

NEW YORK STATE IMMUNIZATION ADVISORY COUNCIL
MINUTES OF MARCH 6, 2025 MEETING

Council Members: Dr. Debra Tristram, Paul Macielak, Elie Ward, Jennifer Montano, Dr. Gus Birkhead, Alison Singer, Dr. Govind Rao

NYSDOH Staff Members: Heide Reukauf, Aleef Rahman, Kara Connelly, Dr. Vajeera Dorabawila, Anike Shaw, Sarah Hershey, Kiersten Westbrook, Olga Lawrence, Jeremy Heisey, Kelly Brady, Lyndsey Hoyt, Dileep Sarecha, Maxine Goldberg, Tory Ervin, Deborah Sobieszek, Gia Dublino, Jason Riegert, Mari Sepowski, Rebecca Domalewicz, Ana Juras, Jennifer Wohlfarht, Deb Blog, Wajiha Kazmi, Jonnie Martin, Barb Joyce, Aleef Rahman, Jay Cole, Tory Ervin,

NYCDOHMH Staff Members: Dr. Bindy Crouch

Invited Guest: Agenda Item	Discussion	Follow-Up
<p>Welcome / Chair’s Remarks: Dr. Debra Tristram</p>	<ul style="list-style-type: none"> • The meeting was called to order by Dr. Tristram at 12:30 pm. • Introductions of those in attendance were completed in the chat section. Dr. Govind Rao was introduced as the newest member of the Council. • The meeting from November 2024 was a member only planning meeting, so no minutes were taken for approval. <p>Discussion Dr. Rao introduces himself and opens a conversation on VFC qualifications. He acknowledges the benefits of the VFC program and the benefits of NY no longer having religious exemptions for school attendance but finds verifying VFC eligibility hard for some patients when they come into the office. Parents often don’t understand they can’t just come in and receive the vaccine – they don’t know if they are insured, said they applied but are waiting, etc. He thinks it would be beneficial for both the patient and the doctor to be able to vaccinate with VFC vaccine and have the insurance company be billed for that vaccine if the child was found to have private insurance. Also noted if physician doesn’t have the private vaccine in stock, they will often refer to LHD, but they only have clinics once in a while and not all LHDs accept private insurance. DOVE noted that VFC providers MUST stock private vaccine as well or they are out of compliance with VFC rules.</p>	

<p>Vaccine Program Update Lyndsey Hoyt</p>	<p>Lyndsey Hoyt, Division of Vaccine Excellence, explains that VFC rules are set forth by the Federal Government as it is federal program. Any changes to eligibility for children would have to come from the federal government. If a child is insured, they should be able to receive any required vaccines for school in a timely manner through an appointment with their provider or in some cases through the local health department. Eligibility for a patient to receive VFC vaccine can change from visit to visit so the provider must check eligibility and keep good records. NYS contract with the CDC for VFC vaccine states that if the vaccine is used on a non-eligible patient, restitution from that provider is required to pay back the federal program. New York State works to education providers to ensure they understand the rules set forth to participate in the VFC program.</p> <p>In response to Dr. Rao’s concern that some insurance has high deductibles that are barriers for some families to visit for vaccines, it was acknowledged by the Division of Vaccine Excellence that it can be a problem and at some point, the federal government might change that but at this time, no change is in place.</p> <p>A priority for NYS has been working toward the enrollment of birthing hospitals for administration of Nirsevimab. It’s a big priority for the CDC so infants can get the protection as soon as possible and prior to discharge, when possible. NYS has implemented a special process for the birthing hospital to remove barriers, which is to enroll them under what’s called a vaccine order replacement model. In that model, the hospital buys the private vaccine up front. They administer to all infants, and then based on the doses that they administer to VFC eligible that are reported to us, we will reimburse for that dose. Rather than needing to know the infant’s eligibility immediately, they have 14 days to report it.</p> <p>NYS has had success with 2/3 of birthing hospitals enrolling in the VFC program – we are leading the nation by a wide margin. Of the 2/3 enrolled, 2/3 of the enrollees are opting for this replacement model and we’re replacing about 500 to 750 doses per month to those birthing hospitals. NYS is excited to see the robust coverage that we have.</p>	
<p>Legislative and other Updates Elie Ward/Gus Birkhead</p>	<p>There will coalitions most likely forming in the state looking at vaccinations and talk in the Legislature. We anticipate the bill will be brought to the floor again this year that would change NYSIIS for adults to be an opt-out instead of the current opt-in. There will probably be more bills regarding immunizations. Immunization will not be a big focus of the Legislature this session.</p>	

	<p>Focus on public conversations right now is Medicaid. One thing to note regarding the previous discussion on vaccines and children, we need to look at in the future if Medicaid might cover vaccinations in these cases where eligibility is unknown. DOH is encouraged to reach out to the local health departments, and in Montgomery County where Dr. Rao is, to work on any issues with presumptive eligibility for vaccine coverage. We never want to make people come back to be vaccinated because of unknown/lack of coverage.</p> <p>State needs to lead the way on proactive and positive messaging around vaccines.</p> <p>Alison Singer gives update from AAP meetings she has attended. AAP has been meeting with advocacy groups such as Vaccinate your Family and others. Unfortunately autism and vaccines is a topic always being pulled back into the media despite the mountains and mountains of studies we now have exonerating vaccines as the cause of autism. The big issue that's come up lately in that group is the fact that the US has pulled out of the WHO and will not be participating in the selection of the flu strains that go into this year's vaccines and particularly that the CDC, which typically contributes 60 to 80 % of the data on flu, is not allowed to participate or share data. Concern in the health field regarding whether the flu vaccine strain will contain the correct strains.</p> <p>Bindy Crouch updates what the Association of Immunization Managers (AIM) have been saying about the flu strain selection: Our understanding from AIM is that for this coming year, 2026, the manufacturers are still saying that they will be able to manufacture a vaccine. They have the strain selected by WHO and they've been told by vaccine manufacturers that they are ready to proceed.</p> <p>Discussion on if Moderna will be releasing a vaccine that would be multi-faceted to include H1N5. Candidate vaccine exists and some supply does exist at this time. Concerns in health care workers is that because of the CDC not being able to report data, the extent of bird flu is under reported or there's lack of awareness. Communication is very challenging at this time. CDC has some information on its site regarding bird flu but it isn't dated so it's hard to know if/when it is updated. What is posted is fairly localized to the West Coast and Mid-West but there are reported cases on the east coast just not as many reported cases.</p>	
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<p>VPD/Clinical Update Open discussion</p> <p>Tory Ervin Olga Lawrence Aleef Rahman Dr. Deb Blog</p>	<p>The Department is working on communications, the Commissioner of Health is very behind basic messaging to all New Yorkers around all vaccines. There will be more childhood vaccine information coming very soon. The Council Members would like to have any approved messaging from DOH that they can help amplify.</p> <p>Discussion on the ACIP meeting being canceled and what it will look like for information sharing in the future if they continue to not meet. What will it look like if CDC is not able to report data. As far as ACIP, New York State law points to it for many of our laws and regulations. If there is no federal standard of operation, how do state health departments proceed? State might need to look at potential alternatives and create potential plans – can states group together and create consortia groups? Can we point to recommendation from ACIP at a certain period of time, (reference ACIP recommendations in the year 2023 for example). Do other states is Immunization Advisory Committees? There has been no single answer as to what states will do if ACIP doesn't meet again. Vaccine for Children (VFC) decisions are often based on ACIP, generally when there's an approval and a recommendation from ACIP, then there's a corresponding vote to add the vaccine to the VFC children program, so they will do li a resolution vote to make sure that the vaccine schedule. This topic will have an impact on NYSIIS as well. If VFC money is pulled back how would NY handle that?</p> <p>American Association of Pediatrics do a lot of work. NY could contact the nation AAP and see what the multi-state chapters are. Infectious Disease society of America is another group to seek information from.</p> <p>ACIP meeting was scheduled 2/26-2/28 but was canceled. Website says thy are postponing due to needing a longer period for public comment, but no date has been reset as of yet. Vaccine and Related Biological Products Advisory Committee (VRBPAC) meeting was scheduled for March 13 to do the flu selection has been canceled. There was a press release on February 28 and it said the FDA plans to choose Influenza strains for the 2025 vaccine season.</p> <p>What was to be discussed at the ACIP meeting: 4 scheduled votes, discussion on flu mist approval, discussion on RSV and revaccination data, HPV vaccine workgroup, MPOX immunogenicity in the younger age group of 12-17, COVID vaccine effectiveness,</p>	
<p>Influenza Update Sarah Hershey</p>	<p>Some high-level information on flu for this season - it has been labeled as a high severity influenza season across all age groups, and it's the 1st high severity season since the 2017-18 influenza season. As</p>	

	<p>of week ending Feb. 22, in NY there's been 15 pediatric deaths reported so far this season related to flu and nationally as of week ending Feb. 26, there have been 98 pediatric deaths reported so far this season. There was an MMWR that was released on the 27th that did give some preliminary estimates of effectiveness, so for children, the range was between 32% and 60 % effectiveness for outpatient. 63% to 78% for Influenza associated hospitalizations. For influenza vaccine effectiveness for children and among adults, it was 36% and 54 % in two different outpatient settings and 41% and 55% effective against Influenza hospitalization.</p>	
<p>New York City Dept. of Health and Mental Hygiene Update Dr. Crouch</p>	<p>Updates: New York City has had two measles cases this year, cases were not related. Similar to NYS working on getting birthing hospitals enrolled in VFC. 36 out of 38 hospitals are enrolled should have all enrolled prior to next season. A few challenges in CIR data and how things are reported but have been actively trying to get those last two locations enrolled. Working on linking the Nirsevimab dose of the pregnant person with the newborn (legal and technical issues). A bigger push in this next fiscal year to work more closely with the obstetricians that are probably the ones who are not reporting as well. Working at the State is to update the IIS for the HPV vaccine with some stronger language around the start at nine which is what AAP recommends. NYC immunization program lost 2 CDC staff in budget cuts but staff have been reinstated.</p>	
<p>NYSIIS Update Vajeera Dorabawila</p>	<p>Showed the comparisons for three sets of vaccines, which one is the primary childhood vaccine series at 24 months, then the MMR at 24 months, and the HPV vaccine. Vaccine NYSIIS uses for survey to calculate the rates for 13 – 17-year-old is calculated at the 13th birthday. New York State statewide rate is 69.4 % in for the 2021 birth cohort compared to a national rate of 66.1% and for rest of state it was 73%. It's based on a small sample. Looking to make changes to NYSIIS, HPV is allowed at 9 years, trying to change it to recommended at nine.</p>	
<p>DOVE updates Heidi Reukauf</p>	<p>In the year 2024, through the vaccine for children providers, a total of which there are over 1500 in the rest of state New York, there are more than 2 million doses of vaccine administered. Through our much smaller vaccine for adults program, 76000 plus doses were administered to adults through a 172 enrolled providers. 67 % or 53 out of the 79 birthing hospitals in upstate New York are enrolled in the</p>	

	<p>program to acquire Nirsevimab, with over 33000 doses ordered and 40 % of infants zero to seven months received a dose.</p> <p>In response to H5N1, there was a significant effort to collaborate with county health departments, community health centers as well as farm worker organizations to roll out seasonal flu vaccine clinics. We hosted this clinics primarily on the farms to administer flu doses, 140 farm clinics were provided and over 1,000 flu doses were administered to that priority population.</p> <p>Other responses to increase vaccination rates the Division of Vaccine Excellence is working on: worked on developing vaccination indicators for the New York State prevention agenda that will cover 2025 to 2030, HPV vaccine start at nine. We have made MMR dose date available to the public as of Jan 1, you can go to the DOH website and hover over counties and look at rates at the county level. We continue to do public office hours, work with providers on immunization quality improvement techniques, work with the Commissioner of Health to design standing orders that can be used to increase vaccine access.</p>	
<p>New Business: Dr. Debra Tristram</p>	<p>Noted: Colorado yesterday introduced legislation saying that if the ACIP is repealed, modified or otherwise no longer in effect, the state commissioner of Health can require vaccines be covered by insurers. And their expectation is that Maryland is going to introduce a similar bill.</p>	
<p>Adjournment:</p>	<p>Next meeting is scheduled for June 26. Meeting was adjourned at 1:54</p>	