



Massachusetts Adult Immunization Coalition Meeting

Virtual Meeting, September 26, 2023 - 1:00p - 3:00pm

MAIC Meeting Minutes

47 Virtual Attendees

	First	Last	Organization
1	Alexandra	Burke	MAIC
2	Amy	Sgueglia	MAIC
3	Kasey	Mauro	
4	Susan	Lett	MDPH
5	Cynthia	McReynolds	MCAAP
6	Michele	Wojtowicz	
7	Shirley	Moe	Amherst College
8	Angela	Fowler	MDPH
9	Robert	Fontenelli	Pfizer
10	Erica	Rimpila	North Suffolk Mental Health Association
11	Sue	Deremer	
12	Lesa	Volpe	The Wellness Company
13	Amanda	Wilhoit	MAIC
14	Mary Ellen	Casey	Healthcentric Advisors
15	Katie	Kelley	Astrazeneca
16	Paul	Chandini	
17	Nancy	Clover	Occupational Health Connections
18	Deanna	Mazina	
19	Tim	Temple	Pfizer
20	Kim	Fredericks	
21	Laurie	Martins	
22	Andrew	Rennekamp	CSL Seqirus
23	Sherry	Schilb	Sanofi Pasteur
24	Rich	Aceto	Novavax
25	Erin	Kelley	Astrazeneca
26	Anne-Marie	Devaney	Weymouth Health Dept
27	Ali	Lydon	Merck
28	Brooke	Cardoso	Seqirus
29	Joyce	Cohen	MDPH
30	Pamela	Worthington	MDPH
31	Judith	Melin	American College of Physicians
32	Shawn	Tingley	Novavax
33	Brett	Lown	Dynavax
34	Ted	Clark	MDPH



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35	Debra	Vescera	Northbridge Mass
36	Luke	Cunniff	Merck
37	Lisa	White	
38	Kirsten	Krieger	
39	Keri	Ball	UMass Boston, University Health Services
40	Simone	Carter	Town of Hopkinton
41	Brittany	Rahall	UMass Med
42	Deidre	Smith	NAHSE
43	Angela	Kramer	Ludlow Board of Health
44	Dylan	Kirby	MDPH
45	Laurie	Courtney	MDPH
46	Lisa	Heyer	Newton HHS
47	Olga	Hennion	Moderna

Adult Immunization Update

Angela Fowler, MDPH

[Presentation Slides](#)

RSV

- Causes annual outbreaks of respiratory illnesses in all age groups
- RSV season starts in the fall and peaks in the winter
- Everyone typically infected with RSV for the first time as an infant
 - Causes the most hospitalizations for children under the age of 2
- Can get repeat infections throughout life
- RSV can lead to exacerbation of serious conditions such as
 - Asthma
 - Chronic conditions
- RSV among adults age 65 years and older
 - 900,000 - 1,400,000 medical encounters
 - 60,000 - 160,000 hospitalizations
- First vaccine was tested in the 1960s, but resulted in vaccine-enhanced disease (VED)
- It has been hard for several years to stabilize the F protein into the prefusion form, making it hard to develop an RSV vaccine
- In 2013, the NIH make a breakthrough discovery by figuring out the detailed crystal structure of prefusion RSV F
 - Made it possible to develop vaccines that produce antibodies
 - This research has led to the development of two new RSV vaccines
- Both vaccines have F protein stabilized in its prefusion conformation



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- Both have good vaccine efficacy → pre-marketing trials showed strong efficacy against RSV in both season 1 and season 2
- Well tolerated and thought to have an acceptable safety profile
- Most side effects are similar to those of other vaccines
- Shared decision making recommendation from CDC
 - No default decision to vaccinate
 - Recommendations are individually based and informed by a decision process between the health care provider and patient
- Factors to consider when discussing vaccine with patients:
 - Lung disease
 - Cardiovascular disease
 - Diabetes
 - Kidney disorders
 - Liver disorders
- Increased risk for RSV
 - Residence in nursing home or other long-term care facility
 - Frailty
 - Advanced age
- If administered:
 - Start in summer, as soon as vaccines are available
 - Would continue through the RSV season until the spring
- Emergency ACIP meeting:
 - Maternal vaccine recommended for pregnant people during 32 through 36 weeks gestation with seasonal administration to prevent lower respiratory tract infection from RSV in infants → Abrysvo
 - Was a concern that there was an imbalance in preterm births with the treatment group having higher percentage of preterm births compared to the placebo group, but this was not statistically significant

COVID-19

- Not a clear seasonal pattern, in contrast to RSV
- Burden varies by age and underlying condition status with those ages 65 and older having the highest risk of severe outcomes
- Burden is lower than at previous points in the pandemic, however there are still thousands of hospitalizations and hundreds of deaths each week
- Uptick in hospitalizations in the last month or so
- mRNA vaccines
 - Moderna
 - Pfizer-BioNTech
- Protein subunit vaccine
 - Novavax, currently under review by the FDA



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- September ACIP Recommendation
 - Recommended universal covid-19 vaccination for people aged 6 months and older receive an updated 2023-2024 COVID-18 vaccine
 - Only one dose is necessary to be up to date
 - Immunocompromised recommendations:
 - Initial 3-dose vaccine series (if you have not been vaccinated before)
 - At least 1 2023-2024 COVID-19 vaccine dose
 - May receive 1 or more additional 2023-2024 mRNA COVID-19 doses
 - Universal vs. targeted recommendation because:
 - Severe outcomes are not limited to those older than 65 or those with underlying conditions
 - Majority of US population has an underlying condition that would qualify under a risk-based recommendation (e.g. 70% of adult population in overweight or obese)
 - Hospitalization rates are ticking up
 - Simple and stable recommendations may increase vaccine coverage over time
 - Risk of serious vaccine side effects are low
 - Previously, adults 65 years and older were eligible to receive an additional dose, updated recommendations state that this population are recommended to receive ONE updated dose
 - Available at no cost to no cost for most
 - Covered by most insurance

Influenza

- Causes annual outbreaks in all age groups
- About 8% of U.S. population gets sick from flu each season, ranges between 3 and 11 percent depending on the season
- June 2023 Recommendations from the ACIP
 - Routine annual influenza vaccination for all persons ages 6 months and older since 2010
 - September and October are the best times for most people to get vaccinated
 - Vaccination should continue after October and throughout the season and long as influenza is still circulating
 - Composition of the 2023-2024 vaccine includes an update to the H1N1 component
 - People with egg allergy may receive any vaccine (egg-based or non-egg-based)
 - Additional safety measures are no longer recommended for flu vaccination of people who are allergic to eggs beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg
 - Adults aged 65 and older should preferentially receive:
 - HD-IIV4
 - RIV4
 - Immunocompromised persons should not receive intranasal LAIV4



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- Vaccination is especially important for people who are at higher risk of developing serious flu complications
- Pregnant people are at increased risk for severe illness related to influenza
 - Nasal vaccine should not be used during pregnancy
- Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible patients

Questions:

Q: Has the recommendation for shared clinical decision-making influenced whether or not the RSV vaccine would be covered by insurance?

A: No. I think the RSV vaccine is going to be covered by most insurance plans. My understanding is that insurance companies typically have a year to add new vaccines to their plans. It may not be available immediately to all insurance plans. But I don't think that shared decision making will have an impact on most insurance plans.

Q: What is the best practice in which to document shared decision making? By default does "shared decision making" imply an electronic health record or Should we have a free standing public health EHR or is that infrastructure something that DPH will address at some future point?

A: I think that shared-decision making is something that is commonly used in practice for many things such as screening decisions for cancer etc. I think that as far as best practices, it is good to document that you did have this discussion with a patient about the pros/cons and risks/benefits. How detailed you are about that is up to each clinician. Some will spell out what was discussed. But I think it is a good idea to document those discussions. I don't necessarily think that shared decision making implies an EHR system, I am unaware of any plans for DPH to develop any infrastructure for documenting shared-decision making.

Q: Can prevnar 20 or pneumovax 23 be given with these 3 vaxs, COVID, fly, RSV

A: Yes.

Q: Is the wait of two months for COVID vax after the bivalent vax applicable?

A: Yes, you do want to wait 2 months before giving the updated 2023-2024 vaccine.

Southern Hemisphere Flu Update

Andrew Rennekamp, CSL Seqirus

- Influenza virus can circulate globally
- Southern hemisphere data precedes our data in some ways
 - We do look to the southern hemisphere to get an idea of what might happen
- Our most recent severe season in the U.S. was the 2017-2018 season
 - Southern hemisphere experienced this severity right before our season
 - Their season preceded ours
- U.S. season often mirrors the preceding Australian season



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- Our early influenza season last year was preceded by an early season in Australia
- Current Australian data:
 - This year was a slower ramp up (not as sharp of a peak as last year) and the season was a bit wider *SEE GRAPH*
 - Hospitalization was not as severe this year compared to the 2017-2018 season
 - Age groups with highest disease burden in Australia are children under age 15
- Several Southern Hemispheric countries are currently experiencing higher or earlier flu activity compared to what was seen prior to the COVID-19 pandemic
- H1N1 has been the highest reported strain in the Southern Hemisphere, so we expect that in the United States as well

U.S. Influenza Season data

- <https://www.cdc.gov/flu/weekly/index.htm>
- <https://gis.cdc.gov/grasp/fluview/fluhosprates.html>

Southern Hemisphere Influenza Season data

- <https://www.health.gov.au/resources/collections/australian-influenza-surveillance-reports-2023>
- <https://ncirs.org.au/influenza-vaccination-coverage-data/national-influenza-vaccination-coverage-all-people>
- <https://www.cdc.gov/flu/spotlights/2022-2023/ongoing-flu-southern-hemisphere.html>

NAHSE Greater Boston Presentation

Deidre Smith, NAHSE

[Presentation Slides](#)

- NAHSE is a non-profit association of Black Healthcare Professionals
 - Membership society for Blacks in healthcare management
- Boston chapter
 - 7 founding members
 - 5 elected board members
 - Progress to date:
 - 11 community forums
 - 6 professional development forum
 - 10 social networking events
 - 11 community service
 - 15 membership events
- Health equity committee
 - Focuses on 4 areas: maternal health, kidney disease, mental health, immunization health
- Immunization Health
 - Campaign: Immunize the Community Initiative



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- Purpose: Inform, Educate, and provide adequate access to information and immunization resources
- Focus Areas: COVID-19, Flu, Pneumonia
- Target Audiences: Black Community (Churches and Black Greek Organizations) in the Boston Area (Dorchester, Roxbury, Mattapan), Brockton, Lynn, Chelsea
- Steering Committee:
 - NAHSE
 - MAIC
 - JSI
 - Community Providers
 - Pfizer
- Pilot (1): Digital Toolkit
 - Create a digital social media “Did You Know” toolkit with editable content that can be updated annually for community members to utilize for informational and educational purposes
- Pilot (2) - Live Videos (~50 videos)
 - Create “Did You Know” live engagement video content to create educational TikTok videos
 - Identified 4 areas of “Immunization Delay” → health awareness and education, access to immunization, deprioritizing care, building confidence (provider trust)
- Pilot (3) - Navigating Access to Immunizations
 - Designing a new research study with retail pharmacies inside Shaw and Star Markets
 - Measure immunization access in retail pharmacies
 - Collect data on uninsured and not covered customers
 - Design marketing material to distribute during check-out
 - Identify outreach opportunities to ensure customers have access to health coverage
- Learn more about NAHSE and our immunization work
<https://nahsegreaterboston.org/immunization-health/>

CDC Bridge Access Program Overview

Dylan Kirby, MDPH

- Allows eligible providers to provide COVID vaccines to adult (19 years or older) that are uninsured or underinsured
- Program allows you to use vaccines you are already getting to administer to this population
- Program is not open to everybody
 - Only open to select provider types
 - Pharmacies are not eligible, but there is another program for pharmacies so please reach out to the vaccine unit and they can point you in the right direction
- Sites that are eligible have been contact by DPH already



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- If you have questions about eligibility you can contact the vaccine unit @ 617-983-6828 or dph-vaccine-management@mass.gov
- In this program people should NOT be charged

Questions:

Q: If a person's health insurance does not provide coverage for the vaccine, are they eligible to receive the vaccine via Bridge Access Program?

A: Yes, they are considered underinsured in this scenario.

Q: Where can you find locations that are enrolled in the Bridge Access Program?

A: Vaccine.gov will show all sites in the state that are enrolled in the program. This will be updated in the coming days.

Massachusetts Vaccine Confidence Project (MVCP) Update

Cynthia McReynolds, MCAAP

[Presentation Slides](#)

- Project was initiated in 2018 as a collaboration between MDPH immunization program, MCAAP, and Massachusetts Adult Immunization Coalition
- Meet on a monthly basis
- Mission: to increase vaccine confidence throughout Massachusetts so that everyone is fully immunized against vaccine preventable diseases
- Project outreach includes HCPs, community outreach workers, advocates and the public
- Contact Amy or Cynthia if you would like to be included in e-newsletters
- Upcoming Activities:
 - All CApe School Nurses Training (10/6/2023)
 - MIAP Conference (10/25/2023)
- Resources: <https://massvaccineconfidenceproject.org/>

Novavax non-mRNA COVID-19 Vaccine Presentation

Shawn Tingley, Novavax

- First time bringing a vaccine to market - non-mRNA adjuvanted vaccine built with protein
- Novavax is in final stages of FDA authorization for this vaccine for the 2023-2024 season, anticipating approval soon
- Studied on more than 50,000 participants
 - Demonstrated efficacy in preventing symptomatic mild, moderate, or severe COVID-19 from 7 days after dose 2
 - 90.4% efficacy against COVID-19 in adult clinical trial participants



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- 100% protection against moderate-to-severe illness from then circulating virus
 - Participants had antibodies that remained elevated at 11 months
 - One vial, one dosage strength for all authorized uses
 - Can be stuck right in the refrigerator
 - 7-9 month shelf life if not punctured
 - Once punctured, you have 12 hours to use it
 - No mixing, dilution or thawing required
 - Offering 100% returnability on all opened and unopened vials
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Updates from the Field

- Andrew Rennekamp - Seqirus
 - From the ACIP meeting on Friday, the CDC is adding an addendum with updates to the vaccine schedule
 - This is a way of getting things into the schedule faster so insurance companies will cover things faster
- Olga Hennion - Moderna
 - 2023-2024 formula → two authorizations
 - SPIKEVAX (COVID-19 Vaccine, mRNA) 2023-2024 Formula
 - Moderna COVID-19 Vaccine (2023-2024 Formula)
 - Emergency use authorization for individuals 6 months-11 years of age
 - Not FDA approved, authorized under EUA
 - Single-dose vial, 0.25 mL dose
 - Updated PI can be found on [spikevax.com](https://www.spikevax.com) and updated Fact sheets can be found on [eua.modernatx.com](https://www.eua.modernatx.com)
- Mary Ellen Casey
 - VAX FACT Series Session 5: Vaccinations and MDS & NHSN:
<https://www.zoomgov.com/meeting/register/vJltc-Gvqz0jH7Kgr3JCsw8yKqoUtdenlss#/registration>
- Tim Temple - Pfizer
 - Confusion about shared-decision making when it comes to coverage. The Inflation Reduction Act tried to address this matter, but there is still lots of confusion.
 - More than happy to speak with groups to ensure that immunizations are equitably distributed across the Commonwealth
- Laurie Courtney, MSN, RN
 - Summary from STAT News about rollout of COVID vaccines:
<https://www.statnews.com/2023/09/26/rollout-of-covid-vaccines-is-bumpy-but-not-unexpected-experts-say/>