for
Fall Vaccines

Thursday, October 16, 2025
10 am PT/ 11 am MT/ 12 pm CT/ 1 pm ET & AT

We're now on

 **substack**

Visit our page, read the latest, and hit
“Subscribe” to never miss a post

MIGRANT CLINICIANS NETWORK



**Has MCN helped you in
your work?**

**What has been the most
useful?**

**Help us maintain our
status on GreatNonprofits
by leaving us a review!**

<https://greatnonprofits.org/reviews/write/migrant-clinicians-network-inc>



Connect with MCN!



Access our latest
resources



Get updates
from the field



Attend our
virtual trainings

and a lot more at

www.migrantclinician.org



@migrantclinicians.bsky.social



@migrantclinician



@migrantcliniciansnetwork

Questions & Evaluation

