Washington State Department of HEALTH

RESPIRATORY SEASON VACCINE RECOMMENDATIONS, ORDERING, AND DISTRIBUTION

September 17, 2024

Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses, medical assistants, and pharmacists/pharmacy techs.
- If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information here: https://doh.wa.gov/you-and-your-family/immunization/immunization-training/respiratory-season-updates-september-17-2024

Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.
- This knowledge activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.

Disclosures

The planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

Learning Objectives

- Discuss influenza, COVID-19, and RSV epidemiology, clinical overview, and vaccine recommendations.
- Describe influenza, COVID-19, and RSV vaccine ordering and distribution, including nirsevimab allocation.
- Identify available clinical resources.

Presenters

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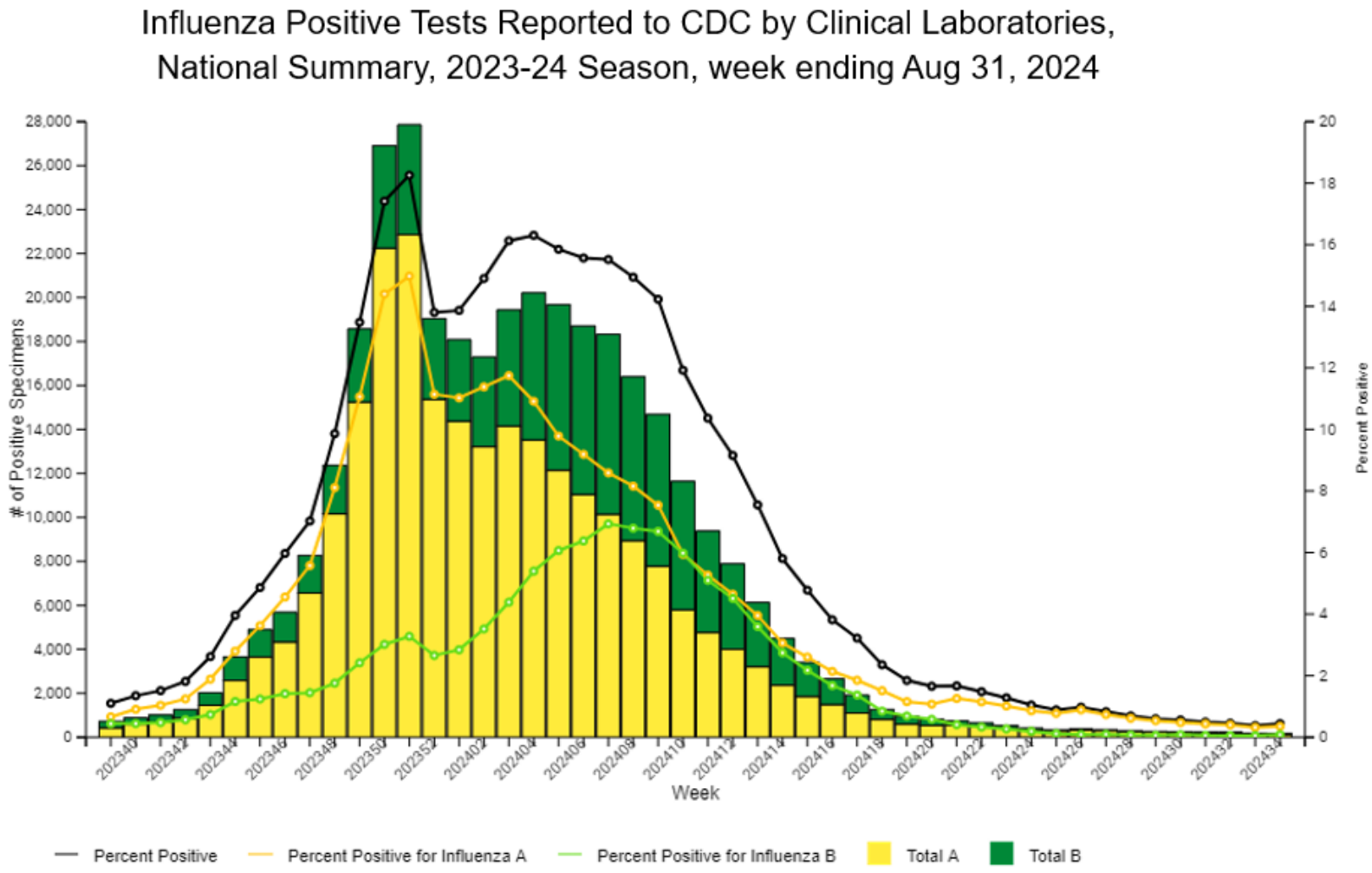
Washington State Department of Health

NATIONAL INFLUENZA SURVEILLANCE

2023-2024 SEASON

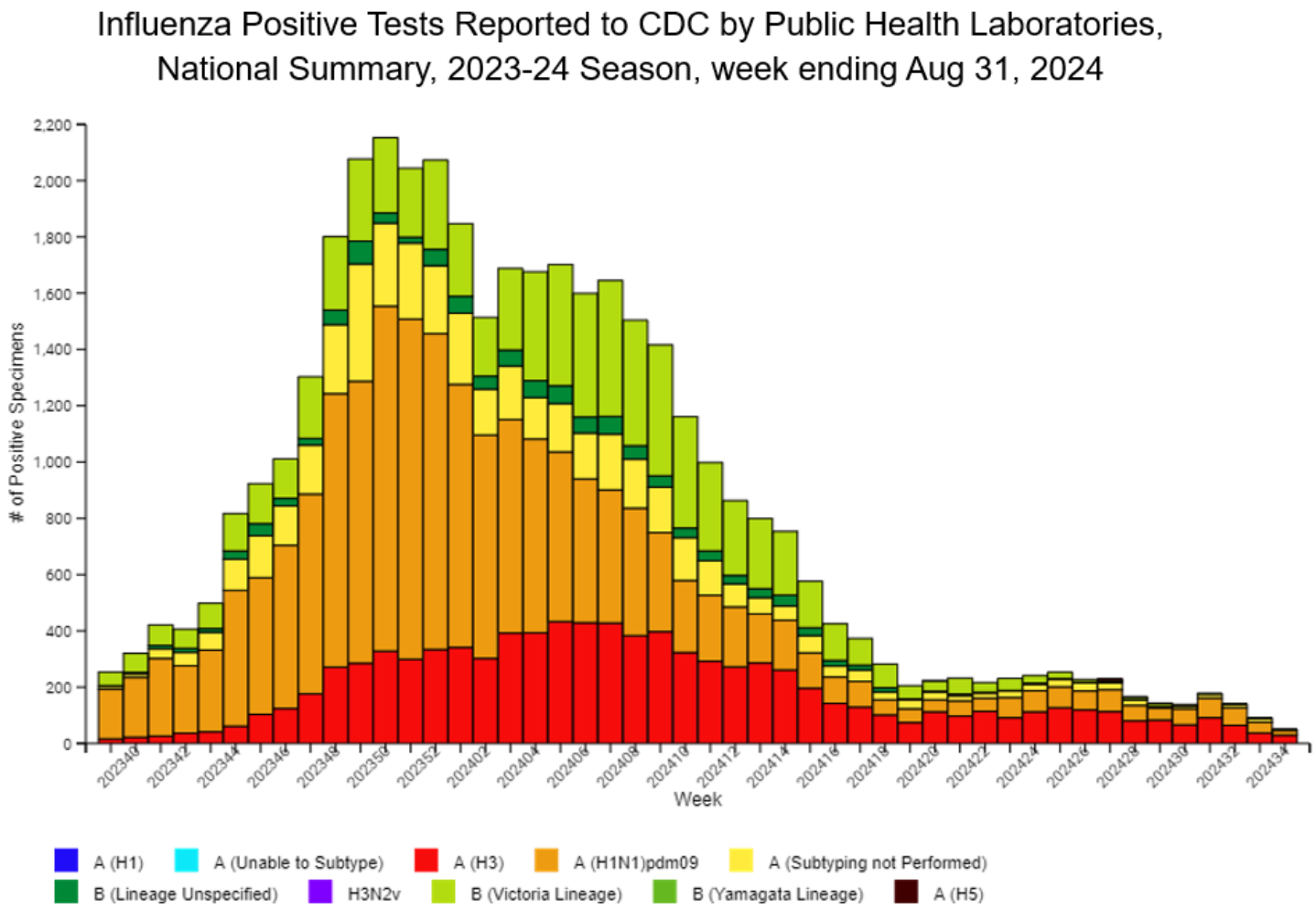
All data presented through
August 31, 2024

Influenza Positive Tests
National Clinical Laboratories



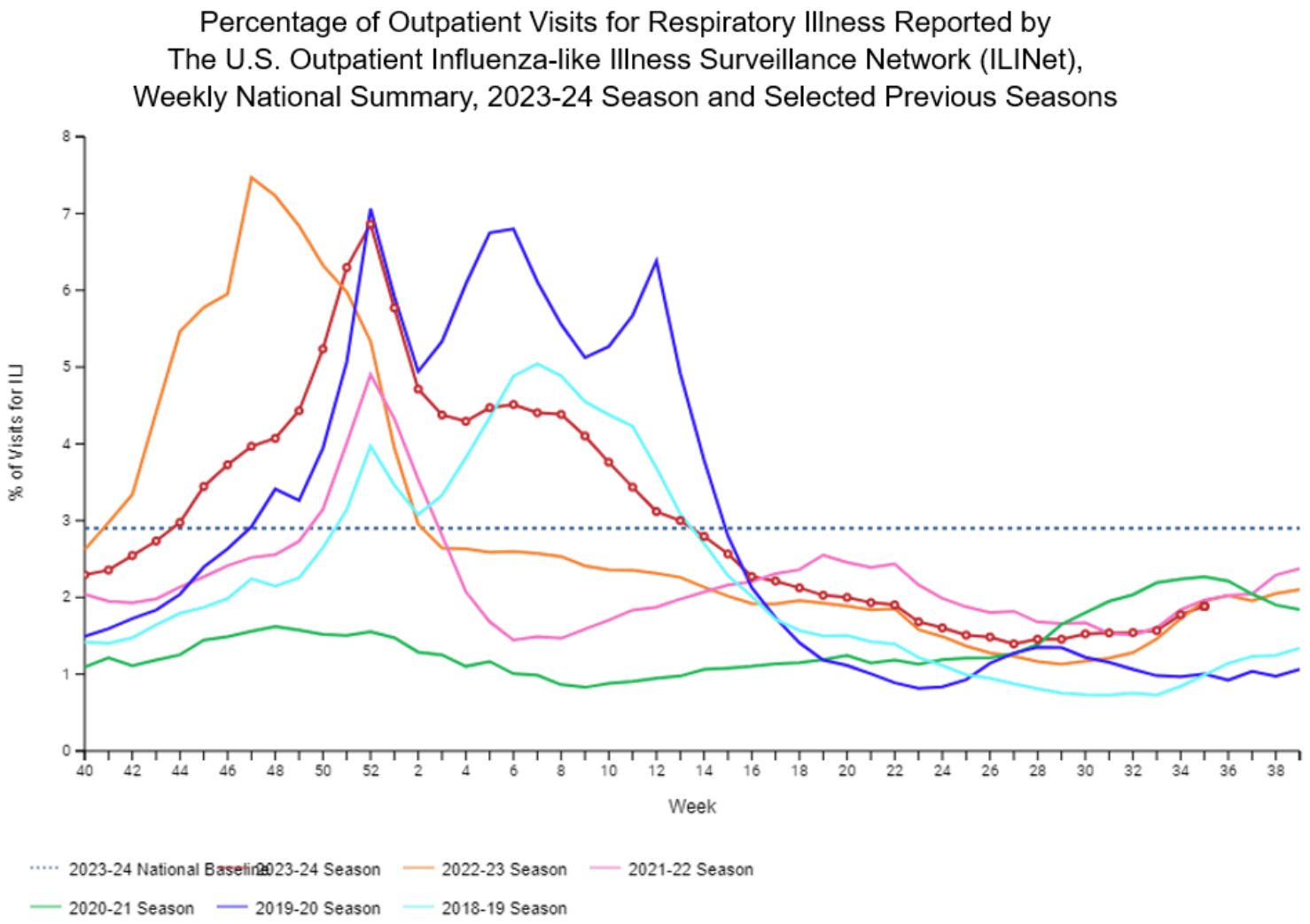
CDC Weekly Flu Report: www.cdc.gov/flu/weekly

Influenza Positive Tests
National Public Health Laboratories



CDC Weekly Flu Report: www.cdc.gov/flu/weekly

National Percentage of Visits for Influenza-Like Illness



CDC Weekly Flu Report: www.cdc.gov/flu/weekly

2024-2025 Influenza Season

- Timing and Severity of Flu Season: Unknown
  - Influenza activity levels cannot be predicted from year to year.

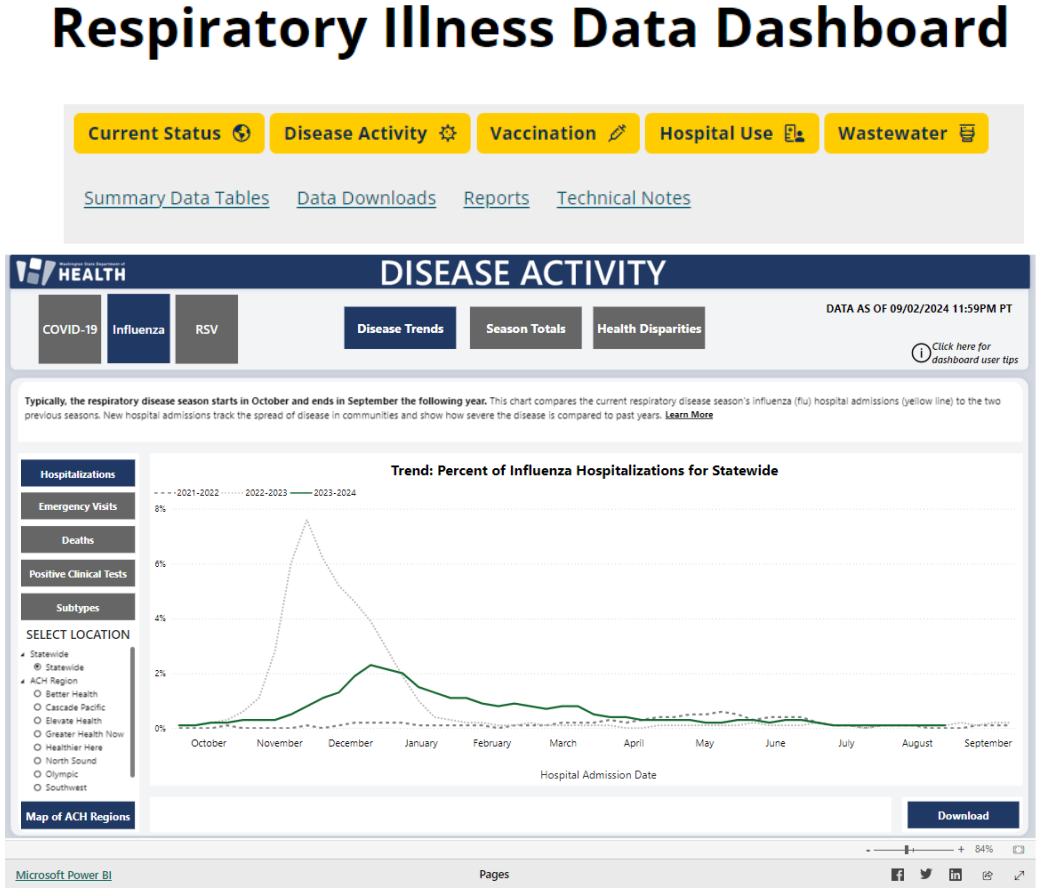
- Best Preparation:
  - Vaccination

- Information for the 2024-2025 Flu Season | CDC

Flu Resources

- Washington State Flu Report:
  - https://doh.wa.gov/sites/default/files/2023-05/420-100-FluUpdate.pdf
- CDC Weekly Flu Report:
  - https://www.cdc.gov/flu/weekly/index.htm
- Washington Respiratory Illness Data Dashboard:
  - https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard
- DOH Resources for Public Health and Healthcare Providers:
  - https://doh.wa.gov/public-health-provider-resources/public-health-system-resources-and-services/immunization/influenza-flu-information
- Communications Toolkit:
  - Flu Free Washington Partner Toolkit | Washington State Department of Health

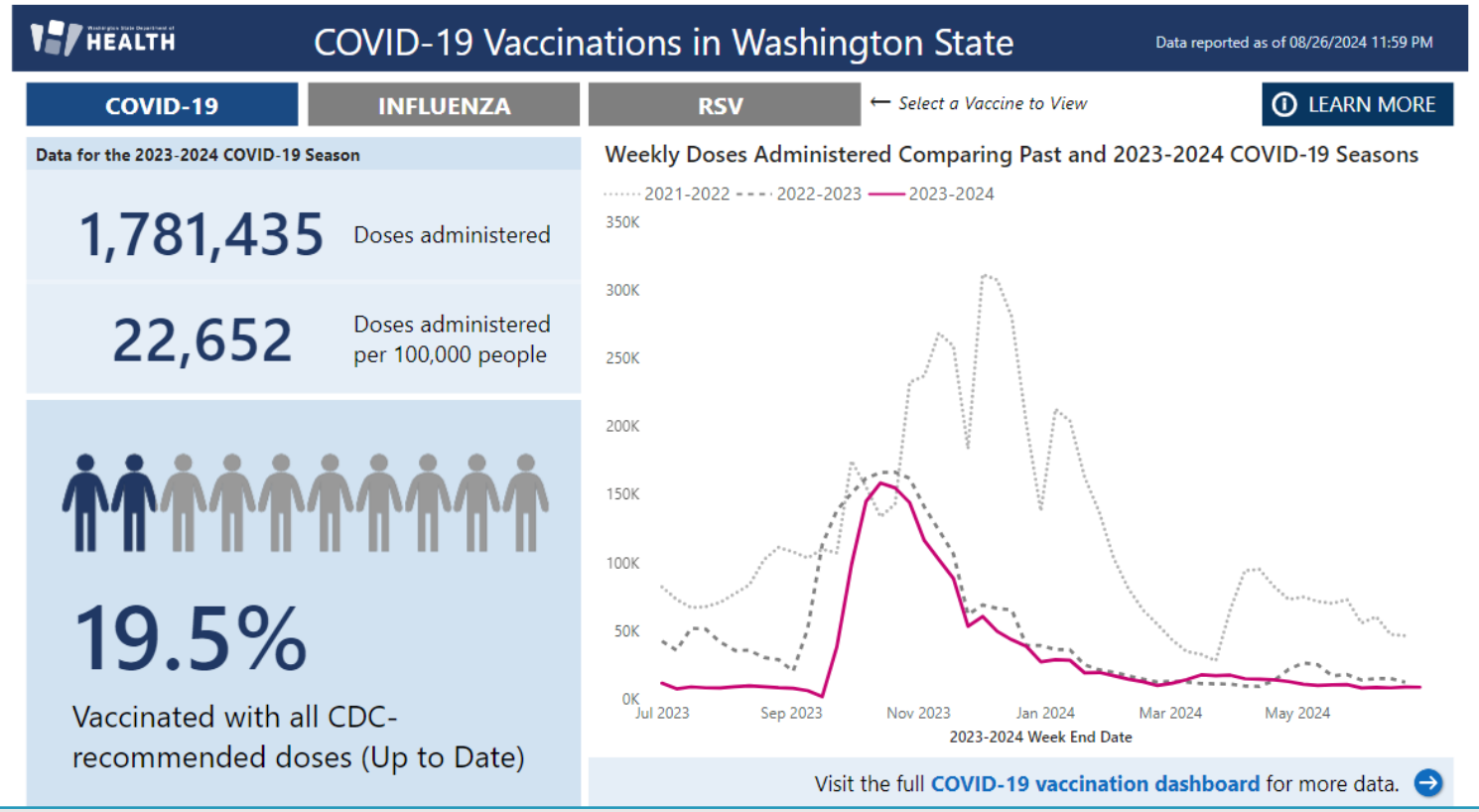
Washington State Influenza Data
Respiratory Illness Data Dashboard



[Washington State Influenza Update]

[Respiratory Illness Data Dashboard]

Influenza, COVID-19, and RSV Vaccination Data



[Respiratory Illness Data Dashboard | Washington State Department of Health]

[Influenza Vaccination Data | Washington State Department of Health]

[COVID-19 Vaccination Data | Washington State Department of Health]

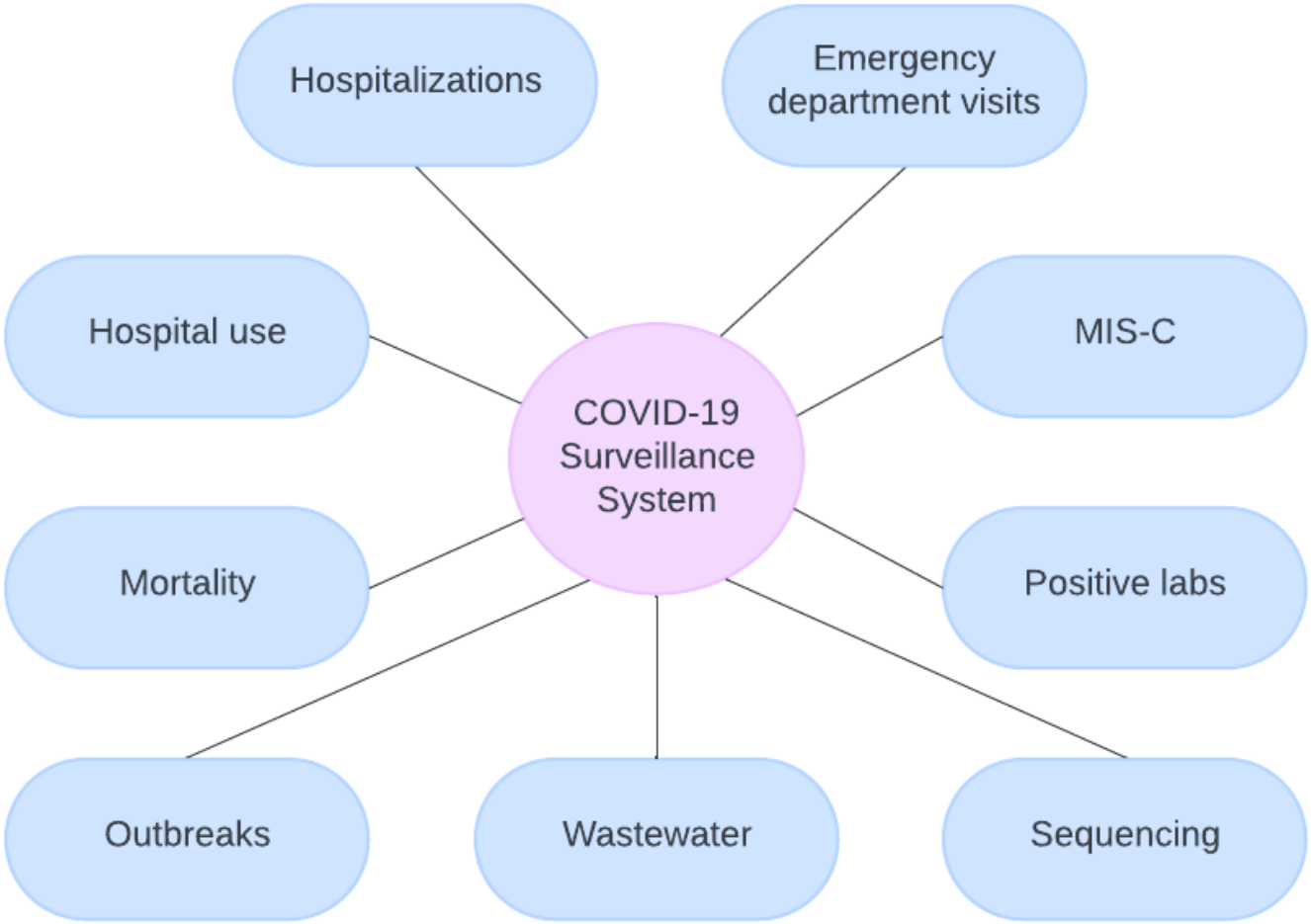
COVID-19 EPIDEMIOLOGY

COVID-19 Reporting Requirements in Washington

Reporting Requirements:

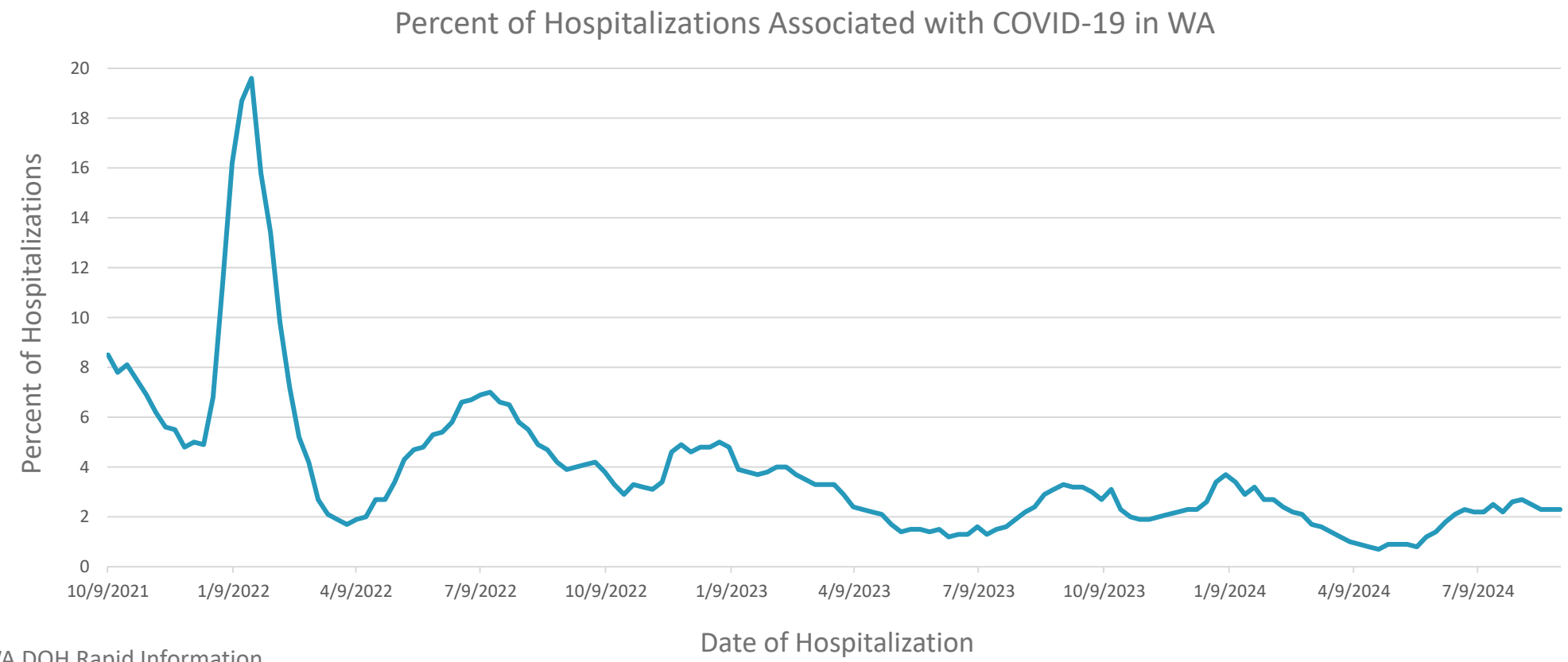
- Labs, health care providers, and health care facilities are required to report lab-positive COVID-19 cases
- Schools, childcares, and healthcare facilities are required to report COVID-19 outbreaks
- Hospitals are required to report the number of patients who meet COVID-19 lab criteria, hospital beds in use for COVID-19, and ICU beds in use for COVID-19
- Emergency departments are required to submit patient care data, which includes information about COVID-19
- All deaths that occur in WA State must be reported, which includes cause of death information about COVID-19

COVID-19 Surveillance in Washington



Timing of COVID-19 Activity

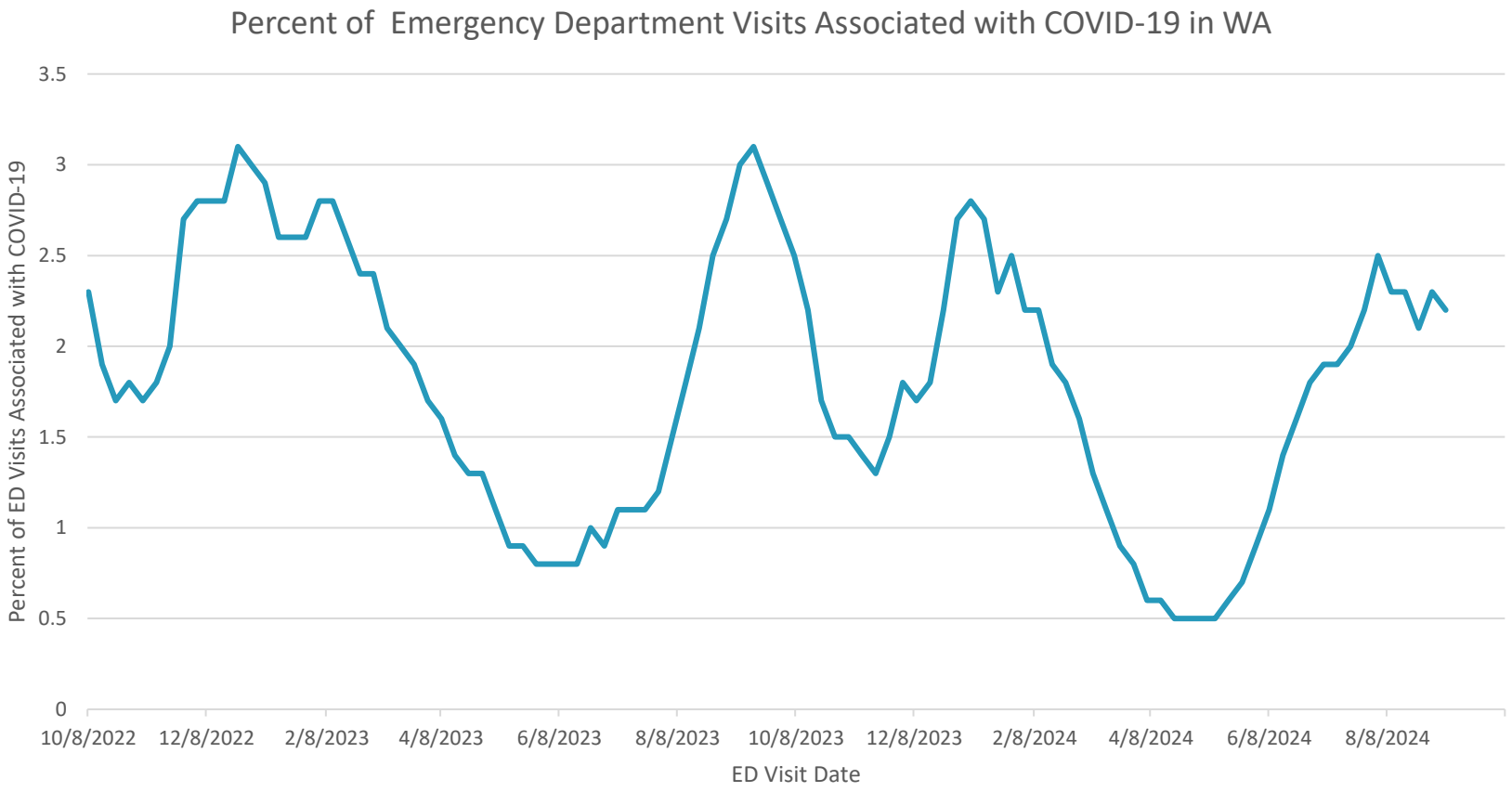
- COVID-19 is not seasonal at this time – there are peaks in the winter and at other times of year, including summer



Data Source: WA DOH Rapid Information Health Network (RHINO)

Current COVID-19 Trends

- COVID-19 activity is currently elevated, but starting to decrease



Data Source: WA DOH Rapid Information Health Network (RHINO)

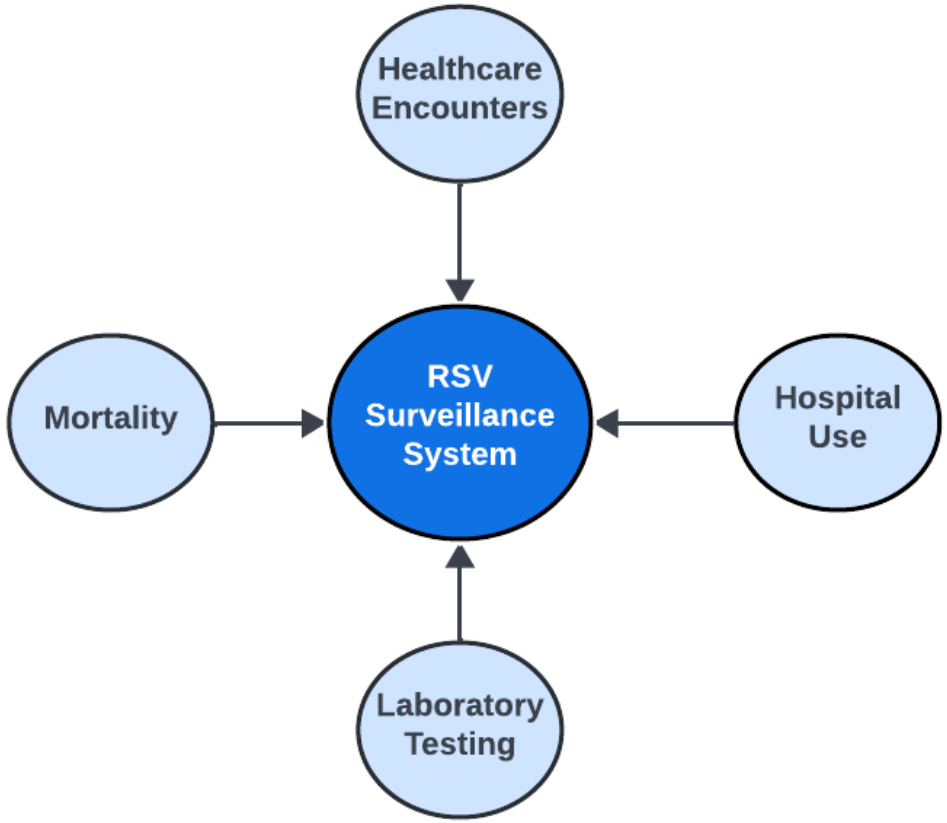
Impact of COVID-19

- COVID-19 continues to cause severe illness and death.
- However, national provisional data shows that COVID-19 deaths have dropped from being the 4th leading cause of death in 2022 with almost 250,000 COVID-19 associated deaths to the 10th leading cause of death in 2023 with about 76,000 COVID-19 associated deaths.

RESPIRATORY SYNCYTIAL VIRUS (RSV) EPIDEMIOLOGY

Current RSV Surveillance Landscape

RSV is not a notifiable condition in most states, including WA



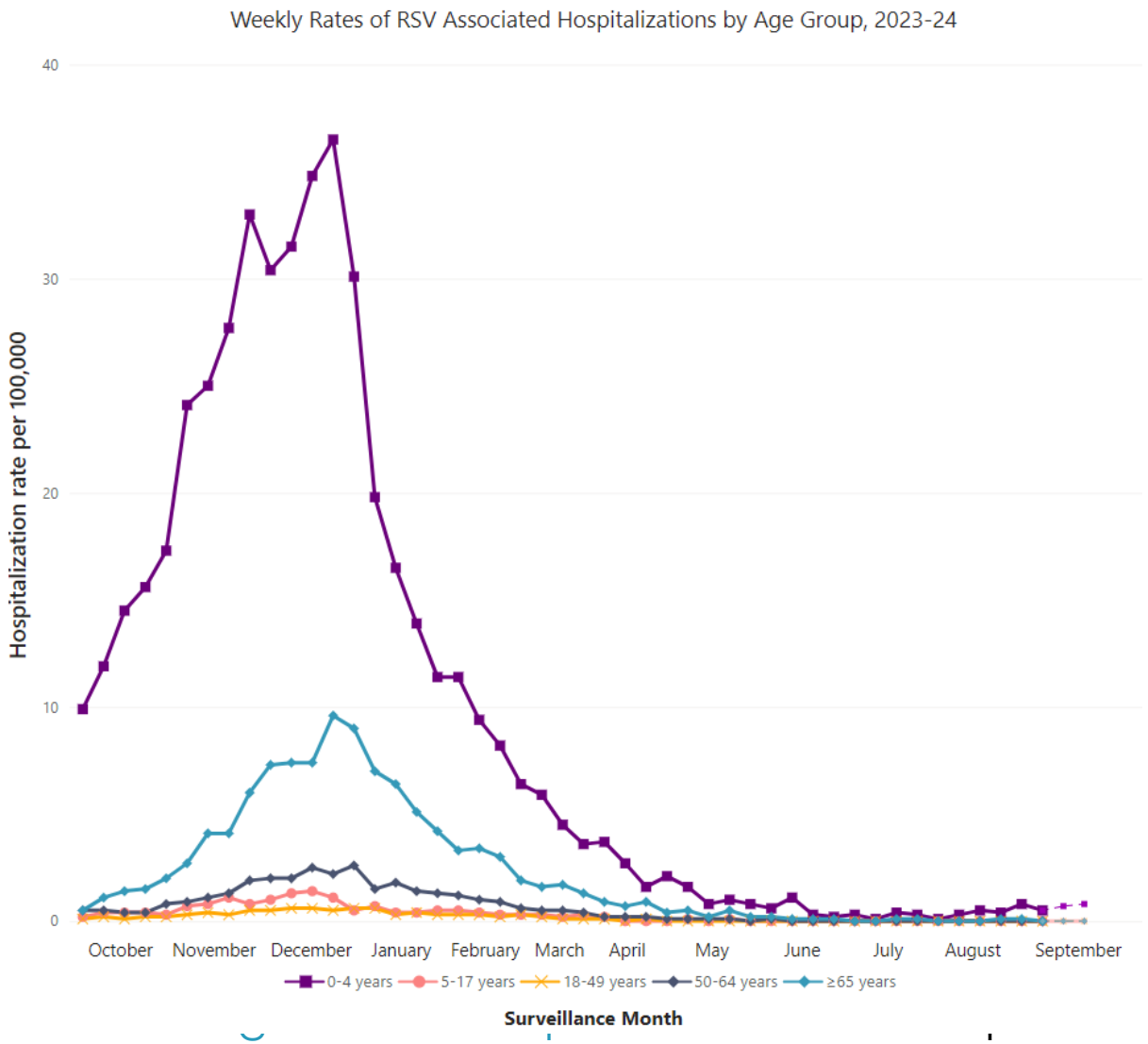
RSV Burden Estimates

Each year in the United States, RSV leads to approximately:

- 2.1 million outpatient visits among children younger than 5 years old.
- 58,000–80,000 hospitalizations among children younger than 5 years old.
- 100,000–160,000 hospitalizations among adults 60 years and older.

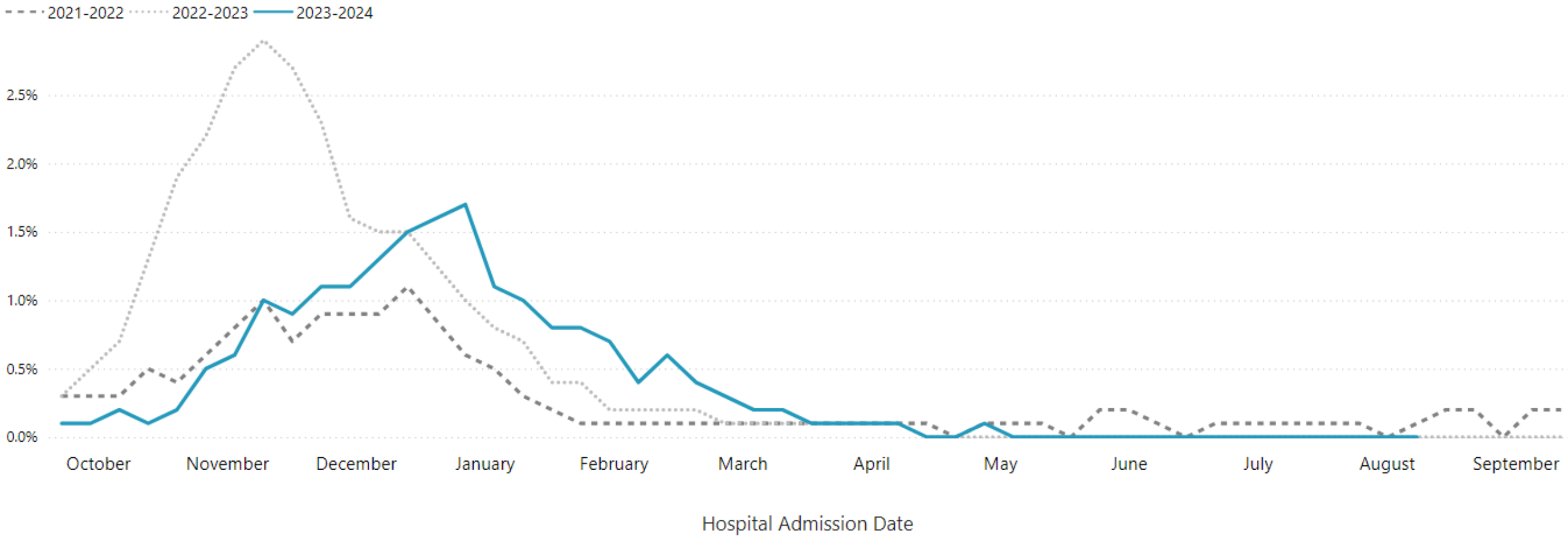
www.cdc.gov/rsv/php/surveillance/index.html

RSV-Associated Hospitalizations by Age Group, US



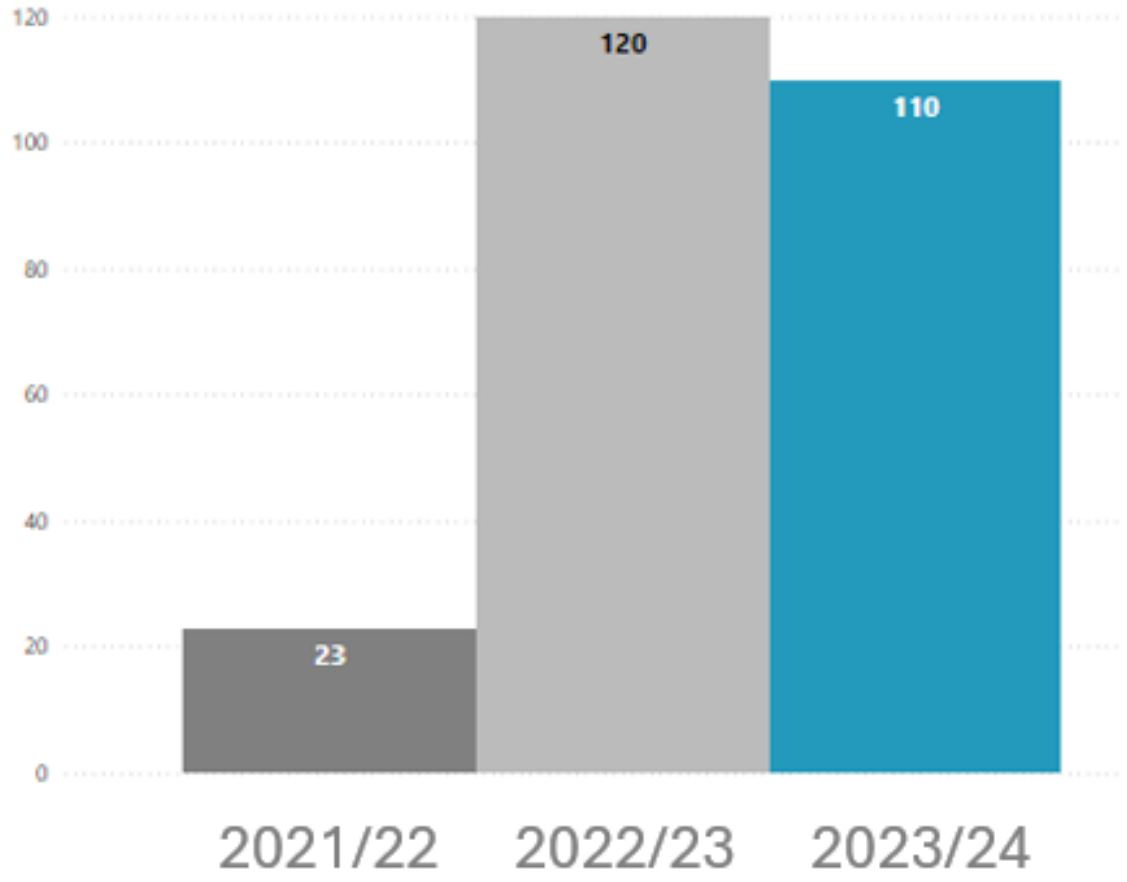
Data Source: RSV-Associated Hospitalization Surveillance Network (RESP NET)

Percent of Hospitalizations Associated with RSV, WA



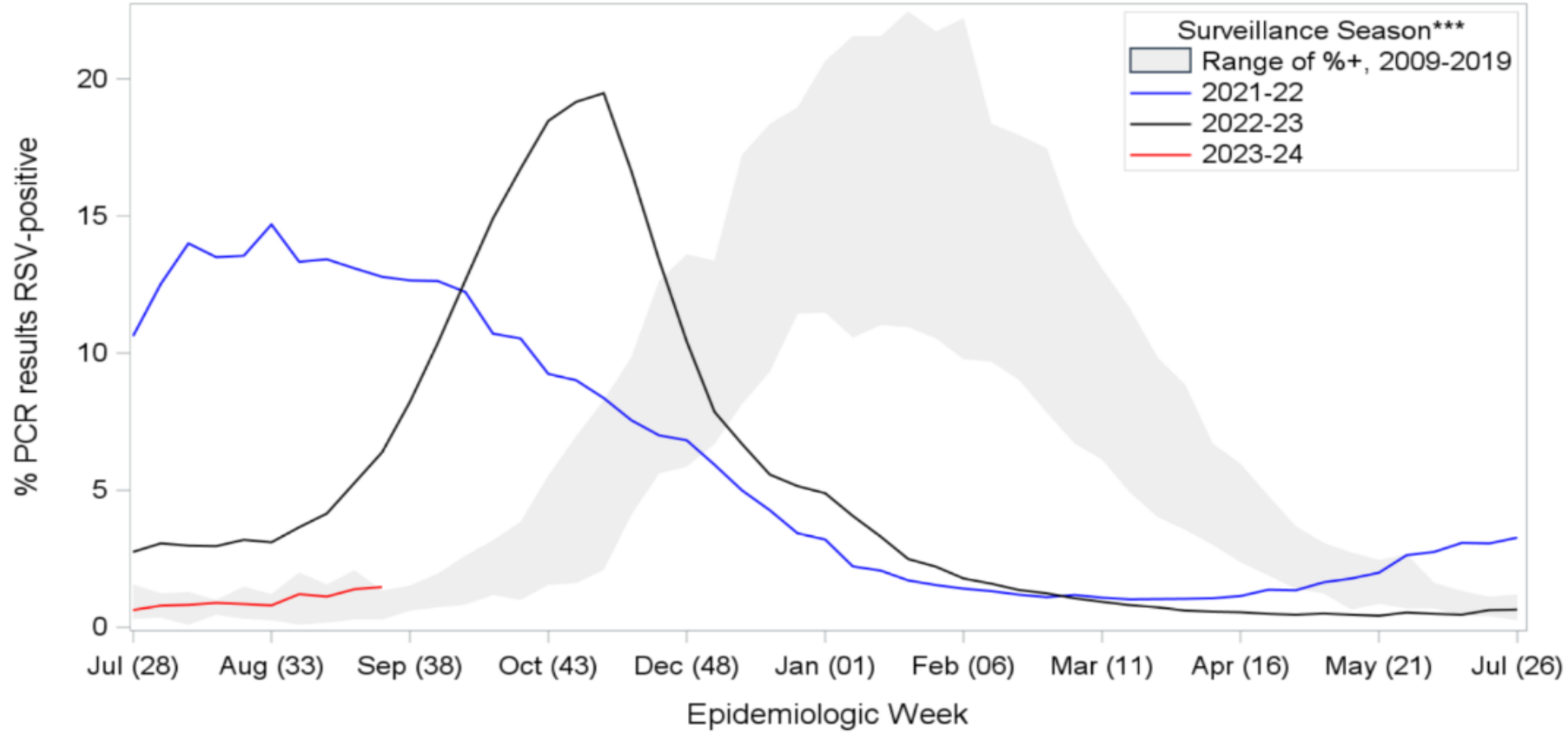
Data Source: WA DOH Rapid Information Health Network (RHINO)

RSV-Associated Deaths by Season, WA



Data Source: Washington Health and Life Event System (WHALES).

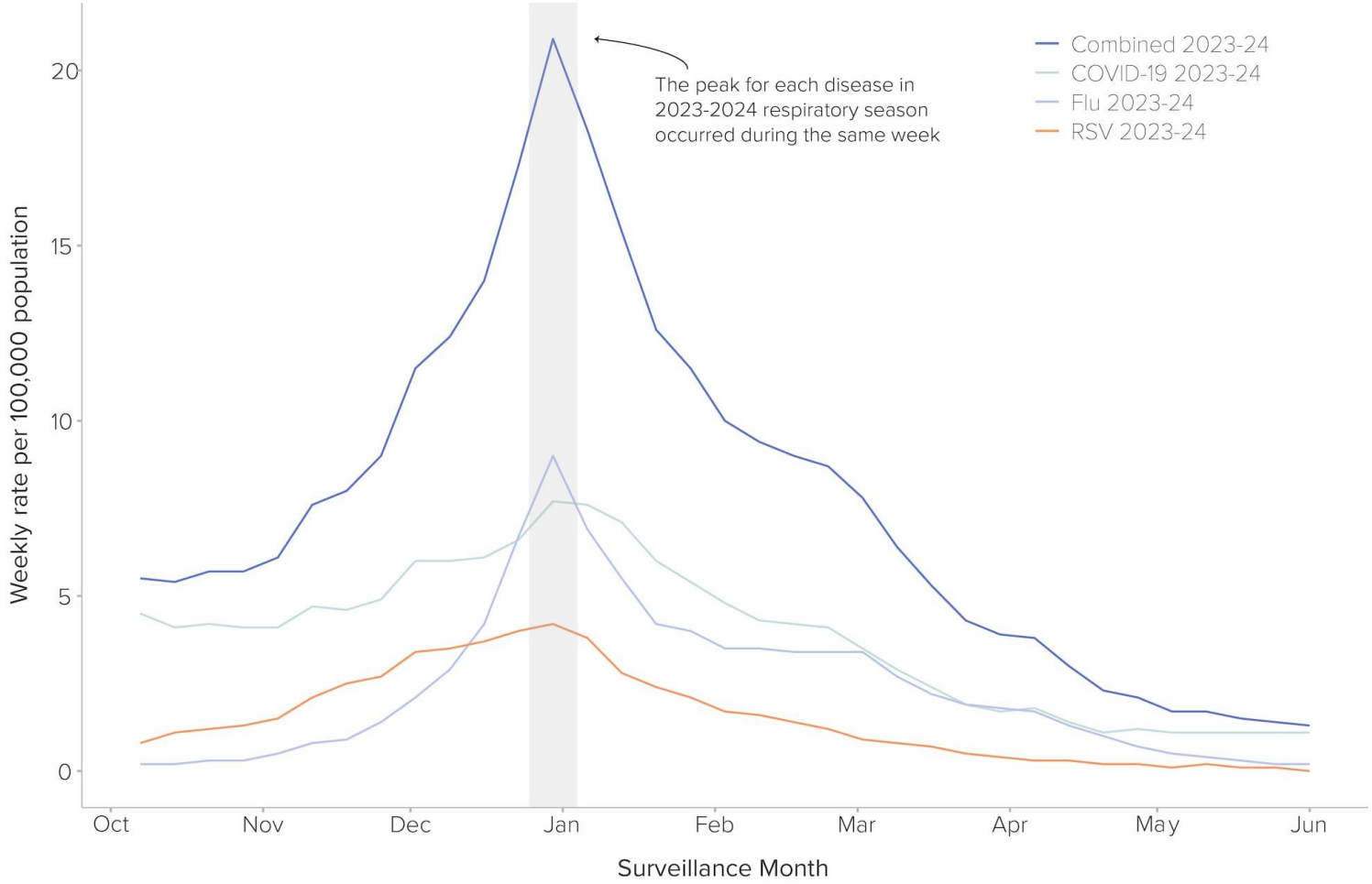
Timing of RSV Epidemics Disrupted by COVID-19 Pandemic



Data Source: National Respiratory and Enteric Virus Surveillance System (NREVSS).

Respiratory Virus Summary

2023-2024 Season Weekly Rate of Respiratory Illness, US

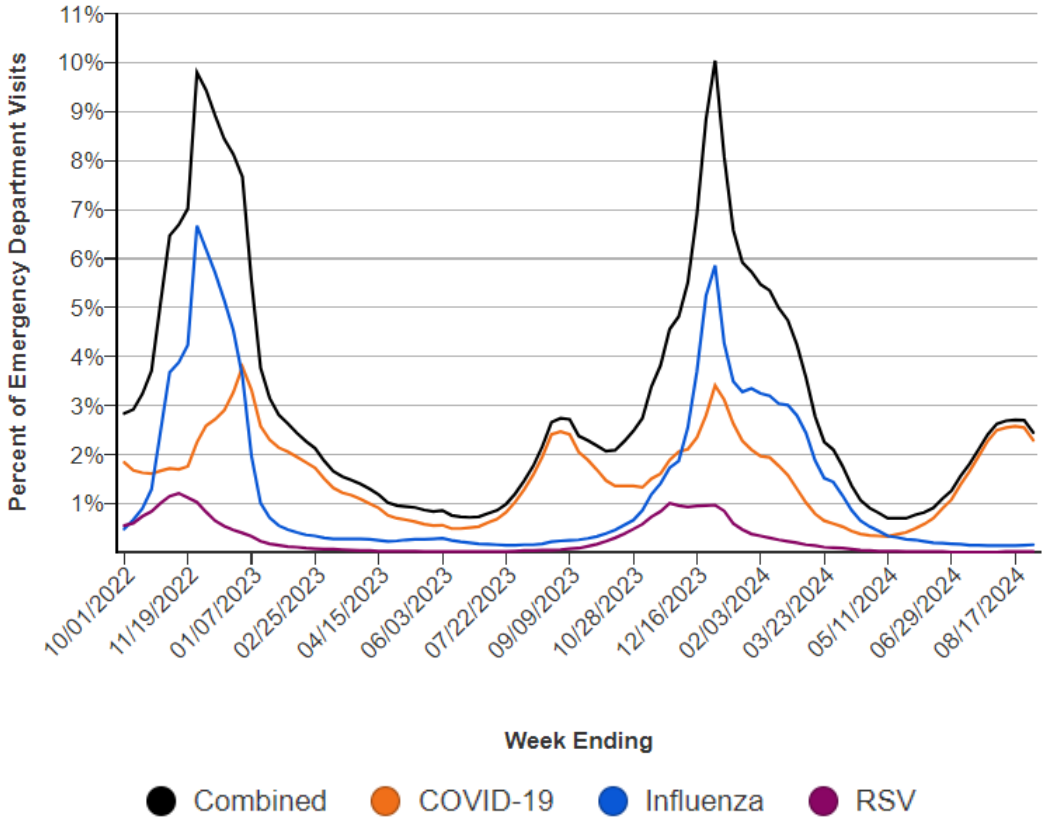


www.cdc.gov/cfa-qualitative-assessments/php/data-research/2023-2024-season-outlook-retro.html

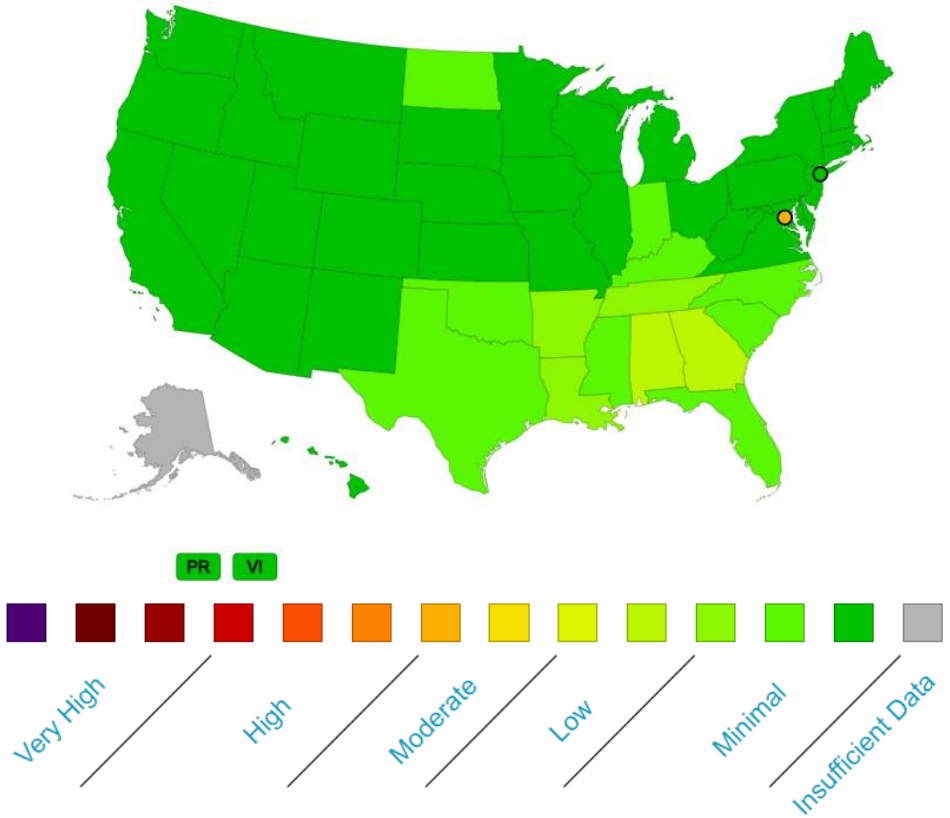
CDC's Respiratory Virus Activity Levels

www.cdc.gov/respiratory-viruses/data/activity-levels.html

Emergency Department Visits for Viral Respiratory Illness



Level of Respiratory Illness Activity



CDC's Respiratory Illnesses Data Channel

www.cdc.gov/respiratory-viruses/data/index.html

Overall respiratory virus activity in **Washington**

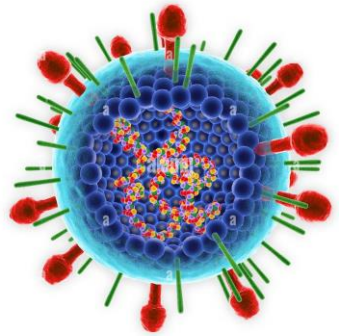
Minimal

Based on healthcare visits for fever and cough or sore throat. Read more »

WHAT TO KNOW

- As of September 13, 2024, the amount of respiratory illness (fever plus cough or sore throat) causing people to seek healthcare is low nationally.
- COVID-19 activity remains elevated nationally, but there are continued signs of decline in many areas.

Clinical Manifestations and Vaccine Recommendations



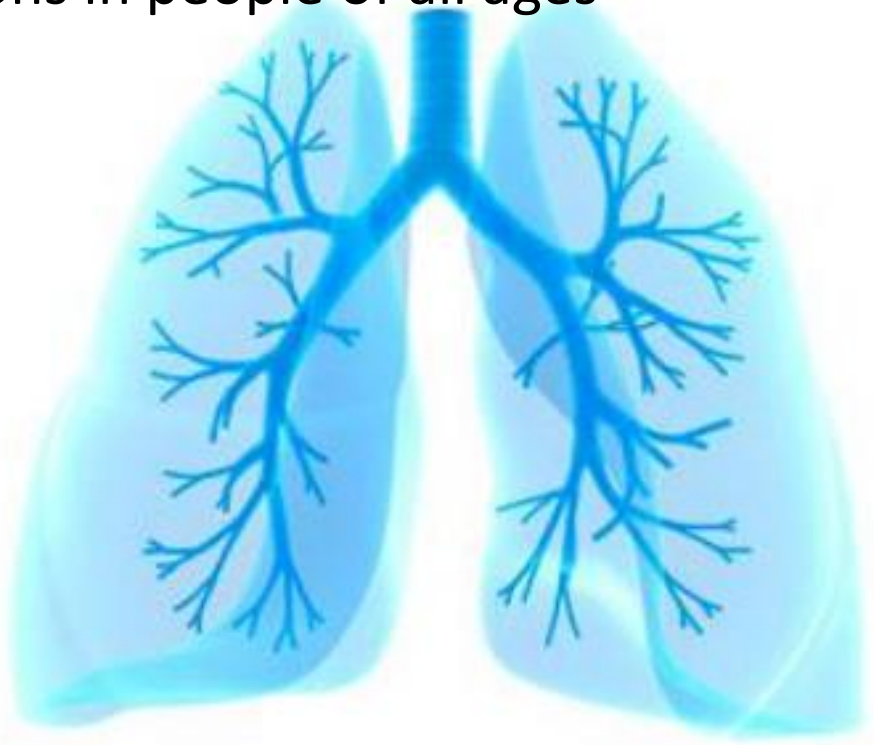
Immunization against RSV

Immunization for all older adults & in pregnancy, monoclonal antibody for infants

Respiratory Syncytial Virus (RSV) infection

1. RSV causes acute respiratory tract infections in people of all ages

2. Immunity to RSV is incomplete, reinfection is common



RSV in infants

Almost all infants are infected by the end of their second winter

1 to 3% of all infants will require admission to hospital

50,000 – 80,000 hospitalizations/year in the U.S.

100 – 300 deaths/year

Infants at increased risk of severe RSV-LRTI include those with:

Prematurity, chronic lung disease of prematurity,
severe immune compromise; certain congenital heart, lung
& neurologic disorders

Jones MMWR Aug 2023
www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm

RSV in adults

60,000 – 160,000 hospitalizations/year

6,000 – 10,000 deaths/year in those aged ≥65 yrs

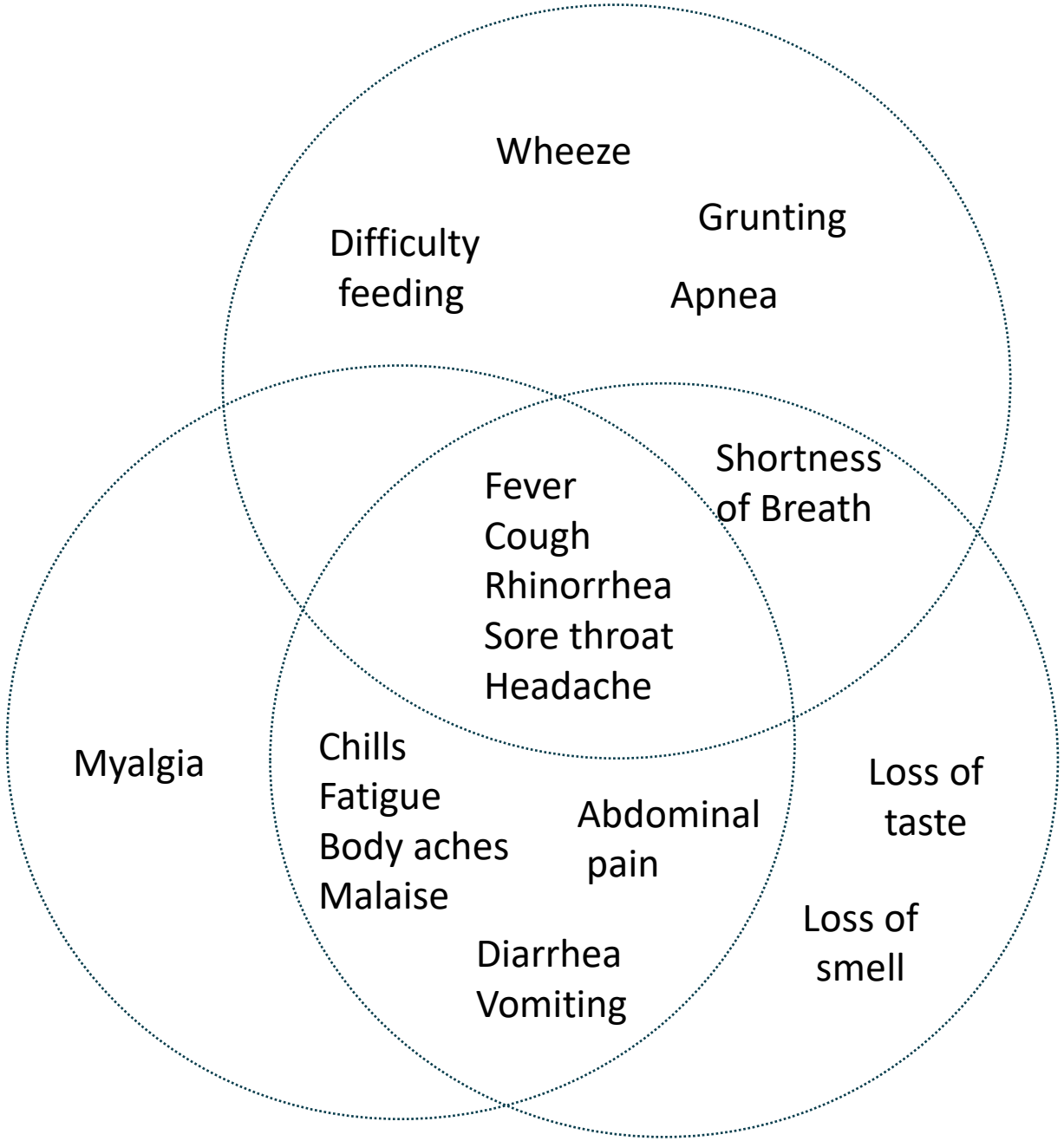
Adults at increased risk include those with:

Chronic lung, heart or neurologic disease, diabetes,
chronic kidney disease, frailty, residence in a congregate setting

Compromised immunity, including transplant recipients,
patients taking immunosuppressive medications

Persons of advanced age (aged ≥75 yrs)

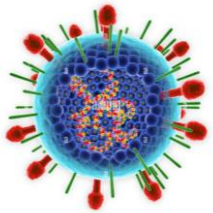
Melgar MMWR July 2023
www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm



RSV

Influenza

COVID-19



RSV

Wheeze

Grunting

Difficulty feeding

Apnea

Shortness of Breath

Fever
Cough
Rhinorrhea
Sore throat
Headache

Myalgia

Chills
Fatigue
Body aches
Malaise

Abdominal pain

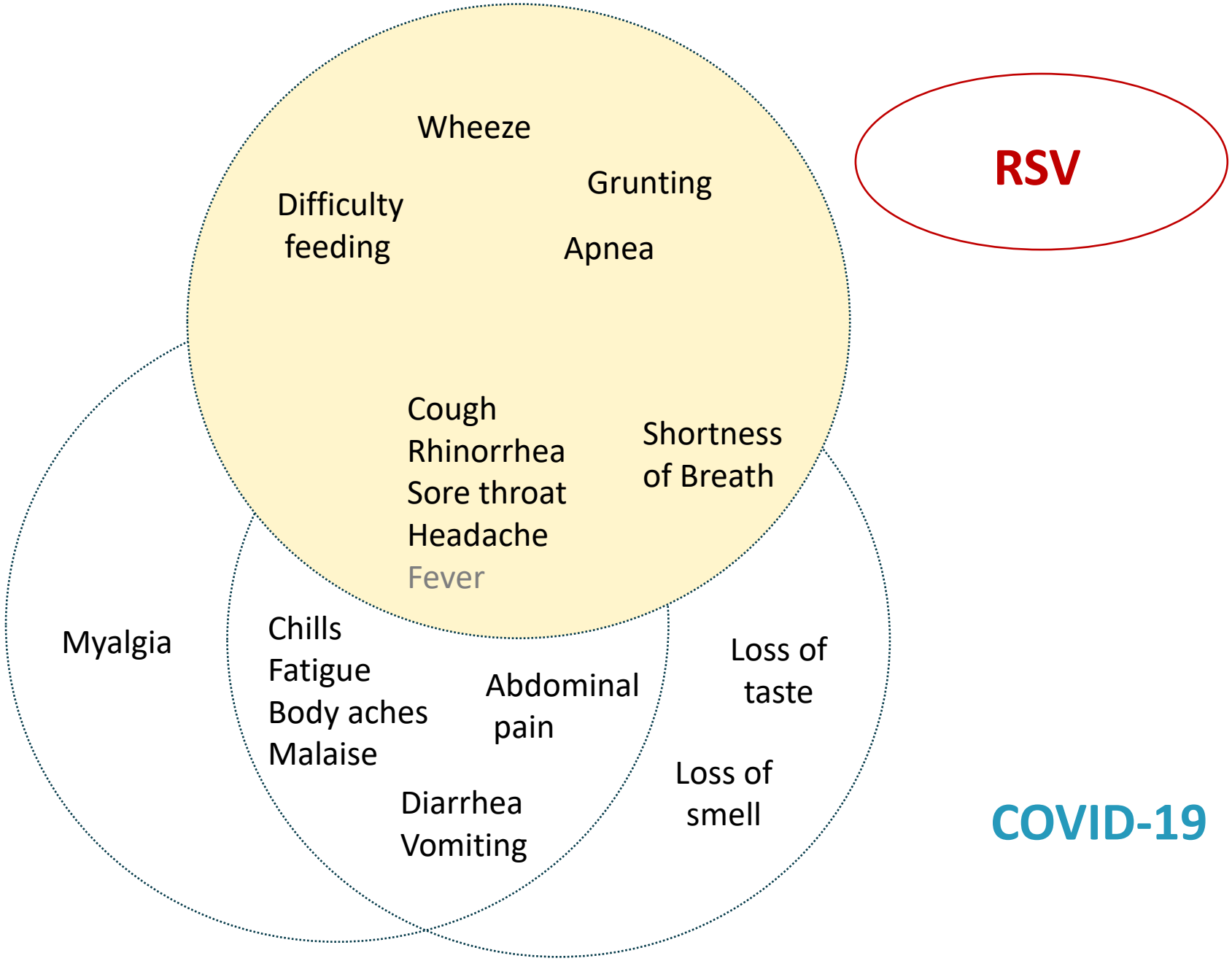
Loss of taste

Loss of smell

Diarrhea
Vomiting

Influenza

COVID-19



RSV

Influenza

COVID-19

Presentation of infection with RSV

Infants

Cough, rhinorrhea, ± fever,

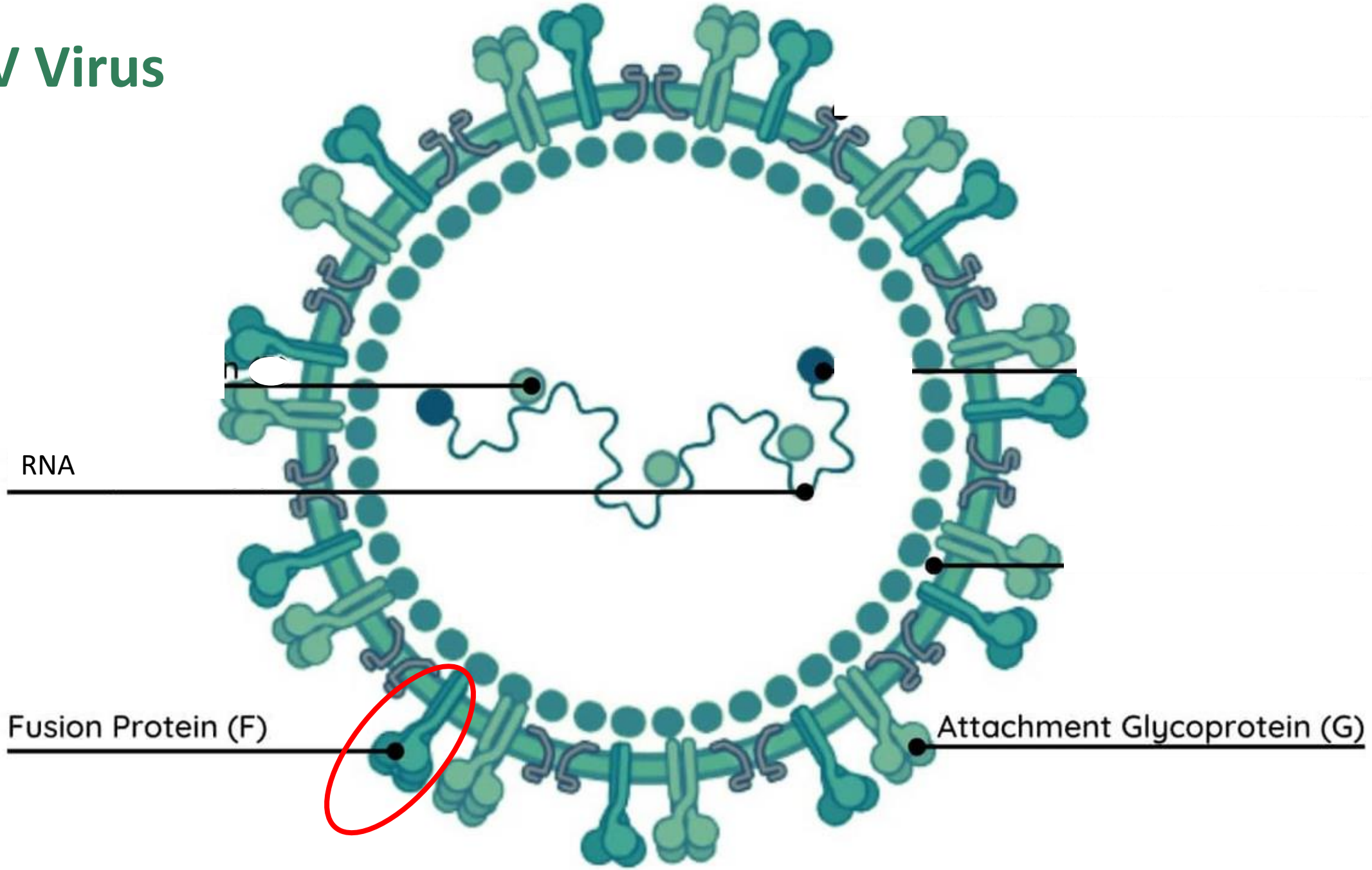
Progression to respiratory difficulty

Older adults

Cough, rhinorrhea, sore throat, headache, fever

Progressing to respiratory difficulty

RSV Virus



Four products available to immunize against RSV

‘RSVPreF3’ recombinant F protein (*Arexvy*®)
+saponin adjuvant *AS01E*

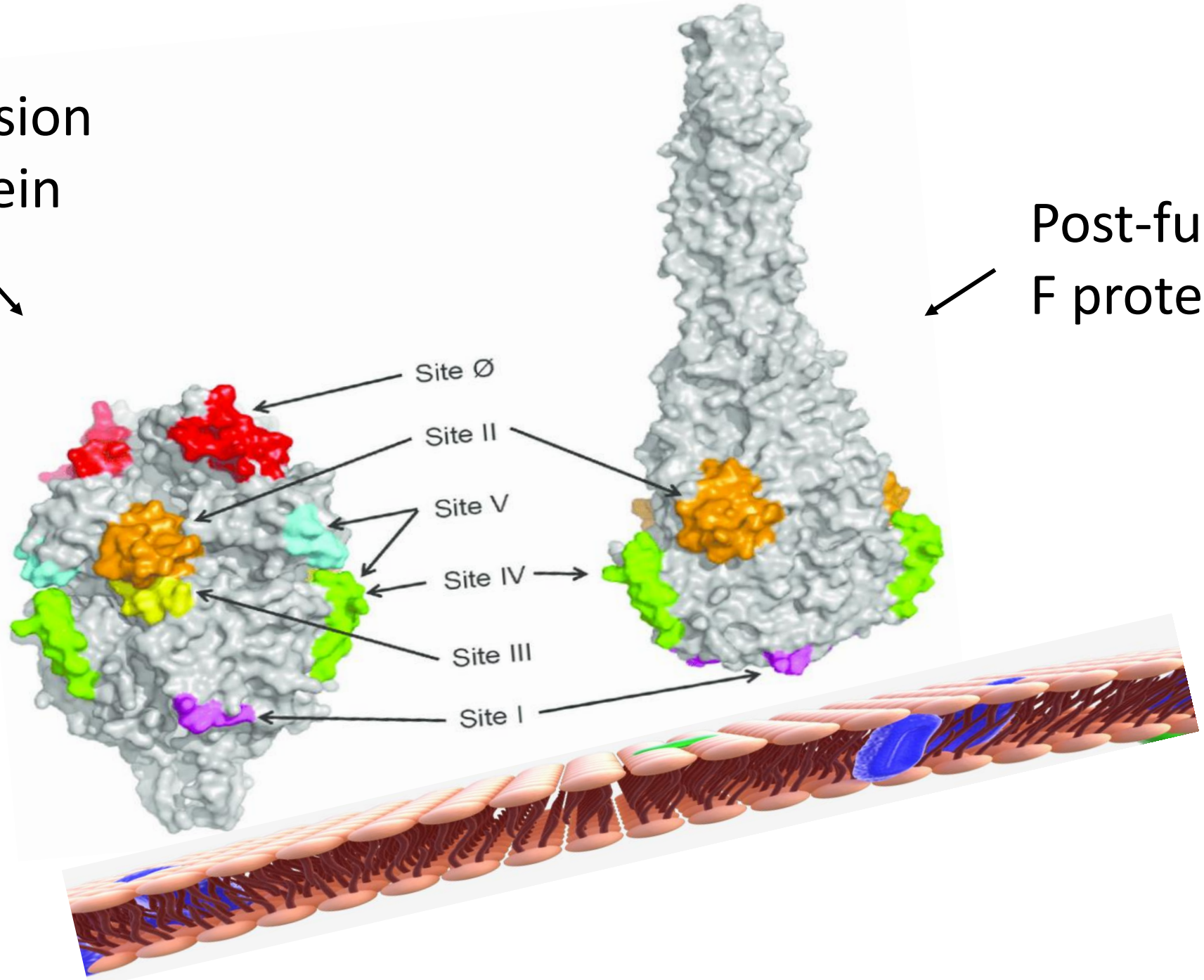
‘RSVPreF’ recombinant F protein (*Abrysvo*®)

mRNA F protein (*mResvia*®)

Monoclonal antibody – nirsevimab (*Beyfortus*®)

Pre-fusion
F protein

Post-fusion
F protein



Viral
envelope

Three products to protect older adults from RSV in the 2024-25 season

‘RSVPreF3’ recombinant protein (GSK) (*Arexvy*®)
+saponin-based adjuvant

‘RSVPreF’ recombinant protein (Pfizer) (*Abrysvo*®)

mRNA F protein (Moderna) (*mResvia*®)

Recommendation: RSV vaccination in older adults

Administer 1 dose of vaccine to

Adults ≥75 yrs

Adults aged 60-74 yrs at increased risk for LRTD caused by RSV

Adults who have previously received RSV vaccine should not receive another dose

Administration of RSV vaccine with other adult vaccines at the same visit is acceptable

Britton MMWR Aug 2024
www.cdc.gov/mmwr/volumes/73/wr/mm7332e1.htm

Two products to protect infants from RSV

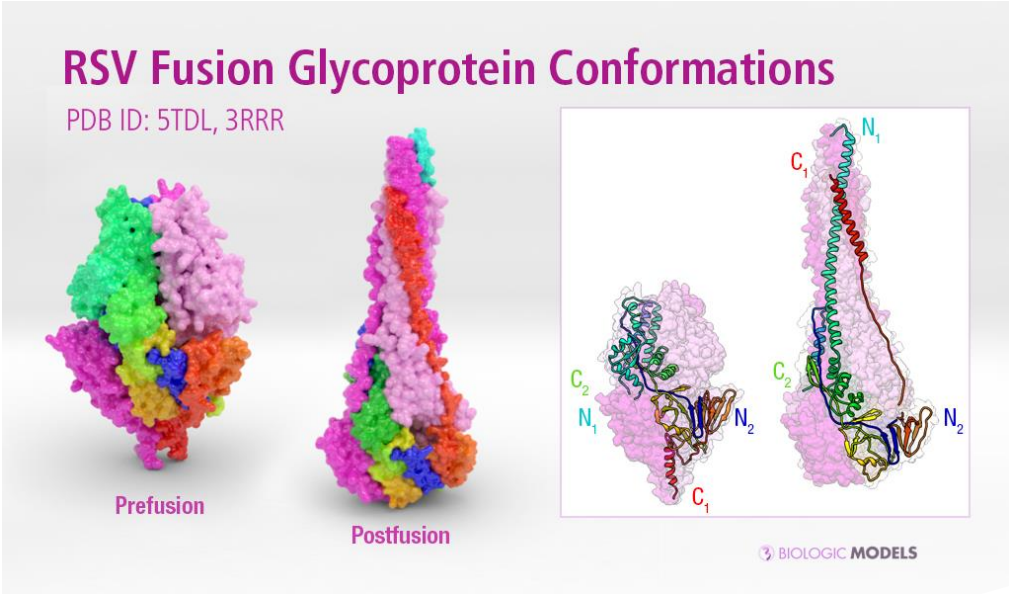
Maternal immunisation – 'RSVPreF' recombinant protein (Pfizer) (*Abrysvo®*)

Monoclonal antibody – nirsevimab (Astra-Zeneca w/ Sanofi) (*Beyfortus®*)

a) RSVPreF (*Abrysvo®*, Pfizer)

A recombinant **RSV Fusion protein** stabilized in the prefusion conformation

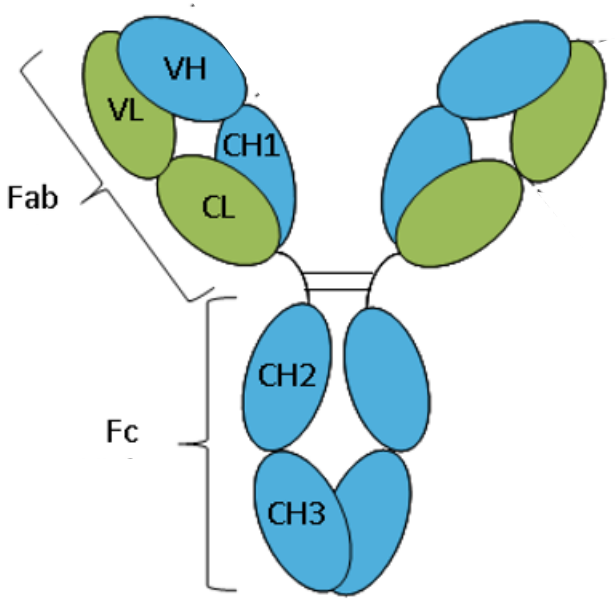
Administered to the **<u>pregnant person</u>**



b) Nirsevimab (Sanofi/Astra-Zeneca)

A recombinant human IgG monoclonal **RSV antibody**, binding to the prefusion conformation of the Fusion protein

Administered directly to the **<u>infant</u>**



Only one product is licensed & approved for vaccination in pregnancy

1. 'RSVPreF' recombinant F protein, non-adjuvanted (*Abrysvo*®, Pfizer)

Recommendation: RSV Vaccination in Pregnancy

Administer 1 dose of non-adjuvanted recombinant RSV vaccine (RSVPreF) (*Abrysvo*®)

during weeks 32 through 36 $^{+6/7}$ weeks of pregnancy

during the months of September through January

Persons who received RSV vaccine in a prior pregnancy should NOT receive a further dose

RSV vaccine may be co-administered with Tdap, influenza, COVID-19 vaccines in pregnancy

Fleming-Dutra MMWR Oct 2023
www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm

Only one product is licensed & approved for administration to infants younger than 20 months

Monoclonal antibody – nirsevimab (*Beyfortus*®, Sanofi)

*Infants & children should NOT be given active RSV vaccines

Recommendation: RSV Immunization for Infants

Administer 1 dose of monoclonal antibody (nirsevimab) to all infants under the age of 8 months

during the months of October through March

unless the parent received RSV vaccine >14d prior to delivery

Nirsevimab should be given if the parent's RSV vaccine status is unknown

Simultaneous administration with age-appropriate vaccines is recommended

Jones MMWR Aug 2023
www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm

Recommendation: RSV Immunization for older infants

Administer 1 dose of monoclonal antibody (nirsevimab) to ‘at-risk’ infants between the ages of 8 - 19 months with:

- Chronic Lung Disease of prematurity
- Severe immune compromise
- Severe Cystic Fibrosis
- American Indian or Alaskan Natives

As early in the season as possible during the months October - March

Jones MMWR Aug 2023
www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm

Knowledge Check

Which of the following RSV vaccines is suitable for use in pregnancy?

a. monoclonal antibody – nirsevimab (*Beyfortus*®)

b. 'RSVPreF3' adjuvanted F protein (*Arexvy*®)

c. 'RSVPreF' non-adjuvanted F protein (*Abrysvo*®)

d. mRNA F protein (*mResvia*®)

Knowledge Check

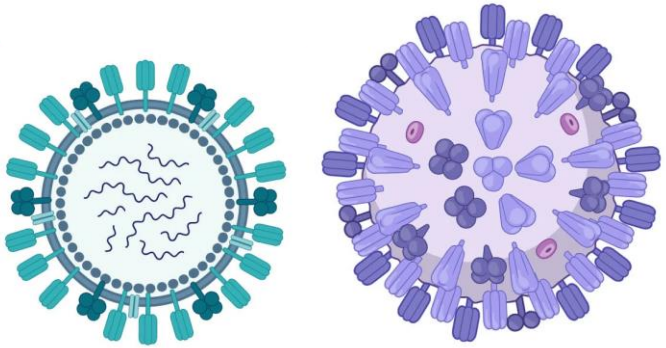
Which of the following RSV vaccines is suitable for use in pregnancy?

a. monoclonal antibody – nirsevimab (*Beyfortus*®)

b. 'RSVPreF3' adjuvanted F protein (*Arexvy*®)

c. **'RSVPreF' non-adjuvanted F protein (*Abrysvo*®)**

d. mRNA F protein (*mResvia*®)



Immunization against Seasonal Influenza

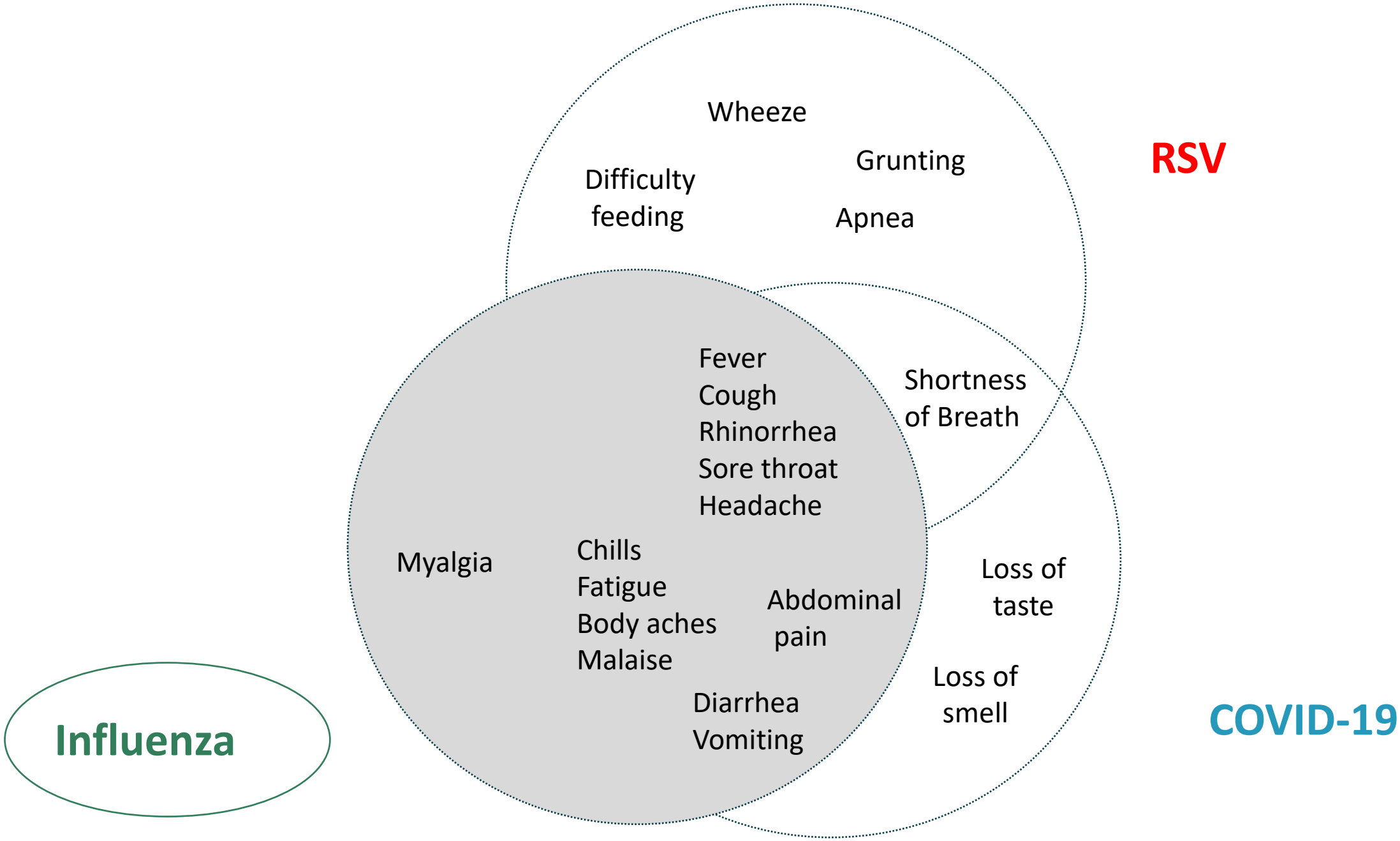
ACIP-recommended for all older than age 6 months

Presentation of Influenza

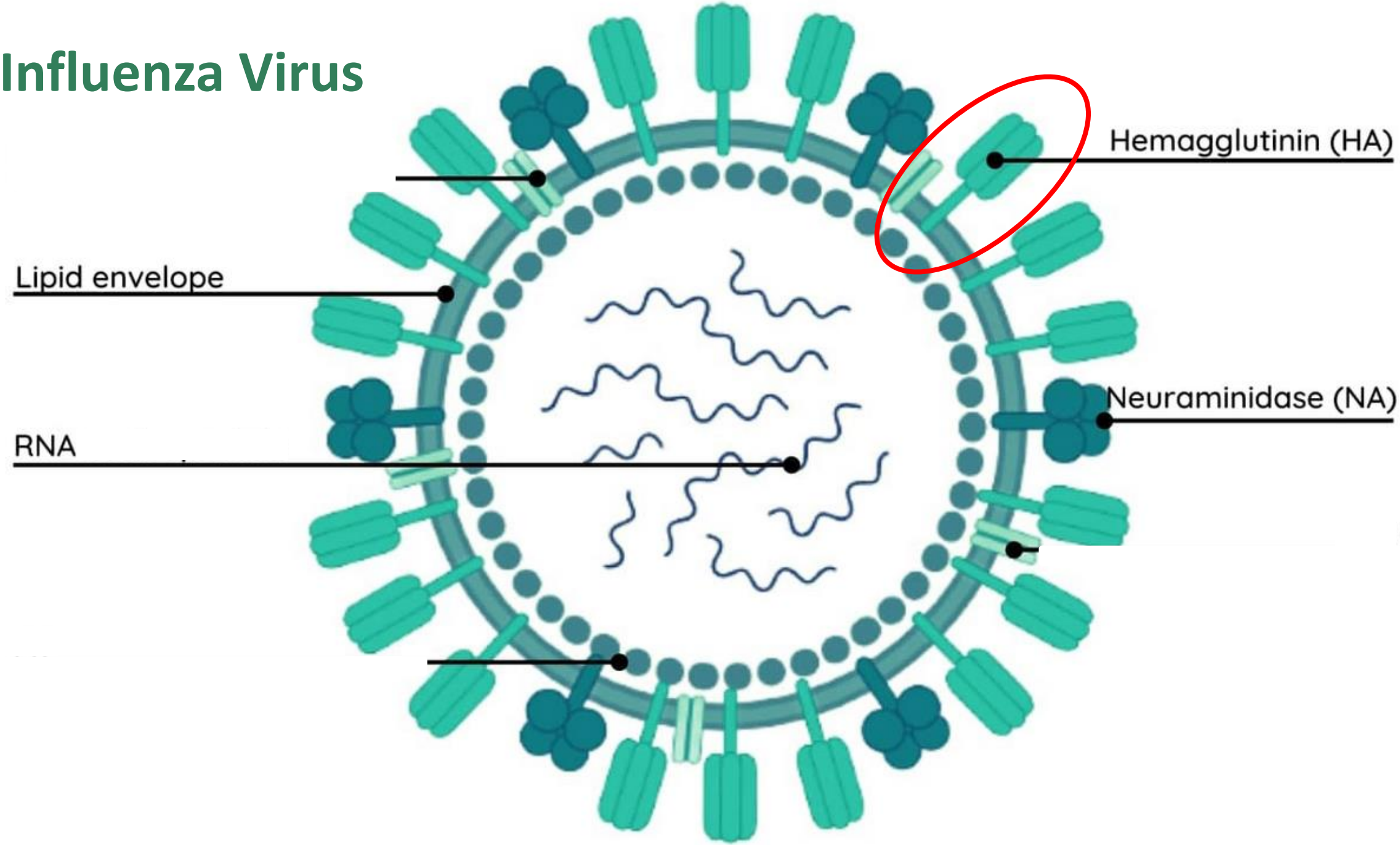
Cough, rhinorrhea, sore throat, headache, fever

Malaise, myalgia, prostration

May progress to respiratory difficulty ± additional complications


Wheeze
Grunting
Difficulty feeding
Apnea
RSV
Fever
Cough
Rhinorrhea
Sore throat
Headache
Shortness of Breath
Myalgia
Chills
Fatigue
Body aches
Malaise
Abdominal pain
Loss of taste
Loss of smell
Diarrhea
Vomiting
Influenza
COVID-19

Influenza Virus



Vaccines available against influenza 2024-25 season

Inactivated vaccines (IIV)

* Egg-based (various manufacturers)
* Cell-culture-based vaccine (ccIIV)

Recombinant vaccine (RIV) – hemagglutinin, HA

Live attenuated vaccine (LAIV)

Influenza vaccine components 2024-25 season

All vaccines are trivalent

Influenza A H3N2 subtype — *updated* for 2024-25

Influenza A H1N1pdm09-like →

Influenza B Victoria lineage } unchanged from 2023-24

Influenza vaccines for **Children <18 yrs** 2024-25 season

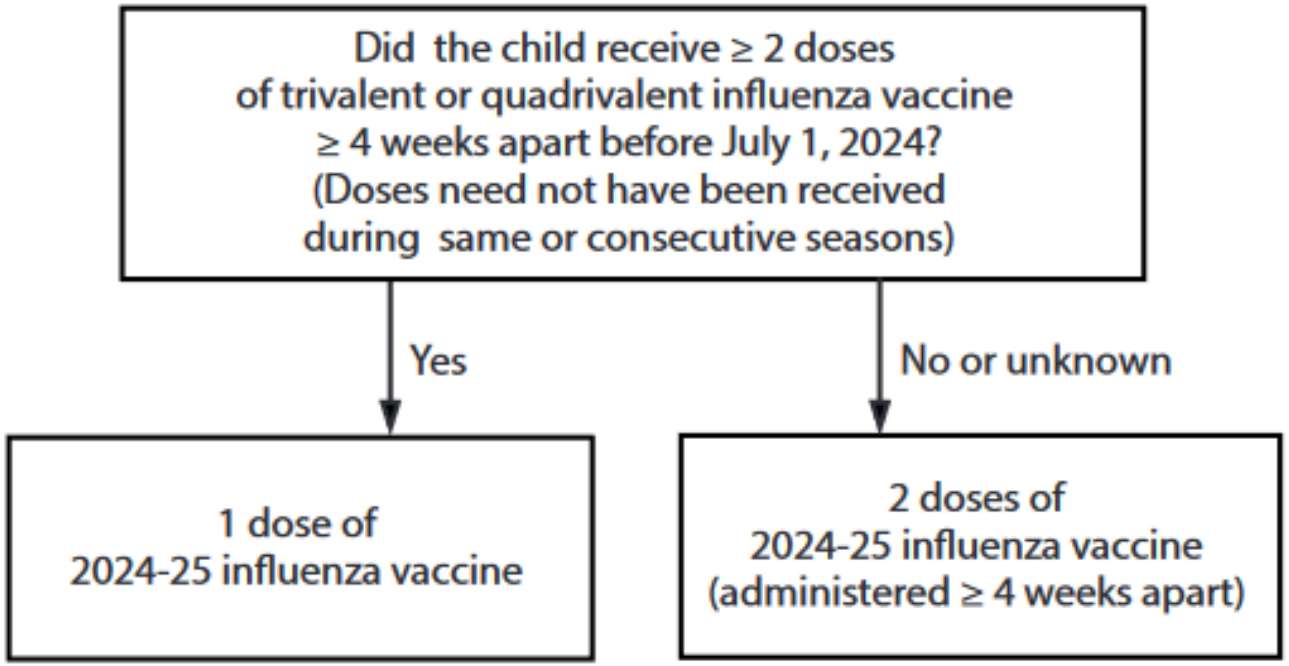
Inactivated vaccines (IIV)

* Egg-based (various manufacturers)
* Cell-culture-based vaccine (ccIIV)

Live attenuated vaccine (LAIV) > age 2

Dosing for children under the age of 9 years

Children <9 yrs may need **more than 1 dose** of influenza vaccine for the season



Influenza vaccines for **Adults >18 yrs** 2024-25 season

1. Inactivated vaccines (IIV)
   * Egg-based (various manufacturers)
   * Cell-culture-based vaccine (ccIIV)
2. Recombinant vaccine (RIV) – hemagglutinin, HA
3. Live attenuated vaccine (LAIV) < 50 yrs, not in pregnancy

The ACIP has no preference for any type of vaccine or formulation under age 65

Focus efforts on those at increased risk of severe LRTD from influenza

Influenza vaccines recommended for **Adults >65 yrs** 2024-25 season

Inactivated vaccines (IIV) – Egg-manufactured

- High Dose (HD-IIV) (60mg HA in HD vaccine vs. 15mg in SD vaccine)
- Adjuvanted (aIIV) + MF59 squalene-based adjuvant

Recombinant vaccine (RIV) – hemagglutinin (HA 45mg)

Other options for BMT recipients (>18 yrs) on immunosuppressive Rx

- High Dose (HD-IIV)
- Adjuvanted (aIIV)

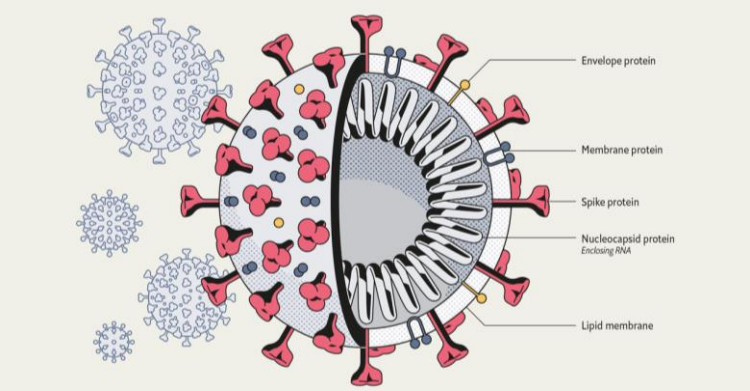
Recommendation: Influenza Vaccination

Administer 1 dose of any age-appropriate vaccine to all individuals over the age of 6 months

Optimal timing is September 1 through October 31

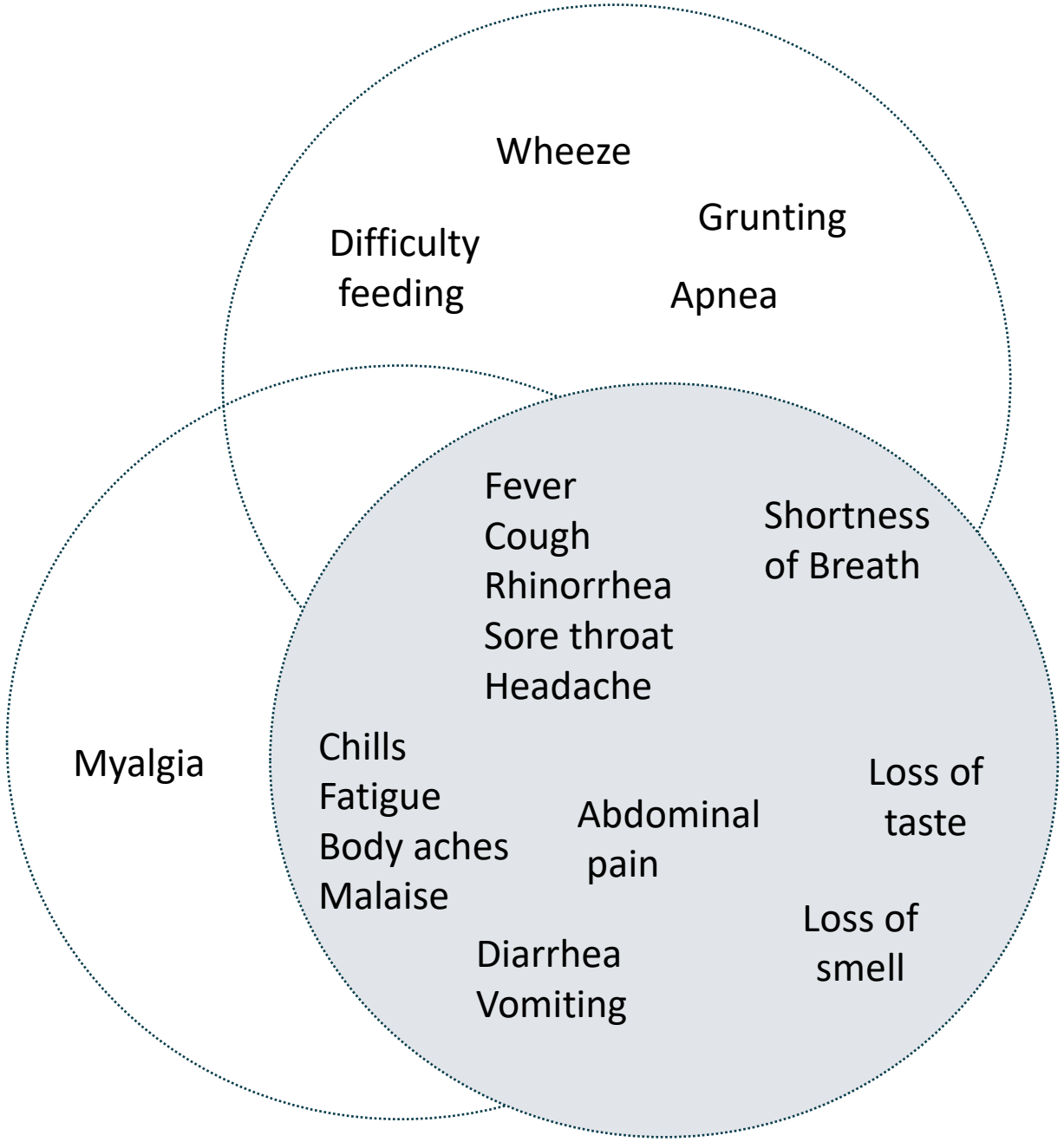
Influenza vaccines can be administered simultaneously with other vaccines including COVID & RSV

Grohskopf MMWR Aug 2024
www.cdc.gov/mmwr/volumes/73/rr/rr7305a1.htm

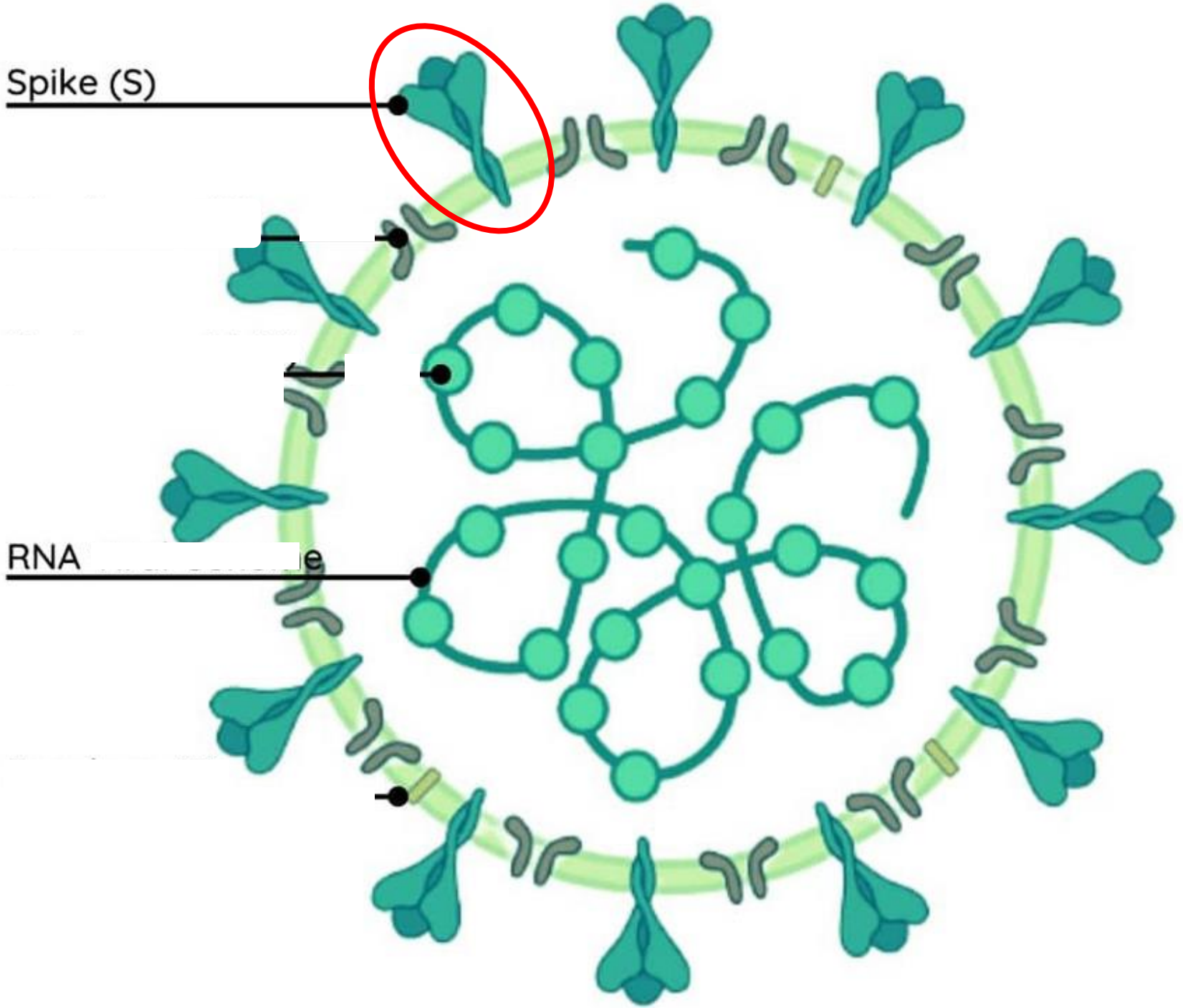


Immunization against COVID-19

ACIP-recommended for all older than age 6 months


Wheeze
Grunting
Difficulty feeding
Apnea
RSV
Fever
Cough
Rhinorrhea
Sore throat
Headache
Shortness of Breath
Myalgia
Chills
Fatigue
Body aches
Malaise
Abdominal pain
Loss of taste
Loss of smell
Diarrhea
Vomiting
Influenza
COVID-19

SARS-CoV-2 Virus



Vaccines available against COVID-19
Updated for 2024-25

All monovalent, directed against omicron variant JN.1 ± KP.2

mRNA-based		JN.1 KP.2
1. Pfizer	(≥ 6 mo)	
2. Moderna	(≥ 6 mo)	

Protein-based + adjuvant		JN.1
1. Novavax +saponin adjuvant *Matrix-M*	(≥ 12 yrs)	

Rationale for universal COVID-19 immunization

Severe illness, hospitalization & complications, including long COVID may occur at any age

The majority of children and young people who are hospitalized have no underlying medical conditions

Immunization allows children and teens to enjoy their regular activities

Schedule for updated 2024-25 COVID immunization

Most individuals only need one dose of updated vaccine, including

1. those over 5 yrs of age
2. those under 5 yrs who have already completed the initial series

If previously unimmunized

1. under 5 yrs - 2 (Moderna) or 3 (Pfizer) doses of mRNA vaccine
2. over 12 yrs - 2 doses of Novavax vaccine

CDC Clinic & Pharmacy Summary Sheets

Updated (2023–2024 Formula) COVID-19 Vaccine

Interim 2023-2024 COVID-19 Immunization Schedule for Persons 6 Months of Age and Older

The following tables provide COVID-19 vaccination schedules based on age, health status, and product. For detailed guidance see Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC.

Table 1a. For people who are **NOT** moderately or severely immunocompromised*

2023-24 Moderna COVID-19 Vaccine | Vaccine type: mRNA

Age	COVID-19 Vaccination History† (regardless of COVID-19 vaccine formula)	2023-24 Vaccine Schedule	Administer
6 months through 4 years	Unvaccinated (0 doses)	Give a 2-dose initial series. Administer: • Dose 1 now • Dose 2 at least 4–8 weeks after Dose 1‡	0.25 mL/25 µg From a dark-blue capped vial with a green label Intramuscular (IM) injection
	1 previous dose of any Moderna COVID-19 Vaccine (Dose 1)§	Give Dose 2 at least 4–8 weeks after the last dose‡	
	2 or more previous doses of any Moderna COVID-19 vaccine, **NOT** including at least 1 dose of 2023–24 vaccine§¶	Give 1 dose at least 8 weeks (2 months) after the last dose	
	2 or more previous doses of any Moderna COVID-19 vaccine, **INCLUDING** at least 1 dose of 2023–24 vaccine§¶	No further doses are indicated	
5 through 11 years	Unvaccinated (0 doses)	Give 1 dose now	0.25 mL/25 µg From a dark-blue capped vial with a green label Intramuscular (IM) injection
	Any number of previous doses of COVID-19 vaccine, **NOT** including at least 1 dose of 2023–24 vaccine**	Give 1 dose at least 8 weeks (2 months) after the last dose	
	Any number of previous doses of COVID-19 vaccine, **INCLUDING** at least 1 dose of 2023–24 vaccine**	No further doses are indicated	
12 years and older	Unvaccinated (0 doses)	Give 1 dose now	0.5 mL/50 µg From a dark-blue capped vial with a blue label Intramuscular (IM) injection
	Any number of previous doses of COVID-19 vaccine, **NOT** including at least 1 dose of 2023–24 vaccine	Give 1 dose at least 8 weeks (2 months) after the last dose	
	Any number of previous doses of COVID-19 vaccine, **INCLUDING** at least 1 dose of 2023–24 vaccine††	**People 12 through 64 years of age:** No further doses are indicated. **People 65 years of age and older:** Administer 1 additional dose at least 4 months following the last recommended dose of 2023–24 COVID-19 Vaccine	

www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

Recommendation: COVID-19 Vaccination

Administer 1 dose of any age-appropriate 2024-25 updated COVID vaccine to all individuals over the age of 6 months

COVID vaccines can be administered simultaneously with other vaccines including influenza & RSV

Knowledge Check

Which of the following vaccines has NOT been updated for the 2024-25 season?

a. RSV

b. Influenza

c. COVID-19

d. None of the above – they have all been updated

Knowledge Check

Which of the following vaccines has NOT been updated for the 2024-25 season?

a. **RSV**

b. Influenza

c. COVID-19

d. None of the above – they have all been updated

Fall and Winter Immunization Guide

COVID-19 and Flu Updated 2024-25 Vaccines

Everyone 6 months and older

cdc.gov/respiratory-viruses/prevention/immunizations.html

RSV Immunization to Protect Babies

Vaccine

Pregnant parents during weeks 32-36 of pregnancy during RSV season

OR

Monoclonal Antibodies

Babies entering or born during the RSV season

RSV Vaccine for Older Adults

(currently, older adults only need to get the RSV vaccine once; not annually)

People ages 60 and over at high risk of severe RSV

AND

Everyone ages 75 and older

CDC

Vaccine advice for this fall

Offer a strong, presumptive vaccine recommendation

Resources

US Centers for Disease Control & Prevention (CDC)
www.cdc.gov/respiratory-viruses/prevention/immunizations.html

Washington State Department of Health
https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines

American Academy of Pediatrics (AAP)
https://aap.org/en/patient-care/immunizations/communicating-with-families-about-how-to-protect-against-fall-and-winter-respiratory-viruses

Vaccine Education Center at CHOP
www.chop.edu/vaccine-education-center

Ordering and Distribution of Respiratory Vaccines/Products

Ordering & Shipping Overview

Vaccine/Product	Available to Order in IIS	Under Allocation	Shipping Vaccine	Orders Processed Weekly On
COVID-19	✓	✓	✓	Tuesday
Flu*	✓	✓	✓	Thursday
RSV*	✓	✓	✓	Monday

* Available for request through AVP to providers who prioritized these products on their provider agreement

COVID-19 Vaccines At-a-Glance

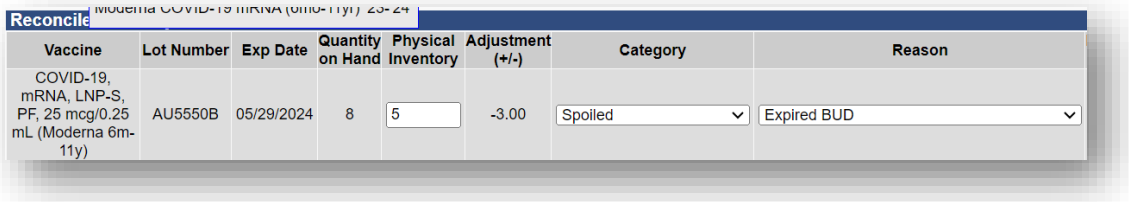
Washington State Department of HEALTH 2024-2025 State Supplied COVID-19 Vaccines At-A-Glance

Characteristics	Pfizer-BioNTech* Adolescent/Adult (Comirnaty) Single-dose Prefilled Syringe	Pfizer-BioNTech Pediatric/Infant Multi-dose Vial	Pfizer-BioNTech Pediatric Single-dose Vial	Moderna* Adolescent/Adult (Spikevax) Single-dose Prefilled Syringe	Moderna Pediatric Single-dose Prefilled Syringe	Novavax* Single-Dose Prefilled Syringe
Vial Cap/Label Color	Pink stripe on box indicating "DO NOT FREEZE"	Yellow Cap	Blue Cap	Blue label on box	Green label on box	Teal label on box
Amount of Diluent	NO DILUTION	1.1 mL	NO DILUTION	NO DILUTION	NO DILUTION	NO DILUTION
Formulation	Each prefilled syringe contains 1 dose of 0.3 mL	Each multidose vial contains 3 doses of 0.3 mL	Each vial contains 1 dose of 0.3 mL	Each syringe contains 1 dose of 0.5 mL	Each syringe contains 1 dose of 0.25 mL	Each syringe contains 1 dose of 0.5 mL
Manufacturer	Pfizer BioNTech	Pfizer BioNTech	Pfizer BioNTech	Moderna	Moderna	Novavax
CPT/CVX Codes	91320 / 309	91318 / 308	91319 / 310	91322 / 312	91321 / 311	91304 / 313
NDC Number	00069-2432-10	59267-4426-02	59267-4438-02	80777-0110-93	80777-0291-80	80631-0107-10
Age – Licensure	12+ years	6 months-4 years	5-11 years	12+ years	6 months-11 years	12+ years
Storage: Unpunctured Vials Freezer	DO NOT STORE IN REGULAR FREEZER	DO NOT STORE IN REGULAR FREEZER	DO NOT STORE IN REGULAR FREEZER	-50°C and -15°C (-58°F and 5°F) until expiration date	-50°C and -15°C (-58°F and 5°F) until expiration date	DO NOT FREEZE
Storage: Unpunctured Vials Ultracold Freezer	DO NOT STORE IN ULTRA-COLD FREEZER	-90°C and -60°C (-130°F and -76°F) up to 18 months	-90°C and -60°C (-130°F and -76°F) up to 18 months	N/A	N/A	N/A
Storage: Unpunctured Vials/Prefilled Syringes Refrigerator	2°C to 8°C (36°F to 46°F) until expiration	2°C and 8°C (36°F and 46°F) up to 10 weeks	2°C and 8°C (36°F and 46°F) up to 10 weeks	2°C and 8°C (36°F and 46°F) up to 60 days	2°C and 8°C (36°F and 46°F) up to 60 days	2°C to 8°C (36°F to 46°F) until expiration
Storage: Unpunctured Vials OR Prefilled-Syringe Room Temp	Up to 12 hours	8°C and 25°C (46°F and 77°F) up to 12 hours prior to first puncture	8°C and 25°C (46°F and 77°F) up to 12 hours prior to use	Up to 12 hours	Up to 12 hours	N/A
Storage: Punctured Vials	N/A	2°C and 25°C (36°F and 77°F) up to 12 hours	N/A	N/A	N/A	N/A

*Available to order through AVP and CVP

What to Do With 2023-2024 COVID-19 Products

- If you have any 23-24 COVID-19 vaccine in your units, remove them immediately as they are no longer authorized for use and should not be administered to patients
- If you find expired COVID-19 vaccines in your storage units that may have been administered to patients, please contact wachildhoodvaccines@doh.wa.gov or WAAdultVaccines@doh.wa.gov for guidance
- Follow the Returns Guide and return all 2023-2024 COVID-19 vaccine (except punctured multi-dose vials) in the IIS
  - Adjust the doses out of your inventory using the category **Spoiled** and reason **Expired BUD** (**DO NOT** use the category "RECALL")



Flu Vaccines At-a-Glance

2024-2025 State Supplied Flu Vaccines At-A-Glance

Characteristic	Fluzone TIV	Fluzone TIV, PF	FluLaval TIV, PF	Flucelvax TIV, PF	FluMist TIV, PF	Fluarix TIV*
Product Name	Fluzone® 5.0mL MDV (ages 3+ years) '24-25	Fluzone® 0.5mL PFS (ages 6+ months) '24-25	FluLaval® 0.5mL PFS (6+ months) '24-25	Flucelvax® 0.5mL PFS (ages 6+ months) '24-25	FluMist® 0.2mL sprayer (ages 2-49 years) '24-25	Fluarix 0.5mL PFS (19+ years) '24-25
Vaccine Name	Influenza, split virus, trivalent, preservative	Influenza, split virus, trivalent, PF	Influenza, split virus, trivalent, PF	Influenza, MDCK, trivalent, PF	Influenza, live, trivalent, intranasal	Influenza, split virus, trivalent, PF
Formulation	5.0mL multi-dose vial, contains preservative	0.5mL single dose, pre-filled syringe, preservative free	0.5mL single dose, pre-filled syringe, preservative free	0.5mL single dose, pre-filled syringe, preservative free	0.2ml single dose sprayer, preservative free	0.5mL single dose, pre-filled syringe, preservative free
Manufacturer	Sanofi	Sanofi	GlaxoSmithKline	Seqirus	MedImmune	GSK
CPT/CVX Codes	90658/141	90656/140	90656/140	90661/153	90660/111	90656/140
NDC Number	49281-0641-15	49281-0424-50	19515-0810-52	70461-0654-03	66019-0311-10	58160-0884-52
Age – Licensure	6+ mos	6+ mos	6+ mos	6+ mos	2-49 years	6+ mos
State Eligibility	3-18 years	6 mos-18 years	6 mos-18 years	6 mos-18 years	2-18 years	19+ years
Storage	Refrigerated, 36°F-46°F (2°C - 8°C)	Refrigerated, 36°F - 46°F (2°C - 8°C)	Refrigerated, 36°F - 46°F (2°C - 8°C)	Refrigerated, 36°F - 46°F (2°C - 8°C)	Refrigerated, 36°F - 46°F (2°C - 8°C)	Refrigerated, 36°F - 46°F (2°C - 8°C)

*This is the only flu vaccine carried by the Adult Vaccine Program; not carried by the Childhood Vaccine Program

Childhood Vaccine Program Flu Products

Fluzone 0.5mL* OR FluLaval 0.5mL* pre-filled syringe	Fluzone MDV (0.5mL)	FluMist 0.2mL	Flucelvax 0.5mL* pre-filled syringe
• 6 months-18 years • Pregnant adolescents • Preservative free	• 3-18 years • Prioritized for providers that need this presentation due to storage capacity issues	• 2-18 years • Live attenuated, sprayer	• 6 months-18 years • Pregnant adolescents • Preservative free • Egg free

*The 0.5mL pre-filled syringe is considered a full dose. Do not give 0.25mL as this is not a complete dose for the 6-35 month

Fluzone, FluLaval and Flucelvax pre-filled syringes can be used interchangeably and for ages 6 months-18 years

Flu Vaccine and WA Thimerosal Regulations

- A preservative called thimerosal keeps vaccines from becoming contaminated
- Thimerosal has trace amounts of ethylmercury (a type of mercury)
- Multi-dose flu vaccine is the only vaccine in the Childhood Vaccine Program that contains thimerosal
- Washington State Law (RCW 70.95M.115): restricts the use of vaccines containing more than trace amounts of mercury (thimerosal) in pregnant people and children under 3
- Fluzone 0.5mL, FluLaval 0.5mL **OR** Flucelvax 0.5mL pre-filled syringes should be used for children under 3 years of age and pregnant adolescents

CVP Flu Vaccine Ordering Reminders

- ✓ Fluzone multi-dose vial (MDV) is not a required vaccine for providers to utilize this season. It is prioritized for those with storage capacity issues
- ✓ Do not order the MDV for use in children under 3 years of age
- ✓ Don’t place vaccine orders as urgent
- ✓ Flucelvax is egg-free

RSV Products

Nirsevimab 50mg (Beyfortus) Pre-filled syringe	Nirsevimab 100mg (Beyfortus) Pre-filled syringe	Abrysvo 0.5mL Pre-filled syringe	Arexvy 0.5mL Pre-filled syringe
• Monoclonal antibody • Infants <5 kg (<11lbs) in their first RSV season • **CVP only**	• Monoclonal antibody • Infants ≥5 kg (≥11lbs) in their first RSV season • 200mg is for children 8-19 months at increased risk in their second RSV season • **CVP only**	• Vaccine • Pregnant adolescents under 19, from 32-36 weeks of pregnancy **(CVP)** • Uninsured pregnant adults over 19, from 32-36 weeks of pregnancy **(AVP)*** • Uninsured adults 60-74 at increased risk **(AVP)***	• Vaccine • Uninsured adults 60-74 at increased risk* • **AVP only**

* Available for request through AVP to providers who prioritized these products on their provider agreement

General Ordering Tips

- Providers must be current with all accountability requirements to have their orders approved
- Look at vaccines administered at the same time last year to estimate demand
- Only order quantities that you will be able to use before expiration
  - Place smaller, more frequent orders to avoid excessive loss
  - You can always order outside your monthly window for CVP; please order as frequently as needed
- For COVID-19 vaccines: consider the type of storage units you have before choosing which product/quantity to order

AVP Patient Eligibility

- Adults over the age of 19 are eligible to receive AVP vaccines and must meet the following criteria:
- For Flu or RSV products provided through AVP:
  - Uninsured: A person that does not have health insurance
- For COVID-19 vaccine provided through AVP:
  - Uninsured: A person that does not have health insurance

    AND
  - Underinsured: People whose insurance does not provide cost-free coverage for COVID-19 vaccines at an in-network provider
- Medicare and Medicaid patients are not eligible to receive AVP vaccine

Knowledge Check

True or False:

Marking your flu order as ‘urgent’ will ensure that it arrives faster.

Knowledge Check

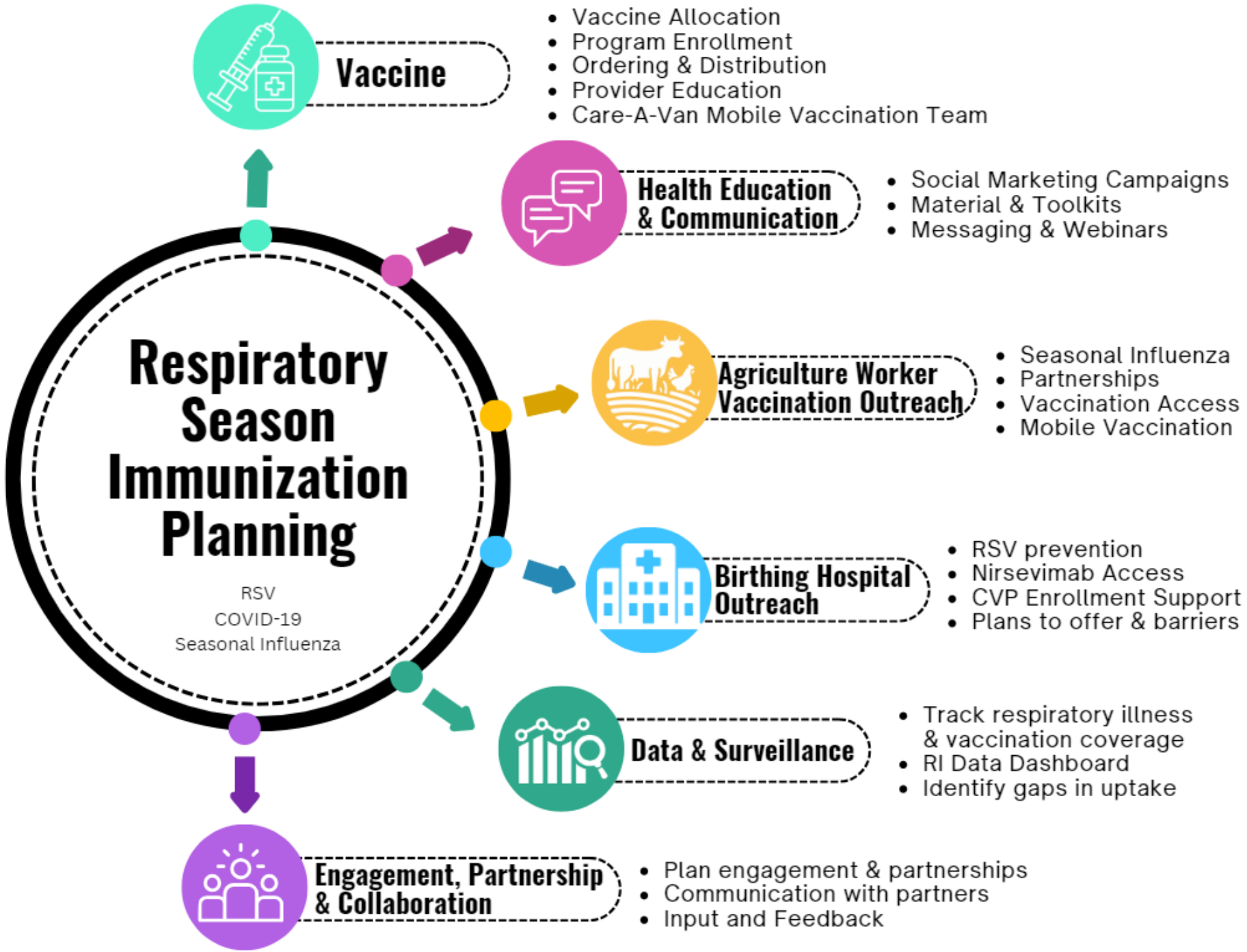
Correct Answer: False

Flu orders are already prioritized through the CDC contract with McKesson. Marking ‘urgent’ will require a manual review which could delay your order.

Resources

- Adult Vaccine Program , contact WAAdultVaccines@doh.wa.gov
- Childhood Vaccine Program , contact WAChildhoodVaccines@doh.wa.gov
- 2024-2025 State Supplied COVID-19 Vaccines At-a-Glance
- COVID-19 Updates Webinar
- Vaccine Returns Guide
- 2024-2025 State Supplied Childhood Flu Vaccines At-a-Glance
- Influenza (Flu) Information for Public Health and Healthcare
- Thimerosal Laws in Washington
- Vaccine Allocation Plan – RSV, Flu, COVID-19

DOH Fall Respiratory Season Planning


Respiratory Season Immunization Planning
RSV
COVID-19
Seasonal Influenza
Vaccine
Vaccine Allocation
Program Enrollment
Ordering & Distribution
Provider Education
Care-A-Van Mobile Vaccination Team
Health Education & Communication
Social Marketing Campaigns
Material & Toolkits
Messaging & Webinars
Agriculture Worker Vaccination Outreach
Seasonal Influenza
Partnerships
Vaccination Access
Mobile Vaccination
Birthing Hospital Outreach
RSV prevention
Nirsevimab Access
CVP Enrollment Support
Plans to offer & barriers
Data & Surveillance
Track respiratory illness & vaccination coverage
RI Data Dashboard
Identify gaps in uptake
Engagement, Partnership & Collaboration
Plan engagement & partnerships
Communication with partners
Input and Feedback

CDC Flu Recommendation for Ag workers

CDC: "While getting a seasonal flu vaccine only prevents seasonal flu and will not protect against H5N1 bird flu, **it is important that people who may have frequent exposure to infected or potentially infected birds or other animals get a seasonal flu vaccine, ideally 2 weeks before their potential exposure**."

Partnership and Support Update: https://www.cdc.gov/bird-flu/spotlights/h5n1-response-08022024.html

- 8/2/24: CDC announced two new investments to protect the health of farmworkers at heightened risk of exposure to H5N1 bird flu.
  - First, $5 million will go to partner organizations, including the National Center for Farmworker Health, to support overall outreach and education efforts focused on farmworker safety and health.

a separate $5 million investment will be used to offer seasonal flu vaccines to tock, dairy, and poultry workers to control and prevent seasonal flu among this

Agriculture Worker Vaccination Outreach

Agriculture Workers Vaccination Outreach Plan

The Department of Health (DOH) has established a workgroup dedicated to supporting the needs of H2A and agricultural workers in Washington State. Recognizing the critical importance of providing influenza immunization and information to this often underserved and vulnerable population, we are implementing several strategies:

- **Care-A-Van**
  - Collaboration with partners to schedule a series of impactful Care-A-Van service events.
- **Culturally and Linguistically Appropriate Outreach**:
  - We are developing outreach materials that are tailored to the cultural and linguistic needs of agricultural workers. These materials will provide essential information about influenza and the benefits of immunization.
- **On-Farm Service Opportunities with Care-a-Van**:
  - Our Care-a-Van program will offer on-site vaccination services at farms, including translation services to ensure clear communication and understanding among workers.
- **Direct Collaboration with Local Health Jurisdictions (LHJs)**:
  - Work with each LHJ partner to learn about their needs for supporting the Ag H2A workers in their region, what their barriers are, what successful actions we can build on together, and sharing our available tools towards success.

Agriculture Worker Vaccination Outreach

Birthing Hospital Outreach

- Outreach to birthing hospitals regarding nirsevimab administration
- Identifying needs and barriers for hospitals
- Webinars on CVP enrollment
- Facilitating hospital enrollment in CVP

Vaccine Allocation Planning

- Vaccine Allocation Plan
  - *2024 Respiratory Season Allocation Plan*

- Development of an allocation plan for COVID, Flu, and RSV vaccines
  - Strategies for handling limited supply situations.
  - Orders processed weekly initially until supply meets demand.
    - Monday – RSV product orders processed. Nirsevimab to be front-loaded early in the season with bi-weekly allocation.
    - Tuesday – COVID-19 vaccine orders processed
    - Thursday – Flu vaccine orders processed
  - We expect to receive sufficient supply for the season.

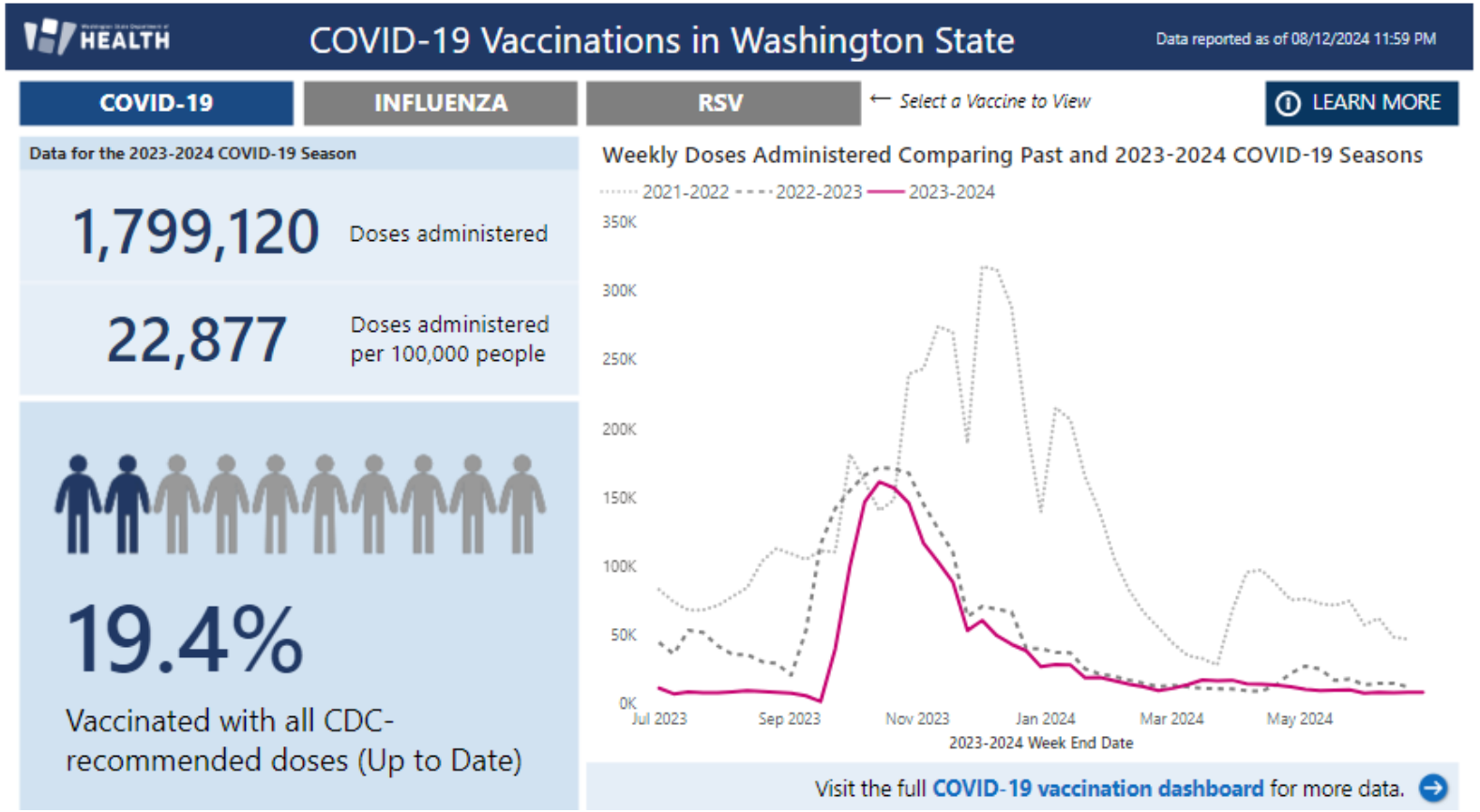
Health Education, Promotion, & Communication Planning

- Social marketing campaigns covering respiratory topics
- Updating the flu toolkit
  - Flu Free WA partner toolkit
  - "Flu Free at Work" toolkit for employers
- Participation in meetings and workgroups to share resources

- Communication planning:
  - Establishing a schedule of messaging on respiratory illnesses
  - Sharing information with the public
  - Improving communication between providers and partners
  - Organizing webinars on vaccine recommendations and handling

Health Education & Communication

flu free WASHINGTON



- Respiratory Illness Data Dashboard
- Maintaining systems to track respiratory illness prevalence and vaccine coverage
- Monitoring vaccine coverage rates and uptake gaps

Data & Surveillance

https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard

Obtaining Continuing Education

- Continuing education credit is available for nurses, medical assistants, and pharmacists/pharmacy techs
- There is no cost for CEs
- Expiration date is 12/17/24
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording, and completing the evaluation
  - **On the evaluation, please specify which type of continuing education you wish to obtain**
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov

Questions?

Washington State Department of HEALTH

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.