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November Immunization Roundup: ACIP Meeting Updates & Adolescent Vaccines

November 6, 2024



Katie Mahuron, RN – *Adult Coordinator*
Meghan Carey, RN – *Nurse Program Coordinator*

Today's Agenda

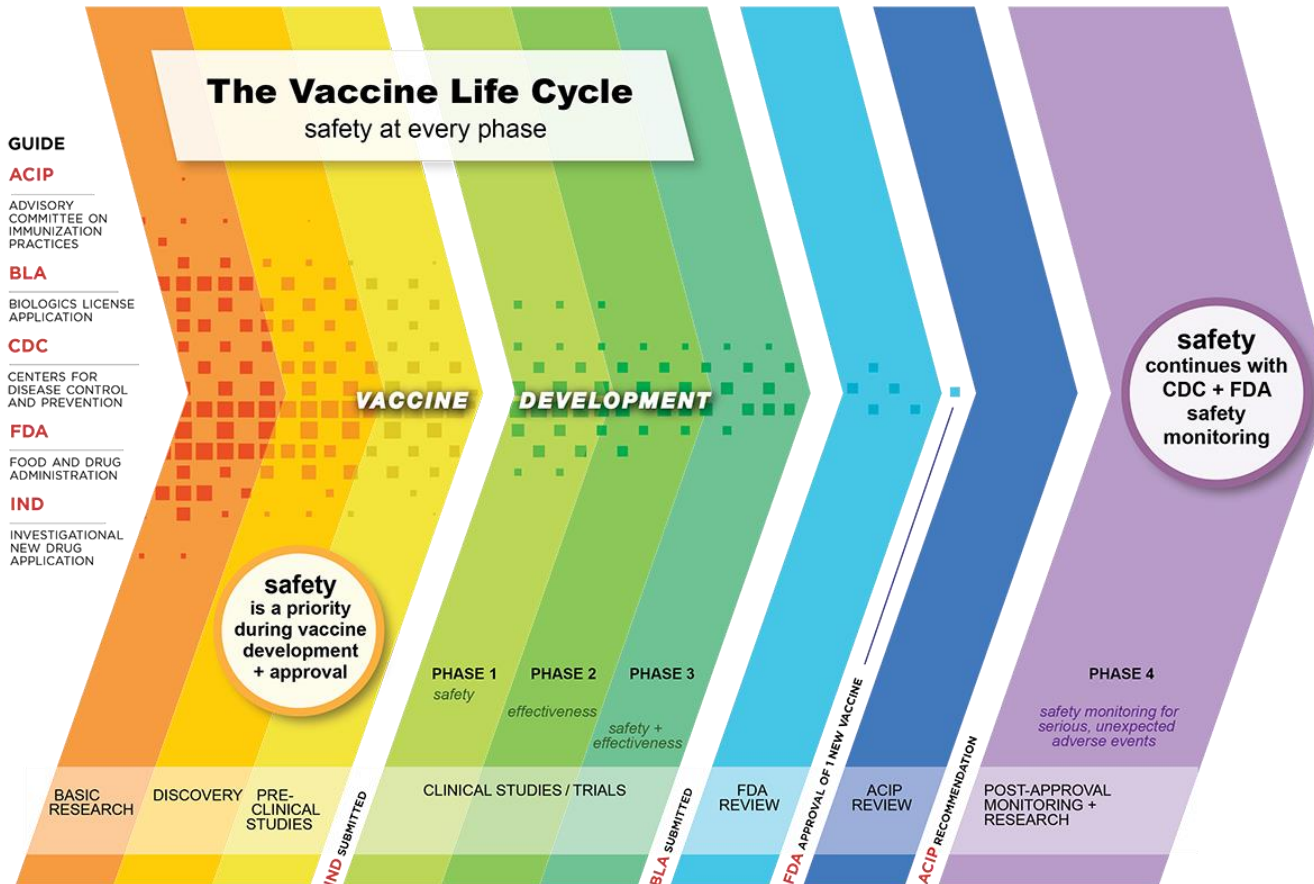
- **ACIP Updates**
- **Adolescent Immunization**
- **Immunization Strategies**
- **Respiratory Virus Season Updates**
- **Ordering Updates**
- **Questions**



ACIP UPDATES



The Advisory Committee on Immunization Practices (ACIP)



When making a recommendation, ACIP considers:

- How safe and effective the vaccine is when given at specific ages
- How serious the vaccine-preventable disease is.
- How many would get the disease if there was no vaccine.

[How Vaccines are Developed and Approved for Use | Vaccines & Immunizations | CDC](#)

ACIP Recommendation: COVID-19 for Adults 65 years+

ACIP recommends a second dose* of 2024-2025 COVID-19 for adults ages 65 years and older

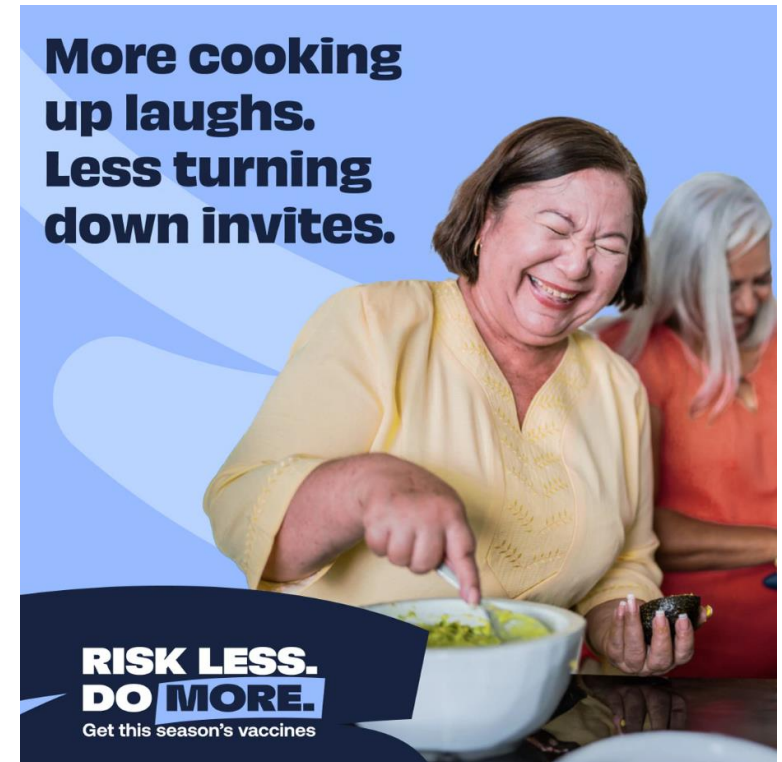
*If previously unvaccinated and receiving Novavax, 2 doses are recommended as initial vaccination series followed by a third dose of any age-appropriate 2024-2025 COVID-19 vaccine 6 months (minimum interval 2 months) after second dose



ACIP Recommendation: COVID-19 for Moderately or Severely Immunocompromised

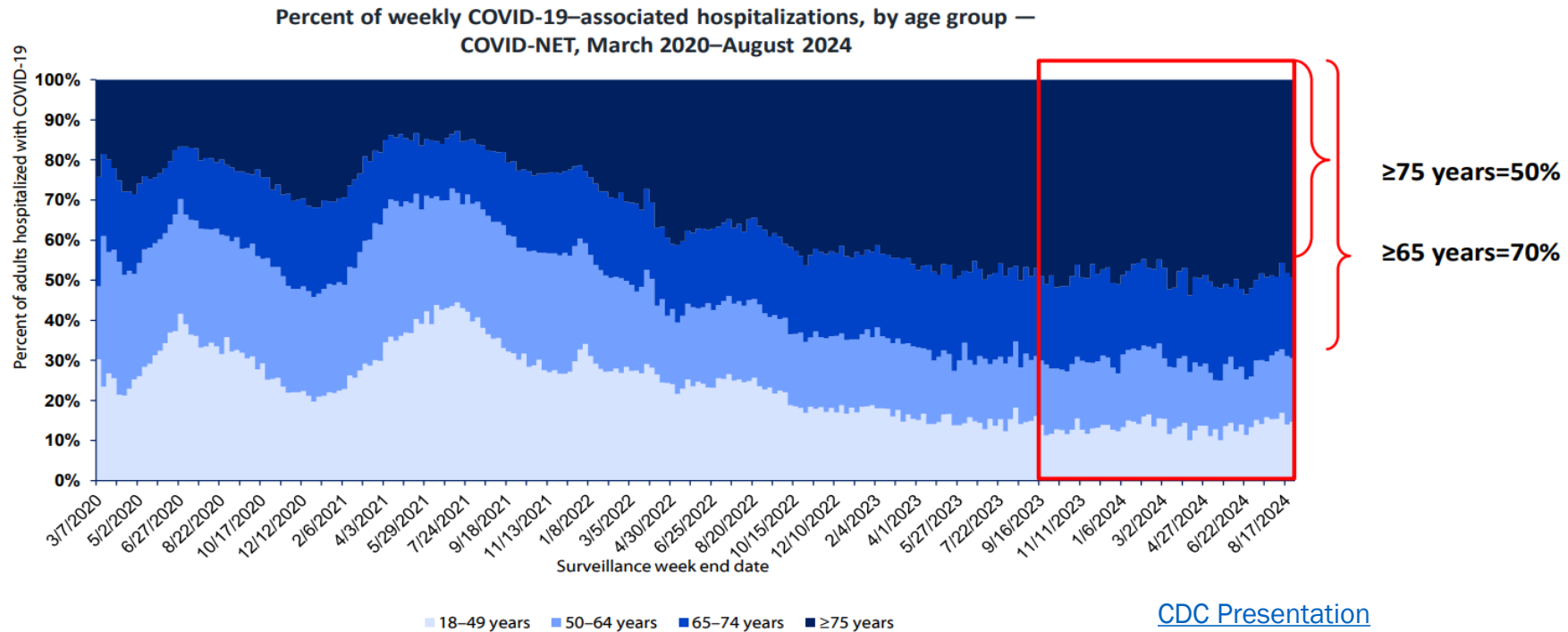
- ACIP recommends **a second dose**** of 2024-2025 COVID-19 vaccine for people ages 6 months - 64 years who are moderately or severely immunocompromised
- ACIP recommends **additional doses (i.e., 3 or more doses)** of 2024-2025 COVID-19 vaccine for people ages 6 months and older who are moderately or severely immunocompromised under ***shared clinical decision making***

**If previously unvaccinated 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.



Why did ACIP recommend a second dose for people 65 yrs. and older?

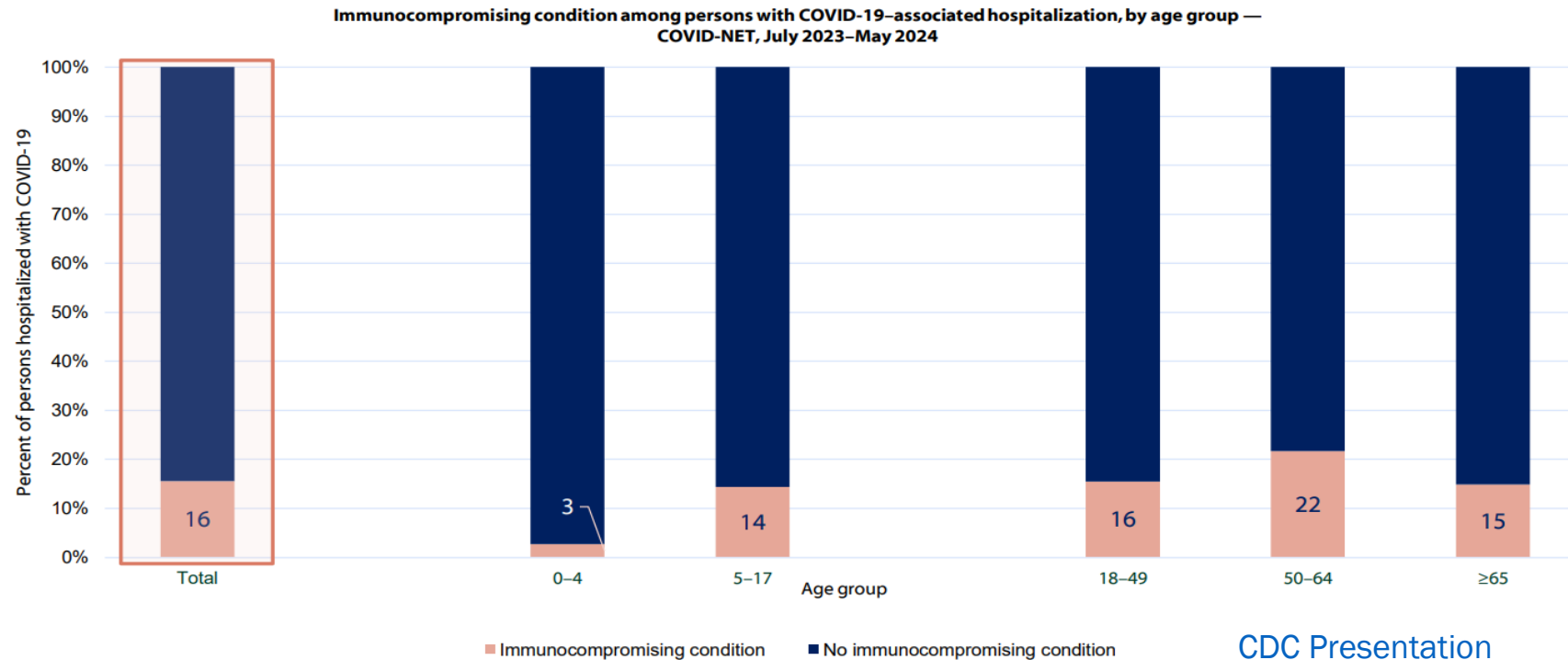
Adults ages ≥ 65 years comprise 2/3 of all COVID-19–associated hospitalizations among adults.



during this same period of October 2023 through August 2024, children and adolescents ages 17 years and younger comprised 4% of all COVID-19-associated hospitalizations.

Why did ACIP recommend a second dose for people with an immunocompromising condition?

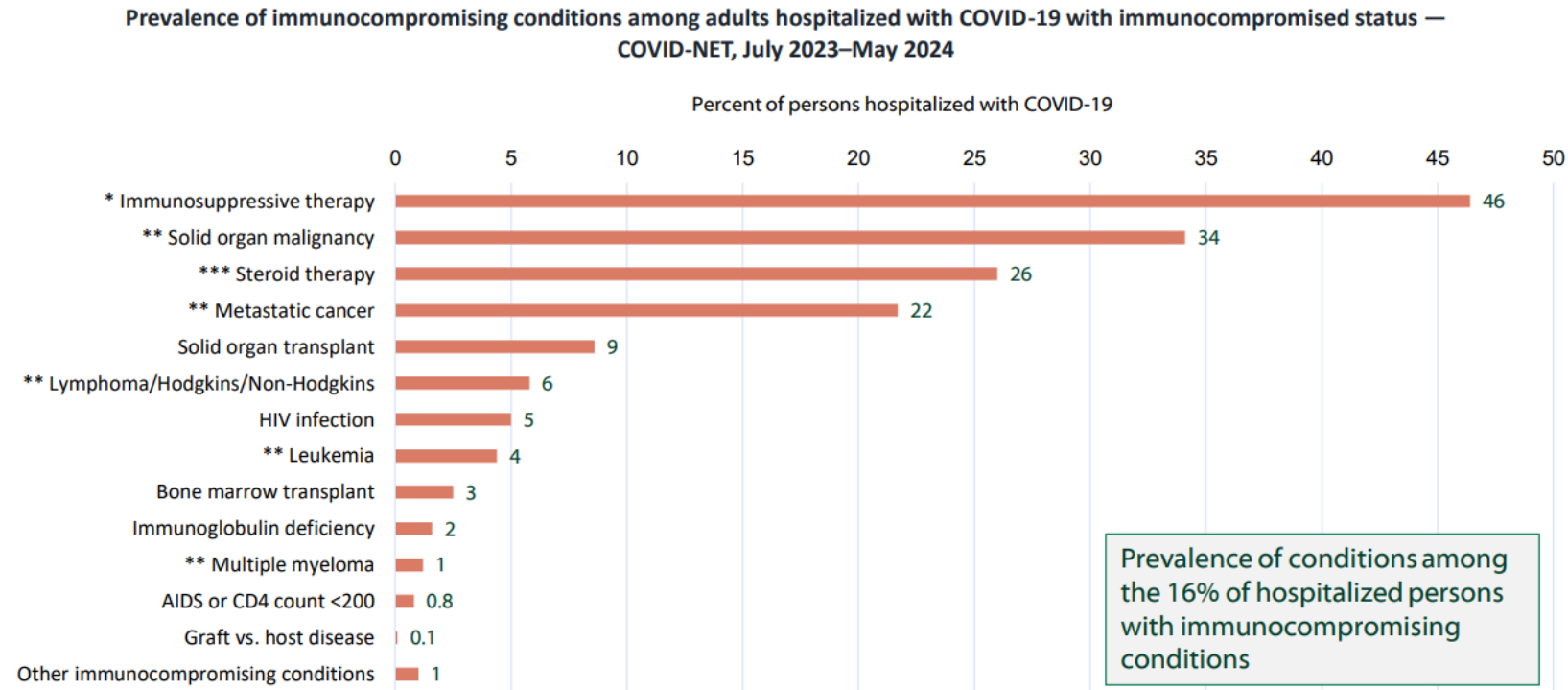
About 1 in 6 (15.6%) persons hospitalized with COVID-19 have an immunocompromising condition.



[CDC Presentation](#)

Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

COVID-19 Hospitalizations & Common Immunocompromising Conditions



* Within the 12 months before admission

** Current/in treatment or diagnosed in the 12 months before admission

*** Within 2 weeks before admission. Does not include inhaled, intranasal steroids or intramuscular or intra-articular injection of steroids.

Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

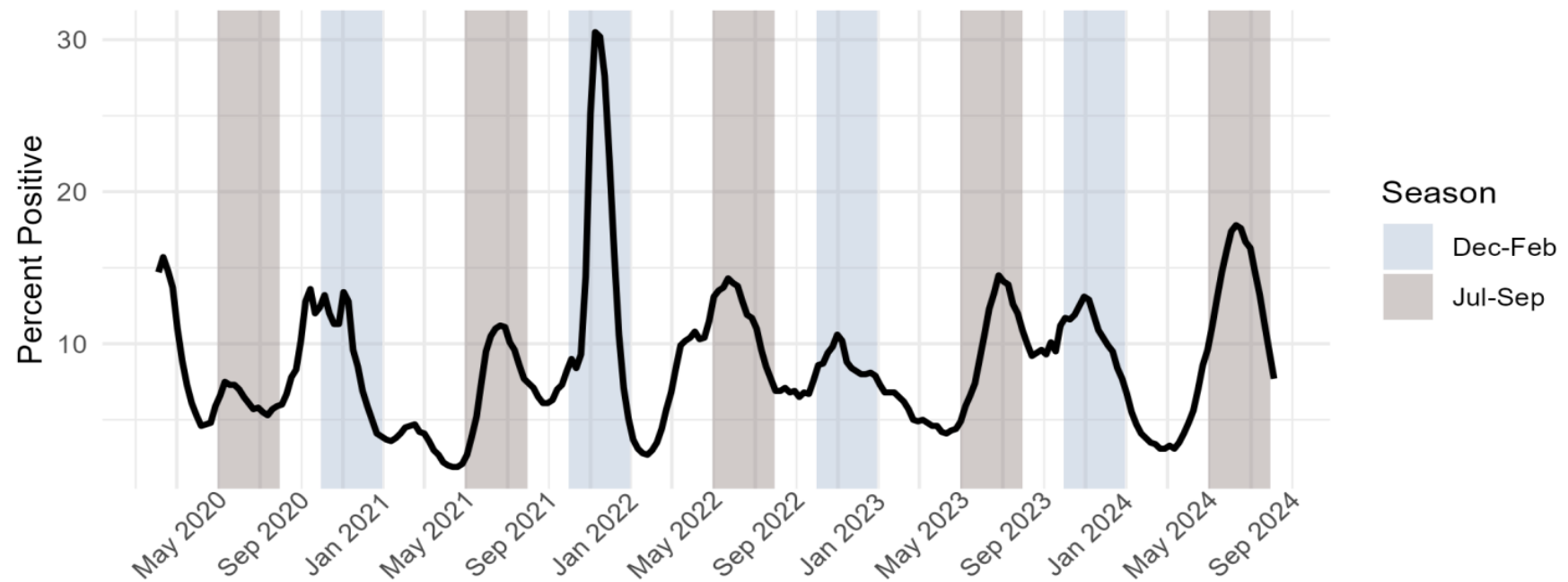
Prevalence of conditions among the 16% of hospitalized persons with immunocompromising conditions

[CDC Interim Clinical Considerations: Description of Moderate & Severe Immunocompromising Conditions & Treatments.](#)

Source: [CDC Presentation](#)

COVID-19 Trends

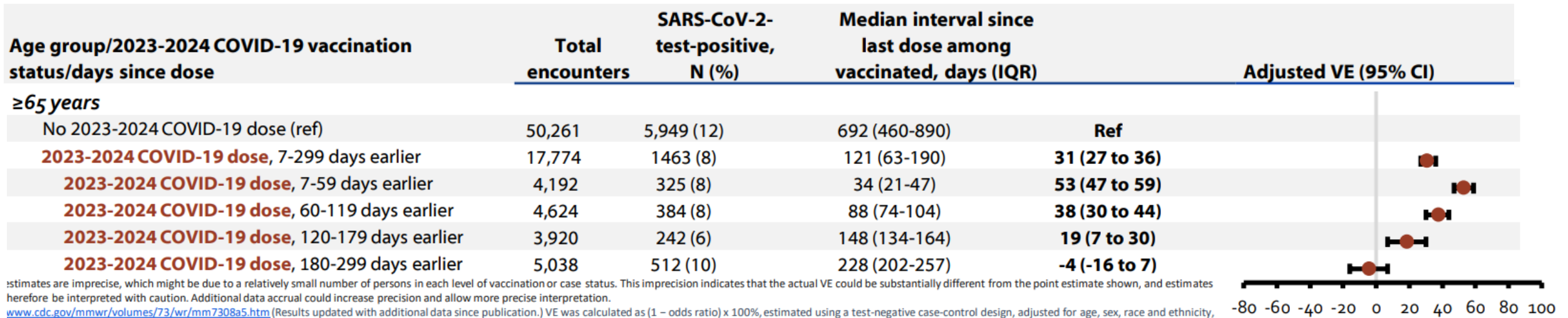
COVID-19 has consistently peaked in winter and late-summer.



National Respiratory and Enteric Virus Surveillance System (NREVSS)

[CDC Presentation](#)

Vaccine Effectiveness (VE): Hospitalization



ACIP Meeting: Vaccine Effectiveness (VE)

65 years and older

- 2023–2024 COVID-19 vaccination increased protection against COVID-19 associated ED/UC visits and hospitalizations
- Most durable protections appeared to be for critical illness – VE against critical illness remained above 40% at 5 months after vaccination

Immunocompromised

- Patterns of COVID-19 VE different season-to-season, with generally lower VE compared to non-immunocompromised, but with inconsistent waning patterns

During 2023–2024, VE against hospitalization in both populations waned to 0 by ~4-6 months.

Comparing Recommendations for Additional Doses

Population	Individuals 65 years and older	Moderately and Severely Immunocompromised
How many doses recommended?	2 doses of 2024-2025 COVID-19 vaccine	2 doses of 2024-2025 COVID-19 vaccine Additional doses available through shared clinical decision making
What interval?	6 months recommended (2 months minimum)	
Where can they be vaccinated?	Provider office (if private purchase supply available) Pharmacies	Provider office (VFC/VFA for 64 years and under) Pharmacies
Novavax recommendation	<i>Previously unvaccinated:</i> 2 doses per initial vaccination series recommendation then a 3 rd dose of any age-appropriate 2024-2025 COVID-19 vaccine 6 months (minimum interval 2 months) after second dose	
Completely unvaccinated	2 doses (Moderna, Pfizer) 2024-2025 COVID-19 vaccine 3 doses (Novavax) 2024-2025 COVID-19 vaccine	4 doses (Moderna, Pfizer) 2024-2025 COVID-19 vaccine 3 doses (Novavax) 2024-2025 COVID-19 vaccine
Anything else?		People can self-attest to their moderately or severely immunocompromised status.

Scenario 1: Recommendations for 77-year-old adult

Age: 77 years

Vaccination history:

COVID-19: 07/01/2024 (2023-2024 COVID-19 vaccine)

Flu: 10/07/2024 (2024-2025 trivalent formula)

RSV: No previous vaccination

Vaccines recommended today:

- COVID-19 2024-2025 Formula
- RSV vaccine (universal recommendation based on age)

Vaccines recommended in near future:

- COVID-19 2024-2025 Formula (May 2025)



Scenario 2: Recommendations for 42-year-old w/ hx. of bone marrow transplant

Age: 42 years

Immunocompromised (hx. of bone marrow transplant)

Vaccination history:

- COVID-19: 04/22/2024 (2023-2024 COVID-19 vaccine)
- Flu: 11/15/2023 (2023-2024 quadrivalent formula)
- RSV: No previous vaccination



Vaccines recommended today:

- COVID-19 2024-2025 Formula
- Influenza 2024-2025 Formula

Vaccines recommended in near future:

- COVID-19 2024-2025 Formula (May 2025)
- Can receive additional doses of COVID-19 2024-2025 Formula via shared clinical decision making

No RSV vaccine recommended – does not meet minimum age for risk-based recommendation

Scenario 3: Recommendations for 68-year-old adult

Age: 68 years

Vaccination history:

- COVID-19: 9/28/2024 (2023-2024 COVID-19 vaccine)
- Flu: 10/15/2024 (2024-2025 trivalent formula)
- RSV: 10/15/2023

Vaccines recommended today:

- None

Vaccines recommended in near future:

- Second dose of COVID-19 2024-2025 Formula in 6 months (March 2025)

No RSV vaccine recommended – single dose per lifetime recommendation



ACIP: Recommendation for Pneumococcal Vaccination – 50 yrs.+



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

Pneumococcal Vaccination Recommendation for 50+

Adults ≥50 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 → [‡] ≥1 year [†] → PPSV23 [§]
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 <65 yrs	→ [‡] ≥5 years → PCV20 or PCV21	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

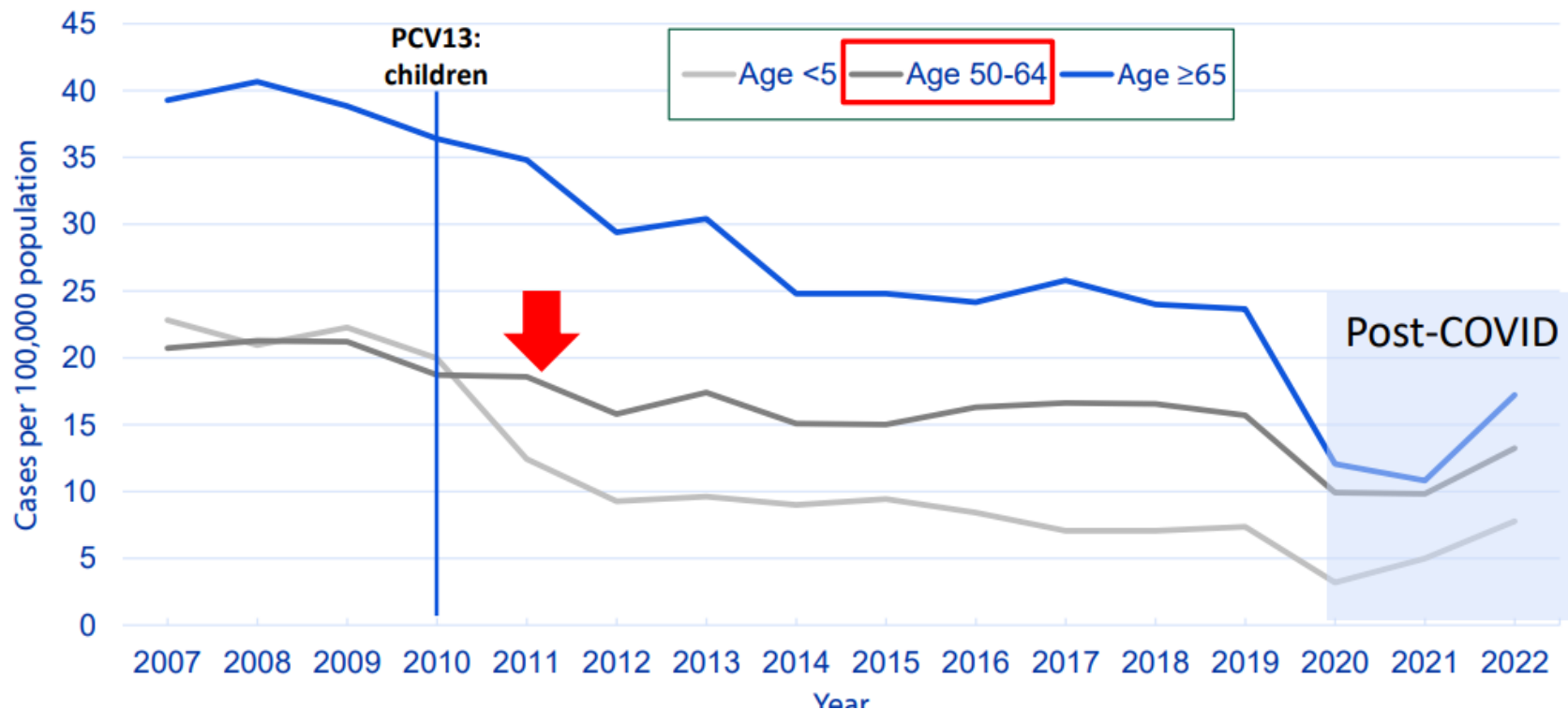
[†] If PPSV23 is not available, PCV20 or PCV21 may be used

[‡] Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

[§] 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

Why did they decide to lower the universal recommendation to 50 yrs.?

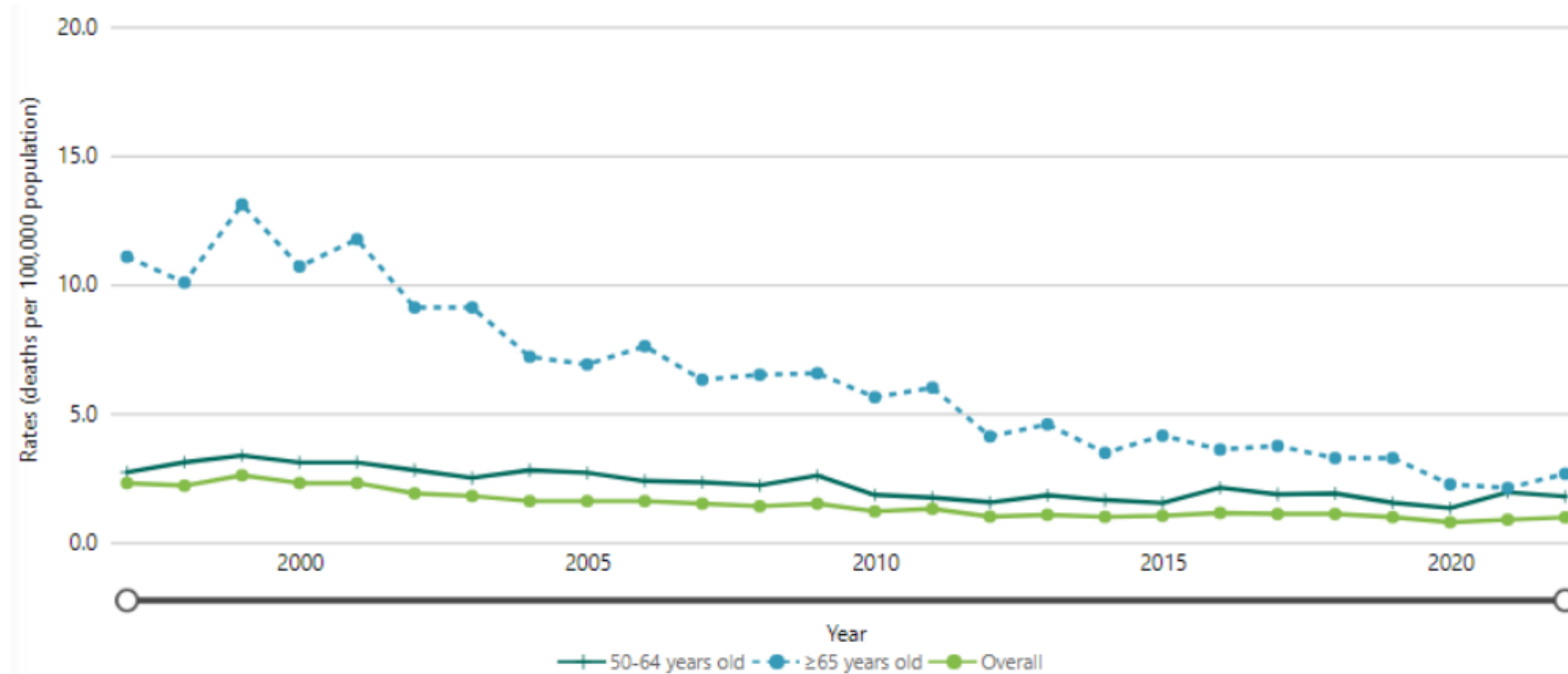
Invasive pneumococcal disease (IPD) incidence rates, by age group, 2007–2022



[CDC ACIP Presentation](#)

Comparing IPD Mortality Rates

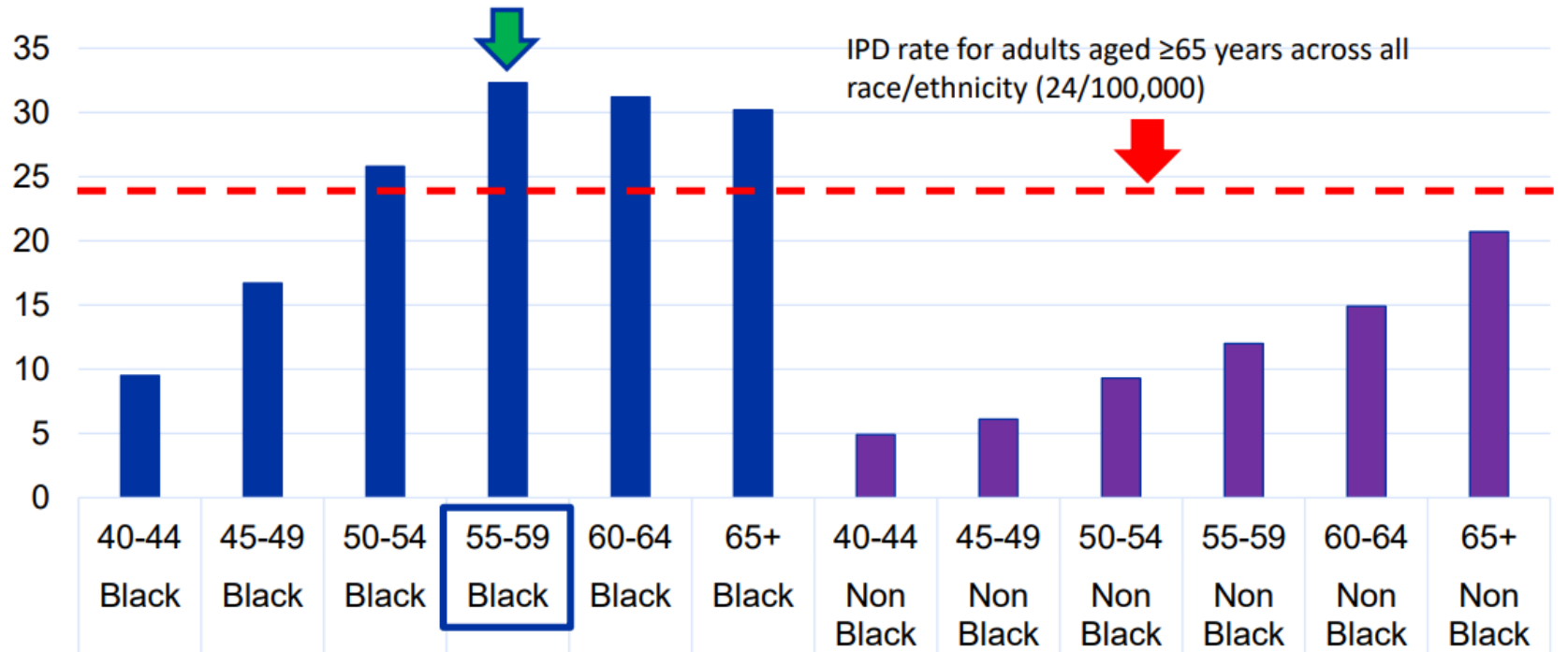
IPD mortality rate* in adults aged ≥ 65 years has become closer to that in adults aged 50–64 years



[CDC ACIP Presentation](#)

ACIP Recommendation: Utilization of a Health Equity Lens

IPD rates (any pneumococcal serotype) in Black adults peak at a younger age compared with Non-Black adults



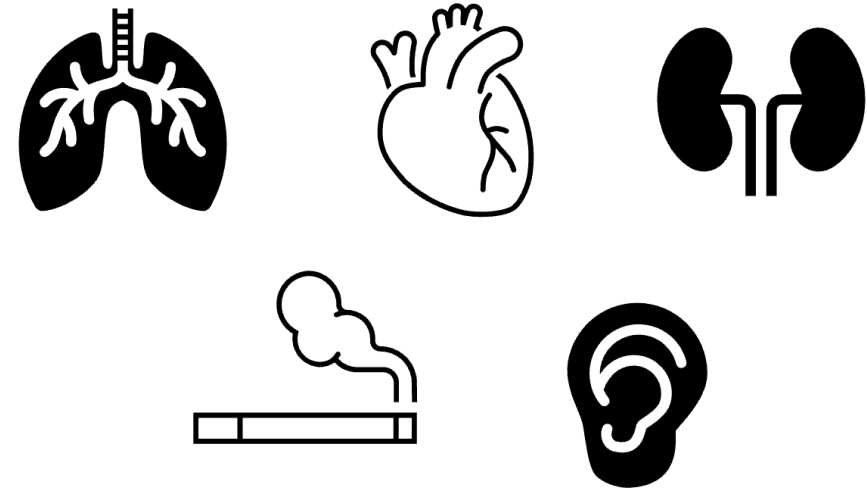
[CDC Presentation](#)

ABCs 2018–2019 unpublished data

1

PCV21 (CAPVAXIVE) Updates

ACIP recommends PCV21 as an option for **adults** aged ≥ 19 years who currently have a recommendation to receive a dose of PCV.



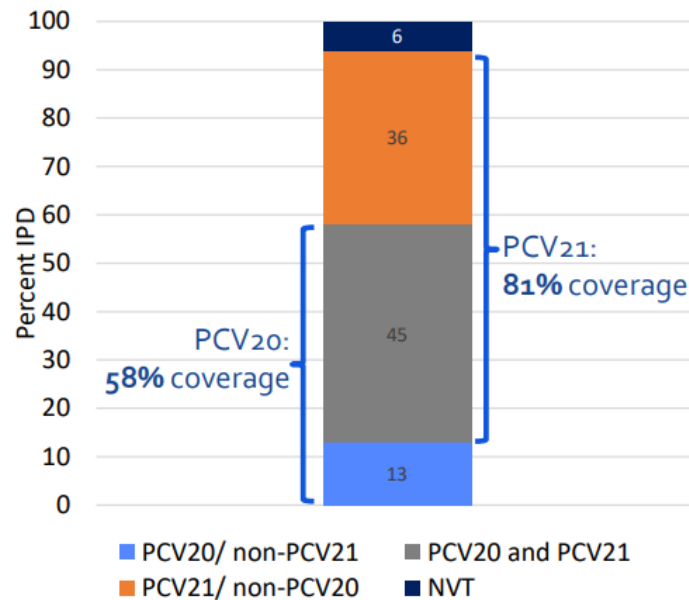
Serotype Protection: Pneumococcal Vaccines for Adults

	1	3	4	5	6 A	6 B	7 F	9 V	1 4	1 8 C	1 9 A	1 9 F	2 3 F	2 2 F	3 3 F	8	1 0 A	1 1 A	1 2 F	1 5 B	2	9 N	1 7 F	2 0	1 5 A	1 5 C	1 6 F	2 3 A	2 3 B	2 4 F	3 1	3 5 B
PCV15																																
PCV20																																
PPSV23																																
PCV21																																

PCV20 vs. PCV21 Protection

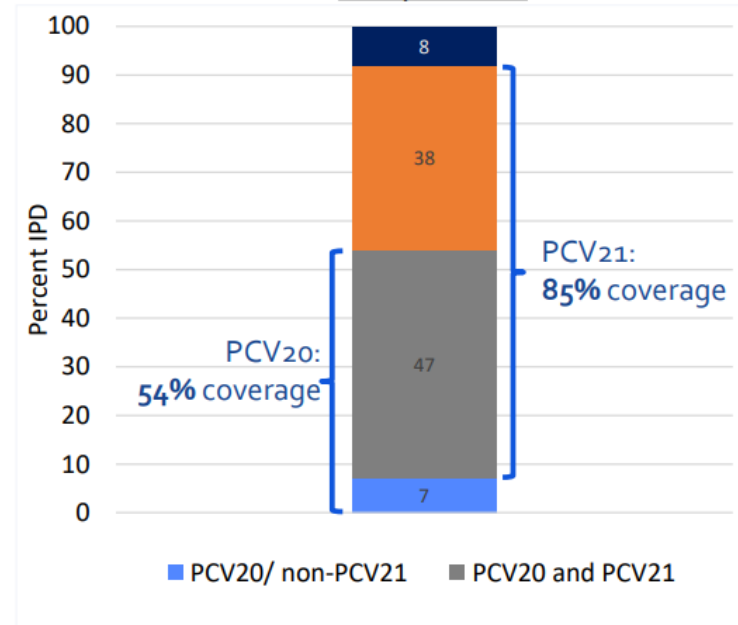
Proportion of IPD by vaccine-type among adults with a pneumococcal vaccine indication, 2018–2022

19–64 years old (with a risk-based indication)



PCV20/ non-PCV21 serotype: 1, 4, 5, 6B, 9V, 14, 18C, 19F, 23F, 15B
PCV20/ in-PCV21 serotypes: 3, 6A, 7F, 19A, 22F, 33F, 8, 10A, 11A, 12F, +6C
PCV21/ non-PCV20 serotypes: 9N, 17F, 20, 15A, 15C, 16F, 23A, 23B, 24F, 31, 35B

≥65 years old



[Gierke February 2024 ACIP meeting presentation](#)

Considering PVC20 vs. PCV21: Serotype 4

- PCV21 does not include certain serotype 4.
- In certain adult populations, [serotype 4](#) has caused high percentages of IPD.
- CDC calls out certain adult populations in Western United States' data that indicates that individuals within those geographic areas (Alaska, Colorado, New Mexico, Navajo Nation, and Oregon) who develop serotype 4 IPD are adults under 65 years with specific underlying conditions or risk factors such as:
 - Alcoholism
 - Chronic lung disease
 - Cigarette smoking
 - Homelessness
 - Injection drug use
- CDC recommends in such populations, other recommended pneumococcal vaccines (e.g., PCV20) are expected to provide broader serotype coverage against locally circulating strains compared to PCV21 alone

PCV21 Ordering Plan

PCV21 is now available to order.

Providers will be able to order PCV20 or PCV21 for adult intent.

- Providers can only carry one product for adult intent.

Have a plan in place to prevent vaccine administration errors

- PCV21 was specifically created to target pneumococcal strains linked to severe disease in adults

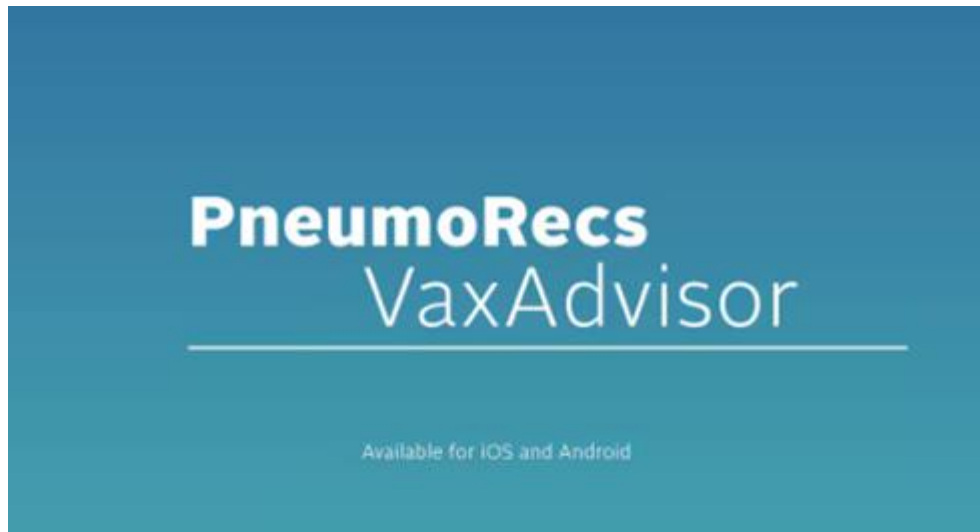


Pneumococcal Vaccine Recommendations

Pneumococcal vaccination recommendations are complicated.

- Recommendation changes based on pneumococcal vaccination history and risk factors.
 - For example, based on the changes from the October ACIP meeting, there are a few scenarios where PPSV23 was previously a recommended option after a dose of PCV13 where that is no longer a recommended option (sole recommendation is to receive a dose of PCV20 or PCV21).

Pneumococcal Vaccine Recommendations Job Aids






- [Pneumococcal Vaccine Timing for Adults](#)
- [Shared Clinical Decision-Making: PCV20 Vaccination for Adults 65 Years or Older](#)
- [PneumoRecs VaxAdvisor App for Vaccine Providers | Pneumococcal | CDC](#) (Available for iOS, Android or Desktop) – *not yet updated to reflect October recommendations*

ACIP Recommendation: Bexsero Scheduling Change

- 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
- 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)

Men B

- Shared clinical decision-making recommended to decide if MenB vaccination is appropriate for adolescents and young adults aged 16-23 years not at increased risk for meningococcal disease
 - Preferred age is 16-18
- Additional recommendations for individuals 10 years and older at increased risk

Remember: 	<ul style="list-style-type: none">• MenB vaccine is not routinely recommended for all adolescents in this age group.• The vaccine series provides short-term protection against most strains of serogroup B meningococcal bacteria circulating in the United States.
Consider: 	<ul style="list-style-type: none">• Serogroup B meningococcal disease is an uncommon but deadly disease. In recent years, between 20 and 50 cases occurred in 16 to 23 year olds in the United States each year.• A low risk of exposure or infection does not mean a person cannot get a MenB vaccine. It is just one potentially important consideration in shared clinical decision-making.• College students are at increased risk, especially those who are freshmen, attend a four-year university, live in on-campus housing, or participate in sororities and fraternities.• Serogroup B vaccines are safe and effective, but only offer short-term protection (1 to 2 years) to those who get vaccinated.
If you vaccinate: 	<ul style="list-style-type: none">• Since these patients are not at increased risk of serogroup B disease, administer:<ul style="list-style-type: none">- 2-dose series of MenB-4C at least 1 month apart, or- 2-dose series of MenB-FHbp at 0, 6 months• MenB-4C and MenB-FHbp are not interchangeable• MenB vaccines are safe and effective for this population unless a patient<ul style="list-style-type: none">- Had a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component- Is pregnant; vaccine should be delayed unless the patient is at increased risk and the benefits of vaccination outweigh the potential risks

2025 Immunization Schedules Approved

ACIP approved the *Recommended Child and Adolescent Immunization Schedule, United States, 2025* and the *Recommended Adult Immunization Schedule, United States, 2025*.

- [Child and Adolescent Immunization Schedule by Age \(Addendum updated June 27, 2024\)](#)
- [Adult Immunization Schedule by Age \(Addendum updated June 27, 2024\)](#)

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])		1 dose depending on maternal RSV vaccination status. See Notes				1 dose (8 through 19 months). See Notes											
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)		1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	3 rd dose		← 4 th dose →						5 th dose					
<i>Haemophilus influenzae</i> type b (Hib)		1 st dose	2 nd dose	See Notes		← 3 rd or 4 th dose → See Notes											
Pneumococcal conjugate (PCV13, PCV20)		1 st dose	2 nd dose	3 rd dose		← 4 th dose →											
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose		← 3 rd dose →							4 th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)											
Influenza (IIV4) or Influenza (LAIV4)						Annual vaccination 1 or 2 doses					Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only		Annual vaccination 1 dose only		
Measles, mumps, rubella (MMR)					See Notes	← 1 st dose →						2 nd dose					
Varicella (VAR)						← 1 st dose →						2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series. See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)						See Notes								1 st dose		2 nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])																Seasonal administration during pregnancy. See Notes	
Dengue (DEN4CYD; 9–16 yrs)															Seropositive in endemic dengue areas (See Notes)		
Mpox																	

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No recommendation/not applicable

Shared Clinical Decision Making

ACIP has five recommendations for vaccination based on [shared clinical decision-making](#).

ACIP Shared Clinical Decision-Making Recommendations	CDC resources for shared clinical decision-making
Additional doses of COVID-19 vaccination for people who are immunocompromised	Clinical Guidance for COVID-19 Vaccination CDC
Pneumococcal conjugate vaccination (PCV20 or 21) for individuals 65 years and older who have received a completed series (PCV13 & PPSV23)	Shared Clinical Decision-Making: PCV20 Vaccination for Adults 65 Years or Older
Hepatitis B (Hep B) vaccination for adults 60+ years with diabetes mellitus	Hepatitis B Vaccine Administration Hepatitis B CDC
Meningococcal B (MenB) vaccination for adolescents and young adults 16-23 years of age not at increased risk for meningococcal disease	Shared Clinical Decision-Making: Meningococcal B Vaccination
Human Papilloma Virus (HPV) vaccination for adults 27-45 years	Shared Clinical Decision-Making: HPV Vaccination for Adults Aged 27-45 Years

Adolescent Immunization

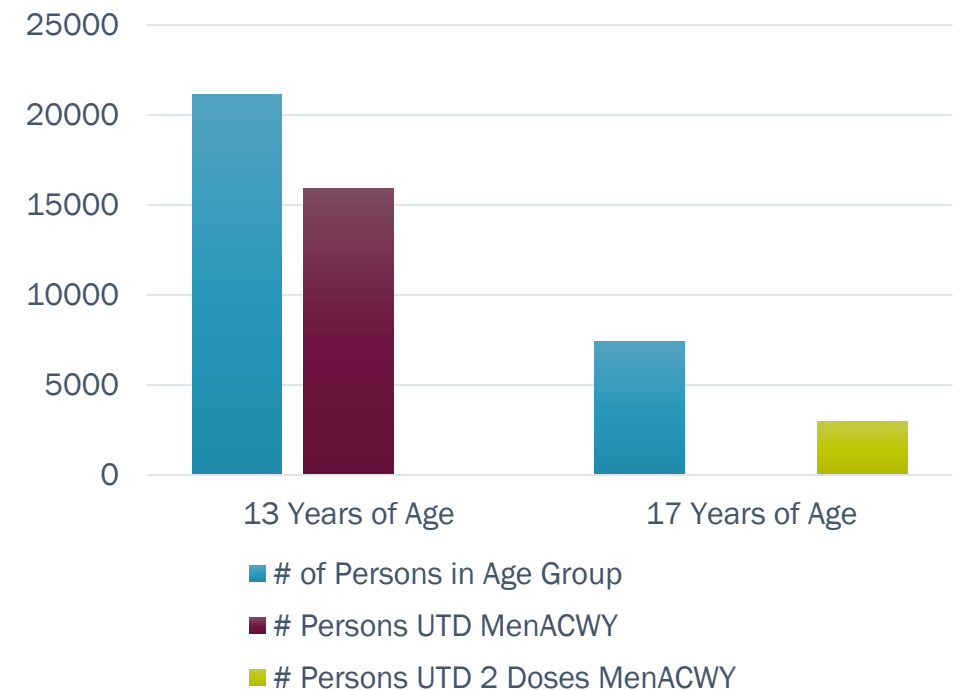


MenACWY

1 Dose is
69%
Effective

- CDC recommends the MenACWY vaccination for all adolescents
- One [dose of MenACWY vaccine](#) should be given at 11-12 years of age followed a booster dose at 16 years of age.
 - If initial vaccine was given at age 16 or older, a booster dose is not recommended.
- Individuals at increased risk should follow [risk-based guidance](#)

Vermont Adolescent MenACWY Vaccine Coverage



HPV & Vaccination

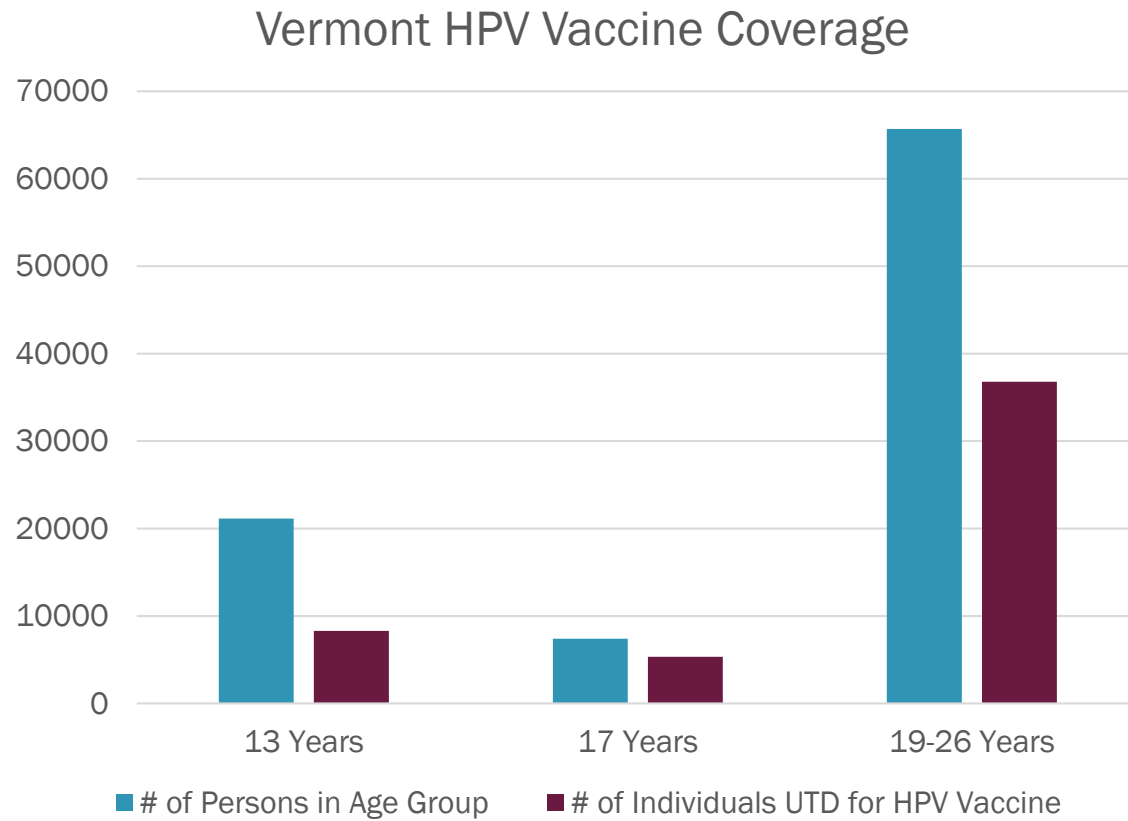
- Human Papilloma Virus (HPV) can cause several cancers in men and women including cancers of the cervix, penis, anus and the back of the throat.
- HPV Vaccination can prevent 90% of these cancers by preventing the infections that cause them.
- HPV vaccine is most effective when given before a person is exposed to the virus



Early Protection Works Best

Age	Number of Doses Needed	Interval
9-14 years	2 doses	0, 6-12 months
15-26 years	3 doses	0, 1-2, 6 months
9-26 years with Immunocompromise	3 doses	0, 1-2 and 6 months
27-45 years **Shared Clinical Decision Making	3 doses	0, 1-2 and 6 months

HPV Coverage Rates



Practice, County and State Vaccine Coverage Rates

- IMR Immunization Quality Improvement Report
 - Contains practice immunization coverage rates for specific age cohorts (24 months, 13 years, 17 years, 19-100 years)
 - Includes coverage rates for the practice county as well as state coverage.
 - Invalid and Missed dose reports can be generated to support immunization catch-up and patient recall
 - Data is exportable in multiple formats

[Immunization Quality Improvement Report](#)
[IMR User Guide](#)



Practice Reports
Patient List by DOB
Practice View: Vaccine Coverage
Vaccines due by Practice
Not up to Date Report
Generate Labels for Recall Notices
Invalid Doses
Objections and Contraindications for Practice
Immunizations Given by Practice
Patients Immunized By Series
Number of Children Vaccinated
Patient List by Month
Vaccine List
Patient Count by Practice
Immunizations Given Overview
Immunization Quality Improvement Report
Random Selection

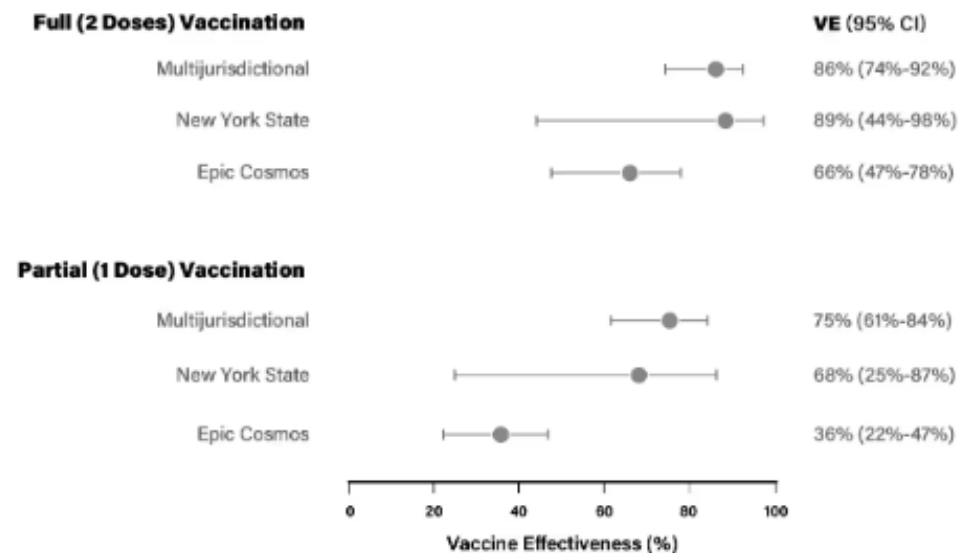
Mpox

- As of October 28, 2024, a total of 28,244 cases of monkeypox (mpox) have been reported in the US
 - Currently outbreaks of [clade I mpox](#) in the DRC
 - There have been no clade I cases in the US, and US cases remain low
- Since 2022, Vermont has had 5 positive cases
- Mpox is spread through close or intimate contact, touching contaminated objects such as bedding, or through infected animals.
- CDC recommends vaccination against mpox if a person has [certain risk factors](#).
- Mpox vaccine, Jynneos, is safe and generates a strong antibody response
 - Like HPV, the vaccine is most effective before exposure occurs

Mpox Vaccine

- Jynneos is a 2-dose vaccine series
 - Second dose administered 28 days (4 weeks) after initial dose
- Recommended for adults 18 years and older at risk for mpox
- Can be administered under [EUA](#) to individuals younger than 18 years of age determined to be at high risk for mpox infection
- Two doses provide the best protection
- Travel recommendation

Adjusted vaccine effectiveness (VE) of JYNNEOS vaccine against mpox by study and number of doses



[Estimated Effectiveness of JYNNEOS Vaccine in Preventing Mpox: A Multijurisdictional Case-Control Study – United States, August 19, 2022–March 31, 2023 | MMWR](#)

Adolescent Mpox Risk Assessment



- Adolescents with risk factors are recommended to receive the mpox vaccine.
- Providers should conduct risk assessments as part of adolescent annual wellness visits and recommend the mpox vaccine for those who are sexually active and meet the specified risk criteria.
- Consider whether it is appropriate to have this conversation or recommend this vaccine based on if the adolescent has a safe and affirming parent/guardian.
- For additional guidance on sexual health, navigating a discussion related to LGBTQIA+ issues and not outing a patient, contact Daniel Daltry at the VDH
 - daniel.daltry@vermont.gov, 802-238-7916

Immunization Strategies



Adolescent Immunization- Making Vaccination Experiences Positive

- Positive vaccination experiences increases confidence in vaccination, reduces anxiety, and may increase the acceptance of future doses.
- Providers, parent's or guardians and adolescents can all take steps to make vaccine experiences positive.



Adolescent Immunization- Making Vaccination Experiences Positive

For the parent/guardian

Pre-Visit

- Discuss getting vaccines with your child, answer questions and provide assurance
- Encourage your child to eat and drink prior to the appointment.
- Practice relaxation techniques

Visit

- Emphasize the importance of being vaccinated to prevent disease.
- Remind your adolescent to relax

Post-visit

- Provide fluids, rest and comfort measures as needed.

For the adolescent

- Find something to take to the appointment that will serve as a distraction(e.g. game, smartphone, video)
- Try to relax your muscles and take a few deep breaths before and during the vaccination.
- Ask questions

Resource for Healthcare Professionals: Addressing Vaccination Anxiety

Includes suggestions for before the visit, during the visit and after the visit.

- Pre-visit suggestion examples:
 - Set up the vaccination room/area (no needles in sight)
 - Consider topical analgesia (30-60 min. prior to vaccination)
- During visit:
 - Utilize non-pharmacological pain management options such as cooling the injection site, vibrating case with optional ice pack (e.g., the Buzzy Bee)
 - Use injection techniques that diminish pain (no aspiration; give most painful vaccine last)
- After the visit:
 - Pain-reducing medications



[Addressing Vaccination Anxiety in Adolescents and Adults Strategies for Healthcare Professionals \(immunize.org\)](https://immunize.org)

Comfort, Ask, Relax, District (CARD)

COMFORT

Find ways to get comfortable.



ASK

Ask questions to be prepared.



RELAX

Keep yourself calm.



DISTRACT

Shift your attention to something else.



[The CARD™ Toolkit for Educators, Parents, and Healthcare Professionals | Anxiety Canada](#)

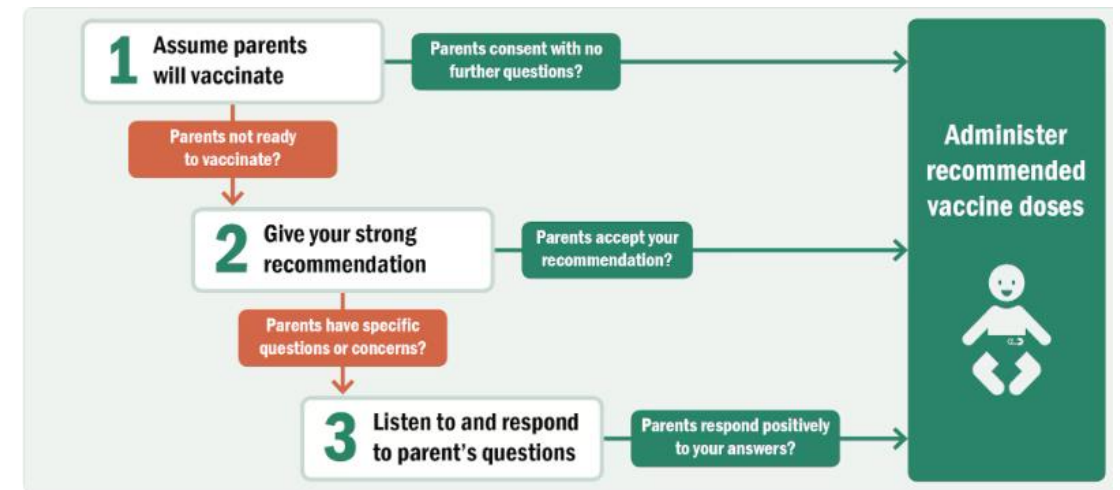
Using Presumptive Language to Provide a Strong Vaccine Recommendation

Instead of saying:

“Timmy can get some vaccines today. Have you thought about what you’d like him to get for shots?”

Try this:

“Timmy needs Hib and Hepatitis B vaccines today. These shots are important to protect him from serious disease”.



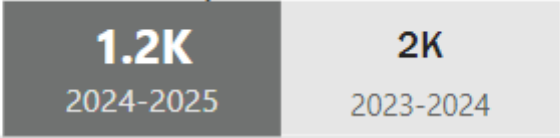
[Talking with Parents about Vaccines](#) | [Childhood Vaccines](#) | [CDC](#)

“A strong recommendation from a health care provider is the single most important factor in determining whether or not someone gets vaccinated” – CDC

Respiratory Virus Season Updates

Respiratory Virus Immunization Dashboard

Vermont infants and young children immunized against RSV since
September

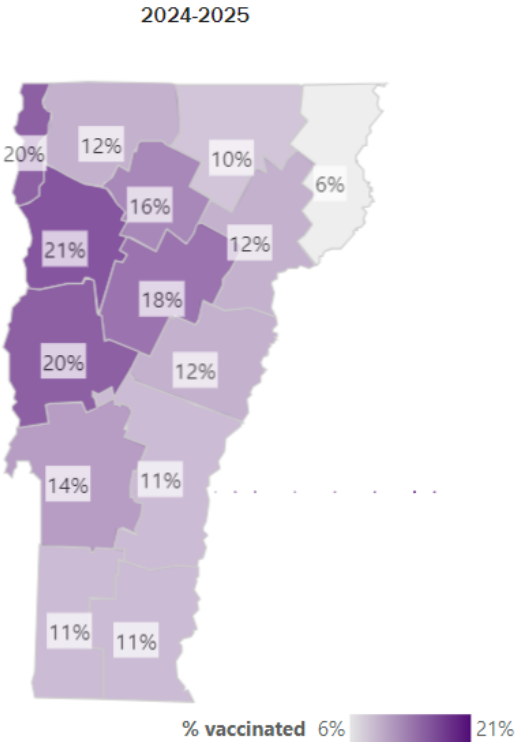


Public dashboard includes information on COVID-19, flu and RSV immunization coverage rates

[Respiratory Virus Vaccination Data | Vermont Department of Health](#)

Overall

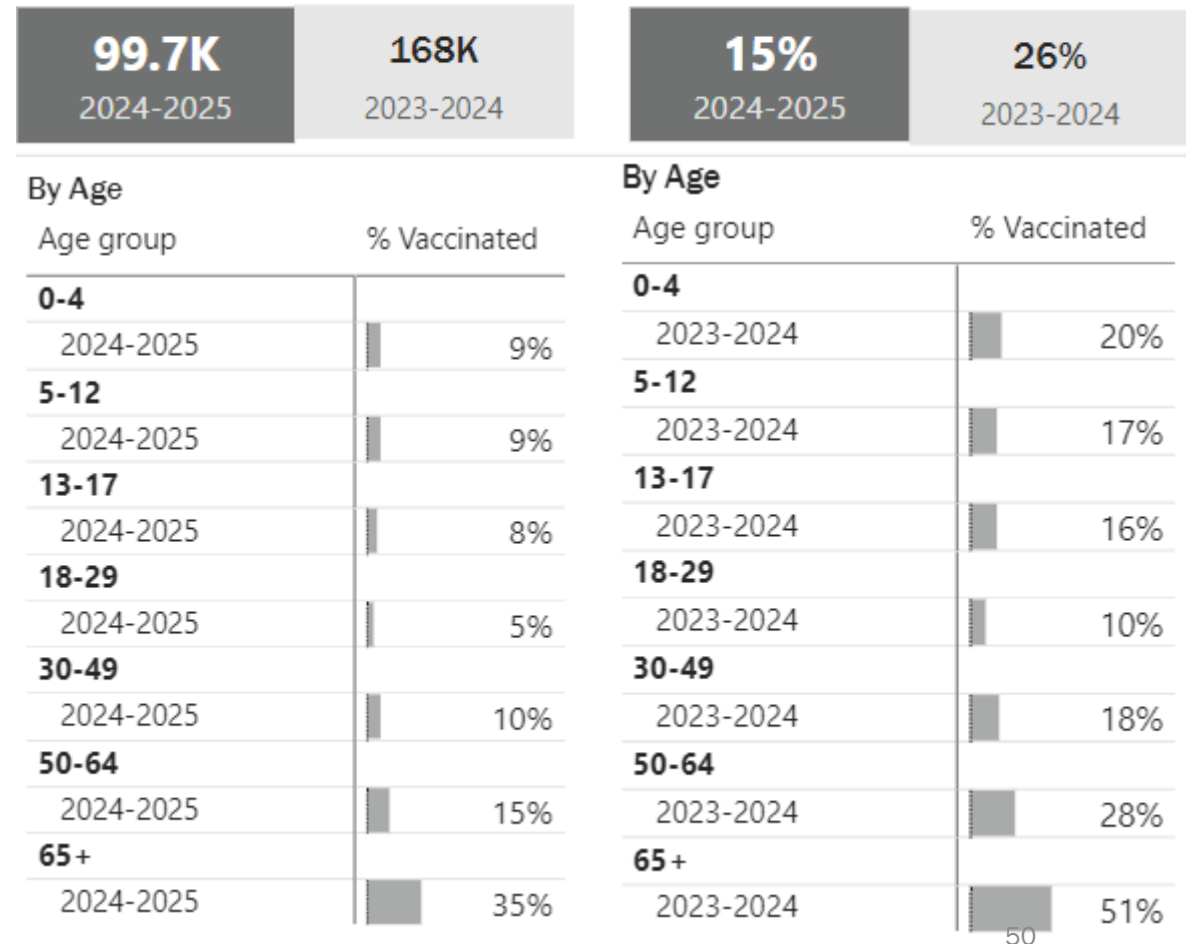
County	2024-2025	2023-2024
Addison	20%	34%
Bennington	11%	21%
Caledonia	12%	20%
Chittenden	21%	34%
Essex	6%	12%
Franklin	12%	18%
Grand Isle	20%	30%
Lamoille	16%	25%
Orange	12%	20%
Orleans	10%	18%
Rutland	14%	22%
Washington	18%	32%
Windham	11%	22%
Windsor	11%	20%
VT	15%	26%



2024-2025 COVID-19 Vaccine Coverage

- Products were available earlier this year
- Larger allocations upfront
- We are receiving regular allocations from CDC as more product becomes available
- No supply constraints for Moderna and Pfizer COVID vaccines.
- Novavax was made available later, current supply expires October 31.
 - Holding orders

Vermonters who received a COVID-19 vaccine

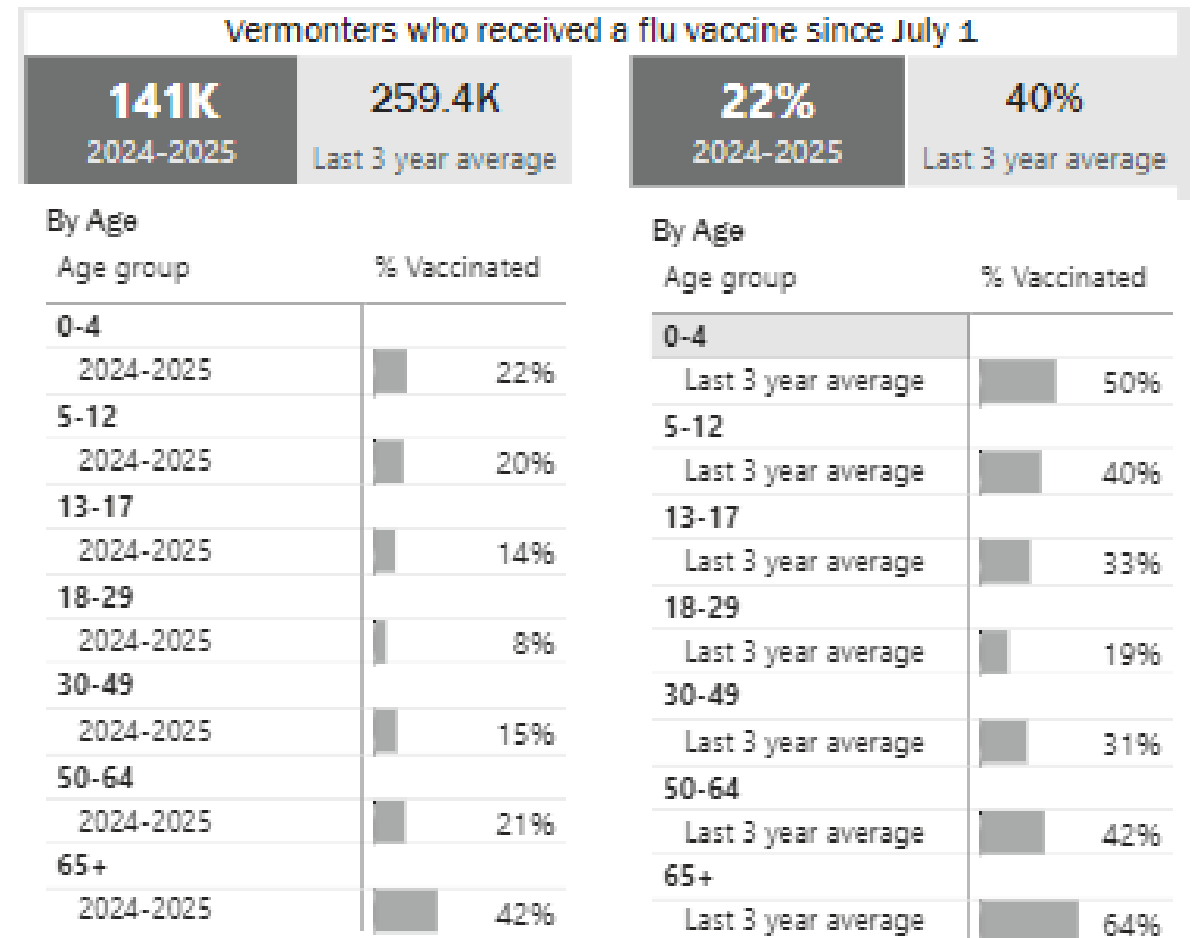


Flu Vaccine Coverage

40% of eligible Vermonters received a flu vaccine during the 2023-2024 season, identical to the previous season.

Flu vaccination uptake is the highest among the youngest (under age 5) and oldest (65+).

Rates are the lowest in the 18–29-year-old group.



Respiratory Virus Season Campaign



The VDH Respiratory Virus Season Campaign is in progress and runs through February 2025.

Goals

- Raise awareness about how to prevent the spread of respiratory viruses like COVID, flu and RSV
- Raise awareness and promote recommended COVID, flu and RSV immunizations among eligible and at-risk populations.

Channels: Broadcast (TV, radio), Front Porch Forum, streaming radio, streaming TV, social media, partner outreach, digital, print, and a press release

Two additional components this year:

- Vaccine hesitant messaging
- Education and messaging resources for partners to support vaccine clinics on farms

Respiratory Virus Season Partner Toolkit

The Respiratory Virus Season Partner Toolkit is now available.

- Contains customizable posts and images that can be used on your social media, in newsletters, or through email to promote tips for preventing respiratory viruses.
- Included is important reminders about COVID and Flu vaccines as well as RSV Immunizations.



Ordering Updates



Shipping Updates for Winter Holidays: Prepare for delays

Plan ahead and make sure to order vaccine in advance

November

- Limited Delivery: 11/26, 11/27
- No Delivery: 11/28, 11/29

December

- Limited Delivery: 12/23, 12/27, 12/30, 12/31
- No Delivery: 12/24, 12/25, 12/26

January

- No Delivery: 1/1, 1/2, 1/3

~ November 2024 ~						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
3	4	5	6	7	8	9
10	11 Veteran's Day - Federal Holiday Pac. Island orders placed in VTrckS after this date may not ship until 12/2/24.	12	13	14	15	16
17	18	19	20 Orders placed in VTrckS after this date may not ship until 12/2/24.	21	22	23
24	25	26	27	28 Thanksgiving - Federal Holiday	29	30
				No delivery	No delivery	

~ December 2024 ~						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9 Pac. Island orders placed in VTrckS after this date may not ship prior to January.	10	11	12	13 Orders placed in VTrckS after this date may not ship prior to January.	14
15	16	17	18	19	20	21
22	23	24	25 Christmas Hanukkah begins - Federal Holiday	26	27	28
29	30	31				
Limited Delivery	Limited Delivery	No delivery	No delivery	No delivery	Limited Delivery	

Novavax Ordering Update

Supply available will expire 11/30/2024.

- Manufacturer is seeking a shelf-life extension, but until confident one will be received, we are holding off on ordering.
 - We're not able to successfully obtain a shelf-life extension for product that expired in October

If you have a patient that needs Novavax and cannot access it anywhere else, please reach out to the Immunization Program.



JYNNEOS Ordering



- Minimum VIMS order quantity for JYNNEOS is a box of 10 doses, shipped frozen from the manufacturer.
 - Frozen vaccine can remain frozen until the expiration date.
- If JYNNEOS is moved from the freezer to a fridge unit, a Beyond Use Date (BUD) of 8 weeks needs to be applied.
- VDH District Health Offices will have a small supply of JYNNEOS available to transfer to Planned Parenthood and Provider Practices
 - If only a few doses are needed, please contact the district health office for transfer
 - Larger quantities can be ordered in VIMS

RSV Monoclonal Antibody (Nirsevimab/Beyfortus)

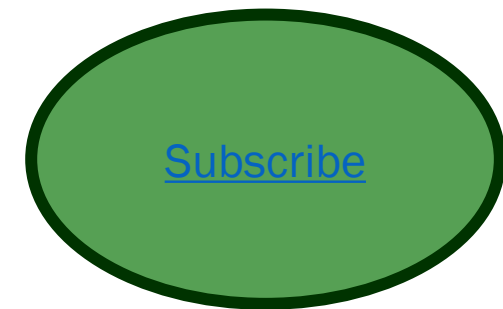
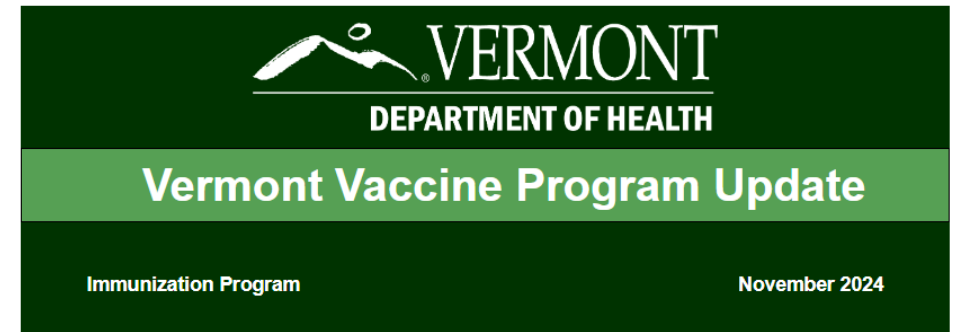
- We have sufficient supply in state
- When ordering, order enough to have 4-6 weeks in supply.
- We receive a top-off allocation – if we do not order it all down then we do not receive the total allocation at the next allocation.



Monthly Vermont Vaccine Program Update Email

Please make sure you are sharing the monthly program update with others in your office.

- It has important information on program requirements, ordering updates, and clinical changes.



QUESTIONS?





COVID-19, Flu, RSV: Be Ready for Respiratory Virus Season

AHS.VDHImmunizationProgram@vermont.gov