RSV Updates

Per the CDC Health Advisory on nirsevimab issued October 23, 2023, there is limited availability of nirsevimab in the U.S. Since this announcement, the American Academy of Pediatrics has shared:

- Sanofi (the manufacturer of nirsevimab) does not plan to manufacture any additional 100 mg doses this season. New orders for the 100 mg formulation will not be accepted, but existing orders for VFC programs will be filled with CDC’s input on prioritization. Two 50 mg doses in place of a 100 mg dose is not approved or recommended.
- Sanofi is also pausing orders for 50 mg doses of nirsevimab until November 16, 2023 and will have limited supply available when they re-open ordering. New orders will only be available to customers who receive an ordering allocation, as determined by Sanofi and CDC. Opportunities to order outside of allocation are not expected this season.
- For providers who are able to access nirsevimab, the Medicare national payment rate for CPT code 96380 will be based on a total RVU of 0.68. The payment rate for CPT code 96381 will be based on a total RVU of 0.59.

CDC updated their guidance on prioritizing distribution of nirsevimab. The interim considerations are for the 2023-’24 season only. Additionally, due to the logistical challenges, the CDC announced that VFC providers will not be required to keep a private stock of nirsevimab or COVID-19 vaccines during the 2023-’24 respiratory virus season if they are not vaccinating privately insured patients. The CDC is also allowing bidirectional borrowing of these products between public and private stock. Local jurisdictions are responsible for implementing these allowances at their discretion. Currently, IDPH and CDPH are not allowing bidirectional borrowing. We encourage you to reach out to your VFC coordinator before acting on any of this information or if you have questions. Read more about the interim allowances.

Standing order templates for administering Abrvysvo during pregnancy and Nirsevimab to infants are now available.
The latest poll from the KFF COVID-19 Vaccine Monitor shows many adults who are planning on getting the latest COVID-19 vaccine themselves are not planning on vaccinating their children. Almost 50% of all adults surveyed will “definitely” or “probably” get the new COVID-19 vaccine while more than half of the parents surveyed are not planning on getting their kids vaccinated. Intended updated vaccine uptake is higher than that of previous years but remains lower than the original rollout. The poll also shows that there is a slightly larger interest in getting flu and RSV vaccines than there is in the COVID-19 vaccine. Political party affiliation continues to play a role with Republicans surveyed showing lower rates of vaccination and higher rates of skepticism when asked questions about trust in vaccine information, perceptions of COVID-19 threat, other precautionary measures, and testing. Overall, the survey shows that most US adults are open to being vaccinated and receiving vaccine related information while also showing disparities like lack of vaccination in children and issues obtaining an affordable COVID-19 test when needed.

A qualitative study surveyed a group of parents and legal guardians of children between the ages of 2 - 17 years old coming from areas disproportionately affected by vaccine hesitancy, such as rural dwellers, urban Black persons, and Spanish speakers. Participants largely reported trust in their healthcare providers and in public health resources such as the CDC, Mayo Clinic, and Johns Hopkins websites. However, all hesitant inclusion groups had participants who distrusted and shared rumors about COVID-19 vaccines, the government, and pharmaceutical companies. Overall, vaccine acceptors and refusers shared similar views and opinions about maintaining autonomy in the decision to vaccinate their children and expressed desire for more information on side effects.

A survey administered by the Colorado Department of Public Health and Environment also collected information on parental attitudes toward routine vaccinations pre- and post-pandemic. The survey found 20% of respondents were vaccine hesitant but such attitudes did not change from the pre-pandemic period to the post-pandemic period. However, post-pandemic, parents are more likely to be unsure about trusting vaccine information. There has also been an increase in polarization of attitudes regarding childhood vaccines and more people are looking towards “natural immunity” by getting sick rather than gearing towards vaccination. There were higher rates of hesitancy in parents who identified as Black or Asian compared to white parents, parents who preferred English speaking over Spanish speaking, parents with self-pay or public insurance compared to private, and parents with only a high school education.
Interim Clinical Guidance Updates

**Age transitions:** Updated guidance for children who transition during the initial COVID-19 vaccination series from age 4 to 5 years and children who are moderately or severely immunocompromised and transition from age 11 to 12 years to receive the age-appropriate dosage based on their age on the day of vaccination.

COVID-19 vaccine doses from the same manufacturer should be administered whenever recommended. In the following circumstances, an age-appropriate COVID-19 vaccine from a different manufacturer may be administered:

- Same vaccine not available at the vaccination site at the time of the clinic visit
- Previous dose unknown
- Person would otherwise not receive a recommended vaccine dose
- Person starts but is unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

Read more [here](#).

**Moderna COVID-19 Vaccine:** Healthcare providers who administer the Moderna COVID-19 Vaccine (2023-2024 formula) to individuals ages 6 months through 11 years should ensure the correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered to the recipient. Discard vial and excess volume after extracting a single dose. Read more on this advisory [here](#).

“Passive Positives”

As of the end of October, under 5% of the US population had received a COVID-19 vaccine for the 2023-2024 season. Dr. Katelyn Jetelina, Your Local Epidemiologist, wrote a great post about what can be done to encourage vaccination, which is available here: [Fall 2023 vaccine coverage and reaching “passive positives”](#).

All of us—friends, family, neighbors, schools, pharmacies, doctor offices, health departments, and employers—need to be laser-focused on “passive positives.” These are people who have gotten COVID-19 shots in the past and generally approve of vaccination but are unlikely to expend energy to find another shot and are likely ambivalent about receiving one. This is a large group—perhaps 35–40 percent of the vaccine-eligible population. Here’s what you can do to encourage vaccination among this group:

- **Remind people that they have good feelings about vaccines.**
  - Actively encourage patients to focus on the benefits of vaccination.
- **Share information about eligibility.**
  - People may be confused.
- **Remind patients about vaccines even during visits for other reasons.**
**Measles Outbreak in Illinois**

An outbreak of measles has been declared in suburban Cook County. A suspected case of measles was reported by the Cook County Department of Public Health on October 10, 2023 and confirmed by an IDPH laboratory the next day. Since, three additional individuals have tested positive for measles, with another expected case awaiting confirmation. All five of these individuals are unvaccinated.

**Prefilled Diluent Syringe for Merck Products**

The FDA has approved sterile diluent in a prefilled syringe for vaccines in the Merck MMRV family. This includes the M-M-R II vaccines (measles, mumps, and rubella), VARIVAX (varicella), and ProQuad (measles, mumps, rubella, and varicella virus vaccine live). This change only impacts the sterile diluents and eliminates the need to withdraw the sterile diluent from a vial. Learn more.

**RSV Safety Reporting**

The FDA advises healthcare providers to report adverse events and medication errors linked to nirsevimab through the following methods:
- Adverse events or medication errors related to nirsevimab alone should be reported to MedWatch Adverse Event Reporting Program.
- Adverse events or medication errors that occur with co-administration of nirsevimab with a vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS).

The FDA will oversee adverse events through both systems to ensure thorough safety surveillance for nirsevimab.

**Flu Strain Extinction**

Influenza vaccines generally contain three to four virus strains recommended by WHO and VRBPAC. However, the COVID-19 pandemic and public health countermeasures has impacted influenza strains. The Yamagata lineage of influenza B has not been detected since 2020. This discovery impacts future vaccine strategies, suggesting to only include the three remaining strains that cause human infections. This change could increase vaccine production capacity, benefiting both developed and developing countries where vaccine shortages occur regularly.
Important Updates Continued

October ACIP Meeting Updates

**Pentavalent Meningococcal Vaccine (Vote)**
The FDA approved Pfizer’s pentavalent meningococcal vaccine (Penbraya) on October 20 and ACIP voted to recommend the vaccine for use in adolescents and young adults age 10 to 25 years. The vaccine includes serogroups A, B, C, W, and Y. ACIP plans to review the entire adolescent meningococcal vaccine schedule during 2024. MenABCWY was also approved to be included in the VFC program.

**Mpox Vaccine (Vote)**
Mpox continues to pose a risk to both vaccinated and unvaccinated individuals. Therefore, ACIP voted to recommend vaccination with the 2-dose Jynneos vaccine series for at-risk people 18 years and older. “At-risk” is defined as:
- Gay, bisexual, and other men who have sex with men, transgender people, or nonbinary people who, in the past 6 months, have had one of the following:
  - A new diagnosis of one or more sexually transmitted diseases.
  - More than one sex partner.
  - Sex at a commercial sex venue.
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
- Sexual partners of persons with the risks described above.
- Persons who anticipate experiencing any of the above.

**2024 Recommended Immunization Schedules (Vote)**
ACIP voted to approve both the child/adolescent and adult recommended immunization schedules for 2024. The schedules are expected to be published in November 2023, ahead of the typical February release, to allow additional time for provider education and insurance coverage. Read more about these plans [here](#).

Information was also heard on influenza vaccine safety, RSV vaccine safety, Chikungunya vaccine, Dengue vaccine, COVID-19 vaccines, and pneumococcal vaccine research. Additional information about the votes and information shared can be found on [immunize.org](http://immunize.org) or from the presentation slides.

**Immunization Requirements Reminder**
The October 15, 2023 deadline for children providing proof of required immunizations and school physical exams has passed. Students may now be facing exclusion from school. Please work with families to get students their required immunizations and exams. Visit the [CPS website](http://cpswebsite) or [IDPH immunizations requirements](http://idphimmunizationsrequirements) for more information.
Influenza Testing and Reporting

Updated guidance related to the submission of influenza laboratory specimens and reporting is now available. An influenza/SARS-CoV-2 multiplex assay will be used by the IDPH Public Health Laboratories for all specimens. Testing for influenza only will not be available. See below and IDPH's announcement for additional details.

1. Only specimens that are approved by local health departments on a case-by-case basis and/or that cannot be subtyped should be sent to IDPH for influenza testing.
2. To authorize the submission of specimens not related to the influenza sentinel program, LHD staff must complete the online testing authorization page. The Electronic Test Ordering and Reporting (ETOR) portal should be utilized to submit all test orders electronically. Paper testing requisition forms should not be used.
3. Specimens received at the IDPH laboratory that are not authorized by IDPH or the LHD will be rejected and stored until further information is obtained from the submitter.
4. Suspected novel influenza, pediatric influenza-associated death, influenza associated ICU hospitalizations, and outbreaks of influenza or influenza-like illness in congregate settings should all be reported to your local health department.
5. The first weekly 2023 - 2024 season influenza surveillance report was made available on the IDPH surveillance webpage on 10/12/23. CDPH surveillance is available here.
6. Participants in the IDPH respiratory sentinel surveillance program are asked to send at least ten specimens each week that have tested positive for influenza or SARS-CoV-2 and two negative specimens to an assigned IDPH laboratory for viral testing.
7. Providers can get involved in influenza surveillance by becoming an ILINet sentinel site reporter. Those interested should contact the CDCS Influenza Program at 217-782-2016 or by email at dph.respiratory@illinois.gov.
8. Additional contacts are available for laboratories wanting to arrange for influenza PCR testing not covered by IDPH testing criteria.

A Glance into the Future: A Self-Administered Flu Vaccine?

AstraZeneca has submitted an application to the FDA for a self-administered FluMist Quadrivalent, a needle-free nasal spray flu vaccine. This could potentially be a new option for patients or caregivers to administer the vaccine independently, aiming to improve accessibility and vaccination rates. FDA’s decision is expected in early 2024, with the vaccine possibly being available for self-administration during the 2024-2025 flu season. This move from AstraZeneca responds to the decreased vaccination rates for children and adults under age 50 during the 2022-2023 flu season.
Upcoming Events

ECHO-Chicago COVID-19 Learning Collaboratives
Bi-weekly on Tuesdays at 5:30PM, next session: November 21
Register here.

Upcoming Webinar: A Review of 2023 Vaccine Updates & What to Expect in 2024
December 19, 2023 at 12PM

Check out These Additional Vaccine Resources!

Immunize.org has two great video series to help with vaccination efforts. The Ask the Experts video series provides practical answers to clinical questions about vaccines and vaccine administration. There is also an Improving Vaccination Experience video series addressing anxiety related to getting injections, which is common across all age groups.

The AAP page on Knowing the Cost of Pediatric Vaccines has been recently updated and is designed to help you understand the costs and expenses associated with immunizing and help you negotiate and receive the most appropriate payment for immunizing your patients. We encourage you to check it out.

The 2023–2024 mRNA COVID-19 vaccines have received minor name changes in I-CARE to better represent the proprietary names of each vaccine. The fully licensed products now contain their brand names, Comirnaty or Spikevax, while the Emergency Use Authorized vaccines contain the manufacturer names, Pfizer-BioNTech or Moderna. Find more details here.