Immunization Updates

Massachusetts Adult Immunization Coalition

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General Immunization Resources

- **General Immunization**
  - Adult Immunization Schedule Recommendations for Ages 19 Years or Older, United States, 2022 https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
  - General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
  - Epidemiology and Prevention of Vaccine-Preventable Diseases: The Pink Book: Course Textbook - 14th Edition (2021) https://www.cdc.gov/vaccines/pubs/pinkbook/index.html
  - CDC Vaccine Storage and Handling Toolkit https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/
  - CDC Adult Vaccination Information for Healthcare and Public Health Professionals https://www.cdc.gov/vaccines/hcp/adults/index.html

CDC Releases Two Respiratory Disease Dashboards

The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) interactive dashboard comprises data from three networks that conduct population-based surveillance for laboratory-confirmed COVID-19, influenza-, and RSV-associated hospitalizations among children and adults. The networks gather data from acute care hospitals in select counties in 13 states covering more than 29 million people and include an estimated 8-10% of the U.S. population. RESP-NET interactive dashboard can be used to follow trends and see comparisons of COVID-19, influenza-, and RSV-associated hospitalization rates in different demographic groups, including by age, sex, race and ethnicity, and across seasons. The dashboard is updated weekly.

The National Syndromic Surveillance Program (NSSP) emergency visit dashboard provides a view of emergency department visit data for multiple respiratory diseases tracked by the NSSP. The NSSP is a collaboration between CDC, federal partners, state and local health departments, and academic and private sector partners to collect, analyze, and share electronic data received from multiple healthcare settings. Data are monitored for a subset of emergency departments across the U.S.

COVID-19 Vaccine Resources

- **COVID-19 vaccines**
  - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html
    - People who received COVID-19 vaccine outside the United States (Appendix B) https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-b
    - Vaccine administration errors and deviations (Appendix D) https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-d
    - Triage of people with a history of allergies or allergic reactions (Appendix E) https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-e
  - U.S. COVID-19 Vaccine Product Information https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html
  - FDA COVID-19 Vaccines https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

Preliminary Signal Pfizer-BioNTech COVID-19 bivalent mRNA vaccine

As part of routine surveillance, CDC detected a preliminary signal for stroke in people ages 65 and older who received the Pfizer-BioNTech COVID-19 bivalent mRNA vaccine. As a response to the signal, CDC and FDA examined several large databases including, Medicare's database of 5 million doses, VA's database of millions of veterans, in addition to Israel and European countries' databases.

Key messages:

- The totality of the data currently suggests that it is very unlikely that the signal in VSD represents a true clinical risk.
- We continue to believe that the updated bivalent vaccines are safe and effective and provide the best protection against COVID-19, and we continue to encourage Americans of all ages to get their updated COVID-19 shot right away.

CDC & FDA Identify Preliminary COVID-19 Vaccine Safety Signal for Persons Aged 65 Years and Older (Available in English & Spanish)

CDC Ensuring COVID-19 Vaccine Safety in the US (Available in English & Spanish)

VRBPAC meeting

FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) January 26, 2023 Meeting Announcement

Agenda: Discuss the future vaccination regimens addressing COVID-19

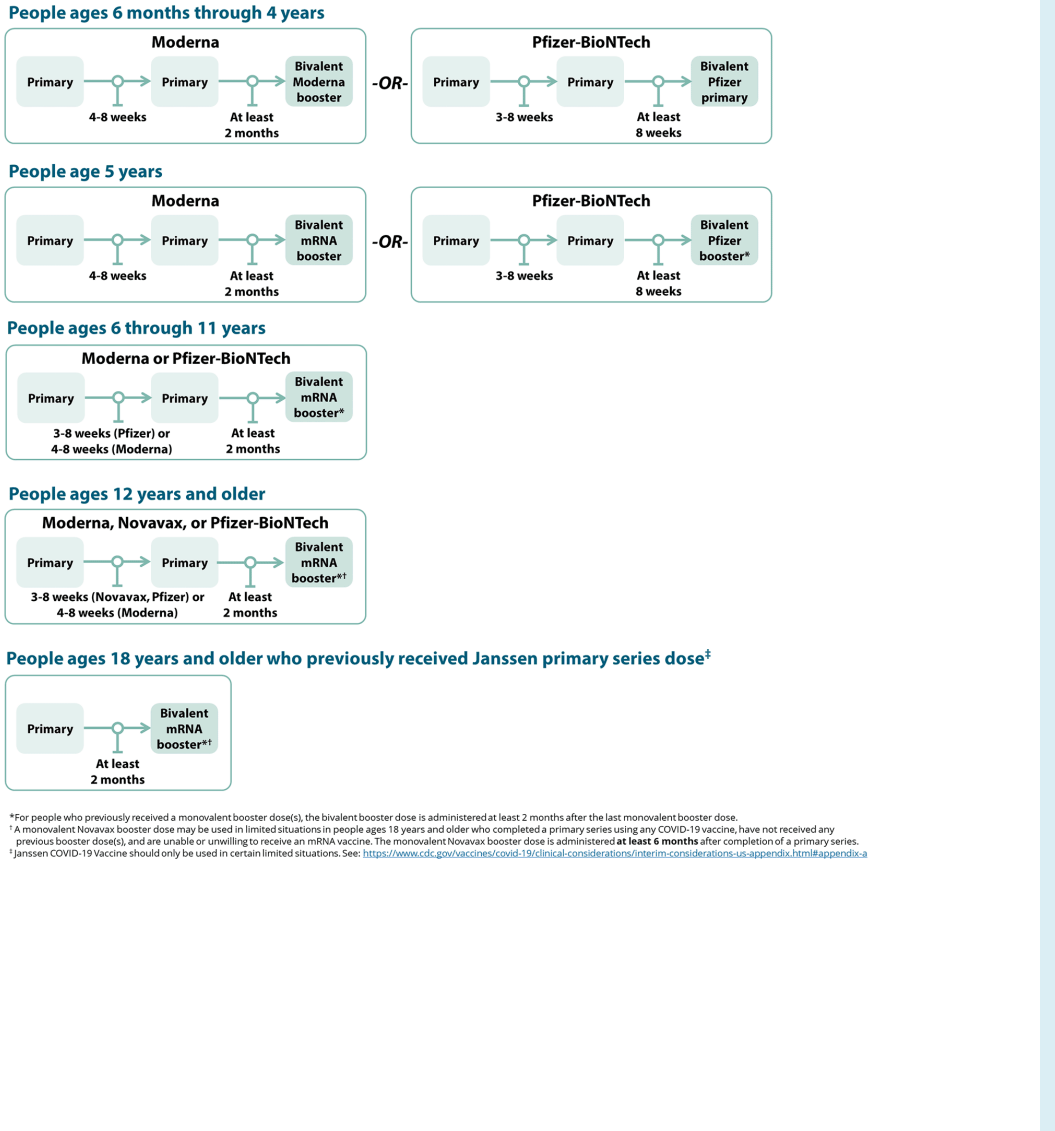
Date: January 26, 2023,

Time: 8:30 AM - 5:30 PM ET

Links: https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-january-26-2023-meeting-announcement

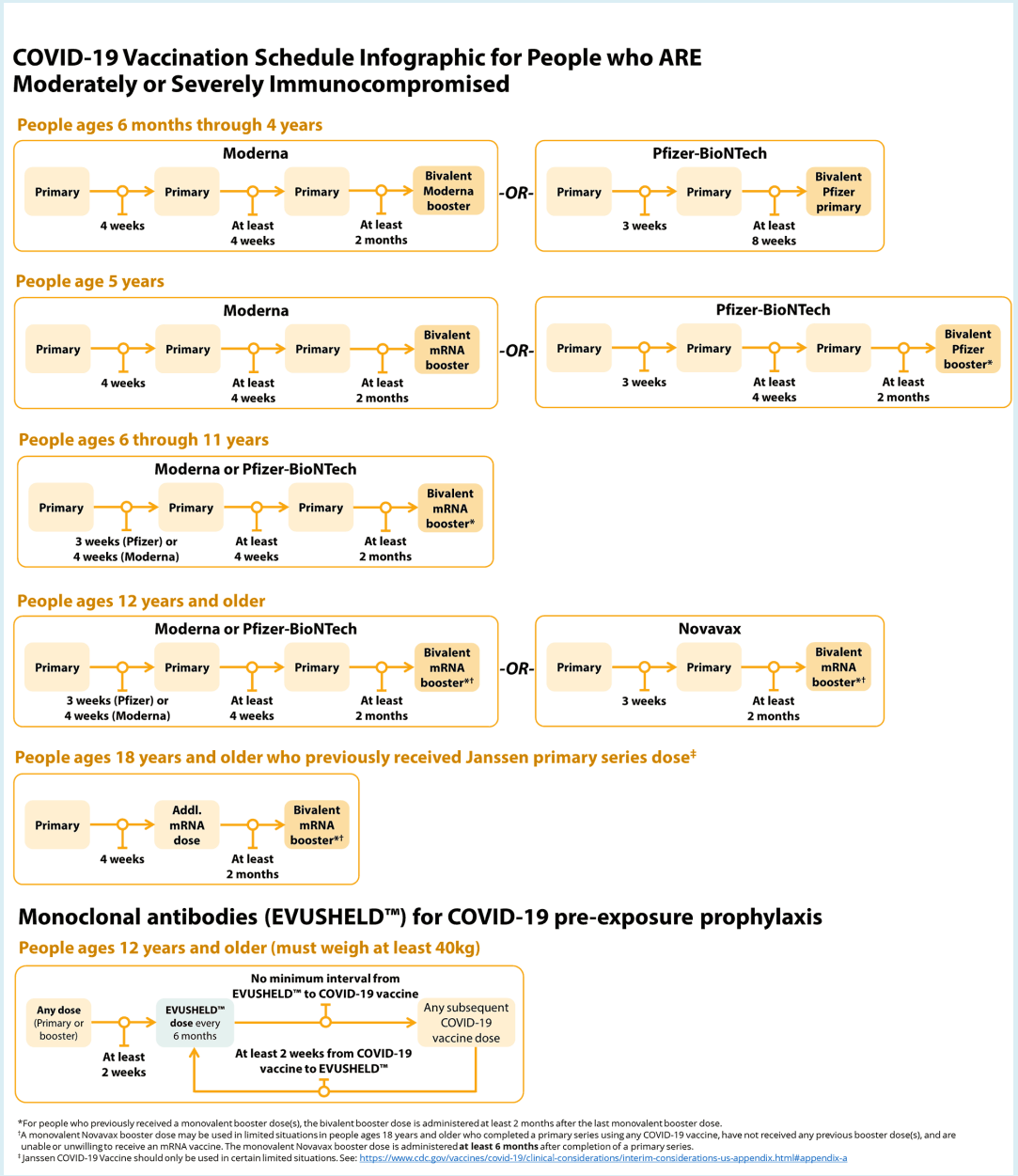
https://youtu.be/ZjULNuSYfd0

COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised



*For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.
† A monovalent Novavax booster dose may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s), and are unable or unwilling to receive an mRNA vaccine. The monovalent Novavax booster dose is administered **at least 6 months** after completion of a primary series.
‡ Janssen COVID-19 Vaccine should only be used in certain limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a

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



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

Influenza Resources

- **Influenza vaccines**
  - CDC Seasonal Influenza Vaccination Resources for Health Professionals https://www.cdc.gov/flu/professionals/vaccination/index.htm
  - Grohskopf LA, Blanton LH, Ferdinands JM, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season. MMWR Recomm Rep 2022;71(No. RR-1):1–28. DOI: http://dx.doi.org/10.15585/mmwr.rr7101a1
  - Summary: 'Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2022-23' https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm
  - CDC Frequently Asked Influenza (Flu) Questions: 2022-2023 Season https://www.cdc.gov/flu/season/faq-flu-season-2022-2023.htm
  - CDC Make a Strong Influenza Vaccine Recommendation https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm
  - CDC HCP Fight Flu Toolkit https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm

Influenza Vaccines by Age Indication, United States, 2022–23 Influenza Season

Vaccine type		0 through 6 months	6 through 23 months	2 through 17 years	18 through 49 years	50 through 64 years	≥65 years
IIV4s	Standard-dose, unadjuvanted inactivated (IIV4)		Afluria Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent Fluzone Quadrivalent				
	Cell culture-based inactivated (ccIIV4)		Flucelvax Quadrivalent				
	Adjuvanted inactivated (aIIV4)						Fluad Quadrivalent
	High-dose inactivated (HD-IIV4)						Fluzone High-Dose Quadrivalent
RIV4	Recombinant (RIV4)				Flublok Quadrivalent		
LAIV4	Live attenuated (LAIV4)			FluMist Quadrivalent			

Not approved for age group *Egg-based* *Not egg-based*

All vaccines expected for 2022-23 are quadrivalent (i.e., contain hemagglutinin derived from four viruses: one influenza A(H1N1), one influenza A(H3N2), one influenza B/Victoria and one influenza B/Yamagata.

Clinician Outreach and Communication Activity (COCA) Call 9/8/2022

Influenza Vaccine Types—2022-23 U.S. Season

Inactivated Influenza Vaccines (IIV4s)

Intramuscular Vaccines

- Contain inactivated virus (split or subunit)
- Most are egg-based (one is cell culture-based—ccIIV4)
- Most contain 15 mcg of hemagglutinin per virus (one contains 60 mcg per virus—HD-IIV4)
- Most are unadjuvanted (one contains the adjuvant MF59—aIIV4)

Recombinant influenza vaccine (RIV4)

- No viruses used in production
- 45 mcg HA per virus
- Contains HA made through recombinant methods

Live attenuated influenza vaccine (LAIV4)

Intranasal Vaccine

- Egg-based
- Contains live, attenuated influenza viruses which must replicate in the nasopharynx in order to promote an immune response
  - Attenuated—to not cause clinical illness
  - Cold-adapted
  - Temperature-sensitive
- For ages 2 through 49 years
- Not recommended in pregnancy and for those with some medical conditions

Influenza in Massachusetts

- Massachusetts Highlights - January 20, 2023
  - Influenza severity for Massachusetts is moderate this week.
  - More influenza A than influenza B positive specimens have been reported by hospitals and outpatient facilities in Massachusetts.
  - The vaccination rate for all ages is 43%.
  - Seasonal influenza activity continues to decline across the country.

https://www.mass.gov/info-details/weekly-flu-report

Influenza Vaccination Recommendations

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- It's best to be vaccinated before flu begins spreading in your community.
  - September and October are generally good times to be vaccinated against flu. Ideally, everyone should be vaccinated by the end of October.
  - However, even if you are not able to get vaccinated until November or later, vaccination is still recommended because flu most commonly peaks in February and significant activity can continue into May.

https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm
https://www.cdc.gov/flu/season/faq-flu-season-2022-2023.htm

Adults aged ≥65 years

- ACIP recommends that adults aged **≥65 years preferentially receive** any one of the following higher dose or adjuvanted influenza vaccines: **quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).** If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm

Mpox Vaccine Resources

- **Mpox vaccines**
  - CDC Interim Clinical Considerations for Use of JYNNEOS and ACAM2000 Vaccines during the 2022 U.S. Mpox Outbreak https://www.cdc.gov/poxvirus/monkeypox/health-departments/vaccine-considerations.html
    - JYNNEOS Vaccine https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/jynneos-vaccine.html
    - Video on Administering JYNNEOS Intradermally https://www.youtube.com/watch?v=TLv1mR6mECQ
  - CDC JYNNEOS Smallpox and Mpox Vaccine Standing Orders for Administering Vaccine Subcutaneously: STANDARD REGIMEN https://www.cdc.gov/poxvirus/monkeypox/files/interim-considerations/monkeypox-jynneos-standing-orders-stand.pdf
  - CDC JYNNEOS Smallpox and Mpox Vaccine Standing Orders for Administering Vaccine Intradermally: ALTERNATIVE DOSING REGIMEN https://www.cdc.gov/poxvirus/monkeypox/files/interim-considerations/monkeypox-jynneos-standing-orders-alt-dose.pdf
  - MDPH Mpox vaccination: What you need to know about monkeypox vaccine in Massachusetts https://www.mass.gov/info-details/monkeypox-vaccination
  - CDC Reducing Stigma in Mpox Communication and Community Engagement https://www.cdc.gov/poxvirus/monkeypox/reducing-stigma.html

Name Change: Mpox

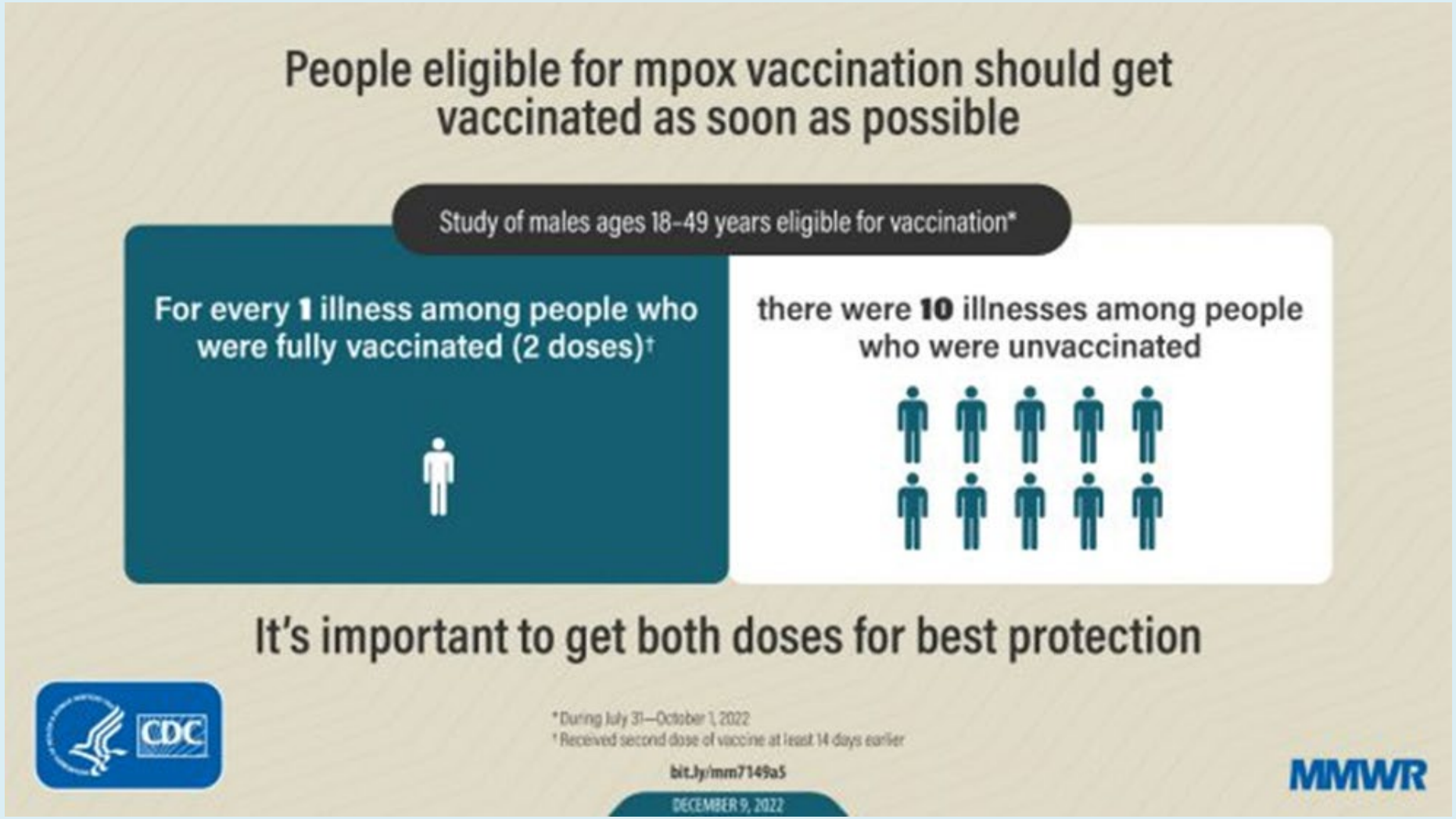
- CDC & WHO Changes Monkeypox Terminology to Mpox

https://www.cdc.gov/nchhstp/dear_colleague/2022/dcl-changes-monkeypox-terminology.html
https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease

JYNNEOS Vaccine

- On August 9, CDC and FDA released an EUA (Emergency Use Authorization) allowing an alternative dose vaccination regimen in people 18 years and over and allowing the use of the JYNNEOS vaccine in individuals younger than 18 years.
- The original JYNNEOS approval included the use of two 0.5 mL doses administered subcutaneously (under the skin). The alternative regimen allows the use of two lower doses, 0.1 mL of vaccine administered intradermally (into the skin).
- Public health jurisdictions and healthcare providers should decide whether to offer the intradermal or subcutaneous regimen based on balancing optimal vaccine use and acceptance, feasibility of administration, and available vaccine supply.

https://www.cdc.gov/poxvirus/monkeypox/health-departments/vaccine-considerations.html
https://www.mass.gov/info-details/monkeypox-vaccination
https://www.cdc.gov/poxvirus/monkeypox/clinicians/provider-agreement.html



https://www.cdc.gov/mmwr/volumes/71/wr/mm7149a5.htm?s_cid=mm7149a5_w

MDPH Immunization Division

Immunization Division Main Number

- For questions about immunization recommendations, disease reporting, etc.
- Phone: 617-983-6800 (24/7 MDPH Epi line)
- Fax: 617-983-6840
- Website: https://www.mass.gov/topics/immunization

MIIS Help Desk

- Phone: 617-983-4335
- Fax: 857-323-8321
- Email questions to: miishelpdesk@mass.gov
- Website: https://www.mass.gov/massachusetts-immunization-information-system-miis

MDPH Vaccine Unit

- Phone: 617-983-6828
- Email questions to: dph-vaccine-management@mass.gov
- Website: https://www.mass.gov/service-details/vaccine-management

Thank you for all your efforts to improve vaccine acceptance and access in your community.