

NEW YORK STATE IMMUNIZATION ADVISORY COUNCIL  
MINUTES OF September 19, 2024 MEETING

**Council Members:** Dr. Debra Tristram, Paul Macielak, Elie Ward, Jennifer Montano, Gus Birkhead, Kenneth Rowin

**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, Bindy Crouch

**NYCDOHMH Staff Members:** Dr. Bindy Crouch

Invited Guest: Agenda Item	Discussion	Follow-Up
<p><b>Welcome / Chair's Remarks:</b> <b>Dr. Debra Tristram</b></p> <p><b>Approval of April Minutes</b></p>	<ul style="list-style-type: none"> <li>• The meeting was called to order by Dr. Tristram at 1 pm.</li> <li>• Introductions of those in attendance were completed. Jennifer Montano was introduced as the newest member of the Council. Ms. Montano is a Pharmacist working at CDPHP as manager of clinical pharmacy programs. Worked on standing orders to implement immunization, assisted with immunization clinics. Is interested in addressing vaccine hesitancy and how to remove barriers for access of care. Prior to CDPHP worked for Price Chopper and has vast experience helping train pharmacists to become immunizers.</li> <li>• The meeting minutes from April 25, 2024, are approved and have been posted on the website.</li> </ul> <p><b>Discussion</b> In response to a question on about the structure and what DOVE is working on Heide Reukauf gave update on DOVE – Division Of Vaccine Excellence is a reorganization of the former Bureau of Immunization. It remains within the Center for Community Health. In the process of building out 4 new Bureaus – Vaccine Programs (VFC and VFA), School Immunizations, Bureau of Vaccine Preventable Diseases, and Vaccine Confidence and Demand. NYSIIS team stayed in the Bureau of Epidemiology.</p>	

<p><b>Legislative and other Updates</b>  <b>Elie Ward/Gus Birkhead</b></p>	<p>Session has concluded for this year and will reconvene in Jan. 2025. To track status of legislation for last session you can go to the Assembly or Senate website to search for legislation. Let's Get Immunized NY is working on a support letter of to allow the flu vaccine of hospitalized patients to be lowered from 60 to 55. Immunized NY focuses on adult vaccines (not children). They also support changing the law so NYSIIS and CIR will be opted out, and not opt in, for adults.</p>	
<p><b>VPD/Clinical Update</b>  <b>Olga Lawrence</b>  <b>Aleef Rahman</b></p>	<p>Provided an update regarding VPD from the lens of local health department and DOVE. Sharing surveillance data shows an increase in the number of Pertussis cases (over 1,000 cases as of Sept. 5). Also Varicella which became reportable in Dec. 2023 is showing an increase, but the numbers are a bit unfair because they weren't varicella individual case reported for most of 2023. Starting to see some influenza type B which is vaccine preventable, there was 1 case of measles in 2024.</p> <p>Measles – enhanced surveillance efforts including syndromic surveillance and monitoring of close contacts of cases from other jurisdictions have not identified further NYS cases. Response activities include informational webinars/trainings for LHDs and providers. MMR vaccine data has also been made publicly available on the Department of Health measles webpage. NYS has a tool kit translated in many languages that can be used during an outbreak and for educational purposes.</p> <p>Pertussis cases are increasing in the U.S. returning to pre-pandemic levels. We will keep monitoring the situation – local health departments do a great job of encouraging testing, proper use of post exposure prophylaxis treatment to stop the spread.</p> <p>Covid-19 Vaccine Coverage for 23-24 season:</p> <ul style="list-style-type: none"> <li>• As of May 2024, around 40% of adults aged 65-74 years old and 40% of 75+ received the vaccine in the U.S.</li> <li>• Coverage is lower in the younger demographics. Coverage younger than 64 is around 20%</li> <li>• Individuals 12-17 around 20% and 6 month -4 years has the lowest coverage at 5%</li> </ul> <p>In mid Oct.-Nov 2023 NY began to surpass the national average in vaccination rates and this small lead was maintained throughout the remainder of the year. Jan 2024 rates being to level off.</p>	

	<p>Vaccine Effectiveness for 23-24 Data sources from ICATT (Increased Community Access to Testing), IVY Network (Influenza and Other Viruses in the Acutely Ill) and VISION network</p> <ul style="list-style-type: none"> <li>• Symptomatic Infection in adults 18+, VE is 45-53% at 7-59 days post vaccination decreasing to 34% at 60-119 days</li> <li>• Emergency Visits: 18+ is 50% at 7-59 days dropping to 36% 60-119 days</li> <li>• Hospitalization: 18+ was 41-52% with at drop to 27% at 90-179 days</li> <li>• Critical outcomes: VE against ICE admission or death 18+ was 69% effective at 7-59 days and 57% 60-119 days</li> </ul> <p>Covid-19 vaccine safety: Doses administered: Pfizer: 953,559 doses Moderna: 81,553 doses Novavax: Fewer doses with limited data available</p> <ul style="list-style-type: none"> <li>• Guillain-Barre Syndrome: A statistical signal was identified in adults 65+ with an estimated 4.1 cases per million doses</li> <li>• Ischemic Stroke: Signals observed in adults aged 50-64 (Pfizer) and 65+ (Moderna) but no consistent evidence of a safety concern</li> <li>• Other Outcomes: No statistical signals for other serious outcomes</li> </ul> <p>Pfizer and Moderna Covid-19 vaccines for 24-25 were approved by FDA 8/22/24 with Novavax approved 8/20/24. Both mRNA vaccines are authorized for six months and older. 65 and older are no longer recommended for an additional dose at this time. Immunocompromised may receive an extra dose but it is not recommended as should.</p> <p>MPOX update First advisory was Dec 2023</p> <ul style="list-style-type: none"> <li>• Outbreaks of clade I MPOX are ongoing in the Democratic Republic of Congo (DRC) and have spread to neighboring countries as of 2024</li> <li>• Clade II MPOX continues to circulate at a low level globally but continues to pose a public health threat to high-risk groups and certain regions globally</li> <li>• Vaccination with JYNNEOS vaccine has been shown to provide protection against both clades and their subclades</li> </ul>	
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<p><b>Influenza Update</b>  <b>Sarah Hershey</b></p>	<p>Last year was a more severe flu and respiratory season. It was a predominantly an influenza A season, towards the end was an uptick in Flu B</p> <p>Coverage estimates for children as of May 11, 2024, are 2.2% below the same time as last season and 8.5% lower than the same time in May 2020; 53.9% compared to 62.4%</p> <p>Coverage for adults during that time were 2.3% higher than the same time last season; 48.5% compared with 46.2%</p> <p>Coverage for pregnant persons at the end of March 2024 at 38.1% are 3% lower compared to the end of March 2023 (41.1%)</p> <p>Coverage estimates for adults 65+ Medicare fee-for-service beneficiaries as of March 30, 2024, are 50.6%</p> <p>CDC published its recommendations for the 24-25 influenza season. Updates include all influenza vaccine available in the US are trivalent for 24-25 season. Unchanged from last year is all persons 6 month and older are recommended to receive the influenza vaccine and persons 65+ have preferential recommendation for high doses, adjuvanted, or recombinant influenza vaccine. HD-IIV3 are acceptable options for solid organ transplant recipients 18-64 who are receiving immunosuppressive medication.</p> <p>RSV vaccine recommendations: RSV vaccine in adults 60 years and older posted in MMWR on 8/15/24. Adults 75+ should receive a single dose of RSV. 60-74 who are at increased risk for severe RSV disease should receive vaccine. 3 RSV vaccines are available: Moderna mRNA vaccine mResvia, GSK's protein</p>	

	<p>subunit vaccine Arexvy, Pfizer’s protein subunit vaccine Abrysvo. Recommendations for use of Pfizer vaccine Abrysvo during pregnancy are unchanged from recommendations last season.</p>	
<p><b>Vaccine Program Update</b> <b>Lyndsey Hoyt</b></p>	<p>It’s been a busy Summer and Fall getting vaccine out to providers. Orders for children who are behind in mandatory school vaccines, respiratory season, and new vaccines that have been added to the vaccine program.</p> <p>Mpox Jyneos has been added for VFC and VFA for specific risk-based populations, it is not universally recommended for all. Since Aug 1 we have had 45 orders. We have been working with the AIDS Institute to spread the word that vaccine is available. The standing orders for pharmacist is a great step but not all pharmacies are offering it due to low demand and minimum order of 10.</p> <p>We added Penbreya to the schedule conjugate ACWY+MenB, not much of uptake on that at this point. Also Polio vaccine for adults to align with the recommendation that changed in 2023 for adults, we have had 34 orders for 500 doses.</p> <p>August 21 opened flu vaccine order, we were able to open it up a little earlier this year. Supply is good going on around 1700 orders totaling over 90,000 doses.</p> <p>Covid vaccine ordering opened in September. Novavax we have not yet added it for ordering, CDC is still building the supply. Moderna and Pfizer is available. For Covid vaccine we have had about 630 orders for 26,000 doses.</p> <p>Nirsevimab had a shortage and supply issues last year. Supply should not be a problem this year. We have tried to make it as easy as possible for birthing hospitals to enroll in our program, we currently have 31 hospitals which is about 40%. We have 15 providers who are participating in something that is only offered to birthing hospitals and permissible by the CDC and that is to purchase the vaccine up front and administer without knowing the infant’s eligibility, but if reported in 14 days the doses will be replaced if the infant is VFC eligible. This removes some of the biggest barriers reported by providers. In order for a hospital to be reimbursement line to their contract for some insurance to approve the replacement model for reimbursement.</p> <p>The goal this season is we could possibly have 66,000 doses this compared to 20,000 last season.</p>	

	<p>Council suggested that DFS might be a good resource to help work with insurance companies on this reimbursement model.</p>	
<p><b>NYSIIS Update</b> <b>Vajeera Dorabawila</b></p>	<p>Discussion regarding data coverage among 2-year-old coverage 4313314* series by second birthday. The trend the past few years has been slightly upward. There is no substantial variation by county. Trending TDAP and meningitis coverage among 13-year-olds by their 13 birthday. Slight decrease this year from 2021-2022. HPV rates of coverage among 13-year-olds in NYSIIS by county – highest coverage was Niagara and Erie Counties with lowest in Jefferson and Lewis. Jefferson also has the lowest number for main childhood vaccination series as well.</p> <p>MMR doses by age 2 statewide not counting NYC were at 80.6 percent in August. This data helps show areas we might want to focus to increase vaccination rates.</p>	
<p><b>New York City Dept. of Health and Mental Hygiene Update</b> <b>Dr. Crouch</b></p>	<p>Taking a look at Covid-19 vaccine distribution for children ages 6 months to 18 years in NYC 2023-24. Discussion on where most children are receiving their Covid vaccines and overwhelmingly number of doses were administered by the healthcare providers opposed to the pharmacies, which is very different from the adult population. 19-64 had the highest vaccination in pharmacies. 65+ also mostly vaccinated in pharmacy settings.</p> <p>The Prep Act is set to expire in Dec, currently pharmacies can vaccinate 2+ and losing this when the prep act expires is going to be problematic. Agreement the state could be doing a lot of work to increase access at the pharmacy level. It was noted that adult data can show a snapshot but will be incomplete because it's only data on adults who opted to have the information included in NYSIIS. Trend also that pharmacies tend to have better reporting of vaccines in adults than providers.</p> <p>Measles – 13 measles case in NYC since the start of 2024, 10 of those cases were in individuals who traveled abroad and 3 had no travel history. We were lucky because two cases of measles were in congregate settings, but we didn't see any secondary cases from those. (Chicago had 30+ cases which spread in a shelter).</p> <p>Respiratory virus season in NYC similar to rest of state. Covid, Flu and Nirsevimab are all available to order through VFC. NYC is batch ordering from the CDC the same way the state is.</p>	

	<p>The Bridge Access program ended early it was meant to continue until Dec – very disappointing for NYC through this program city was able to distribute Covid vaccines across the city in addition to pharmacy but can no longer do so. They used CAV sites (continued access to vaccinations) that are health centers spread across the city particularly in places with both uninsurance rates and low vaccine rates. Pharmacies were successful in administering 30,000 doses to uninsured adults in the city through bridge access. City DOH is sending a letter to providers asking them to stock RSV and Covid for their patients.</p> <p>Have flu and covid vaccine finder on their website to help find vaccines. Working on public dashboards to show vaccine coverage in different areas.</p>	
<p><b>New Business:</b> <b>Dr. Debra Tristram</b></p>	<p>Next meetings:</p> <ul style="list-style-type: none"> <li>• November 7, 2024 – executive meeting with council members, set goals for next year</li> <li>• MEETING CHANGED TO NOVEMBER 21 as executive members only</li> </ul>	
<p><b>Adjournment:</b></p>	<p>The meeting was adjourned at 3:15 pm.</p>	