

AUGUST 2023

HIC UPDATE

Activities of the Hawaii Immunization Coalition



National Immunization Awareness Month!

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of routine vaccination for people of all ages. The CDC provides resources to help health care professionals discuss routine vaccinations with their patients and parents during NIAM and throughout the year.

<https://www.cdc.gov/vaccines/events/niam/index.html>



NIAM Resources for Healthcare Professionals

- Engage in learning opportunities with CDC's Immunization Education and Training courses.
- Make your practice a supportive space that welcomes vaccine questions and concerns from patients and parents.
- Use proven strategies to encourage parents and patients to stay up to date on vaccinations.
- Make immunization schedules easy for parents and patients to find by displaying them on your website.
- Use tools like PneumoRecs VaxAdvisor Mobile App to help you make vaccine recommendations.
- Share clear and accurate information about the latest vaccine recommendations, including COVID-19 vaccines.

To learn more about upcoming immunization meetings & training opportunities, please visit [Immunize.org](https://immunize.org)'s Calendar of Events.

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The Hawaii Immunization Coalition (HIC) is a statewide, community-based non-profit 501(c)3 coalition of public and private organizations and concerned individuals whose mission is to promote effective strategies to ensure that all of Hawaii's families are appropriately vaccinated against vaccine-preventable diseases.

HIC Social Media Tool Kit – NASN Grant

HIC received a grant from the [National Association of School Nurses](#) in September of 2022 to create a social media toolkit of culturally relevant materials. The materials created for the social media toolkit aim to increase vaccine confidence for pediatric vaccinations and the COVID-19 vaccine in parents of school-aged children in Hawai‘i.

The project was a collaborative effort between the Hawai‘i Immunization Coalition, school nurses from Hawai‘i Keiki, the Hawai‘i State Department of Education, and the Department of Health. Public health and social work students from the University of Hawai‘i at Mānoa also assisted in the project, lending their knowledge and expertise in social media. Students helped create materials culturally tailored to Hawaii's multiethnic population using imagery, languages, and terminology common to our islands.

This project was necessary because Hawaii is a unique state of plurality, meaning no racial/ethnic group makes up greater than 50% of the total population. Instead, Hawaii's population is a mix of many minority groups: Asian, Native Hawaiian, and other Pacific Islanders, Black, Hispanic, and White. According to Hawaii Health Matters Healthy People 2030 Progress Tracker, Hawaii is behind in several pediatric vaccination goals, including MMR and DTaP coverage and the HPV vaccine.

Access the social media toolkit [here!](#)

Hawai‘i Hepatitis C Project ECHO

[CME provider training on Hepatitis C testing and treatment provided by ECHO starts on Aug 28, 2023.](#)
Hepatitis C is preventable, join us!

Join the free Hawai‘i Hepatitis C ECHO (Extension for Community Healthcare Outcomes) focusing on supporting primary care providers to prevent, evaluate, treat, and eliminate hepatitis C. Zero-cost continuing education credits will be available, including CME and CPE! This 12-week online series will take place on Mondays from 12:00 PM- 1:30 PM (HST) on Zoom, with the first session beginning on Mon, Aug 28. [Register here](#) for this free training.

ECHO workshops are supported by [Hep Free HI](#) in collaboration with the [Hawai‘i Health & Harm Reduction Center \(HHHRC\)](#), [Hawai‘i Learning Groups](#), [Hawai‘i State Department of Health \(HDOH\)](#) & [Hawaii Immunization Coalition \(HIC\)](#). Questions? Contact Thaddeus Pham, Hawaii State Dept of Health at Thaddeus.Pham@doh.hawaii.gov.

Extension of Pharmacist-Administered Vaccines for Kids \geq 3 Years

The US Department of Health and Human Services (HHS) recently extended authority and liability protections for pharmacists, pharmacy technicians, and pharmacy students authorized under the Public Readiness and Emergency Preparedness (PREP) Act until December 31, 2024. The extension allows pharmacists to order and/or administer COVID-19 vaccines, tests and treatments (test-to-treat). It also extends the time during which pharmacists may administer COVID-19 and influenza vaccines to adults and children aged 3 years and older. However, the extension does not include authorization for pharmacists to administer other routine childhood vaccines for children aged 3 years and older.

<https://www.hhs.gov/about/news/2023/04/14/factsheet-hhs-announces-amend-declaration-prep-act-medical-countermeasures-against-covid19.html>

Highlights from the JUNE 2023 ACICP Meeting

Respiratory Syncytia Virus (RSV) Vaccines

The RSV vaccine is recommended for adults 60-64 utilizing shared decision making. It is a single dose vaccine currently, optimally before the RSV season, but can be started as soon as vaccine is available. This vaccine can be given simultaneously with other vaccines. Persons with immunocompromising conditions are recommended to receive the RSV vaccine under shared clinical decision-making given the potential for significant benefit.

Poliovirus

Adults who have received a primary series of tOPV or IPV in any combination and who are at increased risk of poliovirus exposure may receive another dose of IPV. Those at increased risk include travelers, laboratory and healthcare workers. Available data do not indicate the need for more than a single lifetime booster dose with IPV for adults.

Influenza Virus

There were no new vaccine safety concerns from the 2022-23 influenza season. Vaccine should be ideally offered in September or October. For most adults (particularly adults aged ≥ 65 years) and for pregnant persons in the first or second trimester, vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

Updates for people with egg allergies. All persons aged ≥ 6 months with egg allergy should receive influenza vaccine unless a contraindication exists. Any influenza vaccine that is otherwise appropriate for the recipient's age and health status can be used (egg based or non-egg based). Egg allergy in and of itself necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.

Pneumococcal Vaccines

Use of either PCV15 or PCV20 is recommended for all children aged 2–23 months according to currently recommended PCV dosing and schedules. For healthy children aged 24–59 months or through age 71 months for children with any underlying condition that increases the risk of pneumococcal disease with an incomplete PCV vaccination status, use of either PCV15 or PCV20 according to currently recommended PCV dosing and schedules is recommended. For children aged 2–18 years with any risk condition who have received all recommended doses before age 6 years: Using ≥ 1 dose of PCV20: No additional doses of any pneumococcal vaccine are indicated; Using PCV13 or PCV15 (no PCV20): A dose of PCV20 or PPSV23 using previously recommended doses and schedule is recommended. For children aged 6–18 years with any risk condition who have not received any dose of PCV13, PCV15, or PCV20, a single dose of PCV15 or PCV20 is recommended at least 8 weeks after the most recent dose of pneumococcal vaccination. When PCV15 is used, it should be followed by a dose of PPSV23 at least 8 weeks later if not given previously.

Chikungunya Virus Vaccine

Chikungunya vaccine is pending possible licensure later this year, with a potential ACIP vote on use for travelers in February 2024 for adult travelers and laboratory workers.

Meningococcal Vaccine

The Pfizer MenABCWY meningococcal vaccine pending ACIP decision on use.

Highlights from the JUNE 2023 ACIP Meeting (*continued*)

JYNNEOS Monkeypox Vaccine

For persons 6 months-17 years, JYNNEOS should be administered as PrEP or PEP (as indicated by public health authorities for a specific outbreak) if a high-risk exposure has occurred. For children < 6 months of age, VIGIV should be administered in lieu of JYNNEOS if PEP is indicated. If high-risk exposures cannot be avoided or have already occurred, persons who are pregnant or breastfeeding may receive JYNNEOS. There is no required minimum interval between receiving any COVID-19 vaccine and JYNNEOS vaccine (e.g., for mpox prevention), regardless of which vaccine is administered first. Particularly adolescent and young adult males, who are recommended to receive both vaccines might consider waiting 4 weeks between vaccines. This is because of the observed risk for myocarditis and pericarditis after receipt of ACAM2000 orthopoxvirus vaccine and COVID-19 vaccines and the hypothetical risk for myocarditis and pericarditis after JYNNEOS vaccine. However, if a patient's risk for mpox or severe disease due to COVID-19 is increased, administration of JYNNEOS and COVID-19 vaccines should not be delayed.

Coronavirus 2019 Virus (COVID-19) Vaccine

Vaccines are important to prevent disease and in pregnant women. Vaccines and treatment will transfer to the commercial marketplace, most people will still be able to get free vaccine through insurance, but 25 million uninsured adults may lose coverage. Pending updates for simplification of the series. FDA recommended development of a monovalent XBB1.5 composition.

[ACIP June 21-23, 2023 Presentation Slides](#) | [Immunization Practices](#) | [CDC](#)

Pfizer's PREVNAR 20® (20-valent Pneumococcal Conjugate Vaccine)

The U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) unanimously voted to recommend PREVNAR 20® (20-valent Pneumococcal Conjugate Vaccine) for routine use to help protect infants and children from invasive pneumococcal disease (IPD) caused by the 20 *Streptococcus pneumoniae* serotypes covered by the vaccine and for the prevention of otitis media in infants six weeks through five years of age caused by the original seven serotypes contained in PREVNAR®.

The committee's recommendations for PREVNAR 20 included:

- Routine vaccination for all children under two years of age with a four-dose series at 2, 4, 6, and 12-15 months
- Vaccination for eligible children aged 2-18 years with certain underlying medical conditions that increase their risk for pneumococcal disease.
- A catch-up dose for children with an incomplete PCV vaccination status for healthy children aged 24-59 months, and children aged 24-71 months with certain underlying medical conditions that increase their risk for pneumococcal disease.

These recommendations were finalized by the Director of the CDC and the Department of Health and Human Services.

Pfizer's ABRYSVO™ Receives Recommendation for Use in Older Adults from the CDC ACIP

The U.S. Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) voted to recommend ABRYSVO™ [Respiratory Syncytial Virus (RSV) Vaccine], the company's bivalent RSV prefusion F (RSVpreF) vaccine, for use in adults 60 years of age and older to help protect against lower respiratory tract disease caused by RSV.

Specifically, the committee voted that:

- Adults 65 years of age and older may receive a single dose of RSV vaccine, using shared clinical decision making.
- Individual adults aged 60-64 years may receive a single dose of RSV vaccine, using shared clinical decision making.

These recommendations were finalized by the Director of the CDC and the Department of Health and Human Services.

The ACIP recommendations follow the U.S. Food and Drug Administration's (FDA) approval of ABRYSVO for the prevention of lower respiratory tract disease caused by RSV in individuals 60 years of age and older.

Additionally:

Pfizer is currently the only company pursuing regulatory applications for an RSV investigational vaccine candidate for indications to help protect infants through maternal immunization. Previously Pfizer announced that the FDA had granted priority review for a BLA for RSVpreF for the prevention of lower respiratory tract and severe lower respiratory tract disease caused by RSV in infants from birth up to six months of age by active immunization of pregnant individuals. In May, Pfizer announced that the FDA's Vaccines and Related Biological Products Advisory Committee voted that available data support the efficacy and safety of RSVpreF for the maternal indication. The FDA has set a Prescription Drug User Fee Act (PDUFA) action date in August 2023.

“Coalition Building 101” Webinar Recording



HBF and AAPCHO look at coalition-building through the lens of their work on Hep B United and the Tuberculosis Elimination Alliance. Follow the link below to watch the webinar.

Speakers

Frank Hood
Associate Director of Policy and Partnerships
Hepatitis B Foundation (HBF)

Chibo Shinagawa
Senior Program Manager of Infectious Diseases
Association of Asian Pacific Community Health Organizations (AAPCHO)

https://www.youtube.com/watch?v=TVYS0tFtMT0&ab_channel=HepBUnited

CDC Preliminary Estimates for the 2022-2023 Flu Season

CDC estimates* that, from October 1, 2022 through April 30, 2023, there have been:

27 – 54 million
flu **illnesses**



12 – 26 million
flu **medical visits**



300,000 – 650,000
flu **hospitalizations**



19,000 – 58,000
flu **deaths**



<https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm>

FDA VRBPAC Updates Flu Vaccine Strains for the 2023-2024 Season

The committee recommended that the quadrivalent formulation of egg-based influenza vaccines for the U.S. 2023-2024 influenza season contain the following:

- An A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- An A/Darwin/9/2021 (H3N2)-like virus;
- A B/Austria/1359417/2021-like virus (B/Victoria lineage);
- A B/Phuket/3073/2013-like virus (B/Yamagata lineage).

The committee recommended that the quadrivalent formulation of cell- or recombinant-based influenza vaccines for the U.S. 2023-2024 influenza season contain the following:

- An A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- An A/Darwin/6/2021 (H3N2)-like virus;
- A B/Austria/1359417/2021-like virus (B/Victoria lineage);
- A B/Phuket/3073/2013-like virus (B/Yamagata lineage).

For trivalent influenza vaccines for use in the U.S. for the 2023-2024 influenza season, depending on the manufacturing method of the vaccine, the committee recommended that the A(H1N1)pdm09, A(H3N2) and B/Austria/1359417/2021-like virus (B/Victoria lineage) viruses recommended above for the quadrivalent vaccines be used.