

# November 2024 NCIC Membership Meeting

**Meeting Coordinators:** 

Erin Brown, MSPH Leanne Alexander, MPH, RN

# Welcome Members

Erin Brown, MSPH

NCIC Steering Committee Member

# Steering Committee Delegates as of 10/15/24

- Amy Moon
- April Baur
- Brandon Young
- Brett Lown
- Christopher Carr
- Dawn Wilson
- Erin Brown

- Jennifer Plair
- Josh McDuffie
- ► Karin Szymanski
- Katherine Adams
- ► Laura Edwards
- Lauren Porter
- ► Leanne Alexander

- Lucy Sutter
- Matt Kolenda
- Nadja Vielot
- Rachel Baartmans
- Steven Gunn
- ► Tammy Woods

# Agenda

NCIC Update	Steven Gunn, MPA NCIC Chair		
Families Fighting Flu	Michele Slafkosky Executive Director		
HPV Task Force Update	Erin Brown, MSPH  HPV Task Force Lead		
Recognition of 2024 NC Immunization Champion	Leanne Alexander, MPH, RN  NCIC Steering Committee		
2024-2025 Respiratory Season Vaccines (Influenza, Pneumococcal, RSV, COVID)	Emma Doran, MD, MPH Medical Director Vaccine Preventable and Respiratory Diseases Medical Consultation Unit, NCDHHS		
DHHS Immunization Updates	Anna Louise McNabb, MS Public Health Informatician Division of Public Health, Immunization Branch		
Updates from Oct 2024 ACIP Mtg	Candy Graham, RN, CPHN Public Health Nurse Consultant Perinatal Hepatitis B Coordinator Division of Public Health, Immunization Branch		
NC Immunization Registry Update	Kerry Caskey, MBA Senior IT Business Systems Analyst Division of Public Health, Immunization Branch		
NFID Call to Action	Matt Kolenda, PharmD, MBA  NCIC Steering Committee		
NCIC Annual Survey	Steven Gunn, MPA		
Manufacturer Updates	Erin Brown, MSPH		

**NCIC Update** 

Steven Gunn
NCIC Chair

Families
Fighting
Flu

Michele Slafkosky

**Executive Director** 

# HPV Task Force Update

Erin Brown, MSPH
NCIC HPV Task Force

# Welcome to the Inaugural North Carolina HPV Vaccination Stakeholder Meeting!



September 12, 2024 Chapel Hill, NC



# Striking Out HPV Cancers in NC













# 2024 Immunization Champion Award



The Immunization Champion Award, hosted by the Association of Immunization Managers (AIM) and funded by the Centers for Disease Control (CDC), recognizes individuals doing an exemplary job or going above and beyond to promote or foster immunizations in their communities for children and adults. Each awardee was nominated and selected from a pool of health professionals, community advocates, and other immunization leaders for significantly contributing to public health in their community.

https://www.immunizationmanagers.org/about-aim/awards/champion-awards/

# 2024 NC Immunization Champion

#### North Carolina - Christoph Diasio, MD, FAAP



Dr. Christoph Diasio is a dedicated pediatrician who advocates for both patients and providers on a local, state, and national scale. Among his many accomplishments, Dr. Diasio was on the American Academy of Pediatrics (AAP) Vision 2020 Task Force and is co-chair of the North Carolina Pediatric Council and currently a member of the AAP Payor Advocacy Advisory Committee. Dr. Diasio has a strong partnership with the North Carolina Immunization Program (NCIP) via the North Carolina Pediatric Society. He is often sought for his guidance when new challenges arise, including the COVID-19 vaccine program implementation for pediatric practices and the 2023-2024 nirsevimab rollout. He ensures that the NCIP is kept up to date on provider concerns, supports the enrollment of pediatric offices into the COVID-19 Vaccine Program, and serves as a voice for Vaccines for Children providers. He has written several immunization-related publications and given many presentations on addressing vaccine misinformation and hesitancy, including recently as a keynote speaker at the NCIP State Conference in May 2024.

"Dr. Diasio's creative approached, including offering the COVID-19 vaccine to parents and other family members present during pediatric visits, have proven to be effective in raising immunization rates across his three practices."

# DHHS Immunization Update

# **Respiratory Season Vaccines**

# Emma Doran, MD, MPH

Medical Director
Vaccine Preventable and Respiratory Diseases
Medical Consultation Unit
NC Department of Health and Human Services

### **NC Department of Health and Human Services**

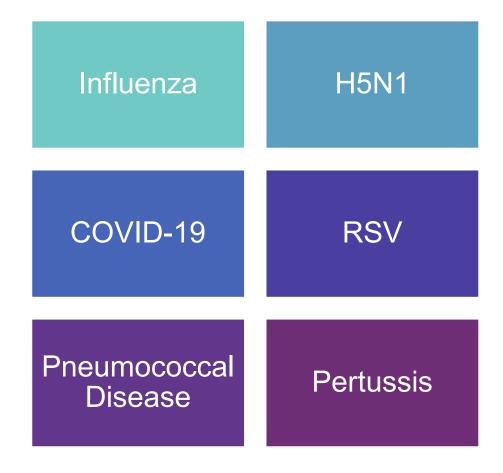
# 2024-2025 Respiratory Season

Emma Doran, MD, MPH

**November 12, 2024** 



# **Presentation Agenda**



#### Influenza Surveillance

- Emergency Department Surveillance with NC DETECT
- Hospital-based Surveillance with Public Health Epidemiologists (PHEs)
- Influenza-like Illness Network (ILINet)
- North Carolina State Laboratory of Public Health (SLPH)
- Respiratory Virus Hospitalization Surveillance Network (RESP-NET)
- Adult and Pediatric Influenza-associated Deaths
- Wastewater Monitoring





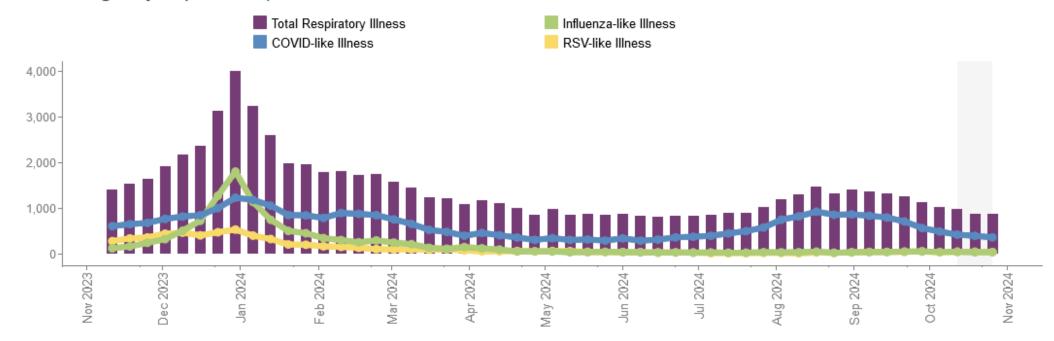




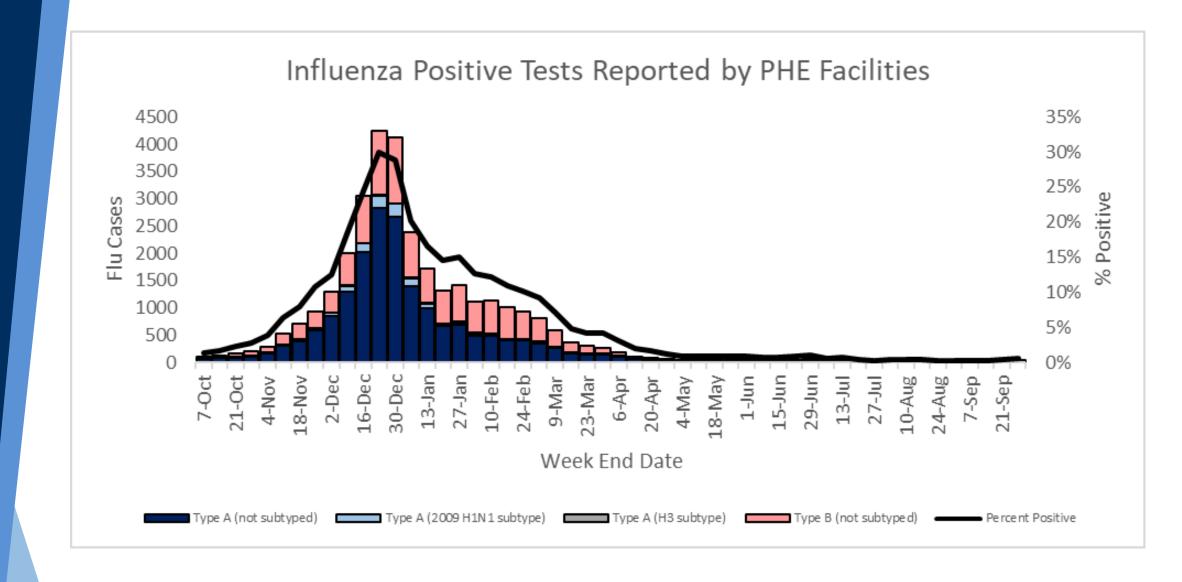
https://covid19.ncdhhs.gov/dashboard/respiratory-virus-surveillance https://epi.dph.ncdhhs.gov/cd/flu/figures/flu2324.pdf

## **Hospital Admissions from the Emergency Department**

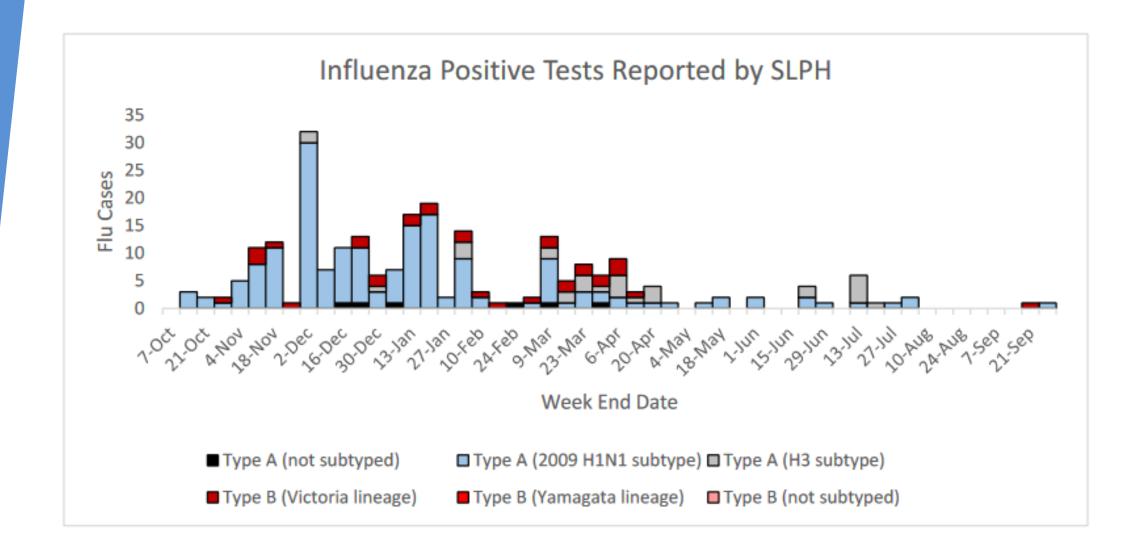
Latest week: There were **874 hospital admissions** from the emergency department for people who were diagnosed with or had symptoms of a respiratory virus. This includes, but is not limited to, Influenza, RSV or COVID-19. This is **a decrease** from the week before. (The week before was 886 hospital admissions from the emergency department)

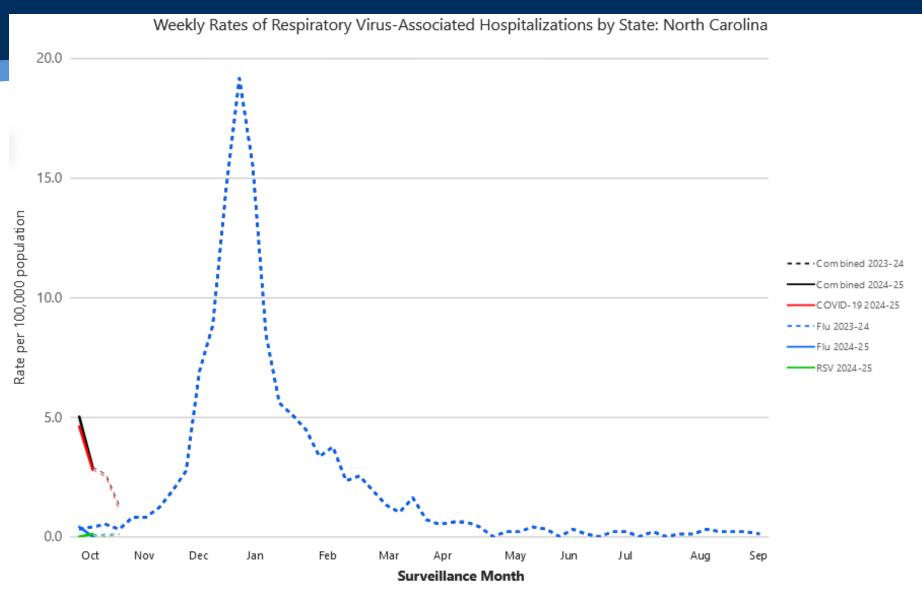


Number of North Carolina hospital admissions from the emergency department with symptoms or a diagnosis of a respiratory virus. More info



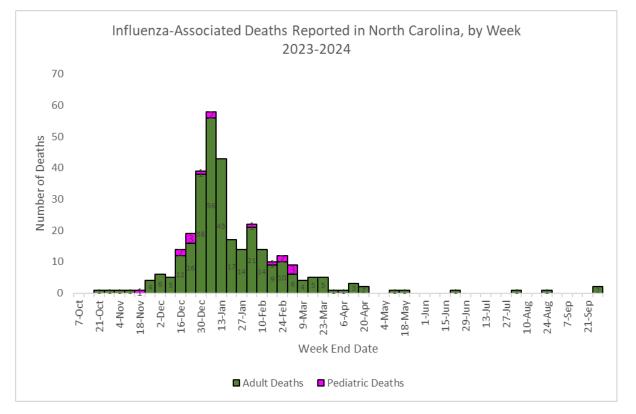
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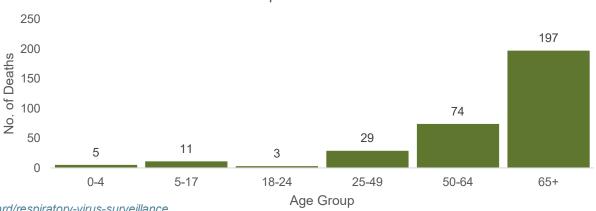


**Data last updated:** November 1, 2024. | **Accessibility:** Right click on the graph area to display options such as show data as table and copy visual. **Note:** Al/AN, American Indian or Alaska Native; A/PI, Asian and Pacific Islander

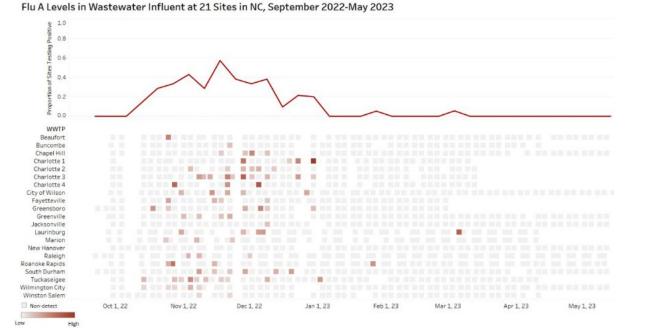
https://www.cdc.gov/resp-net/dashboard/index.html



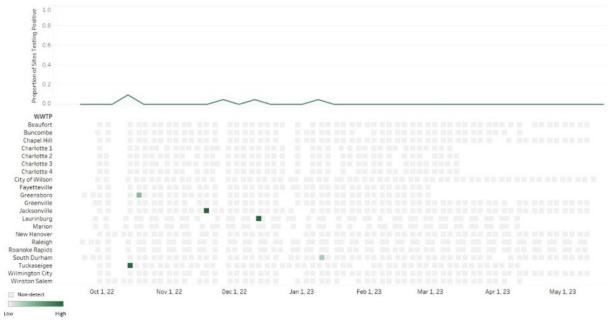
Influenza-Associated Deaths Reported in North Carolina, by Age Group 2023-2024



https://covid19.ncdhhs.gov/dashboard/respiratory-virus-surveillance https://epi.dph.ncdhhs.gov/cd/flu/figures/flu2324.pdf



Flu B Levels in Wastewater Influent at 21 Sites in NC, September 2022-May 2023



https://covid19.ncdhhs.gov/ncwmnflursv-report/download?attachment

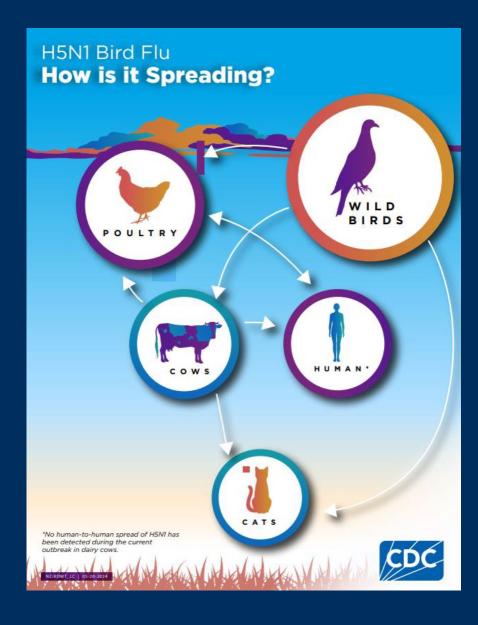
#### **Seasonal Influenza Vaccine**

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- All influenza vaccines this season are trivalent (three-component) vaccines, designed to protect against three main of Type A and B influenza viruses, including an influenza A(H1N1) virus, an influenza A(H3N2) virus, and one influenza B Victoria Lineage virus.
- The influenza vaccines this season are trivalent rather than quadrivalent because there
  have been no confirmed detections of influenza B/Yamagata viruses in global influenza
  surveillance since March 2020
- Three flu vaccine are preferentially recommended for people 65 years and older. These are <u>Fluzone High-Dose Trivalent inactivated flu vaccine</u>, <u>Flublok Trivalent recombinant flu vaccine</u>, and <u>Fluad Trivalent adjuvanted inactivated flu vaccine</u>.

# **H5N1 Summary**

	United States	North Carolina
Wild birds detected	10,466	321
Poultry affected	100,781,821	534,922
Dairy herd affected	446	1
States with poultry outbreaks	48 (1,178 reported outbreaks)	19 - No ongoing outbreaks
States with outbreaks in dairy cows	15	No ongoing outbreak/detection
Human cases	47	0
Human case exposures	Poultry=21 Dairy cows=25 No immediately known animal exposure=1	

https://www.cdc.gov/bird-flu/situation-summary/index.html, https://www.ncagr.gov/divisions/veterinary/AvianInfluenza



#### **H5N1**

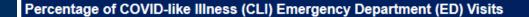
- CDC estimates that the current risk to the general public is low
- Risk factors that can increase risk include:
  - Exposure to infected animals or animal products
    - Occupational exposures
      - Dairy farm workers
      - Poultry workers
      - Processing plant workers
    - Recreational exposures
      - Hunters
      - Wildlife rehab volunteers
  - Close contact with infected person

#### **Seasonal Influenza Vaccine**

- Seasonal influenza vaccination is recommended for all adults
- May help prevent co-infection with novel and seasonal influenzas
  - -Important to ensure farmworkers have access to seasonal flu vaccines

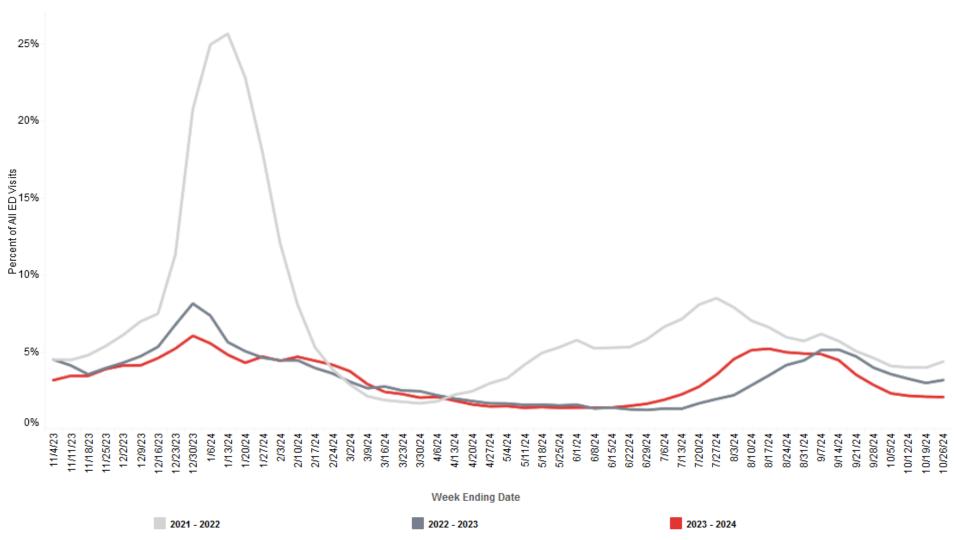
#### **COVID-19 Surveillance**

- Emergency Department Surveillance with NC DETECT
- Hospital-based Surveillance with Public Health Epidemiologists (PHEs)
- Respiratory Virus Hospitalization Surveillance Network (RESP-NET)
- Variant Monitoring
- Wastewater Monitoring



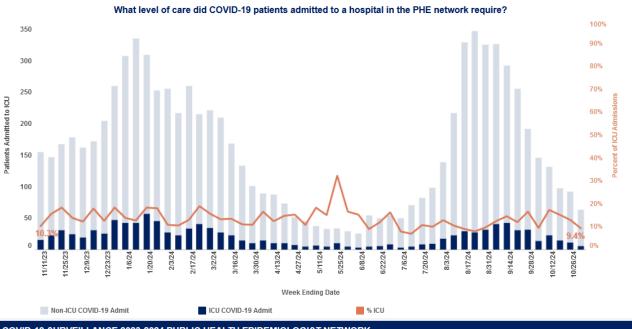






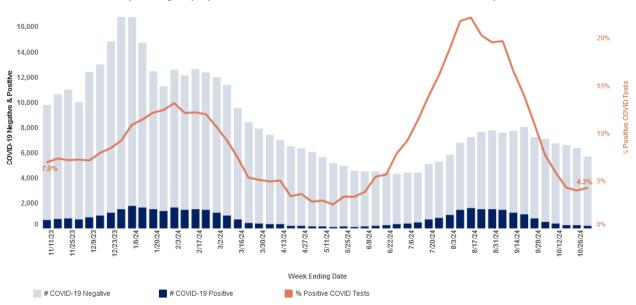
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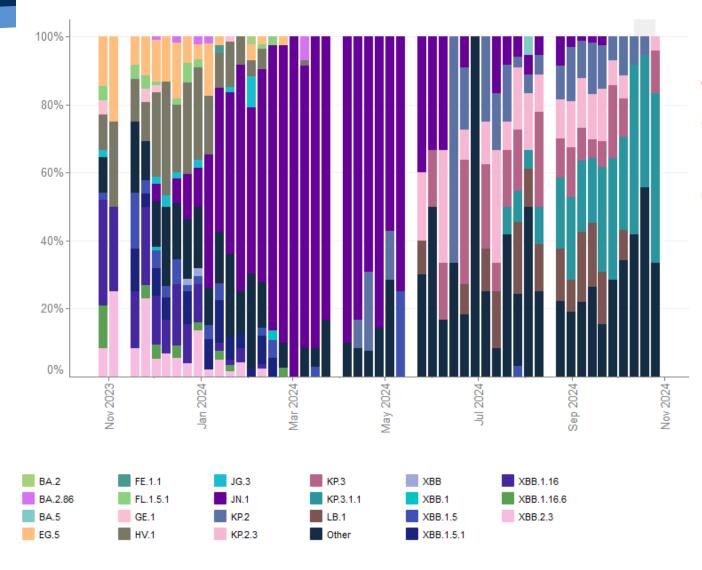


#### COVID-19 SURVEILLANCE 2023-2024 PUBLIC HEALTH EPIDEMIOLOGIST NETWORK





#### What variants are being detected in North Carolina?



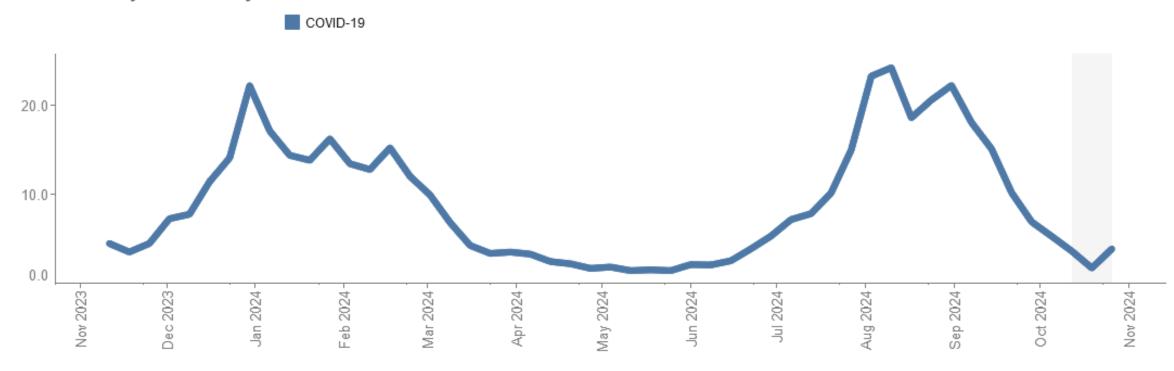
Last Two Weeks
Oct 13, 2024 - Oct 26, 2024

WHO label	Lineage #	Sequenced Cases	% of Total
	KP.3.1.1	19	45.24%
	KP.3	3	7.14%
	KP.2	1	2.38%
	KP.2.3	1	2.38%
Other	Other	18	42.86%

https://covid19.ncdhhs.gov/dashboard/respiratory-virus-surveillance

## **COVID-19 Wastewater Monitoring**

Latest Week: The wastewater viral activity level statewide is **3.8** which is **Moderate** for COVID-19. *Wastewater viral activity levels may indicate the risk of infection in an area.* 



The wastewater viral activity level indicates whether the amount of virus in the wastewater is Minimum (0 to 1.5), Low (1.6 to 3), Moderate (3.1 to 4.5), High (4.6 to 8), or Very High (greater than 8.1).

More Info

#### **COVID-19 Vaccine**

- COVID-19 vaccination is recommended for everyone ages 6 months and older
- Routine COVID-19 vaccination
  - Children ages 6 months

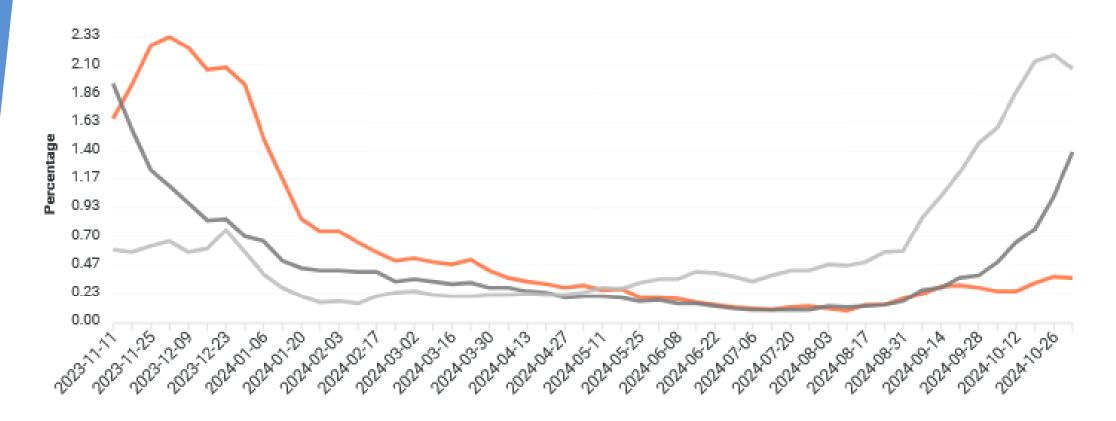
    4 years
    - Unvaccinated: Should receive a multidose initial series with a 2024–2025 mRNA vaccine
    - Previously completed an initial series: Should receive 1 dose of a 2024–2025 mRNA vaccine from the same manufacturer as the initial series
  - People ages 5–64 years: Should receive 1 dose of an ageappropriate 2024–2025 COVID-19 vaccine
  - People ages 65 years and older: Should receive 2 doses of any 2024–2025 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#covid-vaccines

#### **RSV Surveillance**

- Emergency Department Surveillance with NC DETECT
- Hospital-based Surveillance with Public Health Epidemiologists (PHEs)
- Respiratory Virus Hospitalization Surveillance Network (RESP-NET)
- Wastewater Monitoring

#### Percentage of RSV-like Emergency Department Visits



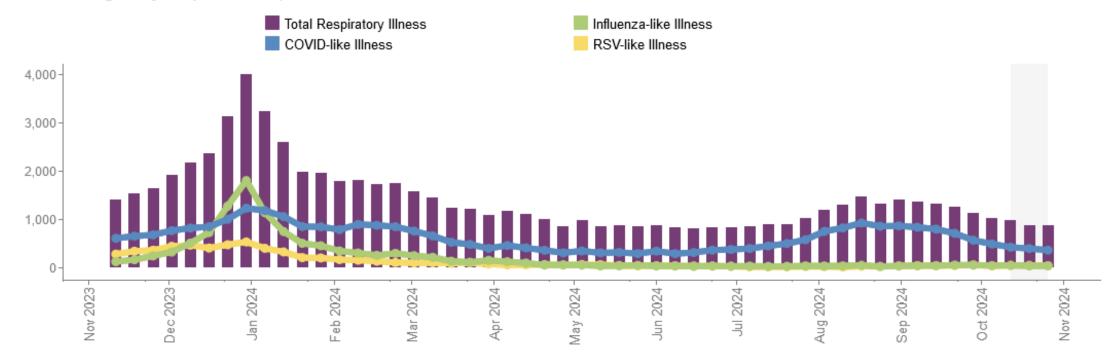
#### **Week Ending Date**

2023-20242022-20232021-2022

Data from NC DETECT

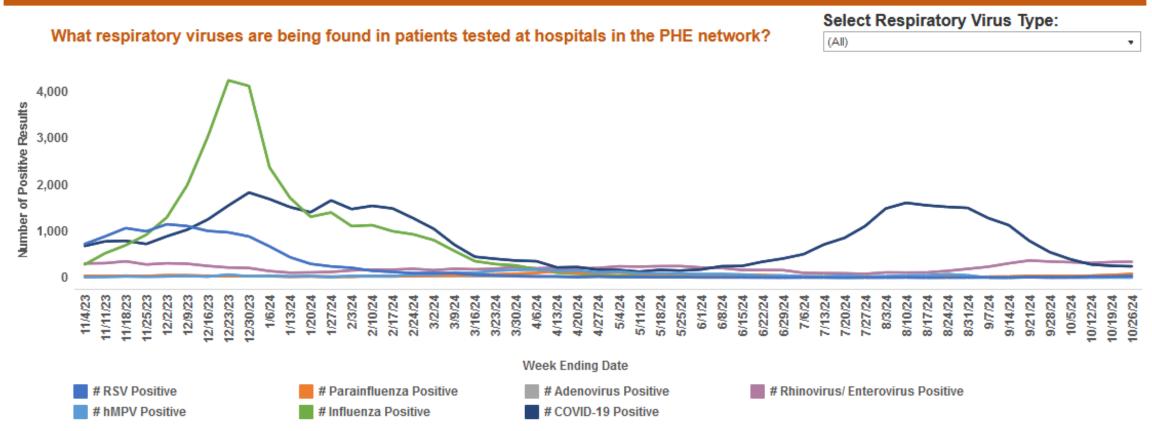
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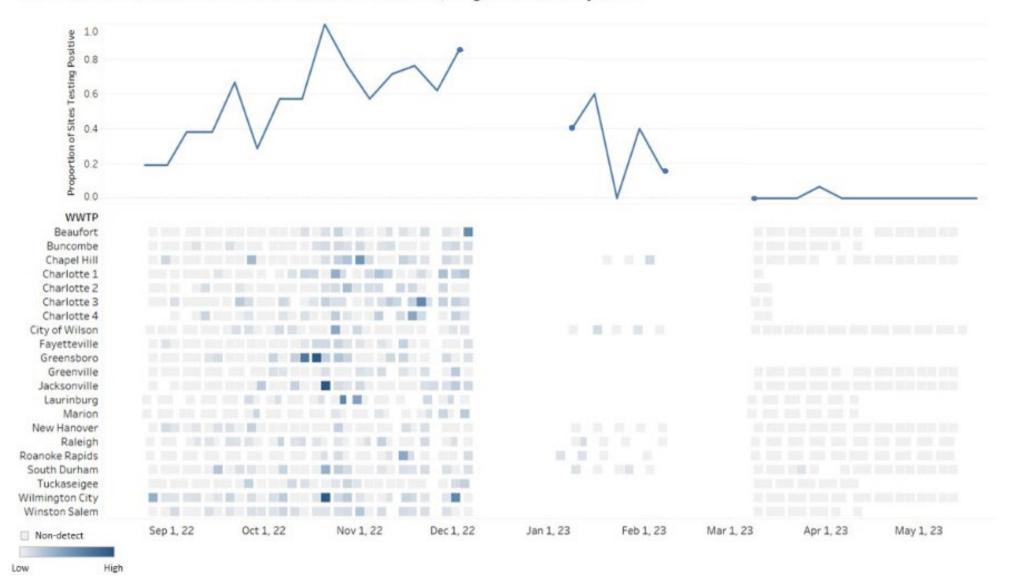
Number of North Carolina hospital admissions from the emergency department with symptoms or a diagnosis of a respiratory virus. More info

#### RESPIRATORY VIRUS SURVEILLANCE 2023-2024 LABORATORY SURVEILLANCE



Many viruses can cause respiratory illness. The graph above shows tests for the listed respiratory viruses done at hospital laboratories in the PHE network. Tracking test results for patients in this network of health systems can help us to understand what other viruses are making people sick. It is important to remember that the number of positive tests depends on how many tests are done, so will change based on access to testing and testing priorities.

#### RSV Levels in Wastewater Influent at 21 Sites in NC, August 2022-May 2023



https://covid19.ncdhhs.gov/ncwmnflursv-report/download?attachment

#### **RSV Vaccine Products**

#### **Immunizations to Protect Against Severe RSV** Who Is It Who Does It Type of When Is It Available? Product **Recommended For?** Protect? Adults ages 60-74 who are at Available any time, but best increased risk of severe RSV Adults 60 RSV vaccine time to get vaccinated is late and over AND summer and early fall Everyone ages 75 and older All infants whose mother did not RSV antibody receive RSV vaccine during preg-**Babies** (nirsevimab) nancy, and some children ages 8-19 October through March\* months who are at increased risk given to baby for severe RSV OR **RSV** vaccine All pregnant people (Pfizer's ABRYSVO) **Babies** during weeks 32-36 of September through January given to mother their pregnancy during pregnancy

www.cdc.gov/rsv

\*Recommended timing of administration in most of the continental United States. Recommended timing of administration may differ in some areas, based on state, local, or territorial guidance.

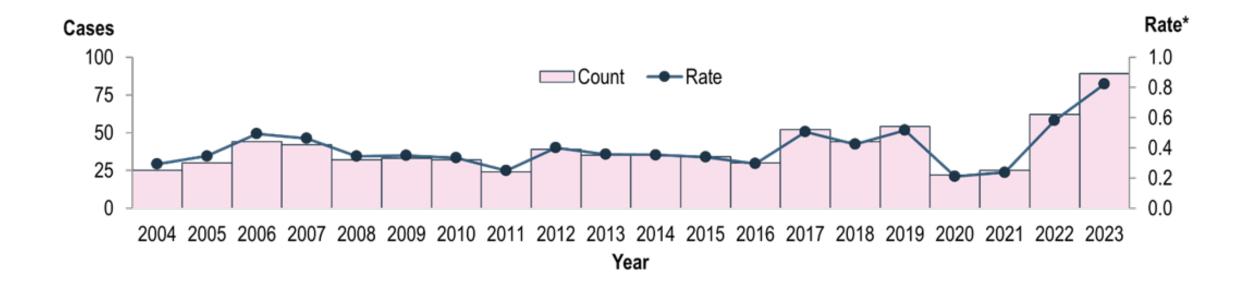


https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/index.html

#### **Pneumococcal Disease**

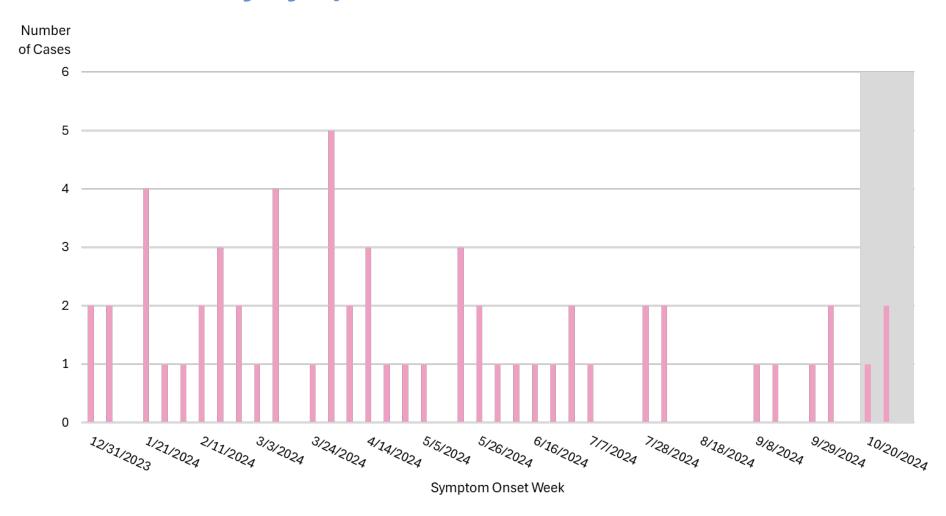
- Streptococcus pneumoniae (pneumococcus) is a gram-positive bacterium that can cause many clinical syndromes including pneumonia, bacteremia, and meningitis.
- Pneumococcal meningitis is the only form of invasive disease that is reportable in North Carolina.
- Like other invasive bacterial diseases, pneumococcal meningitis cases have been increasing in the years following the COVID-19 pandemic.
- 60 reported cases in 2024, as of November 5, 2024.
- North Carolina has had one reported outbreak of pneumococcal disease in 2024 to date.

#### North Carolina 20-year pneumococcal trend, 2004-2023



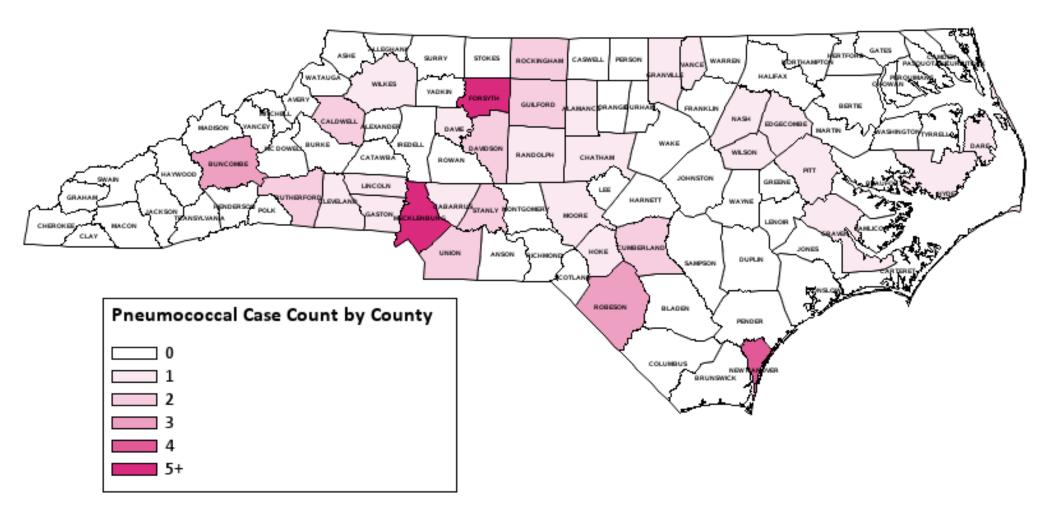
<sup>\*</sup>Rate per 100,000 North Carolinians https://epi.dph.ncdhhs.gov/cd/figures/Final\_VPD\_Report.pdf?ver=1.2

### Pneumococcal cases by symptom onset week, 2024



Note: Data in the gray is subject to change as case investigations are still ongoing; data as of 11/5/2024

### Number of pneumococcal cases by county so far in 2024



Note: Data subject to change as case investigations are ongoing. Data as of November 5, 2024.

#### **Pneumococcal Vaccine Recommendations**

- CDC recommends pneumococcal vaccination for children younger than 5 years and adults 50 years or older.
- CDC also recommends pneumococcal vaccination for children and adults at increased risk for pneumococcal disease.
- PneumoRecs VaxAdvisor app with mobile and web versions that are free to use

# Adults ≥50 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 ≥1 year <sup>†</sup> PPSV23¹¹
PPSV23 only at any age	≥1 year PCV20 or PCV21	≥1 year PCV15
PCV13 only at any age	≥1 year PCV20 or PCV21	NO OPTION B
PCV13 at any age & PPSV23 at <50 yrs	≥5 years PCV20 or PCV21	NO S. HON B

<sup>\*</sup> Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

#### Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option for adults ≥65 years old	
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	≥5 years PCV20 or PCV21	Together, with the patient, vaccine providers <b>may choose</b> to administer PCV20 or PCV21 to adults ≥65 years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old.

https://www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf

<sup>1</sup> If PPSV23 is not available, PCV20 or PCV21 may be used

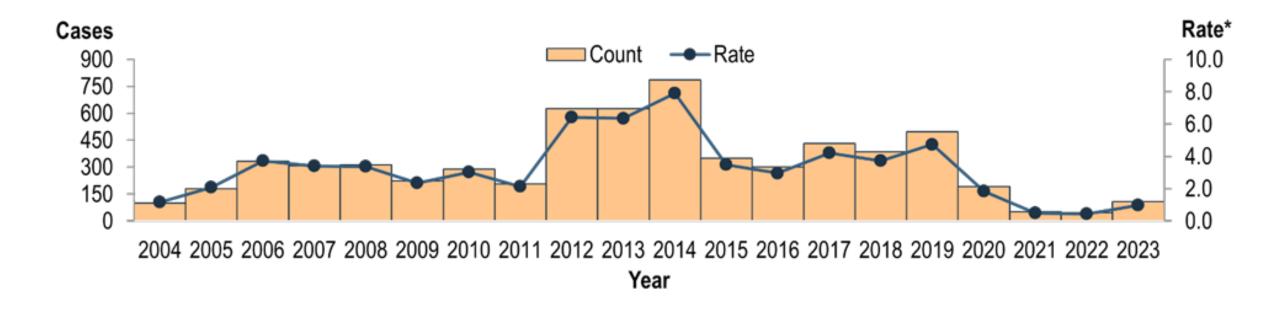
<sup>&</sup>lt;sup>†</sup> Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

<sup>§</sup> For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

#### **Pertussis (Whooping Cough)**

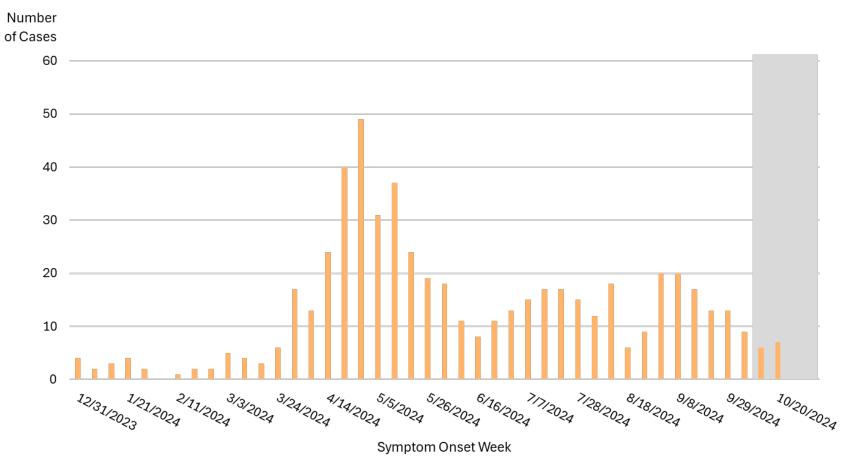
- Pertussis was at an all-time high in 2014 and saw a large drop during COVID-19, as did other respiratory diseases.
- Although numbers stayed low through 2023, we are seeing large increases in 2024 in North Carolina and nationally
- 567 cases reported in 2024, as of November 5, 2024.
- So far in 2024, there have been 11 reported outbreaks, including two community-wide outbreaks.
- Highest incidence in infants 48.9 per 100,000. This is 2.3x higher than children ages 1 to 4 (21.2 per 100,000).

### North Carolina 20-year pertussis trend, 2004-2023



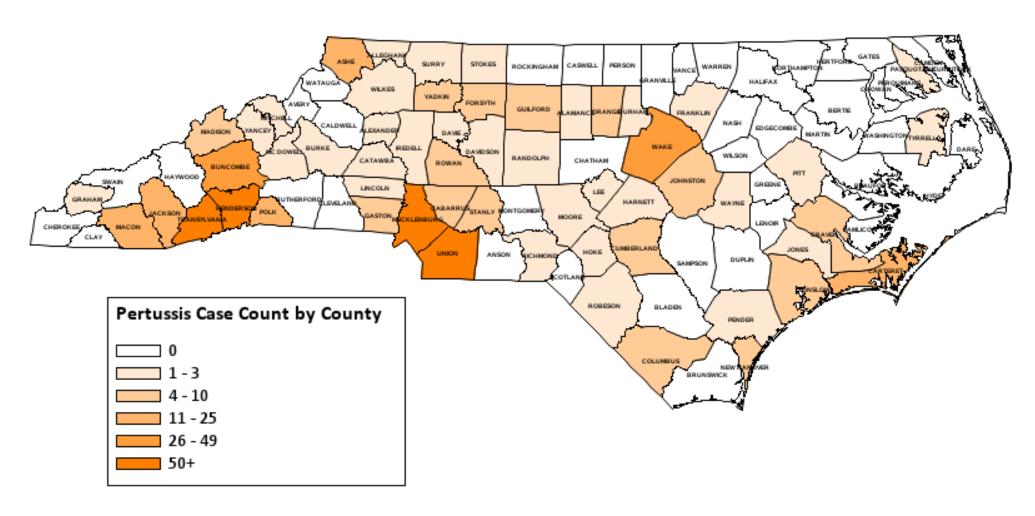
<sup>\*</sup>Rate per 100,000 North Carolinians https://epi.dph.ncdhhs.gov/cd/figures/Final\_VPD\_Report.pdf?ver=1.2

# Pertussis ramped up in Spring 2024 and there have been a steady number of cases each week since



Note: Data in the gray is subject to change as case investigations are still ongoing; data as of 11/5/2024

### Number of pertussis cases by county so far in 2024



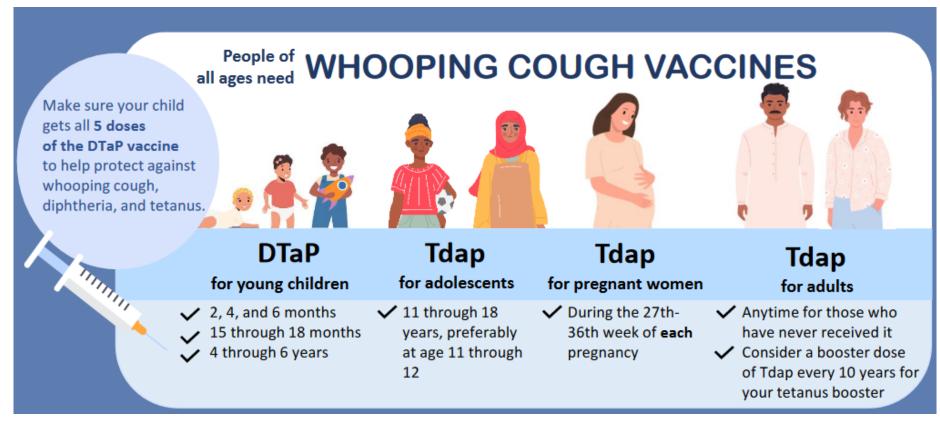
Note: Data subject to change as case investigations are ongoing. Data as of November 5, 2024.

#### **Pertussis Vaccine Coverage in Reported Cases**

- Only 50% of cases known to be up to date on pertussis containing vaccine
  - 22% (N=127) Never vaccinated
  - 11% (N=62) Vaccinated but not up to date
  - -6% (N=33) Vaccinated but unknown if up to date
  - 50% (N=283) Vaccinated and up to date
  - 11% (N=62) Unknown
- Among infants, only 44% with known maternal Tdap
  - 42% unknown
  - 14% refused

#### **Pertussis Vaccines**

- CDC recommends pertussis vaccines for infants and children, adolescents, and people who are pregnant.
- CDC also recommends a dose of pertussis vaccine for adults who didn't receive one either as an adolescent or adult.



# Questions?

RespiratorySurveillance@dhhs.nc.gov

# DHHS Immunization Update

## **Immunization Branch Updates**

### Anna Louise McNabb, MS

Public Health Informatician
Division of Public Health, Immunization Branch
NC Department of Health and Human Services

#### **NC Department of Health and Human Services**

# **2024-2025 Respiratory Season** Vaccine Update

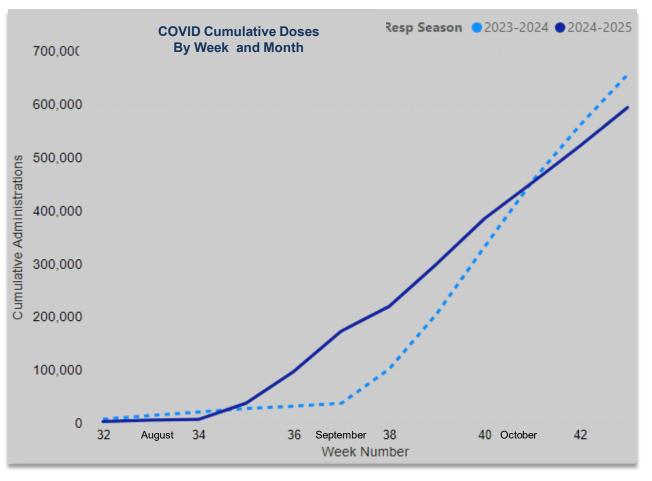
Anna Louise McNabb, MS

**November 12, 2024** 



### **COVID-19 Vaccine Update**

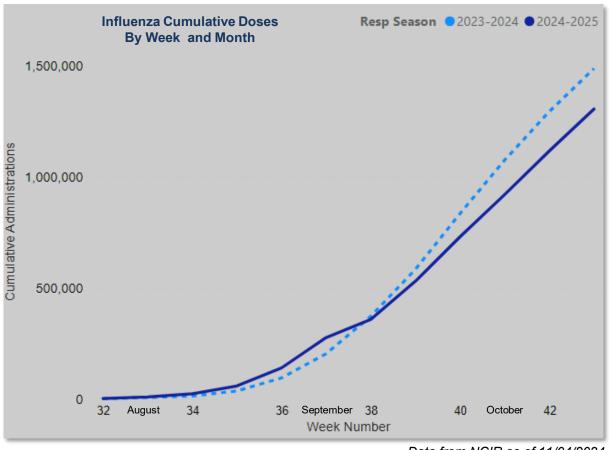
• 651,819 Total COVID Doses Administered



Data from NCIR as of 11/04/2024

### **Influenza Vaccine Update**

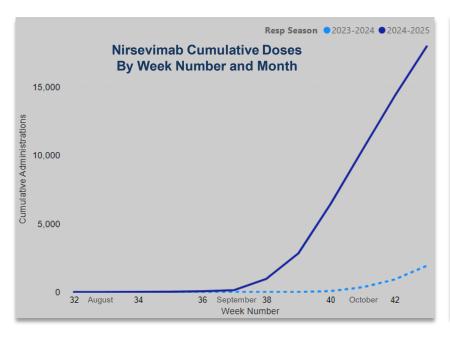
• 1,463,490 Total Flu Doses Administered

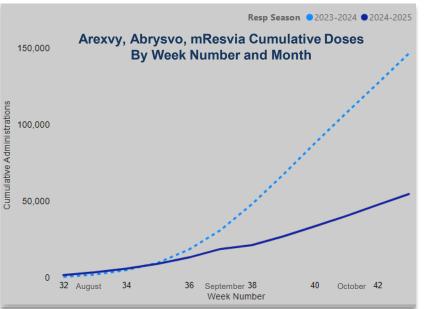


Data from NCIR as of 11/04/2024

#### **RSV Vaccine Update**

- 82,433 Total RSV Doses Administered
  - -21,106 (25.6%) Pediatric (Nirsevimab)
  - -61,327 (74.4%) Adult (Arexvy, Abryso, mResvia)





Data from NCIR as of 11/04/2024

# DHHS Immunization Update

## **Updates from Oct 2024 ACIP Mtg**

## Candy Graham, RN, CPHN

Public Health Nurse Consultant
Perinatal Hepatitis B Coordinator
Division of Public Health, Immunization Branch
NC Department of Health and Human Services

# NC IMMUNIZATION BRANCH

OCT 2024 ACIP AND SEASONAL RESPIRATORY VACCINE UPDATES

CANDY GRAHAM, RN, CPHN
NC IMMUNIZATION COALITION MEETING NOVEMBER 12, 2024

# **Agenda**

- Overview of ACIP October 23-24, 2024 meeting
- Overview of Seasonal Respiratory Vaccine Recommendations

# October 23-24 Meeting Recommendations

ACIP approved the following recommendations by majority vote and they have been adopted by the CDC Director. They will be published in MMWR and reflected in CDC's print and digital resources in the coming months.

- The guidance on this ACIP page and the package insert is all we have until the MMWR's are published to give further details
- Recent ACIP Meeting Recommendations

# Overview of discussion about Pneumococcal vaccines including PCV 21

- PCV21 was developed to target pneumococcal serotypes that commonly cause disease in adult
- It is not PCV20 + 1
- Manufacturer does not have plans to seek an indication for routine use in infants
- Manufacturer will seek indications for use in children 2-18 years with a risk condition

# Discussion and Final Recommendations by the ACIP Work Group

- Future booster dose may be needed to avoid increased disease burden in older adults (models show uncertainty of waning immunity after 15 years)
- Age based recommendations vs risk based recommendations
- · The complexity of the current recommendations overall
- Economic impacts of cost of multiple brands being recommended
- Serotype coverage of PCV20 and PCV 21 are quite different

### **Pneumococcal Vaccines**

ACIP recommends a pneumococcal conjugate vaccine (PCV) for all PCVnaïve adults aged ≥50 years

This recommendation was adopted by the CDC Director on October 23, 2024 and is now official.

# Resolution of Flu Vaccine for VFC purposes

The purpose of the resolution is to

- Update the inactivated Influenza Vaccine component of the resolution and to add options for vaccination of 18-year olds who are solid organ transplant recipients and
- 2. Update the links in the contraindications and precautions sections of both components of the resolution

### 24-25 Influenza Resolution

Persons aged 18 years should receive an age-appropriate influenza vaccine (i.e. one approved for their age), with the exception that solid organ transplant recipients on immunosuppressive medication regimens may receive high-dose inactivated influenza vaccine or adjuvanted inactivated influenza vaccine as acceptable options, without a preference over age-appropriate IIV3s.

### **COVID-19 Vaccine Recommendations**

#### In addition to previously recommended 2024-2025 vaccination:

- •ACIP recommends a second dose\* of 2024-2025 COVID-19 for adults ages 65 years and older
- •ACIP recommends a second dose\*\* of 2024-2025 COVID-19 vaccine for people ages 6 months-64 years who are moderately or severely immunocompromised
- •ACIP recommends additional doses (i.e., 3 or more doses) of 2024-2025 COVID-19 vaccine for people ages 6 months and older who are moderately or severely immunocompromised under shared clinical decision making
- \*If previously unvaccinated and receiving Novavax, 2 doses are recommended as initial vaccination series followed by a third dose of any age-appropriate 2024-2025 COVID-19 vaccine 6 months (minimum interval 2 months) after second dose
- \*\*If previously unvaccinated or receiving initial vaccination series, at least 2 doses of 2024-2025 vaccine are recommended, and depending on vaccination history more may be needed. This additional 2024-2025 vaccine dose is recommended 6 months (minimum interval 2 months) after completion of initial vaccination series.

These recommendations were adopted by the CDC Director on October 23, 2024 and are now official.

# Meningococcal B Vaccine

- 1. ACIP recommends MenB-4C (Bexsero®) be administered as a 2-dose series at 0 and 6 months when given to healthy adolescents and young adults aged 16-23 years **based on shared clinical decision-making** for the prevention of serogroup B meningococcal disease
- 2. ACIP recommends MenB-4C (Bexsero®) be administered as a 3-dose series at 0, 1-2, and 6 months when given to persons aged ≥10 years at increased risk for serogroup B meningococcal disease (i.e., persons with anatomic or functional asplenia, complement component deficiencies, or complement inhibitor use; microbiologists routinely exposed to N. meningitidis isolates; and persons at increased risk during an outbreak)

These recommendations were adopted by the CDC Director on October 24, 2024 and are now official.

## Proposed Men B Clinical Considerations

- This was stated at the meeting but is not published in the written MMWR yet:
- No recommendation to recall person previously vaccinated at 1, ≥1 month (for healthy adolescents or person at increased risk)
- > Persons should continue with booster vaccination as previously recommended
- ➤ The 3-dose series (0, 1-2, 6 mos) may be used to optimize rapid protection for those who initiate the vaccine series less than 6 months prior to the period of increased risk (e.g. if series is initiated within 6 months of starting college) \* This would apply to Bexsero and Trumenba

## 2025 Immunization Schedules

Approve the Recommended Child and Adolescent Immunization Schedule, United States, 2025 and the Recommended Adult Immunization Schedule, United States, 2025.

This recommendation was adopted by the CDC Director on October 24, 2024 and is now official.

 There were several proposed updates to the tables and notes based on updated guidance \*\*\* Please read the schedule and notes very carefully once it is published\*\*\*

# Resources for the October 2024 ACIP Updates

Immunize.org IZ Express Issue 1782 October 31, 2024

CDC Page to Recent ACIP Meeting Recommendations

## **Seasonal Respiratory Vaccines**

- Flu
- COVID-19
- RSV
- Pneumococcal

# 2024-2025 Influenza Season Recommendations

<u>Prevention and Control of Seasonal Influenza with Vaccines: Recommendations</u> <u>of the Advisory Committee on Immunization Practices — United States, 2024–25</u> <u>Influenza Season</u>

### 2 primary updates to this season's recommendations:

- All vaccines are trivalent in composition
- Recommendations for vaccination of adult solid organ transplant recipients have been updated to include HD-IIV3 and aIIV3 as acceptable options for solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens (without a preference over other ageappropriate IIV3s or RIV3).

### COVID-19 Vaccine

 Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States



On October 23, 2024, CDC updated COVID-19 vaccine recommendations for people 65 years and older and for people who are moderately or severely immunocompromised. This page will be updated soon to align with the new recommendations. For more information, please visit the <a href="CDC Newsroom">CDC Newsroom</a>.

## **RSV** Recommendations

- Adults 60 years of age and older
- Pregnant women
- Nirsevimab (RSV mAb) for infants

### **RSV Adult Recommendations**

- recommended a single dose of any FDA-approved RSV vaccine for all adults aged ≥75 years and for adults aged 60-74 years who are at increased risk for severe RSV disease.
- Arexvy [GSK], Abrysvo [Pfizer], or mResvia [Moderna]
- increased risk includes persons with certain chronic medical conditions, persons with moderate or severe immune compromise, and persons living in nursing homes

# RSV Recommendations in Pregnant Women

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus-Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

- ACIP recommends RSV vaccine for pregnant persons at 32-36 weeks' gestation using seasonal administration (meaning September-January in most of the United States) to prevent RSV-associated LRTI in infants aged <6 months.</li>
- Abrysvo is the only vaccine licensed for pregnancy
- For NC's 2024-2025 season, ABRYSVO® administration began on August 15, 2024 and will end on January 31, 2025.

## Nirsevimab Recommendations for Infants

- For NC's 2024-2025 season, Beyfortus® administration should begin on September 15, 2024 and end on March 31, 2025.
- Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease
   Among Infants and Young Children: Recommendations of the Advisory
   Committee on Immunization Practices United States, 2023
- ACIP recommends nirsevimab for all infants aged <8 months who are born during or entering their first RSV season and for infants and children aged 8-19 months who are at increased risk for severe RSV disease and are entering their second RSV season.

## Thank You

**Nurses on Call - 919-707-5575 (direct line)** 

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## DHHS Immunization Update

## **NC Immunization Registry Update**

### Kerry Caskey, MBA

Senior IT Business Systems Analyst
Division of Public Health, Immunization Branch
NC Department of Health and Human Services

# The NEW North Carolina Immunization Registry



- Currently utilizing WIR based application supported by Gainwell Technologies
- Completed RFP process
- Selected the new cloud-based Gainwell Technologies IIS solution
- Currently in Planning & Design Phase and beginning Execution & Build Phase activities in parallel
- Go-live June 2025

## **NCIR Docket®** Consumer Access Portal



- Immunization Records
- Add family members
- Reminders
- App or Web Version



## For updates and announcements visit https://immunization.dph.ncdhhs.gov/providers/ncir\_2.htm



# NFID Call to Action

Matt Kolenda, PharmD, MBA
NCIC Steering Committee



SEPTEMBER 2024



www.nfid.org

Figure 1: Benefits of Vaccination in Reducing Disease Burden









### PNEUMOCOCCAL DISEASE

22% reduction in all-case mortality in adults with cardiovascular disease

### FLU

50% reduction in risk of illness\*

### **HEPATITIS B**

Up to 60% reduction of acute hepatitis B, and 26% decrease in mortality related to chronic liver disease

### **HERPES ZOSTER**

More than 90% effective in prevention of shingles and postherpetic neuralgia

<sup>\*</sup>In seasons when vaccine strains are well-matched to circulating strains

Figure 2: Economic Costs of Vaccine-Preventable Diseases

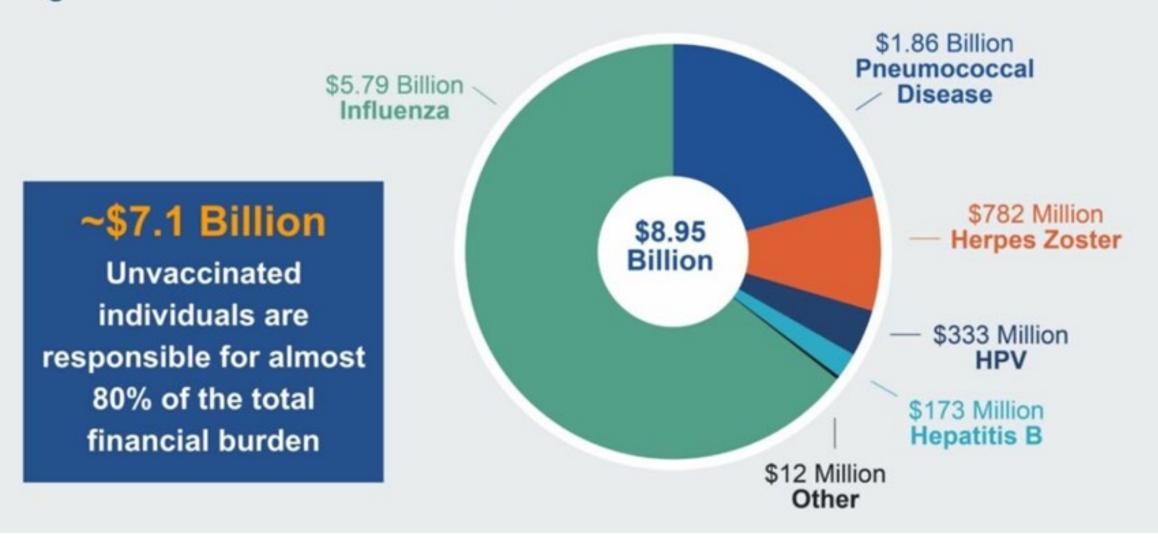


Figure 3: Declining Adult Influenza Vaccination Rates Lag Behind Public Health Target





Data Source: CDC FluVaxView

# National Foundation for Infectious Diseases (NFID)

Call to Action: Strategies to Improve Adult Immunization in the US (nfid.org)

https://www.nfid.org/resource/call-to-action-strategies-to-improve-adult-immunization-in-the-us/

## NCIC Annual Survey

Steven Gunn

## Manufacturer Updates

Erin Brown

## Closing

Leanne Alexander

## Upcoming NCIC Meetings

- ► March 11, 2025, 12 N 1PM
- ► May 13, 2025, 12 N 1 PM
- ► August 12, 2025, 12 N 1 PM
- November 18, 2025, 12 N − 1 PM
- ► Check our website for updates!

https://letsimmunizenc.org