June 2024 ACIP Updates

The latest Advisory Committee on Immunization Practices (ACIP) meeting was held June 26 - 28. You can view the meeting materials here. The ACIP voted on the following:

- **Hib**: To recommend Vaxelis should be included with PedvaxHIB in the preferential recommendation for American Indian and Alaska Native infants. They also voted to update the coverage of Vaxelis by the VFC program to include it as a preferred option for AI/AN children.
- **COVID-19**: To recommend 2024–25 COVID-19 vaccines as authorized or approved by FDA in persons age 6 months and older. These vaccines are expected to be available in the fall.
- **Flu**: To reaffirm the recommendation for routine annual influenza vaccination of all persons age 6 months and older who do not have contraindications.
- **RSV**: To recommend a single dose of any RSV vaccine (Abrysvo, Arexvy, or mResvia*) to adults age 75 years and older and adults age 60–74 years who are at increased risk of severe disease.
- **Pneumococcal**: To recommend PCV21 as an option for all adults age 65 and older (including those who have been previously vaccinated with other pneumococcal vaccines) and for adults 19 to 64 with certain risk conditions. This follows the FDA licensing of PCV21 (Capvaxive) for those aged 18 and older on June 17.

**Other Information:**

- ACIP clarified that people who received a maternal RSV vaccine dose during a previous pregnancy are not recommended to receive additional doses during future pregnancies. Instead, future children should receive nirsevimab.
- Ample nirsevimab supply is expected this year.
- ACIP continues to review the meningococcal vaccine schedule.
- The formation of a new HPV vaccine work group was announced.

A presentation from the American Academy of Pediatrics (AAP) summarizing the 2024 updates is available here. The next scheduled ACIP meeting is October 23-24.

*mResvia was licensed by the FDA in May 2024 for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older.
AAP Applauds U.S. Pledge for Global Childhood Vaccination Efforts

The AAP is showing a great appreciation for the U.S.'s 5-year, $1.58 billion pledge to support international vaccine efforts. This pledge, led by Gavi, is the first time that the U.S. has ever committed to a multi-year initiative. Gavi is a public-private partnership established in 2000 that has helped immunize over $1 billion children, in 78 lower-income countries. The organization announced that they are aiming to raise $9 billion for its 2026-2030 vaccination efforts, aiming to increase HPV vaccine delivery and introduce new malaria vaccines.

Amici Curiae

On June 26, the Supreme Court ruled that the Biden administration's efforts to diminish COVID-19 and vaccine disinformation and misinformation did not constitute as censorship and did not violate the first amendment in the case of Murthy v. Missouri. This case began when the states of Missouri and Louisiana, three doctors, a news website, and a health care activist came together to file a suit against federal government agencies stating that their involvement in moderating potentially harmful content on platforms such as Facebook, YouTube, and X (formerly Twitter), violated the First Amendment's Free Speech Clause.

During the case, the AAP, along with other medical organizations such as the American Medical Association and American Academy of Family Physicians, led the submission of an amicus brief. The brief emphasized the life-saving power of vaccinations, along with the impact that online misinformation can have on families’ decisions to vaccinate. This case holds special importance because of the impact that misinformation on vaccines can have, including a great decline in vaccine uptake, leading to an emergence in vaccine preventable diseases. Social media is especially important to the dissemination of misinformation. The full brief can be found here.

2024-2025 School Immunization Requirements in IL and Chicago Issued

The minimum immunization requirements for entering a child care facility or school in Illinois and Chicago are now available. Changes were made to the definition of “months”, the polio progressive requirement, and the statement about oral poliovirus vaccine (OPV). Proof of required immunizations and physical exams is required by October 15, 2024.
IDPH: Infection Control Providers - Illinois Disease Surveillance System Implementation Updates

In June 2024, the Illinois Department of Public Health announced the implementation of a new Illinois Disease Surveillance System (IDSS), set to replace I-NEDSS. The new system, designed to improve monitoring and response to infectious diseases, will be rolled out in two phases. Release 1, effective July 15, 2024, will cover STI and TB cases, including chlamydia, gonorrhea, syphilis, Mpox, and tuberculosis, with automatic ELR processing and a new provider portal for manual reporting. Release 2, scheduled for fall 2024, will extend to all other diseases. Providers who used I-NEDSS between December 2022 and April 2024 are automatically transitioned to the new system. Training materials will be available to facilitate this transition. Providers are encouraged to contact dph.idss@illinois.gov for support.

COVID-19 and Flu Vaccine Inventory Updates

2023/2024 COVID-19 vaccines are expiring. Here is the current availability of COVID-19 products through Illinois' VFC and Bridge programs (availability may differ for Chicago-based providers):
1. Novavax COVID-19 Vaccine for 12 years and older: No longer available for ordering.
3. Moderna COVID-19 Vaccine and Spikevax: Sufficient supply expected and ordering available to meet demand between now and when a 2024-2025 vaccine hits the market.

IDPH is also expecting the following flu products to be available for the 2024-2025 season, all of which will be trivalent. Ordering will open once products are available and product availability is subject to change. The products in blue text will also be available through the Chicago VFC program.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Packaging</th>
<th>Manufacturer</th>
<th>Publicly Funded Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfuria</td>
<td></td>
<td>Sequiris</td>
<td>VFC + AIP</td>
</tr>
<tr>
<td>Fluarix</td>
<td>10 Pack PFS</td>
<td>GSK</td>
<td>AIP Only</td>
</tr>
<tr>
<td>FluLaval</td>
<td></td>
<td>GSK</td>
<td>AIP Only</td>
</tr>
<tr>
<td>Fluzone</td>
<td></td>
<td>Sanofi Pasteur</td>
<td>VFC Only</td>
</tr>
<tr>
<td>Flucelvax</td>
<td></td>
<td>Sequiris</td>
<td>VFC + AIP</td>
</tr>
<tr>
<td>Flumist</td>
<td>10 pack sprayers</td>
<td>AstraZeneca</td>
<td>VFC + AIP</td>
</tr>
</tbody>
</table>
AAP Survey Reveals Barriers to Routine Immunizations

Since the start of the pandemic, child vaccination rates have decreased and vaccine hesitancy is expected to continue to take a toll on these rates. The AAP Periodic Survey conducted from August 2022 to January 2023 found that 94% of pediatricians reported having at least one family in their practice ask to delay a routine childhood vaccine and 91% of them reported that at least one family refused a vaccine in the past year. When asked about barriers to vaccination, pediatricians considered parental hesitancy and missed well-child visits as moderate to significant barriers. Parents’ mistrust of pharmaceutical and physician organizations was also a commonly reported barrier. Staffing shortages were a less common barrier, while lack of vaccine supply and lack of onsite storage were rarely listed. Nearly all pediatricians (93%) thought counseling families at their practice about the benefits of routine childhood vaccines is very (12%), moderately (29%) or somewhat (52%) effective in overcoming parental hesitation. These findings could prompt a reevaluation of current practices to better align with the principles of precision medicine as pediatricians increasingly integrate these insights into their practice.

How Should We Address Stories of Death after Vaccination?

A 2022 analysis published by Brown University's Global Epidemics initiative showed that vaccines could have prevented at least 318,000 COVID-19 deaths between January 2021 and April 2022. Allen et al. take these findings a step further by examining the impact of vaccine misinformation during the COVID-19 pandemic and how it likely contributed to an estimated 250,000-300,000 preventable deaths in the U.S. The study analyzed 13,206 Facebook links on COVID vaccines, distinguishing between outright falsehoods and "vaccine-skeptical" content.

Key findings indicate that misinformation affects vaccination intentions across all demographics, regardless of previous vaccination status, political affiliation, age, or gender. Surprisingly, posts suggesting potential harm from vaccines, even if inaccurate, significantly deterred vaccination intentions. Moreover, vaccine-skeptical content not flagged as false had a more extensive impact at the population level, reducing vaccination intentions by 2.3% per U.S. Facebook user, compared to only 0.05% for flagged misinformation. This highlights the vast reach and influence of such content. The study emphasizes the need for accurate context in reporting vaccine-related incidents to avoid distorting public perception of risk, advocating for transparency and pre-bunking to mitigate vaccine hesitancy.

Nirsevimab Protects Infants Against Serious Health Outcomes

According to the AAP “the monoclonal antibody nirsevimab (Beyfortus) protected young infants against hospitalization for respiratory syncytial virus (RSV), pediatric intensive care unit (PICU) admissions, and mechanical ventilation, according to the French prospective ENVIE study. Researchers found that “in a logistic regression model, nirsevimab was estimated to be 83% effective in preventing hospitalization from RSV bronchiolitis...in infants younger than 12 months of age.” The findings were published in the New England Journal of Medicine.
Upcoming Events

- Immunizations and Social Determinants of Health Webinar: July 17 at 12pm
- Respiratory Virus Season Prep Webinar: August 21 at 12pm

or register at illinoisaap.org/events

Fostering a Culture of Immunization in Your Practice

A new self-guided, online vaccination training created by the CDC in collaboration with the Public Health Foundation aims to help medical professionals practice effectively communicating about immunizations. The course is split up into 4 segments in order to provide strategies and resources to help increase quality of patient care and vaccination rates. Click here to access the course. The AAP’s newly released virtual reality training course also helps providers practice immunization conversations. Check it out here.

Quick Updates and Reminders

- Learn about the impact of vaccine exemptions and receive continuing education credits with this free, quick course from Medscape.
- From immunize.org: Childhood immunization coverage levels are lower when non-medical exemptions to requirements are available.
- In Pediatrics: Disparities in the Availability and Acceptance of Nirsevimab in Massachusetts
- In Pediatrics: Vaccine Coverage at 36 Months and 7 Years by Parental Birth Country, Washington State
- The Strategic Advisory Group of Experts (SAGE) on Immunization held a meeting on March 11-13, 2024. This report summarizes the discussions, conclusions and recommendations.