

Health Equity Coverage Recommendation Form

Title: Health Equity in Immunizations

Date of Last Review: 3/1/26

Research Section

Background

According to the [World Health Organization](#) immunizations save millions of lives every year.¹ Vaccines reduce the risk of getting a disease by working with the body’s natural defenses to build protection. Immunization currently prevents 3.5 million to 5 million deaths every year from diseases like diphtheria, tetanus, pertussis, influenza and measles. Vaccines are also critical to the prevention and control of infectious disease outbreaks. They underpin global health security and are a vital tool in the battle against antimicrobial resistance.

Inequities discussed on the [Office of Minority Health Website](#):²

- The mission of the U.S Department of Health and Human Services (HHS) Office of Minority Health (OMH) is to improve the health of racial and ethnic minority populations and American Indian and Alaska Native communities and eliminate health disparities.
- The U.S. Department HHS OMH contains information on their website for vaccination coverage by age, race and origin, poverty level, and location of residence. Information on the website further details population profiles for the following populations: American Indian/Alaska Native, Asian American, Black/African American, Hispanic/Latino, and Native Hawaiian and Pacific Islander. Population information includes information on demographics, language fluency (where relevant), educational, economics, health insurance coverage, and health status information, as well as full census reports.

[American Indian/Alaska Native Health](#)³

- During the 2023-2024 flu season, American Indian/Alaska Native adults go the flu vaccine 23% less often than U.S. adults overall.
- American Indian/Alaska Native children born in 2020 were 16% less likely to be fully immunized by age 2 compared with all U.S. children born that year.
- American Indian/Alaska Native children born in 2020 were less immunized compared to the total population in the following vaccines: diphtheria-tetanus (DTaP), haemophilus influenzae type B (Hib), hepatitis A, measles, mumps and rubella (MMR), polio, varicella (chicken pox). American Indian/Alaska Native children born in 2020 were more immunized compared to the total population in the following vaccines: hepatitis B.

- American Indian/Alaska Native adolescents were less immunized compared to the total population in the following vaccines: female adolescents receiving human papillomavirus (HPV), tetanus-diphtheria (Tdap). American Indian/Alaska Native adolescents were more immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, male adolescents receiving human papillomavirus (HPV), and measles, mumps, and rubella (MMR).
- American Indian/Alaska Native adults were less immunized compared to the total population in the following vaccines: influenza (ages 18 and over), influenza (ages 65 and older), pneumonia.

Asian American Health⁴

- During the 2023-2024 flu season, Asian American adults got the flu vaccine 12% more often than U.S. adults overall.
- In 2024, Asian American adults age 65 and older got the pneumococcal (pneumonia) vaccine 22% less often than U.S. adults age 65 and older.
- In 2022, Asian American adults were 15% more likely to have received all age-appropriate vaccines than U.S. adults overall.
- Asian American children born in 2020 were 7% more likely to be fully vaccinated by age 2 compared with all U.S. children born that year.
- Asian American children born in 2020 were more immunized compared to the total population in the following vaccines: diphtheria-tetanus (DTaP), haemophilus influenzae type B (Hib), measles, mumps, and rubella (MMR), rotavirus, varicella (chicken pox). Asian American children born in 2020 were less immunized compared to the total population in the following vaccine: polio.
- Asian American adolescents were more immunized compared to the total population in the following vaccines: hepatitis A, females who received human papillomavirus (HPV). Asian American adolescents were less immunized compared to the total population in the following vaccines: hepatitis B, tetanus-diphtheria (Tdap), males who received human papillomavirus (HPV).
- Asian American adults were more immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, human papillomavirus (HPV), 18 year olds who received influenza, 65 and older who received influenza. Asian American adults were less immunized compared to the total population in the following vaccines: age 18 and over who received pneumococcal vaccine, ages 65 and older who received the pneumococcal vaccine, adults ages 19-64 at increased risk who received the pneumococcal vaccine, shingles.

Black/African American Health⁵

- During the 2023-2024 flu season, Black/African American adults got the flu vaccine 6% less often than U.S. adults overall.
- In 2024, Black/African American adults age 65 and older got the pneumococcal (pneumonia) vaccine 16% less often than all U.S. adults age 65 and older.
- In 2022, Black/African American adults were 47% less likely to have received all age-appropriate vaccines than U.S. adults overall.
- Black/African children born in 2020 were 7% less likely to be fully vaccinated by age 2 compared with all U.S. children born that year.

- Black/African children born in 2020 were less immunized compared to the total population in the following vaccines: diphtheria-tetanus (DTaP), haemophilus influenzae type b (Hib), hepatitis A, measles, mumps, and rubella (MMR), rotavirus, varicella (chicken pox). Black/African children born in 2020 were more immunized compared to the total population in the following vaccines: polio.
- Black/African adolescents were less immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, males who received human papillomavirus (HPV), measles, mumps, and rubella (MMR), tetanus-diphtheria (Tdap). Black/African adolescents were more immunized compared to the total population in the following vaccines: females who received human papillomavirus (HPV).
- Black/African adults were less immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, human papillomavirus (HPV), adults ages 18 and over who received pneumonia, adults ages 65 and older who received pneumonia, shingles, adults ages 18 and over who received influenza vaccine, adults ages 65 and older who received influenza vaccine. Black/African adults were more immunized compared to the total population in the following vaccines: adults ages 19-64 at increased risk who received pneumococcal vaccine.

[Hispanic/Latino Health](#)⁶

- During the 2023-2024 flu season, Hispanic/Latino American adults got the flu vaccine 23% less often than U.S. adults overall.
- In 2024, Hispanic/Latino American adults age 65 and older got the pneumococcal (pneumonia) vaccine 35% less often than U.S. adults age 65 and older.
- In 2022, Hispanic/Latino American adults were 25% less likely to have received all age-appropriate vaccines than U.S. adults overall.
- Hispanic/Latino American children born in 2020 were 4% less likely to be fully vaccinated by age 2 compared with all U.S. children born in 2020.
- Hispanic/Latino American children born in 2020 were less immunized compared to the total population in the following vaccines: diphtheria-tetanus (DTaP), haemophilus influenzae type B (Hib), hepatitis A, hepatitis B, rotavirus. Hispanic/Latino American children born in 2020 were more immunized compared to the total population in the following vaccines: measles, mumps, and rubella (MMR), polio, varicella (chicken pox).
- Hispanic/Latino American adolescents were less immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, measles, mumps, and rubella (MMR), tetanus-diphtheria (Tdap). Hispanic/Latino American adolescents were more immunized compared to the total population in the following vaccines: human papillomavirus in males and females.
- Hispanic/Latino American adults were less immunized compared to the total population in the following vaccines: hepatitis A, hepatitis B, human papillomavirus (HPV), adults ages 18 and over who received the influenza vaccine, adults ages 18 and over who received the pneumococcal vaccine, adults ages 65 and older who ever received the pneumococcal vaccine, adults ages 19-64 at risk who received the pneumococcal vaccine, shingles. Hispanic/Latino American adults were more immunized compared to the total population in the following vaccines: adults ages 65 and older who received the influenza vaccine.

[Native Hawaiian and Pacific Islander Health](#)⁷

- Specific immunization information on the OMH website were not available for the Native Hawaiian and Pacific Islander population.

Review of current, peer-reviewed evidence from established sources:

[Vaccine access, equity, and justice: COVID-19 vaccines and vaccination \(2023\)](#):⁸

Privor-Dumm, Excler, Gilbert, et al. discuss the difficulty of equitable COVID-19 access. They conclude that the global health community must come together to ensure a more just and equitable approach to vaccine access and vaccination is agreed upon prior to the next pandemic.

Review of clinical practices guidelines from professional associations and societies in regard to these findings:

[ACIP Vaccine Recommendations and Guidelines](#):⁹

- The Advisory Committee on Immunization Practices (ACIP) develops recommendations for U.S. immunizations, including ages when vaccines should be given, number of doses, time between doses, and precautions and contraindications.
- ACIP has vaccine specific recommendations for the following vaccines:
 - Anthrax
 - Cholera
 - Combined DTaP/IPV/Hib/HepB
 - COVID-19
 - Dengue
 - Diphtheria, Tetanus, and Pertussis
 - Ebola
 - Haemophilus Influenzae Type B
 - Hepatitis A
 - Hepatitis B
 - Human Papillomavirus
 - Influenza
 - Japanese Encephalitis
 - Measles, Mumps, and Rubella
 - Measles, Mumps, Rubella, and Varicella
 - Meningococcal
 - Orthopoxviruses (Smallpox and Mpox)
 - Pneumococcal
 - Polio
 - Rabies
 - Rotavirus
 - Respiratory Syncytial Virus
 - Tick-Borne Encephalitis
 - Typhoid
 - Varicella (Chickenpox)
 - Yellow Fever
 - Zoster (Shingles)

Oregon Board of Pharmacy¹⁰

- In Oregon, pharmacists can immunize people aged 7 years or older with all ACIP recommended vaccines in accordance with posted pharmacy protocols. With a valid prescription, pharmacists may administer vaccine to a patient of any age.

West Coast Health Alliance¹¹

- The West Coast Health Alliance (WCHA) is a partnership between California, Hawaii, Oregon, and Washington to ensure that public health recommendations are guided by safety, efficacy, transparency, access, and trust.
- WCHA states that they will: 1. Work together to ensure the public has access to credible information, 2. Coordinate to reduce confusion and increase trust in public health, 3. Provide evidence-based position statements, guidance, and policy recommendations, 4. Seek alignment with respected national professional organizations, 5. Share tools and best practices.
- WCHA statement on Jan. 5, 2026: The West Coast Health Alliance continues to endorse the American Academy of Pediatrics-recommended child, adolescent immunization schedules, despite federal changes. Vaccines are still available and covered.
- The West Coast Health Alliance (WCHA) strongly supports that hepatitis B vaccination continue to be routinely offered to all newborns, with the first dose of the vaccine given within 24 hours of birth for newborns weighing at least 2,000 grams (4 pounds, 7 ounces), followed by completion of the vaccine series. This recommendation aligns with trusted national medical organizations including the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of America.
- The West Coast Health Alliance continues to strongly recommend vaccines to protect our children, noting that rigorous research of millions of people in multiple countries over decades provides high quality evidence that vaccines are not linked to autism.
- The West Coast Health Alliance (WCHA) is issuing immunization recommendations for the 2025-2026 respiratory virus season. These recommendations are informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states.

Consensus WCHA 2025-26 Respiratory Virus Season Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	<ul style="list-style-type: none"> All 6-23 months All 2-18 years with risk factors or never vaccinated against COVID-19 All who are in close contact with others with risk factors All who choose protection^a 	<ul style="list-style-type: none"> All 6 months and older 	<ul style="list-style-type: none"> All younger than 8 months^b All 8-19 months with risk factors^c
Pregnancy	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> All who are planning pregnancy, pregnant, postpartum or lactating 	<ul style="list-style-type: none"> 32-36 weeks gestational age^b
Adults	<ul style="list-style-type: none"> All 65 years and older All younger than 65 years with risk factors All who are in close contact with others with risk factors All who choose protection 	<ul style="list-style-type: none"> All 	<ul style="list-style-type: none"> All 75 years and older^d All 50-74 years with risk factors^{d,e}

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Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary:

Certain minority populations have lower vaccination rates than the U.S. total population as per the U.S. Department of Health and Human Services. American Indian/Alaska Native adults, Black/African American adults, and Hispanic/Latino adults were less likely to receive the influenza (flu) shot during the 2023-2024 flu season than U.S. adults overall. American Indian/Alaska Native children, Black/African American children, as well as Hispanic/Latino children born in 2020 were less likely to be fully immunized by age 24 months than all U.S. children born that year. The U.S. Department of Health and Human Services Office of Minority Health also provided further details on population profiles regarding immunizations for the following populations: American Indian/Alaska Native, Asian American, Black/African American, and Hispanic/Latino. Contributing factors that lead to difficulty receiving immunizations may include but are

not limited to the following: needing to take time off work to travel to doctor’s offices, Oregon pharmacies immunizing only individuals 7 years and older if no prescription is written by a provider, difficulty taking children out of school to go to doctor’s offices, difficulty obtaining doctor office appointments, vaccine hesitancy, and vaccine misinformation. PHP believes in the importance of outreach to vulnerable communities and has provided community vaccination clinics and grant funds to clinics for vulnerable communities in previous years. However, immunization of minority and underserved populations is an area of healthcare that as *Dumm et al.* stated will need the global health community to come together to ensure a more just and equitable approach to vaccine access and vaccination.

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions follow the Centers for Disease Control and Prevention (CDC) recommendations for adult immunizations, recommendations by the Advisory Committee for Immunization Practices (ACIP), and Oregon and Washington State regulations/protocols (West Coast Health Alliance) for children’s immunizations, and/or federal regulations for immunization coverage. Two operational policies approved by the Oregon Region Pharmacy and Therapeutics Committee, Vaccine Program - (excluding influenza and pneumococcal conjugate vaccine) Policy - ORPTCOPS068 and Vaccines Influenza and Pneumococcal Policy - ORPTCOPS014, detail policies for immunizations of which follow CDC, ACIP recommendations, state, and/or federal recommendations. There are no utilization edits that are specific to black and indigenous people, other people of color, or gender in either operational policy. Age edits in place for immunizations follow CDC, ACIP recommendations, state, and/or federal recommendations. Additionally, Medicare and Medicaid guidance is followed in the operational policies, for example Medicaid children 0-18 years of age must get vaccines at participating provider’s office or Vaccines For Children (VFC) program facility as required by Medicaid. Thus, there is no distinct utilization and medical necessity criteria needed for vulnerable populations regarding immunizations at this time.

Recommendation:	No recommended health equity updates to policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.
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CORE Revision History Section	
DATE	SUMMARY OF CHANGES
03/01/2024	Initial Review.
02/24/2025	Annual review. No change in recommendation. Updated to new template.
3/3/2026	Annual review. Updated inequities discussed on the office of minority health website, updated Oregon Board of Pharmacy pharmacist vaccination guidance, and added information regarding West Coast Health Alliance immunization recommendations.

Disclaimer: Providence Health Plan (PHP) and Providence Health Assurance (PHA) CORE forms serve as guidance for the administration of plan benefits. CORE forms do not constitute medical advice nor a guarantee of coverage. PHP and PHA CORE Medical Policy forms are based upon CMS guidelines and published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last CORE update. PHP and PHA CORE Coding Policy forms are based on national coding standards and CMS guidelines. PHP and PHA reserve the right to determine the application of CORE forms and make revisions to its CORE forms at any time.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHP and PHA CORE forms will be resolved in favor of the coverage agreement.