# Vaccine Advisory Committee (VAC) Meeting

October 12, 2023

**Chair/Facilitator:**

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| Dr. Tao Sheng Kwan-Gett | Washington State Department of Health |

| **Members:** | **Representing:** |
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| Dr. Beth Harvey | Consultant |
| Dr. Christopher Chen | Health Care Authority |
| Charisse Cumpas | National Association of Pediatric Nurse Practitioners |
| Dr. Gretchen LaSalle | Washington Academy of Family Physicians |
| Libby Page | Public Health Seattle – King County |
| Mylinh Nguyen | Washington State Pharmacy Association |
| Dr. John Dunn | Kaiser Permanente |
| Dr. Francis Bell | Washington Chapter of the American Academy of Pediatrics |
| Dr. John Merrill-Steskal | Washington Academy of Family Physicians |
| Lauren Greenfield | Childcare Health Program Public Health |
| Dr. Mary Alison Koehnke | Naturopathic Medicine |
| Dr. Mark Larson | Washington State Association of Local Public Health Officials |
| Dr. Stephen Pearson | Washington Chapter of the American Academy of Pediatrics |
| Stephanie Stookey | Washington State Association of Local Public Health Officials |
| Tam Lutz | Northwest Tribal Epidemiology Center |

**Washington State Department of Health Staff:**

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| Jamilia Sherls-Jones | Elyse Bevers | Meghan Cichy | Jessica Tatum |
| Heather Drummond | Mary Huynh | Amy Sullivan | |
| Trang Kuss | Jeff Chorath | Katherine Graff | |
| Meredith Cook | Chas DeBolt | Janel Jorgenson | |
| Amy Porter | TeriLynn Bullock | Peter Dieringer | |

| Topic | Presented Information |
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| **Welcome, Announcements, Introductions, Land Acknowledgement**<br><br>**Dr. Tao Kwan-Gett** | Dr. Tao Sheng Kwan-Gett welcomed the committee members.<br><br>Dr. Kwan-Gett did an overview of the agenda and housekeeping.<br><br>Dr. Kwan-Gett provided a land acknowledgment.<br>Invited us to reflect with stories on tribal generosity and expertise.<br><br>Dr. Kwan-Gett introduced new advisory members: Charisse Timbol Gumapas, Laruen Greenfield, and Dr. Francis (Frank) Bell. |
| **Conflict of Interest** | Meghan read the committee's Conflict of Interest Policy. |

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| **& Approval of Previous Meeting Minutes**<br><br>**Meghan Cichy** | No conflicts of interest were declared.<br><br>The minutes from the June 13, 2023 meeting were approved.<br>Page 5, SARS-CoV-2 is still with us. |
| **Public Comment**<br><br>**Dr. Tao Kwan-Gett**<br>**Phillip Wiltzius** | Public comments were received during the meeting. As a reminder, the Committee does not respond directly to comments. Members receive comments and take them into consideration during discussions. |
| **Immunization Billing**<br><br>**Christopher Chen**<br>**Korrina Dalke** | **Respiratory Virus Season Immunization Reimbursement**<br><br>**Many recent changes in payment of immunizations**<br>• COVID vaccine moving from federal purchase to commercialization<br>• New immunizations for RSV<br>• Inflation Reduction Act requirements for coverage of ACIP recommended vaccines including travel vaccines<br>• Usual flu season updates<br>• Shifts in where individuals seek immunizations, providers are able to administer them, and supply is available<br><br>**Overview of Apple Health Immunization Reimbursement**<br>• Apple Health covers all immunizations on the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for adults and children<br>• Immunizations are made available to Apple Health clients ages 18 and younger at no cost from the Department of Health (DOH) through the Childhood Vaccine Program (which administers the state VFC program) in conjunction with the Washington Vaccine Association. For this population:<br>  • Apple Health reimburses clinics and hospitals only for the administration* of the immunizations and not for the immunizations themselves<br>  • Apple Health does not reimburse for immunization products administered outside of the VFC program; pharmacies in WA, for the most part, are not enrolled in VFC<br><br>***** Clinics are reimbursed for administrative costs for VFC rather than an administration fee at this time.<br><br>NOTES: For more information on the VFC program, see the VFC webpage. Immunizations covered by the program are listed in the Professional Administered Drug Fee Schedule.<br><br>**Overview of Apple Health Immunization Coverage (showed chart)**<br><br>**Questions and Feedback:**<br>Patients say they will be charged for COVID Vaccine. Do they have to go to a pharmacy that is approved by their insurance company for it to be covered?<br>Insurance companies have a year after the recommendation is given, according to the inflation coverage act, to cover vaccines. |

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| | It is a requirement for MCO's to cover out of network – they should be covering out of network for COVID. This could be escalated to the health care authority.<br><br>The system went live in October. There were some technical issues, and we are still looking for resolution. Within the next week or two should, we should not be hearing about comments.<br><br>We are aware of the need in the community for pharmacies to administer the vaccines. We are looking for the best approach. The system in place now is not working. Exploring NCPDP route to see if there is room for opening up VFC.<br><br>In Medical/pharmacy claims billing, is this a VFC requirement for health codes? Where is there flexibility around the types of coding being used?<br><br>Infrastructure and setup are part of the problem. Will work on communications and follow up conversations. |
| **Office of Immunization Program Director Update**<br><br>**Jamila Sherls-Jones** | **Nirsevimab & WVA Funding Decision**<br>We received great news, the WA Vaccine Association agreed to fund Nirsevimab as part of the Vaccines for Children (VFC) Program. It is not a vaccine. Providers are unable to bill until July 1, 2024. But they can work with administration directly for billing. We are working to broaden the Vaccine definition.<br><br>**Flu Vaccine Campaign**<br>10% of the population, so far, is vaccinated. The Flu Free Washington campaign is raising awareness. The campaign includes social media, web banners, video ads and radio ads in English and Spanish.<br><br>**Increasing Vaccine Rates in LTCFs**<br>Our office is working with long-term care facility (LTCF) member organizations, long-term care pharmacies, and local health jurisdictions (LHJs) to increase vaccination access and rates for staff and residents in facilities. DOH will be reaching out to LHJs and pharmacies to determine their ability to offer COVID-19 and flu vaccines to staff and residents.<br><br>Long-Term Care COVID-19 Immunization Champion awards were sent to 225 facilities for employee COVID-19 vaccination rates of 80% or higher. We are planning to combine flu and respiratory virus into one annual award and distribution cycle.<br><br>**Respiratory Illness Data Dashboard**<br>In September, DOH released a new Respiratory Illness Data Dashboard that incorporates COVID-19, flu, and respiratory syncytial virus (RSV) data. This dashboard replaces DOH's retired COVID-19 Data Dashboard. The Respiratory Illness Data Dashboard shows current disease activity and trends for COVID-19, flu and RSV. State-level vaccination data for COVID-19 and flu are available and data will be added later this fall for RSV and the updated COVID-19 vaccine.<br><br>**Change to IPV IIS Forecast**<br>Adult recommendations have been updated for Polio. Prior to this change, routine vaccine were not needed. IIS will be updated so that 18 or older will be recommended for vaccine if they have no history of being vaccinated. |

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| | **Immunization Exemptions Toolkit for Health Care Providers**<br>Parents and legal guardians may exempt their child from one or more of the immunization requirements by turning in a completed Certificate of Exemption (COE) form. All exemptions except religious membership exemptions require education from a health care practitioner on the benefits and risks of immunizations. Health care practitioners must sign the health care practitioner declaration on the COE, or they can write and sign a letter with the same information. To help providers understand their role in exemptions and the COE, we have created the Immunization Exemptions Toolkit for Health Care Providers (PDF). Personnel Updates<br><br>**Staff Updates**<br>Kathy Bay has moved from Office of Immunizations to the Washington Board of Nursing.<br>Trang Kuss has been appointed interim Section Manager to Clinical, Quality, and Schools (CQS Section) We will be looking for a permanent Section Manager, spring of 2024.<br><br>Tawney Harper retiring October 31, 2023. Congratulations! |
| **COVID-19 Vaccine Director Update**<br><br>**Heather Drummond** | **COVID-19 Vaccinations in Washington** (chart: weekly doses administered comparing past and 2023-2024 COVID-19 seasons)<br><br>**Changing Landscape of COVID-19 Vaccines** (chart: overview, supply lines and Mobile services)<br><br>**New 2023-24 COVID-19 Vaccines**<br>• Updated Moderna and Pfizer 2023-24 COVID-19 vaccines were approved 9/12. An updated 2023-24 COVID-19 vaccine from Novavax was approved 10/3.<br>• Formulated to more closely target currently circulating variants, and to provide better protection against serious consequences of COVID-19, including hospitalization and death.<br>• Everyone ages 6 months+ are eligible for the updated COVID-19 vaccines.<br>• "Up to Date" vaccination status means getting all recommended doses considering patient age and health history, with at least 1 dose of the 2023-24 COVID-19 vaccines.<br>• Updated CDC vaccination resources:<br>  • Interim COVID-19 Immunization Schedule (Updated 9/22/2023)<br>  • COVID-19 Vaccination Recommendations Infographic (Updated 9/20/2023)<br>  • COVID-19 Vaccination Recommendations Infographic (Immunocompromised) (Updated 9/20/2023)<br>  • COVID-19 Vaccine Product Information (Updated 9/25/2023)<br><br>**Novavax, Adjuvanted 2023-24 COVID-19 Vaccine**<br>Authorized for use in individuals 12 years of age and older<br>• Previously vaccinated:<br>  • One dose of updated Novavax at least two months after the last dose of COVID-19 vaccine.<br>  • Not previously vaccinated:<br>  • Two doses of updated Novavax, administered three weeks apart.<br>  • Immunocompromised individuals:<br>  • Additional doses of updated Novavax may be administered at least 2 months following the last dose of a 2023-24 COVID-19 vaccine, at the discretion of the healthcare provider, taking into consideration the individual's clinical |

circumstances. The timing of the additional doses may be based on the individual's clinical circumstances.

- Fact sheets can be found here:
  - Novavax Fact Sheet for Healthcare Providers
  - Novavax Fact Sheet for Recipients and Caregivers

**Simultaneous Administration of COVID-19 and other vaccines**

Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.

- the Health Alert Network (HAN) published on September 5, 2023 may be consulted for additional information about simultaneous administration of these vaccines.
- There are additional considerations if administering an orthopoxvirus vaccine and COVID-19 vaccine.
- In accordance with General Best Practice Guidelines for Immunization, routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit.

**Vaccine Delays**

- Limited vaccine availability from manufacturers and supply chain constraints are causing significant delays during 2023-24 COVID-19 vaccine rollout.
- **As a result, ordering for COVID-19 vaccine products in the WA IIS may only be intermittently available over the next few weeks.**
- What this means:
  - Submitted vaccine order requests are subject to reduction or denial until adequate supply is available. This includes orders showing as "Pending State Approval", "Pending Local Approval", "In State Manual Review", and "In Manual Review" in the IIS.
  - We recommend providers to place smaller orders rather than larger ones.
- **We anticipate these delays will be over in the next few weeks and greatly appreciate your patience while manufacturers and delivery systems ramp up to full capacity.**
- We will continue to share updates about supply in the coming weeks to support our partners and providers.

**COVID-19 Vaccine Cost**

- **Most people will not have out-of-pocket costs for COVID-19 vaccines due to their insurance coverage.**
  - **Following past vaccine approvals, insurance coverage could take months. However, with COVID-19 vaccines this is NOT the case.**
  - "Per CARES Act Section 3203 insurance companies are required to provide coverage of COVID-19 vaccines. However, some insurance plans require cost sharing or co-pays. In those cases, the Bridge Access Program covers the cost of COVID-19 vaccination."
  - July 2023, HHS issued guidance to payors to cover COVID-19 vaccination with the onset of commercialization.
- **Children**: All recommended vaccines are available at no cost for children through age 18 via the Childhood Vaccine Program of Washington.
- **Uninsured Adult COVID-19 vaccines**: Adult Vaccine Program Providers and pharmacies in

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| | the Federal Bridge Access Program will provide vaccines at no cost to uninsured and underinsured adults.<br><br>**How Can the Public Find the Vaccines?**<br>1. **Health care providers:** Most Primary Care Providers and pharmacists can administer all respiratory disease vaccines.<br>2. **CVS & Walgreens pharmacies.**<br>3. **CDC website**: Find flu and COVID-19 vaccines on https://www.vaccines.gov/ or text ZIP code to GETVAX (438829).<br>4. **Federally Qualified Health Centers**<br>5. Newly updated **Provider Map** to find a clinic enrolled in the Childhood Vaccine Program and/or the Adult Vaccine program.<br>6. **Care-A-Van Mobile Vaccine Clinic Locations**<br><br>**Newly Updated General Public Resources:**<br>• **Getting Vaccinated to Protect Against COVID-19 Illness**<br>• **Pediatric COVID-19 Vaccines What Parents/Guardians Should Know**<br>**Newly Updated Resources for Providers:**<br>• **Health Care Provider Discussion Guide: Novavax**<br>• **COVID-19 Vaccines: Pediatric Vaccine Toolkit for Providers**<br>• **Provider Discussion Guide**<br>• **Discussion Guide for People Experiencing Homelessness**<br>• **Discussion Guide for Immigrants and Refugees**<br>• **Pregnancy and COVID-19 Vaccine Toolkit**<br>• **2023-2024 COVID-19 Vaccine Product Chart**<br>• **COVID-19 Vaccines: Toolkit for Schools**<br><br>**Questions**:<br><br>Send additional questions and requests for information to:<br>COVID.Vaccine@doh.wa.gov<br><br>Additional Resources:<br>Conference Outreach<br>COVID-19 Vaccine Newsletter<br>• The COVID-19 Vaccine Newsletter is a topic people can subscribe to on GovDelivery.<br>• People can manage their subscriptions by going to the following link.<br>• From there, click on 'add subscriptions' at the bottom of the page<br>• On the next page, expand the 'Immunizations' tab and check the box for "COVID-19 Vaccine Partner Newsletter."<br><br>**Minimum Order Quantities** (Chart: showing minimum order quantities)<br><br>**Standing Order Templates (Picture of templates)** |
| **Director Update Discussion**<br><br>**Jamilia Sherls-** | **No comments or questions** |

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| **Jones, Heather Drummond** | |
| **Excess Mortality in the COVID Pandemic**<br><br>**Jonathan Downs** | **Excess Death Report Team**<br>• Jon Downs (Presenting)<br>• Katie Hutchinson<br>• Ian Painter<br>• Sean Coffinger<br><br>**Vaccination Protects the Whole Community**<br>• We split the state into 5 groups according to the area's vaccination rate as of 12/31/2021 and compared death rates<br>• In 2020, before vaccines, we find small variations in death rates by eventual community vaccination<br>• In 2021, the **least-vaccinated areas had a COVID-19 death rate three times higher** than the most-vaccinated areas<br>• Based on historical trends, deaths from any cause in the **least vaccinated areas** were **21% higher than expected** in 2021<br>• Deaths in the **most vaccinated areas** were **6% higher than expected** in 2021<br><br>**Reported COVID-19 and Excess Death Rates by Community Vaccination Rate*, 2020-2021** (Chart)<br><br>**Less Vaccinated Areas were most impacted by the Delta Wave** (Chart)<br><br>**COVID-19 vs. Excess Deaths: What's the Difference?**<br><br>**Reported COVID-19 Deaths**<br>• Reported COVID-19 deaths must meet a **case definition**, such as a recent positive test<br>• COVID-19 could have indirectly increased or decreased deaths from other causes<br>• Undiagnosed COVID-19 infections<br>• COVID-19 infections increased the risk of death from diabetes, kidney disease, or other pre-existing conditions<br>• Masking and social distancing reduced deaths from flu and pneumonia<br>• Some COVID-19 deaths would have happened later due to another cause<br><br>**Excess Deaths**<br>• We performed an **excess death analysis** to determine the net impact of COVID-19<br>• Before the pandemic, death rates were quite stable<br>• We used historical data (2011-2019) to determine the **expected number of deaths** had prior trends continued<br>• Deaths above the expected amount are **excess deaths**<br>• Excess deaths are evaluated at the population label. We cannot say whether any individual death was 'excess'.<br><br>**Statewide Observed vs. Expected Deaths** (2011-2021) (chart)<br><br>**Determining Community Vaccination Rates**<br>**Vaccination Data**<br>Of 11,877,070 vaccinations delivered between 12/15/2020 and 12/31/2021, 98.9% provided a |

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| | home address. We used this to determine a **Census tract** for each dose<br>We calculated the **vaccination rate** (doses/total population) for each Census tract as of 12/31/2021<br>Next, we split all Census tracts in the state into 5 groups based on the vaccination rate (highest to lowest)<br>Most vaccinations were delivered in 2021, and vaccines take time to work<br>We expected that the difference in excess deaths between the most and least vaccinated areas would be **relatively small in 2020** then **grow larger in 2021**<br><br>**Washington Census Tracts by Assigned Vaccination Quintile** (Map)<br><br>**Summary and Closing Thoughts**<br><br>**Conclusions**<br>• The least vaccinated areas had the highest rates of excess death<br>• The most vaccinated areas had the lowest rates of excess death<br>• Death rates were most different after vaccines became available<br>• Our results are consistent with other studies of COVID-19 vaccination<br>• Our full report, available here, covers this and other findings<br><br>**Special Thanks**<br>• WA DOH Immunization team for giving us access to this great data!<br>• The other co-authors (Katie Hutchinson, Sean Coffinger, Ian Painter)<br>• All the LHJ's and workers who distributed vaccinations, collected the data, and cleaned it<br>• Daniel Casey and PHSKC for developing the population dataset we used in our study<br>• Draft reviews by many, including Samantha Rolland, Steven Erly, Danielle Legeai, Cathy Wasserman, and the project team<br>• Brianna Pergola, Francesca Brina-Francis, and Samantha Rolland advised on variable coding and death data quality<br>• Craig Erickson maintains GIS tools used to geocode vaccinations/deaths<br><br>**My questions for you:**<br>• What are the community-level barriers to vaccination?<br>• What research would you like to see on vaccines and death rates?<br>• What do we know about boosters and death from COVID-19?<br>• Do you have any questions about our study?<br><br>**Questions or Comments**:<br>The public comment mentioned distribution of causes of death that were not due to covid 19.<br>Death by cause, results are available by request.<br>Chronic conditions seemed to be worsened by COVID.<br><br>Does this report help look at rural vs urban and the effects of access to healthcare.<br>No, this report didn't cover those specifics.<br><br>There are other impacts of the COVID pandemic. Are mental health trends included in the report?<br>We are aware of increases of opioid and overdose crisis related deaths, would be interesting to look at this timeline. |

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| **RSV- get from agenda** | **EPIDEMIOLOGY of Respiratory Syncytial Virus**<br>Goals:<br>• Explain Respiratory Syncytial Virus (RSV) data limitations<br>• Provide an overview of national RSV data from three systems:<br>  • NVSN, RSV-Net and NRVSS<br>• Discuss what is known about RSV in Washington State<br><br>**RSV Surveillance**<br>RSV is not a notifiable condition in most states including Washington<br>• National Surveillance Systems:<br>  • New Vaccine Surveillance Network (NVSN)<br>  • Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-Net)<br>  • National Respiratory and Enteric Virus Surveillance System (NREVSS)<br>• WA Disease Surveillance Resources:<br>  • Rapid Information Health Network (RHINO) – Syndromic Surveillance System<br>  • Washington Health and Life Event System (WHALES) – Vital Record Information<br><br>**National Surveillance**<br><br>**National Surveillance Systems** (Chart)<br><br>**RSV Burden Estimates – Nationwide**<br>Each year in the United States, RSV leads to approximately:<br>Among children under 5 under years old:<br>  • 2.1 million outpatient visits (non-hospitalization)<br>  • 58,000-80,000 hospitalizations<br>  • 100–300 deaths<br>Among adults 65 years and older:<br>  • 60,000-160,000 hospitalizations<br>6,000-10,000 deaths among adults 65 years and older<br><br>**Annual Rate of RSV Hospitalizations by Age Category, US** (Chart)<br><br>**Timing of Seasonal RSV Epidemics** (Chart)<br><br>**Respiratory Illness Activity Nationwide 2022-2023 Season** (Chart)<br><br>**Take-away Messages From National Surveillance**<br>Experts say that **RSV** is likely to return to normal seasonal patterns following the severe 2022-2023 season<br>  • Population immunity had been lowered by reduced RSV circulation during the early COVID-19 pandemic (2020-2021 & 2021-2022 seasons)<br>  • The more severe 2022-2023 season likely elevated population immunity to typical levels<br>  • The use of these new prevention products could potentially decrease hospital burden<br>For RSV, we have less precise estimates for the burden of illnesses and hospitalizations data on past seasons to inform expectations for this fall/winter |

**Washington State Surveillance**

**Rapid Information Health Network** (RHINO) (Chart and map)

**Percent of Hospitalizations Associated with RSV, WA** (Chart)

**Percent of Emergency Department Visits Associated with RSV, WA** (Chart)

**Washington Health and Life Event System (WHALES)**

- The data for RSV deaths are obtained from the registered death certificates for WA residents, which are housed in WHALES.
- RSV death reporting and surveillance relies only on information in the cause of death fields on the death certificate.

**RSV-Associated Deaths by Season, WA** (chart)

**Nirsevimab AvailabilityBrand Name: Beyfortus**

**Availability & Ordering**

- The Washington Vaccine Associate has agreed to fund nirsevimab as part of the Childhood Vaccine Program (CVP)
- Nirsevimab is **now available** for all CVP providers to order
- Ordering is competed in the Immunization Information System (IIS) in the same manner as childhood vaccines
- RSV will show in the IIS under the brand name Beyfortus
- Presentations:
    - 5 pack of 50 mg (or 0.5mL) prefilled syringe
    - 5 pack of 100 mg (or 1.0mL) prefilled syringe
- CDC contract price is $395 per dose
- Providers are encouraged to order as needed
    - Smaller orders more frequently
    - Be mindful of storage space
- It will ship with routine vaccines coming from McKesson
- Product should arrive in provider offices one to two weeks after placing an order
- ACIP has recommended nirsevimab as a routine immunization. Therefore, it is an expectation CVP providers have it available for patients

**Storage and Handling**

- Storage and handling is similar to routine vaccines for children
- Store in refrigerator at 36-46°F ( 2-8°C)
- May be kept at room temperature 68-77 °F (20-25°C) for a maximum of 8 hours
- After removal from the refrigerator, must be used within 8 hours or discarded
- Store in original carton to protect from light until time of use.
- Do not freeze. Do not shake. Do not expose to heat.

**Adult and Maternal RSV Vaccine Availability**

**Availability & Ordering**

- Two products available
  - GSK/ Arexvy – 60+
  - Pfizer/Abrysvo – 60+ and pregnant persons
- Currently not available on CDC contract
- Widely available on commercial/private market
  - Private market price approx. $300/dose
- Will not be able to add to the Adult Vaccine Program this season for uninsured individuals due to high cost and limited funding.
- ACIP voted to include the Pfizer Abrysvo product in the VFC program for pregnant persons less than 19 years.
  - Waiting on CDC contract to make it available through CVP
  - Method for ordering is TBD and dependent on package sizes included in the CDC contract.

**GSK/ Arexvy: Storage and Handling**

- Before Reconstitution:
  - Store refrigerated between 36-46°F( 2-8°C)
  - Do Not Freeze
  - Store in original package to protect from light
- After Reconstitution:
  - Administer immediately or
  - Store in refrigerator at 36-46°F( 2-8°C) OR at room temperature (up to 77°F) for up to 4 hours
  - Protect from light
  - Do Not Freeze
  - Use within 4 hours

**Pfizer/Abrysvo: Storage and Handling**

- Before Reconstitution:
  - Store refrigerated between 36-46°F( 2-8°C)
  - Do Not Freeze
- After Reconstitution:
  - Administer immediately or
  - Store at room temperature 59—86 °F (15-30°C)
  - Use within 4 hours
  - Do Not refrigerate
  - Do Not Freeze

**Tools and Resources**

- DOH RSV webpage
- CDC RSV landing page
- Provider Enrollment for the CVP
- Vaccine Ordering & Receiving
- Search, Add, Reconcile & Report Inventory
- RSV Codes 2023
- Beyfortus package insert
- Arexvy package insert

- Abrysvo package insert

**Comments or Questions:**
Comment on percentage of children vs adults. It would be helpful to know the breakdown and have more data for adults to help the thought that RSV is mostly affecting children.

We do not have the numbers by age at this time.

RSV is not notifiable condition. How do epis collect these numbers?

In WA, we try to figure out what our best surveillance systems are, use those numbers and estimate as best as possible. For example, lab flu deaths, comparing the season.

This season seems different from the last season, but it is still early.

Typically, we do not test for RSV unless hospitalization is needed. We do not have accurate statistics and numbers like we do from COVID 19.

Will be interesting to see affects for Nirsevimab on RSV.

There are limitations in interpreting the data. Doesn't distinguish cause of death.

Are their asymptomatic RSV?
Yes, in adults. Depending on how you define symptoms.

**RSV vaccine recommendations older adults, pregnant persons, and nirsevimab**

CDC webinar New RSV Vaccines for Adults: General Information and Clinical Guidance
RSV Vaccines for adults ages 60 Years and Older. There is no preferential recommendation, give whichever vaccine is available.

RSV Vaccination for Adults 60 Years and Older (cdc.gov)

**V-Safe**
New version of V-safe developed starting Summer 2023. Objectives: Characterize local and systemic reactogenicity during days 0-7 after vaccination. Characterize health impacts during a 6-week post-vaccination follow-up period. Identify participants who report medically attended events after vaccination and encourage completion of VAERS report.

CDC webinar Clinical Considerations for Maternal RSVPreF Vaccine and Nirsevimab

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

RSVpreF vaccine=Abrysvo (Pfizer)

ACIP meeting 092223 slides Evidence to Recommendations Framework Updates

ACIP Meeting Nirsevimab

Nirsevimab is a passive immunization. Nirsevimab (brand name Beyfortus), a long-acting monoclonal antibody, is given by injection. The antibody boosts the immune system, adding an extra layer of defense against severe illness from respiratory syncytial virus

Children aged 8-19 months are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.

**Nirsevimab Dosing**

- All infants aged <8 months born during or entering their first RSV season
    - 50 mg for infants weighing <5 kg [<11 lb]
    - 100 mg for infants weighing ≥5 kg [≥11 lb])
- Children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season
    - 200 mg, administered as two 100 mg injections given at the same time at different injection sites
- Can be co-administered with other routine vaccines

Recommendations for use of nirsevimab in setting of an available maternal RSV vaccine. Nirsevimab is not needed for most infants born 14 days after maternal vaccination.

Circumstances for which nirsevimab can be considered when mother has received RSV Vaccine 14 days prior to birth: It can be considered in rare circumstances when- per health care provider judgement – the potential incremental benefit of administration is warranted.

**Nirsevimab Administration by MAs**

- The statutes and rules that govern the MA's scope of practice would not prohibit them from administering nirsevimab or biologic medications (WAC 246-827-0240).
- Delegation laws
    - MAs cannot be delegated anything requiring the exercise of clinical judgement, complex observation, or that presents the risk of immediate or serious harm to the patient. Whether or not the task is delegable to the MA is a decision for the healthcare organization/supervising healthcare practitioner.
- A healthcare organization can implement policies that go above and beyond the state statute and rule restrictions if determined necessary.

References:
http://app.leg.wa.gov/RCW/default.aspx?cite=18.360.060
http://app.leg.wa.gov/WAC/default.aspx?cite=246-827-0110

**Resources**

- Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC
- ACIP Shared Clinical Decision-Making Recommendations | CDC
- Respiratory Syncytial Virus | Washington State Department of Health

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| | • CDC webinar RSV Vaccination in Adults 60 years and Older<br>• CDC Webinar Clinical Guidance for Use of Products to Prevent RSV Disease in Infants<br>• ACIP September 22, 2023 Presentation Slides \| Immunization Practices \| CDC<br>• ACIP Vaccine Recommendations and Schedules \| CDC<br>• Update on RSV and New Vaccine Recommendation \| CDC<br>• Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 \| MMWR (cdc.gov)<br>• Healthcare Providers: RSV Immunization for Children 19 Months and Younger \| CDC<br><br>**Questions**<br><br>What is the guidance if it isn't administered within 1 week of life, and we see them later? Is there a recommendation?<br><br>Yes, it is completely fine. Anyone up to age 8 months is eligible. If those people are in your office and you have product, they should receive it. |
| **Future Agenda Items**<br>**2024 Vac Meeting Dates**<br>**Adjourn** | XI. Future Agenda Items<br><br>Next VAC Meeting: January 11th 2024, April 11th 2024 (hybrid), July 11th 2024, October 10th 2024 |