HIC UPDATE

OCTOBER 2023

Activities of the Hawaii Immunization Coalition

Gain invaluable insights, exchange innovative ideas, and join a passionate community committed to immunization at the 16th National Conference for Immunization Coalitions and Partnerships.

Register by **December 18, 2023** for the **Early Bird Rate** of **$375**

Scholarships are available. For information on scholarships to support travel to the conference please contact Erin Babe or Dr. Angela Shen using the contact form.

Early Bird Registration (before December 18, 2023)	$375
Regular Registration (after December 18, 2023)	$575
Student Registration	$100

REGISTRATION

Find out more information at the conference website: https://www.ncicp.org/

HDOH Employment Opportunity: Public Health Educator V

Please see job posting for more information:
https://health.hawaii.gov/employment/files/2023/08/23X007-Public-Health-Educator-V-FINAL.pdf

For more upcoming immunization meetings & training opportunities, visit Immunize.org' s Calendar of Events.

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.

IN THIS ISSUE

Influenza Updates

As the 2022-23 season comes to an end, the CDC is working on their annual report, but is is suspected that there were up to 54 million cases, up to 650,000 hospitalizations and up to 58,000 deaths from October 2022- April 2023.

Current influenza rates of infection are low in the United States (September 2023). September and October are the recommended months to receive the flu vaccine. Up to 170 million doses of the flu vaccine are expected to be produced and given this year, with an expected production of 91% thimerosal free or reduced, and 21% egg free. No additional safety measures are recommended for those with egg allergies, other than receipt of the appropriate vaccine.

Both the egg-based vaccines and the cell recombinant vaccines, contain quadrivalent components and an updated H1N1 pdm09 like virus. These are the components of the vaccines:

Egg Based Vaccines	Cell or Recombinant Vaccines
A/Victoria/4892/2022 (H1N1) pdm09	A/Wisconsin/67/2022 (H1N1) pdm09
A/Darwin/9/2021 (H3N2)	A/Darwin/9/2021 (H3N2)
B/Austria/1359417/2021 (B/Victoria)	B/Austria/1359417/2021 (B/Victoria)
B/Phuket/3073/2013 (B/Yamagata)	B/Phuket/3073/2013 (B/Yamagata)

Here is a link to all the formulations and their manufacturers available in the US this year: TABLE. Influenza vaccines — United States, 2023–24 influenza season* | CDC. The licensed products this year include the standard quadrivalent egg based vaccines, a cell culture vaccine, a high dose vaccine for > 65 years of age, a standard vaccine with adjuvant for > 65 years of age, a recombinant vaccine and a live vaccine (FluMist).

The Vaccine Information Sheet (VIS) has not been updated since the August 2021 version. Additional information from the CDC can be found at: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season | MMWR (cdc.gov)

Updated COVID-19 Vaccine Recommendations

The FDA has approved and authorized for emergency use (EUA) three updated COVID-19 vaccines (2023-2024 formula) that include a monovalent (single) component that corresponds to the omicron variant XBB.1.5 of SARS-CoV-2. Two mRNA vaccines (Comirnaty®, Pfizer-BioNTech) and (SPIKEVAX®, Moderna) are approved for everyone 6 months and older. The third, a protein-based non-mRNA vaccine (NVX-CoV2601, Novavax COVID-19 Vaccine, Adjuvanted) is approved for those 12 years and older. Previously available bivalent "booster" vaccines have lost their emergency use authorization status and have been removed from the market. Studies show that antibodies generated to the XBB.1.5 variant cross-react well with currently circulating variants, including EG.5, FL.1.5.1 other variants in the XBB family. The CDC recommends COVID-19 vaccination for everyone ages 6 months and older, including those who are pregnant, breastfeeding, or might become pregnant in the future. The vaccines are covered by insurance, including private insurance, Medicare plans, and Medicaid plans. Uninsured children and uninsured adults also have access through the Vaccine for Children Program and Bridge Access Program, respectively.

Stay Up to Date with COVID-19 Vaccines:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

ACIP Recommendations for Nirsevimab

RSV has long been recognized as a significant cause of severe respiratory disease in infants [2] worldwide. Approximately two-thirds of infants will be infected with RSV in their first year of life [3], and while most infants only develop an upper respiratory tract infection [4], many infants go on to develop a lower respiratory tract infection. In fact, RSV is the leading cause of infant hospitalization each year [5]. An estimated 75% of infants hospitalized with RSV have no underlying medical conditions [6, 7, 8]. Despite this and decades of research, no prevention strategy has been broadly available to all infants.

On August 3, 2023, the CDC ACIP voted in favor for the inclusion of nirsevimab on the CDC's Child and Adolescent Immunization Schedule and Vaccines for Children program. The recommendations and clinical considerations were further detailed in the MMWR and are summarized below.

MMWR Talking Points:

Clinical guidance for use of nirsevimab

All infants aged <8 months born during or entering their first RSV season are recommended to receive one dose of nirsevimab (50 mg for infants <5 kg and 100 mg for infants ≥5 kg).

Providers should target administration:

- During the birth hospitalization
- If not during the birth hospitalization, then shortly after discharge, and by one week of age, in outpatient setting
- During a scheduled well child visit before the start of the RSV season
- Note: Infants with prolonged birth hospitalizations should receive nirsevimab shortly before or promptly after hospital discharge

Children aged 8–19 months who are at increased risk of severe RSV disease and entering their second RSV season are recommended to receive one dose of nirsevimab (200 mg, administered as two 100 mg injections given at the same time at different injection sites).

Providers should target administration just before the start of the RSV season. Recommendations include situations below:

- Children with chronic lung disease of prematurity who required medical support any time during the 6-month period before the start of the second RSV season
- Children who are severely immunocompromised
- Children with cystic fibrosis who have 1) manifestations of severe lung disease, or 2) weight-for-length <10th percentile
- American Indian or Alaska Native children

Other considerations

On August 15, 2023, the American Academy of Pediatrics (AAP) released "ACIP and AAP Recommendations for Nirsevimab" [9] for the 2023-24 season and "Nirsevimab Frequently Asked Questions" [10].

- A single dose of nirsevimab may be administered to age-eligible infants and children who have not yet received a dose at any time during the season.
- Based on pre-pandemic patterns, nirsevimab could be administered in most of the continental US from October through the end of March. Providers in jurisdictions with altered seasonality should consult state, local, or territorial guidance on timing of nirsevimab administration.
- In accordance with general best practices for immunization, simultaneous administration of nirsevimab with age-appropriate vaccines is recommended because nirsevimab is not expected to interfere with the immune response to those vaccines.

Partner Resource

What is Community Immunity?

Voices for Vaccines has a new video:
What is Community Immunity?

Community immunity happens when enough people in a community are immune to a disease that they "shield" those who don't have immunity from getting the disease. This immunity can come from the disease itself but that means that a lot of people got sick. It's **much** safer for the immunity to come from vaccination. Also known as herd immunity.

voices for vaccines — credible vaccine information for families, from families

Partner Resource

Hep B Storyteller

Mahalo, Okee! "Love in Translation" features Okpun "Okee" Smith (she/her), who shares how her hepatitis B journey included a liver transplant. For Okee, the key to overcoming her health challenges was her family, especially her son, **Richard (he/him)**, who is also a hepatitis B storyteller.

Okee's film is available with **English** or **Korean** subtitles.

If you or anyone you know wants to share their personal journey through hepatitis in Hawai'i, please **contact Hep Free Hawaii.**

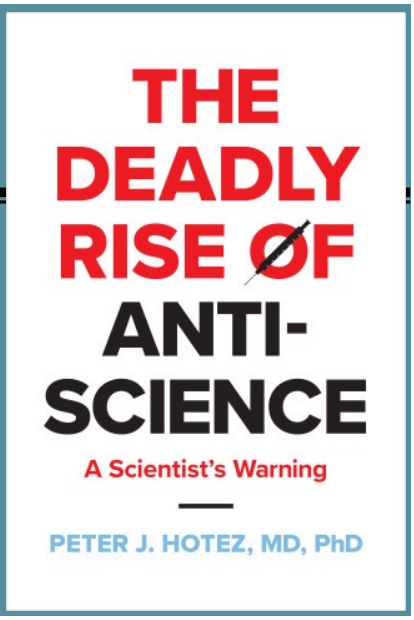
https://www.youtube.com/watch?v=vk8LfPIQYYQ

Vaccine Specialist Peter Hotez: scientists "under attack for political gain"

During the COVID-19 pandemic, vaccine specialist Peter Hotez experienced first-hand what it's like to become a target of "anti-science aggression": "It's an organized, well-financed, politically motivated campaign that's meant to tear down the fabric of science. They couldn't care less about me; it's what I represent." In his new book, *The Deadly Rise of Anti-science*, he calls for more vigorous pushback against attacks on science and scientists. "This has become a political problem that will require political solutions."

The Deadly Rise of Anti-Science a Scientist's Warning By Peter Hotez
Nature Book Review & Interview with Peter Hotez.

Nature **621**, 681-682 (2023) | *DOI: 10.1038/d41586-023-02981-z*



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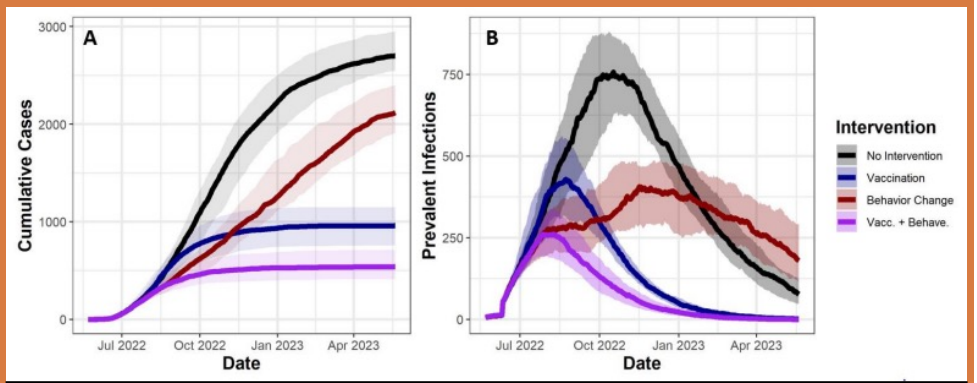
Researchers Demonstrate Effectiveness of Wastewater Surveillance and Vaccination in Recent Mpox Outbreaks

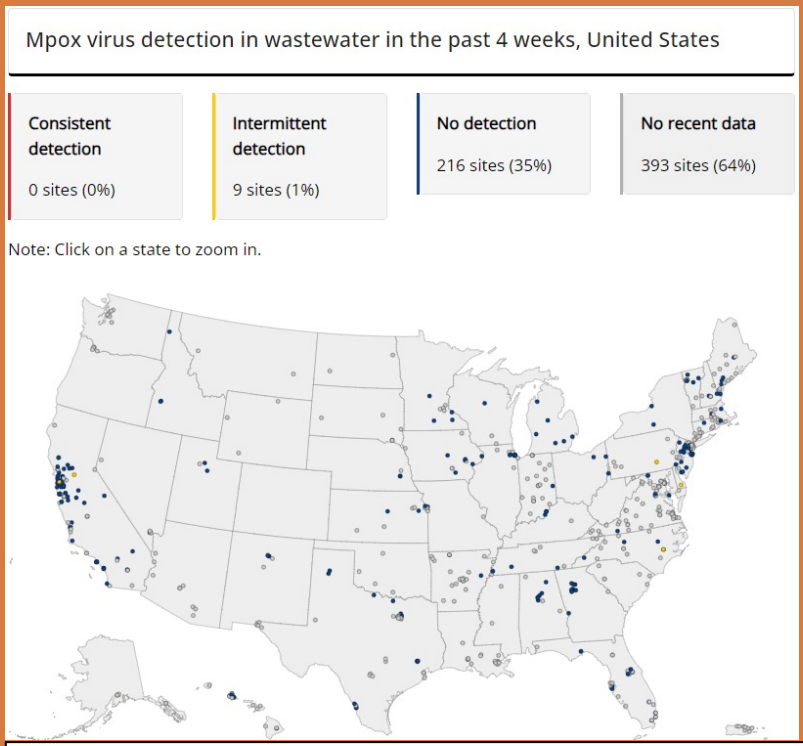
At the STI & HIV World Congress in Chicago in late July, Sylvia Ota and Rita Shahin from Toronto Public Health in Canada described how a review of wastewater surveillance data found correlations with declining mpox (formerly known as *Monkeypox virus*) cases in fall 2022 and a small resurgence in early 2023. Whole genome sequencing analysis suggested that the local resurgence arose via new importation from another country. In response to the resurgence, Toronto Public Health created a communications plan and sent text reminders, encouraging individuals to receive a second dose of vaccine to protect against mpox.



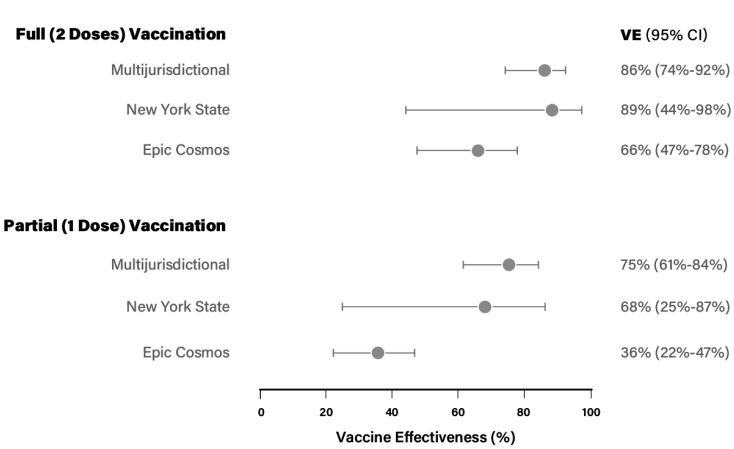
CDC models demonstrate greater effect of vaccination than behavior change on reducing transmission during mpox outbreak: https://www.medrxiv.org/content/10.1101/2023.02.10.23285772v1.full.pdf (accessed October 6, 2023)

At the same conference, CDC experts presented models showing the effect of vaccination on recent mpox outbreaks in the United States. By fitting a dynamic network transmission model to mpox cases reported in Washington, DC, Patrick Clay showed that behavioral intervention alone averted 21% of cases; vaccination alone averted 64% of cases; combined behavioral intervention and vaccination prevented 80% of cases compared to no intervention.

In a separate presentation, Emily Pollock from CDC explained that increasing vaccination coverage among men who have sex with men (MSM) at higher risk of exposure can prevent outbreaks or reduce the size of outbreaks that do occur. Areas with high vaccination coverage are not expected to experience large resurgences. However, most MSM likely at risk live in areas with low to medium coverage, highlighting the ongoing need for accessible and sustained mpox vaccination services. (https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7221a1-H.pdf)



https://www.cdc.gov/nwss/wastewater-surveillance/mpox-data.html (accessed October 10, 2023)



https://www.cdc.gov/poxvirus/mpox/cases-data/JYNNEOS-vaccine-effectiveness.html (accessed October 10, 2023)

Partner Resource

VYF #NotJustFlu Campaign

CAMPAIGN WEBSITE

TOOLKIT

It's not "just" flu! Everyone is at risk from influenza (flu) – even healthy children and adults. Flu can be serious and lead to secondary complications such as pneumonia and sepsis. Protect yourself and your loved ones this season by knowing the facts.

Top 10 Seasonal Flu Facts

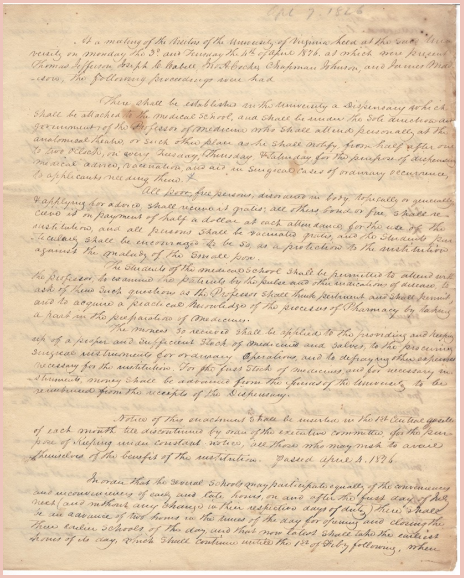
1. Based on significant flu activity in the Southern Hemisphere, this flu season could be severe. In the U.S., flu can start as early as October, peak between December and February, and extend through May!
2. It's not "just" flu! On average every year in the U.S., flu results in millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths. Aside from COVID-19, flu is the deadliest vaccine-preventable disease in the U.S.
3. Everyone is at risk from flu, but young children, pregnant people, older adults, and people with chronic medical conditions are especially vulnerable. Read about people who have been personally impacted by flu.
4. Annual flu vaccination is recommended for everyone six months and older, with rare exception. Flu vaccines have been updated this season to help protect against four circulating strains of flu.
5. Vaccination is the best defense we have against flu-related illness, hospitalization, and death. Getting vaccinated helps protect YOU, your loved ones, and your community!
6. There is a preferential flu vaccine recommendation to better protect people aged 65 years and older. Older adults should receive a high-dose, adjuvanted, or recombinant flu vaccine.
7. A flu vaccine can't make you sick! Check out our FAQs at the bottom of this page.
8. Flu vaccines can be given at the same time as other vaccines, including COVID-19 vaccines. And an important note: COVID vaccines DO NOT protect you against flu!
9. It's recommended that you get a flu vaccine by the end of October and BEFORE flu starts spreading in your community, although vaccination later in the season can still be beneficial.
10. Flu vaccination can be convenient and free! Vaccines are available at doctors' offices, pharmacies, clinics, local health departments, schools, and grocery stores.

Thomas Jefferson Advocated Free Smallpox Vaccination

One of many historic documents in our collection, these papers were recorded by Thomas Jefferson just a few months before his death on July 4, 1826. Recorded one year after the opening of the University of Virginia, this document established, among other things, a public clinic providing medical advice, smallpox vaccines, and surgery to all peoples.

The second paragraph reads as follows:
"There shall be established in the University a Dispensary which shall be attached to the Medical school, and shall be under the sole direction and government of the Professor of Medicine who shall attend personally at the Anatomical theatre, or such other place as he shall notify, from half after one to two o'clock, on every Tuesday, Thursday and Saturday, for the purpose of dispensing medical advice, vaccination, and aid in Surgical cases of ordinary occurrence, to applicants needing them." Further along, it states that all vaccinations will be free of charge and to encourage all students to do so as well, "as a protection to the institution against the malady of the small pox." *(though his actual wording limited gratis services to "All poor, free persons")*

American Society for Microbiology Archives: https://lib.guides.umbc.edu/c.php?g=836720&p=5975476



RSV Vaccine Partner Resource

RSV Shared Clinical Decision-Making

For Providers

Utah Department of Health & Human Services

Shared clinical decision-making (SCDM) occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

RSV Vaccine Updates

In June 2023, ACIP recommended that adults aged 60 years and older may receive a single dose of RSV vaccine, using shared clinical decision-making (SCDM).

As part of this discussion, providers and patients should consider the patient's risk for severe RSV-associated disease. Epidemiologic evidence indicates that persons aged 60 years and older who are at highest risk for severe RSV disease include those with:

- Chronic medical conditions such as lung, heart, kidney, or liver disease
- Moderate to severe immune compromise, due to a medical condition or treatment
- Residing in nursing homes, or other long-term care facilities

RSV Vaccine Clinical Guidance

Coadministration of RSV vaccines with other adult vaccines during the same visit is acceptable. Available data on immunogenicity and reactogenicity of RSV vaccines when administered with other vaccines is currently limited.

The SHARE Approach

S- Seek your patient's participation

H- Help your patient explore & compare treatment options

A- Assess your patient's values & preferences

R- Reach a decision with your patient

E- Evaluate your patient's decision

RSV Vaccine Partner Resource

RSV VACCINE FOR ADULTS

About RSV

Respiratory Syncytial Virus (RSV) Vaccine can prevent lower respiratory tract disease (LRTD) caused by RSV. RSV is a common respiratory virus that usually causes mild, cold-like symptoms, but complications can be severe, including hospitalization and death.

RSV is usually spread through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults. Those with chronic medical conditions, such as heart or lung disease, weakened immune systems, or who live in nursing homes or other long-term care facilities are at highest risk of serious illness and complications from RSV.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can also sometimes lead to worsening of other medical conditions, such as asthma, chronic obstructive pulmonary disease, or congestive heart failure.

CDC estimates that every year, RSV causes approximately 60,000-160,000 hospitalizations and 6,000-10,000 deaths among older adults.

CDC recommends adults ages 60 years and older *may* receive a single dose of RSV vaccine, based on shared clinical decision making between the patient and healthcare provider.

Discuss the risks and benefits with your healthcare provider to determine if, and when, RSV vaccine is right for you. Preferences of patient and provider, vaccine information, an, most importantly, individual risk for severe RSV disease should be discussed to determine optimal timing of vaccine administration.

RSV vaccine is currently recommended as a single dose. Studies are ongoing to determine whether (and if so, when) revaccination may be needed.

RSV vaccine may be administered at the same time as other vaccines if you are due for more than one.

Utah Department of Health & Human Services

Data sourced from CDC, UDHHS, UpToDate

RSV Vaccine Partner Resource

RSV PREVENTION IN INFANTS

Respiratory Syncytial Virus (RSV) is one of the most common causes of childhood respiratory illness and results in annual outbreaks of respiratory illness in all age groups. While most infants and young children experience mild, cold-like symptoms, some infants, especially with their first infection, develop lower respiratory tract disease such as pneumonia and bronchiolitis, often leading to physician office visits or hospitalization.

An estimated 58,000-80,000 children under 5 years of age, most of them infants, are hospitalized each year in the United States due to RSV infection. Each year, an estimated 100 to 300 children younger than 5 years of age die due to RSV. Premature infants, and those with chronic lung disease of prematurity or significant congenital heart disease, are at highest risk for severe RSV disease.

Beyfortus is a monoclonal antibody designed to protect infants and young children at increased risk from severe RSV disease. Monoclonal antibodies are laboratory- made proteins that mimic the immune system's ability to fight off harmful pathogens such as viruses. One dose of Beyfortus, administered as a single intramuscular injection prior to or during RSV season, may provide protection against RSV for at least 5 months (the average length of one RSV season).

The safety and efficacy of Beyfortus were supported by three clinical trials. These studies showed an approximate 70-75% reduction in the risk of medically attended lower respiratory tract infection due to RSV, compared to placebo.

CDC recommends one dose of nirsevimab (Beyfortus) for all infants younger than 8 months of age, born during- or entering- their first RSV season (typically fall through spring).

For a small group of children between the ages of 8 and 19 months who are at increased risk of severe RSV disease, such as children who are severely immunocompromised, a dose is recommended in their second RSV season.

Nirsevimab (Beyfortus) was approved by the FDA in July 2023 and is expected to be available in the Fall of 2023

Palivizumab (Synagis) is another monoclonal antibody product designed to prevent severe RSV disease. It is limited to children under 24 months of age with certain conditions that place them at high risk and must be given once a month during RSV season.

Utah Department of Health & Human Services