Meeting Minutes

The May 28, 2026 meeting of the Immunization Coalition of Delaware took place from 2:00pm-3:30 pm, virtually, via Zoom.

Attendees

- **Executive Director: Kate Smith, MD, MPH; Delaware Academy of Medicine & Public Health**
- **John O'Neill, DO; ChristianaCare; Co-Chair, Immunization Coalition of Delaware**
- Shirley Klein; AAP CIR
- Dr.Kayla Baran, Moderna
- Miranda Bayer, State of Delaware
- Alix Casler, Merck
- Doug Coveney, Seqirus
- Gayle Davis
- Heather Delgado, State of Delaware
- Drew Ellison
- Jessica Everett, State of Delaware
- Amy Fierro, State of Delaware
- Clotilda Fletcher, ChristianaCare
- Arynn Forgan, Delaware State University
- Sue Getman, DAHCC
- Anna Gurdak, Quality Insights
- Carly Horton, State of Delaware
- Patricia Justice, State of Delaware
- Kim Meloro, ChristianaCare
- Jim Niland, Sanofi
- Kristin Oliver, Merck
- Elizabeth Pont
- Yanelle Powell
- Chrissy Schabacker, Pfizer
- Natasha Scheinberg
- Lynne Timby, Moderna
- Elizabeth Twitchell
- Jennifer Velasco, ChristianaCare
- Jamie Van Horn, State of Delaware
- Joanne White, State of Delaware
- Brandon Young, Seqirus

Call to Order/Welcome

Dr. Smith called the meeting to order and welcomed everyone to the meeting.

Review of Previous Meeting Minutes

The meeting minutes from February 26, 2026 were reviewed.

Additions/Changes: None.

Motion to accept previous meeting minutes: Jennifer Velasco
Motion seconded: Dr. Kayla Baran
Meeting minutes from February 26, 2026 were approved.

Delaware Advocacy and Legislation

HB 338: An Act to Amend Title 18 of the Delaware Code Relating to Health Carrier Coverage of Immunizations & Preventive Services

- Clarifies that individual, group, and blanket health insurance carriers must provide for and pay for services that were recommended by ACIP and HRSA that were in effect as of January 1, 2025.
- Written & Oral Support
- Passed the House (30Y, 5N, 6A), Ready List for Senate

HB 422: An Act to Amend Title 16 of the Delaware Code Relating to Enhanced Informed Consent for Infant Vaccinations and Documentation in Sudden Unexpected Infant Death Investigations

- Requires enhanced informed consent before administering vaccines to infants less than 12 months of age (discuss possible side effects, the overlap between the 2-4 month vaccination, and how to report events to VAERS or file VICP claims)
- Requires a signed acknowledgement form developed by DHSS
- Mandates vaccination history be documented in every SUID/SIDS investigation to support accurate COD determinations
- 5/14: Assigned to Health & Human Development Committee
- Written & Oral Opposition when/if needed

Federal Advocacy

- ICD signed onto the FightInfectiousDisease.org letter of opposition regarding Secretary Kennedy's ongoing efforts to fundamentally alter the Vaccine Injury Compensation Program (VICP) and broader changes reshaping the nation's vaccine and public health landscape
- ICD signed onto the American Academy of Pediatrics' joint statement of opposition to the new Advisory Committee on Immunization Practices (ACIP) charter published on April 9
  - HHS formally *re-established* the charter after withdrawing the revision
  - Still a temporary court order banning ACIP from convening (June 24-26 meeting is still on the website)

Dr. Kayla Baran, Medical Field Advisor for Moderna, gave a presentation on Respiratory Burden of Disease. She highlighted the following:

2024–2025 Influenza season overview:

- Identified as the most severe flu season in the past 10 years.
- Estimated impact included 51 million symptomatic illnesses, 23 million medical visits, and 45,000 deaths.
- Age distribution showed:

- Adults aged 18–49 accounted for the highest proportion of symptomatic illness and medical visits.
- Adults 65+ experienced the highest rates of hospitalization and death, largely due to comorbidities.

2025–2026 influenza season update:

- Outpatient visits and hospitalizations peaked in late December, with a subsequent downward trend.
- As of February 28, approximately 90 pediatric deaths and 1,000 adult deaths were reported due to influenza.

Flu References

- Estimated US Flu Disease Burden- CDC
- Past Seasons Estimated Influenza Disease Burden: Counts by Season and Percentages by Age Group- CDC
- Flu Burden Prevented by Vaccination- CDC
- FDA VRBPAC Presentation- Details interim Influenza surveillance data presented in March for the most recent season (2025-2026) as well as interim vaccine effectiveness data

Respiratory disease overview:

- Presented data on influenza, COVID-19, and RSV, highlighting their ongoing burden on healthcare systems and public health.
- Reviewed COVID-19 vaccine effectiveness data.
- Discussed seasonal trends associated with RSV.

COVID-19 & RSV References

- Preliminary Estimates of COVID-19 Burden- CDC
- FDA VRBPAC Presentation (May 28, 2026)- Details interim COVID-19 vaccine effectiveness data for the 2025-2026 season (also contains 2024-2025 data)
- Preliminary Estimates of RSV Burden-CDC

Clinical and educational resources:

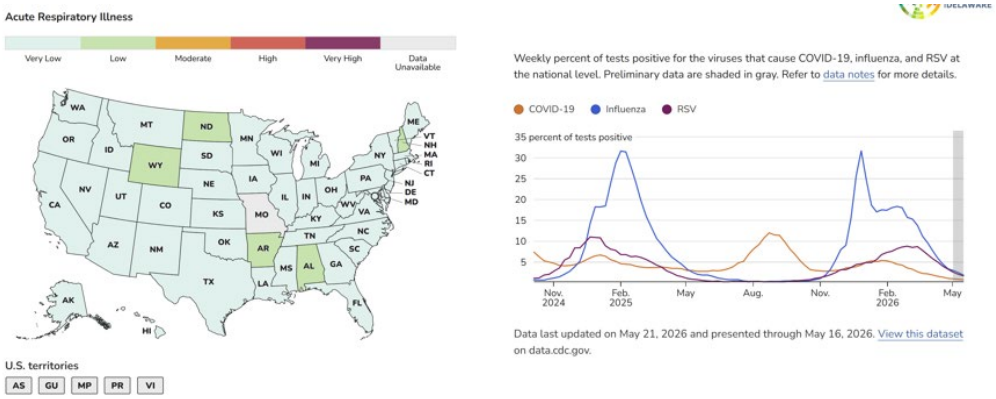
- Common Health Coalition Vaccine Resources
- Vaccine Integrity Project Site
- AAP COVID-19 Resources
- Pediatric COVID-19 Vaccine Dosing Quick Reference Guide- Two-page quick reference available for printing. Scroll down under professional tools and resources on linked page and it will be the second card from the left
- Vaccinate Your Family Resources
- Immunize.org
- Gerontological Society of America (GSA) Concentric Value of Vaccination Resources
- Bench2Practice Moderna Resources- Educational resources for healthcare providers. There are infographics, training videos, conference posters etc. available through this site. To search, go to Bench2Practice --> Educational Resources.
    - A few infographic examples:
        - Understanding the mRNA Platform
        - mRNA Vaccine Misinformation-Myth vs. Fact
        - COVID-19 Vaccines & Reproductive Health- Setting the Record Straight
        - Understanding Different Vaccine Platforms

Standing Agenda Items

Item 1. 2025-2026 Respiratory Season

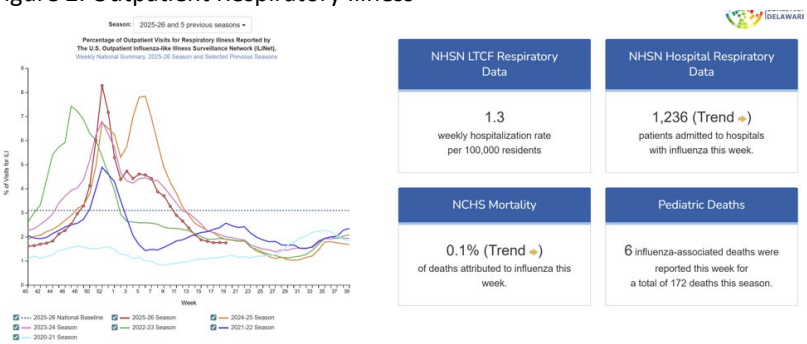
A. USA: Respiratory Illness

Figure 1. Level of Respiratory Illness Activity



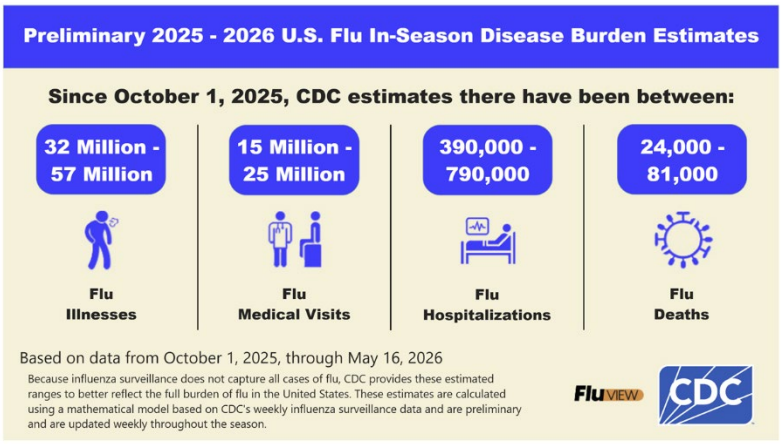
As of May 16, 2026, COVID-19, Influenza, and RSV activity remains low. While COVID-19 cases have historically increased during the summer months, a seasonal rise has not yet been observed this year.

Figure 2. Outpatient Respiratory Illness



There has been a total of 172 pediatric deaths reported this season. However, respiratory illness activity is currently quite low. If anyone is experiencing respiratory symptoms, they may be related to a common cold or seasonal allergies rather than the respiratory viruses that have been circulating this season.

Figure 3. Influenza



Since October, there have been an estimated 32 to 57 million influenza illnesses, resulting in approximately 15 to 25 million medical visits and between 24,000 and 81,000 influenza-related deaths.

Item 2. Emerging Infectious Diseases

Dr. Smith reviewed emerging infectious diseases from a global view.

A. Avian/Bovine/Human Influenza

According to the CDC, there are currently 71 reported cases nationwide. Of the reported cases, 41 are linked to exposure in dairy herds (cattle), 24 are associated with poultry farms and culling operations, 3 involve other types of animal exposure, and 3 cases have an unknown source of exposure. One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S. *This information (and website) has not been updated in several months.*

Highly Pathogenic Avian Influenza in Domestic Livestock

As of May 25, 2026, there have been 1,108 confirmed cases in 20 states. Delaware is not included.

Commercial & Backyard Flocks

As of May 25, 2026, there have been 19 confirmed flocks (12 commercial flocks and 7 backyard flocks). Delaware has experienced a small number of affected commercial poultry flocks; however, neighboring Pennsylvania has reported several outbreaks in commercial flocks, including cases in Lancaster County. Given the proximity of these outbreaks to Delaware, it is important to remain vigilant, as avian influenza does not adhere to state boundaries. Residents and producers should stay informed about the source of poultry products and continue following guidance from public health and agricultural authorities.

B. Pertussis

As of 2026, the United States has reported 4,598 pertussis cases. Delaware has reported no cases to date, which is encouraging. However, neighboring jurisdictions have reported cases, including 133 in Pennsylvania, highlighting the importance of continued awareness and surveillance.

C. Measles

Figure 1. USA

Age	2026 Cases	2026 Hospitalization	2025 Cases	2025 Hospitalization
Total	1,952	124 (6%)	2,288	243 (11%)
< 5 years	413 (21%)	42 (10%)	584 (26%)	106 (18%)
5-19 years	990 (51%)	33 (3%)	1016 (44%)	58 (6%)
20+ years	543 (28%)	49 (9%)	675 (30%)	79 (12%)
Unknown	6 (0%)	0	13 (1%)	0

CDC Data: USA

- January 1 - May 21, a total of 1,952 confirmed measles cases were reported by 40 jurisdictions.
- 29 outbreaks in 2026, 93% of confirmed cases (1,815) are outbreak-associated.
- Vaccination. Unvaccinated/Unknown: 92%; MMR 1 dose: 4%; MMR 2 doses: 4%
- Deaths in 2025: 3
- In 2025, there were 2,288 reported measles cases in the United States. In 2026 to date, there have been 2,033 reported cases.

Measles Elimination

Must demonstrate one year without transmission

1. Disease Patterns Over Time
    - Cases have declined substantially, outbreaks are quickly contained
    - Fewer than 1 confirmed measles case per million population
2. Population Immunity Levels
    - 95% or greater
3. Quality of Disease Surveillance
    - Demonstrate a system is sensitive enough to detect cases if they exist
    - Non-measles febrile rash illness rate (at least 2 per 100,000 people yearly)
    - 80% of districts/counties investigate and test at least 1 suspected case each year
4. Program Sustainability
5. Molecular Evidence from Lab Testing

Figure 2. Measles, USA

State	Cases	Counties	Hospitalizations	Status
Arizona	316	6	25	
California	49	10		Last update 5/11
Delaware	1	1		
Florida	138	15		
Idaho	23	6		Last case 3/09
North Carolina	24	10	1	Last case 2/21
North Dakota	38	6	5	Last case 4/30
Oregon	23	2	1	Last case 5/10
South Carolina	997	7	19	Declared Over
Texas	182	9		Prison System
Utah	671	13	54	Active Transmission
Washington	45	8	3	

CDC-monitored measles outbreaks continue across several states. Arizona cases are slowing (1–2 per week), Delaware had a single exposure with no spread, and Florida reports about 138 cases. Several states, including Idaho, North Carolina, North Dakota, and Oregon, are seeing declining activity, and the South Carolina outbreak has been declared over. Texas remains high, largely tied to the prison system, while Utah is currently the most active.

Overall, cases spiked early in the year due to South Carolina, then declined, though 2026 totals are now approaching 2025 levels, which remains concerning.

Areas with higher vaccination rates tend to have fewer cases, although this is not consistent in every instance. States like Vermont and New Hampshire show high vaccination coverage and relatively low case counts. Delaware, with vaccination coverage around 90–94%, has not reported any cases, which is encouraging. However, as vaccination rates decline, measles cases are expected to increase.

Measles in Canada

There were 1,042 cases of measles in Canada, in 2026, as of May 16, 2026.

Measles in Europe

In March 2026, 30 EU/EEA member states reported measles data. Twelve countries reported a total of 172 cases of measles; 18 countries reported 0 cases.

Measles, PAHO

Between epidemiological week (EW) 1 and EW 19 of 2026 (ending on May 16), the Region of the Americas reported **20,332 confirmed measles cases** from 16 countries and territories, including 25 deaths.

- 276% increase compared to the same period in 2025
- Mexico (10,817)
- Guatemala (6,209)
- United States (1,893)
- Canada (1,018)

98% of confirmed cases

Item 3. Hantavirus – *Onboard Dutch Flagged MV HONDIUS*

Patient Zero
April 1 – 114 guests aboard, Hondius departs Ushuaia, Argentina
April 6 – Adult male, presented to ship's doctor with fever, headache, mild diarrhea; 6 additional guests joined the ship
April 11
- Developed respiratory distress
- Died onboard

No microbiological tests performed
April 24
- Body removed to St. Helena
- 30 additional passengers disembark

Figure 1. Patients 2-4

	April 24	April 25	April 26	April 27	April 28	May 2	May 4
2: Adult Female	GI Symptoms Goes ashore in St. Helena	Flight to Johannesburg, SA Deteriorates	Died on Arrival at ED				PCR testing confirms hantavirus; contact tracing for airline passengers initiated
3: Adult Male	Presents to ship's doctor with fever, SOB, signs of pneumonia		Condition worsens	Medically evacuated to ICU in South Africa Respiratory panel negative		PCR confirms hantavirus	
4: Adult Female					Presents with pneumonia	Died on Board WHO Notified Body remained on board	

World Health Organization

May 2
- Notified by National International Health Regulations, Focal Point of the United Kingdom of Great Britain and Northern Ireland
- "Cluster of Severe Acute Respiratory Illness" on board a cruise ship
- Two deaths, one critically ill (third dies later that day)

May 3
- Additional death reported, 3 additional suspected cases onboard with high fever and/or GI symptoms

May 4
- 2 confirmed, 5 suspected (3 deaths) reported

May 6 & 7
- Two symptomatic patients, 1 suspected case medically evacuated to Cape Verde
- Hondius diverted to the Canary Islands (Tenerife)

May 7
- No symptomatic patients on board, but all were monitored
- Contact tracing on the 24 passengers who disembarked in St. Helena

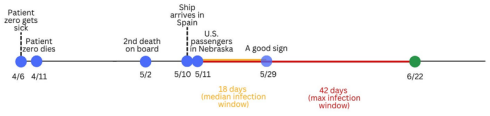
May 8
- Eight cases reported (CFR 38%), 6 confirmed Andes virus

May 10
- 35 crew, 87 passengers disembarked at Tenerife and were privately transported to their own countries for further monitoring

May 11
- Health Alert Network sent
- CDC website updated, press release

May 13
- 11 cases (8 confirmed, 2 probable, 1 inconclusive)

Figure 2. Basic Timeline



History of Hantavirus

1951-1953: Korean War → Korean Hemorrhagic Fever
1978 – Etiologic agent
- Infected rodent near Hantan River, South Korea

1981 – new member of Bunyaviridae family
- New genus, "hantavirus" → viruses causing hemorrhagic fever with renal syndrome

1993 – hantavirus outbreak in SE United States ("hantavirus cardiopulmonary syndrome")

Epidemiology

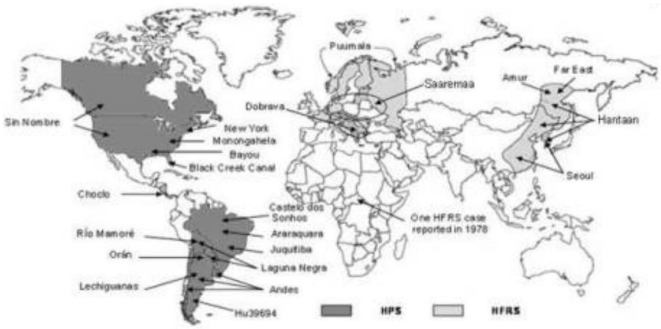
Rodent-borne zoonotic virus
- Deer Mouse, Cotton Rat, Rice Rat, White Footed Mouse

Spillover Transmission
- Inhalation of virus (aerosolization of urine, droppings, saliva)
- Direct contact through open wound, etc.
- Rodent bite/scratch (rare)

Fairly Rare
- 2025 Americas: 8 countries, 229 cases, 59 deaths (CFR 25.7%)
- 2023 Europe: 1885 cases

Distribution

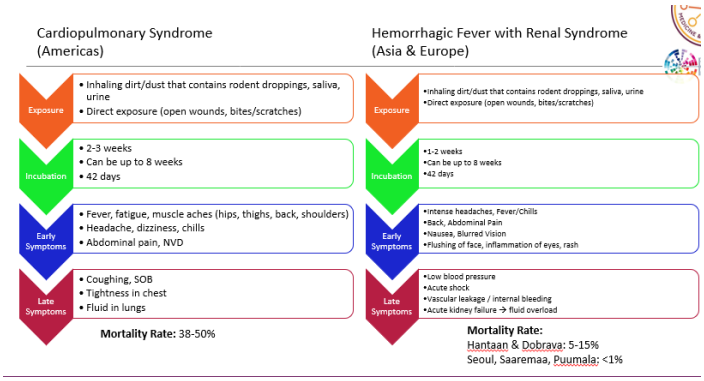
Figure 3. Distribution of Hantavirus species world wide



29 Strains
- *Sin Nombre virus* – dominant strain in North America
- *Orthohantavirus* – dominant strain in South America
- Andes Strain: person to person, close personal contact (early phase of illness)

Cruise ship had docked in Argentina, departed April 1

Figure 4. Syndromes



Treatment

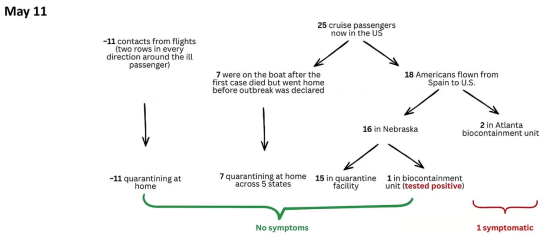
Case fatality rate depends on strain

- <1 – 15% in Asia & Europe
- Up to 50% in Americas

Supportive care

- Early supportive care
- Intensive care unit

Figure 5. Monitoring US Passengers



What we think happened

Patient 0 likely acquired the virus before boarding (exposure on land)

Human-to-human on ship

- Prelim. Sequence analysis shows close, near-identical genetics

Ship traveled to Rotterdam, Netherlands (May 11-18)

- 25 crew + 2 Dutch health care workers for health monitoring
- 1 deceased (Patient 4)
- Quarantining for crew, health workers
- Cleaning & sanitizing ship

2 additional cases reported:

May 22 - a crew member who left the Hondius in Tenerife and has been isolating in the Netherlands since then

Weekend – a Spanish national who has been quarantining at home, tested positive through daily

monitoring ➡ biocontainment unit

Comments:

Any Fierro: NETEC has posted free training and updates on HCID.

https://netec.org/education-training/

Item 4. Ebola Virus

Patient Zero (suspected)

April 24
- Health worker reported onset of symptoms including fever, hemorrhaging, vomiting, intense malaise
- Died at a medical center in Bunia

World Health Organization

May 5
- WHO is notified of "unknown illness with high mortality"
- 4 health workers died within four days
- Mongbwalu Health Zone, Ituri Province, DRC

May 13
- Rapid response team investigation in Mongbwalu & Rwampara HZ

May 15
- 246 suspected cases, 80 deaths
  - 3 health zones: Mongbwalu (3 health areas), Rwampara (6 health areas), Bunia HZ
  - 24 suspected cases in isolation
- Outbreak confirmed as Bundibugyo virus disease (BVD)
  - Ministry of Public Health, Hygiene, and Social Welfare declared 17th Ebola Virus Disease outbreak in the DRC
  - Unusual clusters of community deaths with similar symptoms being investigated

Continued

May 15
- 65 contacts being traced (15 high-risk)
- Follow up weak; several got sick and died before isolation
- Uganda declares outbreak
  - Imported case from DRC: elderly man admitted to private hospital on May 11, died May 14
  - Sample collected from May 11 confirmed as Bundibugyo on May 14

May 16
- Uganda confirms second case
- WHO Director General declared the situation a Public Health Emergency of International Concern

May 19
- IHR Emergency Committee convened, temporary recommendations issued

May 21
- 746 suspected cases, 176 deaths in DRC
- 85 confirmed cases (2 in Uganda, 83 in DRC) and 10 deaths (1 in Uganda)

May 22
- CDC posted a Level 3 (Reconsider Nonessential Travel) Travel Notice for the DRC

May 25

- Confirmed/Suspected case count = 997 (in one week), suspected deaths = 228 (CFR 14.3%)
    - Likely an undercount – test positivity is ~50%, only about 20% of contacts are being traced, cases are popping up with no connection
    - Suggests widespread and undetected community transmission
    - Growth is fast, cases are now spread across 16 health zones with multiple epicenters

May 27

- CDC bumped travel restriction to level 4 (Restrict All Travel) for DRC, Uganda, and South Sudan
    - Currently are being diverted to Houston, Atlanta, or DC for further screening (fever, travel history)
    - Plans to send high-risk travelers to a mandatory quarantine in Kenya before they are allowed to return

Uganda

- 7 cases, 1 death (CFR 14.3%)
- 2 healthcare workers tested positive with uncertain exposure history
- Closed border between Uganda and DRC

Epidemiology & Distribution

Three types of orthoebolavirus

Ebola Virus, CFR ~90% without treatment (1976)

- First recognized in DRC Equateur Province, 1976: 318 cases, 280 death, CFR 88%, 38 confirmed survivors

Sudan Virus, CFR ~50% (1976)

- Nzara, Maridi, surrounding areas, Sudan. Possibly started with workers at a cotton factory (37% infected)
- 284 cases, 151 deaths, CFR 53%

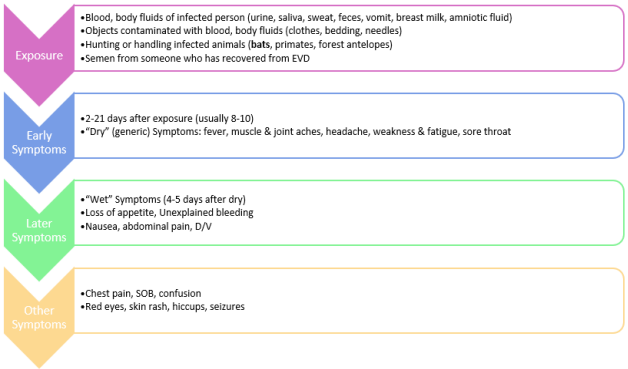
Bundibugyo Virus, CFR ~30% (2007)

- Bundibugyo District, Uganda
- 131 cases, 42 deaths, CFR 32%

Reston Strain (1989)

- 4 asymptomatic people, 0 deaths
- Primate holding facilities, Reston, VA; Philadelphia, PA; Alice, TX
- Monkeys imported from the Philippines

Figure 5. Signs & Symptoms



Treatment

Case fatality rate depends on strain

Supportive care
- Early supportive care
- Intensive care unit

2 vaccines are approved for Zaire strain (ring vaccination), none for Bundibugyo

Questions:

Drew Ellison: Are there any recent advancements in the evolution of the treat of Ebola?

Dr. Kate Smith: An FDA-approved Ebola vaccine is available for the Zaire strain of the virus and may provide some cross-protection against the Bundibugyo strain; however, no vaccine has been approved specifically for Bundibugyo. Research is ongoing, with two potential vaccine candidates under development. Monoclonal antibody treatments may offer some benefit, but access remains limited and there are currently no widely available treatment options for this strain.

Carly Horton: All international flights from affected areas are being diverted to specific air ports for screenings.

Item 5. Save the Dates

2026 Immunization Summit
- December 15, 12:30-5:00 PM
- Ammon Auditorium, Christiana Hospital, Newark, DE

2026 Upcoming Quarterly Meetings (online)

4th Thursday, from 2:00 – 3:30 pm

- August 27
- November 19 (3rd Thursday)

Meeting information is online, and a link to register is both online and at the bottom of each Week in Review. Please register through Zoom. Emails will be sent at the time of registration which include calendar holds.

**Note: If you would like to see or present a topic/presentation at a quarterly meeting, please let Dr. Smith know. **