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Up First

2024 ACIP recommended immunization schedules now available

Heidi Gurov, RN - Nurse Consultant

On November 16, 2023, the Centers for Disease Control and Prevention (CDC) released the 2024 ACIP Recommended Immunization Schedules. Please begin using these schedules immediately.

- Healthcare Provider Schedules page
- Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
- Recommended Adult Immunization Schedule for ages 19 years or older
- Summary of changes to the schedules

For more information please reach out to the Wyoming Department of Health Immunization Unit Nurse Consultant Heidi Gurov at heidi.gurov@wyo.gov or 307-777-8981.



Now accepting applications for the Bridge Access Vaccine Program Interoperability Grant

Janice Carney, Immunization Registry Records and Data Manager

The Wyoming Department of Health Immunization Unit is accepting applications for the Bridge Access Vaccine Program Interoperability Grant. Awardees must be part of the Bridge Access Vaccine Program. Awardees will receive funds to acquire, update, or maintain an electronic interface connection to the Wyoming Immunization Registry (WyIR).

Please view and download the Bridge Access Vaccine Program Interoperability Grant Request for Application document on the Immunization Unit website and return the application package to

wyir@wyo.gov. Applications will be accepted on an ongoing basis until the funds are expended or until the RFA application deadline of September 30, 2024.

For questions regarding the Request for Application (RFA) or the application process please contact the Immunization Unit at wyir@wyo.gov.



Remembering vaccine champion Rosalynn Carter

From Vaccinate Your Family

The immunization community is mourning the loss of former first lady Rosalynn Carter. She co-founded Every Child by Two, now Vaccinate Your Family, with Betty Bumpers in 1991. Their work helped bring about the Vaccines for Children (VFC) program. The VFC program has saved an estimated 1 million children since its launch in 1994.

Find more information about Rosalynn Carter on the**Vaccinate Your Family website**.

School and Child Care News



How can the Immunization Unit support schools and child caring facilities?

The Immunization Unit is excited to announce a school nurse and child

caring facility session at the 2024 Wyoming Immunization Conference on June 25-27.

This session will be a new addition to the Wyoming Immunization Conference. Our unit is looking for vaccine-related topics school nurses and child care providers would like to learn about.

Please send any ideas or feedback to School and Community Partnership Coordinator at tiffany.thomason@wyo.gov.

Kindergarten vaccination rates report

From Immunization Unit staff and Immunize.org

The Centers for Disease Control and Prevention published the report, Coverage with Selected Vaccines and Exemption from School Vaccine Requirements among Children in Kindergarten—United States, 2022–23 School Year, on November 10 in *MMWR*. A portion of the summary appears below.

From the 2019–20 to the 2021–22 school year, national coverage with state-required vaccines among kindergartners declined from 95% to approximately 93%.

Wyoming vaccination coverage

Each year, Wyoming schools report vaccination rates among kindergarten-age children to the Immunization Unit. The information is collected through the Immunization Status Report (ISR). For the 2022-2023 school year, data was reported on 7,060 kindergarten students. Wyoming kindergarten vaccination coverage is:

- 2 doses of MMR: 90.8%
- 5 doses of DTaP: 89.4%
- 4 doses of polio: 90.1%
- 2 doses of varicella: 90%

Conditional enrollment and waivers in Wyoming

The state of Wyoming has mandated vaccine requirements for children who attend child care, school, or school activities. Children who are behind on their vaccines can be conditionally enrolled. Children with certain medical conditions can receive a waiver to attend school without being vaccinated. Parents can also apply for a religious waiver for their child.

For the 2022-2023 school year:

- 2.4% of kindergarten students were conditionally enrolled, meaning they are in the process of “catching up” on needed immunizations.
- 4.8% of students were reported to have either a medical or religious waiver to one or more immunizations, which was a 0.9% increase from the 2021-2022 school year.

For more information

- Wyoming Mandatory Vaccines web page
- National Association of School Nurses (NASN) believes reaching

high vaccination coverage for school-age children is an essential public health objective. Visit NASN's Immunizations page to locate important immunization information, links, and tools, including a toolkit offering evidence-based tips and techniques to support more productive conversations and communications.

Wyoming Immunization Registry





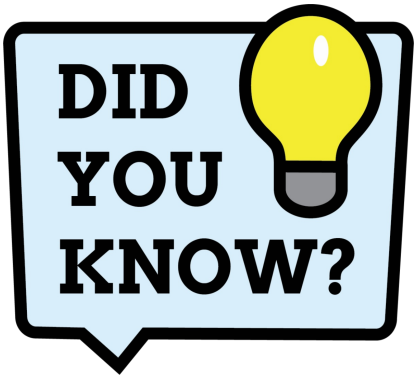
The Help Desk can be reached at:

WyIR Help Desk

The Wyoming Immunization Registry (WyIR) Help Desk is a tier one, or user level, service accessible to all WyIR users.

The Help Desk is the first point of contact for WyIR concerns including; user access, password resets, inventory concerns, reconciliation, reports, patient merges and deduplication, forecast, and more.

Phone: 1-833-221-1451 Email: wyir.helpdesk@wyo.gov OR by utilizing the chat feature in the bottom left corner of the WyIR home page. For questions about the Docket application, email docket.helpdesk@wyo.gov or call 307-777-7677.	The Help Desk team is committed to responding to most issues within 48 business hours. Issues that cannot be resolved by the Help Desk are escalated to the Immunization Unit via a central email, which is monitored by Immunization Unit staff. WyIR users are encouraged to contact the Help Desk first instead of reaching out to the Immunization Unit directly, or to individual Immunization Unit staff, who may be out of the office or unable to respond in a timely manner.



Requesting WyIR user access

John Taylor, Client Management Specialist

Q: Who is approved to request user access to the Wyoming Immunization Registry (WyIR)?

A: The following contacts are approved to request WyIR user access:

- Responsible Authority or Organizational contact - These are individuals approved and designated to make decisions regarding user access for the entire organization for which they are a contact. This includes making decisions regarding users for each individual facility within the organization or approving an individual to become a user for all facilities within the organization.
- Facility Contact, Vaccine Coordinator, COVID Contact, or Tertiary contact - These are individuals approved and designated to make decisions regarding user access for the individual facility for which they are a contact.

*Designated contacts can request user access by completing the User Access Request Form located on the Immunization Unit website. For information regarding the contacts designated at your organization or facility please contact the Immunization Unit at **wyir@wyo.gov**. Keep an eye on the newsletter for more information about user access levels and*

permissions!

Training



American Cancer Society

Strategic Ways to Increase HPV Vaccinations Virtual Education Learning Series



The American Cancer Society's Mountain West HPV Vaccination Project is proud to present a 3-part educational series for our clinical partners. This series aims to talk through strategic ways to increase on-time (9-13 years of age) HPV vaccinations.

Our final session ***"Addressing HPV Vaccine Hesitancy with Motivational Interviewing"*** will feature Dr. Ryan Hassan, Pediatrician, and Carrie Bader, from Boost Oregon.

Post pandemic, the World Health Organization, has named vaccine hesitancy a top ten global health threat. To overcome hesitancies, we want to empower clinicians with tools including motivational interviewing techniques. Founded in the 1980's, Motivational Interviewing is an evidence-based, collaborative approach that supports behavior change. It's especially useful for conversations about vaccines and other topics around which people may express ambivalence.

Participants will have an opportunity to ask questions.

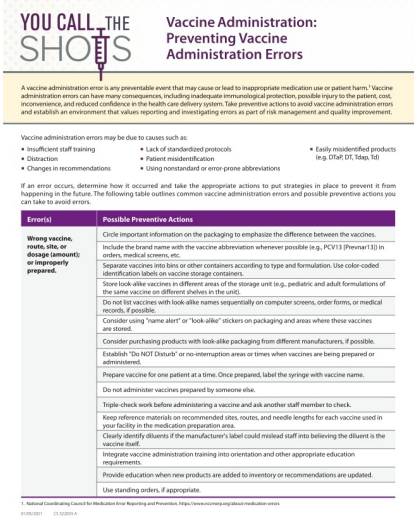
Addressing HPV Vaccine Hesitancy with Motivational Interviewing
Date: Monday, December 11
Time: 12-1pm PST/ 1-2PM MST
Location: Zoom
All participants must register using this link: bit.ly/3QTcOZV

All are welcome to join the educational series!

cancer.org | 1.800.227.2345

Questions? Please contact Ashley Lach, Ashley.Lach@cancer.org

Resources



YOU CALL THE SHOTS

Vaccine Administration: Preventing Vaccine Administration Errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate medication use or patient harm.[1] Vaccine administration errors can have many consequences, including inadequate immunological protection, possible injury to the patient, cost, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid vaccine administration errors and establish an environment that values reporting and investigating errors as part of risk management and quality improvement.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations
- Easily misidentified products (e.g. DTaP, DT, Tdap, Td)

If an error occurs, determine how it occurred and take the appropriate actions to put strategies in place to prevent it from happening in the future. The following table outlines common vaccine administration errors and possible preventive actions you can take to avoid errors.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	Circle important information on the packaging to emphasize the difference between the vaccines.
	Include the brand name with the vaccine abbreviation whenever possible (e.g., PCV13 [Prevnar13]) in orders, medical screens, etc.
	Separate vaccines into bins or other containers according to type and formulation. Use color-coded identification labels on vaccine storage containers.
	Store look-alike vaccines in different areas of the storage unit (e.g., pediatric and adult formulations of the same vaccine on different shelves in the unit).
	Do not list vaccines with look-alike names sequentially on computer screens, order forms, or medical records, if possible.
	Consider using "name alert" or "look-alike" stickers on packaging and areas where these vaccines are stored.
	Consider purchasing products with look-alike packaging from different manufacturers, if possible.
	Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are being prepared or administered.
	Prepare vaccine for one patient at a time. Once prepared, label the syringe with vaccine name.
	Do not administer vaccines prepared by someone else.
	Triple-check work before administering a vaccine and ask another staff member to check.
	Keep reference materials on recommended sites, routes, and needle lengths for each vaccine used in your facility in the medication preparation area.
	Clearly identify diluents if the manufacturer's label could mislead staff into believing the diluent is the vaccine itself.
	Integrate vaccine administration training into orientation and other appropriate education requirements.
	Provide education when new products are added to inventory or recommendations are updated.
	Use standing orders, if appropriate.

1. National Coordinating Council for Medication Error Reporting and Prevention, https://www.nccmerp.org/about-medication-errors

01/05/2021 CS 320510-A

RSV vaccines inadvertently given to infants

CDC Communication 11/17/23

CDC has received several reports of vaccine providers who have inadvertently administered RSV vaccines (Arexvy or Abrysvo) to infants, rather than giving them the RSV monoclonal antibody product recommended for infants. The recommended immunizing product (RSV monoclonal antibody) for infants is nirsevimab (trade name: Beyfortus, commercialized by Sanofi and manufactured AstraZeneca).

As a reminder, RSV vaccines (Arexvy or Abrysvo) are not approved or recommended for use in infants and young children. These RSV vaccines have not been studied in infants and young children; therefore, vaccine safety and effectiveness for this population are unknown. Vaccine providers who carry both nirsevimab for use in infants and young children and RSV vaccines for use in adults and pregnant people should be especially diligent in following vaccine administration safety procedures to prevent errors.

For more information, please refer to the following CDC resources:

- Vaccine Administration Protocols | CDC
- Vaccine Administration: Preventing Vaccine Administration Errors (cdc.gov)
- RSV (Respiratory Syncytial Virus) Immunizations | CDC
- Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC
- Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger | CDC
- RSV Vaccination: What Parents Should Know | CDC
- ACIP and AAP Recommendations for Nirsevimab | Red Book Online | American Academy of Pediatrics
- Health Alert Network: Limited Availability of Nirsevimab in the United States – Interim CDC Recommendations to Protect Infants from RSV During the 2023-2024 Respiratory Virus Season

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Single dose Moderna vials contain more vaccine than needed for children

IZ Express Issue 1722, November 8, 2023

On November 1, FDA advised healthcare providers who administer Moderna COVID-19 Vaccine (2023–2024 Formula) to children age 6 months through 11 years to ensure that the correct volume of the vaccine (0.25 mL) is withdrawn from the vial to give to the vaccine recipient. A portion of the news release appears below.

FDA has become aware that some healthcare providers may not recognize that the single dose vial of Moderna COVID-19 Vaccine (2023–2024 Formula) for use in individuals 6 months through 11 years of age contains notably more than 0.25 mL of the vaccine. Some healthcare providers may be withdrawing the entire contents of the vial to administer to an individual. However, the volume of a single dose of Moderna COVID-19 Vaccine (2023–2024 Formula) is only 0.25 mL.
Read the full news release

Related Links

- FDA: Moderna COVID-19 Vaccine main page
- FDA: Moderna COVID-19 Vaccine (2023–2024 Formula) Healthcare Provider Fact Sheet (PDF)

Billing and coding resources for adult immunizations

Heidi Gurov, RN - Nurse Consultant

The National Adult and Influenza Immunization Summit (NAIIS) has released several vaccine billing and coding resources.

- Flowchart for adult vaccine insurance coverage
- Top questions for medical benefit coding and billing for vaccines: avoiding common errors

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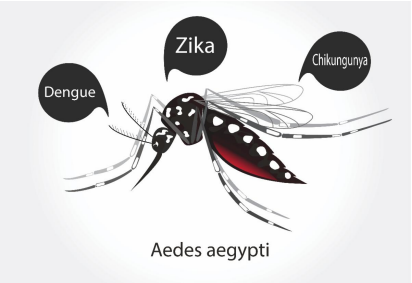
ACIP's updated shared clinical decision-making recommendations online

IZ Express Issue 1722, November 8, 2023

CDC updated its Shared Clinical Decision-Making Recommendations web page, which includes links to job aids for vaccinators. The website also includes answers to frequently asked questions to clarify the ACIP's shared clinical decision-making recommendations.

Related Links

- CDC: Shared Clinical Decision-Making: HPV Vaccination for Adults Aged 27–45 Years (PDF)
- CDC: Shared Clinical Decision-Making: Meningococcal B Vaccination (PDF)
- CDC: Shared Clinical Decision-Making: PCV20 Vaccination for Adults 65 Years or Older (PDF)
- CDC: Shared Clinical Decision-Making: RSV Vaccination for Adults 60 Years and Older (PDF)



FDA licenses first vaccine to prevent disease caused by chikungunya virus

IZ Express Issue 1723, November 15, 2023

On November 9, 2023, FDA announced the licensing of Ixchiq from Valneva, the first vaccine to prevent chikungunya (CHIK-uhng-GUUN-yuh). It is indicated for people 18 years of age and older who are at increased risk of exposure to chikungunya virus. ACIP is expected to discuss recommendations for the use of chikungunya vaccine at its February 2024 meeting.

Related Link: FDA Approves First Vaccine to Prevent Disease Caused by Chikungunya Virus (11/9/23)

Tick-Borne encephalitis vaccine: ACIP recommendations published

Heidi Gurov, RN - Nurse Consultant

CDC published Tick-Borne Encephalitis [TBE] Vaccine: Recommendations of the Advisory Committee on Immunization Practices, United States, 2023 on November 10 in *MMWR*. Earlier this year the FDA licensed the TBE vaccine, which is used for travelers to areas where TBE occurs.

For guidance on traveler vaccines, please reach out to Heidi Gurov, Nurse Consultant, at **heidi.gurov@wyo.gov** or 307-777-8981.



VACCINE INFORMATION STATEMENT

RSV (Respiratory Syncytial Virus) Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease or a weakened immune system, are at increased risk of severe RSV disease.
- Adults at highest risk for severe RSV disease include older adults, adults with chronic medical conditions such as heart or lung disease, weakened immune systems, or certain other underlying medical conditions, or who live in nursing homes or long-term care facilities.

RSV spreads 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.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can sometimes lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen throughout the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

CDC recommends **adults 60 years of age and older** have the option to receive a single dose of RSV vaccine, based on discussions between the patient and their health care provider.

There are two options for protection of infants against RSV: maternal vaccine for the pregnant person and preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected. CDC recommends a single dose of RSV vaccine for **pregnant people from week 32 through week 36 of pregnancy** for the prevention of RSV disease in infants under 6 months of age. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may vary as RSV circulating in these locations differs from the timing of the RSV season in the rest of the U.S.

RSV vaccine may be given at the same time as other vaccines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



VACCINE INFORMATION STATEMENT

COVID-19 Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

COVID-19 vaccine can prevent **COVID-19** disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

COVID-19 is caused by a coronavirus called SARS-CoV-2 that spreads easily from person to person. COVID-19 can cause mild to moderate illness lasting only a few days, or severe illness requiring hospitalization, intensive care, or a ventilator to help with breathing. COVID-19 can result in death.

If an infected person has symptoms, they may appear 2 to 14 days after exposure to the virus. Anyone can have mild to severe symptoms.

- Possible symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- More serious symptoms can include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone.

Older adults and people with certain underlying medical conditions (like heart or lung disease or diabetes) are more likely to get very sick from COVID-19.

2. COVID-19 vaccine

Updated (2023–2024 Formula) COVID-19 vaccine is recommended for everyone 6 months of age and older.

COVID-19 vaccines for infants and children 6 months through 11 years of age are available under Emergency Use Authorization from the U. S. Food and Drug Administration (FDA). Please refer to the Fact Sheets for Recipients and Caregivers for more information.

For people 12 years of age and older, updated COVID-19 vaccines, manufactured by ModernaTX, Inc. or Pfizer, Inc., are approved by FDA.

- **Everyone 12 years and older** should get 1 dose of an FDA-approved, updated 2023–2024 COVID-19 vaccine. If you have received a COVID-19 vaccine recently, you should wait at least 8 weeks after your most recent dose to get the updated 2023–2024 COVID-19 vaccine.
- **Certain people who have medical conditions or are taking medications that affect the immune system** may get additional doses of COVID-19 vaccine. Your health care provider can advise you.

Some people 12 years of age and older might get a different COVID-19 vaccine called Novavax COVID-19 Vaccine, Adjuvanted (2023–2024 Formula) instead. This vaccine is available under Emergency Use Authorization from FDA. Please refer to the Fact Sheet for Recipients and Caregivers for more information.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of COVID-19 vaccine** or an ingredient in the COVID-19 vaccine, or has any **severe, life-threatening allergies**
- Has had **myocarditis** (inflammation of the heart muscle) or **pericarditis** (inflammation of the lining outside of the heart)
- Has had **multisystem inflammatory syndrome** (called MIS-C in children and MIS-A in adults)
- Has a **weakened immune system**

In some cases, your health care provider may decide to postpone COVID-19 vaccination until a future visit.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC releases new COVID-19 mRNA VIS and updated RSV VIS for individuals who are pregnant or age 60 and older

IZ Express Issue 1721, November 1, 2023

Immunize.org posted two new vaccine information statements (VIS)s published by CDC.

The new COVID-19 mRNA VIS may be used when vaccinating people age 12 years and older who will receive one of the licensed mRNA vaccines (Comirnaty by Pfizer-BioNTech or Spikevax by Moderna). Because adverse events caused by COVID-19 vaccines are not covered by the Vaccine Injury Compensation Program at this time, use of the VIS is recommended, not required. COVID-19 vaccines remain covered under the Countermeasures Injury Compensation Program (CICP).

Healthcare providers continue to be required to provide the product-specific Emergency Use Authorization (EUA) Fact Sheet when administering a COVID-19 vaccine under EUA conditions. EUA Fact Sheets are required when vaccinating children age 6 months through 11 years and before giving Novavax COVID-19 Vaccine (2023–2024 Formula) to any eligible recipient. Current EUA Fact Sheets are listed on Immunize.org's popular Checklist of Current Versions of U.S. COVID-19 Guidance and Clinic Support Tools.

The RSV VIS, originally issued in July 2023 for vaccination of adults age 60 and older, was updated with information about the September 2023 ACIP recommendation for RSV vaccination of pregnant people from 32 weeks through 36 weeks and 6 days of gestation. A separate immunization information statement was recently posted by CDC for use with the RSV preventive antibody (nirsevimab) recommended for infants.

As with other VISs, translations will be posted on Immunize.org as they become available.

ACIP October meeting summary: including use of pentavalent meningococcal vaccine and mpox vaccine

IZ Express Issue 1721, November 1, 2023

The Advisory Committee on Immunization Practices (ACIP) met on October 25–26. Presentation slides are available online. Highlights of the meeting are provided below.

Pentavalent meningococcal vaccine (MenABCWY) for use with adolescents and young adults (vote)

On October 20, FDA licensed Penbraya (Pfizer) pentavalent meningococcal vaccine (including serogroups A, B, C, W, and Y) for use in people age 10 through 25 years. This intramuscularly administered vaccine is prepared by reconstituting the lyophilized MenACWY powder with MenB suspension (the same type of MenB vaccine as Pfizer's Trumenba product. Penbraya is the first FDA-licensed MenABCWY vaccine. A similar vaccine from GSK incorporating the Bexsero MenB antigens is in development. Of note, the two MenB vaccines are not interchangeable. A primary series and any future MenB booster doses must be of the same brand to be effective.

Due to changes in meningococcal disease epidemiology and the limited duration of protection provided by MenB vaccines, the ACIP Meningococcal Vaccine Work Group plans to evaluate and consider changes to the entire adolescent meningococcal vaccine schedule during 2024, with a vote planned in early 2025, sometime after an FDA-licensure decision about the GSK MenABCWY product. Although some ACIP members advocated postponing a decision on use of Penbraya until that time, provisions in federal law require ACIP to consider a licensed product without delay.

ACIP reviewed the vaccine using its Evidence-to-Recommendations framework and an economic analysis indicating use of MenABCWY when both MenACWY and MenB are due would be cost saving relative to the cost of two doses of MenACWY (routinely recommended at age 11 through 12 years and at age 16 years) plus the cost of two doses of MenB (recommended based upon shared clinical decision-making, preferably at age 16 to 18 years) in terms of reducing the burden of invasive meningococcal disease in adolescents.

ACIP reviewed multiple options in which the pentavalent meningococcal vaccine could be used within the existing schedule. After an extensive discussion, the group voted (10–4) to approve the following statement: Pfizer's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit for:

- Healthy individuals age 16 through 23 years (routine schedule) when shared clinical decision-making (SCDM) favors administration of MenB vaccination
- Individuals age 10 years and older at increased risk of meningococcal disease (e.g., due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both vaccines

The members opposed to this narrow decision generally favored a more

flexible option to also allow for its use when a second dose of MenB vaccine is due at least 6 months after the first dose, in accordance with its licensed indication, given that this option was also cost saving compared to giving two MenACWY and two MenB doses separately.

Additional considerations on use of this vaccine will be included when the final recommendations are published. ACIP also approved inclusion of MenABCWY vaccine in the VFC program for VFC-eligible children indicated to receive both MenACWY and MenB vaccine. Recommendations may be updated when ACIP reevaluates the meningococcal schedule.

Mpox vaccine (vote)
Since the global mpox outbreak began in May 2022, over 30,000 cases and 54 deaths have occurred in the United States. The primary vaccine (Jynneos, Bavarian Nordic) used to combat the outbreak is FDA-licensed for age 18 years and older as a 2-dose, subcutaneous vaccine. It is available only from the U.S. Strategic National Stockpile: it is not distributed in the commercial market. Due to the initial short supply of Jynneos and the need to vaccinate people younger than age 18 years, in August 2022, FDA issued an emergency use authorization (EUA) allowing Jynneos (1) to be given subcutaneously to individuals younger than age 18 years at high risk of infection, and (2) to be administered intradermally to people age 18 years and older during periods of insufficient vaccine availability.

ACIP reviewed the current epidemiology of mpox in the United States, noting that community transmission continues with one to five cases reported each week, including some among vaccinated people. Mpox cases reported in people who have been vaccinated are generally associated with milder illness, including fewer hospitalizations and a lower number of lesions than in persons who had not been vaccinated. Most cases continue to occur in men who have sex with men and their close contacts.

An estimated 38% of the at-risk population in the United States has received one dose of Jynneos vaccine, and 24% have received both recommended doses. Vaccine uptake has slowed dramatically and Jynneos supply is ample. Disease modeling experts suggest that, without ongoing vaccination of populations at risk, transmission of mpox will continue, punctuated by sporadic outbreaks.

ACIP voted unanimously to recommend vaccination with the 2-dose Jynneos vaccine series for people age 18 years and older who are at risk for mpox. The at-risk population 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

ACIP also approved the addition of this vaccine to the VFC program for eligible individuals age 18 years. This recommendation will be added to the 2024 recommended adult immunization schedule. Clinical trials are underway to evaluate Jynneos in at-risk adolescents age 12 through 17 years to support a licensed indication. Currently, adolescents at risk for mpox may be vaccinated under the EUA. Bavarian Nordic intends to make Jynneos commercially available in the United States to increase access to the product. ACIP plans to reassess its recommendation in light of the epidemiology of mpox in 2 to 3 years.

2024 adult and child/adolescent recommended immunization schedules (vote)
ACIP reviewed extensive proposed changes to the 2024 child/adolescent and adult recommended immunization schedules. The schedules provide a visual representation of ACIP recommendations; they do not change recommendations.

To accommodate recommendations for nirsevimab (a monoclonal antibody) on the 2024 child/adolescent schedule, the title has been revised to refer to “vaccines and other immunizing agents.” In addition, the 2024 schedules will include an addendum page to list updates to the schedule for new recommendations added by ACIP during the year after its publication.

ACIP voted unanimously to approve the updated schedules. CDC plans to move up publication of the 2024 schedules to November 2023 (instead of February 2024) to allow additional time for healthcare provider education and the logistical steps needed to implement insurance coverage.

Influenza vaccine safety (information)
ACIP reviewed reassuring evidence supporting the safety of influenza vaccination during pregnancy and when coadministered with other vaccines. A post-marketing study presented by Seqirus on use of Flucelvax during pregnancy provided additional information supporting the benefits and safety of using influenza vaccine during pregnancy.

The committee also reviewed the rationale behind the planned removal of the influenza B/Yamagata antigen from influenza vaccines, returning to a trivalent product (two influenza A strains and one influenza B/Victoria) in the United States as early as the 2024–25 season. Global surveillance systems indicate no circulation of influenza B/Yamagata since 2020. Selection of next season’s influenza vaccine components for the northern hemisphere will occur in spring 2024.

RSV vaccine safety (information)
In June 2023, ACIP voted to recommend that adults age 60 years and older may receive the RSV vaccine using shared clinical decision making, taking into account patient health status and preferences. In the brief time since introduction, vaccine safety surveillance systems have not identified any safety issues of concern.

ACIP discussed the potential lowering of the vaccine age indication for the GSK vaccine (Arexvy) to include people age 50 through 59 years at increased risk for severe RSV illness. GSK presented ongoing studies that indicate the vaccine's safety and efficacy within this age group can be inferred, including for people with underlying medical conditions.

At a later date, ACIP's RSV Work Group will provide information to the full committee for consideration of use of this vaccine in younger (under age 60 years) high risk groups.

Chikungunya vaccine (information)
Chikungunya is a mosquito-borne virus capable of large-scale outbreaks. Complications of chikungunya infection include severe and persistent joint pain. An FDA licensure decision on Valneva's one-dose live attenuated vaccine is expected in November 2023. At this meeting, members received updates on the potential benefits of chikungunya vaccination in certain travelers and laboratory workers who handle chikungunya viruses. Because it is a non-routine vaccine indicated for travel or occupational risk, a cost-effectiveness analysis was not performed. A vote on chikungunya vaccine recommendations is expected during the February 2024 ACIP meeting.

Dengue vaccine (information)
ACIP heard information about a dengue vaccine (TAK-003, Takeda) that was under consideration for FDA licensure in the United States and was being evaluated by the ACIP Dengue Work Group until the manufacturer voluntarily withdrew it from consideration. Dengue disease is endemic in six U.S. territories. One vaccine, Dengvaxia (Sanofi), is licensed and recommended for use in seronegative adolescents in these territories, but it has had very limited uptake.

COVID-19 vaccines (information)
In fall 2022, CDC reported a possible risk for ischemic stroke in some individuals age 65 years and older following receipt of Pfizer-BioNTech bivalent mRNA COVID-19 vaccine. Since that time, multiple global studies of this question have yielded inconsistent results, with most finding no association. CDC and other safety experts have concluded that these inconsistent and inconclusive results do not indicate that any change in policy is needed. Additional issues may have contributed to the fall 2022 findings, including early and intense influenza activity. Influenza infection increases the risk of stroke. CDC will continue to conduct safety monitoring of this issue and provide updates to ACIP.

CDC also presented updates on the transition of COVID-19 vaccine to the commercial market. Updated 2023–2024 formula COVID-19 vaccines are now available to most people at no cost, either through private health insurance, Medicare, Medicaid, VFC, or CDC's Bridge Access Program, which provides vaccine for adults who are uninsured or whose insurance does not cover COVID-19 vaccine.

In the first month of availability, 7.1% of adults and 2% of children younger than age 18 years reported receiving the updated (2023–2024 Formula) vaccine since September 14. Despite the clear benefits of

vaccination, demand is not high. In CDC surveys, just 25% of adults report definitely planning to get the vaccine, while just 34% of parents report that they definitely plan to vaccinate their children.

Pneumococcal vaccine research (information)
ACIP's Pneumococcal Vaccine Work Group is continuing to review information on candidate pneumococcal vaccines in advanced stages of development that contain serotypes not included in currently available pneumococcal vaccine formulations.

Next meeting
The next scheduled ACIP meeting will be held on February 28–29, 2024, although additional emergency meetings may be announced before that time. Information about past and future **ACIP meetings** may be found on the ACIP website.

Related Links

- ACIP main page for content from previous meetings, as well as information about future meetings
- CDC: ACIP Presentation Slides: June 21–23 Meeting web page

Communication tools

Kelly Douglas, Health Communication Specialist

Are you looking for vaccine information to share with the public? Find free information and resources at the following links.

- Vaccinate Your Family offers printable handouts for the public and for providers.
- The National Institutes of Health recently published an infographic about barriers to healthcare in rural areas. See the infographic by clicking this link.
- The Centers for Disease Control and Prevention released a new web page, RespVaxView, with vaccination rates for COVID-19, flu, and RSV.

Wyoming resources from the Immunization Unit's vaccine marketing campaign are available to download and print or share.

December Health Observances

December 1	*World AIDS Day*
December 3-9	*National Influenza Vaccination Week*
December 3-9	*National Handwashing Awareness Week*

Order free Thank a Vaccine posters

The Wyoming Department of Health Immunization Unit is offering free

vaccination posters to vaccine providers, schools, and child caring facilities. Posters will be shipped at no charge.

Please fill out this Google form to ensure the posters are delivered properly. Thank you for your work bringing immunity to every community!



Contributors

- The Centers for Disease Control and Prevention
- Immunize.org
- Vaccinate Your Family
- Wyoming Department of Health Immunization Unit staff

Questions or comments? Email the editor at kelly.douglas@wyo.gov.

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