

NOTE:
This meeting is being recorded.

## Agenda

- Welcome & MAIC Updates
- Adult Vaccination & ACIP Meeting Update
  - Angela Fowler, MD, MPH Associate Medical Director for Vaccine Preventable Diseases (MDPH)
- Massachusetts Vaccine Policy Update
  - Pejman Talebian, MPH Director, Immunization Division (MDPH)
- Community Vaccination Resource Highlights
  - Rich Baker, MPH MAIC Facilitator
- MIAP Conference Announcement
  - Cynthia McReynolds Program Manager MCAAP Immunization Initiative

## What has MAIC been up to?

- MA Vaccine Confidence Project
  - New resource development, communications, capacity building
- Outreach and education:
  - Massachusetts Association for Public Health Nurses
  - Massachusetts Council on Aging
  - Community Health Worker Core Competency Training
- Building regional partnerships with CT Immunization Coalition
- Vaccine policy communications
- Massachusetts Vaccine Education Webinar Series

## **MAIC Community Spotlight:**

- Nonprofit CBO based in Chesterfield, dedicated to empowering rural communities in the 17-town Hilltown region of MA
- A recipient of DPH funding through the Vaccine Equity Initiative.
- HCDC successfully vaccinated 182 Hilltown residents through mobile events.
- Collaboration and capacity building of trusted messengers were key to their success.
- They continue to build relationships to support vaccination efforts.

To learn more, contact Joan Griswold at joang@hilltowncdc.org



"Nothing gets done in rural communities without collaborating. COVID allowed for capacity building. If we could do it for something we couldn't predict, imagine what we could do for something we plan and calculate."

- Joan Griswold, Dir. of Community Programs

## **Adult Vaccination & ACIP Meeting Update**

#### Angela Fowler, MD, MPH

Associate Medical Director for Vaccine Preventable Diseases (MDPH)







### **Massachusetts Department of Public Health**

## 2025 – 2026 Respiratory Pathogen Season and Federal Vaccine Policy Challenges

# Massachusetts Adult Immunization Coalition

September 30, 2025

Angela Fowler, MD, MPH
Associate Medical Director for Vaccine Preventable Diseases
Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health

#### **Presenter Disclosure Information**

I, Angela Fowler, have been asked to disclose any relevant relationships with commercial entities that are either providing financial support for this program or whose products or services are mentioned during my presentation.

I have no relationships to disclose.

I may discuss the use of vaccines in a manner not approved by the U.S. Food and Drug Administration, but in accordance with ACIP recommendations.





## Federal Vaccine Policy Has Been Chaotic in 2025









ACIP is no longer providing reliable, evidence-based vaccine recommendations. Previously considered clinical "best practices."



ACIP recommendations are tied to insurance coverage.

# Challenge Ahead



ACIP is no longer providing reliable, evidence-based vaccine recommendations. Previously considered clinical "best practices."



ACIP recommendations are tied to insurance coverage.



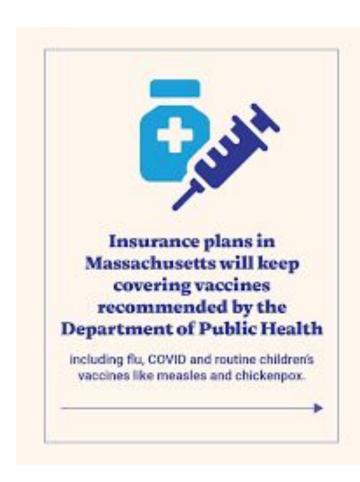
ACIP recommendations are also linked to regulatory oversight of non-physician practitioners in administering vaccines.

# Massachusetts is Issuing Vaccine Recommendations When Needed



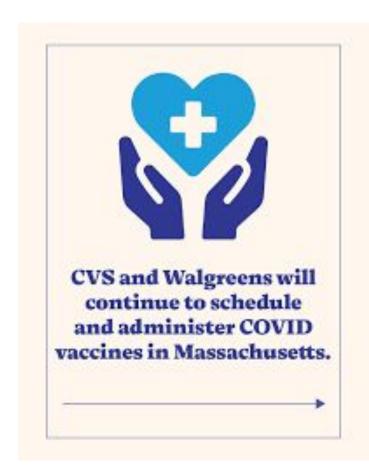
- No confidence in the recommendations of the current ACIP
  - Current ACIP largely unqualified, vaccine skeptic/anti-vax
  - Do not use the standard EtR framework
  - Refusing input of liaison members to Working Groups
- When needed, MA plans to issue vaccine recommendations that are evidence based.
  - Collaboration with the Northeast Public Health Collaborative
  - Input from Professional organizations (AAP, ACOG, AAFP, ACP, IDSA)

# Massachusetts Now Requires Insurance Companies to Cover Vaccines Recommended by MA DPH



The state now requires health insurance companies to continue covering immunizations recommended by the Massachusetts Department of Public Health/DPH commissioner and not to rely solely on ACIP/CDC recommendations.

# Massachusetts Pharmacies Can Administer Vaccines per MA DPH Recommendations



Department of Public Health updated vaccine administration policy to permit the DPH commissioner to determine which routine vaccines can be administered by pharmacists in Massachusetts.

Pharmacists were previously limited to only the vaccines recommended by the CDC's Advisory Committee on Immunization Practices

## Approach to Federal Challenges is Evolving



**Updates** 

COVID-19

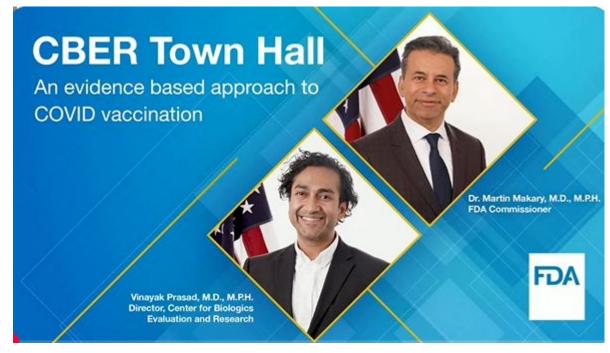
Influenza

RSV

Chikungunya

## COVID-19

## FDA Policy Declaration - May 20, 2025



## FDA Policy Declaration for COVID-19 vaccines



CURRENT ISSUE 

SPECIALTIES 

TOPICS

SOUNDING BOARD



## An Evidence-Based Approach to Covid-19 Vaccination

Authors: Vinay Prasad, M.D., M.P.H., and Martin A. Makary, M.D., M.P.H. Author Info & Affiliations

Published May 20, 2025 | Copyright © 2025

## FDA Policy Declaration - May 20, 2025

## Immunologic End Point

Age 65+ yr

Age <65 yr with at least one risk factor for severe Covid-19

Estimated 33% of total U.S. population (>100 million) will be eligible for vaccination

FDA-Recommended Postmarketing Randomized,
Placebo-Controlled Trials

Age 50-64 yr without risk factors for severe Covid-19

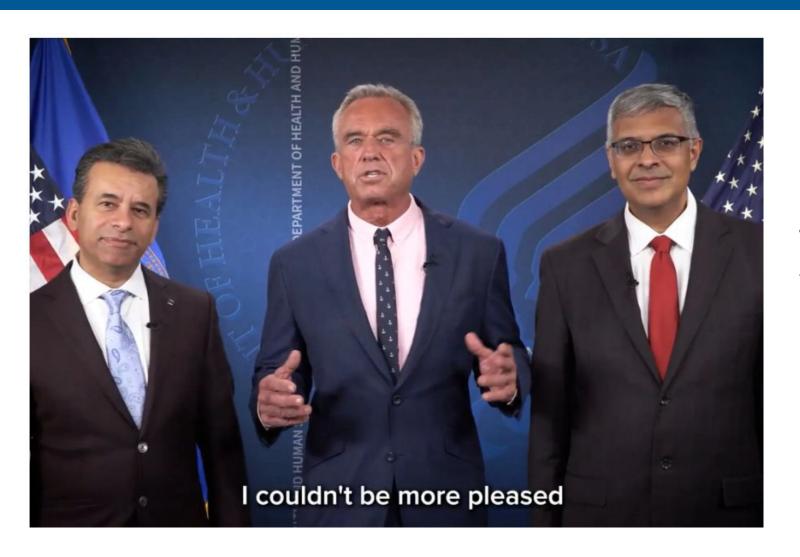
Estimated 18% of total U.S. population (61.2 million) will be eligible for postmarketing trials

Sponsor-Driven Randomized, Placebo-Controlled Trials

Any age (6 mo to 64 yr)
without risk factors for severe Covid-19

 Limit COVID-19 vaccines to people over 65 or at high risk of serious illness

### FDA Policy Declaration - May 27, 2025



HHS/FDA Policy Declaration - "I couldn't be more pleased to announce that as of today, the Covid vaccine for healthy children and healthy pregnant women has been removed from the C.D.C. recommended immunization schedule."

Photo credit New York Times

# FDA Approves 2025-26 COVID-19 Vaccines - August 27, 2025

 Approval of updated versions of the Moderna, Pfizer, and Novavax vaccines for adults over 65 and for those 6 months to 54 years with underlying conditions that increase their risk for severe disease.

Removed emergency use authorizations for the COVID-19 vaccines

## **COVID-19 Vaccine Options**

Vaccine Type	Platform	Available Formulations (2025-2026)	Age / Target Group
mRNA	Pfizer-BioNTech	Comirnaty	Licensed for 5+ yrs
	Moderna	Spikevax	Licensed for 6 months+
		mNEXSPIKE	Licensed for 12 yrs+
Protein subunit	Novavax	Nuvaxovid	12+ yrs+

### ACIP Recommendations - September 19, 2025

- Adults 65 and older: Vaccination based on individual-based decision-making.
- Individuals 6 months to 64 years: Vaccination based on individual-based decision-making – with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 factors.

#### **COVID-19 Disease Burden**

#### Preliminary 2024-2025 U.S. COVID-19 Burden Estimates

CDC estimates\* that, from October 1, 2024 through August 23, 2025, there have been:

12.4 million-18.6 million



COVID-19 Illnesses 2.9 million-4.3 million



340,000-500,000



COVID-19 Hospitalizations 39,000-57,000



COVID-19 Deaths

\*Based on data from September 29, 2024 through August 23, 2025.

Download Date

# MA DPH COVID-19 Vaccine Recommendations for Adults

- Adults ages 65 years and older should receive two doses of a 2025-2026 vaccine COVID-19 vaccine, with the second dose administered 6 months after the first.
- Adults 19 to 64 years of age with medical conditions associated with higher risk<sup>b</sup> of severe COVID-19 and those whose household contacts are at higher risk for severe COVID-19 should receive one dose of a 2025-2026 COVID-19 vaccine.
- Healthy adults 19 to 64 years of age may receive one dose of a 2025-2026 COVID-19 vaccine.

# MA DPH COVID-19 Vaccine Recommendations for Special populations

- People with moderate to severe immunocompromise should receive two doses of a 2025-2026 vaccine COVID-19 vaccine with the second dose administered 6 months after the first.
- People with moderate to severe immunocompromise may receive additional doses of 2025–2026 COVID-19 vaccine (i.e., a total of ≥3 doses of 2025–2026 COVID-19 vaccine) at a minimum interval of 2 months.<sup>c</sup>
- People who are pregnant, contemplating pregnancy, have recently been pregnant or who are lactating should receive one dose of a 2025-2026 COVID-19 vaccine.
- All healthcare workers should receive one dose of a 2025-2026 COVID-19 vaccine, independent of age or underlying medical conditions.

## Influenza

#### Seasonal Influenza Disease Burden

#### Preliminary 2024-2025 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2024, CDC estimates there have been between:

47 Million - 82 Million



Flu Illnesses

21 Million - 37 Million



Flu Medical Visits

610,000 -1.3 Million



Flu Hospitalizations

27,000 -130,000



Flu Deaths

Based on data from October 1, 2024, through May 17, 2025

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.





#### Influenza Disease Burden

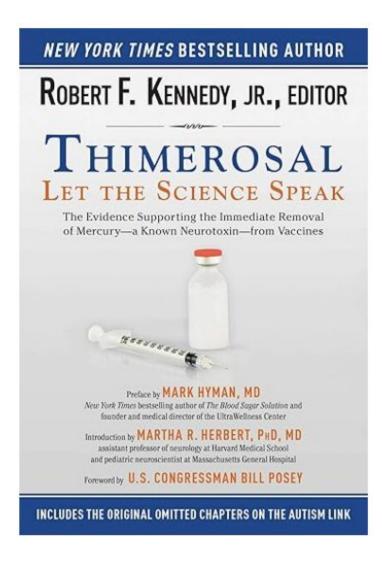
- 2024-2025 season was classified as high severity for all age ages and by age group and is the first high severity season since 2017-2018
- Estimated influenza disease burden was the highest the U.S. has seen in the last decade
- Highest cumulative influenza-associated hospitalization rate since 2010-2011
- Influenza vaccine prevented an estimated 240,000 hospitalizations, most in adults aged 65 years and older, and likely prevented the season from being even more severe.
- As of 14 June 2025, there have been 250 pediatric influenza associated deaths this is the highest number of any non-pandemic season since ped flu deaths became reportable in 2004,

# Recommendations for influenza vaccination for the 2025-26 season:

ACIP reaffirms the recommendation for routine annual influenza vaccination of all persons aged ≥ 6 months who do not have contraindications.

ACIP recommends pregnant women receive seasonal influenza vaccines only in single dose formulations that are free of thimerosal as a preservative.

ACIP recommends all adults receive seasonal influenza vaccines only in single dose formulations that are free of thimerosal as a preservative.



Thimerosal has a long record of safe and effective use with no ill effects observed other than minor local reactions at the site of injection.

## **RSV**

### **Adult RSV Vaccines**

- There are currently three vaccines available to protect adults from severe RSV
  - Arexvy, Abrysvo and mResvia.
- ACIP had previously recommended that all adults aged ≥75 years and adults aged 60–74 years who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.

### **April 2025 ACIP Recommendation**

ACIP recommends that adults 50–59 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine

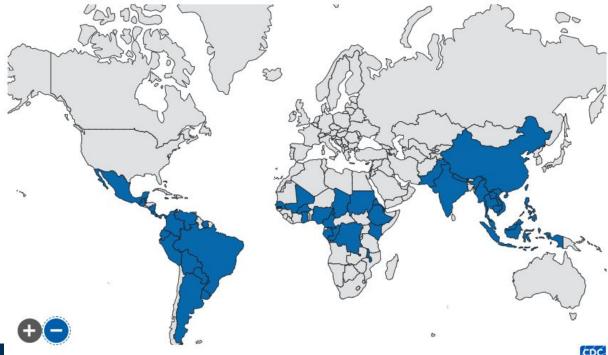
- The risk conditions will be the same list of conditions as for the 60-74y risk-based recommendation.
- RSV vaccination is recommended as a single dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.
- RSV vaccine can be administered with any product licensed in this age group.
- There is likely to be a risk of Guillain-Barré Syndrome (GBS) associated vaccination with subunit protein RSV vaccination in the 50-59y population, similar to what is observed for ≥65y. It is estimated that 0–18 cases of vaccine-associated GBS would be expected per 1 million people vaccinated with protein subunit RSV vaccine.

### Chikungunya

- Fever and polyarthralgia
- Arthralgia often severe and can be debilitating
  - Multiple joints involved, most commonly hands and feet
- Other symptoms include headache, myalgia, fatigue, rash, abdominal pain, and vomiting



Countries with evidence of chikungunya virus transmission to humans during last 5 years



### Two chikungunya vaccines

- Live attenuated vaccine licensed in November 2023 (manufactured by Valneva)
- 2. Virus-like particle vaccine licensed in February 2025 (manufactured by Bavarian Nordic)
  - Both vaccines licensed based on immunogenicity correlates and safety, pending clinical efficacy and expanded safety post-licensure studies

#### **ACIP Recommendations**

ACIP recommends chikungunya vaccine for people traveling to a country or territory where there is a chikungunya outbreak.

In addition, chikungunya vaccine may be considered for people traveling or taking up residence in a country or territory without an outbreak but with elevated risk for US travelers if planning travel for an extended period of time e.g., 6 months or more.

ACIP recommends chikungunya vaccine for laboratory workers with potential for exposure to chikungunya virus.

### License suspended for live-attenuated chikungunya vaccine

Reports from several countries of serious adverse events, including hospitalizations for cardiac and neurologic events in older people. In consideration of safety signal following use of vaccine in older persons:

In April 2025, CDC and FDA stated that age 65 years and older is a precaution for use of the live-attenuated vaccine. CDC and FDA also advised a pause on use of this vaccine for people aged 60 years and older while serious adverse events in this age group are further investigated.

On May 9, 2025, FDA and CDC recommended a pause in use of the live-attenuated chikungunya vaccine (IXCHIQ) in older people.

On August 22, 2025, FDA suspended the U.S. license for IXCHIQ, the live-attenuated chikungunya vaccine.



### Thank you!

### **Massachusetts Vaccine Policy Update**

Pejman Talebian, MPH

Director, Immunization Division (MDPH)





### Respiratory Season Awareness Campaign

#### **Suzanne Crowther**

Health Marketing Director, MDPH







#### Massachusetts Department of Public Health

## Seasonal Vaccine Campaign Update

September 30, 2025

**Suzanne Crowther, MPH Health Marketing Director** 

#### 2025-2026 Considerations

- In the midst of major changes at the federal level and significantly reduced funding, we needed to:
  - Narrow the focus of our messaging
  - Ensure the reduced media budget delivers the greatest possible impact to those most at risk from seasonal respiratory viruses.
- Key audience segments will include:
  - Older adults 65+
  - Individuals with risk factors 18+
  - Pregnant people and parents of children less than 2 years old

#### **Key Audiences**

Building on of 5 years of regular audience research and testing, messaging continues to evolve

- Post-pandemic, audiences were segmented into 3 segments
  - Remind Me: intend to get vaccinated, but just need a reminder to make an appointment
  - **Inform Me**: have gaps in knowledge or a lack of awareness about logistics related to seasonal vaccines
  - Convince Me: adults who have concerns about the COVID vaccine and need additional information to help them learn more before making a decision.
  - Inform and Convince Me's want to hear from medical providers

#### Messaging Adjustments 2025-2026

#### Remind Me::

- Continue straightforward messaging
- Include new ads that focus on importance of getting vaccinated for high-risk people who might think they no longer need a shot.
- CTA remains the same: Schedule your appointment

#### Inform Me:

- Continue providing facts about benefits of vaccination from medical providers
- Add messaging for higher-risk people who are unsure if they need a vaccine including
  - People with co-morbidities
  - Pregnant people and parents of children less than 2 years old.
- CTA remains the same: Learn more at mass.gov/SeasonalVaccines

#### **Additional Adjustments**

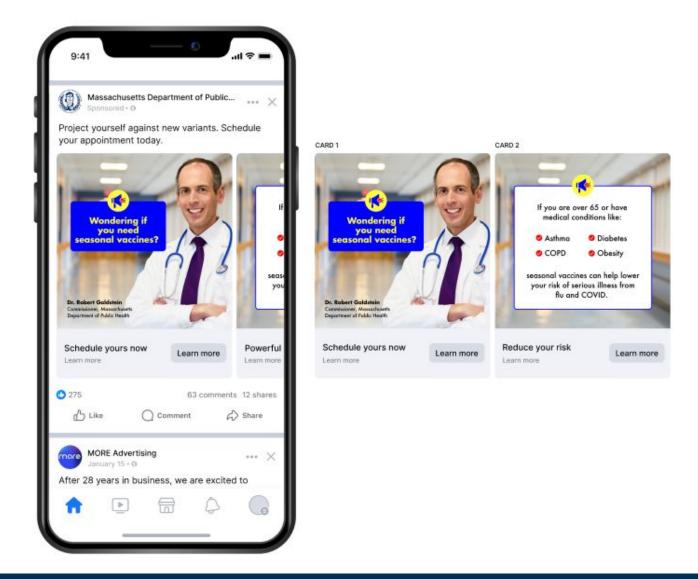
- Connect to vaxfinder.org rather than vaccines.gov
  - Remind Me's click through from an ad to schedule an appointment
  - Inform Me's clicked to learn more, then want to look for a vaccination site
- Updating related webpages to reflect current situation and ensure MA residents understand:
  - Vaccines are still recommended
  - Insurance will still cover the cost
  - Which groups at higher risk of severe complications, regardless of age
- Social Media Toolkit also being updated

#### Languages and Platforms and Timing

- In addition to English, campaign will continue to run in:
  - Spanish, Portuguese, Haitian Creole, Chinese, Vietnamese
- Media platforms include:
  - Social- Meta, YouTube
  - Digital- Display, Video
  - Direct Email
  - Video streaming- Hulu, Netflix, etc.
  - Digital Out of Home- pharmacies, grocery stores, convenience stores, malls, bus shelters, colleges
  - Billboards- DOT (digital) and community based
- Running 5 months (October 5- February 28)

### Sample Ads

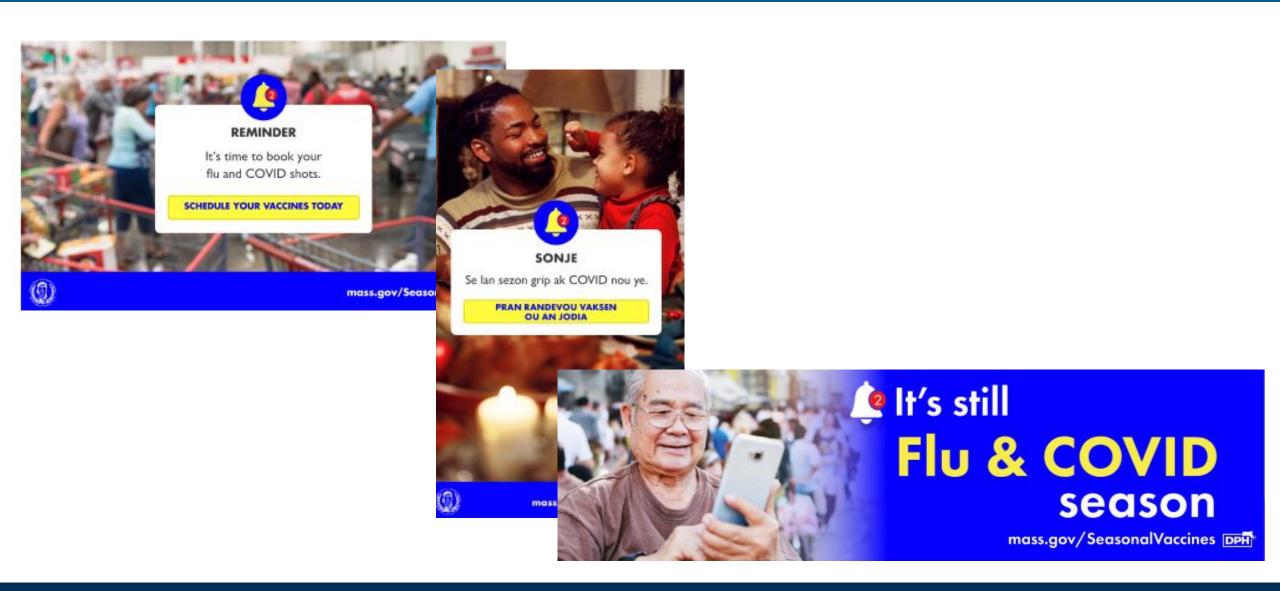
#### **Social Carousel**



### **Community Billboards**



#### Message Shifts Throughout the Season



### **Digital OOH**



#### Resources



#### Protect yourself from flu and COVID



#### Stop the spread →

How can you avoid getting sick and stop the spread of germs? Follow these tips, especially during cold, flu, COVID, and respiratory illness season.

COVID-19 vaccine information →

Flu shot information →

### Protect yourself and others from getting sick

Learn ways to avoid getting sick and stop the spread of germs. Follow these tips, especially during cold, flu, and respiratory illness season.



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### **Questions?**

#### **Connect with DPH**



@MassDPH



Massachusetts Department of Public Health



mass.gov/dph

### **Useful Resources to Support Adult Vaccination**

**Rich Baker** 

**MAIC Director** 





### Featured Newsletters/Listservs

- Your Local Epidemiologist
  - YLE provides twice weekly relevant science and public health information, with a focus on health communications.
- Just The Facts: Correcting this week's vaccine rumors
  - Weekly newsletter focused on messaging to understand and correct misinformation circulating among communities and in media.
- The Vaccine Intelligence Report
  - Weekly fact-based updates on vaccine policy and research, offering concise info to navigate evolving immunization landscape.







### Featured On-Demand Trainings

- Vaccinate your Family: Vaccination Community Learning Program (New)
  - All-learner program covering the essentials of vaccine science, safety, communication, and access

- MDPH Immunization Updates (June 2025)
  - Pre-recorded webinars, focused on Immunization 101, epidemiology of VPD in MA, vaccine confidence, MIIS, and VFC compliance storage and handling.





### Upcoming Partner Webinars

- NDSU CIRE: Vaccine Communication in an Age of Polarization
  - October 23, 25 1-2PM (ET)
- Boost Oregon: Empathy in Action: Vaccine Conversations Across Cultures
  - October 7, 4-5PM





# MAIC Sponsored Webinar

#### **Vaccine Education Webinar Series**



#### 2025-2026 Respiratory Illness Season Update

Date

October 9, 2025

With

Angela Fowler, MD, MPH

Time

**12PM** 

CMEs/CEUs provided

Register: https://tinyurl.com/MARespUpdate



Massachusetts Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

INCORPORATED IN MASSACHUSETTS

#### Featured Vaccination Resources

#### Communicating with Confidence: **Talking with Patients About Vaccines**



#### TRUSTED SOURCES

- Children's Hospital of Philadelphia
- Immunize.org
- National Academy of Medicine
- Institute for Vaccine Safety (Johns Hopkins)
- Vaccinate Your Family
- American Academy of Pediatrics

#### **VACCINE CONVERSATIONS**

- A Guide to Conversations About Immunizations Conversation guide for addressing parents' childhood immunization questions (Northwest Vax)
- Debunks common myths around autism and vaccines (CDC). See also podcast from Johns Hopkins.
- Reframing the Conversation about Child and Adolescent Vaccinations
- Five evidence-based recommendations vaccine communication (Frameworks Institute)
- "Let's Get Real" Campaign Campaign shares facts and real stories to help parents make informed vaccine decisions (Immunize.org)
- Practical Immunization Microlearning Resources Stay current on vaccine guidelines and learn tips to boost vaccine confidence (ACP)
- Talking with Parents About Vaccines Conversation tactics for discussing with parents (CDC)
- Addressing Vaccination Anxiety One-pagers on addressing vaccine anxiety across the lifespan (Immunize.org)
- Communicating More Effectively About Vaccines Messaging approaches to help you communicate more effectively about vaccines (PHCC)
- How to Debunk Misinformation and Bolster Vaccine
  - 2-hour course for CHWs to boost vaccine confidence and counter misinformation (VYF)
- Talking about Vaccines Having conversations, including keystone statements and effective messaging (Immunity Community)
- Talking with Vaccine Hesitant Parents Methods to reassure hesitant parents (AAP)
- Vaccine Fears, Overturned by Facts Factual rebuttal with personal stories to address common vaccine myths (Immunize Kansas)

#### **ARTICLES**

- Communicating with Vaccine Hesitant Parents Evidence-based strategies for providers to address parental vaccine hesitancy (Limave, et. al., 2021)
- . When the Person is Political and Infectious Provides context into vaccination decisions among common vaccine- hesitant populations (Reich, 2018)
- A systematic review of communication interventions for countering vaccine misinformation Review of communication strategies to counter vaccine misinformation (Whitehead et. al., 2023)

#### SPECIAL POPULATIONS

- . Immigrant and Refugee Health: Health Education and Communication Tools Health education tools (multiple languages) discussing flu, measles, polio and other VPDs (CDC)
- Vaccination Community Navigator Training Community health worker training on misinformation, equity, and prevention strategies (VYF)
- Talking to Pregnant Women About Vaccines Common vaccine Q&A during pregnancy (CDC)
- Ways Schools Can Support Routine Vaccination Catch-Up Toolkit Strategies for schools to increase routine vaccine uptake (Public Health Foundation)

#### HANDOUTS, MEDIA & MORE

- Vaccine and Vaccine Safety-Related Q&A Sheets Printable O&As addressing misperceptions around ingredients, autism, thimerosal, etc. (CHOP)
- Translated VIS and Quick Guides for Parents Includes translations in Haitian Creole, Portuguese, and more (Immunize.org/Head Start)
- CDC "Keep it That Way" Printable Resources Vaccine specific factsheets, posters, one-pagers (CDC)
- Clinical Vaccine Phone Apps Immunization apps that may be helpful for healthcare providers or your patients (Immunize.org)
- Vaccine Science Social Media Toolkit Shareable graphics and sample social media posts to help promote vaccine science (NFID)
- "The Anti-Anti-Vaxx Toolkit" for Social Media A strategy guide to prepare for, defend against, and clean up after a Facebook Anti- Vaxx (Kids Plus)

#Autism Society | WACCINATE | Immunize.org



The Facts About Autism & Vaccines



#### What is Autism?

Autism is a complex, lifelong developmental condition that typically appears during early childhood and can impact a person's social skills, communication, relationships, and self-regulation.

The Autism experience is different for everyone.



#### Why has the prevalence of Autism increased?

The rise in prevalence—from 1 in 36 in 2023 to 1 in 31 in 2025 may reflect several factors including greater awareness, improved screening and diagnostics - especially in communities that were previously underrepresented. This reflects diagnostic progress. and a need for more science-based research.



#### What causes Autism?

There is not a singular cause of Autism, however the scientific community agrees that it is typically caused by genetic, biological and environmental factors.



#### What does research say about vaccines and Autism?

Vaccines do not cause Autism. Vaccines save lives. Numerous large-scale studies involving millions of children worldwide have found no evidence to support any connection between vaccines, including the MMR vaccine, and Autism

If vaccines aren't linked to Autism, why did my loved one regress around 18 months old?



The genes related to Autism influence how the brain develops beginning in the prenatal period, long before a child receives vaccines. While the exact reasons for this typical timeframe of regression are not fully understood, there are typically earlier signs and characteristics of Autism before the 18 month mark. More research is needed, however some studies indicate that rapid brain development during this period, genetic predispositions, and potential environmental influences, likely from the prenatal period, play a role in regressive traits.



#### The threat of vaccine misinformation is real.

Vaccines are a critical part of keeping our schools and communities safe and our economies functioning. It is important to support programs that make vaccines more accessible to everyone.



### Registration is open:



#### 30th Annual MIAP Pediatric Immunization Skills Building Conference

November 5, 2025 | 8:00 AM - 4:00 PM

- DCU Center Worcester, MA
- Registration fee: \$200
- https://shorturl.at/diQad





### **Updates From the Field**

- Questions you have
- Challenges you're experiencing
- Success stories



#### Will you let us share your story?

We are looking for stories about vaccine champions, innovative programs and more to share in our communications.

### **Thank you! Questions? Please contact:**

Rich Baker, MAIC Facilitator rich.baker@jsi.org

Amy Sgueglia, MAIC Conference Manager amy.sgueglia@jsi.org



