



VACCINE ADVISORY COMMITTEE MEETING  
VIRTUAL MEETING - ZOOM  
October 17<sup>th</sup>, 2024

Time	Agenda Item	Facilitator
<b>10:30 – 10:45</b>	<b>Welcome, Announcements, Introductions, Land Acknowledgement</b>	<b>Tao Sheng Kwan-Gett</b>
10:45 – 10:50	Conflict of Interest Declaration	Meghan Cichy
10:50 – 10:55	Approval of Last Meeting Minutes	Tao Sheng Kwan-Gett
10:55 – 11:05	Public Comment	Tao Sheng Kwan-Gett Lisa Balleaux
11:05 – 11:20	Office of Immunization Program Director Updates and Discussion	Jamilia Sherls
11:20 – 11:55	Pertussis Update and Discussion	TBD
11:55 – 12:25	Respiratory Season Planning	Kena Fentress
12:25 – 12:55	VAC Member Report Out	VAC Members
12:55 – 1:00	<b>2025 VAC Meeting Dates: Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, Oct 9<sup>th</sup> Adjourn</b>	<b>Tao Sheng Kwan-Gett</b>

Time	Agenda Item	Facilitator
<b>10:45 – 10:50</b>	<b>Conflict of Interest Declaration</b>	<b>Meghan Cichy</b>

Decisions made by committee members should always be based solely on the best interest of the department and the people of Washington State. Decisions should not be influenced by personal financial interest or by other extraneous considerations. Any affiliation with an organization having fundamental goals that conflict with the department and VAC mission should be avoided. Any current, previous (within two years), or future potential conflict of interest should be disclosed at the beginning of each VAC meeting.

A potential conflict of interest exists when a committee member has a relationship or engages in any activity or has any personal financial interest which might impair their independence or judgment or inappropriately influence their decisions or actions concerning VAC matters.

A potential conflict of interest exists and should be disclosed if the committee member:

- Has a relationship with an entity that benefits financially from the sale of vaccines, such as a consultancy, serving on a speaker's bureau, receiving honoraria, research and/or travel support.
- Owns a material financial interest in any business that provides or seeks to provide goods or services to the department.
- Serves as an officer or participates on the board or committees of other related professional societies that receive direct financial benefit from the sale of vaccines.
- Has an affiliation with an organization that has a financial interest in VAC recommendations.
- Has an affiliation with an organization that has a competing activity.

Each committee member has a high duty and obligation to disclose to the entire committee any potential conflict of interest and to abstain from any decision where a significant conflict of interest exists. Ultimately, it is the responsibility of the entire committee to determine what, if any, limitations on activities with regard to the committee member's conflict are required to protect the VAC.

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<b>10:50 – 10:55</b>	<b>Approval of Last Meeting Minutes</b>	<b>Tao Sheng Kwan-Gett</b>
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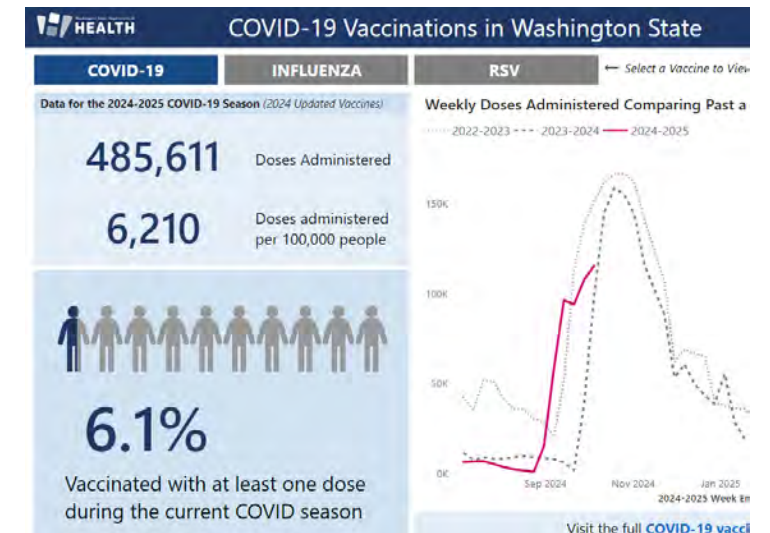
Office of Immunization Update  
Jamilia Sherls, Director

# Data & Surveillance: Updates to Seasonal Vaccination Dashboards

The Office of Immunization has updated our seasonal vaccine dashboards to include data for the 2024-2025 season.

Updated data are available on the following data dashboards:

- [COVID-19 Vaccination Dashboard](#)
- [Respiratory Illness Vaccination Dashboard](#)
- [Influenza Vaccination Dashboard](#)

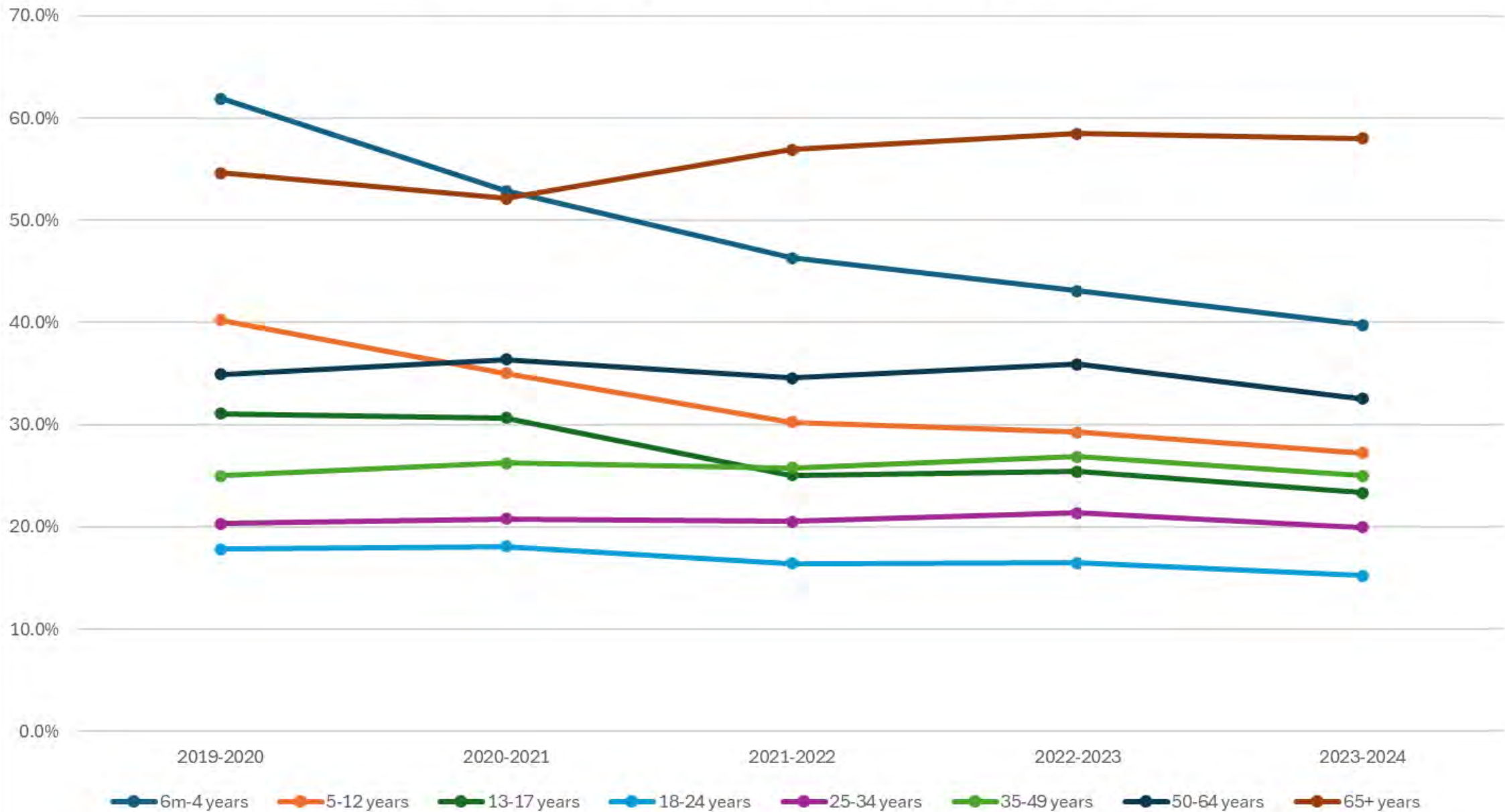


All dashboards are updated weekly on Wednesdays by 3 pm.

If you have questions or need any technical assistance with any of the available vaccine dashboards, please email [waiisdatarequests@doh.wa.gov](mailto:waiisdatarequests@doh.wa.gov).



### Flu Vaccine Coverage Estimates by Season and Age Group



Data sources: Washington Immunization Information System (numerators) and Population Interim Estimates developed by Public Health – Seattle and King County (denominators)

# Future Vaccine Resources: Flu Mist

9/20/24: The FDA approved [FluMist](#) for self- or caregiver-administration.

- The same nasal spray flu vaccine you can already get at a pharmacy or doctor's office.
- Nasal spray flu vaccine for ages 2–49
- FluMist is recommended by the CDC and the American Academy of Pediatrics (AAP)
- Home delivery anticipated to be **available for the 2025-2026 flu season**

[FDA Approves Nasal Spray Influenza Vaccine for Self- or Caregiver-Administration | FDA](#)



# School Immunization Rule Adoption

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DOH filed a CR-103 rules package on September 30, 2024:

- [WAC 246-105-040](#): The department adopted rule will update the 2019 version of the Advisory Committee on Immunization Practices recommendations to the most recent 2024 version.
- [WAC 246-105-060](#): The department adopted rule will remove the reporting date from the rule.

These rules will be effective **October 31, 2024**, which is 31 days after the filing of the CR-103.

The CR-103 and adopted rule language can be found on the [DOH Rule-Making Activity](#) webpage.

# Vaccine Access

**1. CDC has additional funds to support the purchase of COVID-19 vaccine for un- and under-insured adults for the 2024-2025 respiratory season through AVP!**

- COVID-19 vaccine may be administered to BOTH uninsured AND underinsured adults for the 2024-2025 season. All other vaccines may only be given to uninsured adults.

**2. Improved access via the DOH Care-A-Van Service will continue**

<https://doh.wa.gov/you-and-your-family/care-van-mobile-health-services>



# Vaccine Access: Allocation Criteria

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## **Childhood Vaccine Program:**

Pro-rata distribution for equitable distribution of doses throughout the state. The following factors develop a proportional allocation by county:

- Population size recommended for vaccine, by county
- Social Vulnerability Index (SVI) score, by county
- Number of providers in Childhood Vaccine Program, by county Each order will be reviewed at the county level.
- Previous ordering history and wastage data.

## **Adult Vaccine Program:**

A similar process, but we also take into consideration the following elements:

- Vaccine budget available.
- Provider vaccine selection / prioritization indicated in provider agreement.
- Uninsurance rate for persons 19-64 years per county
- Vaccination rates 19+ by county

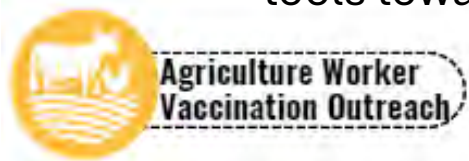
# RSV Nirsevimab Distribution Update as of 10/07/24

- **Total Doses Ordered to date: 16,335**
  - 6,965 doses of 50 mg
  - 9,370 doses of 100 mg
  - *(46 doses of Abrysvo)*
- **Orders processed on October 7th**
  - 49 orders processed
  - 1,945 doses approved
    - 955 doses of 50 mg
    - 990 doses of 100 mg
- **Doses Leftover: 5,135 doses**
  - 1,145 doses of 50 mg
  - 3,990 doses of 100 mg
- **Tribal**
  - 4 Total Tribal orders
  - 115 Doses ordered
    - 10 doses of 50 mg
    - 105 doses of 100 mg
- **Top off doses occur regularly (9/30, 10/7, 10/14, 10/28)**
  - 2,100 doses of 50 mg
  - 4,980 doses of 100 mg

# Agriculture Worker Vaccination Outreach Plan

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- **Care- A- Van**
  - Collaboration with partners to schedule a series of impactful Care-A-Van service events.
- **Culturally and Linguistically Appropriate Outreach:**
  - We are developing outreach materials that are tailored to the cultural and linguistic needs of agricultural workers. These materials will provide essential information about influenza and the benefits of immunization. [DOH Flu Free Washington partner toolkit](#)
- **On-Farm Service Opportunities with Care-a-Van:**
  - Our Care-a-Van program will offer on-site vaccination services at farms, including translation services to ensure clear communication and understanding among workers.
- **Outreach Planning Guide:**
  - Information on how organizations and communities can support Agricultural workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success. [Guide Link](#)
- **Direct Collaboration with Local Health Jurisdictions (LHJs):**
  - Work with each LHJ partner to learn about their needs for supporting the Ag H2A workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success.



# Future Vaccine Resources: H5N1

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## **10/04/24: ASPR takes next steps to prepare vaccine against H5 influenza**

- ASPR and BARDA is paying ~ \$72M to CSL Seqirus, Sanofi, and GSK to complete the next steps in influenza A(H5) vaccine as part of national preparedness.
- Companies will convert bulk doses into ready-to-use vials or pre-filled syringes, ready for distribution if needed.
- Companies also will manufacture additional bulk influenza antigen from seed stocks that match circulating strains.

<https://aspr.hhs.gov/newsroom/Pages/ASPR-Next-Steps-Against-H5-Influenza.aspx>



# Vaccine Hesitancy Campaigns

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- [Strategies for Increasing Adult Vaccination Rates | Adult Vaccines | CDC](#)
- Risk Less Do More-DHHS <https://www.hhs.gov/risk-less-do-more/index.html>
- DOH NEW DOH Long-Term Care Vaccine Tool-Kits [English](#) | [Spanish](#)



# Engagement, Partnership, and Collaboration

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- Engaging and maintaining partnerships during the fall respiratory season
- Maintaining communication with partners
- Collaborating on Immunization Outreach Goals



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<b>11:20 – 11:55</b>	<b>Pertussis Update and Discussion</b>	<b>TBD</b>
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## PERTUSSIS IMMUNIZATION COVERAGE IN WASHINGTON

Meredith Cook, PhD  
Office of Immunization


# DTaP and Tdap Vaccine Recommendations

## Pertussis-containing Vaccines


- DTaP (Daptacel and Infanrix)
- Tdap (Adacel and Boostrix)
- DTaP-HepB-IPV (Pediarix)
- DTaP-IPV/Hib (Pentacel)
- DTaP-IPV (Kinrix and Quadracel)
- DTaP-IPV-Hib-HepB (Vaxelis)

[Chapter 16: Pertussis | Pink Book | CDC](#)

**People of all ages need WHOOPING COUGH VACCINES**



<b>DTaP</b> for young children	<b>Tdap</b> for preteens	<b>Tdap</b> for pregnant women	<b>Tdap</b> for adults
✓ 2, 4, and 6 months ✓ 15 through 18 months ✓ 4 through 6 years	✓ 11 through 12 years	✓ During the 27-36th week of each pregnancy	✓ Anytime for those who have never received it

[www.cdc.gov/whoopingcough](http://www.cdc.gov/whoopingcough) 

[About Whooping Cough | Whooping Cough | CDC](#)

# Vaccine Resources

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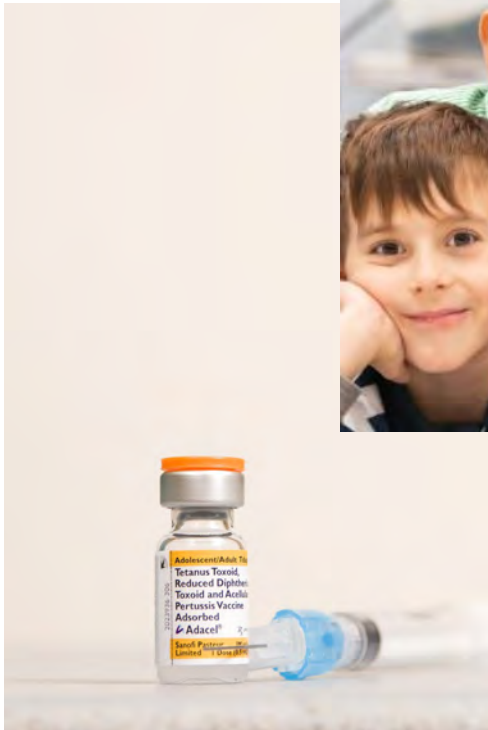
- [Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2024 U.S. \(cdc.gov\)](#)
- [Catch-Up Guidance for Children 4 Months through 6 Years of Age Vaccines: DTap, December 2023 \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines-- Catch-up Guidance for Children 7 through 9 years of age \(cdc.gov\)](#)
- [2024: Tetanus, Diphtheria, and Pertussis-Containing Vaccines-- Catch-up Guidance for Children 10 through 18 years of age \(cdc.gov\)](#)
- [Chapter 16: Pertussis | Pink Book | CDC](#)
- [Ask The Experts: Pertussis | Immunize.org](#)
- [Pertussis \(Whooping Cough\) | Whooping Cough | CDC](#)
- Clinical questions: [immunenurses@doh.wa.gov](mailto:immunenurses@doh.wa.gov)



[About Whooping Cough | Whooping Cough | CDC](#)

# Pertussis Immunization Coverage in Washington

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# Pertussis Immunization Coverage for Children 19-35 Months: WAIS-Based Data



# WAIS Immunization Coverage Data

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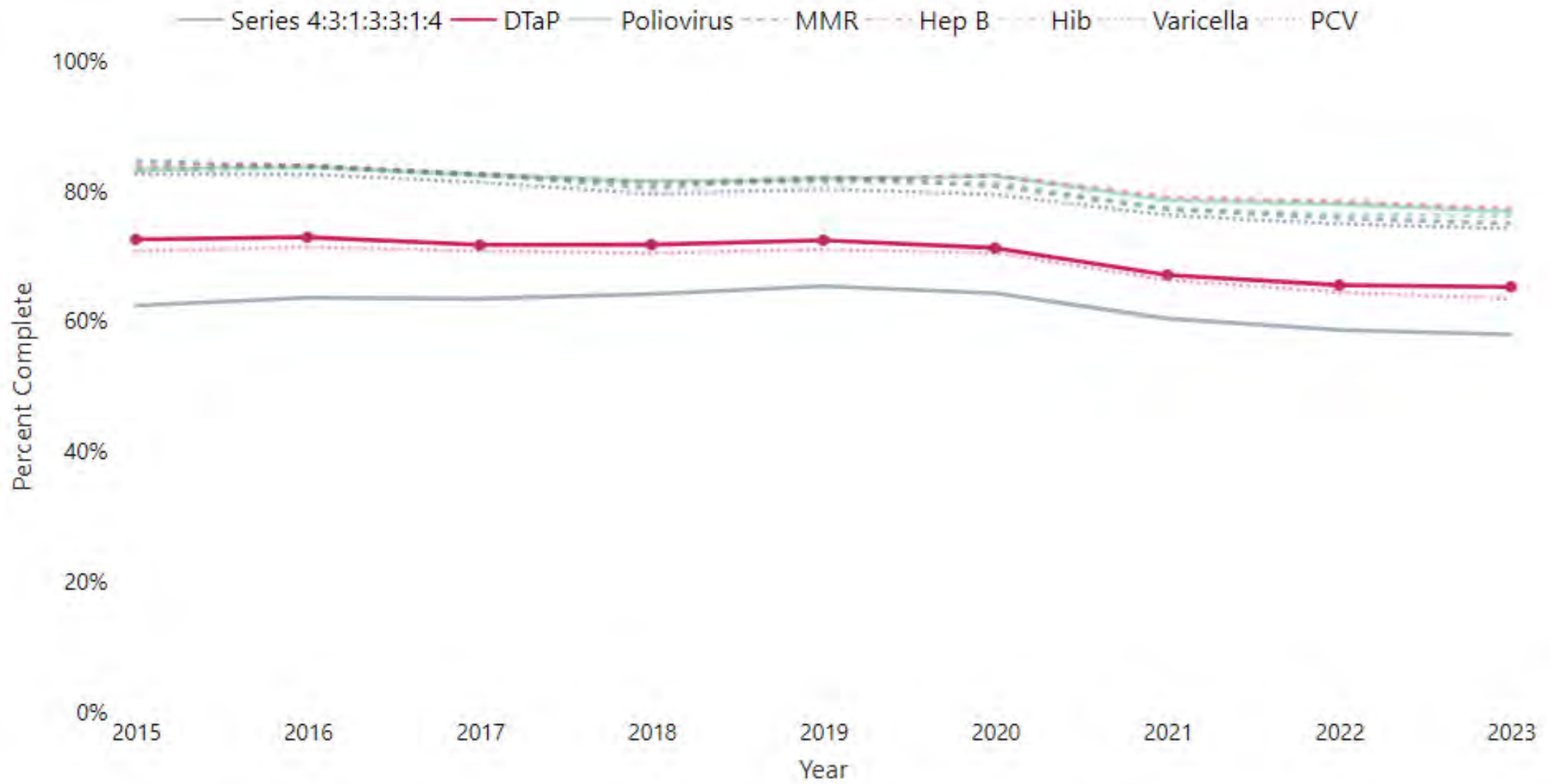
## **Applications**

- Use to assess statewide vaccination coverage as well as geographic and demographic variation
- Provides continuous near real-time updates

## **Limitations**

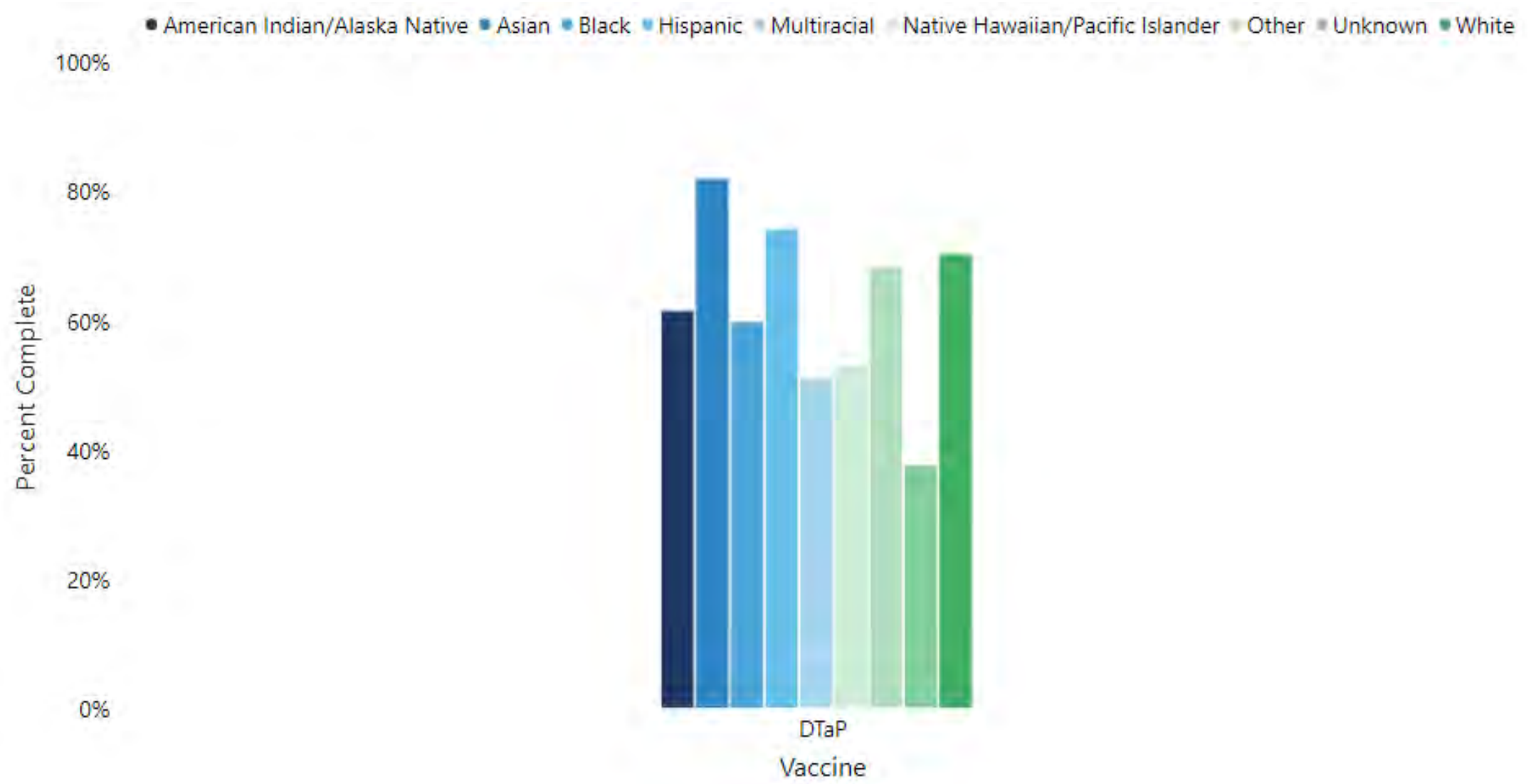
- IIS denominator inflation results in underestimates
- Race and ethnicity data are based on provider report to WAIS
- Coverage estimates for earlier time periods can change over time. IIS is an ‘in the moment’ registry

# Statewide Immunization Coverage Trends Among 19-35 Month-Olds, 2015 to 2023





# Statewide DTaP Coverage Trends Among 19-35 Month-Olds by Race and Ethnicity, 2023



# Pertussis Immunization Data for the K-12 Population: Washington School Reports

# About School Reported Immunization Data

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## Data Collection

- State law requires all public and private schools with any students in grades K through 12 to submit an Immunization Status Report by December 1 of each school year.
  - Submit data in WAIS School Module or through a REDCap report.

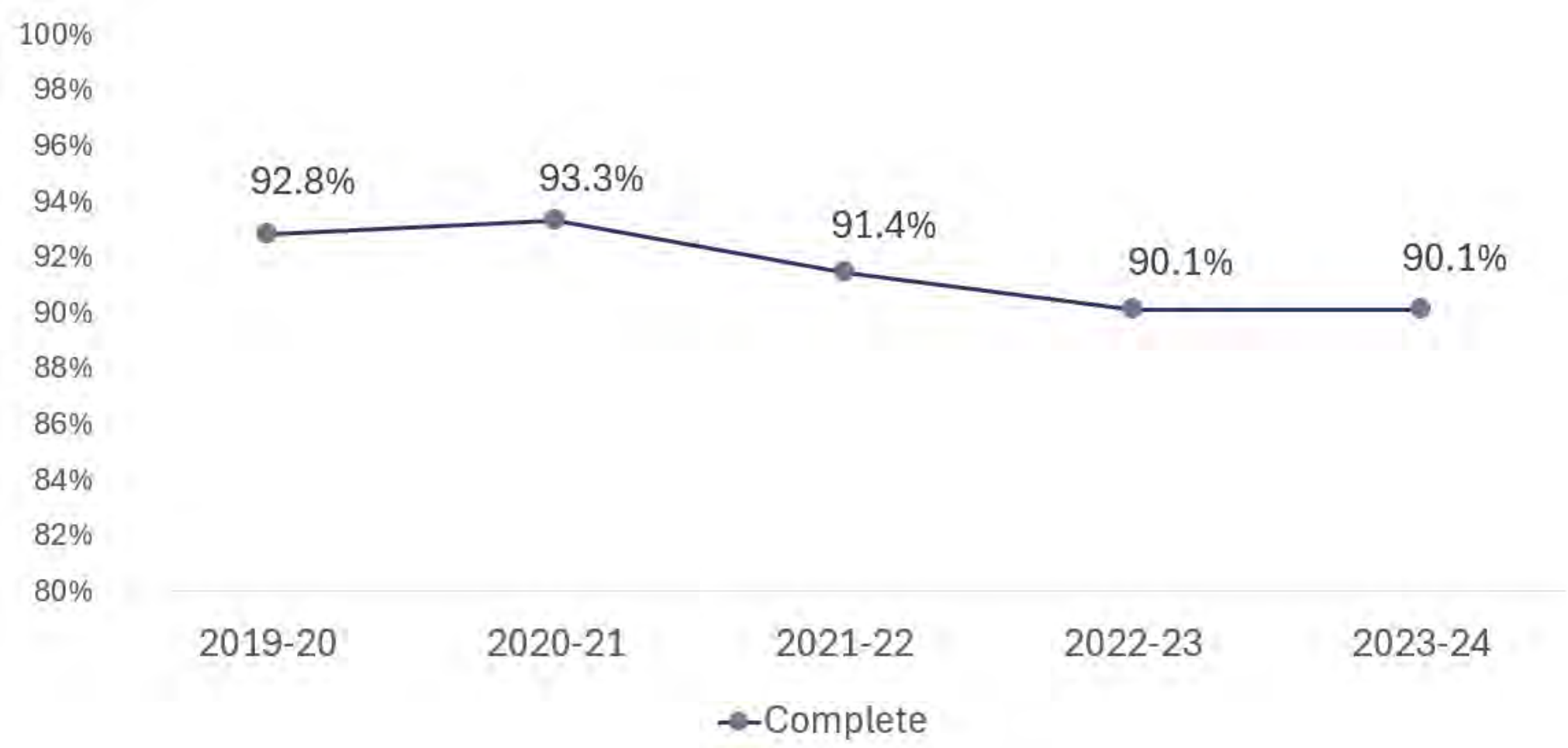
## Applications

- Used to assess school and district-level vaccination status
- Provides accurate school-level vaccine coverage data on annual basis

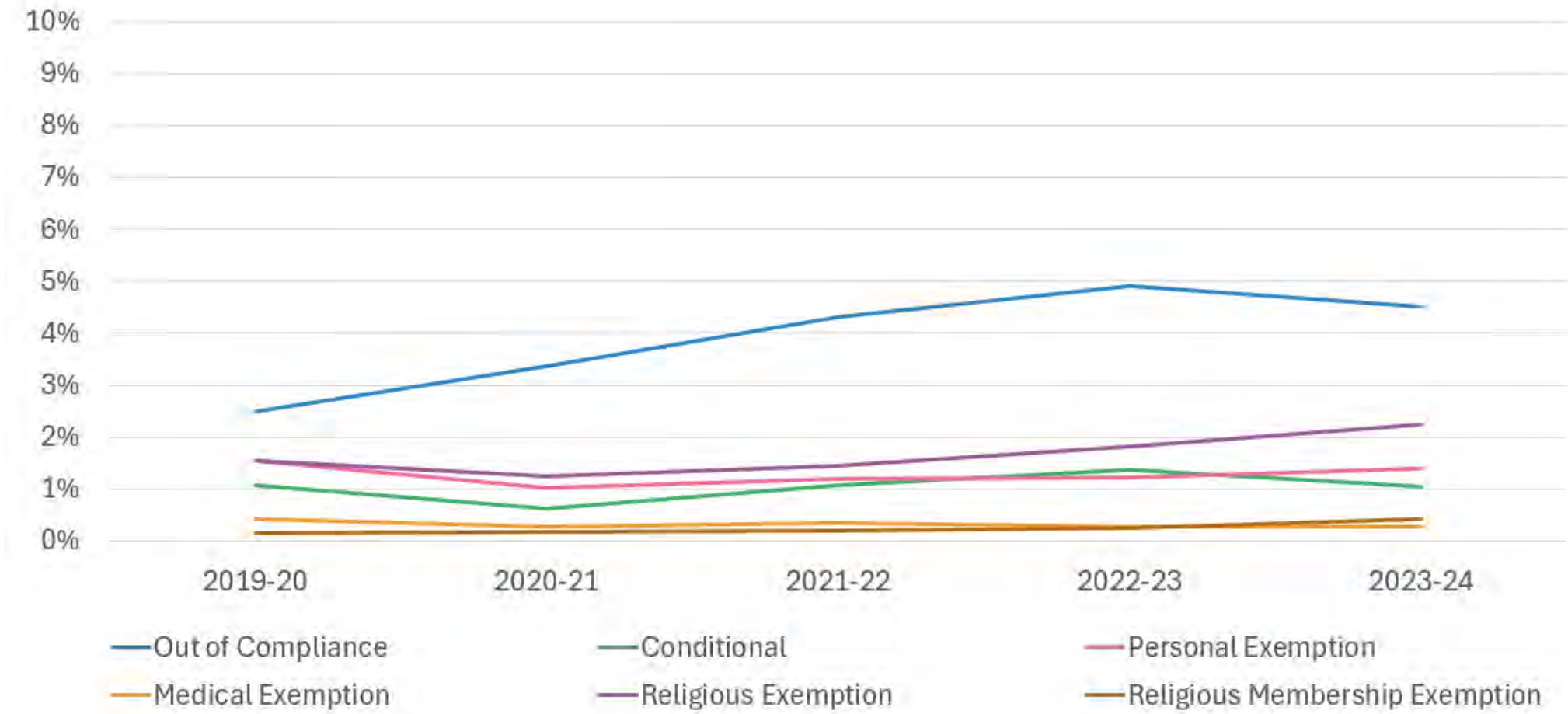
## Limitations

- Specific to school-going population
- Limited grade levels and demographics
- Single update at end of year

# School Immunization Data: Kindergarten Pertussis Immunization Status

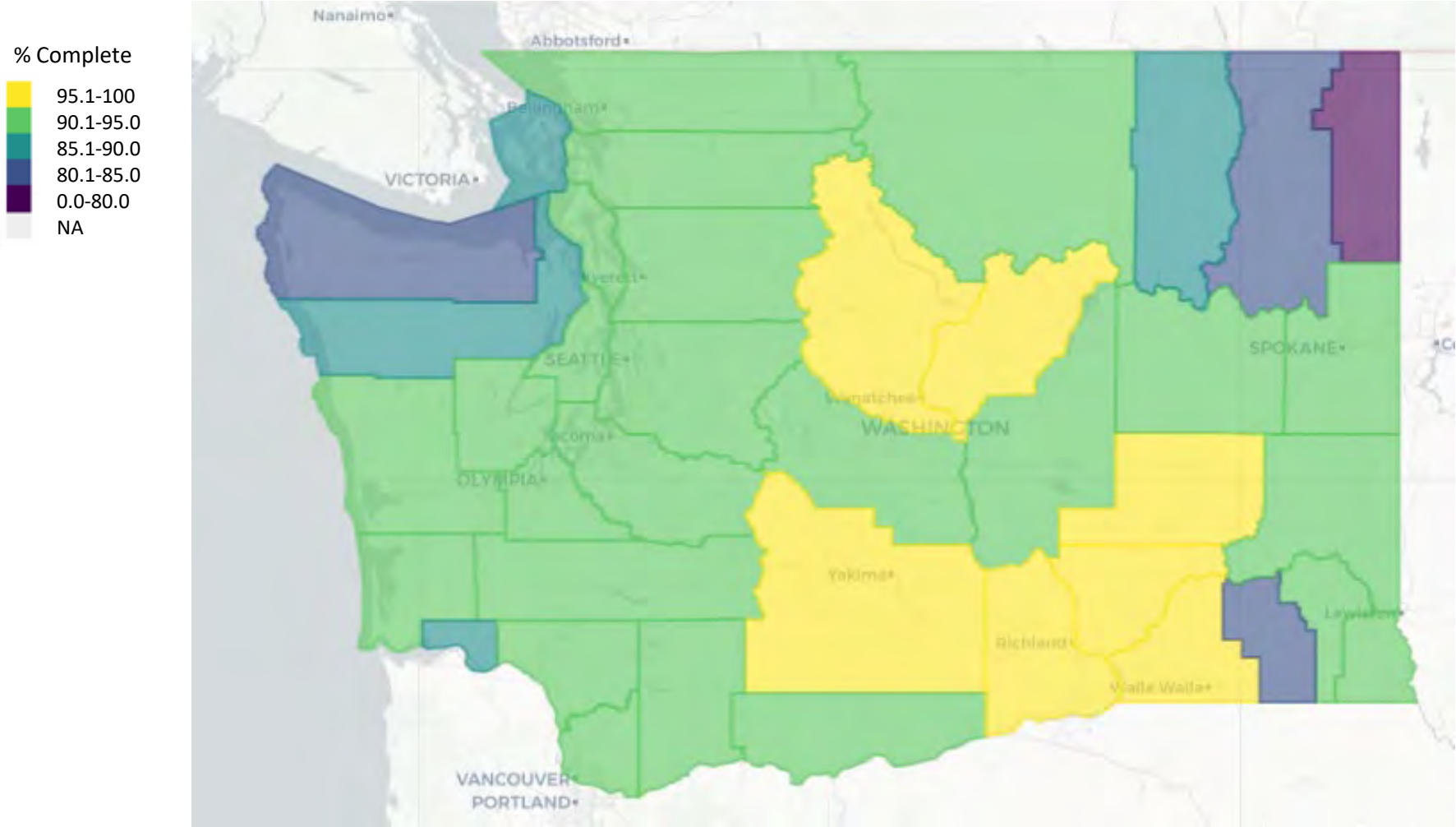


# School Immunization Data: Kindergarten Pertussis Immunization Status

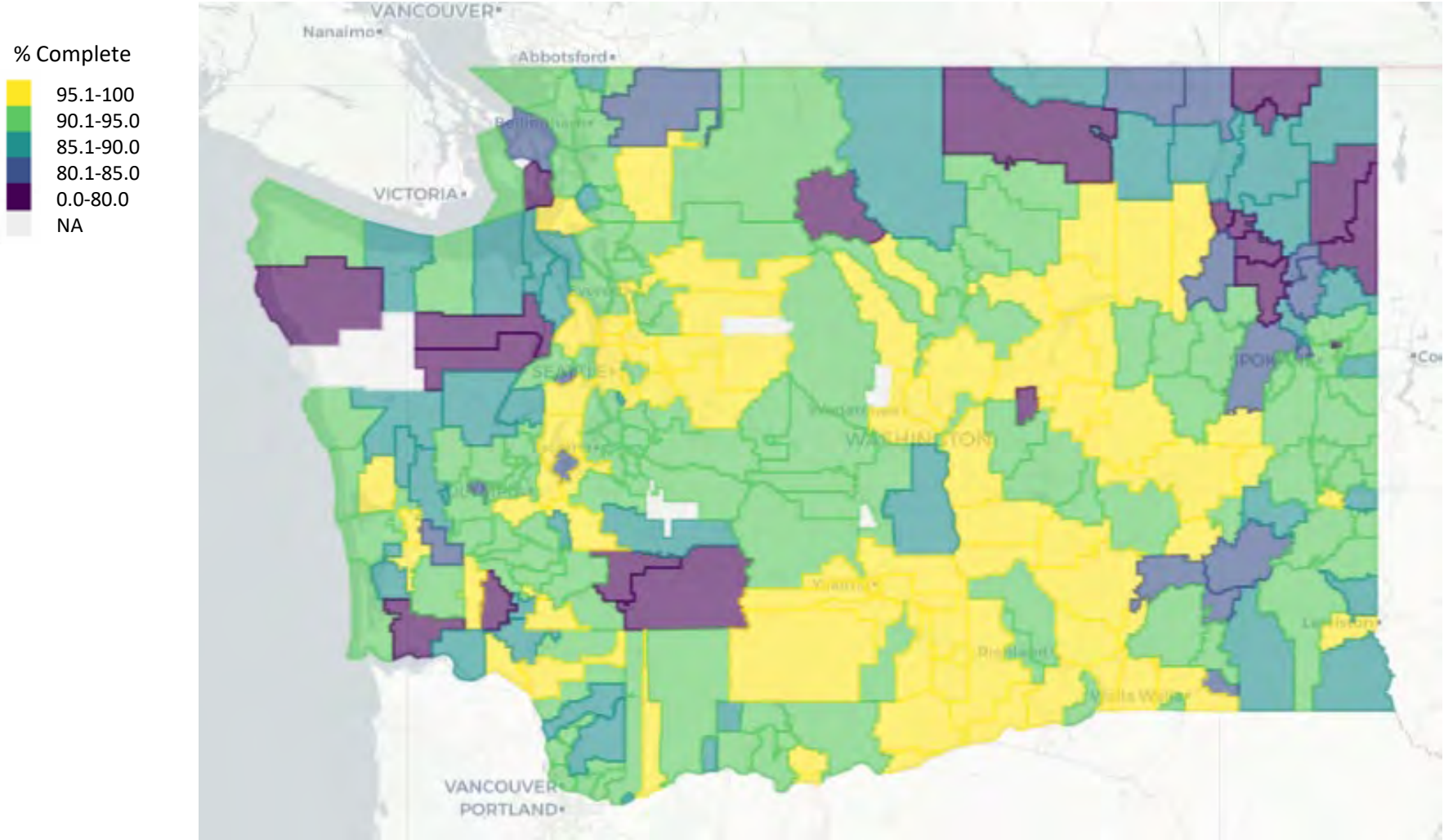




# School Immunization Data – K-12 County Level

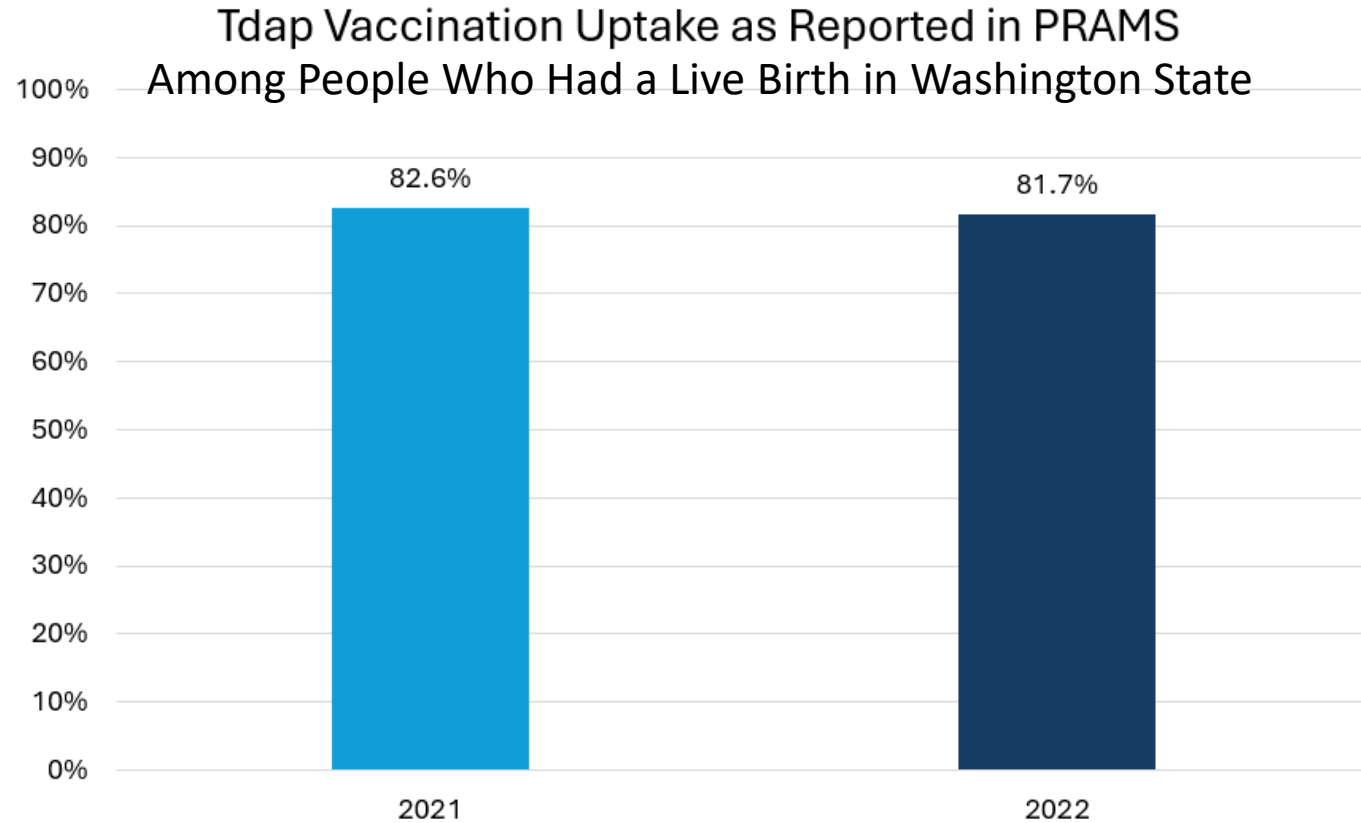


# School Immunization Data – K-12 School District Level



# Self-Reported Tdap Immunization Coverage During Pregnancy

*“During your most recent pregnancy, did you get a Tdap shot or vaccination?”*



# Tdap Immunization Coverage During Pregnancy

- Data Source: Linked WAIS and Vital Records Birth Certificate Data
- People Who Had a Live Birth in Washington State in 2021 (n= 83,417)
- Overall Tdap coverage was estimated at 54.7%

<b>Uptake Rates</b>		<b>Tdap</b>	
Overall		54.7%	
<b>Age Group</b>			
12-17 years		53.4%	
18-24 years		51.6%	
25-29 years		53.8%	
30-34 years		56.3%	
35-39 years		56.6%	
40-44 years		51.6%	
45-49 years		51.0%	
50-55 years		50.0%	
<b>Race Ethnicity of Birth Parent</b>			
Hispanic		58.5%	
Non-Hispanic AIAN		52.9%	
Non-Hispanic Asian		53.7%	
Non-Hispanic Black		54.6%	
Non-Hispanic Multiracial or Other		55.7%	
Non-Hispanic NHOPI		53.8%	
Non-Hispanic White		53.7%	
<b>Marital Status at Time of Birth</b>			
Married		54.6%	
Not Married		55.1%	
<b>Birth Parent's Education Level</b>		<b>Tdap</b>	
8th Grade or less		57.0%	
9th-12th Grade, No Diploma		54.8%	
High School Graduate or GED		52.1%	
Some College, No Degree		51.3%	
Associate Degree		51.5%	
Bachelor's Degree		57.5%	
Master's Degree		60.9%	
Doctorate or Professional Degree		63.4%	
<b>Adequacy of Prenatal Care - Kotelchuck Index</b>			
Inadequate		42.9%	
Intermediate		52.3%	
Adequate		57.4%	
Adequate Plus		57.1%	
<b>No. of Prenatal Visits Only</b>			
<6 visits		38.4%	
7-10 visits		53.7%	
11-14 visits		59.9%	
15+ prenatal visits		62.6%	
<b>Risk Factors</b>			
Yes		55.1%	
No		54.2%	
<b>Women Infants Children (WIC) Program</b>			
No		54.6%	
Yes		49.8%	

Thank you!

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Questions?

Data can be found on DOH immunization dashboards:

[Immunization Measures by County Dashboard](#)

[School Immunization Data Dashboard](#)

Questions or data requests can be sent to: [waiisdatarequests@doh.wa.gov](mailto:waiisdatarequests@doh.wa.gov)



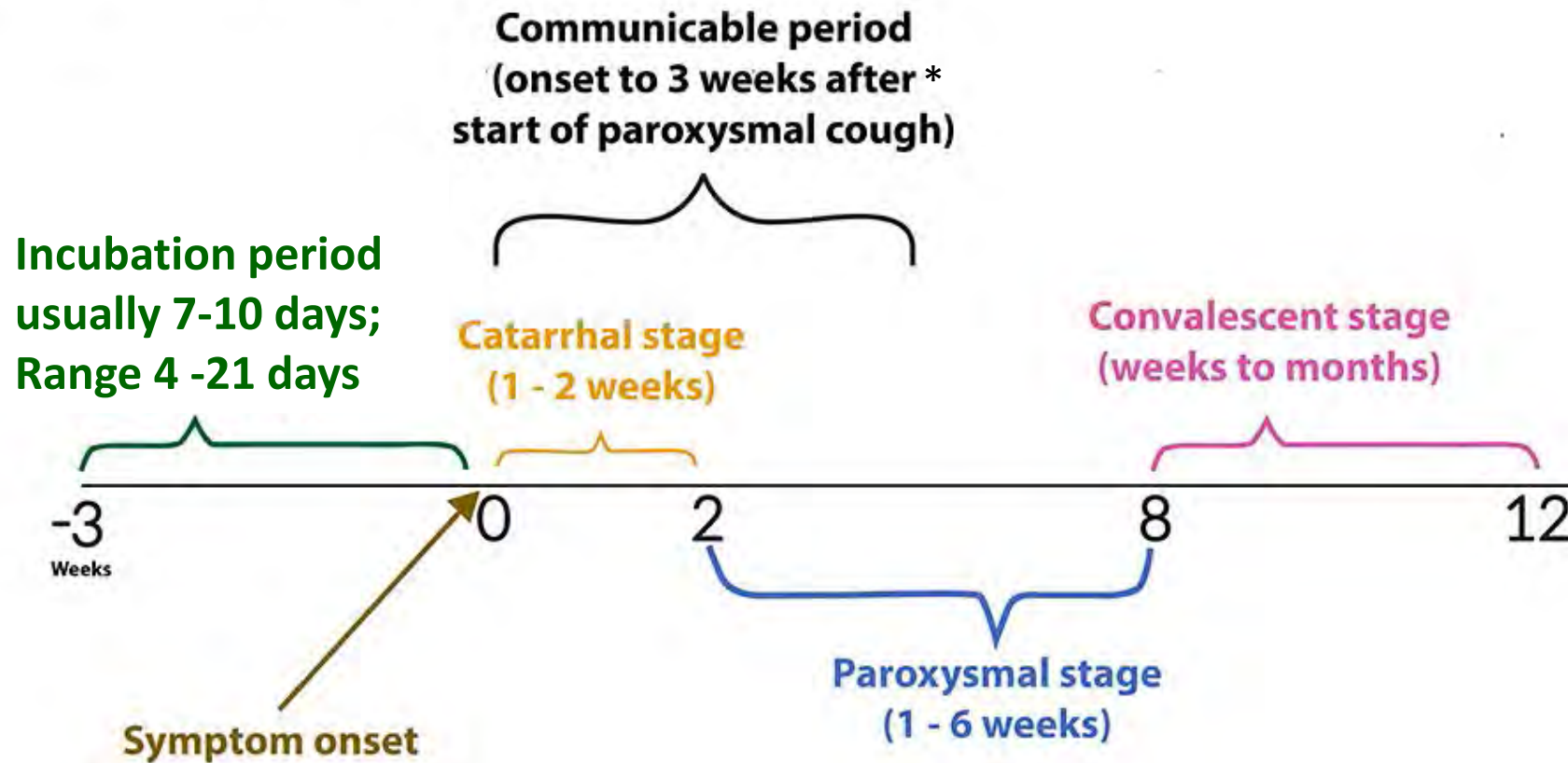
# PERTUSSIS DISEASE SURVEILLANCE UPDATE

Nick Graff, MPH

Office of Communicable Disease Epidemiology

# Incubation and classical disease progression

## Pertussis Disease Progression



[cdc.gov/pertussis](https://cdc.gov/pertussis)

*\*This is the minimum length of the contagious period without antibiotic treatment.*



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

# Our Disease Surveillance Program

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## Pertussis

### 1. DISEASE REPORTING

#### A. Purpose of Reporting and Surveillance

1. To prevent illness and death, particularly among infants younger than 1 year, and among persons who may transmit pertussis to infants.
2. To limit transmission of pertussis in settings with infants or others who may transmit pertussis to infants.
3. To monitor the epidemiology of pertussis in Washington state.

#### B. Legal Reporting Requirements

1. Health care providers and facilities: notifiable to local health jurisdiction within 24 hours.
2. Laboratories: *Bordetella pertussis* notifiable to local health jurisdiction within 24 hours; submission of culture isolates required, when available (2 business days).



## Criteria used for classifying pertussis cases

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### **Clinical case definition**

A cough illness lasting at least 2 weeks, with at least one of the following:

- Paroxysms of coughing
- Inspiratory whoop
- Post-tussive vomiting
- Apnea



### **Laboratory diagnostics**

- A positive bacterial culture for *B. pertussis*
- Positive PCR test for *B. pertussis*

Serology is not considered a valid test for surveillance purposes.

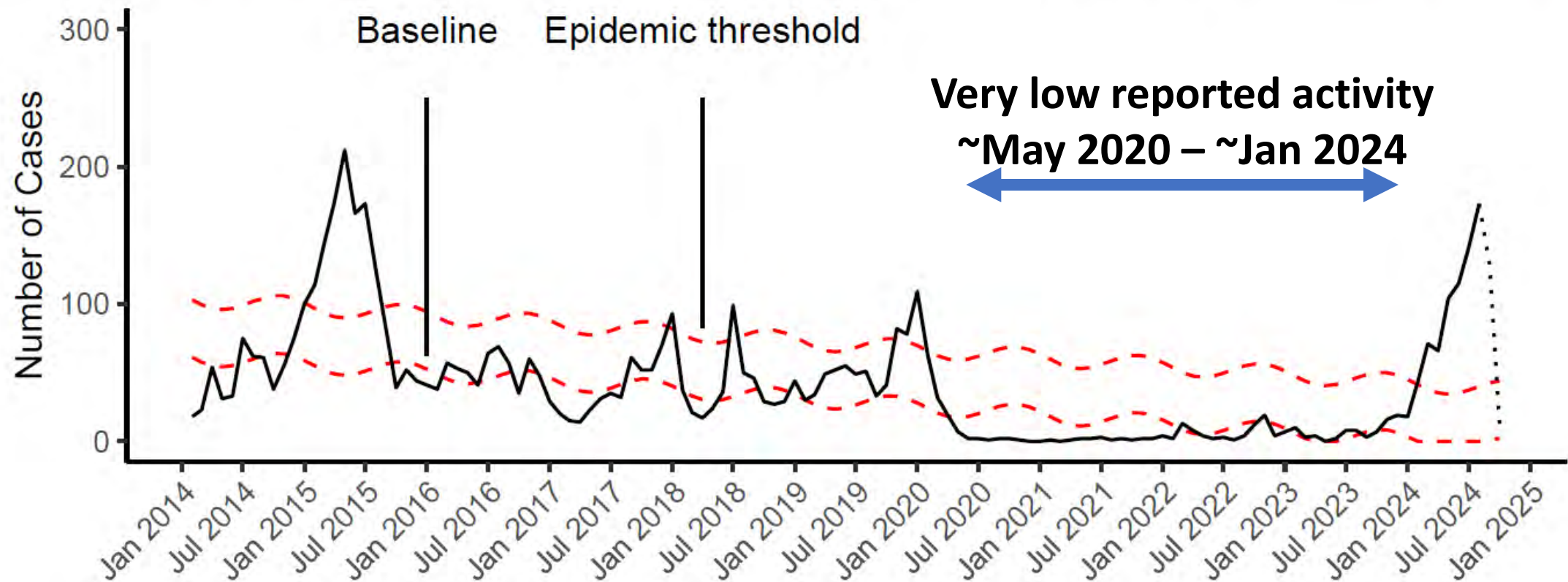
Please note!

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All data presented in the following slides is preliminary and subject to change. Some cases are still under investigation.

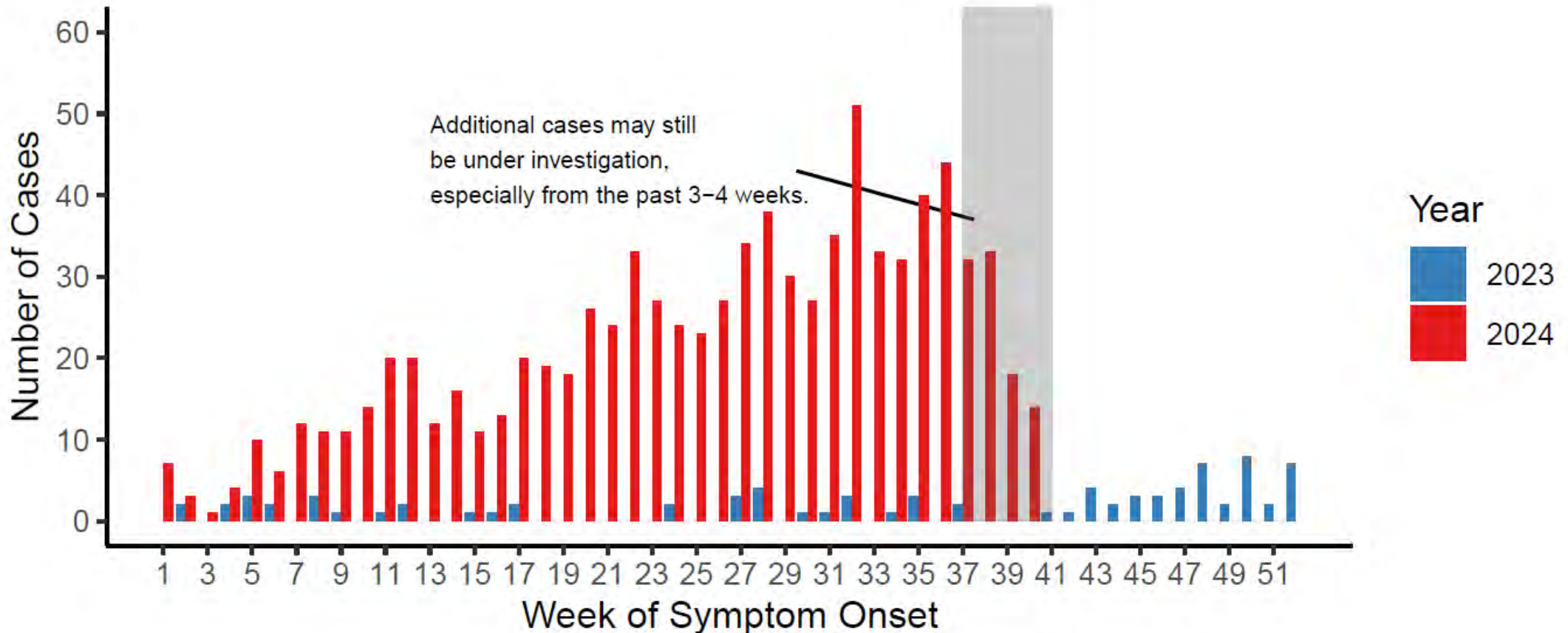
## Monthly Case Counts: 10 years of context

**Figure 2:** WA State Pertussis Cases Reported by Month and Year (black) with Projected Baseline and Epidemic Thresholds (red dashed lines), 2014 through year-to-date 2024<sup>1</sup>. *The most recent 2 months may still be incomplete (dotted line).*



# Weekly pertussis case counts, through 10/5/2024 (week 40) 873 cases compared to 43 by the same week in 2023

**Figure 1:** Number of Pertussis Cases Reported in Washington State by CDC Week of Symptom Onset: 2023 (blue) vs 2024 (red)



## Ages of Confirmed and Probable Pertussis Cases

**Table 1:** WA State Pertussis Cases by Age Group, 2024 weeks 1 - 40

Age Group	OFM 2022 Population	Number of Cases	Rate per 100,000 persons	% of cases by age group*
< 1	88,441	98	110.8	11
1 - 4	349,505	231	66.1	26
5 - 9	476,054	165	34.7	19
10 - 13	396,426	105	26.5	12
14 - 18	480,566	142	29.5	16
19 - 24	588,771	43	7.3	5
25 - 44	2,225,672	53	2.4	6
45 - 64	1,911,375	26	1.4	3
65+	1,347,568	10	0.7	1
All ages	7,864,378	873	11.1	100

*\*Due to rounding, percentages may not always add up to 100%*

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## Ages of Confirmed and Probable Pertussis Cases

**School age children: 412 cases, 47%**

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Please note!

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The following hospitalization slides contain 15 additional cases through 10/5/24 because the data was updated since the previous tables were generated.



## Hospitalization (under 1)

<b>Hospitalized at least overnight for pertussis?</b>	<b>n</b>	<b>%</b>
Yes	9	9.1%
No	90	90.9%
<b>Total</b>	<b>99</b>	

Of the 9 hospitalized infants:

- None were born to a person who had received Tdap during this pregnancy
- None had received any doses of pertussis-containing vaccine.
- Only 2 were old enough to have received one or more doses

Of the 90 non-hospitalized infants:

- 12 had received at least one dose of vaccine (13%)

## Hospitalization (all ages)

<b>Hospitalized at least overnight for pertussis?</b>	<b>n</b>	<b>%</b>
Yes	20	2.3%
No	854	96.2%
Unknown	2	0.2%
<i>Missing</i>	12	1.4%
<b>Total</b>	<b>888</b>	

### **Of the 20 hospitalized persons:**

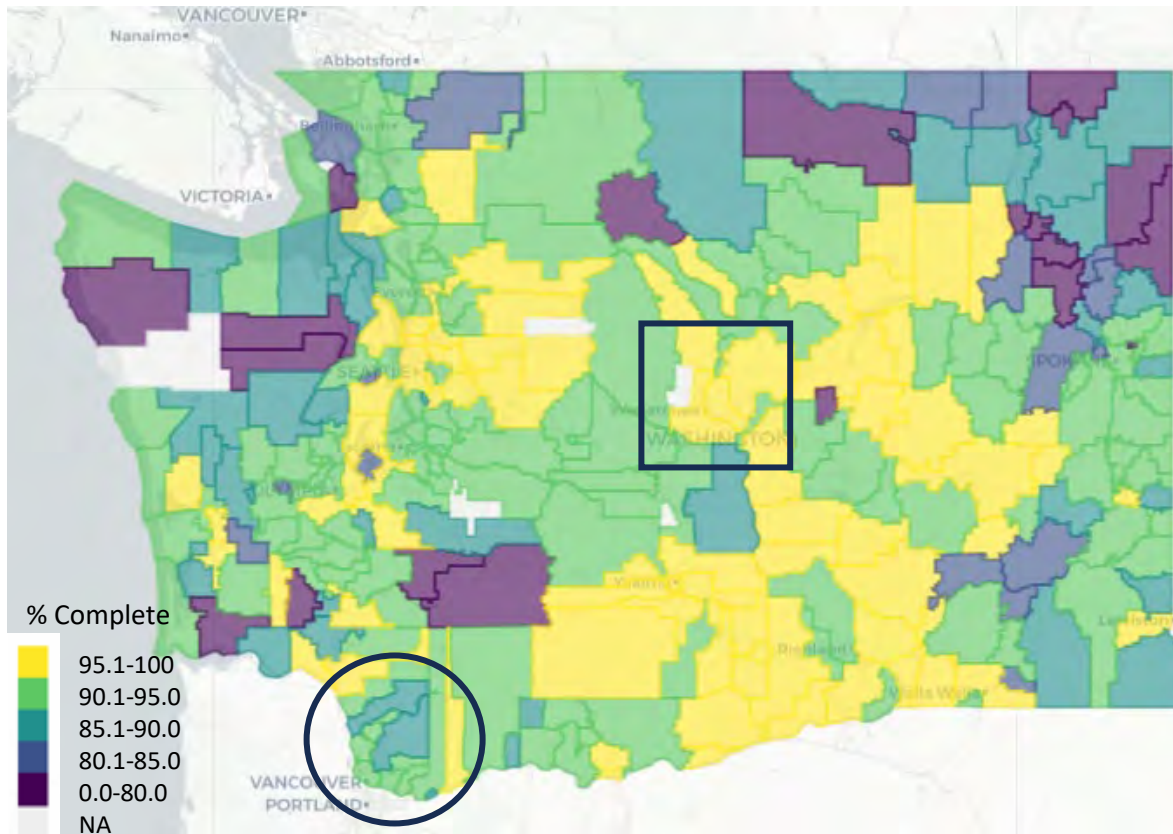
- 9 were less than 1 year old
- 4 were 1 – 5 years old
- 7 were over 40 years old (range: 46 – 83 years)
  
- Only 4 hospitalized patients were known to have ever received a documented dose of pertussis-containing vaccine (20%).

## Synthesis of Data Sources and Summary

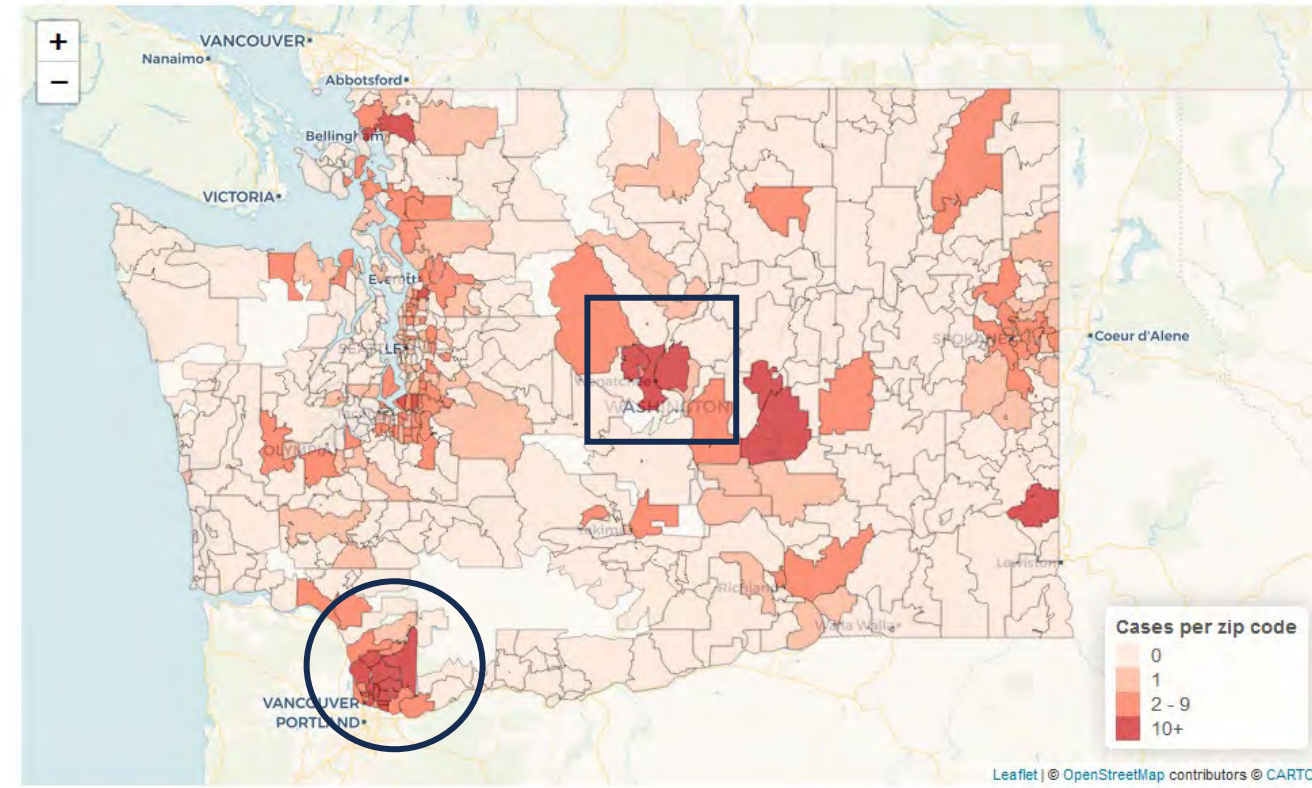
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- Nearly half of cases were among school-aged children (5 – 18 years old).
  - All school-aged children were born when only acellular pertussis vaccine was available.
  - K-12 schools may be a key setting for the transmission of pertussis in WA in 2024.
- A high percentage of pertussis cases have been reported among children 1 to 4 years old.
  - Most of these children were born since 2020, when routine pertussis immunization coverage decreased.
- Most hospitalized patients had no documented history of pertussis vaccination.

## School Immunization Data – K-12 School District Level



## Pertussis case count map by zip code



- Some areas with the highest number of pertussis cases are outside of school districts with the highest pertussis vaccine coverage. (For example, see the circles above)
- Because pertussis is so contagious, some areas with high K-12 vaccine coverage still experienced outbreaks. (For example, see the squares above)
- These maps may not fully represent variations in vaccine coverage within communities.
- Note that school district and zip code boundaries are not necessarily the same.
- More analysis is needed to understand these associations.

## Conclusion

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- All available immunization data sources show pertussis vaccination coverage rates for children in WA dropped during the COVID-19 pandemic and have not yet recovered from that impact.
- Vaccination is the best tool to protect against pertussis. The public health system also uses other tools to reduce the burden of pertussis in our communities, including:
  - Case interviews and contact tracing
  - Post-exposure prophylaxis for high-risk contacts
- Lower vaccination coverage means children in Washington have less robust protection from whooping cough.
- People who are not vaccinated appear to be more likely to have severe disease requiring hospitalization.

# Questions and Discussion

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Time	Agenda Item	Facilitator
<b>11:55 – 12:25</b>	<b>Respiratory Season Planning</b>	<b>Kena Fentress</b>
12:25 – 12:55	VAC Member Report Out	VAC Members
12:55 – 1:00	2025 VAC Meeting Dates: Jan 10 <sup>th</sup> , April 10 <sup>th</sup> , July 10 <sup>th</sup> , Oct 9 <sup>th</sup> Adjourn	Tao Sheng Kwan-Gett



# Respiratory Virus Fall Vaccine Outreach Update

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**Kena Fentress**

**Engagement and Planning Section Manager**

# Health Education, Promotion, & Communication Planning



flu free  
WASHINGTON



flu free family flu free  
work flu free gym  
flu free game days  
flu free school flu  
free camping flu free  
friends flu free  
everything  
flu free  
WASHINGTON

- Social marketing campaigns covering respiratory topics
- Updating the flu toolkit
  - [Flu Free WA partner toolkit](#)
  - [“Flu Free at Work” toolkit for employers](#)
- Participation in meetings and workgroups to share resources
- Communication planning:
  - Establishing a schedule of messaging on respiratory illnesses
  - Sharing information with the public
  - Improving communication between providers and partners
  - Organizing webinars on vaccine recommendations and handling

# Pop-Up Immunization Clinic Guide

DOH's Planning and Response Team created the [Pop-Up Vaccination Clinic Guide](#) that is now available to the public on the [Immunization | Washington State Department of Health](#) webpage, in the *LHJ Resources subsection*.

- **Intended Audience:** LHJs, Tribes, Community Organizations, and Immunization Providers.
- **Intended Purpose:** A tool to be used as a general guide of common steps an organizer would need to consider and prepare for when planning and setting up a Pop-Up Vaccination/Immunization Clinic in their community.

TABLE OF CONTENTS	
<b>Pop-Up Clinic Guide Overview</b>	.....
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<b>Section 2: Equity Considerations Overview</b>	.....
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Administration of Vaccine in Children	.....
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Overview	.....
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<b>Annexes</b>	.....
Annex A: Timeline and Schedule Examples	.....
Annex B: Considerations for Selecting a Site	.....
Annex C: Site Conceptual Layout Models	.....
Annex D: Supply Checklists Examples	.....
Annex E: Washington IIS	.....

## Summary of Recommendations

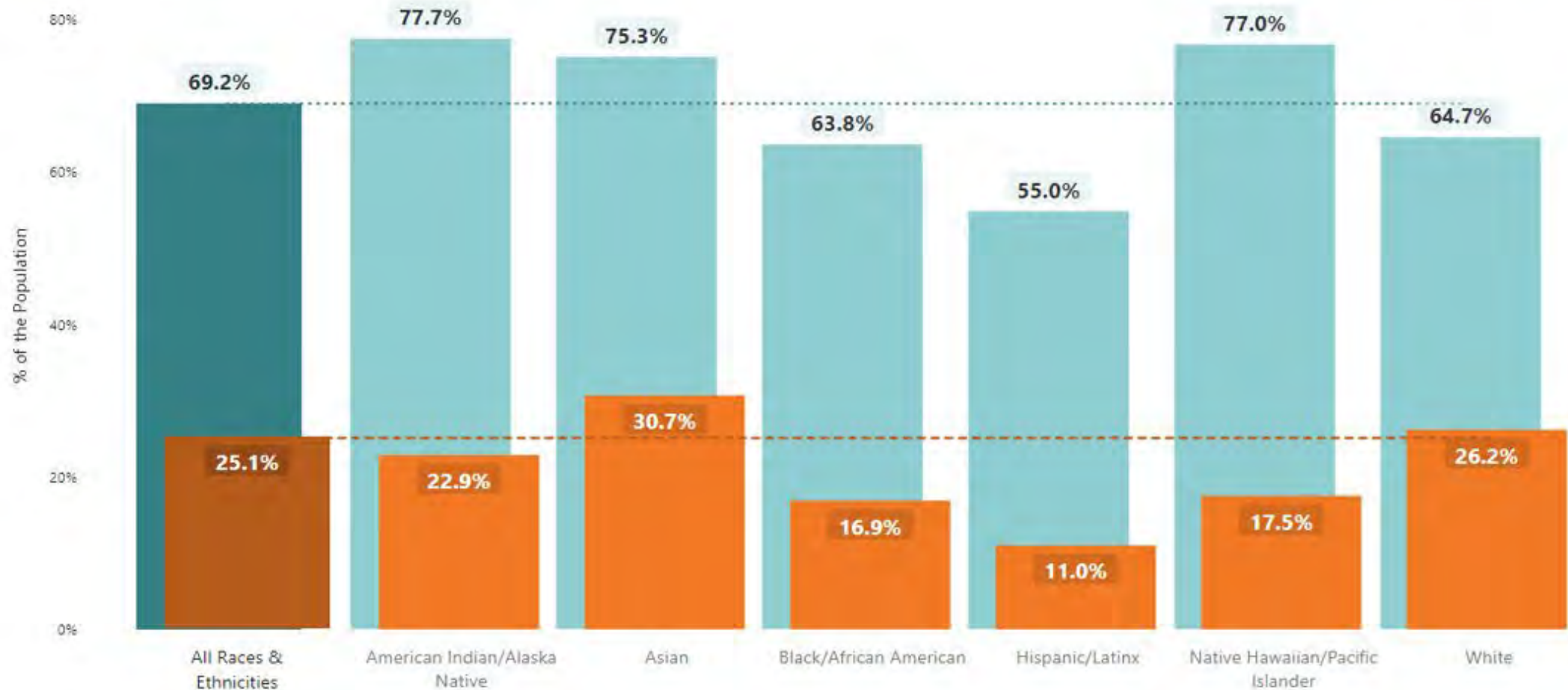
	COVID-19	Influenza	RSV	RSV Pediatric	RSV Pregnancy
When can I get it?	All three vaccines can be given at the same time.				
Who should get it?	Everyone 6mo+	Everyone 6mo+	Age 60+ in consultation with a healthcare provider	Birth to 8 months during first RSV season, and 8-19 months in second RSV season and at an increased risk for severe disease.	Pregnant people during weeks 32-36 of pregnancy during RSV season.
What is it?	Vaccine	Vaccine	Vaccine	Monoclonal Antibodies (mAb)	Vaccine

# Priority Populations

Respiratory illness affects every age and demographic in WA state. Data from our Epidemiology team helps us focus on underserved populations.

**Completed Primary COVID-19 Vaccination Series**  
among Washington state residents as of June 30, 2023

**Up to Date on CDC-Recommended COVID-19 Vaccine Doses**  
among Washington state residents as of June 30, 2023



Source: <https://doh.wa.gov/data-statistical-reports/health-behaviors/immunization/influenza-vaccination-data>

# Vaccination Catch-Up Tools and Resources

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- [Job Aids](#) help providers quickly determine catch-up schedule for children, especially with new polio, RSV, pneumococcal vaccines and recommendations.
- Immunize.org's excellent [Cheat Sheet of COVID-19 Vaccination Guidance and Clinic Support Tools](#)

# 2024-25 COVID-19 Vaccination Recommendations



- Everyone 6 months and older is recommended to receive a single 2024-2025 COVID-19 vaccine dose.
- Moderna (mRNA), Pfizer (mRNA), & Novavax (protein based).

## Resources

- mRNA COVID-19 VACCINES: [FDA approved an EUA for updated mRNA COVID-19 vaccines \(2024-2025 formula\)](#) for the Omicron variant KP.2 strain of SARS-CoV-2.
- Novavax COVID-19 Vaccine, Adjuvanted (2024 – 2025 Formula) under Emergency Use Authorized 8/30/24.

# Flu Vaccine Recommendations

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Everyone 6 months and older in the United States, with rare exception, should get an influenza (flu) vaccine every season. There are no preferences for one flu vaccine over another.

Options for this age group include:

- inactivated influenza vaccine [IIV]
- recombinant influenza vaccine [RIV]
- live attenuated influenza vaccine (LAIV)

People 65 and older should get a higher dose or adjuvanted flu vaccine, including:

- [Fluzone High-Dose Trivalent](#)
- [Flublok Trivalent](#)
- [Fluad Trivalent](#)

SOURCE: <https://www.cdc.gov/flu/prevent/keyfacts.htm>



## About Respiratory Syncytial Virus (RSV)



Common  
respiratory virus



Causes mild,  
cold-like  
symptoms



Seasonal  
epidemics



Spread through  
respiratory  
droplets, direct  
contact, fomites

# ACIP RSV Immunization Seasonal Recommendations Summary\*

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
<b>Infants and children</b> (nirsevimab)		Administer during October–March in most of the continental U.S.						Providers can adjust administration schedules based on local epidemiology.†					
<b>Pregnant people</b> (Pfizer, Abrysvo)	Administer during September–January in most of the continental U.S.						ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†						
<b>Adults 60+</b> (Abrysvo, Arexvy, mRESVIA approved 5/24)	Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.												

Recommended timing for immunization	Timing NOT recommended for immunization, except in limited situations (as indicated in chart)
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Source: CDC/NCIRD/ISD All-Awardee Call (January 2024)

# Birthing Hospital Outreach

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- Outreach to birthing hospitals regarding RSV Nirsevimab administration
- Identifying needs and barriers for hospitals
- Creating and implementing webinars
- Facilitating hospital enrollment in CVP

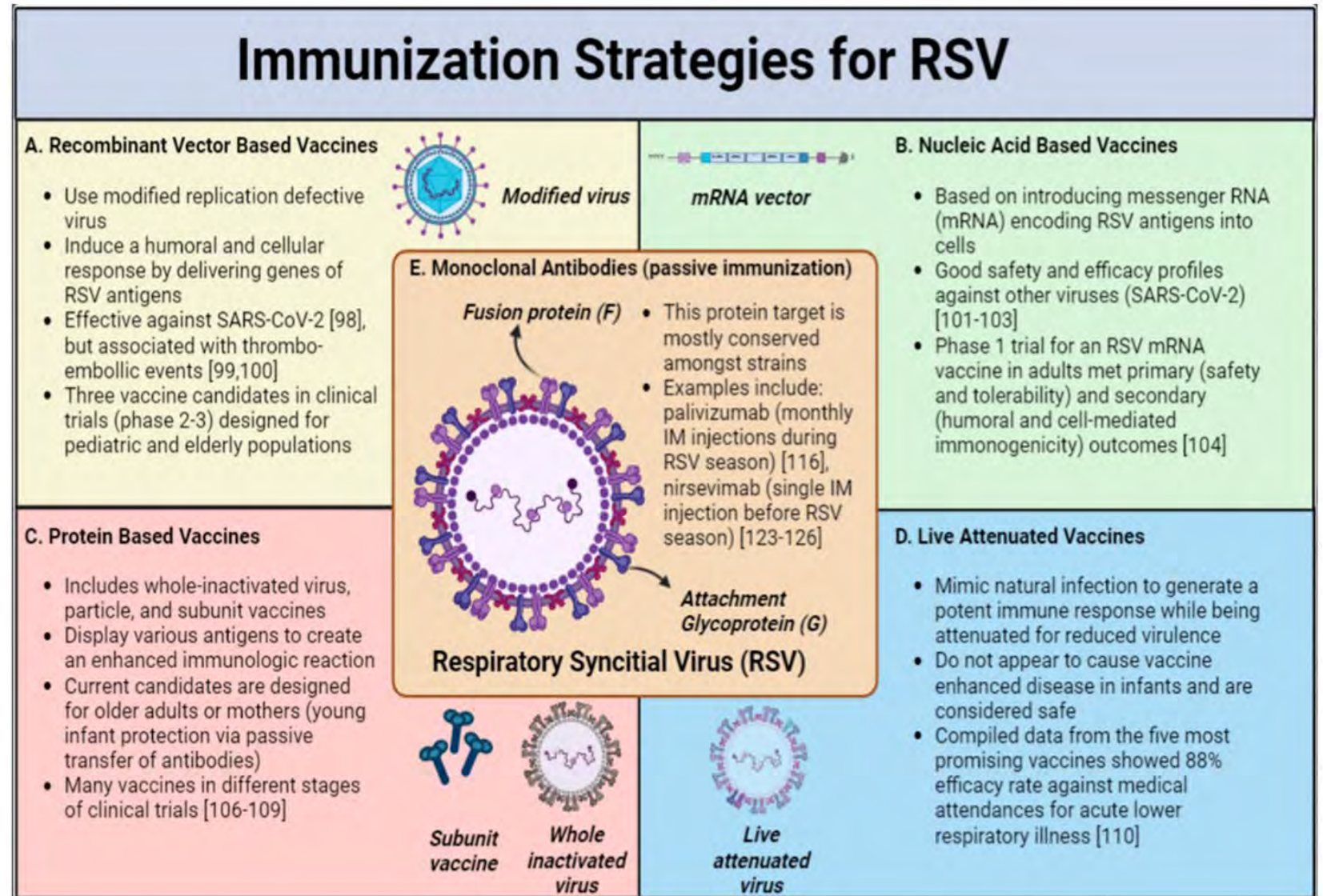


# Allocation Plan

<b>% Allocation</b>	<b>Recipient</b>	<b>Additional information</b>
<b>50%</b>	DOH Childhood Vaccine Program Providers	Pro rata distribution at the county level
<b>40%</b>	Birthing Hospitals	35% 50 mgs 5% 100 mgs Adjust based on demand
<b>10%</b>	Tribal Partners	Adjust based on demand

# Nirsevimab Resources

- [DOH RSV Information](#)
- [Standing Orders for RSV](#)
- [CDC RSV Information](#)
- [Scientific Description of RSV Immunization Methodology](#)



# Discussion & Input





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