NEW YORK STATE IMMUNIZATION ADIVSORY COUNCIL MINUTES OF April 25, 2024 MEETING

Council Members: Dr. Debra Tristram, Paul Macielak, Elie Ward, Alison Singer

NYSDOH Staff Members: Heide Reukauf, Aleef Rahman, Kara Connelly, Dr. Vajeera Dorabawila, Dr. Deb Blog, Anike Shaw, Sarah Hershey, Kiersten Westbrook, Jeremy Heisey, Theresa Nichols, Kelly Brady, Lyndsey Hoyt, Dileep Sarecha, Kathleen Sorensen, Maxine Goldberg, Barbara Joyce, Tory Ervin, Wajha Kazmi, Katie Wysocki, Sarah Sharmin, Rebecca Domalewicz, Megan Meldrum

NYCDOHMH Staff Members: Dr. Bindy Crouch

Invited Guest:	Discussion	Follow-Up
Agenda Item		
Welcome / Chair's	The meeting was called to order by Dr. Tristram at 12:30 pm.	
Remarks:	Introductions of those in attendance were completed.	
Dr. Debra Tristram	·	
	The meeting minutes from November are approved and have been posted on the website.	
Approval of November		
2023 Minutes	Discussion	
	Dr. Tristram discusses the State budget, for pediatrics this was a successful budget year. Not as much movement and on things we hoped for regarding immunization but there are more funds available for children and now we can focus our efforts more on improving the "excellence' in vaccines.	
	RSV monoclonal antibodies are good news but it had a rough start with insurance not initially wanting to pay for it. It appears the insurance problems have been worked out. Spain was the first European Country to fully accept the monoclonal immunization for infants and data shows a significant drop in hospitalization rates. Hopefully the U.S. data will be the same and NY data will be looked at for next year. Hospitals in NY are now following the RSV recommendations. Disturbing news that there has been an uptick in meningococcal disease in adults. 30-50 year olds had the majority of the serious disease, with an 18% mortality rate. So we have a lot of work to do to increase the confidence in vaccinations. Feeling good that we can now move forward increasing confidence with all the great minds that are thinking about this.	

Legislative and other Updates Elie Ward	Elle is no longer working for the State but will still report to the group what is going on from the Legislative side. There is a lot of legislative bill of interest to this group but don't look like they will pass this legislative session. Senator Hoylman's bill regarding adult immunizations being entered into NYSIIS unless the adult opts out will most likely not pass this year. There are about 15 bills (some 2 house, most 1 house) that we can be looking to support for next year.	
	At the previous meeting we had discussed an educational round table we could host for the Legislature, February of next year would be a good target because we will have new members. Educational round table topics could be new immunization, measles outbreak, helping to understand RSV, how travel and not being vaccinated is spreading diseases, updates on flu/covid/respiratory vaccines. We need to be a resource to help educate. Legislators will be in the beginning of a 2 year cycle so it will be the best time for education.	
	Another positive point after years of advocacy, Universal Medicaid coverage for children 0-6 which is consistent coverage, means they can consistently go to the pediatrician or their family physician and be immunized consistently and at a regular sequence until they are 6 which will be beneficial. This is the biggest news coming out the budge for this group.	
ACIP Meeting/Clinical Update Tory Ervin	 The ACIP (Advisory Committee on Immunization Practices) occurred February 28 & 29, 2024. ACIP Updates and Votes: Covid-19, Chikungunya, Diphtheria, Tetanus and Pertussis Other ACIP Discussions: Polio, Respiratory Syncytial Virus (RSV), Meningococcal Disease, Pneumococcal Disease Covid-19 Isolation Guidance Changes Measles Preparation 	
	Robust debate(cost effectiveness, vaccine fatigue) but final vote approved recommendation that persons 65+ years of age should receive an additional dose of 2023-24 Formula Covid-19 vaccine. Results: 11 yes; 1 no; 1 abstain	

- Covid-19 vaccine coverage with the 2023-34 Covid-19 vaccine as of Feb 2024: 22% of all adults and around 12% of all children were up to date. Adults 75+ have the highest rate of updated vaccine (43%); children 6 months to 4 years have lowest rate (5%). Vaccine rates are lowest in rural areas, uninsured, and low income.
- Chikunguynya vaccine was approved by FDA in Nov 2023 for individuals 18+ who are at high risk
 and is recommended for those traveling to a country or territory where there is a chikungunya
 outbreak. Vaccination is recommended for laboratory workers with potential for exposure to
 virus.

Diphtheria, Tetanus and Pertussis

CDC recommends a primary series of 5 DTaP vaccines for children. For children who developed a contraindication to pertussis-containing vaccines, CEDC previously recommended DT instead of DTap. There is no DT vaccine available in the U.S. anymore (discontinued production). Td is licensed for ages 7+ but contains a lowered dose4 of diphtheria toxoid compared to DT. VOTE:

 12 yes; 0 no; 1 recusal to approve VFC resolution for diphtheria, tetanus, and pertussis to (1) add Td vaccine for use in children younger than 7 for whom receipt of the pertussis component is contraindicated and (2) update the language regarding the Tdap booster to align with ACIP recommendations.

Polio discussion

• In response to the paralytic polio case in NYS in 2022 the polio work group is considering the use of novel type 2 oral poliovirus vaccine as an outbreak control in the U.S. in combinations with a catch-up IPV campaign. The workgroup is also looking at if persons who received fractional doses outside the U.S. if that will count toward being valid

RSV vaccine

- Moderna presented their phase 3 clinical trial data. Overall, vaccine was found to be safe (no GBS no myocarditis/pericarditis, no deaths in 37,000 participants) and efficacious (83% effective against 2 or more RSV lower respiratory track diseases) and met all criteria for licensure
- Work group continues to endorse shared clinical decision-making and broadly agree regarding benefits of RSV vaccination in adults 50-59 with certain medical conditions
- Topics will be discussed further at the June ACIP meeting. Currently working on manufacturers for a better roll out and supply of RSV antibodies for next year

Meningococcal Vaccine

- Work group is considering revising the meningococcal schedule with many supported eliminating the 11-12 year-old-dose since epidemiology supports starting the series at 16
- GSK is in the process of licensure and approval of their pentavalent MenABCWY vaccine
- Votes on meningococcal platform changes expected in February 2025

Pneumococcal Vaccine

- Merck presented phase 3 clinical trail data for their investigational, 21-valent pneumococcal conjugate vaccine specifically designed for adults
- Committee heard post-licensure safety data from CDC and FDA Pfizer 20-valent pneumococcal conjugate vaccine
- Work group considering if PCV21 should be recommended for adults 19-49 and 50-64 who do not have a risk based pneumococcal vaccine indications

Changes to Covid-19 Isolation Guidance

• Updated Respiratory Virus Guidance from the CDC recommends that people stay home and away from others until at least 24 hours after both their symptoms are getting better overall, and they have not had a fever (and are not using fever-reducing medication).

NYS Clinical Update: Measles

- NYS (outside of NYC) has had 1 measles case to date in 2024
- Response preparation includes health advisories, updated DOH we4bsite, webinars, presentations on setting up emergency Point of Distribution (POD), reviewed outbreak guidance, developed measles toolkit
- Nationwide: As of April 18, 2024 a total of 125 measles cases were reported by 18 jurisdictions

(Suggestion made from Council that one-pagers regarding the importance of measle vaccinations be made available for schools and especially child care centers).

 Covid-19 pandemic has increased risks of measles with over 61 million doses of measles containing vaccine postponed or missed from 2020-22. This increases the risk of bigger outbreaks around the world, including the U.S.

Vaccine Program Update Lyndsey Hoyt	Product updates – RSV Abrysvo (Pfizer) and Arexvy (GSK) licensed for use in adults ages 60+ vaccines for adults were available in the program. Became VFC eligible for pregnant teens 12/22/23	
	 Menve3o 2-vial for children 2 mon-2 yrs available through special order request Pfizer COMIRNATY Covid-19 vaccine for persons 12+ became available 12/19 PreHevbrio Hept B vaccine became available through Vaccines for Adults beginning Feb. 1 Hiberix formulation change 3/1/24 – new NDC Reminders/Updates: Public vaccine split package; quantities smaller than the package may be ordered in any multiple of one (to reduce waste) 	
	Upcoming product changes:	
	 Penbraya to prevent invasive disease caused by Neisseria meningitidis serogroup A, B, C, W, and Y ordering to begin for VFC providers May 1, 2024 JYNNEOS vaccine for Mpox available on commercial market beginning April 1, 2024. Expected to be added to VFC and VFA this year. Supply through the Strategic National Stockpile (SNS) expected to continue to be available until Aug 2024 in circumstances where commercial product is not accessible 	
	 Ordering paused 10/13 and allocation limits implemented 12/1. We ended up with 557 providers that ordered about 20,000 doses We are focusing our efforts in preparation of the next season on birthing hospitals. We only had 14 birthing hospitals fully enrolled so our goal is to get all on board by August. Informational message sent to VFC providers and Birthing Hospitals 3/11/2024 CDC have extended their flexibility on private stock requirements for enrolled VFC providers until Aug 2025. We are still encouraging our providers to carry private Covid-19 and RSV for their private insured patients because it causes access problem for some with insurance 	

Influenza Update	
Sarah Hershey	2024 Flu season was less severe than our 2023 season but it did extend out much longer than last season
	 CDC Flu news as of 3/8/24 103 influenza-associated pediatric deaths; Report for week ending 4/13/24 reports a total of 142 influenza-associated pediatric deaths so for this season Coverage estimates for children are 3.2% below same time last season and 9.5% lower than 3/2020; 52.1% compared with 61.6% Coverage estimates for all adults as of 3/31/24 are 48.1% with ranges of 37.7% to 61.4% Coverage estimates for pregnant persons at the end of March 2024 (38.6%) are 2.5% lower compared to the end of March 2023 (41.1%) Coverage estimates for adults 65+ Medicare fee-for-service beneficiaries as of 1/27/23 are 49.6% Effectiveness against any influenza 6 months-17 years; outpatient 59-67%; inpatient 52-61%; 18+ effectiveness against any influenza outpatient 33-49%; inpatient 41-44%
	Vaccination was effective against both influenza A and B
	 LAIV4 Safety in children with asthma LAIV4 was not associated in increased asthma symptoms or exacerbations in the 14-42 days following immunization LAIV4 may be a suitable option for children 5+ with asthma, including moderate to severe
	 asthma ACIP work group will continue to look at past and emerging data to potentially inform future recommendations
	 2024-25 Influenza vaccine FDA's VRBPAC met on March 5 to discuss composition, move to a trivalent vaccine in U.S. for next season. Some countries may not be able to move to trivalent vaccines as quickly; manufacturers can produce quadrivalent vaccine for export only
NYSIIS Update Vajeera Dorabawila	

	 Looking at trends of percent of 2 year olds that have received the main childhood vaccine series by their second birthday (data outside of NYC). As of April 2024, 66% had reached this target, trend it slightly upward The trend in TDAP and meningitis vaccine coverage among 13 year olds by the 13th birthday was at 75.4% on April 1, 2024 HPV, coverage among 13 years olds was highest for Erie and Niagara county at 39% and lowest in lowest in Lewis at 7% Jefferson County with only 8% Receipt of 1 MMR dose by 2 years of age, statewide: 79.4% Clinton County highest rate at 90.2% Lowest MMR rates Rockland: 54.4%; Orange: 50.3%; Jefferson: 56.8%; Yates: 56.4% (We see a lot of vaccine hesitancy in Rockland but also sometimes we will see a delay, as the children get older you will start to see the rates pick up a bit. We have reached out to providers also to ensure they are keeping up with reporting). Suggestion of targeted materials for community leaders (rabbis etc) and not just reaching out to providers. Past outreach has been done to these populations, boots on the ground, daycare targeted communications, etc., outreach to partners in Brooklyn to see if they could help in Rockland
New York City Dept. of Health and Mental Hygiene Update Dr. Crouch	 Community in Williamsburgh is still at very high risk of a potential measles outbreak. This Spring and Summer coverage has been quite low, particularly among young children, among children who have been born since last outbreak in 2018-19. Working on strategic planning within this community. Working through some plans and hired a new community liaison. Working on strategic planning to increase overall pediatric vaccinations in NYC Doing a lot of measles preparedness across the city. 4 cases in NYC in 2024 all related to international travel, no secondary cases. They are prepared to enter any shelters if there are cases to help vaccinate and help with isolation. Did a backpack letter for schools talking about increase in measles worldwide. RSV – launched a survey to ask about their role out of Nirsevimab what assistance they need for next fall. Communicating with providers regarding Jynneos that is will be available through the commercial market, Federal Program will be sunsetting this summer.

	 Covid vaccination sunsetting of shipments of this year's version of the vaccine and they will be meeting in May regarding an updated formula for the Fall For healthcare providers in NYC launched a dashboard internal to the providers to provide information on the quality of the immunization reports that are coming into CIR so providers can look and see how many doses for instance they are missing race/ethnicity and many doses they have errors that prevent them from being entered into CIR. Hoping to improve the quality of the data coming in, also looking especially at adult doses that are being reported Working on public-facing dashboards for pediatrics and adolescent vaccinations across New York City. The dashboards have been in development for some time now.
New Business: Dr. Debra Tristram	We need more members to be productive not even a quorum to be able to vote. Also, working on getting information to the Legislature in the future. Nirsevimab Next meetings: • September 5, 2024 • November 7, 2024 AMENDED DATE: Due to scheduling conflict the September 5 will be replaced with September 19, from 1-3
Adjournment:	The meeting was adjourned at 2pm.