



## Massachusetts Adult Immunization Coalition Meeting

Virtual Meeting, January 30, 2024 - 1:00pm - 3:00pm

### MAIC Meeting Minutes

#### 40 Virtual Attendees

	First	Last	Organization
1	Alexandra	Burke	MAIC
2	Ali	Lydon	Merck
3	Amanda	Wilhoit	MAIC
4	Amy	Moisan	UMass
5	Andrew	Rennekamp	CSL Seqirus
6	Angela	Fowler	MA DPH
7	Brett	Lown	Dynavax
8	Bridget	Hurley	MetroWest Regional Public Health Services
9	Brooke	Cardoso	CSL Seqirus
10	Cynthia	McReynolds	MCAAP
11	Deanna	Mazina	Executive Office of Elder Affairs
12	Donna	Hampton	University of Massachusetts Dartmouth
13	Elizabeth	Manley	Sanofi
14	Grant	McElwee	Centers for Medicare & Medicaid Services
15	Jeri	Beales	Destination Health Clinic
16	Jessica	Kerr	Town of Arlington Health Department
17	Joyce	Cohen	MDPH
18	Justin	Rolf	Sanofi
19	Katie	Kelley	AstraZeneca
20	Keri	Ball	UMass Boston
21	Kim	Balasco	The Wellness Company
22	Kim	Benner	V-Care Pharmacy
23	Kim	Daly	Merck
24	Kirsten	Krieger	Quabbin Health District
25	Lesa	Volpe	The Wellness Company
26	Luke	Cunniff	Merck
27	Marla	Campbell	AstraZeneca
28	Mary Ellen	Casey	Healthcentric Advisors
29	Mary	McKenzie	ANA Mass
30	Mary	Scuderi	Holyoke Health Center
31	Michele	Wojtowicz	UMass Amherst Health Services
32	Michelle	Moran	ForHealth Counseling @ UMass Chan
33	Nancy	McNeill-Raymond	ForHealth Counseling @ UMass Chan
34	Nicholas	Crowninshield	Veterans Health Administration



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35	Pamela	Worthington	MDPH
36	Patricia	Tremblay	Pittsfield Health Department
37	Rich	Aceto	Novavax
38	Simone	Carter	Town of Hopkinton
39	Taeko	Strassel	ForHealth Counseling @ UMass Chan
40	Tess	Bub	Sanofi

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### MAIC Conference Announcement

Alexandra Burke, MAIC

[Presentation Slides](#)

- [Register now!](#) Our conference will be in-person at the Boston Marriott Newton, 2345 Commonwealth Ave, Newton, MA 02466 from 8:00AM to 4:30PM.
- Speakers:
  - Kevin Ard, MD; Harvard Medical School
  - Paul Carson, MD; North Dakota State University
  - Lisa Jiminez, LSW, RN; Mystic Valley Elder Services
  - Stephanie Kang, DrPH, MS; Massachusetts Department of Public Health
  - Jennifer L. Kimball; State Office of Rural Health, MDPH
  - Andrew Kroger, MD, MPH; Centers for Disease Control and Prevention
  - Pejman Talebian, MPH, MA; Massachusetts Department of Public Health
- Please visit the [conference website](#) for up to date information about registration and becoming an exhibitor.

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### Adult Immunization Update

Angela Fowler, MDPH

[Presentation Slides](#)

#### Intro

- Both influenza and covid-19 vaccines were recommended
- Vaccine progress for influenza was under 40% this year which is less than last year
- Less than 20% of folks in MA eligible to receive updated COVID vaccine received the vaccination
- New vaccinations for RSV were licensed for the first time ever - created to protect older adults and children
  - Don't have a great denominator to calculate the denominator of older folks that are eligible for this vaccine because of shared decision making
  - Total 289, 877 were immunized against RSV
    - 17, 542 UNDER age 5
    - 177,930 were 65-79 years

#### Mpox

- Caused by infection with mpox virus - orthopoxvirus



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- Symptoms: painful rash, fever, headache, muscle aches
- Endemic to parts of Africa, overtime we have seen sporadic outbreaks in those regions
  - In 2022 we experienced the first global outbreak
  - May 2022 in UK, primarily affecting MSM
  - Associated with person-to-person spread via close skin-to-skin contact including sex
  - Deaths have occurred, primarily among persons with severe immunocompromise from advanced HIV
- Incidence rates for US
  - Around 30,000 cases since outbreak began
  - 1 to 7 cases per week nationally
  - Cases that occur in the US are not usually epidemiologically related
  - Ongoing concern for the possibility that we will see another outbreak
  - ACIP reviewed data that the risk of recurrence increases linearly as the percent of the high-risk population with full or partial protection decreases
- Vaccination of at risk population is a very important tool to prevent outbreak
  - Smallpox and monkeypox vaccination developed by Bavarian Nordic/supported by the National INstitute of ALLergy and infectious diseases
  - Both partial and full vaccination with JYNNEOS showed effectiveness against mpox, regardless of administration route
  - Adverse events most commonly reported were mild injection site symptoms
  - Myocarditis and pericarditis were adverse events of special interest
- JYNEEOS recommended for: people aged 18 years of age or older at increased risk of mpox:
  - Gay, bisexual, MSM, transgender or nonbinary people who in the past 6 months who have had:
    - At least 1 sexually transmitted disease
    - More than 1 sex partner
    - Sex at a commercial venue
    - Sex in association with a large public event in a geographic area where mpox transmission is occurring
    - Persons who are sexual contact of the persons described above

### Polio

- Polio decreased rapidly in the US after introduction of polio vaccine
  - 1961 Sabin OPV was introduced and left the Americas certified polio free
- Case of polio was identified in Rockland County, NY in July 2022 that occurred in an unvaccinated young man
  - Polio case was caused by a vaccine-derived poliovirus
  - Likely indicative of >1-2 thousand mostly asymptomatic infections
  - Only 60% of children under 2 years of age had received 3 doses of IPV in Rockland County, NY (some zip codes as low as 37%)
- Standard polio vaccination is four doses total, with one dose at:
  - 2 months



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- 4 months
- 6 through 18 months old
- 4 to 6 years old
- 2000 statement focused on adults at increased risk of poliovirus exposure
  - Uncertainty about how to define increased risk
  - Unclear guidance for unvaccinated adults who were not known to be at increased risk of exposure
- US remains at risk as long as there is ongoing transmission of poliovirus globally
- ACIP polio vaccine recommendations:
  - Unvaccinated or incompletely vaccinated adults should complete a primary vaccination series with IPV
  - Vaccinated adults who are at risk for exposure to poliovirus but have received a primary series of tOPV or IPV can and should receive a booster dose

### Meningococcal disease

- Three types of meningococcal vaccines
  - Quadrivalent (MenACWY)
  - Monovalent (MenB)
  - Pentavalent (MenABCWY)
- Routine schedule
  - MenACWY: dose 1 at age 11-12 years, booster at age 16 years
  - MenB (shared-decision making): two doses at age 16-23 years (preferred age 16-18 years)
- MenABCWY Vaccine - Penbraya
  - Pfizer
  - Licensed as 2 doses for individuals aged 10-25 years
  - Comprised of Trumenba and Nimenrix
  - Minimum interval between doses is 6 months
- ACIP voted to recommend the use of Penbraya as an option when both MenACWY and MenB are indicated at the same visit (instead of administering two vaccines, you could just administer the one)
  - Otherwise, MenACWY and MenB vaccines should be given separately as appropriate.

### Upcoming:

- Meningococcal vaccine guidance:
  - Expects to consider changes to the adolescent meningococcal vaccine schedule next year. A vote is planned for early 2025
  - New pentavalent meningococcal - GSK is developing a new pentavalent vaccine
- Pneumococcal vaccines:
  - Reviewing information on additional vaccines in various stages of development. These vaccines contain serotypes that are not included in currently available vaccines and could prove beneficial in certain patient populations.
- RSV vaccines:



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- Discussed lowering the eligible age range for the RSV vaccine to include adults ages 50 through 59 at increased risk for severe RSV disease

### Questions:

- Do we have any concerns about migrants coming into various states/cities in terms of polio?
  - This varies by location and by timing. There are some areas of the world where the polio vaccine is not as well used and some areas of the world where they are using the oral polio vaccine. The reason we stopped using this vaccine in the US is because it has a live virus (taken orally and then excreted into septic symptoms, can mutate and become virulent again). This is probably what occurred in the Rockland County, NY case. Polio is definitely circulating around the world, however, the United States is still a relatively low risk country for polio. Hard to say the overall threat level from migrants entering the US, probably a fairly low risk would be my assessment.

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### FluMist Quadrivalent Presentation

Marla J Campbell, PharmD - AstraZeneca ([marla.campbell@astrazeneca.com](mailto:marla.campbell@astrazeneca.com))

- Live Attenuated Influenza Vaccine
  - Attenuated: Elicits an immune response similar to wild-type, but does not cause illness
  - Cold adapted: Virus strains replicated efficiently in the cooler areas of the nasal pharynx
  - Temperature sensitive: Virus strains do not replicate in the lungs, where infection occurs
  - Intranasally administered
- Indicated for persons 2-49 years of age
- For intranasal administration only
- Contraindicated in persons who have had severe allergic reaction to any vaccine component including egg protein, or after a previous dose of any influenza vaccine, and in children and adolescents receiving concomitant aspirin or aspirin-containing therapy
- LAIV Immune Response Mimics Natural Immunity to Influenza
  - Thought to confer immunity by stimulating the production of:
    - Mucosal IgA
    - Systemic IgG
    - T cells
- One spray in each nostril - no sniff required
  - Needle-free influenza vaccine
  - Patient can breathe normally during administration
  - No need to re-administer if sneezing, coughing, or dripping occurs
- Cold chain (refrigeration) must be maintained when transporting FLUMIST QUADRIVALENT
  - A single temperature excursion for 12 hours ( up to 77 degrees F) has been shown to have no adverse impact on the vaccine
- QUADRIVALENT has not been studied in immunocompromised patients, given it is a live vaccine
- 2021 survey found that offering different influenza vaccine formulations (injectable and intranasal) would have an impact on influenza vaccine uptake/acceptance



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- When offered a nasal spray influenza vaccination option:
  - Parents were 5% more likely to vaccinate their children
  - Adults were 5% more likely to get vaccinated themselves
- Availability of a nasal spray flu vaccine may increase coverage in several communities
  - Black, non-Hispanic, AAPI, non-Hispanic, Hispanic were more likely to say they would receive a vaccine if a nasal option was offered

If you would like to view the presentation slides on the FluMist Quadrivalent, please reach out directly to [marla.campbell@astrazeneca.com](mailto:marla.campbell@astrazeneca.com).

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### Updates/Questions from the Field

MAIC Members

- **Katie Kelley, AstraZeneca**
  - If you or your practice wants to order FluMist feel free to email Katie Kelley ([katie.kelley@astrazeneca.com](mailto:katie.kelley@astrazeneca.com)). They are taking orders now for next year's flu season.
- **Mary Scuderi, Holyoke Health Center**
  - Question for the group: We have had several patients come into the clinic asking for the "new COVID vaccine." We check their records and they have already received the 2023-2024 dose but are confused because of continuing advertisements to get your updated vaccine. Is anyone else experiencing this? Any thoughts on what else to say when they don't believe us that they are up to date on their COVID vaccines?
    - Response from Andrew Rennekamp: There is a new COVID vaccine (CSL Seqirus) in Japan, but won't be available now. People may be hearing about this in relation to the new COVID vaccine.
- **Andrew Rennekamp, CSL Seqirus**
  - Has been talking to the FDA in terms of the formulation change from quadrivalent to trivalent vaccine. Coming up with a plan to convert their quadrivalent to trivalent formula for 2024-2025 just in case, but it is not clear what the recommendations will officially be for the next season. Exciting public health story - getting rid of one of the four strains (it is not extinct, but has diminished significantly). Something we should celebrate!
- **Cynthia McReynolds, Massachusetts Chapter of the American Academy of Pediatrics**
  - Thursday, February 1, 2024, 12:00-1:00 PM - MCAAP II Webinar Series – "Updates in ACIP Recommendations for the 2024 Childhood/Adolescent and Adult Immunization Schedules" – Registration link: [https://us02web.zoom.us/webinar/register/WN\\_dMkHPOXhTi-wkoyBrjnGRO](https://us02web.zoom.us/webinar/register/WN_dMkHPOXhTi-wkoyBrjnGRO)